MAKING SENSE OF LIFE NARRATIVES: THE PERSPECTIVES OF BRITISH ARMED FORCES EX-SERVICE PERSONNEL

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This thesis is submitted in partial fulfilment of the requirements for the award of the degree of Doctor of Philosophy of the University of Portsmouth

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Abstract

Introduction: Military psychology literature tends to focus particularly on combat-related service (Gordon, 2014). There are long-term consequences of wellbeing related to service in addition to normal ageing concerns. The characteristics of military veteran populations also change over time due to the historical context of their service. Since 2012, there has been increased interest in British Armed Forces military serving and ex-service personnel and the advantages and disadvantages of their military service. This thesis aimed to explore what sense British Armed Forces ex-service personnel made of their experiences and whether they perceived significant impact of their experiences over the lifespan. Method: 30 participant interviews with ex-service personnel were collected and data were analysed using Narrative Analysis and Thematic Analysis. Findings: participants expressed concerns about quality of life, mental health and the significance of pre- during- and post-service events on themselves and their families. Conclusion: Narratives of experiences adds valuable detail to current research in this field, and helps to highlight the broader psychosocial and practical concerns of UK ex-service personnel and the members of their familial and social network. This thesis presents current and potential implications for the welfare of veterans, their network, and informs providers of and stakeholders in the wellbeing of future ex-service personnel populations.
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Declaration

Whilst registered as a candidate for the above degree, I have not been registered for any other research award. The findings and conclusions embodied in this thesis are the work of the named candidate and have not been submitted for any other academic reward.

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Dissemination


http://www.tandfonline.com/doi/full/10.1080/08873267.2014.893514

http://www.britishgerontology.org/events-jobs-news/bsg-events/past-conferences.html
Outline of the Thesis

This section is an outline of the thesis. An introduction can be found at the beginning of each chapter.

The thesis has been divided into eight chapters: (1) an introduction to the thesis; (2) a review of the research literature; (3) the research study methodology; (4–6) the research findings; (7) a synthesis of themes from findings chapters; (8) a discussion with links to the literature, and conclusion.

Chapter One: Introduction – An introduction to the thesis, rationale for the study, aims, and study objectives as well as an introduction to what each thesis chapter will present.

Chapter Two: Research Literature – A review of the research literature on ex-service personnel and topics of interest specific to the thesis.

Chapter Three: Methodology – The study methodology and rationale.

Chapter Four: Findings – The analysis of stages of research participant lives divided into three stages and research findings are divided into three chapters. This chapter presents analysis of and findings in early life narratives.

Chapter Five: Findings – This chapter presents analysis of and findings in service life narratives.

Chapter Six: Findings – This chapter presents analysis of and findings in post-service life narratives.

Chapter Seven: Synthesis of Narrative Themes Across the Lifespan – This chapter uses the themes from the findings in Chapters Four, Five and Six, to explore narrative genres that link participants based on their shared or distinct experiences.

Chapter Eight: Discussion and Conclusion – This chapter examines and contrasts literature with the research data, the challenge to researchers investigating mental health and wellbeing experiences of veterans, and implications for providers of health and social care in the United Kingdom.

This chapter also summarises the thesis and concluding remarks.
Chapter One: Introduction: Background Literature on British Armed Forces Ex-Service Personnel Mental Health and Wellbeing

Military personnel who have seen active service can be affected by their experiences. Much of the literature on the mental and physical health battles faced by ex-service personnel follows research in the United States (US) on Vietnam veterans (Iversen, et al., 2008; Van der Kolk & Fisler, 1995). Current research tends to begin with combat exposure and issues arising from combat, such as depression or alcohol misuse; the impact these issues have on currently serving personnel; a decrease in quality of life and the use of treatment interventions as a result of service exposure (Sareen, Cox, Afifi, Stein, Belik, et al., 2007). Although much was learned about mental health issues in US Vietnam veterans and what challenges present-day veterans face, research on US veterans and the mental and physical effects of service in the most recent conflicts, presented differently or less frequently in UK veterans (Iversen, van Staden, Hughes, Browne, Hull, et al., 2009).

Differences between US and studies in the United Kingdom were found in prevalence and presentation of psychological disorders (Iversen et al., 2008). Further studies developed from the 2005 findings of Iversen and colleagues found depression and general anxiety featured more prominently in UK service personnel and combat-related posttraumatic stress disorder (PTSD) was less commonly diagnosed in UK service personnel than in their US counterparts (Iversen et al., 2005a; Iversen et al., 2008; Sareen et al., 2007).

Military service personnel have different responses to combat exposure and there are differences between nations, military cohorts, and across conflict conditions. After the most recent conflicts in the Balkans and during the Middle East, 2005 marked a change in the need for specific research on the negative effects of service on members of the UK Armed
Forces during and after service (Iversen et al., 2005a; Iversen et al., 2005b; Iversen et al., 2009). In 2005, researchers in the UK surveyed Gulf and Bosnia War personnel to examine the effects of deployment experience on post-deployment outcomes, such as the incidence of more common mental health disorders and PTSD, and help-seeking behaviour among ex-service personnel. Of the Gulf/Bosnia War ex-service personnel diagnosed with a mental health disorder, half did not get help and their post-service employment opportunities diminished as a result (Iversen et al., 2005b). After 2005, the focus on mental health in military personnel included studies that found early service leavers, and lower rank personnel with lower academic attainment were more at risk for developing mental health problems. In addition, those UK veterans who did encounter difficulties post-service were least likely to get help (Iversen et al., 2008). Veterans who were at risk of developing anxiety and depressive psychological disorders, and who did seek help from the Department Community Mental Health (DCMH), were mostly Army veterans aged 20-39 (Iversen et al., 2008). Veterans were also reported having mental health issues 15 years after leaving the military, with more veterans being diagnosed with PTSD (Busuttil, 2010).

Factors that may prevent personnel from seeking help as well as predict later mental health issues in personnel, was also of interest to the UK military. In 2007, childhood adversity was also examined to determine whether issues that preceded joining the Armed Forces, mediated psychological trauma in UK combat servicemen (Iversen, Fear, Simonoff, Hull, Horn, et al., 2007). In October 2015, the Ministry of Defence (MOD) Armed Forces Covenant stressed the importance of combined agencies working to ensure ex-service personnel and their families were not “disadvantaged” by their service to country (Ministry of Defence (MOD), 2015, ii). Further research into transition experiences of formerly serving personnel and the effects of their military experience was recommended (MOD, 2015). In the MOD Defence Analytical Services and Advice (DASA) report of 2015-16, new episodes of mental health problems in service and across all British corps, showed increases in the report of mental health
issues among over 22,000 military personnel returning from Iraq and Afghanistan (MOD, 2016). Reports of poor mental health ranged from 14% in RAF personnel, to 36% increase in the Royal Navy. More males aged 24-39 in the Army and RAF service accounted for the majority of this increase (MOD, 2016).

As mentioned earlier, differences exist between psychological experiences of veterans from different nations. Clinical studies in the US also focus on disorders related to combat trauma in isolated war generations, such as the effects of witnessing massacre on Vietnam War veterans (Turse, 2013). Additionally, efforts to explore the impact of service across conflicts include and compare cohorts from World War II (WWII) and the Vietnam war or WWII and the Korean war (Settersten & Spiro III, 2012); however, research to date rarely include past and current military campaigns in lifespan studies about US veterans (Settersten & Spiro III, 2012). Furthermore, seldom have UK studies included a broad range of UK ex-service personnel of varied ages with different socio-economic backgrounds, life and service experiences (MacLean & Elder, 2007; Woodhead et al, 2011).

As there are experiences that differ from one US war cohort to the next, there may also exist a variety of experiences between UK veterans across different wars and conflicts. Therefore, it is important to explore veterans’ experiences which differ across age, gender, rank and service also. What can be learned from a collection of experiences may have significant implications on the potential impact of service on veterans over time. This thesis aims to expand research on the impact of a range of experiences of UK ex-service personnel over a lifespan. Men and women potentially impacted not only by their service, but also by factors outside of their military experiences, and over time as they age and identity develops and changes. Experiences of veterans include presenting childhood experiences and post-service experiences to help further an understanding of a whole life story of UK veterans.
1.1 Life Narratives, Experiences and Perspectives of British Armed Forces Ex-Service Personnel

Research suggests exposure to potentially traumatic events in childhood have significant impact on the health and wellbeing of military personnel not only during service (Bremner, Southwick, Johnson, Yehuda & Charney, 1993; Iversen, Fear, Simonoff, Hull, Horn et al., 2007; LeardMann, Smith & Ryan, 2010), or upon leaving the military (Van Voorhees, Dedert, Calhoun, Brancu, Runnals, et al., 2012), but also into later life (MacLean & Elder, 2007).

What could be learned from ex-service personnel about how they make sense of early life factors (such as experiences of neglect, physical, or sexual abuse in childhood) lacks detail. Memories of events can return in later life if individuals do not make sense of experience and come to terms with trauma. For instance, traumatic memories become harder to reconcile as a direct result of cognitive, physical and social age-related changes (Settersten & Spiro III, 2012). More detailed accounts of experience may help with understanding how veterans’ perceive and integrate the influence of pre-service events and quality of life (Gade, 1991; MacLean & Elder, 2007). Pre-service events, such as lower employment opportunities, were evaluated by MacLean & Elder (and later Settersten & Spiro III, 2012) as crucial motivations for joining. As observed by Elder (1986) and then later by London & Wilmoth (2006), veterans believed that by joining the service they were leaving the disadvantaged family backgrounds and poor education (Wolpert, 2000). The movement into service disrupted the negative trajectory of their lives that may have affected their interpersonal relationships, further training, and employment opportunities. Improving one’s socio-economic outcomes intersect with service life accounts which determine veterans’ post-service employment opportunities later in life (Browne, Hull, Horn, Jones, Murphy, et al., 2007; Cabrera, Hoge, Bliese, Castro & Messer, 2007). This then plays out as social exclusion and difficulties in transitioning from military to civilian life when veterans are no longer able to assimilate to civilian social networks they were affiliated with in the past. Additionally, abuse or neglect pre-service may prompt veterans
to leave abusive home lives for the service, but once becoming veterans, they can no longer access social networks for social support, and feel excluded (Van Voorhees et al., 2012). Research has also explored other possible factors independent of combat that are presented as risk factors to the mental health and wellbeing of veterans post-service. These include: race and educational disadvantages (London & Wilmoth, 2006; Wilmoth & London; 2013); rank, and age at service enlistment (London & Wilmoth, 2006); the nature (regular or reservist) and length (short period of service or long) as well as the effects of repeated deployments (Fear et al., 2010; Riviere, Kendall-Robbins, McGurk, Castro & Hoge, 2011). Rank and age of service for members of the British ex-service population may lead to various physical and mental health challenges that both link them and set them apart from the experiences of their US counterparts as well as civilian society (Iversen et al., 2005a; Van Voorhees et al., 2010).

The complexities of mental health and wellbeing overall, and the perception UK ex-service personnel have of National Health Service (NHS) mental health treatment and healthcare provision, mean that families bear the burden of health and wellbeing problems specific to ex-servicemen and women (Forces in Mind Trust [FiMT], 2013). Poor mental health was found to have an impact on adjustment as well as family breakdown after leaving the British Armed Forces (FiMT, 2013). Yet the areas of early life and the intersection with transition problems faced by the service member’s family after leaving the Armed Forces have not been explored in great detail. This research seeks to address the nature of family interrelationships, and the extent to which ex-service personnel perceive the significance of pre-enlistment issues over the course of a lifetime (Settersten & Spiro III, 2012).

Just as quantitative, large scale clinical studies may lose specific information about individual experience, what shapes US veterans’ experiences over the lifecourse may not be applicable to UK veterans. This thesis also recognises that there are differences generationally as well as internationally between military cohorts. Therefore, and most important for this study, is exploring the way UK veterans tell their own stories of war and conflict, and how they make sense of their experiences throughout their
lives, which helps to make clear how events shape their perception of support, their help-seeking behaviour, and how the needs of veterans may change as they age (Wilmoth & London, 2011). In addition to the uses of personal story or narratives for sense-making of experience in maintaining individual psychological wellbeing, personal perspectives and narrative explorations of life experiences, may provide significant information to researchers about the UK veteran population (Walker, 2010). For veterans and their families in the United Kingdom, exploring veterans' lives in this way may enhance the approach towards current and future investment in, perception and provision of, physical and mental healthcare services for those caring for ex-military personnel and their familial network.

1.2 Summary of the thesis

There is a broad scope of military research covering different mental health issues of veterans. Early studies of UK servicemen and women who served from the 1990s onwards, established the differences in experiences of US and British Armed Forces personnel. Researchers found that early life issues, with combat service, affect the development of mental health problems in ex-service personnel. However, quantitative studies involving veterans look specifically at psychological problems experienced from adulthood onwards. The impact of pre-enlistment, service and post-service life experiences combined, are rarely explored together over the lifespan of ex-servicemen and women. To explore participants' insight into their experiences, interviews with participants will be analysed in-depth, using qualitative analytical methodology. The aim of the project is not to construct causal links between early life, military service experiences and the effect on veterans' lives, but to explore veterans' perceptions of events that have shaped their lives.

The following chapters are concerned with detailing the current literature on the studies on ex-service personnel and explore the perspectives of ex-service personnel on their childhood and military experiences (Chapter Two). Chapter Three details the method of analysis and rationale for the data collection process. The analysis of participant interview data in Chapters Four-Six explores the selected life stories and
specific accounts or patterns of events significant for the ex-service people in the study. Additionally, the perceptions of ex-service personnel about their current health, wellbeing and concerns about ageing will be analysed in the findings chapter. The synthesis of themes (Chapter Seven) explores a synthesis of narrative themes connecting participants’ stories based on their shared or distinct experiences. Chapter Eight is a discussion of current literature, clinical and practical implications detailed by the researcher, along with a discussion of the summary of the study, linking methods, findings from the interviews. This chapter also concludes with a summary of concepts guided by the framework of ex-servicemen and women’s life stories.
Chapter Two: Literature Review: Life and Military Service Experiences of Ex-Service Personnel: Reconsidering Themes of Health, Wellbeing and Ageing Across the Lifespan

2.1 Introduction

As a result of research focused on mental disorders of veterans and quantitative research in this field, little research has explored childhood and military experiences together (or indeed other life experiences) as having a possible impact on ex-service personnel (Blosnich, Dichter, Cerulli, Batten, & Bossarte, 2014; Katon, Lehavot, Simpson, Williams, Barnett, et al., 2015). A fourth factor is that the majority of this research has been conducted on US personnel, with little focus on the UK experience (Iversen et al., 2009; Rona, Hotopf, Wessely, & Fear, 2009). This chapter will explore what literature there is on the topics and issues presented in Chapter One. The researcher set out four objectives: first, to briefly explore the background to military mental health research; second, to investigate the possible pre-service factors that might influence mental health, and; third, to look at the issues relating to accessing mental health help and leaving the service. Fourth, and finally, to explore the importance of looking at these life story narratives as a whole to fully understand the mental health and wellbeing needs of the veterans.

It should be noted that the author reviewed current qualitative research that sought to understand veterans’ experiences and perceptions of events that they believed were significant to them. This detailed explanation of themes explored in the qualitative studies of veterans’ experiences, is presented in a systematic review of the literature (Gordon, 2014) (Appendix J). Studies that expanded knowledge about what types of support ex-servicemen and women perceived as beneficial, were explored. Further, studies were reviewed where the aim was to understand whether ex-service personnel link and make meaning from pre-service events (both positive and negative), with service life accounts and post-service factors that impact health and wellbeing. These studies included a range of themes, and across nationalities, from Dutch peacekeepers’ difficulty with finding meaning in life after tours in Cambodia, to accounts from doctors...
and nurses coping with casualties in the war zone during tours of Afghanistan and Iraq (Gordon, 2014). There were three main findings of the systematic review. First, qualitative study designs provided as much information and detail as quantitative systematic reviews about evidence-based practice for mental health interventions (Noyes, 2010). Second, what ex-service personnel make of their personal emotional and physical state is under-explored in large (quantitative) cohort studies aimed at understanding and improving veteran-centred service needs and provisions (Kilshaw, 2004; Schok et al., 2011; Shaw & Hector, 2010). Third, and finally, currently serving and ex-service personnel alike, (who are in combat conditions or in support roles in theatre) either separate from and avoid narratives of war, or they make meaning from the extraordinary events of those war experiences (Burnell et al., 2006; Scannell-Desch & Doherty, 2010; Schok et al., 2010). Both constructs of avoidance and sense-making, have a lifetime impact upon the veterans’ identity and on their networks of peers and family. Research suggests that even a lack of support from peers or limited access to supportive networks may hinder how veterans cope with health effects or psychological injury (like depression) as a result of service (Levy & Sidel, 2009; Martin, Rosen, Duran, Knudson & Stretch, 2000; Pietrzak, Johnson, Goldstein, Malley & Southwick, 2009).

2.2 Background Literature Focused on US Ex-military Personnel Mental Health

The impact of the effects of war on servicemen (and later, servicewomen) have been investigated since the American Civil War to the Boer Wars, World War I and World War II (for example, Fikretoglu, Liu, Pedlar, & Brunet, 2010; Richardson, Elhai, Pedlar, 2006). The more recent inclusion of women in combat roles has resulted in their life experiences and wellbeing needs often being overlooked while still serving (Segal & Lane, 2016). This section of the thesis includes research not only on US veterans, but a range of war eras and combatants such as US veterans of WWII, Korea; Australian veterans of Vietnam; UK veterans of the Gulf War, and US and UK veterans of Iraq and Afghanistan. However, it was the knowledge acquired about the effects of the Vietnam War that launched a
new examination of mostly US veterans and the long-term effects of military service on ex-military personnel lives (van der Kolk & Fisler, 1995). Veterans, who reported experiencing combat-related trauma or physical injury as a direct result of service, have significant long-term consequences for onset, duration and re-appearance of traumatic stress symptoms (Kulka, Schlenger, Fairbank, Hough, Jordan et al., 1990; Vogt, King, King, Savarese, and Suvak, 2004; Dohrenwend, Yager, Wall, and Adams, 2013). Health issues were long-term, not attributed to delayed onset and delay in presentation for diagnosis was linked to stigma about having a mental health diagnosis and a conflict between diagnosis and military identity (Kapur, While, Blatchley, Bray & Harrison, 2009). The predominant feature of these studies centred on combat personnel and their mental health after exposure in war situations. Large scale studies of military populations focused on the return of veterans with debilitating physical and psychological problems (van der Kolk & Fisler, 1995; Wells, et al., 2011).

For example, the misuse or dependency upon alcohol (or other substances) by US National Guard veterans of Iraq was preferred over seeking mental health services to cope with the stress of repeated deployments to a militarised zone (Polusny, Erbes, Murdoch, Arbisi, Thuras, & Rath 2010). Indeed, van der Kolk and McFarlane (2012) explored “Vietnam veterans syndrome” and concluded that such trauma was related to the sanctioning of violence in war. Dohrenwend, et al., (2013) and Turse (2013) linked combat-related trauma to the specific violence of soldiers towards civilians and prisoners in Vietnam. More detail on the literature on the impact of combat stressors will be explored later in this chapter.

The main focus of the mental health research in this area has been into factors relating to the antecedents and consequences of combat. In particular, the stressors related to coping with the anxiety and dangers of living in a war-zone (Polusny, et al 2010; Vogt et al., 2004), including the stressors associated with the threat of attack (Iversen et al., 2008; Kulka et al., 1990), and being in constant physical danger or witnessing others being killed or maimed (Hoge, Castro, Messer, McGurk, Cotting et al., 2004; Turse, 2013). The consequences are often related to combat-related PTSD
(Riviere et al., 2011); suicide (London & Wilmoth, 2006; Sher, 2009) and substance abuse (Milliken, Auchterlonie, & Hoge., 2007) in regular and reservist personnel alike.

It is misleading to conclude that military service is bad for one’s mental health per se. In studies in the US, veterans reported that their military service was the turning point in their lives (Elder, Gimbel & Ivie, 1991; Gade, 1991). Had they remained civilians, veterans were at higher risk of death and had they not joined the service, coming from disadvantaged family backgrounds and poor education equaled less stable marital relationships and fewer work opportunities compared to their non-veteran counterparts (Elder, 1986; London & Wilmoth, 2006). These findings highlight the importance of not looking exclusively at combat as the sole source of mental health problems.

Indeed, it was exploring the experiences of Vietnam veterans that highlighted early life issues. Bremner, Southwick, Johnson, Yehuda & Charney (1993) found Vietnam war veterans who were diagnosed with PTSD had higher rates of childhood sexual and physical abuse than Vietnam combat veterans without PTSD. O’Toole, Marshall, Grayson, Schureck, Dobson et al., (1996) found that although high combat exposure was linked positively to mental and physical health disorders 20-25 years post-Vietnam, lifetime difficulties, such as social phobia, PTSD, dysthymia, and alcohol abuse/dependence affected the mental health of Australian veterans adversely (that is, they had higher rates than the civilian population). This resulted in reduced post-service employment opportunities for Australian soldiers who served in Vietnam. Thus, potentially traumatic events in childhood can have a significant impact on the health and wellbeing of military personnel not only during service (LeardMann, et al., 2010), or upon leaving the military (Iversen et al., 2007; Zaidi & Foy, 1994), but also into later life (MacLean & Elder, 2007; Spiro III & Settersten, 2012).

In cases where PTSD is the diagnosis, military veterans are reluctant to accept PTSD or comorbid mental health disorder as a label (Brewin, Garnett, & Andrews, 2011; Kilshaw, 2008), and are less likely to comply
with treatment interventions (Kilshaw, 2008). Studies of US and UK veterans found that if experiences of war and conflict situations are assessed negatively, veterans find ways of coping with those experiences by, for example, seeking support from others (predominantly other veterans) with similar experiences (Brewin et al., 2011; Kilshaw, 2004). Pietrzak et al. (2009) found that military personnel returning from Iraq and Afghanistan found social support protected against stress and depressive response to war exposure. The ability to recover from difficult experience (resilience) in older veterans can protect against psychopathology linked to war experience (Elder & Clipp, 1989), whether that resilience existed prior to joining, develops as a result of successful adaption in post-service life, or is potentially maintained through social support networks over the lifespan (Burnell, Needs & Gordon, 2017; Elder & Clipp, 1989; Pietrzak et al., 2009).

This suggests PTSD diagnoses may not be sufficient to explain the complexity of response to trauma exposure, or how trauma is defined by veterans who are exposed directly or are witness to life-threatening experiences.

King and colleagues (1999) suggest that when examining trauma experiences of veterans (such as psychological distress associated with remembering the event), that the discussion includes how individuals adapt or engage individual resilience and coping strategies (King et al., 1989), and accept help from others (Cadet, 2016). In some cases, avoidance of the event (e.g. not participating in celebrations of the end of WWII), is one such coping strategy associated with traumatic stress (Elder & Clipp, 1989). Elder and Clipp’s 1989 study described resilience in WWII and Vietnam veterans being linked not only to personal adjustment to traumatic events, but to the availability of family members who were intrinsic to strategies employed by veterans when faced with stressful reminders of war. There is an argument to focus on the resilience and coping abilities of individuals to thrive in the face of adverse experiences (Bonanno, 2004), as well as the networks of support within the military service community (Dirkzwager et al., 2003), rather than narrowing the discussion solely on trauma itself. The fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
(American Psychiatric Association, 2013) offers the latest revision of what criteria constitute a traumatic event, and the pathways to PTSD onset: modifications that have continued for the last 30 years. This suggests that redefining and labelling individuals with a diagnosis of PTSD may continue to vary over time (Jones & Wessely, 2007; Monson, Lonergan, Caron & Brunet, 2016). The rejection of the label of PTSD by participants in this study and by other populations exposed to trauma in previous research is not uncommon (Friedman & Jaranson, 1994). The impression a PTSD diagnosis leaves on the individual suggests that there is a difference between not only how ex-military personnel experience potentially traumatic events, but also in how varied their responses to an event may be, the duration of effects, or whether symptoms of trauma are acknowledged at all. This variability in response to traumatic stimuli is also the case in general populations exposed to traumatic events (Breslau, 2002; Monson et al., 2016). Because individuals do not respond to trauma experiences in the same way, or satisfy different symptoms for diagnosis (but not all) perhaps one label (PTSD) is not sufficient enough. In this thesis, research participants' use of language to describe the events of their deployments and their reaction to those events may be more accurate labels or descriptors for variable states of psychological wellbeing, and which adequately characterise disrupted states of mental health when they arise.

The present thesis will now explore these, and other, factors that influence well-being in further depth i.e. early life and family background, service life, and life after service. As a result of this range of literature, and the focus of the thesis being on qualitative approaches to collecting participant data, a sample of the qualitative literature search protocol and database search strategy is included (Appendix B).

2.3 Childhood Adversity Experiences

Adverse childhood experiences form a main grouping of determinants of the health and social well-being in trauma-exposed adults (Brewin et al., 2000). Adverse childhood experiences (ACE) is defined by the 1998 study from Felitti, Anda, Nordenberg, Williamson, Spitz et al., as exposure in childhood to physical, psychological or sexual violence, or violence toward
the mother. The National Society for the Prevention of Cruelty to Children (NSPCC) has similar definitions for childhood physical and sexual abuse and neglect in the UK (NSPCC, 2016). Additionally, members in the household who experienced incarceration, substance abuse, suicidal ideation or other exposure to psychological ill health were also included in the ACE study as potential risks to the welfare of children. Dube, Felitti, Dong, Chapman, Giles & Anda (2003) also defined physical and emotional neglect as another category of childhood adversity, where questions such as feeling loved or supported by family (emotional) and feeling cared for and protected, or having food to eat (physical) were measured. Studies following the 1998 ACEs study have shown that high rates of childhood adversity are a strong predictor for developing health problems in later adult life and early death related to health-risk behaviours (Dube et al., 2003; Anda, Felitti, Bremner, Walker, Whitfield, et al., 2006). For example, physical abuse in childhood has been linked to cancer, obesity, sexually transmitted disease, liver disease. Felitti and colleagues’ landmark 1998 study examined data collected from 9,508 participants in the US. They found that exposure to childhood adversity often lead to an unhealthy stress response in adult life (Felitti et al., 1998). For example, adults who had a high inflammatory response to stress reported having been physically mistreated as children, compared to adults who reported no experiences of abuse in childhood (Felitti & Anda, 1998).

It has been noted that a higher proportion of service personnel have been exposed to higher levels of childhood adversity than non-service personnel (Blosnich et al., 2014). Van Voorhees et al., in 2012 also proposed “that childhood abuse and combat exposure independently contribute to PTSD symptomatology” (p.424). Despite this knowledge, there may also be a number of reasons for under-reporting childhood abuse when in military service. For example, members of the military may not wish to be perceived as ‘victims’ of abuse, nor is there often a means of validating (or invalidating) their reports (Blosnich et al., 2014, Hoge et al., 2004; LeardMann et al., 2010); there may also be a bias against promoting those who have experienced childhood trauma (Hoge et al., 2004); and
finally, they may not report abuse they experienced due to development of issues with memory as a result of injuries obtained in service (Bremner, et al., 1993). However, it is to those military personnel who have reported such adverse childhood experiences that we now turn.

2.3.1 Childhood influences on military experiences.

The role childhood adversity plays in the psychopathology of individuals who have been exposed to combat conditions has received some, but limited attention after the wars of Vietnam (Bremner et al., 1993) the Gulf Wars (Engel, Engel, Campbell, McFall, Russo et al., 1993) and present conflicts (LeardMann et al., 2010). The ongoing wars in Iraq & Afghanistan offer new opportunities to study the subject of long-term health and mental wellbeing of soldiers beyond combat-related PTSD (Cabrera, Hoge, Bliese, Castro & Messer, 2007). Much of the research on the association between childhood adversity and mental health issues among military personnel tends to focus on combat-related trauma, particularly PTSD, in veterans of Vietnam and Desert Storm (Bremner et. al., 1993; Engel et. al, 1993; Lapp et. al., 2005).

In the US, King, King, Foy and Keane et al. (1999) examined direct and indirect causal factors linking psychological problems like PTSD in Vietnam Veterans to pre-war risk factors and post-war resiliency and recovery predictors for combat-related mental health problems. The researchers reported that PTSD symptomatology was more likely to be triggered by the age at which men were sent to war in Vietnam, early trauma exposure prior to service, and day-to-day stressors of living in a war-zone, such as exposure to atrocities. In their previous study on mental health of Vietnam Veterans, King, King, Foy and Gudanowski (1996) examined slightly different pre-war stressors on PTSD, and found salient relationships between instability in family, childhood antisocial behaviours and their effects on mental health.

In a study conducted on attachment problems in Dutch veterans, Out, Bakermans-Kranenburg & Van IJzendoorn (2009) proposed that adverse experiences in caregiving were a significant contributor to risk factors for infants who developed disorganised attachment. Children who were
exposed to particularly frightening or extremely insensitive parenting were likely to develop disorganised behaviour as a result of trauma or an associated lack of positive caregiving. In their sample of over 200 mothers and infants, the study established behavioural responses associated with two types of behavioural stimuli. Disconnected parental behaviour resulted in infants displaying disorganised behaviour and extreme parental insensitivity was somewhat related to attachment insecurity in male infants (Out et al., 2009). Experiencing some form of childhood neglect, along with physical and sexual abuse prior to service in the household and outside the home (Wade, Cronholm, Fein, et al., 2016), may amplify the impact of other stressors in the lives of the veteran population (MacLean & Elder, 2007). For example, an unsettled family life or parents with drug or alcohol abuse problems, act as stressors which contribute to mental health symptoms (Polusny, 2010). Cabrera et al. (2007) found that high rates of adverse childhood experience, particularly those soldiers who had indicated having four or more factors of adversity in childhood, were associated with depression and PTSD in soldiers who have been exposed to combat in Iraq. In contrast, soldiers who had not deployed and who were exposed to the same rates of adversity in childhood did not develop psychiatric problems. Adverse childhood experience and combat were predictors of depression and PTSD. Recent research has explored possible links between the impact of long-term childhood victimisation before enlistment and the effects of active duty on health-related problems in conscripted and non-volunteer war-era cohorts. From secondary research data, and via telephone interviews, Blosnich, et al. (2014) compared veteran participants of any type of US military service with non-veterans and found higher reports of childhood sexual abuse among more voluntary-era veterans than non-veterans.

The motivation to join the service for some military personnel stem from some form of experiencing disadvantage during childhood and the military provides a change in the future prospects of veterans lives (Gade, 1991). Using clinical audits of patients through the veterans’ charity Combat Stress, Busuttil discovered that 52% of veterans using Combat Stress were
exposed to childhood sexual abuse or physical trauma (Busuttil, 2010). However, it is worth noting that in their qualitative analysis of interviews with UK soldiers, Gibson and Attell (2004) found that reasons of national identity and patriotism served as greater motivation for serving their country. Soldiers were engaged in discourse regarding patriotism and country and the conversations around these concepts were mapped to what meaning they associated with being members of the Armed Forces in 2004, one year after the Iraq war began.

A limited number of recent studies conducted during and towards the latter stages of the war in Iraq, have analysed childhood abuse, lack of external support, and the further complexities in the onset of multiple mental health problems related to combat exposure in currently serving military personnel and formerly serving (Cabrera et al., 2007; Sareen, Henriksen, Bolton, Afifi, Stein, et al., 2013). In studies of adverse experiences in childhood and the effects on Iraq and Afghanistan combat service personnel, LeardMann et al, (2010) found that history of abuse and neglect were common, but usually not discussed, kept secret and undetectable. Using trauma and social support questionnaires, Van Voorhees et al., (2012) studied the effects of childhood adversity and PTSD related to service in Afghanistan and Iraq of US veterans and found that veterans had reported low family cohesion and low social support in pre-service experiences. The study proposed that disrupted childhood and lack of social support played a role in the outcome for combat-related trauma in adulthood. They also found an association between direct and indirect childhood maltreatment, and the severity of adult PTSD in combat-exposed US veterans. In the United Kingdom, a study on childhood adversity and currently serving personnel and risk factors for onset of clinical mental health disorders were examined (Iversen et al., 2007, 2008).

As some researchers have argued for the case of pre-enlistment risk factors leading to PTSD in war veterans, others have proposed opposite conclusions in this subject: soldiers with experiences of trauma prior to enlistment are less likely to respond negatively to stressors related to combat on Gulf War veterans (Stein et al., 2005; Vasterling, Proctor,
Not everyone will experience a negative psychological reaction to traumatic events. For example, Cabrera et al. (2007), found that service members with greater exposure to childhood adversity appeared less reactive to higher levels of combat. Prior exposure to stressful conditions may sensitize people to subsequent stress, particularly when the earlier trauma is associated with PTSD symptoms (Breslau et al., 2008). Mediating factors, such as the lack of social and family support, may also be involved in the development of mental health problems of veterans (Riviere, et al., 2011; Wells, Miller, Adler, Engel, Smith, and Fairbank, 2011).

The research literature reviewed on this subject has reached conflicting conclusions about childhood adversity and its role in the psychopathology in veterans of conflict (Friedman et. al, 1994; Lapp et. al, 2005; Cabrera et. al, 2007). For example, Bramsen, Dirkzwager & van der Ploeg (2014) concluded from their study of veteran peacekeepers who served in the former Yugoslavia from 1990 to 1995, that pre-trauma exposures were predictive of later development of PTSD. In their study of 381 veterans of the Vietnam War, Fontana & Rosenheck (1993) looked at pre-existing trauma and combat trauma to evaluate the contribution of both variables to the etiology of PTSD, and found war-related trauma contributed more strongly to the development of PTSD and other psychological problems. Experiencing adversity in childhood for many active service and military veterans may increase the likelihood of developing PTSD and other clinical disorders related to combat exposure (Lapp et al., 2005; Sareen et al., 2007; Hatch, Harvey, Dandeker, Burdett, Greenberg et al., 2013) prompting the need for research on treatment interventions for comorbid disorders (Gale, Saftis, Vidaña Márquez, & Sánchez España, 2008; Sayer, et al., 2009). In particular, the military personnel may have been recruited as they may have had lower educational attainment, and a history of family problems, (Iversen, et al., 2007; LeardMann et al., 2010). Where researchers found childhood adversity may have protected combat veterans against developing PTSD, or by contrast, found veterans with pre-existing childhood trauma more vulnerable to PTSD, the differences in
study results may be due to the types of combat exposure, participants recruited to the studies, duration of exposure to adversity in childhood. Furthermore, experience of emotionally or psychologically abusive behaviour, and the neglect of a health and welfare in childhood contributed to the perception of a lack of available informal familial support for veterans or even different levels of support for individuals from family members.

The exception for ex-military personnel who have experienced multiple childhood adversity experiences pre-enlistment, compared to ex-military personnel who have experienced little or no adversity pre-enlistment, is the combined experience of both pre- and post-deployment trauma (Van Voorhees et al., 2012; Katon et al., 2015). Repeated and prolonged trauma relates to people who are kept captive, unable to flee from adverse conditions such as hostages, members of concentration camps, or victims of sexual exploitation (Herman, 1992). However, in cases of pre- and post-deployment exposure to adversity and trauma, the mediating factors may be down to lack of social and familial support. Reports of interpersonal conflicts between spouses and married service personnel and between parent and children are often as a result of psychiatric problems experienced by veterans exposed to combat. In a study of service members who report having mental health problems, many return with issues of PTSD and depression (Sayers, Farrow, Ross, & Oslin, 2009). Those diagnosed with either of the mental health disorders were 5 times more likely to have a problem with family re-adjustment compared to veterans without these issues (Sayers et al, 2009). Perhaps not surprisingly, positive early family networks and social support reduce the risks of developing later onset psychological problems, whereas adverse childhood experiences may be a prospective risk factor for developing later psychological issues (Polusny et al., 2010), or problems associated with alcohol misuse (Iverson et al., 2007).

As mentioned earlier in the thesis, veterans respond differently to potentially traumatic conditions of war and conflict, and the evaluation of experiences change over time (Schnurr & Spiro, 1999). When exposure to war conditions does result in trauma symptoms in ex-military personnel who
experienced pre-service childhood trauma, latent effects of childhood trauma will also need to be considered alongside mental health and wellbeing for veterans across the life course (Owens et al., 2009). By examining currently serving personnel, Bramsen, Dirkszager, & van der Ploeg (2000) found that in Dutch peacekeepers deployed during the wars in Yugoslavia (1993-1994), vulnerability to trauma pre-service was as significant a predictor of trauma exposure and symptom severity during service. From peacekeepers exposed to traumatic war experience, Rona et al. (2009) studied the effects of combat exposure in UK deployed personnel with prior childhood exposure to traumatic events and repeated exposure to war situations in Iraq. Findings were that support from and resilience within the group served to protect against the effects of repeated deployments and exposure to adversity in childhood (Rona et al., 2009). These findings within a sample of British soldiers was similar to findings in US soldiers deployed to Iraq, who had a history of childhood adversity, suicide ideation, and whose wellbeing was strongly associated with group cohesion within their unit (Skopp, Luxton, Bush & Sirotin, 2011).

Research on British veterans is moving from research that expands on the experiences of serving personnel, toward the experiences of veterans post WWII, and the effects of pre-military, deployment experience and transition into life after service. Literature on veteran personnel is dominated by literature about US veterans. However, this research may provide valuable information for military psychology in general, and for British veterans in particular. Veterans who have both experienced trauma pre-service and during service, particularly combat veterans, have been shown to have psychosocial problems, such as maintaining intimate relationships (Basham, 2008). Being unable to manage symptoms of combat-related trauma may be due to lack of control over exposure to adversity in childhood (Lapp et al., 2005). Adversity in childhood has been shown to persist, and manifest in different degrees and types of psychopathology, particularly in early adulthood, but over the course of an individual’s life (Clark, Caldwell, Power & Stansfeld, 2010). This raises
questions about other psychosocial problems or interpersonal interactions veterans have that may suffer as a result of childhood and service trauma.

This thesis reviewed literature on veterans’ experiences involving individuals who have been exposed to trauma pre-service and direct combat or proximity to conflict conditions during service. Experiences may not have been evaluated as traumatic or assessed as having a lasting effect. Veterans may also view childhood adversity as traumatic, and leaving service may lead to issues in civilian life. As with veterans’ research included in this review, participants in this study may have experienced support from their familial networks, friends or fellow ex-military personnel in the community. The literature also points to the fact that veterans who are exposed to or have been witness to combat or conflict situations strategies for coping may not serve to maintain or support veterans’ wellbeing in later life.

What childhood adversity research in veterans fails to explore in detail when pre-service issues are considered, are other potential early childhood issues, such as, educational challenges faced by veterans at school age, such as learning disabilities, or bullying in school that may have prompted the motivation for enlistment. As veterans are sometimes influenced to join the service by being a member of a military family, one question that needs to be asked is whether the experience of disrupting education and school age friendships when moving from one base to the next has influenced veterans’ perception of education.

The military as family is a concept which is comparative to characteristics of a theoretical, Western model of family with categorised gender roles (Johnson, 1963; Nicholson, 1997). For example, the Armed Forces adopt gender role structures, taking on the responsibilities of a masculine and feminine ‘parental’ orientations where the military is charged with: developing kinship between its members (feminine); is concerned with the present welfare of military personnel, providing shelter, educational, and financial support for military personnel (masculine/feminine); and expects obedience or penalises poor behaviour (masculine) (Johnson, 1963; Kelly & Worell). Those participants without this model of family prior to joining the
British Armed Forces, may join the military because they see the military portrayed as a place to belong, and a perception of a model of family that may act as a convincing substitute for the original (Meredith, Sherbourne, Gaillot, Hansell, Ritschard et al., 2011; Segal, 1986). The military family is predominantly patriarchal, in that until the 1980s, opportunities for women in the British Armed Forces were limited to clerical roles, for example, or excluded women entirely (e.g. combat duty) (Dandeker & Segal, 1994). The family-style dynamic of the military will be explored further in Chapter Five, and in the discussion and conclusion chapter.

The present study, therefore, is concerned with exploring childhood experience of veterans, including (but not limited to) those in the United Kingdom. It is also hoped to explore how later life concerns may be linked by participants to significant events across the whole lifespan.

2.4. Preparing for Combat: Military Training Processes

In order to prepare for deployment to combat areas, soldiers are taught to separate themselves from the enemy and to view the enemy as less than human (Christian, Stivers, & Sammons, 2009). The process of consolidating what is learned in training and how one prepares for combat action allows for emotional disengagement. This emotional disengagement process, once completed, creates a barrier between the soldier and enemy combatant and allows for recovery from an emotional response to killing in combative situations (Christian et al., 2009). Once training is completed, the individual conforms to the group objective (fighting the enemy, in the case of combat), and the combat soldier’s function as an individual becomes less central to the core objectives of future operational tours (King, 2013). Training drills for US Marine Corps called "The Crucible", removes egoism as training drills promotes unity "suppressing the individual and prioritizing the group" (King, 2013, p. 272). Repetitive and long periods of training becomes habitual and "induces common and distinctive responses" (King, 2013, p.272).
2.5 Combat Factors Involved in Physical and Mental Health Problems

Much of what we have learned about military mental health problems is borne out of research into the appraisal of conflict experience of World War I (Greenberg, Jones, Jones, Fear, & Wessely, 2011, and gathered more momentum in research after 1945 (Settersten, Day, Elder & Waldinger, 2012). The effects of combat experience include witnessing of military personnel and/or civilians killed, wounded or injured as a result of combat (Gade & Wenger, 2011). Combat personnel who have served in or witnessed dead, dying or wounded individuals may develop potential mental and physical health problems related to exposure to combat. Maguen, Vogt, King, King, Litz, et al. (2011) discovered that killing the enemy was more a predictive risk factor for the development of stress symptomatology related to combat trauma. Research into risky behaviour among soldiers deployed to combat showed that soldiers who engaged in self-harm, for example, were more likely to self-harm post-deployment (Thomsen et. al, 2011). Having a current psychological condition was strongly associated with risky or self-destructive behaviour, particularly among soldiers who engaged in unprotected sex. Acts that were considered unacceptable by US Marines and Naval personnel, such as illegal drug use, showed a decline upon entering the military; however, those deployed to combat showed significant association between combat experience and illegal use of drugs post-deployment.

It is clear that individuals face varied challenges across war generations, with diverse levels of military experience, service and duty that may be unique to the military task (MacLean & Elder, 2007). The incidence of depression and anxiety (general mental illness) will be briefly touched on (as it has been explored in relation to combat and childhood adversity already). Challenges according to type of training and military experience, were discovered by Riviere, Kendall-Robbins, McGurk, & Castro et al. (2011). The rates of general mental illness amongst reserve personnel in the UK as well as the US was significantly higher than mental health problems experienced by regular soldiers after the military campaigns in the Persian Gulf, Iraq and Afghanistan. The unique challenges of reservists are
that they not only serve part-time in the military, but, as Riviere et al. observed, these soldiers returned to their civilian jobs. Their research also examined the correlation between mental ill health of United States National Guard soldiers (reservists) and the perceived lack of social support from employers once those soldiers had trained, served tours in Iraq, and returned home to work. The study found that factors such as the ambivalence of employers towards the soldiers’ service contributed as much to the risk for developing PTSD or depression as had the traumatic experience of serving in a combat zone.

Length of deployment rather than repeated deployments to the war zone were also associated with higher incidences of mental health problems reported by UK soldiers in a study of over 5,000 personnel who had served in at least one tour of duty within 36 months of active duty (Iversen et al., 2009). The researchers found that extended deployments which increased the length of time soldiers were away from their families, was also considered a major risk factor associated with the development of psychological and physical health issues. Those who reported more psychological problems, such as PTSD and alcohol misuse, were more likely to have been deployed for more than 13 months in a 3-year period. Problems at home during and after deployment also increased significantly when soldiers were deployed for 13 months or more regardless of service. There are different durations of campaigns, and conflicts and operations range in their physical and psychological demands on the individual. Personnel may be deployed in security duties, such as in the latter stages of the Northern Ireland conflicts in the 1990s (Bass and Smith 2004), or involved in peacekeeping activities in the Balkan states (Hotopf et al., 2003) or Asia (Ikin et al., 2009; Schok et al., 2010).

2.5.1 The effects of combat exposure felt by veterans: Presentation to diagnosis.

Hoge and colleagues (2004) in their research on factors which contribute to the development of mental health issues like PTSD, found that onset could be experienced anywhere between 3-4 months after deployment, and may appear later due to increased vulnerability to
stressors after leaving service, such as disruptions in intimate relationships. However, Miliken and colleagues (2007) found this period of symptom presentation to be too early as many soldiers were not reporting problems for up to 6 months post-deployment. Other research suggests that mental health problems related to combat exposure could take anywhere between 10-13 years after presentation in personnel who have served and seen combat or seen combat and been exposed to dead, dying or wounded soldiers (Bonanno, Brewin, Kaniasty & La Greca, 2004; Gade & Wenger, 2011). Fontana & Rosenheck (1993) established that it was difficult to trace the etymology of the development of PTSD and link the development to pre-existing vulnerabilities and exposure to traumatic events. The researchers noted a distinct divide between research which finds an association between pre-existing military exposure to adverse experience, combat exposure, and mental health problems. Pre-military experiences were not predictive factors for the development of psychological disorders in military personnel who had fought in combat areas, where combat exposure was held as a constant (Leardmann et. al, 2010). However, for members of the military population, having a physical problem appeared to be more acceptable in a culture that values masculine attributes associated with strength, coping with stress and adversity (Langston, Greenberg, Fear, Iversen, French & Wessely, 2010) and which seeks to stigmatise those in active service who report any psychological problems (Hoge Lesikar, Guevara, Lange, Brundage et. al, 2002; Hoge et al., 2004).

Similar measurements for psychiatric conditions were conducted among deployed personnel and non-deployed personnel (McAndrew, D'Andrea, Lu, Abbi, Yan, Engel & Quigley, 2013). Non-deployed personnel showed a greater likelihood of reporting at least one psychiatric problem as a civilian, but fewer deployed personnel (less than 10%) who participated in the study reported having any prior mental health issues. After deployment however, 25% reported a lifetime psychiatric condition compared to 20% of non-deployed personnel in the study. In fact, the study found that the number of those non-deployed personnel reporting with psychiatric conditions had decreased. Depression, closely followed by anxiety were the
most common psychiatric problems reported for both deployed and non-deployed personnel, however PTSD was most commonly reported among combat personnel who had been deployed to Iraq and/or Afghanistan (Vasterling et al., 2010; Thomsen et al., 2011). These studies found an association between exposure to combat and life-long effects on mental health problems such as depression and substance abuse, physical stress, and risks of being exposed to a war-zone. In an early study by Fontana & Rosenheck (1994) found that severe trauma symptoms depended on the severity of war trauma exposure; symptoms were similar across three war cohorts (WWII, Korean War, and Vietnam War). Vasterling et al. (2010) and Thomsen et al. (2011) found long-term effects on mental health in combat veterans, and Fontana & Rosenheck found that in their 1994 study, symptoms of war-related trauma lessened as veterans aged. Generalities have been made about war cohorts however there are distinctions across war cohorts specific to conflict experiences and the cultural context in which those conflicts sit.

Another finding in Fontana & Rosenheck’s 1994 study, found that stigma of veterans’ mental health issues were both influenced and contextualised by cultural attitudes towards the war in question. Stigmatisation presents a fortified barrier against seeking help for mental health problems among military personnel and may prolong the development of pathological response to combat-related situations such as operational stress (Hoge & Castro, 2005); however the symptomatology remains, sometimes long after the war has been fought (Miller, et. al, 2008). Problems with recall (rather than the loss of memory of an event happening) may also complicate the reporting process of traumatic events for veterans (Southwick, Morgan, Nicolaou & Charney, 1997). In some instances, those military personnel who may not have been diagnosed with trauma-related psychiatric problems are unable to determine the severity of combat duty if the memory of the event has changed over time. Van der Kolk and Fisler (1995) study of dissociation and trauma found that posttraumatic nightmares contained scenes that were repeated and consistent over time. Research varies on the onset of war-related mental
health symptomatology in soldiers who have been deployed, and complicates how veterans appraise the impact of those experiences of war and how war is remembered. Essentially, problems are associated with the presentation of symptoms and when reporting of symptoms actually occur.

2.6 Post-Combat Experiences Affecting Wellbeing

As previously discussed, the most often explored psychological consequence of military service is PTSD, however the incidence of trauma diagnosis among UK military personnel exposed to combat, is much lower than corresponding PTSD figures among US forces (Iversen, Fear, Ehlers, Hacker Hughes, Hull et al., 2008). Furthermore, diagnostic assessment of personnel varied across all studies. Other potential psychological, psychosocial, and physical health problems associated with a combat role in the US military also include rates of suicide (Kapur et al., 2009); alcohol misuse and dependency (Jacobsen, Ryan, Hooper, Smith, Amoroso, et al., 2008; Wilk, Bliese, Kim, Thomas, McGurk et al., 2010); and in recent years, the contribution of social support to psychological resilience (Pietrzak, et al., 2009).

Adjustment post-deployment was studied among Australian soldiers who had left the service by the Queensland Centre for Rehabilitation and Veteran’s Health (CRVA, 2010). The researchers noted that stress levels during this change from soldier to civilian increases because homecoming may not be viewed as an easy transition. Certain coping behaviours – how family reacts to the newly returned soldier; strategies that were adopted to cope with military life cannot be applied to civilian life, difference in temperament. If service members were able to have a positive appraisal of the deployment, this appraisal was more likely to moderate the impact of combat stress and the later development of PTSD. Organisational factors, such as family and social support, had an effect on transition to civilian life post-deployment. Furthermore, the CRVA study examined levels of high operational activity among Australian service personnel and found that higher levels of intensity of service operations increased the frequency with which personnel needed to reintegrate with family and community. The study proposed that further research into how best to support soldiers
during the period of home leave was necessary to moderate the stressful effects of combat and other related mental health concerns (CRVA, 2010).

It is worth noting that the study of the interaction between childhood adversity, combat experience and mental and physical health disorders commonly reported by ex-service personnel, tend not to include qualitative interviews with ex-Armed Forces servicemen and women. Instead, data analysis is generally performed on questionnaires distributed on a large scale to active duty personnel struggling with mental health problems and across many military service divisions (Wells, et al., 2011). Reconnecting veterans to family and community could begin with sharing of veterans’ experiences, helping others to understand their development through their personal narratives (Bruner 1990). This may then lead to the examination of meaning of their experience by others as part of their reintegration. The impact of service life should include an exploration of the overall psychological and social welfare of veterans’ family members as deployment also affects them (Hosek & Wadsworth, 2013).

2.6.1 The effects of combat on US veterans.

The problems faced by soldiers in a study by Gould and colleagues, appear to be linked to issues such as relationship stress, and drug and alcohol misuse (Gould et al., 2008). Stecker et al. also noted the presence of alcohol abuse disorder in their study of 150 US veterans of Operation Iraqi Freedom (Stecker et al, 2010). Their data measured the characteristics of veterans’ beliefs about interventions and intention to use mental health services, with only 35% of those interviewed seeking actual treatment. Stecker and colleagues also determined that screening produced positive results for more than one of a series of disorders (major depression, generalized anxiety disorder, panic disorder, alcohol abuse and PTSD). Alcohol abuse accounted for 57% of all diagnoses. The problems would become more prevalent as the number of young soldiers returning to the UK from Iraq and Afghanistan would also increase as mental health problems go untreated (Walker, 2010).
2.6.2 Social support and resilience of veterans.

While social exclusion can be difficult, experiencing a decrease in one’s social support as family and friends pull away can be equally distressing. According to Gale et al. (2008), social exclusion was found to contribute to the development of psychological problems in ex-military personnel who had become homeless. A literature review conducted by Walker (2010) found that as social exclusion exacerbated the mental health problems of returning US soldiers, this phenomenon would lead to issues with alcohol misuse and homelessness. Iverson et al., (2005) study of UK veterans diagnosed with mental health issues during service were more likely to have a greater chance of experiencing unemployment after leaving the service or even retiring from service (Iversen et al., 2005a; Browne et al., 2007). Veterans with poor mental health were also at risk of feeling socially excluded and therefore were a much more vulnerable group. Research has traditionally found that low levels of social support prevented recovery or exacerbated the condition of PTSD (King et al., 1999). More recent research however, has demonstrated a more complex picture. A sample of 2,249 Gulf War veterans was investigated over two time points (1992-1993 and 1997-1998), with interpersonal difficulties associated with PTSD (distancing from people, numbing of emotional response) contributing to problems in marriages and created other barriers between veterans and their social support network (King et. al, 1999; 2006). PTSD symptoms that became more severe were directly responsible for the decline in social support (King et. al, 2006). Social support did not protect against the development of PTSD or prevent severity of symptoms, nor was social support at time 1 predictive of PTSD at time 2. Rather, PTSD symptoms acted to exacerbate problems within the social support network of the veterans. Research may benefit from exploring how family members are also affected by veterans’ mental health, as well as examine ways of reducing the barriers between veterans and their social support networks long after military service ends.

However, not all ex-service personnel experience low levels of social support. In a sample of over 2,000 Vietnam veterans with combat
experience, no impact on first marriages was found and Vietnam veterans were more likely to be married than non-combat veterans and non-veterans (Call & Teachman, 1991). Thus, social support is said to be paramount to effective maintenance of mental health care for ex-military personnel coping with adverse effects of combat-related trauma (Basham, 2008). Pietrzak et al. (2009), found that studies on veterans had not examined psychological resilience and social support as protective factors against PTSD, depression and comorbid psychiatric disorders in soldiers returning from Afghanistan and Iraq. Reserve and National Guard veterans participated in a mail survey to assess levels and prevalence of depression, PTSD, resilience and social support after leaving the military. Respondents with PTSD scored lower on resilience and social support scores. Having little or no social support prior to enlistment prohibits effective transition to civilian life.

The transition between serving in the military (fighting overseas, in some instances) and returning to civilian life presents particular problems for US and UK reservists as potential risks for developing mental health problems increased particularly when combined with job loss, unemployment, financial hardship and lack of social support (Harvey, Hatch, Jones, Hull, et al., 2011; Riviera et al., 2011). What ex-military personnel describe as successful transition to civilian life follows a wide range of determinants, as expressed by US reservists in Riviere et al. (2011). For instance, veterans who return with symptoms of PTSD found employers less supportive of their combat experiences which affected their work performance when they returned to work. When reservists reported lower levels of support from fellow employees and employers for their service in Iraq or Afghanistan, their sense of job and life satisfaction was diminished and resulted in higher rates of combat-related mental health problems in ex-service personnel (Riviere et al, 2010). The shortage of support is particularly evident for UK reservists (Harvey, Hatch, Jones, Hull, Jones, Greenberg et al., 2011). Findings regarding social support are mostly limited to the study of Korean and Second World War veterans with research slowly taking form in the analysis of Falklands War veterans and
their developing narratives of war experiences (Burnell et al., 2006).

Studies of ex-military cohorts find that social support networks have an influential role on the psychological wellbeing of service personnel once they return home, but not how those networks support the veterans in later life (Burnell et al., 2006). Even fewer studies explore how veterans talk about or evaluate their own experiences or seek out social support (Burnell et al., 2006; Gordon, 2014; Schock et al., 2010). It is therefore crucial to examine the networks, social context, and cumulative impact of life experiences through the veteran’s narrative on help-seeking behaviours (Burnell et al., 2006). One study found that over a period of time, veterans were unable to cope with stressful life events due to the lack of or negative interactions with social support networks (Dirkzwager, Bramsen, Adèr & van der Ploeg, 2005). Diminished support from family members over the lifecourse of the veteran was found to correspond with severe symptoms of psychological distress, and also affected how veterans developed strategies for coping with or avoiding stressful life events. Taking a lifecourse perspective adds another dimension to what we already know about veterans’ social support needs.

Pre-war and post-war factors should be considered in the assessment of stressors which may exacerbate or mediate mental health problems in personnel who have been exposed to combat-duty, and social support has a role in the coping processes and mechanisms that soldiers adapt in order to cope with particularly traumatic memories (Burnell et al., 2006, Burnell et al., 2009; Hautamäki & Coleman, 2001). Therefore, criteria for examining participant narratives in this study will highlight what is perceived by veterans as the experiences they think have exacerbated or alleviated physical or psychological issues linked to active duty and after service. Where veterans go for support and what veterans may find helpful, is explored next.

2.6.3 Issues of help-seeking and treatment interventions.

Issues raised in the literature, such as barriers to seeking help and types of interventions for veterans’ mental health treatment, are linked to mechanisms of coping with service experiences and the kinds of support
veterans want, if needed. Overall beliefs about mental health interventions among veterans, varies between those who seek help and those who do not (Hoge et al., 2004; LeardMann et al., 2010). Help-seeking is considered to be disruptive and potentially harmful to career advancement in military service. Not only are veterans less inclined to participate in studies on mental health, but further work with veterans who do complete mental health assessments and who are diagnosed with mental health problems, are not part of longer-term studies into sustained mental health rehabilitation (Cabrera et al., 2007; Hoge et al., 2002; Hoge et al., 2004).

In Stecker et al’s 2010 study, those veterans who decided to get help and considered mental health treatment would lessen their mental health symptoms as a result of their work stressors, were more likely to seek out mental healthcare and adhere to treatment diagnosis (Stecker et al, 2010). The need to treat soldiers’ mental health as problems affecting a ‘corps’ and not the individual is a product of treating the soldier as part of a larger group (King, 2013, p. 272). Experiences of war were considered to result in the ex-service person’s responses to that experience. When diagnosed, Vietnam combat veterans were understood to share similar attributes with other ex-service personnel diagnosed with traumatic disorders (Schnurr et al., 2003). Being trained for combat as part of a group and treatment for combat-related illness was therefore designed for the population of interest to be efficient in group settings, but not necessarily appropriate for the individual in need of mental health care support. LeardMann et al. (2010) found that despite being trained for combat as a unit, there was no link between combat-related illness and support from fellow recruits to seek medical help because an individual’s unit changes personnel for various reasons such as drop-out or injury, and recruits do not necessarily continue service together. Veterans avoided admitting mental-health problems exist and this maintained stigma around help-seeking within the unit (Hoge et al., 2004). However, the underreporting of mental health problems among combat veterans in a US sample found that large groups of veterans are missed out when screening for post-deployment trauma, which also negatively impacts the number of deployed combat personnel who may
actually benefit from receiving help (Hoge et al., 2004; LeardMann et al., 2010).

To deepen our understanding of servicemen and women’s well-being, research may benefit from paying attention to what events and experiences from the past and present that they themselves consider to be contributing positively or negatively to their current physical and mental health. Previous research has focused on the meaning making process of veterans during early adulthood through into later life (Vogt, et al., 2004; Burnell, et al, 2009). However, the impact of childhood adversity on veterans’ ability to make sense of later life experience has yet to be explored using a narrative lifespan perspective (Walker, 2010). Exploring these issues together from a lifespan perspective of the veteran offers a deeper understanding of current and future veteran concerns (Schok et al., 2011; Walker, 2010).

2.7 Summary and Study Objectives

Experiences unique to military veterans will be explored in this thesis that may not be addressed in prior research. Firstly, previous research has focused on the meaning-making process of veterans during early adulthood through into later life (Burnell, Coleman & Hunt, 2006, 2009; Vogt et al., 2004). However, the impact of childhood adversity on veterans’ ability to make sense of later life experience has yet to be explored using a narrative lifespan perspective (Singer, 2004; Walker, 2010). Exploring these issues together from a veteran’s perspective offers a deeper understanding of their current and future concerns (Schok, Kleber & Boeije, 2011; Walker, 2010). Stigmatisation creates further barriers to understanding veterans’ perceptions of their current state of wellbeing and how their care needs are supported because asking for help challenges veterans’ perception of being dependable (either in battle or at home with family), or self-reliant (Druss & Rosenbeck, 1997; Hoge et al., 2004; Kilshaw, 2004). Severe symptoms of psychological distress, corresponds with and also affected how veterans developed strategies for coping with or avoiding stressful life events and memories of war as family members died over the lifecourse of the veteran and they did not have family members or colleagues to share past experiences with (Dirkzwager et al., 2005). Taking a lifecourse perspective
adds another dimension to what we already know about veterans’ support needs.

The global literature focuses on traditional evidence-based RCTs on psychological interventions for combat-related trauma (Foa, 2009; Karlin, Ruzek, Chard, Eftekhar, Monson et al., 2010). In the UK and other countries, data collection and analysis is conducted on a large scale and is concerned with the clinical implications of war, diagnosis, and assessment of treatment interventions, usually in theatre, and via questionnaires (Iversen et al., 2009). Questionnaires are usually distributed to active duty personnel across many military service divisions (Pinder, Greenberg, Boyko, Gackstetter, Hooper et al., 2011). Many quantitative studies have been conducted since the earliest reports of soldiers suffering from psychiatric injury were being recorded (Jones, 2006). Much of the research in the area of military research and clinical effects of military service, being quantitative in nature, does not take into account the individual life stories, experiences and narratives of veterans coping with specific early life adversity and possible links to trauma (Creswell & Zhang, 2009). Much research literature demonstrates that military personnel who have seen active service (particularly in combat) have been affected by their experiences in some way (Sareen et al., 2007). Differences between war-era cohorts were presented briefly. Specific psychological, physical conditions associated with combat service were highlighted and detailed specific considerations of ex-service personnel quantitative studies focused on barriers to care, treatment interventions, social support, long-term consequences of combat service, and later life issues of ageing veterans.

**Study Objectives**

There are three main objectives of the present study. The first objective was to explore the impact of adversity in childhood as well as individual and collective perceptions of childhood family stories. Second, to investigate issues of the mental health and wellbeing in childhood family stories such as autonomy from family and achieving separation by joining the Armed Forces. The third and final objective is to outline how servicemen and women in the UK make sense of and attribute significance
(or not) to their various life experiences. Consequently, exploring the lived accounts of pre-enlistment, service and post-service lives are important to understanding of ex-service persons’ evaluation of past and current interrelationships. To this end, the diversity of quantitative and qualitative literature is included because this thesis looks at childhood experiences of adversity and, particularly, literature that details the childhood experiences of veterans. Accounts of experience in service and its impact on health and wellbeing while in service and after service, is covered by a review of the literature on the physical and mental health of serving and ex-service personal. The military research literature helps to build an impression of what service experience can be like, and is further enhanced by the oral retelling and meaning of experiences through interviews with the people who lived those experiences. Finally, as countries have and continue to engage in various types of warfare, the interest in and education about veterans and their physical and psychological wellbeing continues to evolve, (Gordon, 2014; Jones & Wessely, 2007) and as the characteristics and needs of veterans have changed over time, knowledge about this population and the community around them must evolve also. Qualitative research methods for analysing oral histories of participants will be used to address these objectives. This methodology helps to provide a balance between, and equal consideration for, the physiological, psychological and social aspects of wellbeing where all are contributing factors to the individual narrative, but no single factor is of greater significance than the other. Details of the method of data collection and its uses for this study will be rationalised and detailed in the following chapter.
Chapter Three: Methodology: Collecting Life Stories and Perceptions of Experience of Ex-Military Personnel

3.1 Introduction

This thesis focuses on the interpretation and evaluation of ex-military persons’ lives and their perceptions of experiences across the lifespan. Veterans’ lives are not defined solely by their military experiences. As with any individual, they are exposed to events over the course of their lives. At different points in an individual’s life, various events have varying levels of impact that affects the context of our development (Schoon, Bynner, Joshi, Parsons, Wiggins & Sacker, 2002) and the construct of our lifelong relationships to others (Takahashi, 2005). This thesis raises awareness in the UK about the extraordinary as well as the everyday lives of veterans who are a part of our society (Gordon, 2014).

For an in-depth analysis of participant life stories, interviewing ex-service personnel provides an opportunity to explore how participants link their early life, service, and post-service accounts of experiences and events together. Quantitative research using tools such as surveys or questionnaires for data collection are structured and confirmatory research questions are presented to participants in controlled environments (Johnson & Christensen, 2008). However more detailed explanations or interpretations of meaningful life experiences of ex-military personnel are limited in this area to analyses of military service life onwards (Gordon, 2014). Applying a qualitative approach, participants are invited by the researcher to access more vigorous interpretations of events and relationships between experiences and outcomes, not only in their daily lives, but over the course of a life (Roberts, 2002). The researcher is then given direct (though selected) access to what ex-service personnel learned about themselves and they direct how they want to be heard and seen. Participants make sense of events and provide detailed context for behaviour that may not be captured by structured questionnaires (Gubrium & Holstein, 1998; 2003). Essential life stories may assist researchers to assess and understand essential aspects of a person’s behaviour (McKeown, Clarke & Repper, 2006). In-depth analysis of participants’
storied accounts, then, could provide new insight about what life events mean to them from the beginning, through to the middle of life, and up to the present. This means exploring experiences that exist outside research dominated by service- and combat-related foci, and adding to knowledge about the psychosocial needs of veterans (as well as their social circle) from their viewpoint.

Teachman (2011) and Walker (2010) found that even fewer opportunities have been taken to adopt a lifespan perspective to explore the whole storied life of ex-service personnel and the experiences that veterans believe may have impacted them. By looking at stories people tell about themselves over an individual life course, researchers can understand how people behave, what motivates behaviour, and what personalities people choose to become and how their identity is developed and maintained (McAdams & Olson, 2010). The method of data collection is described in detail next, followed by the use of thematic analysis as an appropriate tool to interpret the life stories and experiences of interviewees. Lastly, this chapter will describe the method of analysis.

3.2 Study Design

3.2.1 Participant sampling: Inclusion and exclusion criteria.

In the United Kingdom, the term veteran is attributed to any individual who has served for a minimum of one day in the Armed Forces. To meet the criteria for participation in the study, participants will have previously served for the British Armed Forces. Guidelines set by the Ministry of Defence recommended that service personnel may only be deployed for 6 months and for no more than 12 months in a 3-year period in order to reduce the risk of mental health problems (Phillips, 2010). As such, the criteria for recruiting participants were created to include participants who had various levels and duration of service, and were not exclusive to personnel with operational tour experience.

Of specific interest were the experiences and perspectives that included British ex-service personnel who served during WWII, and veterans of present war or conflicts. Participants were a purposive sample
of 30 male and female former serving members of the British Armed Forces who served in conflicts in both the 20th and 21st centuries. The number of participants was restricted to 30 due to saturation in the breadth of participant characteristics, and time and financial resources available for meeting research submission deadline, data collection and transcription. All participants were adults over 18 years of age. The age range of participants (18-92) was wide enough to also include a broad selection of varying experiences and types of active service such as Palestine, Northern Ireland, the Falklands, or current campaigns in the Middle East, for example. The researcher was looking for broad, in-depth responses and contributions to the research data rather than recruiting early service leavers (Wengraf, 2001). The research thesis was concerned with participants who had left military service and how they made meaning of events that have shaped their understanding of their lived experience through the lens of early childhood and military service experiences. Participants may have been discharged or left the services for a variety of reasons including medical reasons or retirement from the military. Participants were excluded if they were currently serving in the military.

Participants in this study identified as white British. As a result, the ethnic and cultural diversity of participants’ experiences is limited. Of the 30 participants in this study, three were female, and 27 were male. However gender differences in experiences of female veterans, particularly with regards to service, were not clearly defined by sex or distinct from male experiences of the Armed Forces. However, where female veterans’ experiences specific to gender did arise, these will be addressed in the following chapters. Participants were predominantly from the United Kingdom, with one participant born in Northern Ireland. They ranged in sociocultural background, influenced by different home lives, interactions, and intrapsychological experiences which impact on personal development (McLoyd, 1998). Participants also had their lives shaped by the cultural environment of the Armed Forces, where a majority spent ten years or more from adolescence to late adulthood (average length of service was 14.6 years). The youngest participant was 26 years old at the time of
interview, and the oldest participant being 92 years of age. The average age of participants was 54.3 years. At the time of interview, participants were in different phases of marital status, fatherhood, or motherhood. Older participants who had served during WWII were all widowed. Post-WWII veterans were divorced, or living with partners, exhibiting a range of marital and cohabitation dynamics. The range in age consists of a diverse group of ex-service personnel experiences and stages of life. Research participant biographic information is available in this thesis under Appendix I.

Where there is a notable range of diversity in experience, is the time at which participants joined the British Armed Forces. Participants can be divided into two groups: conscripts (joined WWII) and professional service personnel (post-WWII). This is because eight years after WWII ended, the British Armed Forces ended conscription (Jehn & Seldon, 2002). This in turn, has some impact on the socioeconomic experiences of veterans pre- and post-service. For example, three participants identified growing up and being impacted by poverty prior to and during WWI. Most participants (nine) joined the military in the 1980s, amidst rising unemployment in the United Kingdom (Lindhert, 2000; Pattie & Johnston, 1990). The measurement of poverty and how socioeconomic status is determined fluctuates over time (Lindhert, 2000). For participants who grew up in post-WWII Britain, their socioeconomic status would be described in terms of employment opportunities and lack of available or less desirable options, whereas for the three WWII veterans in the study, poverty, social class, and conscription were factors which lead towards joining the Armed Forces. At the time of interview, three WWII veterans in their 90s were no longer working, or volunteered in their communities. Post-conscription participants described themselves as either fully employed, not working due to retirement and receiving war pensions (or military pensions), or not working due to being physically impaired and impairment preventing employment. The chapters that follow will provide more detailed accounts of participants’ background history and biographical information for each participant is included in the Appendices.
3.2.2 Participant interviews.

Semi-structured interviews were selected as the method to collect data from 30 British ex-Armed Forces servicemen and women. For this study, questions that were developed for participant interviews were inclusive of the individual’s own childhood experiences as part of life stories and how they viewed themselves before joining the service, and whether these experiences were significant for them (Interview Schedule Appendix C). Also, questions about the participants’ own family generated perspectives about where the individual placed themselves in the stories they have created about their past lives. Prompts were used to gain more detail and to help participants provide more details about what family stories were important to the interviewee and why concepts of family were evaluated in a particular way (Chase, 2003). In addition, for the purpose of this research, equal consideration was paid to psychological and social aspects of wellbeing, where both were contributing factors to the individual biography and neither was of greater significance than the other. For example, veteran experiences include lifetime pre-post-service and military relationships varying in amount and type of influence, like maintaining relationships with childhood friends while in service. Likewise psychosocial and economic stressors and achievements, such as finding employment, or having appreciative employers, also are included in how veterans view their level of wellbeing and quality of life (Riviere et al., 2010).

Participants were recruited from across the United Kingdom and officers and lower ranked personnel used similar language to describe accounts of their service life experiences, and when speaking specifically about technical military terms or their daily service life. Participants had an array of regional accents ranging from English counties across South, Midlands and Northern towns and cities, with two participants from Wales. There were no Scottish or Irish participants, although one participant living in Scotland at the time of the interview, had migrated from England. Again, colloquial references or lexical variations of words were either transcribed verbatim or translated by the participant during the interview. For instance, one participant from Lancashire used the term “mam” when talking about
his mother, but would alternate between "mam" or "me Mum" or "mother" over the course of the interview. Again, clarification on lexical variations of words were requested if the researcher was unable to understand what was being spoken about in the context of the story. Occasionally when interviews took place in public settings, words were unintelligible on playback of audio recordings during transcription, and therefore empty brackets in the transcripts were used to indicate spoken words that were not transcribed (Davidson, 2009). Where word loss or masking of words occurred because of poor audio, there was no significant impact to the context, meaning or interpretation of the participants’ stories, and oftentimes stories about or certain aspects of an event were repeated, again, minimizing the impact of word loss.

3.3 Narratives and Lifespan Literature

Storytelling is a way of organising events that happen to an individual and helps with learning from those experiences (Bailey & Tilley, 2008). We use narratives as a way of understanding our place in the world, but also through narrative, we have a means of contextualising our lived experiences as well as organising and making links between what may otherwise be seen as a series of random events (Burnell et al, 2010; Connelly & Clandinin, 1990; Riessman, 1990; Riley & Hawe, 2004). Narratives are distinct from stories in that stories are an account of an event, whereas narratives include the story, the interpretation of story and the evaluation of story to derive meaning from the event (Polkinghorne, 1988). The sometimes marginalised or silent personal narratives around early life and military service experience, combined with the stigmatisation linked to help-seeking, creates further barriers to understanding veterans’ narratives of their current state of wellbeing and how their care needs are supported (Druss and Rosenbeck, 1997; Hoge et al., 2004; Kilshaw, 2004). This thesis looks closely at biographic recall of veterans’ lives by veterans and how they appraise and make meaning from the whole life of the individual (McAdams, 2001; Ochs & Capps, 2009).

A criticism of narrative is that the focus is narrowed on the individual construction of narratives and experiences and excludes overarching social
construction of experience (Murray, 2003). The debate between narrative scholars centres on stories as self-creation where a distinction is made between what is individual (person-centred) and what the social or collective construction of narratives are (for example, Lal et al., 2014). Collective stories are stories that we share with family growing up or with friends as we develop relationships outside the family (McAdams et al., 2006). The event is told with others who corroborate the story and it is remembered in a certain way that helps to support the role of the individual within the collective story and the meaning they make from the experience. For example, the influences of pre-service experiences, such as the motivation for joining the military or family scripts, are important for individual as well as collective story creation. We use life stories to understand our own experience which is then translated into how identity is formed, and how identity adapts and changes over time (Singer, 2004). Collective stories can be analysed as ways to organise and understand what meaning is made of particular shared experiences (Frank, 2002). Storied accounts of experience can then be examined by researchers to interpret what is happening or has happened in a person’s life that is meaningful to the individual to whom the story belongs (Smith & Sparkes, 2008).

Researchers are interested in how we naturally talk about our experiences and describe ourselves to others through story (Sandelowski, 1991). Experiences as told to, and shared with others, is a process of biographic reflection that shapes identity (Atkinson, 1998). The natural tendency of humans toward organising and linking life events in storied form, led to a growing philosophical and social inquiry of how the human mind linked experiences and events to action (Polkinghorne, 1988), and raised questions about who we are in relation to place and time through storytelling (Atkinson, 1988; Murray, 2003). The content of story and how we represent our stories are important however, the construction and form of story is also relevant to how people made meaning of their lives (McAdams, 2001). In the psychotherapeutic environment, motivation and goals, human behaviour, memories of personal events and life scripts,
became incorporated into the identity creation process and were also used to aid the therapeutic process of individuals with disrupted or disturbed life trajectories (Murray, 2003).

### 3.3.1 Creating identities through narratives.

Making sense of events that happen in our lives shape how we talk about ourselves and how we see the trajectory of our lives through stories (a narrative identity) and how we make sense of the world. When life trajectories are interrupted by illness or tragedy, having an organised life narrative impacts on how an individual evaluates who they are, and has a bearing on whether an individual is able to gain a positive or negative outlook on their future (Smith & Sparkes, 2008). For example, with a focus on patient stories after they were diagnosed with cancer, Reismann (2003) looked at health and illness narratives and how the illness was talked about in interviews with patients and how the individual changed their perception of self. What they identified as ‘self’ is in flux before and after an illness diagnosis. Illness also showed patients that traumatic experience can impact how they viewed their role and identity in the world, and how purpose and focus altered post-diagnosis (McAdams, 2001).

Learning about the influences on identity formation from the perspective of the veteran relies upon understanding pre-and military service experiences. Understanding transitions from childhood family to military individual in their own words, brings the research closer to the participant’s reality. These outcomes are interpreted and evaluated from and through the perspectives of interviewed participants in the study (McAdams, 2001; McAdams, Josselson & Lieblich, 2008).

### 3.3.2 Making sense of life experiences of ex-military personnel.

Crucially, the possible links between experiences throughout a veteran’s life and impact on overall wellbeing are overlooked in earlier studies using questionnaires (Gordon, 2014). The influence of pre-trauma experiences such as witnessing the physical assault of a parent (Van Voorhees et al., 2012) and their effects on physical, psychological, social wellbeing and help-seeking behaviour over the lifetime, can tell researchers more about the lives of veterans if data collection and analysis
is expanded to include more qualitative description and may benefit from further qualitative analysis. Understanding how veterans reconcile memories of, and cope with, traumatic or difficult events in the context of the whole lifespan is very important as it has implications for the types of support and services that might be most appropriate for them as their lives change (Burnell et al., 2009; Spiro, III & Settersten, 2012).

Shared social narratives and narratives shared with individuals (especially when the narrative is particularly traumatic or life-changing) serve different purposes for the individual or group which may counter the social construction of reality (Kilshaw, 2004). For instance, making sense of stories of surviving cancer to others who share in a similar narrative about the illness, can be therapeutic, but may also be different from how the larger social world perceives this illness.

Shared illness narratives may help reconstitute identities that may be disrupted by a diagnosis (Frank, 1998; Murray, 2003; Riessman, 1990). This research may be as applicable to mental health as it is to physical health. For Kilshaw's participants in the author's 2004 study of health issues related to Gulf War Syndrome, male soldiers talked about their experiences of war and the effects on their bodies, such as believing that the exposure to dirty bombs reduced male fertility. Soldiers created a language around identity related to their past service in the Gulf and the impact they felt that service had on their current lives and inability to have families. The narratives of Gulf War veterans and their battling together in the face of real health problems ran counter to the medical delegitimation of their physical ailments. What they perceived were real physical responses to chemical exposure and, despite not being recognised by medical professionals, they believed exposure and drugs administered to counter ill effects of chemical warfare had long-term consequences on their wellbeing. An analysis of accounts of life events will help to understand how individuals attribute meaning to and make sense of their own stories (Andrews, Squire, & Tamboukou, 2013; Riley & Hawe, 2004; Yardley, 2000). Analysing these life narratives will have relevance for the themes that are little explored in military studies on health and wellbeing of
personnel.

3.4 Perceptions of Experience and Meaning in Life Narratives

In Western society and for the purpose of this study, the concept of narrative is comprised of a beginning, middle and end that chart trajectories of individual or group lives with the end goal being an analysis of emergent patterns in stories. Life story provides an oral or written account of events or experiences where actors take on certain roles and perform actions, and where morals or meanings are ascribed (Atkinson, 1998; Baumeister & Wilson, 1996; Sommer, Baumeister, & Stillman, 1998). How we talk about ourselves, explain our behaviour, and are an essential part of human life. Individuals use stories, or a collection of stories to help form an account of an event (Ricoeur, 1992). Stories are formed as a way of knowing and being in the world and the effect story has on individuals or groups through the telling of particularly significant or important stories (Bruner, 1990; Polkinghorne, 1988). For example, the life story or autobiographical accounts of events, can be framed within the broader social culture, or set apart from it, to locate our role and place in the world (Brockmeier, & Carbaugh, 2001). This process of orientation is dependent on how story is constructed and made sense of, who receives stories (self and others) as well as what stories are chosen for performing to strangers in the research interview (Bruner, 1990; Mishler, 1986; Murray, 2003; Weiss, 2008).

3.4.1 Lifespan perspective of self, identity and meaning in personal life narratives.

How the individual or a group of people make meaning from experience can be examined by understanding how one’s actions are described and explained in storied form (Atkinson, 1998; Crossley, 2003; Murray, 2000; Reissman, 2000; Roberts, 2002). Since the events in life stories contribute to ways of knowing the world, individuals are able to create a sense of ‘self’ through the experiences they have (Connelly & Clandinin, 1990). Individuals are able to decide on how phenomena make sense and what is believed to be our purpose in the world. By telling stories about past experiences and events, individuals and groups of individuals
shape identity and provide meaning and motivations that may influence future actions and behaviour.

If the listener or audience understands the story that is told about an experience or an account of an event, and the story is organised and makes sense, the construction of the individual’s biographical accounts of experience is as important as what lived experiences represent to the individual (McAdams 2006; Riessman, 2000). Stories are collected and formed, and are influenced by larger cultural and community constructs. These constructs impact how identity develops. As individuals go through the life stages, an idea of identity for the individual becomes a psychosocial process. From Erikson’s social, biological and psychological stages of life and identity development, McAdams (2001) emphasised the psychological link between identity development and the essential role of story in understanding and developing self over the lifespan in guiding the creation and communication of a life or lives. Ways of knowing are developed and our life stories become part of and contribute to changes in identity development (Baumeister, & Wilson, 1996; McAdams, 2001; Singer, 2004). The nature of identity changes as new experiences are gathered and integrated over a lifespan (Singer, Blagov, Berry & Oost, 2013).

A lifespan perspective is the lens through which participants’ stories were examined in this thesis to learn more about how participants’ experiences from childhood to the present were linked together to create a more detailed impression of who the participant may be, events that have influenced their development, and how their lives change over time. For instance, life accounts may be analysed for themes around identity changing and shifting from young to old, where with time, individuals are able to assess the events that have happened and can look back and draw conclusions about the lessons learned from storied lives (Baddeley & Singer, 2007; Habermas & Köber, 2015). As relationships shift and change over time, the continuity and discontinuity of what is perceived as ‘self’, and our connection to place and characters in our lives, gain or decline in importance (McAdams, 2001; McAdams, Josselson & Lieblich, 2008).
These concepts of identity formation and fluctuation will be explored in more detail in the following chapters.

At times, individuals may question and challenge larger, more predominant social narratives when they are in direct contradiction to how the experience of an event is remembered (Kilshaw, 2004). Due to the nature of military culture and “separate” or extraordinary worlds (Gordon 2014) the global context of civilian rules or norms of behaviour may be in conflict with comparing the ex-service person in the context of service experience (LeardMann et al., 2010; Spiro, III & Settersten, 2012). In order to gain a better perspective from ex-service people about what happened in their lives before they joined the service and their perceptions of the long-term effects of early life and military service experience combined, this study explored the impact that a variety of experiences may have over the lifespan on ex-service persons’ perceptions on their health and wellbeing, how they perceived their identities and changing roles as they age. Co-constructed narratives occur in interviews and societal narratives are created. Although the role of co-construction of narratives will be acknowledged in the following section, it is not the main focus of the research. Rather, it is important to explore how the story being told impacts identity as meaningful to the veteran, and as interpreted by the researcher.

### 3.4.2 Using collective stories to create accounts of experience with self and others.

Combined with the telling of personal stories and identity creation, collective story creation and communication is another element to how experience is organised and how individuals make sense of events that happen to us, involve us, and is necessary for social connection with others throughout our lives (Gergen & Gergen, 1988). There are several ways in which researchers interested in life stories explore questions of life story meaning and identity (Georgakopoulou, 2006; Singer, 2004). Holstein & Gubrium (2011) look, for example, at the way in which stories have multiple collaborators, who create story together, are able to gain new perspectives about human experience.

Based on the personal life stories and meaning of an individual’s life,
the experience of the individual is meaningful and relevant for analysis. Collective stories are used to explain group interpretation of an event, and how stories, once shared and then retold, affect the storyteller. The storyteller can retell stories that make sense when told to other listeners or readers. The position from which this thesis will analyse and interpret participant stories is one where stories are structured, the purpose of stories, the way in which people tell their stories, and how stories are told and ‘consumed...silenced, contested’ (Andrews et al., 2013, p.2) is linked by participants. Identifying with story content and meaning conveys a representation about “self” to self and others and how individuals know what is real for them is through telling a storied life (Bruner, 1991; Mishler, 1995; Riessman, 1990). Story is as intrinsic to self and identity as it is inseparable (Robert & Shenhav, 2014).

Collective stories or stories constructed in dialogue with others (friends, family for instance), are terms that will be used to understand the concepts that describe a particular type of story. Collective stories are told where other characters are central to shared stories and events that can be organised into a meaningful experience for a group or community of people. The assumption of this thesis is that meaning is made from stories constructed with others (shared or collective story) as well as personal accounts. What these shared or collective stories mean to us and what the story does for those who tell story (families, peers) create and situate the individual within a group that maintains and protects a sense of identity (Frank 2013; Smith & Sparkes, 2008). Making sense of stories depends on the organisation of experiences into a coherent, non-random series of events linked by people and collaborators in the story (Burnell et al, 2010; Connelly & Clandinin, 1990). Epistemologically, an event told in story form can provide a link between the storyteller, their orientation in the story, the evaluation of the experience and the motivation or behaviour that results from a past or present event, which can then help us to understand our purpose and role in the world (McAdams, 2001). Military stories may therefore be preferred to be shared with other military personnel rather than civilians as many civilians may not share a similar framework for
understanding the story. Thus, when one leaves the military, unless friendships with former service mates is maintained, those stories may be lost which may then agitate issues of identity.

3.5. Assumptions of Qualitative Data Analysis

Personal accounts of experience as well as stories constructed with others are important for understanding who people are and their perceptions of experience. Sarbin (1986) recognised the use of analysis to interpret personal narratives (a collection of stories that may be interpreted for their meaning). The approach to analysis, using a thematic method, allows for researchers to explore texts and find consequences of actions in personal narratives (Labov & Waletzky, 1967) or understand identity-making through stories (Georgakopoulou, 2006). Using qualitative methods as an interpretative tool to analyse interviews in this thesis, functions in three ways: 1) identify stories that link past and present to form identity; 2) locate stories that have significant meaning for the participant; and 3) help to define themes within and between participant experiences and life stories. Throughout the interpretative analytical process, personal story content and structure are understood as participants’ ways of knowing (Labov & Waletzky, 1967; Sandelowski, 1991). This leads to the development of valuable methods or strategies by which theory of actions, perspectives and behaviour across the lifespan could be better interpreted.

3.5.1 Qualitative analysis as interpretative research tool.

Qualitative research methods of analysis such as conversation analysis and discourse analysis were not selected for data analysis. Although these methods of analysis are interpretative, they concentrate primarily on the structure of text, and the performative purpose of dialogue. Researchers examine the power dynamics of people and language, resulting in the narrowing down of text into systematic categories (Hammersley, 2003). Grounded Theory develops theory from early analysis of data that occurs simultaneously during the data collection process. Subsequent interviews are structured to find patterns that support early theory development (Bryman & Burgess, 1994; Glaser, 1992). Interpretative
Phenomenological Analysis (IPA) was also considered, as one of the principles of the approach is to draw upon sense-making of lives through participant and researcher interpretations (Smith, 2004). IPA approaches a specific topic with a primary research question guiding the interview questioning process, and the method of analysis is applied in a more structured way (Larkin & Thompson, 2003). Narrative Analysis, the central analysis for this research, approaches the interpretation of what is meaningful in people's lives through stories told. I am interested in the veteran’s stories and the meaning made in those stories from their whole life and from their stories, narratives and narrative genres will be explored in a deeper way in the findings (Chapters Four, Five and Six), and further, in the synthesis of narrative themes (Chapter Seven).

There is no one single method of analysis that researchers use to collect and analyse data and is not a rigid but flexible process (Andrews et al, 2013; Robert & Shenhav, 2014). Thematic analysis is a flexible guide which can be used both during the data collection phase and the process of a narrative interpretation. When reading transcripts or field notes, researchers using an analytic guide such as thematic analysis, can identify stories as either sharing similar patterns or divergent themes (Braun & Clarke, 2006). For example, using the analysis process across transcripts, the researcher identifies themes of family, perceptions of military service or reflections on quality of life in the extracts. The extracts that the researcher selects from the interview data, relate back to the analysis in the clearest and most ‘vivid and compelling’ way (Braun & Clarke, 2006, p.35). The analysis links back to the research question and incorporates supporting literature. A report is produced which signals the final stage of the analysis (Braun & Clarke, 2006).

3.5.2 Analysis of qualitative interviews.

The stories told by participants are complex human accounts of experience and qualitative approaches to collecting and analysing interviews helps to organise and clarify the story (Andrews, Squire, & Tamboukou, 2013). The analytic process described later in this chapter, serve as a means for analysing and interpreting the content and construct
of the life stories and perceptions of experience of 30 ex-service personnel recorded by the interviewer. By combining qualitative methodological approaches to data analysis as a way to have a deeper understanding of participants' interview data, the objectives of this research project could be met (Lal, Suto & Ungar, 2012). Lal et. al. (2012) suggests combining analytical methods that complement each other. This allows for a thorough exploration of the construction and adaptation of stories significant for explanations or representations of self.

Episodic story construction was selected to identify story units in the participant transcripts. Interview data were analysed using episodic story as units of analysis because stories have a beginning, middle and end (Glenn, 1978). Stories included an orientation (place and time), characters, affect and evaluation of experience. Markers of a story unit featured an opening line setting a location, time and may include characters involved in the story plot. The story may or may not contain a complicating action, but for coding story, a coherent construction is useful for finding causal links between story and behaviour (Burnell et al., 2009). An emotion or affect connected to an event may either be described by the narrator or observed by the audience (researcher) to whom the story is performed (Frank, 2002; Murray, 2000). The story unit also includes the evaluation of an emotion (affect) connected to or resulting from remembering an event or experience (Baumeister & Newman, 1994). A learning (intellectual) or moral evaluation of an event or experience also adds to the approach the researcher can take towards the interpretation of data.

The qualitative interviewer depends on the authenticity of the participant's recollection of an account and the participant's sense-making of that account in order for both actors to interpret meaning (Smith, 2003). Such recollection of past memories being retrospective in nature may mean that details of an event may not be readily available for the participant (Paterson & Scott-Findlay, 2002). Memories of past events for many participants in this thesis were at times supported by photographs taken at the time of the event, or newspaper articles saved by participants that acted as records of an experience (Roulston, 2010). Frequently, participants
remembered the exact dates of both joining and leaving the service, or had kept service records. Two participants in the study were military pilots and had kept flight records and logs. Participants recalled receiving medals for military campaigns to which they had deployed, and also as a way of retrieving past memories (Polkinghorne, 2005). Where participants were uncertain of a date, or location or characters involved in the event was uncertain, clarification of a particular event was requested by the interviewer, and the participant provided more information either during the interview through archival means (such as pausing the interview to retrieve a photograph, diary or other notation of an event, for instance), or the participant provided more detail via correspondence after the interview, or information was gathered through an internet Google search by the researcher post-interview. The triangulation of biographical information is in this case referencing the use of strategies to locate the participant (or other actors in the story) within a place in time and geographical space (Creswell & Clark, 2007; Jick, 1979). During this process of confirming or supporting the recall of events, a corroborative relationship between interviewer and participant develops, where rapport can be established and the co-construction of narrative throughout the interview process can begin (Berger & Luckmann, 1991).

There does not appear to be any evidence that participants were embellishing their accounts of their experiences, which, like other issues associated with self-reporting and interview data collection can occur in qualitative interviews (Oliver, Serovich & Mason, 2005) where the participant seeks to be compliant (social desirability bias), can arise (Podsakoff, Mackenzie, Lee & Podsakoff, 2003). The approach in this thesis aimed to present phenomena through storytelling and was not concerned with a forensic analytical discovery of truth, nor was the objective to decipher between telling stories and biographical expose. The aim of the interviews was a representation of what is real for the participant through speech (Oliver et al., 2005).

A further discussion of the researcher's experience of the interview, and the relationship developed between interviewer and interviewee (in
terms of developing rapport and candidness in the interview), is explored in the reflexive section of the thesis.

3.5.3 Narrative analysis of life stories and experiences of ex-servicemen and women.

As mentioned earlier in this chapter, the qualitative study of human lives in this thesis uses the framework of narrative to understand perceptions of a lifetime of experiences. Qualitative methods of analysing interview data vary and the merits or drawbacks of the variety of analytical methods are debated by researchers (Andrews et al., 2013). Applying a guideline to how qualitative analytical strategy was used for interpreting the interview data will be detailed in the sections on Stages of Analysis and Analysis Protocol towards the end of this chapter.

By taking sections of text away from individual participant stories to build common links (made by researcher) within and between participant interviews is a technique by which thematic analysis may be used to interpret the content of written and oral descriptions of experiences and behaviour (Riessman, 2003; Braun & Clarke, 2006). Themes can then be used to illustrate and define patterns of experience in an individual story or across different individual stories that emerges from the researcher’s reading and re-reading of transcripts. As illustrated above, exploring themes in data lead to an inquiry of stories people tell about themselves that can provide some background on human experience. The emergence of research and analysis of stories as a way to understand particular ways of knowing, allows for multiple realities and interpretations. This approach to understanding through story can be used for exploratory interview questions, giving voice to stories of individual or group experiences. The final stage of the analysis may use extracts from an individual participant story as well as supporting evidence from academic studies that relate to the transcript extracts.

3.5.3.1 Narrative genres

Finally, organising the findings into categories and themes of early life, service life and post-service life, the researcher generates an understanding of participants’ experience in the retelling, interpretation and
meaning of self in each life stage (Bruner, 1991; Bruner & Weisser, 1991). Categories (and themes within those categories) can be amalgamated into narrative genres. Narrative genres are the type of stories being told, techniques often used in the organisation of stories in film and literature (Reissman, 1990). For instance stories of triumph when facing adversity do not only occur in early life, but in service experience and later life. Organising stories in this way adds to creating a holistic picture of the participant and help further the understanding of who participants construct themselves to be and what is important to them. Working across all categories becomes part of the meaning-making process for the researcher. The researcher can also explore similarities and differences between veterans’ stories of triumph over adversity, or tragedy for instance, over time. First, linking stories and events told across the veterans’ lifecourse, then discussing narrative genres alongside current literature on these topics in veterans’ research, will be the primary objective of the discussion chapter of the thesis.

By asking ex-service people to share their life stories, the researcher compared experiences within and between participant stories to become familiar with similar or contrasting experiences, themes or patterns in the story, and to create a picture of a whole individual (Coffey & Atkinson, 1996). In this way, using their own words from recorded audio interviews, researchers can learn from the ex-service person’s perspective about the aspects of life events and experiences that are significant to the participant, along with their concerns, and needs (Gee, 1991). Patterns of experience and themes that link perception of experiences across personal life stories are also significant areas of biographical and life story work research (Atkinson, 1998; Roberts, 2002).

3.6 Method of Data Collection

Through interviews, responses can be varied. The interviews were audio recorded and conducted in person as well as over the telephone and using communication software, such as Skype (based on participant preference and geographical location) when in-person interviews could not be arranged. Because participants were located throughout the country,
geographical and financial constraints required interviews to be conducted via telephone and at times, over two days. In-person interviews allow for reading or interpretation of social physical cues (and to a lesser extent tone of voice) that can be informative and compliment verbal information provided by the participant (Opdenakker, 2006). However, the participants for this study were providing biographical narratives where affect, telling, quality of personal lived experience and its interpretation by the participant, were more relevant to the objectives of the thesis. Not having somatic cues in face-to-face contact was a potential limitation, and non-verbal cues (pauses, sighs) were explored during an interview and noted when they appeared important for interpretation (Opdenakker, 2006; Wengraf, 2001). More about the transcription process as it relates to the notation of verbal and non-verbal communication will be explored in the section about the rationale for and function of verbatim transcription in this study (3.6.2). An interview schedule (see Appendix C) was designed to include questions and prompts during the conversation.

3.6.1 Recruitment processes and materials.

The study deliberately sought to recruit ex-service people with four or more years of military service. Participants would be better able to respond to research questions, and, specifically, discern meaning of service experience and links between early and post-service life (Lewis-Beck, Bryman, & Liao, 2003). There were two recruitment pathways used to invite a purposive sample of ex-service personnel to participate voluntarily in the research; direct and indirect. In the direct pathway, the researcher made direct contact with potential participants through invited presentations about the research at events or meetings to relevant community groups. Direct recruitment (Figure 1) was also made through adverts in local newspapers, flyers distributed with permission from charitable organisations and online recruitment through social networking sites and forums.
In the indirect pathway (Figure 2), the researcher recruited participants by establishing relationships with local and national charitable organisations and veterans’ groups and forums. Willing individuals within these organisations served as gatekeepers to aid in the recruitment process and identify potential participants; that is, they were briefed on the research and forwarded information about the study to interested and eligible parties. Indirect recruitment was also through word of mouth where individuals had heard about the research from other veterans who acted as participants, or from civilians or other serving personnel. The research study objectives were presented at events or meetings targeted at, or involving, veteran groups such as meetings and events organised for or by veterans, local community events, such as the Portsmouth Pensioners Association or at conferences where the wellbeing issues of service personnel were discussed. Advertising was designed and distributed within the local community in publications, newsletters, or as flyers around the Portsmouth and Southsea area, and at national conferences with the researcher’s contact information included (see Research Participant Information Booklet Appendix D).
Following talks and presentations about the research project at conferences and seminars, information was given to interested parties via a research participant information booklet (Appendix D). Those responding to adverts made contact with the researcher to request a booklet. The booklet provided a brief introduction to the qualitative study and informed participants of what their participation in the study involved, an explanation of the interview process, and the subjects that may be covered. The participant was informed that their personal data would be anonymised and participation was confidential. The participant was provided with information about his/her options to stop the interview, as well as information about withdrawing from the study. The aims and potential benefits of the research were also included in the booklet the participant was invited to keep for their records. A reply slip was included in the booklet with an option for the participant to choose a method by which they could be contacted to schedule an interview. A pre-paid and self-addressed envelope was included in the research participant information booklet for the participant to return their forms to the researcher at the University of Portsmouth at no cost to the participant. In the final step of recruitment, the participant returned the reply slip, after which point the researcher then made contact with the participant to arrange an interview.

Once an interview was scheduled, the time and date were confirmed with the participant and a location was selected. The interview procedure involved participants choosing either to be interviewed in their homes, via telephone, or in public venues. Interview questions were provided to the participants prior to all scheduled meetings either at the time of the

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**Figure 2: Indirect Recruitment pathway**

1. **Gatekeeper/ Charities**
2. **Researcher contacted by potential participant**
3. **Cover letter with research participant booklet sent**
4. **Direct recruitment process Steps 3-4**
interview in person, or sent via electronic mail or post. Interviews ranged from 50 minutes to as long as 5 hours in duration, and on occasion, follow up interviews were scheduled and conducted if initial interviews were interrupted. Participants were reminded of their options to continue or withdraw from interviews. Participants were also provided with a Debriefing Sheet (Appendix E) detailing the research aims and objectives as well as providing information about local and national health and wellbeing services and voluntary veterans’ agencies.

3.6.2 Transcription.

Audio recordings of interviews were transcribed either by the researcher or by an approved transcription service. The researcher transcribed 24 audio recordings and 6 audio recordings of research participant interviews were submitted for external transcription. The audio recordings were transcribed by an external service due to time constraints. The British Psychological Society governance on confidentiality, anonymity and non-disclosure of the content of research participant audio recordings provided for transcription bound the transcriptionist, and the transcriptionist was provided with the governance regarding preserving the confidentiality and anonymity of the participant that may be revealed during the transcription of audio-recorded interviews. The transcriptionist was not provided with the name, location or any other identifying information of the participant. No reference was made to the participant’s name or identifying information, such as address, in any audio recordings. The transcriptionist agreed to neither make any copies of nor download any audio recordings provided to them. Finally, the transcriptionist was provided with a protocol for transcribing the audio recordings. Audio files were formatted by the researcher prior to submission for transcription, according to and compatible with the software requirements of the audio files. Transcripts were then processed for analysis using Narrative and Thematic Analysis approaches and assisted by qualitative data computer software NViVO 10.

When transcribing participant interviews, the researcher transcribed verbatim. This decision was made in light of the fact that the study was
exploratory and interviews with UK Armed Forces veterans with as extensive a range of war experience, had not been conducted prior to the beginning of the study. Capturing participants’ life experiences in the interviews were intrinsic to shaping the thesis. In addition to gathering potentially new information about UK veterans’ lives through their narratives, verbatim transcription would also be valuable to capture any nuance in language veterans used to recount their life experiences (Halcomb & Davidson, 2006). For instance, when participants pause during the interview, this can be interpreted in the context of the participant’s thinking or reflective process. Indicating pauses or other non-verbal communication in the transcript ensures participants’ affect is accurately recorded. Non-verbal communication is linked to an emotional, unspoken representation of meaning in the story being told, which is as significant as the storytelling itself (Oliver, et al, 2005). The need to interpret the language of participants (veteran speak), military colloquialisms or phrasing, arose on limited occasions. Oftentimes, the participant translated veteran speak, for instance, when giving accounts of a military assignment, service situation or object being "Gucci" (good). The potential for error in the transcription process was minimised by clarifying or asking prompting questions to explore statements (Kvale, 2008; Wengraf, 2001). The use of field notes taken during all participant interviews also aided the transcription and analytical process. These measures along with verbatim transcription reduces errors in analysis which then improves the reliability and quality of what the data contains once interpretation of data begins (Poland, 1995).

3.6.3 Reflexivity and field notes.

In qualitative explorations of perceptions and experience, reflexivity is essential for the researcher to develop a critical understanding of the investigative and interpretative process (Mauthner & Doucet, 2003). My epistemological position as researcher is that how we think and feel in response to others has an influence on how the data are interpreted. At least, from my perspective, making conscious life or death decisions and sometimes, being in life and death situations, for example, was harder to understand from a civilian perspective.
This thesis was a merger of my personal, academic and professional background. Personally, I had family members who had served in the US military. I had watched members of my family leave home as teenagers and return as men. There was a noticeable omission of talk about service life when they were at home amongst family: issues around communication with family are not uncommon for deployed serving personnel or veteran personnel (Greene, Buckman, Dandeker & Greenberg, 2010; Hinojosa, Hinojosa, & Högnäs, 2012). I became interested in the service lives of family members because I wanted to hear their stories, in their voices. As an academic, in reading the research literature, voices were missing from the studies of veterans and veteran experiences in quantitative research.

I began looking for experiences as told by veterans, and before I started my doctorate, I conducted a qualitative systematic review, searching for the veteran experience in their own words (Gordon, 2014). This combination of personal and academic backgrounds brought me to a qualitative approach to collecting participant data and, eventually, a narrative approach directed my interpretation of participants’ lived experiences (Clandinin & Connelly, 2004). My academic background was in English literature and theatre studies at performing arts colleges in the UK and the US. This combination of my personal and research background also prompted an interest in the meaning of narratives: through the spoken word as well as the performance of stories – from the stories told on stage to the stories on the page. Studying for a master’s degree in Counselling Psychology, I focused on somatic psychotherapy and working with children and adolescents who experienced the physical and emotional effects of childhood trauma. My particular interest in the study of trauma in children and young adolescents, lead me to researching the impact of childhood trauma in adults.

Questions were raised about whether the information gathered from a sample of veterans was in-depth enough for a qualitative approach and whether the research aims would answer questions about the lifespan perspective of adult experience. It is the belief of this researcher that the age at which participants made vital, sometimes life and death decisions,
without having enough life experience. Orders are being carried out and they are choosing to run through minefields, as one participant recounts of his time during the Balkan conflict. Reflecting on the interviews as a family member of ex-service personnel of the US Armed Forces, there were notable similarities with how British Armed Forces veterans ‘get on with’ and deal with emotional and physical challenges.

Who are the participants before they join the service? What relationships do they talk about in their interviews and why are they significant? These are examples of ideas the researcher made note of after interviewing participants. In order to gain this insight, developing rapport with participants, according to Berger and Luckmann (1991) is key to the construction of narrative and developing trust with the participant that their stories and the reality of their experiences are shared without fear of judgment by the listener, a stranger to them (Weiss, 1995).

By sharing personal information with the researcher, a dialogue is created and the participant leads that dialogue, leading the way in the interview, and providing a safe environment where contemplation can happen (Kvale, 2006). When interviewing women, Cotterill (1995) called for examining the relationship between female researcher and female respondent, and that the balance of power and control in the interview shifts, and at times, either person engaged in the research interview may become vulnerable. During one interview with a participant, they shared a story of being on the frontline of the Iraq war. He declared to me that had I been a man, he would have altered the telling of his story to appear more macho and brave while fearing for his life. His disclosure makes his vulnerability explicit and he determines when and with whom he shares his vulnerability. At times, participants who evaluated their childhoods negatively, or shared accounts where they felt vulnerable, or threatened physically and/or emotionally as either children or as adults, made listening to the stories difficult. However, as a student of counselling psychology, I entered all interviews with my clinical training in mind, utilising the theory of empathic listening, building the relationship, managing my reactions, and encouraging participants to speak openly and honestly through non-verbal
cues or utterances, or repeating words, sentences, or parts of stories to understand and clarify (Rogers, 1995). These techniques were borrowed from counselling therapeutic theory and applied in both face-to-face and telephone interviews, but grounded by my distinct and clear role - to myself and explicitly to the participant - as a researcher.

I also received emotional support after the interviews from my supervisors and a close and supportive network of academic peers and family, minimising emotional risk to myself. Participants shared stories of war that were in their own words, alternatively terrifying, particularly life-threatening, or as the best experiences of their lives. Older veterans, for example, shared experiences of being widowed, and the difficulties they experienced feeling isolated from family and friends, or outliving their fellow veterans. Being a witness to significant moments in participants’ lives, elicited feelings that alternated between sadness and fear for the individual, or acknowledgment of their hardship; but also happiness or awe of the participant’s experience, and always with appreciation of their stories during the interviews.

The field notes taken during participant interviews allowed me to further reflect on key life moments, emotions and motivations in the past and present. Some participants also provided insight into what futures they hope to have. The notes made after the interview documented affective moments in the interview which audio devices could not record. Other notes documented somatic changes or emotions connected to a story told by participants, Reactions post-interview and the reflections on what questions could be modified to illicit more in-depth responses, were linked to each individual interview and as each interview progressed. Next is a description of the stages of how interview data were analysed, data software used, and how data is coded to find early life, service life, and post-service life stories using appropriate narrative and thematic analytical strategies.
3.7 Stages of Analysis

3.7.1 Stages of analysis protocol.

Using a thematic approach to access oral or written content, researchers can answer questions about unexplored perceptions and perspectives of a particular group “in relation to the broader social context” (Braun & Clarke, 2006, p.93). However, some content may be lost when specifically narrowing down whole biographical text into themes (Reissman, 2008). For this research, organising data according to themes is used to help quickly identify an idea or a pattern in the interview transcripts. The participant's meaning making process is then followed by deeper interpretation by the researcher of both individual interview data and the entire data set to explore the significance (if any) attributed to childhood experiences and military service and their impact on later life. For this reason, the analysis of the transcripts involved reading and re-reading transcripts, focusing on stories about childhood experiences that were linked to post-service life, for instance, changing relationships with peers and family before and after joining the service.

Stages of analysis explore patterns within the interview transcripts (see interview transcript extract, Table 2) that contain participant perception of events in their lives. A theoretical structure was developed for mapping out the participant’s narrative into distinct components that told the story of the person’s whole life. For example, thematic analysis of interview data was used to understand how meaning is interpreted from participant experiences and identities are forming and changing in an individual’s life and through the inter-connections with others. Using the research questions as a guide, the stages of analysis was created to access participants’ attribution of meaning to experience, how participants make sense of their own stories, and the researcher identified thematic narrative content in transcripts to then create narrative codes e.g. “I want to be there for my kids” (Table 1).

During analysis, individual participant data was coded and organised into a number of categories or themes and then a qualitative interpretation was applied to data by the researcher (Yardley & Murray, 2003). The
research could then explore what differences or similarities (if any) may exist between the narratives of help-seeking participants and those who do not seek help (Hoge, Castro, Messer, McGurk, Cotting et al., 2004). In Table 1, the extraction of text from interviews and the analysis of narrative content are coded into themes early on in the analysis that are indicative of stories about early life, service experience and post-service life narratives.

Table 1

<table>
<thead>
<tr>
<th>Extracted Text</th>
<th>Early Coding/Theme</th>
<th>Narrative Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Parents didn’t care, glad I was out of the house&quot; (Lionel)</td>
<td>Lack of regard from parents</td>
<td>Early life narrative</td>
</tr>
<tr>
<td>&quot;They said there was nothing wrong with me&quot; (Simon)</td>
<td>Mental health issues not acknowledged</td>
<td>Service life narrative</td>
</tr>
<tr>
<td>&quot;There was nothing when I left&quot; (John)</td>
<td>Access to help in civilian life</td>
<td>Post-service life narrative</td>
</tr>
</tbody>
</table>


The phases for and identification of themes in transcripts, and noting story content was a concurrent process in accessing participant meaning and evaluation of experience. This stage of identification was followed by the process of the researcher analysing and interpreting data, and is described in Table 2 where the protocol is applied to a specific participant transcript.

After coding the data, a deeper reading of all transcripts allowed for continued analyses of experiences and the participant’s meaning-making processes (Table 2). For example, to capture how a particular experience
was qualified as ‘strained relationship with father’ in *in vivo* coding (Phase 1), the participant’s own words were used to code which would later become more detailed analysis for coding “proving father wrong” which lead to finding stories around lack of support (Phase 2) and the perception of this experience as how the participant perceived connection to family (Phase 3) and deeper analysis explored how *relationship with own children* are related to experiences of early childhood and impacted on family post-service (Phase 4-6). With regards to coding for service life narratives, being in a life-threatening situation (“bullets missed me by 8 inches”) feelings of not being in control (“being a good soldier didn’t matter”), and a sense of hopelessness and loss of control (lack of control over life and death), feelings of vulnerability were explored that may have been mirrored in other experiences where individual transcripts or a group of participant transcripts highlighted feelings of vulnerability at other points in his/her childhood or feeling independent and empowered by lack of support.

Table 2

*Phase of Analysis Preliminary Coding Participant Interviews*

<table>
<thead>
<tr>
<th>Phase of Analysis</th>
<th>Thematic analysis of narrative content</th>
<th>Narrative category</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Early life narrative</td>
<td>Experience of family and early life relationships</td>
<td>He thought I was no good…strained relationship with father</td>
</tr>
<tr>
<td></td>
<td>Service life narrative</td>
<td>Military service and collective stories, shared experiences with unit</td>
<td>proving ability to father</td>
</tr>
<tr>
<td></td>
<td>Post-service life narrative content</td>
<td>Quality of life from current perception of physical and mental health</td>
<td>being a good soldier didn’t matter</td>
</tr>
<tr>
<td>Linking life narratives (life review)</td>
<td></td>
<td>Links made by participant between early life, service life past and present</td>
<td></td>
</tr>
<tr>
<td>Early stage of coding Open coding areas of interest in the data, focus on segments in text related to research question</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 2</td>
<td>Recognising themes</td>
<td>Identify patterns in text, between transcripts (comparing narratives)</td>
<td>Similar</td>
</tr>
<tr>
<td></td>
<td>Potential themes and gathering relevant data, divergent views</td>
<td></td>
<td>Father/parent discouraged, feeling neglected</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Divergent</td>
</tr>
</tbody>
</table>
father encouraged, supported

Similar
lack of control over life and death

Divergent
No threat to life

<table>
<thead>
<tr>
<th>Phase 3</th>
<th>Review themes and sub-themes</th>
<th>Analysis and interpretation after re-reading and comparing 10 interview transcripts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Checking themes – do they work in relation to the extracts already coded, divergent views, beliefs and attitudes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 4</th>
<th>Defining</th>
<th>Links made by participant between early life, service life past and present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name themes, refining specifics and assigning data to themes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 5</th>
<th>Deeper meaning, refining concepts</th>
<th>Application of themes to remaining interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Explain and generate analysis – drafts that summarise the content of each theme, patterns, who said what, relationship between codes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 6</th>
<th>Analysis and interpretation after re-reading and comparing 10 interview transcripts</th>
<th>Extracting quotes from interviews for further interpretation of stories</th>
</tr>
</thead>
</table>
|         | i. Concluding analysis
          | ii. Final audit of ideas and concepts
          | iii. Evidence within and beyond text to support analysis
          | iv. Write findings and discussion chapters |

Note: Adapted from Braun & Clarke (2006).

As described above in the analysis protocol, a theme is applied to a particular section of a transcript or transcripts which is then later developed as part of a narrative category. Supporting quotes are extracted from the interview transcripts and the researcher codes for patterns in story by reading and re-reading and gaining familiarity with texts. For the ex-service
people in this research, the creation and co-creation of stories with other service people about service life, for example, is a part of the collective experience of key events such as passing military training, fighting in a war zone, or surviving close combat.

### 3.7.2 Use of NViVO 10 computer analysis of qualitative data analysis software (CAQDAS).

NViVo 10 computer software is a computer-assisted tool for qualitative data analysis. The software is a way to help keep track of themes, colour coding particular concepts and provides a ‘paper trail’ as the researcher creates and develops the analytical process. Computer software for qualitative data analysis is a tool for keeping track of audio interviews and large data sets. Software allows for interviews and transcription to be stored in one secure password protected system and helps to maintain a systematic coding of multiple transcripts at the same time electronically and efficiently. Codes are researcher dependent, such that each code created and each stage of coding and analytical interpretation requires the researcher to carefully encode the data. Software for qualitative data analysis does not create description, exploration and interpretations of qualitative data or replace the analytical process of the researcher (Bazeley & Jackson, 2013). NViVo 10 supports and assists with analysis by reducing duplication of codes that may occur with qualitative data, particularly with long interviews and the extensive amount of information in interview transcripts. Because qualitative data analysis of interviews is a labour intensive process, reading and re-reading transcripts, and the depth of creativity required to conduct analysis, may lead to the decision to use a software programme track multiple changes that may occur during the stages of analysis. Notation on hardcopies of transcripts and reflective notes were created manually at the first level of coding (reading transcripts) and then NViVo 10 was used for the second level of coding to help organise codes and manage supporting literature for the discussion chapter. However, there is a debate between manual data analysis and utilising electronic aids for data management and analysis, as it is argued that detail may be lost when using an electronic aid to code extracts (Basit,
2003). The researcher found NVivo useful for tracking duplication of coding and linking research literature to potential themes during the *in vivo* coding process.

### 3.7.3 Early life experiences.

For the purpose of analysing the interviews for this thesis, qualitative interpretation as an analytical tool considers the role of how stories affect us and connect us to the stories told to self and others over time. Subsequently, a method of analysis of data was developed to provide a coding method for ex-service men and women’s interview data into significant categories of early life, service experience and post-service transition (BRAUN & CLARKE, 2006). In some interviews, themes around early life influences were more dominant and the participant’s perception and linking of events that were significant for them began with experiences of childhood (for instance, perception of father/child relationships) that were reiterated at various points during the interview.

### 3.7.4 Service life experiences.

Themes within and across other participant data that were relevant to the research question about significant service life events were compared to see if there were changes in attitudes towards health and wellbeing, personal achievement, or feelings of disappointment. For example, ex-service persons’ thoughts about mortality after being wounded in combat, or being injured in training provide insight into veterans’ perceptions of body and ageing body related to service life, and disappointment in no longer being able to perform physically demanding duties as they had in service (JOHNSTON & CARROLL, 1998; MACLEAN & ELDER, 2007). Groups of transcripts will be used to show how collective narratives are constructed and meaning is derived from them while also exploring narratives that link stories together that may at first seem disparate or divergent (GORDON, 2014). For the study of veteran narratives, the peer relationships developed while in service, as well as the collective stories, were analysed. Looking at shared dialogue in this way may be used to show peer relationships between ex-service personnel from different war cohorts, and how perceptions of war
experience change between participant over a lifespan and narrative of the individual’s story.

3.7.5 Post-service life experiences.

The position of this thesis is one of an integrated research approach that best attempts to understand ex-service experience through the narrative analysis of interviews. Experiences after service are just as critical to analysis as childhood events and service experiences. The motivation for rejoining military service in some capacity follows a sequence of events that lead to an action or motivation to become a reservist (Dandeker & Strachan, 1993; Hosek & Wadsworth, 2013). The individual uses this story of rejoining to make sense of an experience and purpose that military service once provided. Therefore, this thesis explored how ex-service personnel perceived their world and their roles within a broader social culture outside of the military; whether their understanding of the world changed over time as a result of events in early life; and military service where post-service life was associated with feeling alienated or welcomed as motivation for staying in service waned. Other themes across the data may have explored how ex-service men and women look back and review their physical wellbeing as young recruits, when they were in the “best shape” of their lives, or felt like “Superman”. The physical burden of being in combat in the past alters perception of physical health (Frank, 1998). A theme about the healthy self and perception of identity attached to wellness, changes as the conditions of normal ageing in service personnel may deteriorate after leaving the military.

3.7.6 Experiences across the lifespan.

The focus on the lifespan links veteran’s stories of relationships with fathers, for example, or the absence of mothers in the individual’s life which may have presented later challenges in relationships with or disconnections from one’s own children. For example, those who felt their service history had the most significant impact and wanted to return to service even after leaving, lead to the coding of transcripts and searching for patterns where participants talked about trying to return to service because of difficulties in civilian life. For the participant and others who share the same perception of
service, reminiscence about the past happened as they looked back on their service life (Burnell et al., 2010) and the role of service perhaps providing something that was missing from civilian life (Caddick, et al., 2015; Iversen et al, 2005; Kilshaw, 2004). Veterans were asked (and some volunteered information) to share and examine their stories about types of support they experienced, or thought they lacked, not only after military service but throughout their lives. This study explored how veterans made sense of their experiences over the lifespan, linking early life and military experiences, and how social support may change, aid or conflict with the individual needs of personnel and how support is perceived, accessed or changed over the lifespan of the individual (Singer, 2004).

3.8 Ethical Considerations

The ethics application, qualitative study proposal and peer reviewed research protocol for this thesis underwent a successful Full Committee review for Doctoral studies and received a favourable ethical opinion from the University of Portsmouth Science Faculty Ethics Committee (see Appendix A). Ethical and confidentiality considerations such as participant risk assessment, participant and researcher safety, maintaining participant anonymity, protection of data and options for withdrawal were identified and were addressed in the ethical application.

3.8.1 Ethical Issues.

Participants may not be aware of potential psychological triggers that may arise during the interview. The researcher was trained to a higher educational degree level in counselling psychology and was aware of the issues that may emerge. If at any time during the interview process the participant felt there was significant harm or risk to themselves, the participant could stop the interview and arrangements made to contact appropriate services available to the participant. Participants were informed of their ability to withdraw in the Informed Consent Form (Appendix D).

Participants who chose to withdraw from the study could also withdraw their data from inclusion up to six months after participation. It was made clear to the participant that there would be no impact on status as a
military leaver or any access to care (if the participant is already receiving attention for any health or medical issues). This information was provided in the research participant information booklet sent to participants who expressed interest in being interviewed. Participants who agreed to have their data included in the study were informed that the research was conducted independently from the United Kingdom Ministry of Defence (MOD).

Talking about experiences in early life or in service may be uncomfortable or distressing. Participants were informed at the interview stage that if they experienced discomfort or distress at any time during your participation, they could stop the interview. Participants were provided with information for charitable organisations such as Combat Stress and Help4Heroes or local organisations that are specifically designed to help veterans (Debriefing Sheet, Appendix E). Participants were told that taking part in the study would not involve any physical activity that might be harmful. There may not be immediate benefits to taking part in the study for participants, however learning from interviewees about the specific needs and challenges veterans face, might improve health, welfare and other professional services available to veterans.

The study did not use deception to recruit or interview participants. The study did not involve human tissue use, or groups considered vulnerable by the definitions set out by the relevant authorities (such as the National Health Service, the Social Care Research organisation, or the University of Portsmouth). The research did not involve access to, or information from, sensitive cultural or scientific online media or web platforms.

3.8.2 Informed consent.

Interviews were scheduled at least 24 hours after the participant received the booklet to allow sufficient ‘cooling off time’. Prior to the interview, the researcher phoned the participant to confirm arrangements and check whether the participant still wished to be interviewed. On the day of the interview the participant was informed of the study once again. In face-to-face interviews, were asked to sign an Informed Consent form (see
Appendix E). In “remote” interviews (where in-person interviews were not available), participants were asked to verbally consent (to complement the written consent already returned) prior to beginning the interview. During the recorded interview, the participants were asked again for their consent to continue with the interview and the researcher made a recording of consent on a digital recording device or through other recording software.

3.8.3 Safety of researcher in the field and potential risk.

For personal safety, the researcher brought a fully charged mobile phone to every interview. Where participants were interviewed at home or another interview site away from the university, the researcher travelled by public transport and pre-booked taxis as necessary. The researcher contacted the supervisor or designated contact on arrival at the location and after the interview ended to notify the contact when the researcher returned home. If the researcher did not make contact with the supervisor or designated contacted, the supervisor contacted the researcher. At no point were interviews held at the home of the researcher. The participant and researcher also made arrangements to meet in a neutral location. The supervisor was provided with an anonymised password protected database of the schedule of interviews with information containing the location and times for all interviews conducted at a participant’s home or other neutral venue. The participant was made aware that the supervisor had access to the schedule of interviews. Routes, times of travel, and taxi companies were all coordinated prior to interviews.

All measures were taken to provide a safe environment for the participants to be interviewed and participants were met before the interview at conferences, or were recommended by participants who had been interviewed and presented no risk to the researcher (Paterson, Gregory & Thorne, 1999). Other safety considerations may involve prematurely ending an interview if the researcher believed that the research environment was potentially unsafe. The researcher did not encounter threatening interview locations or participants. As taxis were prearranged with a reputable service, a taxi service was contacted immediately post-interview. The interviews were not held in locations considered by the
researcher to be remote as there were no means of personal transport available to the researcher to travel to or conduct interviews in remote locations.

Some of the issues raised by participants may have caused distress during the interview. Therefore, strategies were discussed with the research supervisory team prior to the interview to maintain emotional wellbeing as well as personal physical safety (as addressed above). Throughout the data collection phase of the project, the researcher sought emotional support from close family members and a local network of friends. In addition to support from clinically trained supervisors, the second supervisor, Dr Clare Wilson, debriefed with the researcher after interviews to discuss any safety and emotional concerns and considered options for types of support available to the researcher, if necessary.

3.8.4 Wellbeing and debriefing after participant interviews.

After the interview, participants were given a debriefing sheet that was designed to inform the participant of what their participation in the study involved, the interview process, and remind participants of the questions that were asked (see Appendix C). The participant was reminded that their data was anonymised and participation was confidential. The participant was also reminded about their options to withdraw from the research within the time frame set down in the consent form. The participant debriefing sheet also provided information for local authorities and national charitable organisations specifically designed to meet the needs of veterans.

During the post-interview debriefing, the researcher informed the participant of the follow-up plan for all participants initiated as part of the research project procedure. Follow-up with participants provided an opportunity to thank the participants for their involvement in the research and for the interests of safety for the research participant, to gather information about the participant’s experience of the interview. The procedures for follow up included contacting the participant via phone, electronic communication, or any alternative means of communication that was the researcher and participant agreed on. The follow up period was 24 to 48 hours after the interview. During the follow-up period, the researcher
reviewed the debriefing material with the participant. If the participant indicated that they had experienced no discomfort from the interview, no further contact was made. If the participant indicated that they had experienced any problems after the interview, either with the questions asked or their responses to those questions, the researcher reviewed the debriefing sheet and discussed support options available to the participant. There were no reports of distress made by participants to the researcher or supervisors at the time of or after the participant withdrawal or study completion period.

3.9 Summary

How stories link autobiographical, personal experiences of past events and actions together, may explain or inform future behaviour (Labov & Waletzky, 1967; Polkinghorne, 1988). Past, present and even future events can be linked together through storytelling and the telling of stories provides a way of learning about ourselves, rationale for behaviour and a structure for creating identities that stabilise as people grow older (McAdams, 1990). Sense-making of the experiences that shape lives is effective when an organised in a continuous way. Stories can be used to help connect behaviour with motivations after the event and reflecting back on experiences that are linked to actions make actions purposeful, maintaining a sense of self as whole.

After conducting the literature review, the findings section was divided into three categories: early life experiences (Chapter Four), service experiences (Chapter Five), and post-service experiences (Chapter Six). For each chapter, the categories are then organised into superordinate and subordinate themes (Braun & Clarke, 2006). Collecting data using narrative framework to ask questions in interviews, and this led to an inductive process of exploring questions around family relationships and dynamics with siblings, which then were contrasted with dynamics with colleagues in service, for example. The majority of these superordinate and sub-ordinate themes mirror the research findings in the literature review, however themes in early childhood produced accounts that were not expected in reading the research literature: accounts about family background to which
veterans attributed significance to and had profound memories of childhood experiences (as well as military experiences) that were appraised as having an impact on their present lives.
Chapter Four: Early life stories and Family background of Ex-Service Personnel

4.1 Introduction

What follows in this chapter (as with corresponding chapters 4 and 5), are veterans’ experiences categorised here into early life stories and family background. When each participant gave accounts of an event of childhood or adolescence, those events were highlighted and grouped with similar or divergent stories from other participants. Transcripts were read and re-read and themes and sub-themes were developed as follows: family in service; family not in service; “stripped of my childhood”; relationships with original family; and achievement and resilience in early life stories.

Potential similarities and differences in personal narratives are the different or similar ways in which veterans construct, present and make meaning from their experiences through stories about their past and present (McAdams, 2001; Riessman, 1990, 2000; Squire, 2000). Perceived influences of pre-service life were interpreted by the researcher, which included the significance of social, psychological and physical health events and experiences, and the overall meaning participants make from early life stories.

The terms original family and own family are defined as follows: original family is family of origin i.e. participant as child. Own family refers to when the participant becomes a partner/spouse or parent. These terms will be used in this chapter and the subsequent service life chapter and the chapter on transition out of the Armed Forces. The first theme introduces the concept of family in service and was developed as a superordinate theme around childhood experiences of growing up in military households. A sub theme of family in service was following a family tradition. Further themes were developed from participants who had a family tradition of military service, but participants joined as ambivalent and defiant joiners (unsure about joining or joined despite opposition). This section concluded with the theme settling and unsettling the military home where participant’s original family relocated due to father’s military deployment.
4.2 Family in Service

4.2.1 Following a family tradition.

Of the 30 participants who were interviewed, many reported having had a family member who had served in the British Armed Forces either before joining or at the same time the participant joined. Following a family tradition is a theme that predominantly developed from a tradition of service, mostly with fathers having served before the participant joined. Either through following the family tradition into military service by choice or conscription, the history of the military was in Nicholas’s history from the First World War until his own and his brother’s introduction to service prior to the start of WWII:

mother had married a soldier in the First World War and she had four sons and now she was gonna-my elder brother-he was- joined first and I joined after in 1939 before the war started...he was in the Royal Artillery and strange story-I followed in his footsteps (Nicholas, p. 2-3).

The intention to become servicemen and women like their fathers and follow in their fathers’ footsteps is a theme that runs through many participant stories about their family background and the legacy of their military histories. Andy wanted to join the military as both his father and stepfather, and specifically one service branch of the British Armed Forces:

my Dad was in the Air Force, my stepfather had been in the Air Force, and it was just one of those things I had always wanted to do-it-just follow-follow in my father's footsteps if you like, erm...all I wanted to do is join the Air Force (Andy, p.2).

Andy states that all he wanted was to join the Air Force and repeats his intention as ‘it was always going to be the RAF’ (p.3). Andy was eager to join the Air Force at 17 but says: ‘my step-father persuaded me just to go to college and make sure I got my-my O'levels’ (p.7). The participant did not wish to delay what for him was inevitable. Guided by his stepfather, he postponed joining the Armed Forces for a year. Also getting support from military veterans in his family who he trusted and who had experience in the Corps to which he committed himself, meant that he could be safe in making his decision:
erm so yeah-yeah they-they, you know they were-they were always behind me a hundred per cent to join the Air Force, er, or if I didn't want to go in the Air Force they would have been a hundred per cent behind me but erm with anything else I wanted to do it was just that's what I wanted to do and they knew a lot about it (p.4).

Andy repeats that he was fully invested in his decision to join, knowing that he could have pushed himself to take more exams as a result of his desire to continue the military tradition, following in the footsteps of men he trusted. Andy was reassured in believing that a service life (and particularly the Air Force) was good for his father and stepfather, and therefore good enough for him. Following in fathers’ footsteps depended on a number of participants believing that the way of military life of their grandfathers, fathers or stepfathers was good enough. Trust in their military family members and stories about the tradition of service passed down from one generation to the next, was encouragement enough to join up.

In slight contrast to Nicholas, Derrick and Andy, Will and Frank followed in their father’s footsteps unconsciously, despite having had little or no contact with their biological fathers. Frank declares that he had wanted to join the RAF but first joined the sea cadets:

And I think that might possibly have, er, a sort of have er a genetical connection because my-my own natural father served in the RAF but um I was to find out later in life that he really wanted to join the Navy, but for some reason he was turned down for naval service and he actually ended up serving in the Royal Air Force (p.3).

There were unknown co-authors of Frank and Will’s military family script and also a sense of unexpected pride that they had achieved a natural connection with fathers they did not know, through the Corps they chose to join. The loss of connection in Frank’s narrative is linked by the participant to now knowing the military man who was his father. However, having a stepfather who Frank respected and who created and promoted self-determination and persistence:

Me stepfather was um er a soldier um he was er in the er Royal Artillery and I believe he also went on to serve in the
King’s Troop Royal Artillery so he was keen that I should have a military service (p.3).

Positive pictures of service were painted by a grandfather who served in the Army:

My granddad um you know he would tell me things about his visits to Shanghai even though he was serving in the Army he went abroad he served in India and everything so I think that I had-I had a positive military influence while I was on holiday and then obviously when I returned home I still had a positive influence to-military influence through my stepfather, so I think it was just an established thing in a sense yeah (p.3).

Frank’s grandfather further reinforced the exoticism and escapism of military life through service stories set in places outside his own world, prompting the participant to follow his desire to join the Armed Forces. Frank had people in his life (his mother also served) who supported him and his military career, who were as influential as his biological father and for whom his connection was made stronger because of their having already created a path for which he could be proud and for him to follow.

Nicholas joined the TA, after his elder brother had already joined the Army. Second, the co-authors of his family script, were his father and stepfather. Along with the tradition of service, comes the service history of fathers and stepfathers continuing the theme of service dominating the lives of participants. Nicholas grew up in a household in which his father had served in WWI, and after his father died, his mother married another WWI soldier. Of his father, Nicholas recalls the following:

[Father] was in the Royal Artillery and strange story-I followed in his footsteps... he was in the field artillery and soldiers don’t say an awful lot. The only thing we ever knew [about him] was from mother (p.3).

The presence of his father, with whom the participant rarely communicated, would suggest that the military pathway for Nicholas was implicit in the family heritage, and explicit in the participant’s father’s biography, despite his father not speaking much about his past life and particularly, not speaking at all about his experiences in WWI with his children. Seeing his father’s medals, and through the story orated either by his mother or from
the historical context of the war, Nicholas felt connected to the idea of who his father was and his father’s military history:

The only thing we ever knew [about father] was from mother. Dad was a, we got from somewhere, she’d married a soldier and he came back with a finger missing or something or other and um he got married in 1917 when he come back from France but we never knew much about him and I think I, er, I know he was er decorated for bravery actually... I saw his medals (p.3).

The participant talks about the soldier his mother had married in this extract, but not someone he recognised or identified as being his father. To Nicholas, the man his mother married was someone who was explicitly a soldier, who was represented as disabled, but a man who exemplified a brave soldier. However, there was sadness associated with and for the man he never knew: “sadly he left mother and us in the Thirties when he became unemployed” (p.4). The sadness of growing up without his father is one part of the participant’s family script around service. Not knowing his father’s experiences (and similarly, who his father really was), but knowing that physical and emotional injuries after WWI would have a lasting memory, created another plot in the family script. Nicholas shared his feelings about the men who had no choice in WWI. Nicholas’s own sense of sadness and hopelessness he expresses was due to the hardship soldiers would face in having no support to look forward to. The impact of service life on physical and mental health on the individual as well as the family, and provision of service, will be explored more closely in the following chapters.

Combined with Nicholas’s family story of poverty and war, is the story that he would serve in the Armed Forces, and specifically, in the Artillery, just as his father had. Like Nicholas, Derrick’s father suffered from physical problems after serving in WWI. Similarly, the conditions of growing up with a father unable to work, forced Derrick to leave school and into work to support his mother and siblings:

my father was in the sanatorium after the First World War-gas like, see? So the – I’m the oldest one of three and I-I’ve gotta help bring my brother and sister up, there’s no food around so somebody got-somebody gotta fend for the family (p.13).
Derrick states again later in the interview that because of his father’s ill-health, he had to find work instead of going to school. Like Nicholas, Derrick’s economic circumstances, the declaration of war, impact the participant’s opportunities. Derrick joined the Territorial Army before his mobilization in WWII and even after the war, that his military future is created for him:

I said to my wife I’ll join up with Territorials again, I said, cos money was short then I said, I’ll get a bit of extra cash from the Army again. So that’s what I done (p. 35).

There is no other person to help his family, and the gravity of the sacrifice that he makes becomes greater when war breaks out. His duty is to his family, to “bring my brother and sister up”, because no-one else will “fend for the family” (p.13) and the pressure falls to him to provide food and protection for his siblings at age 12.

I enjoyed myself in the Army. Cos I because I cos I’d been brought up rough, love, I started working at 12 years old in a butchers’ shop (p.13).

Being brought up in hardship, Derrick has to grow up fast and forego his childhood for the sake of his family. The participant is not only following in his father’s footsteps, but the participant walks in his father’s shoes and becomes the patriarch. Where the participant once had to provide financial contributions to the wellbeing of his family, he then assumes the physical responsibility, as his father did, to protect his family and sacrifice his own future as a soldier in the war.

Matty was following in his father’s footsteps, as was his brother. Matty, like many other participants, had grown up in military households and attended various schools as their fathers (predominantly) moved according to their deployments. Terry’s grandmother was a driver in the Territorial Army during WWII, and Martin had a long history of family members who served in WWI and WWII, before he joined and served in the Falklands War.

Mark sums up the relationship between the desire to join the Armed Forces and the eagerness he had to continue the family tradition:
I come from—a family where, erm, predominantly, erm you go when you can... I left when I was sixteen, my brother left when he was sixteen. I think my dad left when he was fifteen 'cos you could join the Army then (p.4).

This participant was not escaping from adverse living conditions, however by wanting to join the Army as soon as he could, he was influenced by his father and attempted to mimic his father's and his brother's pathway into service at a young age. Mark does not say why his father and brother left home early or why he was expected to follow this pattern, but he is compelled by joining and not being left out of his family history. Mark later describes being a veteran feeling disconnected from service and this feeling of being part of a tradition that is more compelling than any alternative choices he could have made for his lifecourse. When Jack states that: 'your family script influences the decisions you make in life (p.5), he is talking about his past family history and how it influences the decisions he made for his future.

Simon came from a tradition of military service from both maternal and paternal sides of his family. His and other participants' pathway to the Armed Forces had multiple avenues toward joining: wanting to fight in the Falklands (Simon p.12), “appalling” experiences at school (Aaron, p 4), or encouraged by a headmaster to leave school (Simon and Aaron). Participants shared stories, like Percy and Aaron, who “couldn’t wait to get away” from home (Percy, p.5). Other participants like Pete liked the RAF uniform and felt more of an affinity for this journey into the Armed Forces, unlike the men in his family who joined the Army. Stories like Morris’s were shared with other participants who had aspirations of joining the service from an early age. Tina says of being a woman joining from a military family, that: we were the first...and on a big adventure (p.4). The excitement of joining, being part of a vanguard, being “first” of her kind, was also shared by participants with non-military family backgrounds.

Perhaps, ultimately, by staying the course towards service, Mark did not want to be the man responsible for breaking the family tradition. He, like Jack and other participants in this theme are loyal to the military family
story, even if unconscious of it. They are satisfying the military family narrative and keeping the legacy alive.

4.2.2 Ambivalent and defiant joiners.

Those participants who were born into military families, but who were originally resistant or ambivalent to joining the Armed Forces, and those participants who joined in defiance of other’s wishes, contribute their stories to the theme ambivalent and defiant joiners. Paul’s story about joining the Army involved many motivations: following a family tradition, but being reluctant to be part of the tradition. Paul was motivated to join the Army because he had publicly announced his intention to join:

I’d made a sort of bed for myself because I’d told everybody I wanted to join the Army, I want to do this, and they all thought that’s what I wanted to do (p.5).

Paul felt obligated to go, as if declaring his interest publically was akin to making a commitment. However, Paul wanted his father to convince him not to go: “No, you don’t have to... But my father didn’t” (p.5). Paul believed that at 15, he was not mature enough to join the Army and leave home. But he had chosen his fate, and together with his pride, what he had promised to family and friends and their expectations of him, these factors made his decision irreversible. Not only wanting to keep the tradition of military service in the family, but also attempting a connection to his father that Paul thought he could achieve by following through on his promise to join the Army. Nigel was ambivalent about joining the Royal Marines, having come from a military background:

I-I suppose er like a-a lot of erm young lads, I didn’t really er know what I wanted to do, to be honest... um my father had been in the Navy...not-he didn’t talk about it-not very often, but he did talk about it from time to time. And I thought, well I don’t really know what to do-I know, I’ll join the Navy (p.3).

Nigel was lost. He did not having any direction from his father, and did not ask for advice or for information about what the Navy was like, nor did his father talk much about what his Naval experience was like. Barry was not lost, but like Nigel was neither encouraged or discouraged from joining the Armed Forces like his father, and was ambivalent to ever having a
career in the Armed Forces at first. Neither encouraged nor discouraged by his father Nigel decided to join the Navy, following his submariner father:

[He] erm, er, had been in the Navy-not he didn’t talk about it-not very often, but he did talk about it from time to time. And I thought, well I don’t really know what to do-I know, I’ll join the Navy (p.3).

Nigel and Barry like Roger “didn’t make a conscious decision to join” (Roger, p.3). For Barry, it was only after going to university that he resisted being “turned” into a “left-wing heretic” because he believed this mentality conflicted with an Army ethos (p.3).

Conversely, despite coming from a tradition of military service, and growing up away from home in boarding school, Barry was one participant who felt that it was not expected of him to follow in the footsteps of his father, and was not encouraged to join the Armed Forces by his father. But he joined to continue the family tradition nonetheless, while not being fully enticed:

I’d never been particularly encouraged to be in the military and never particularly been attracted to it before (p.12).

Barry once considered university a natural progression. Now, he felt resistant to a civilian world and ideologies that were now corruptive and presented an obstacle to getting into the Armed Forces. Once ambivalent about his family tradition, the participant directed all his efforts and desires to following a family tradition that he had been physically distanced from and not seriously considered to be a part of his story.

For participants like Freddie, his story of joining is an “against all odds” story of defiance and determination in the face of doubt from friends and family:

after a while it got personal so it just we-erm, you know, it was just something I had to do and there were so many people who didn’t think I was gonna do it, I mean even family members would start to doubt that I was gonna pass out at training (p.8).

For Lynda and Eddie, the resistance from their military fathers to their joining the Armed Forces, was motivated by a lack of belief or support in either of the participants’ ability to succeed either in the military or at any other points in their lives:
and my motivation - sounds very flimsy – my father said I couldn’t cope with it... and my father was ex-military -sort of old school ex-military, and he said I couldn’t hack it and I basically sort of just got stuck in that mindset of I’m sure I could, you know (Eddie, p.2).

Eddie’s father believed he could not cope with the rigours of being in the Army. Just like Eddie, Lynda was motivated to join and succeed in the Army because her father believed that not only would she be unable to cope, but would be rejected:

but he never-he weren’t convinced I was gonna actually make it. So er, he said um: I’ll-I’ll sign the paperwork, but they won’t accept you’ (p.2).

Eddie explains that he did not want to be a part of anything that represented his father, because there was nothing in his father’s military character that he wanted to associate himself with:

I’d sort of grown up as one of them, and it was almost er quite er aversion therapy – I didn’t actually like squaddies very much... he-he epitomised to me everything that a soldier was, you know. Erm, cos they were a bit different back then – he was sort of in the 50s and 60s erm and-and er yeah, not-not an overly pleasant character (p.2).

Eddie grew up in a military family and from childhood he felt he was “one of them” (p.2), connected to and indistinguishable from the Army and an Army identity. Eddie’s father had grown up in a time of the military that was behind in its view of what was acceptable for the Army. Eddie likened “squaddies” (soldiers) to bullies, like his father, and unpleasant, like his father’s character and “I certainly didn’t like my father very much, you know” (p.2):

and so I sort of associated the two really and thought if-if he’s what a squaddie’s like then that’s what they must all be like, you know (p.2).

Everything his father was represented everything Eddie disliked and informed his beliefs about the Armed Forces. Equally, as much as he disliked his father, and the Army to which he felt his father belonged, he also had an aversion to the institution that the Army represented: old, outdated, and repellent. There was a resistance as well as a dissonance here in the participant’s story in that he belonged but had an aversion to the
very thing he disliked about the Army, linked to and enforced by his dislike of his father. Eddie resisted the identity that he associated with being a soldier and rejected his father’s pronouncement that he was unable to cope with Army life. To prove to his father that he could perhaps be a better soldier than his father and a better man than his father, the participant rejected the negative qualities of his father and men like him in the military, casting them as outdated and undesirable. Lynda’s father was equally as resistant to her joining the Army and was reluctant to give his consent to joining:

I didn’t think [the Army] would [accept me] cos I was a bit of a wimp, erm, and yeah, I-so I was a bit indoctrinated from my father so er, I thought they wouldn’t take me (p.2)

Lynda shared a story similar to Eddie’s: of the disbelief from her father in her motivation to join the Army, gave an account of her father’s resistance to her joining and her reaction to him in defiance of his views:

There was-uh-I-I think there was a sense of pride but there was also a sense of sticking two fingers up at my father (p.3).

Facing resistance from her father to her joining, Lynda continued the tradition of military in the family, and showed her father that she had defied his expectations. Both Eddie and Lynda having overcome the resistance from their fathers, would later describe in their narratives, the respect and acceptance into the military that their fathers never thought these participants would achieve. Mark faced resistance to joining the Army from his father who had served in the Army. He stated: [father] wasn’t happy with me going in the Army... well, he said he wasn’t (p.6). However the participant joined the Armed Forces knowing that his father was not happy with his choice. He believed that his father wanted to be sure his son was joining and that he could survive a “test” of the “spirit” (p.6). Mark joined to prove that he was strong enough for the Army, like his father.

Nigel held a marked ambivalence to joining and “like most young men” could not make a decision about his future (p.3). Mark wanted to satisfy his father’s conditions for joining, despite not actually being motivated to join and Daryl’s father was resistant to his son joining, and would only agree
when assured the participant’s life would be lived to his full potential. Barry’s motivation to join the Army was in resistance towards being indoctrinated into a civilian world that he felt was corruptive. The resistance from Lynda and Eddie’s fathers was of a much more malignant nature, in that there was no faith in either participant’s ability to continue the family tradition of military service.

Other participants, like Curtis, believed that his family history of service did not influence his decision to join the Army; however underlying his entire service career, are his father, grandfather and both older brothers who served in the RAF and Navy:

the reason I wanted to be a soldier is was as a kid I ran around playing soldiers and never grew up. The idea of being a soldier was just so intoxicating to me-it’s all I ever wanted to do... - my father was in the RAF, um, but he was really the first generation professional serviceman. His own father had to serve in World War II as a ground crewmen in the RAF um, but there wasn’t a strong interest from the family. Both my brothers joined: one went to the Air Force, one went to the Navy. Um, but that didn’t influence me. I was always going to be a soldier (pp. 7-8).

Although feeling his decision to join the Armed Forces was made consciously, the participant continues the tradition of military in his family background for three generations. However, Curtis created his own path and his own military career while going against the tradition of airmen like his grandfather, father, and his older brother before him, and not following his brother into the Navy. He carefully distinguishes his experience independent of his family by becoming a soldier in the Army.

### 4.2.3 Settling and unsettling the military home.

Participant who were born into military families also moved constantly whenever the father moved due to deployment. Participants had to learn how to adapt to changes in their surroundings, and some found forming bonds in childhood difficult. The settling and unsettling the military home sub-theme addresses these experiences of detachment from and adaptation to people and place. Over two-thirds of participants interviewed had family in service and talked about their experiences of constant
Paul moved constantly due to his father’s military deployment, and found when returning home to England:

I never actually knew that area of England I was in anyway...when I left, I’d left everything I’d remembered (p.14).

Paul continued:

After that 6 months due to my father being in the Army, we then moved all over the place. Three years here, three years there, and it was... the actual movement from place-to-place I found quite upsetting (p.14).

The act of moving regularly was distressing not only for Paul but it was also disorienting. Living in one place for three years did not give him enough time to form a connection to the country that he was in or even the surrounding area which could have been more familiar. Having to leave everything he knew behind and not being able to recognise what England was could also be reflected in his identity, in that he could not connect to what being English was despite being born in England. Paul did not know where he was when he moved, he could not recall a memory of living in England and his new home became an alien place where his surroundings contributed to his childhood memories of disruption and distress.

Paul also found friendships difficult to build or maintain in childhood, because as a child when I moved from place to place, any friendships and that that I made weren’t continued... that was it, they were cut off there and then (p.11).

Paul goes on to compare his feeling of childhood disconnection having grown up in a military family, and later moving around as an adult soldier himself: “even though you were going all over the place, y-you were-you still had links, and that was what I didn’t have as a child” (p.11). Paul tells a complex account of at first being sure of wanting to join the Army, but then anxious about leaving home, and not being ready to leave. This produced a fear in his childhood of the unknown, feeling unprepared for and lost in a perpetually changing world and prevented from having lasting friendships.

By comparison, Mark had moved constantly and left home as soon as possible because it was part of his military family tradition, but also he felt at ease with his transition into service. Barry’s father was in the Royal Air Force and became “used to moving everywhere anyway” (p. 2).
Adapting to different people and places became a part of Barry’s historical military inheritance, and for Mark, the expectation of going out into the world was about learning to accept constant change. Similarly, Morris’s experience of growing up in a military family, affected his academic life and friendships. He believed moving forced him to adapt and as a result he could protect himself from being singled out when switching between schools:

\[\text{W]hen you’re swapping schools as a kid you, you either adapt or you get beat up or you’re ignored or you know whatever it is but, umm, I think adaptability is something that I just do (p.17).}\]

Being able to adapt to new surroundings and new people as a child was important for surviving growing up in a military environment. Mark had grown accustomed to moving constantly therefore a lack of attachment to people and places was expected:

\[\text{[You] did it - just feels normal to you to... be at one school and then another one...and then another one (p. 10)}\]

What was customary was that a young Mark would adapt to his surroundings, and he accepted this lack of attachment and having to leave friends behind as he moved from school to school, shaping his ability to form new friendships and acclimatise to new environments.

Barry was able to find stability in his childhood and adolescence, despite his father’s military deployments, because his parents had enrolled him into boarding school:

\[\text{And-and my-my basis, my two big bits of stability were my school, which was a boarding school...um and my university...and those were my sort of relatively fixed points in my life even though they weren’t where my parents were (p.3).}\]

The foundation for what Barry believed was his sense of attachment and adaptation was the fact that the important aspects of his development was going to school with the same people in the same school and then going to the same university with some of same friends he had at boarding school. These points in his life were “fixed” not broken or disjointed. The formative years of Barry’s life were associated with the least amount of
disruption and the most continuity compared to Paul’s childhood growing up in a traditional military way of life amid constant relocation. Barry described adapting successfully to military life when he joined the service because even though his family moved regularly, moving “virtually every two years sometimes more frequently than that” (p.3), he did not share the tradition of moving with his family wherever his father was posted. Instead, Barry found stability and grounding through school. As military children, having a fixed network of friends or knowing what to expect out of one’s childhood friendships, Mark and Barry shared similar childhood experiences with a majority of the participants in the study. They expected that moving from place to place was a product of being in the military family. Paul’s response to constant relocation appears to be atypical. These experiences would inform their transition to service life and impact their own families’ exposure to settling and unsettling the home during- and post-service.

4.3 Family Not in Service

4.3.1 Followed friends who were joining up.

*Family not in service* was created as a theme within military background history, where the participant had no history of family in service, received support for the decision to join up and *followed friends* who influenced their decision in some way. Several of the participants interviewed had no family in service and their accounts are explored under this category.

Stewart had good support from his non-military family, but was mostly influenced by his friends to join the Armed Forces and stated that he had “my mates and muckers that I joined up [with]” (p.5). The career opportunities appealed to the participant as well as the social aspect of joining with friends. Not coming from a military family, participants like Stewart and Roger were eager to make something of their lives with their friends and peers through the military. Roger’s story was about being “the only one from his school year [class] who went into the Army Cadets” and being inspired by older classmates to join (p.3):

I-I did it probably as a natural progression and at the time I got into-as a younger boy, there were other cadets-Army cadets
Roger “made a whole new set of friends” (p.3) and became a junior leader amongst “boy soldiers” (p.3). Joining the Army meant that Roger was doing what was part of his experience of growing up, seeing his peers who he respected join the Army. Wanting to emulate their progression and belong to a group that he admired, was the next step toward growing up and becoming a man. Making a personal choice from playing at war, to looking forward to “having some of” what the older boys in his school were doing, finally progressing to becoming a leader. Like Betty, participants who joined the Armed Forces believed that joining would afford them with positions of leadership, or, by joining the institution their aspirations would be fulfilled.

4.3.2 “The first of my kind”: Independent pathway to Armed Forces.

Having a military career became a personal preference for some veterans who did not have a tradition of family in the Armed Forces. Participants received support from their families when they made the decision to join the Armed Forces. Betty’s story was about a creating a new script for herself formed by an ambition to join the Army. While Betty’s father had not served in the Armed Forces, she shared her father’s love of flying. The participant says that she wanted to “do something similar to him” (p.4) and joining the Army gave Betty this opportunity when she was given the chance to become an Army pilot. Betty’s decision to join the Army (like Tina’s) was also prompted by a desire to achieve her own career path rather than being lead to it. Betty’s University friends were also receiving Army training and they were having “a great time doing lots of adventure training activities” (p.1), learning how to become officers (and by definition leaders), the participant states: “when I did hear about the Officer Training Corp, I thought it would be a good idea” (p.1). Significantly, Betty talked about being the first woman invited to take on a course that would steer her towards a leadership role:
I was the very first girl to commission into her division... so I was setting a precedent in the whole of [her division] (p.5).

Betty says of one experience going to a military function with her boyfriend, a junior officer at the time: “I was frustrated being the girl on his arm” (p.1). The participant believed she was equal to her partner and felt frustrated by being an adornment of little importance. She did not have to be led by someone else or follow behind or beside someone; she was the first of her kind, setting a precedent and leading the way for others. That she could lead herself and be in control of her own journey toward the Army, she could also lead others. Betty did not feel there were any limitations to her joining or what she could achieve in the Army. Likewise, Daryl joined independent of family influence or heritage: “none of my family were [in the military], um so I don’t remember there being sort of like a light bulb moment” (p.10). The participant was setting the course toward the Army that his friends would later follow:

I got to sort of erm early teens I’d joined the Army Cadets as- as maybe a way of joining the forces and if it was right for me and um it kinda stuck erm I enjoyed the lifestyle that went with it and I thought, right well if I can er have this much fun and earn some money from doing it then it sounds a right fit erm kind of got into it really. And then my friends then joined the Army and told me how much they were having a good time and so I thought right ok, that’s the right decision for me really (p.10).

Stories his mother shared with him “from a very sort of “toddler age”, were about the participant’s early ambition to be a soldier (p.10). Daryl’s friends who had had grown up with from secondary school in his neighbourhood, followed him into the Army through the Cadets confirmed that he had made the right decision to join, although he joined alone.

Freddie was adamant that he did not make the choice to join the Royal Marines Commando to prove that he could succeed to his school teachers nor to “show the people who bullied [him]” at school:

[Pause] No I didn’t, they were... that had nothing to do with. No. It was just I wanted to do it. To get my green lid-to get my green beret. That was it (p.9).
The participant confirms with the researcher, and reassures himself, that the choice he made was his personal preference, and not that he was or could be influenced by anyone else, or forced into doing something he did not want to do. Knowing that “some of my mates thought I’d bitten off a bit more than I could chew” (p.19), Freddie wanted little to do with his friends who “they all went on the same path, they all sort of left school, worked in Tesco” (p.4). He was buoyed by his own personal drive to join the Royal Marines. Later in the interview Freddie restates that he was “born to be a soldier” (p.12) and he considered his choice to join one of the most grueling divisions of the Royal Navy to be an unconscious choice, but at the same time, this was a choice over which he had full control.

Participants who joined on their own, had no family history of service, and joined without the influence of friends or family, may or may not have had support from family or friends. Freddie’s friends believed he was “in over [his] head” (p.19), but joining was presented for this group as either a pragmatic choice or as a natural calling. But these participants believed that they joined the service through choice. For others joining was simply a pragmatic choice. Daryl did not join with friends, nor did he have initial support from his family to join. Daryl faced resistance from his father who was afraid for his son’s future:

he just didn’t want me going in there and becoming Infantryman – he didn’t want me going in there and just throwing my life and my potential away, he wanted me to do something with the time I was in there. (pp.8-9).

Daryl would accept his father was resistant, however his need to join the Army meant compromising his own choices to satisfy his father’s conditions on his joining. The fear was that joining a particular branch of the Army would not only be detrimental to his future but his potential. Here, the father of the participant wanted his son perhaps to achieve something beyond his own expectations. But most importantly, he would have a better life and fulfil something greater than his father. By “just throwing his life away” (p.9), the hopes and ambitions of the father would not live on through the son whose life would potentially be at threat as an Infantryman at war on the frontline.
Having a goal and making connections with friends going into the Armed Forces helped some participants with their transition from family to military. Having an ambition to join and seeing opportunities where there were none offered elsewhere outside of the military, also aided the transition into the Armed Forces for participants who had no history or contact with members of the Armed Forces prior to joining. For those participants who chose the path toward service as an escape from adverse conditions, the next section on adversity in childhood will explore their stories.

4.4 “Stripped of my childhood”

4.4.1 Physical and emotional abuse in the home.

This sub-theme developed from repeated reading of transcripts to answer one of the research questions posed: whether adverse experiences of abuse and neglect in childhood have any bearing on how participants transition into service and the quality of that transition. Physical and emotional abuse as experienced by participants is experiencing or witnessing violence in the home (Felitti et al., 1998). This issue was discussed by participants in stories about their family background, without prompting for these accounts. Four participants came from a family tradition of service, also witnessed or experienced physical or emotional abuse. The following sub-theme, physical and emotional abuse at home, concentrates on adversity in childhood and adolescence experienced personally by the participant or on events witnessed inside the home prior to joining the Armed Forces.

There emerged in Lynda’s story and over the course of the interview, a sense of extreme distance from her father. There was also within this disclosure, an emotionally detached relationship between herself and her family:

I never had an easy-easy time with my father. My mother—we got along ok er but I had an older brother and a younger sister and I was—I was the unwanted child. It was clear the way they treated me (p.3).

Lynda’s father telling her that she “was no good” (p.3) and not having an “easy time” meant that the neglect Lynda was subjected to was emotional
and psychological. Lynda grew up feeling completely cut off from her father who, even in later life, did not return Christmas cards. Lynda described feeling a sense of neglect from her mother who the participant “got along with” but never connected with. Feeling not only abandoned but being treated like an “unwanted child”, solidified the sense that the participant may have felt a sense of loneliness, emotionally neglected as well as feeling mistreated by her family. The participant also declared that after growing up in a home with two parents and two siblings, she still describes her experience like being “a lonely child” (p. 3). Lionel’s experiences, although similar to Lynda’s, were about raising himself and supporting his brother because of both what he felt were his parent’s disregard for him and their inability to look after their children. The participant felt his father was relieved when the participant left home because: “Honestly, I think he thought – great, that’s one less to worry about” (p.76). Lionel does not attribute any of his success in the Army to his father: “it-it’s none-none-none of it is as a result of what he’s contributed to that” (p.76).

Freddie’s experiences of being bullied at school were also conflated with his experiences of something terrible that occurred in his early teenage years however he could not describe the details of these events:

If I could go back in time and talk to myself at 14 – and there was stuff that happened to me at 14 that I’m not gonna go into but it wasn’t very nice erm, and that affected me for a long time as well...[pause] and there was stuff...it wasn’t connected with school, it was outside of school – (p.33).

Freddie alluded to an event that had an effect on his life that as a man in his 30s still remains with him. He implies that the event was not bullying, but an attack on him physically or emotionally (or both) that “wasn’t very nice” and affected him 20 years on from the event (p.33). He speaks about an event adjacent to sharing an account of being so harassed at school that he was forced to miss two years of his education. Bullying in school is mentioned in the context of whatever this next event was, which prevents the participant from providing any more detail about the “stuff that happened to” him [emphasis added] (p.33). Freddie had no control over what happened and suggests that he was exposed to some form of victimisation in his adolescence prior to joining the Armed Forces.
Simon shared an explicit account about being sexually abused by the uncle of a friend when he was young:

The first night he sexually abused me as I’m sleeping, the dirty bastard. Uh, and then the Sat-Saturday night was exactly the same, but he bought me a big Airfix Model, so in a sense as a young kid I must have been a prostitute cos I realised I had a model, and it was something my other brothers didn’t have (p.16).

The participant could not remember how old he was when he was abused, but has a vivid memory of the event. Later in the interview, the participant linked the sexual abuse experience to other situations throughout his life where he felt physically trapped or personally vulnerable, and unable to control his emotional response. The participant as a child was vulnerable and unable to do anything about what was happening to him or how to stop the repeated sexual assault. He accepted a gift from his abuser, believing he had gained something of value that his brothers would never have, in exchange for his silence. From an ethical perspective, it is important to realise the difficulty of disclosure of historical (or non-recent) abuse and the role of the researcher. Not being a mandated reporter, the adult who was exposed to abuse can make the decision to report historical abuse and the NSPCC has developed clear guidance for how to report, to whom, and offers support for adult victims of childhood abuse (NSPCC, 2016). All participants were provided with a Debriefing Sheet with information on veteran-specific mental health and wellbeing support, as well as local and national support services (Appendix E).

In Nicholas’s family story, he remembers a difficult relationship his mother had with his father:

He was hard on-very difficult to my mother. But there again I was very young when he left us 15 or 16 (p. 21).

Not only did the participant witness his mother not being treated well by his father, a veteran of WWI, but his father also left the family home during the participant’s teenage years. The participant witnessed his father being “hard” on and “difficult to” his mother. This may be interpreted as the participant’s father being strict, disciplinarian, even harming his mother.
There is a possibility Nicholas’s father was suffering from shell shock as a result of his service in WWI (Jones, & Ironside, 2007).

Terry recalls his upbringing with his stepfather who was quite aggressive and abusive. My stepfather used to beat me and my mum-myself up (p.2).

Pete remembers an alcoholic father who physically abused his pregnant mother:

When I come up my background was my father was an alcoholic and he beat my mother up every night pretty much. I'm the eldest of six. By the time I was seven she left him, pregnant (p.2).

He was witness to this abuse himself almost every night when his father was home. Pete recalls trying to protect her when he was a young boy, but with his father being a grown man, his young body was never a match against his father’s fists. Simon says of his father walking out on the family:

I mean I know when he walked out and I was seven and I'm looking out the window and saying: ‘Where’s me Dad going?’ And me Mam said: ‘He’s going out for a while. He’ll be back soon’. Me mam couldn’t put up with drinking – my dad was a big drinker (p.33).

Simon’s father had been forced out of the family home by his mother due to problems with alcohol, with a suggestion of his mother’s intolerance for drinking was for fear of the emotional or physical abuse attached to his father’s alcoholism. Whenever the family moved, Simon’s father would move to be close by and an emotional connection was maintained. Simon’s memories of his father were of someone who was emotionally present, but physically absent from the marital home due to potential dangers he posed to Simon’s mother.

In this sub-theme, six participants had a tradition of military service, whereas four participants witnessed or experienced abuse or neglect to self or others, or there was a suggestion of abuse in the home. Growing up in military families or non-military families appears to have little impact on how the participants in this research make meaning from adverse experiences of abuse or neglect in childhood.
4.4.2 Absent/sole parent and experiences of neglect.

Participants discussed their home lives before joining the service. *Absent/sole parent and experiences of neglect* was created as a theme to highlight nine participants’ accounts of negative memories of family members and fractured family lives, particularly when speaking about the impact on their own lives of fathers who were no longer present in the family home. Participants gave accounts of fathers who were out of the home, but emotionally available to their children, or, had died, leaving the mother to raise the child alone. Adversity is also experienced when a family member suffers from psychological ill-health (Felitti et al., 1998). In other cases the father had abandoned the family home withdrawing or denying the resources that contribute to the basic needs of the child. Being unable or unwilling to provide for the basic needs of a child, is considered neglect as defined in the UK by the NSPCC (NSPCC, 2016). Not only is neglect the denial of a child’s access to food, clothing and shelter for example, neglect is also defined as emotional withdrawal (or absence) of the parent or caregiver from the child. These definitions of feeling neglected by emotionally absent fathers primarily are illustrated by the following participant stories.

Eddie had grown up on an Army base while his father served, and, like Lynda and Paul, grew up having fractious relationships with their fathers. Eddie and Paul reflected on their personalities they said were the opposite of their fathers, with Paul stressing: “I’m nothing like him” and Eddie recalls both his father and the Army as being unappealing because of what his military father represented: an “overly unpleasant character” (p. 3). Eddie father’s doubted his strength of character and he did not like his father and did not develop a positive relationship with him. Paul felt neglected by his father who was a distant, “very, very pragmatic, practical” (p.4) man who was absent from the family home: my father was never a father to me, in the, what I would term as a father, in the-in that all the major events-traumatic events, or whatever, that happened in my life, he was never there (p.27).
Paul reflected on how he and his father had divergent personalities and a different perception of family responsibility. When Paul made the decision to join the Army, like his father, Paul's father brought him to the collection point for new recruits, then: “he just left me at the bus stop” (p.5). The participant felt constantly abandoned by his father, either when his father was deployed or when he finally decided to join the Army himself. In spite of their fathers' characters and what they represented, the need to join the Armed Forces and continue a family tradition developed from a need to prove their fathers wrong. Lynda shared a similar feeling to other participants of having something to prove to her father. Nicholas's father leaving the family home signalled the end to the relationship between his mother and father. This abandonment was, according to Nicholas, perhaps brought about by his father's struggle to cope psychologically with being exposed to the conditions of WWI. He became “the senior man in the family” (Nicholas, p.4), taking on the role of the father figure. Derrick's father spent the rest of his life “in a sanatorium” after WWI ended (p.14) and in the absence of his father, he adopted the role of father. Participants also shared accounts of being raised by a single parent where fathers had left home. They remembered the father's absence being tied into the families' fortunes. The impact of absent fathers can be seen in the stories of participants like Nicholas and Derrick who followed in their father's footsteps, but who did not feel they knew their fathers, and their fathers were emotionally unavailable. Nicholas described his father leaving home as a sad event in his adolescence:

sadly he left mother and us in the thirties when um-when he became unemployed, put it that way (p.4).

Nicholas's life was altered when he was tasked with taking on the adult male role and along with it, the responsibility for his siblings and losing his chance to enjoy being a child or teenager himself. Mental health also plays a role in Andy's childhood relationships with his family and in particular his mother:

My-my mum suffers from depression while I was growing up erm so so it you know some of the bits and pieces [of my childhood] probably-without going in to it too much (laughs)
weren't the-weren't the best erm...and probably led me want to maybe...to be a bit more independent but er you know erm anyway erm but probably helped you know with my sort of process around wanting to have my own place (p.33).

Andy talked about his childhood experiences and linked those experiences to his motivation for joining. Along with his father and stepfather both having served in the Armed Forces, he talked reservedly about his childhood not being the “best” experience it could have been (p.33). Wanting to leave home as soon as he could and join the military, was in part due to Andy wanting to be away from his mother and her depression as soon as he was of legal age to join the RAF.

Will and Frank followed in their fathers’ footsteps without really having much contact with their fathers. Frank’s father served in the RAF, but as Frank pointed out after he invited his father to his graduation, he did actually turn up we didn’t actually spend very long together...but it really never went beyond that (p.3).

Wanting a connection and reaching out to his “natural father” (p.3), and having his father present at a significant moment in his military career, meant that he could be connected emotionally with his father, sharing a common achievement and a rite of passage. But whatever hopes or expectations Frank may have had from reaching out to his father did not go beyond one day and a connection was permanently severed thereafter. Daryl remembers his father leaving the family home to find work overseas:

so he worked abroad for a couple of months and then came back for a month and then went back out again...[he was] prepared to do that [work abroad] to us obviously, seeing how much it was affecting us, so the decision was then that my Dad would then do five years and come back home (p.11).

Not seeing his father for five years as a young man, Daryl had not given much thought to his father not being present, but later in the interview, he reflected on his relationship with his father and regrets about missing an opportunity to connect in later life. This participant also gave an account of having to be sent away to boarding school. He found the separation from his father, his mother and his home disruptive, and at a young age, unable to cope with being sent away:
I’d obviously gone through the upset of my Dad going away all the time and then the thought of my Mum going away as well probably was just too much (p.18).

Participants whose parent had died felt loss as a major turning point that altered their lifecourse toward military service. In some cases, participants became the head of household (particularly if participants were the eldest child) in the absence of father. Will and Derrick’s lives changed after their fathers died. In his teenage years, Will recalls the death of his father:

When I was 14-14 and a half-when I lost me dad, I lost everything… and I went a bit haywire. It had an effect on me and I got into a bit of trouble (p.35).

Will was given up for adoption by his mother and was sent to live with his relatives. Eventually, after a series of trouble with discipline and the law, he was sent to a borstal just before he joined the Navy in 1945:

I didn’t have a choice. I got no choice. They said: You can’t be trusted on your own and I didn’t do anything wrong (p.35).

For this participant, he felt that he was being punished for doing something wrong: reacting to the death of someone he loved, feeling confused and not knowing how to respond. Through no fault of his own, the participant would also lose all emotional as well as physical connection to his childhood and along with it, any independence or free will that he might have enjoyed as an adolescent when he was sent to a hostel. His father’s death would also mean a loss of a stable life, access to education, and limited choice in how the rest of his life was to develop:

That was taken away from me [when father died] and I had to go into a home. My life after father died was horrendous. It changed my life completely (p.35).

The death of Will’s father had a devastating effect on his future and he felt the life he could have had was denied or taken away. Derrick would also experience the death of his father and the tragedy of this moment in his life was felt not only by himself, but also his siblings:

And, er, although my elder brother was away from home, working away from home, I was the senior (laughs) person in the family. I was a-cos Dad had long gone unfor-
unfortunately, there we are. I was this teenager and it was hard... (p.3).

For those participants who experienced the death or absence of a parent or parents, the loss was a major turning point that had a lasting effect on their teenage years, of connection to people and place, and altered the lifecourse in general, a feeling of desolation culminating in the loss of “everything” (Will, p.35) that could have helped them identify their place in the world, or who and what they may have been.

Curtis felt the impact of growing up without the physical and emotional presence of a father after his parents divorced when he was 9 years old:

When I was a teenager, I was the youngest of three brothers. My mum, from being a full-time homemaker, had to go out to work. So we became latchkey kids. We went a bit wild. I fell into the wrong crowd. I did a few naughty things, caught by the police. With a dad, and therefore, mother available to give me a holistic upbringing, I probably wouldn’t have gone off the rails so much (p.35).

Losing control of himself and any form of boundaries, would lead the participant into trouble with the police. Without adult male role models, the participant and his brothers “went wild” (p.35), losing the physical presence of a father, and with it, self-discipline.

A number of the ex-servicemen and women interviewed, spoke about an absent parent or being raised by a single parent. Fathers were more often not in the home or were emotionally absent or distant even when physically present. Mothers were raising children on their own in some of the accounts. In other stories the loss of a father was felt keenly by participants who as children were then forced into accepting adult responsibilities.

The following section explores sub-themes of adversity experienced outside the family home. This sub-theme emerged in relation to one of the research questions and to understand whether adverse experiences (in this case outside the home) have any bearing on how participants transition into service and the quality of that transition.
4.4.3 Community adversity experiences.

This sub-theme is developed from community or environmental stressors: the concept of non-traditional adversity of childhood experiences (ACE) occurring outside the home, such as bullying (in school), poverty, unemployment, community and gang violence (Elder, 1986, 1998; Elder et. al., 1991). Morris had to learn the reality of the military child’s story which was as conditions and school friends change repeatedly, one must be accepted and included by others or suffer physical or emotional bullying from others. Constant movement as a result of fathers’ deployment, left participants vulnerable to bullying. A similarly important part of the childhood experiences in participant stories were the accounts of potential for bullying or harassment in school. Because they were military children and therefore the newest pupils, they were also the most vulnerable of students having not had the ability to form friendships or allegiances that could be protective or rewarding. For Morris, his ability to adapt was rewarded and he shared positive reflections on connecting with friends at school:

I never had any trouble sort of you know making friends and breaking into groups sort of various different schools that we pitched up at, umm I never had any trouble in sort of socialising (p.4).

Where certain groups of friends in school become closed off to outsiders, Morris found it easy to join those groups and connect without trouble, being welcomed and accepted in. Mark did not like school or being the new student, at the 11 different schools he attended because he was an “easy target” for bullies:

I did used to get bullied mercilessly as a kid at school...I went back home one time...getting a real beating from er two or three kids (p.20).

But Mark’s experience of changing schools also included learning very quickly that because “you don’t get to grow up in one place... adaptability probably starts very young” (p.40). Not having the time to grow from childhood to adulthood. Perhaps the essence of growing up as a “military nomad” (Barry, p. 15) was that you adapt and survive. By joining, Barry
believed you could survive in an unfriendly, unfamiliar or even hostile environment. Not joining meant exclusion or vulnerability to being physically bullied. The adaption of skills learned in childhood military families, could even be applied when participants sought to join the Armed Forces. Conversely, Morris found joining in and making new friends easy in school, the skills he had applied to being part of and welcomed into new social networks that helped him to survive being singled out in school became “bloody hard work” after he left the Army after 38 years of service (p.17).

Mark and Morris’s stories, among others, alluded to the experience of adversity occurring outside the home which they described as part of their military childhoods. Consistently being the new student, at the new school, and depending on the deployment of the father, changing location every six months (Paul) or every three years (Barry), participants could be at risk for repeated exposure to bullying as environmental settings fluctuated. Freddie’s early life experiences also included his story of both being “written off” by his school (p.10) and threatened by school bullies over a long period of his teenage life:

I was bullied a lot at school so I didn’t go and I basically missed the last two years of school, playing truant (p.2).

He had felt forced out of school and into being truant for two years. Here, environmental factors outside of the home, of feeling excluded from school and being bullied, are the elements of adverse experiences at school (in the community) which acted as one of a series of motivations for Freddie to join the Armed Forces.

Nicholas and Freddie’s military stories are created in the context of economic adversity experienced in childhood because “jobs in normal life were hard to come by” (Nicholas, p.2). Nicholas stated that “ever since I was tiny” (p.1), he linked his determination and choice to become a soldier, to being forced out of school, having to work with his young brothers and sisters for a wealthy family and wanting to escape certain poverty. For Nicholas, the military family narrative was underwritten by socio-economic circumstances and the outbreak of WWII. Where he grew up:

there is no industry, there is very little work and people like me left school at 14 and we signed on the dole... There was
plenty of people in our area that and we all have the same thing: poverty (p.3).

The circumstances of poverty create the participant’s service story. The Territorial Army offered a way out of the “trap” of the dole that “people like him” from poor families faced growing up in the Northwest would experience (p.3).

Will was raised in the care of an adoptive family but after the death of his adoptive father he found himself in trouble as a juvenile. He was sent to what he called a “hostel” in his teenage years (p.35) which would alter his lifecourse again:

Then they put me in a hostel. I woke up one morning and the next thing I knew, I was in the North East. I was there for three years...It had an effect on me, you know. Three years there...then I went off to a farm (p.35).

Will’s childhood experience of growing up was about moving around, from relatives homes, to eventually being taken into what he called a “hostel” with other teenage boys. He remembered trying to “abscond” (p.35) because he felt that perhaps he was being punished for wrongdoing. Being moved from one location to the next, he was desperate to escape harsh conditions under social care, mistreatment by his wardens at the hostel and by other violent boys. Terry shares a similar story to Will’s in being brought up in a state care system. Terry came from an abusive household and was “in and out of care” (p.2) and while he was in care, he was “getting beaten up” (p.3) but it is uncertain whether he was physically abused by adults, by other children or both. Terry trained to become a soldier “putting bricks in my rucksack” (p.5) while he was a teenager and he spoke with pride in running every day, prompting and encouraging himself physically and mentally for the Armed Forces, which he believed was

right for me...[provided] me [with] a career, three square meals a day, and work (p.3).

The Army would offer him safety and consistency where they did not exist at home or in care, fulfilling basic needs and aspirations for a future that he could not see provided by the circumstances of his family background.
Lionel witnessed external adversity in an environmentally impoverished setting also. Education through the Army presented the participant with an alternative option for his future prospects:

I saw my mates, casually using drugs, not going to exams, or not doing their work. And I thought: Yeah I could do that. Or I could just use the school while it’s here, get a really good free education and make the most of it. And I was very conscious of two directions my life could go in (p.77).

Choosing to join the Army was a way out of his home, away from neglectful parents’, and rejecting the negative influence of friends on drugs in his community, he could free himself from his community. Lionel’s decision was about creating an opportunity that only existed if he distanced himself from his community and the adversity that was inevitable. This meant becoming the first of his family to join the Armed Forces, creating an entirely new chapter for his story.

Being in a gang, Simon was frequently exposed to experiences of or witnessing violence outside the home:

And that—that’s what life was like as a kid, we’d come out of [one nightclub] and go fight [in another nightclub] (p.25).

Not being in a gang, but being witness to and the target of sectarian violence also became a part of Pete’s narrative. He describes not being able to “fit in anywhere really because of my upbringing…A bit gypsy like” (p.2) moving from home to home to avoid his alcoholic father and, because of the danger that he was in as an English boy growing up in Northern Ireland during the 1970s:

It was hard it was very, very hard there were fights every night pretty much and the divided council estate and we were classed as Protestants and the majority of people there were Catholics and people wanted us off. We lived there for about 4 years in the ’70s the height of the troubles really, petrol bombs all that stuff (p.2).

Fighting was what participants like Simon and Pete had been accustomed to growing up both inside and outside the home:

I learned how to fight quickly. I learned a lot street sav [sic] to learn to be street sav [sic] very quickly. Stripped me of my childhood a little bit, stripped me of my childhood (p.2).
Nicholas makes the link between growing up in hard financial circumstances, being the man of the house when his father left, witnessing the difficulties his mother had to endure from his father, and taking on the role of the head of the household. All his “rough” life experiences in childhood and early adolescence was preparing him for going into the Army and WWII, but he, like Pete and others who echoed this theme in their own stories, had to sacrifice his childhood first.

4.5 Relationships with Original Family

Unlike adverse experiences of childhood, in relationships with original family, the stories are not about dynamics that are physically or emotionally abusive or neglectful in nature, nor are they about feelings of loss of connection to family, or adversity experienced in community. Instead, this theme explores other motivations for leaving home to join the Armed Forces that were motivated by types of early life relationships or in response to lack of relationship, mostly between participant and parent(s), or poor or non-existent relationships with siblings. In other cases under this theme, participants reported positive relationships with original family members or extended family, sometimes even within stories of adversity.

Barry described himself as “a military nomad as a child” (p.3) because he moved from school to university without living with either of his parents. Academic institutions substituted for and in response to the absence of having a continuous relationship with both parents and being physically dislocated from home and family. Lynda experienced a “strained relationship” with her father and receiving little acceptance, let alone support from anyone else in her immediate family. Lynda talks about a positive relationship with another family member outside of her original family:

[I did] have a good relationship with my Aunt. I could talk to her. We’ve always been able to talk to each other (p.33).

Earlier in the interview, the participant had described feeling like a “lonely child” in a full household with parents and two siblings, but feeling “alone” (p.28). Estranged from her own immediate family, Lynda’s childhood and military life would later see her connection to her family severed through the
subsequent deaths by suicide of her mother, brother and sister. However, the need to have positive familial connections is evident when Lynda took the opportunity to move to London where her aunt lived.

Curtis talked about the accidental impact his parents had on his mental health:

They fuck you up, your mum and dad. They don’t mean to, but they do...What they did to one another – (p.35)

This quote contains the opening line of the Philip Larkin poem “This be the Verse” (1971). Curtis uses this poem to emphasise the destructive behaviour of his own parents. The participant spoke about his parents divorcing and confirmed when asked to explain, that he was speaking from personal experience when he said that their relationship affected him in a negative way (p. 35). Occasionally, Curtis used philosophical or literary references to describe his own experience and at the same time using theory to distance self from experience. Curtis used literary techniques to perhaps remove himself emotionally not only from distressful memories of his childhood experiences of divorce, but at other points in the interview when discussing his service and post-service experiences. His family was absent of role models and were not “tactile” or emotionally connected (p.35). He did not view his family positively before or after he joined the Armed Forces. Curtis was eager to get away from home, and his academic achievements combined with the lack of a relationship to his family, were motivations behind his joining.

Lionel gave an account of his uncle and father being twins and what he thought of each relative. He compared the two men who played important roles in his childhood for two different reasons:

They went to the same school. They came out with very different qualifications. They’re both equally as intelligent really. They just applied themselves very differently. Yeah, I-I guess I looked at that at my school, with my background (p.77).

Lionel came from a family whom he spoke of as “war dodgers” (p.46) and his father being an “idiot” (p 76). He gave an account of not having any
help from his father (under the theme *absent/sole parent and experiences of neglect*), but talked positively about the “guiding light” who was his uncle:

> I think my uncle was a good example was that it could be done, and it wasn’t just a pipe dream - and you could see it could be done. And I-I when I say successful, I don’t mean job and money - although I do mean that - but relationships and life experiences - and academically (p.78).

Lionel’s uncle was a real, tangible, practical influence and a good example that he too could be successful in any aspect of his life, not only academically. Ultimately, having at least one supportive family member and having a good relationship with a successful male adult involved in his childhood provided an alternative model of what Lionel could potentially achieve. Betty remembers being not emotionally demonstrative with her parents but having a good relationship with her family growing up and having their full support, feeling strongly independent and with a father who she emulated. Tina states that she had a “normal” relationship with her family growing up:

> it’s a good family relationship…people being jealous of their sibling or angry at them or but we’ve not had any of that really…. My mum and dad were amazing. They were amazing (p.3).

However, unlike Betty whose parents were supportive, or Lynda, whose parents rejected her, Tina’s relationship with her parents was rejected by Tina herself:

> I hated everybody. Poor old Mum and Dad – gosh, I was horrible to them (p.37).

Tina describes herself as a “loner” growing up which prevented her from possibly connecting with her parents fully (p.26). Paradoxically, being a self-declared loner in a military setting, the participant would make connections, even though she did not know how to make friends. Tina agrees that she developed the “tools” necessary to make friends only after she joined the Army (p.38).

### 4.6 Achievement and Resilience in Early Life

For this theme of *achievement and resilience in early life*, participants freely associated early life experiences that were with successful stories of
growing up to achieve academically as well as socially. Participants shared stories about confounding the perception of others and growing beyond the limitations that were set on them, mostly by family members and other adults. For instance, Eddie grew up in the mid-to-late 1970s, was described as a “smelly punk”, and perceived by his father as a juvenile delinquent (p.1). By preparing himself in his teenage years for the Armed Forces, the participant did not accept his father’s or society’s perception of him. He succeeded in being accepted into the Armed Forces, later becoming a Lieutenant Colonel.

Lynda described herself as a “wimpy kid” and “not exactly the Rambo type” who was not expected to achieve much, let alone overcome the physical demands of the Army (p.4). In his interview Will shared a story from his childhood about his father’s disapproval of him fighting, because he “had nothing about me at all” (p.34). Will provided an example of turning a behaviour his father disapproved of, into a skill that he was not expected to be physically capable of or accomplished at:

I boxed-I boxed. I was 7 stone, a fly weight - you wouldn’t think that to look at me now (p.34).

Eventually becoming a fit and athletic young man when he was in school, proud of his endurance activities:

[Smiling] I used to run the mile and do the [Great North East] paper chase (p.33).

Will’s athletic exploits in school were memories that he linked positively with his childhood, amidst the more tragic events of his teenage years of his father’s death and an early introduction to care homes and hard labour. He would later become a competitive boxer in the RAF. The participant showed not only a physical resilience, but also a mental strength having been brought up under the harsh conditions of social care in pre-WWII. Will said that the loss of his father and being sent away to a hostel had “after effects, but I never let on” (p.34). It was seen as a mark of pride to say nothing about the effects of his father’s death. But at the same time, Will’s inability to hide his emotions eventually sent him into care. Will also showed an ability to adapt to the environment around him, no matter how difficult. This
resilience suited his subsequent life in the Army, and the deployment to various posts in the Middle East where he would encounter new challenging environments.

Lynda and Terry spoke about their academic achievements, of being “clever” and doing “fantastically well in school” (Tina, p.3). Terry states:

I was good at school...I think the highest thing I coulda done-what I was really good at-was RE (religious education) and I was told by my religious teacher that I could have become a priest if I wanted to. But I’d never be...[laughs] (p.6-7).

However, Terry was also told by other teachers that he would “never aspire to anything” (p.6), making his journey toward the Infantry and the “Paras” (Parachute Regiment). This was an option in early adolescence that appeared much more rewarding and compelling to the participant than a life of service in the priesthood. For Terry, joining the Army was something he “always wanted to do, to achieve...to aspire to” and he eventually “passed with flying colours” (p.3).

4.6.1 Previous academic performance.

For some participants, the theme of previous academic performance in school either opened pathways into or created obstacles to joining the British Armed Forces. Participants talked frequently about their experiences in school as being either the gateway to service (as a way of escaping school) or as an avenue that made entrance to service easier, or alternatively for other participants, good academic performance afforded them better rank and future career opportunities.

Paul was in the “top stream” (Paul, p.41) at school most of his high school years. Andy described going “the extra bit to make sure I had a few more O-Levels” (p.7) delaying his admission to the Armed Forces for a year and giving himself the chance to make a better choice of career path. Curtis, like the four other officers who participated in the research, had better opportunities in the Armed Forces due to academic ability:

I was intelligent enough to finish my A-Levels, go to Sandhurst um, getting commissioned to the Infantry (p. 8).

Another officer, Stewart, talked about his entering the service through academic sponsorship which would then prepare him not only for an easier
transition into the Armed Forces, but later in his career, when he was given the opportunities advance in rank:

I joined the Roy-Royal Navy. I was sponsored through university, erm so, er that’s-seem[ed] like a very good reason, um so I always had er, you know, the-something to look forward to when I finished my degree (p.3).

Going through the selection process for officer training, Stewart believed provided him with a “close knit” group who he would see on repeated training and advancement opportunities (p.2). Bonded by their training as well as the increasing responsibility of their commands, is a concept that appears in officer stories as well as in the stories of other participants supporting each other in their service life stories.

In contrast to Barry’s and other participants’ reports of positive previous academic performance, Nigel was uncertain about his future and “didn’t do particularly well at school” (p.3). Daryl described missing out on the opportunity in the Army that a better academic performance would have afforded him. Daryl believed that failing academically had a negative impact on his ability to become an officer, which placed an obstacle in the way of his service career:

I failed my A-Levels and er and it obviously didn’t help the officer selection and I went through the officer selection and didn’t get accepted on that as well (p.19).

Daryl gave this account of his father’s pride in his educational prospects:

[Father] was obviously proud that I had the education to be able do it, erm [but] I wasn’t fulfilling my potential [to become an officer] (p.20).

What Daryl’s father expected his son to achieve because of his academic aptitude, differed from his own beliefs in his ability and, he did not become an officer, despite his father’s belief that he could have education to be proud of, and that would open up better opportunities if he entered at a higher rank. However, in contrast to his father’s aspirations for his son, and his father’s pride, Daryl believed that

the story of my education...[is] the potential’s there, but never really fulfilled it” (p.20).
Daryl wanted to be an officer to satisfy his father, but felt as though he lacked the confidence in his academic ability to pass the required tests. He momentarily revealed in his facial expression a sense of regret and disappointment at not fulfilling these aspirations for his father, followed by shrugging his shoulders in acceptance of something unfulfilled:

I got-I got the subjects I needed, erm, I probably could have done better but I just ... tried as hard as I needed to really just to get what I-what was required to get me in. If I could re-do it I could probably have tried a lot harder yeah got more exams under my belt, but it got me where I wanted to be (p.4).

Not being an officer did not actually make his transition into service any more difficult. Daryl had later come to terms with what he was capable of and what his limitations were prior to and very early in his service career. Andy did not pursue other career or educational alternatives (such as going to university) with as much intent as joining the Forces.

Freddie stated that he was “bullied a lot at school” and missed the last two years of school between ages 14-16 (p.2). Avoiding school because of the abuse he received from other students, “because of my [poor] school record” (p.1) and not completing his GCSEs, meant he was subsequently rejected twice by the Army. Nicholas, having limited or no academic opportunities meant that joining the Army was an easy decision to make for someone in his situation:

people like me [who] left school at 14 and signed on the dole...and joined one of the services really to get out of the trap [for] something better than walking the streets (p.2).

The Armed Forces was an alternative to participants who avoided school or did not have access to education at all. Simon talked about his poor academic performance and his troubled experience at school which, combined, lead to his joining the Armed Forces:

from year 11 to all the way when I came out. I was in F all the way through... I was a bit of a mess, ah, I got kicked out of school. I was expelled cos I burnt a teacher-I hit teachers... I had smacked a-a lab assistant... (p.4).

Not only was the participant acting out and violent towards his teachers, Simon also described being put into the “bottom” (p.4) of the class with other children who had learning disorders who Simon believed “must’ve
been worse" than his own (p.18). Because of Simon’s learning disability, he was unable to complete the forms necessary for entry into the Army. After three separate attempts by the age of 15 and a half, Simon believed that the Army: “don’t want imbeciles”, because he “just couldn’t spell at all” (p.48). Simon felt that he would be rejected because he did not consider himself intelligent enough to join the Army and his learning disability put him at a severe disadvantage. Simon’s dilemma was exacerbated by a school which had simultaneously rejected him and prevented him fulfilling his goal of being a soldier. The link between original family and distancing from family leading to service, are explored next.

4.7 Summary

Narrative creation and storytelling is a constructive and active process of maintaining a sense of identity (Atkinson, 1998). When stories are made sense of, individuals are provided with important meanings and learnings about behaviours, emotions and consequences of actions.

Literature on childhood adversity and health outcomes of currently serving personnel were reviewed in Iversen et al. (2007) and LeardMann et al. (2010). LeardMann et al. examined childhood adversity in the lives of over 8,000 serving US Marines and the effects of combat post-deployment from 2001-2004, Interestingly, the study found that it was possible that active duty US Marines were more likely to seek help for combat-related PTSD after deployment because they were less reluctant to report their experiences of childhood neglect and other forms of adversity in childhood before they joined (LeardMann et al., 2010). Reasons soldiers provide for joining the military ranged between wanting to escape problems at home, or growing up in care, to wanting to have an adventure or improve one’s vocational and family prospects over the long-term. Interviews with UK veteran participants mirror some of these motivations expressed in US veterans’ research (Elder, 1986; Young, et al., 2006; Chesmore & Gewirtz, 2015).

Participants were asked whether adversity experiences in early life played a significant role in their lives. Chapter Four presents the themes of ex-service personnel’s experiences in childhood and their early life
relationships. In one participant interview for this study, participants did make links between external stressors (abuse and/or neglect outside the home) and difficult or unresolved relationships with family. Participants’ evaluation of their own experiences and how significant those experiences are, begin with the early life stories of 30 ex-servicemen and women. Participants who had experienced feeling discredited or rejected by parents at home or outside the home, had negative perceptions of family. Positive attributions were mostly given to fathers where the participant’s relationship with father was perceived as better than their relationship with mother.

Participants also gave accounts of an abusive parent leaving or abandoning the individual, or parents who were not emotionally present. Family could be taken or stripped away along with one’s childhood. Having family taken away, or growing up without a parent, lead those participants to feel detached from original family. Original family, for some participants, was transient and attachment to military family created a sense of stability, leading to experiences of more secure attachment to own family and coherent narratives in adult relationships after service (Basham, 2008). Participants reflected on changes in their perceptions of the world and self as they became young servicemen and women preparing to move out and grow away from home, developing autonomy from family.

Children of service personnel were taken from one base to the next which interferes with potentially positive effects of relocation, like adding variety and contact with people from different backgrounds and cultures (Segal, Lane & Fisher, 2015). Conversely, discontinuity of friendships and the sense that concepts of home were temporary and transient made developing and maintaining past and future friendships harder for some research participants. The severing of friendships in pre-service experience was viewed as a necessary part of growing up as a child of a service person. Participants like Mark who accepted constant change and adapted appear to maintain relationships from military service and after leaving the Armed Forces. The skill of adaptability is harder to apply in the civilian world (and later in life), if those with which you have common or shared interests are no longer accessible. Discontinuity of friendships and their
long term effects on veterans’ identity will be touched on in Chapter Six and in narratives about life after service and feelings of isolation post-service.

Ex-servicemen and women gave accounts of joining the Armed Forces for different reasons, such as financial, career preferences, or wanting to leave home to escape difficult or abusive situations. Other participants wanted to join the Armed Forces for adventure, or it was their passion to join. In some participant narratives, their achievements mostly involved getting into the Armed Forces, or defying their fathers’ expectations, or pride in their own perseverance and valuing support from others to pursue their goals.

As mentioned in the section on participants (3.2.1), there are certain characteristics of veterans’ experiences that separate WWII veterans from those who joined the service from the 1960s onwards (Jehn & Seldon, 2002). Even within the post-WWII cohort, there are further divides. However, looking first at the similarities of the childhood experiences in older veterans’ narratives, the social climate and attitude toward child welfare of the United Kingdom in the 1920s, offered Will little opportunities to thrive, made particularly adverse by the worsening conditions of the working class and the Great Depression (Bemanke & James, 1991). Will and other WWII veterans had very few legal or enforceable protections in their early childhood. It was not until 1933, that the introduction of the Children and Young Persons Protection Act would see clear guidelines to identify children at risk.

Older veterans share similarities with their experiences of hardship in childhood that mirror hardships in early life experienced by participants in the post-WWII cohort. However, participants like Will joined the Armed Forces to escape being sent either to a workhouse or borstal (a juvenile penale system in the United Kingdom that separated young male offenders from adult male offenders) (Warder & Wilson, 1973). Having to choose between a punitive system and the Royal Air Force because of his socioeconomic status (or lack thereof), Will was in a difficult position. Nicholas and Derrick also described similar conditions in which they grew up and Nicholas describes a near-feudal system where, in the 1900s, his
mother, he and his siblings all had to work on an estate for a wealthy family due to their dependence on the landowner, the loss of the primary earner, and inequalities in the system at the time (Bourke, 1994; Pedersen, 1995). The introduction of welfare laws to protect children, (Hendrick, 2003). In the mid- to late-1960s, and early1970s, employment law in the United Kingdom changed to improve wages, improving insurance for workers and worker’s pensions. In the 1970s, protection of employee rights, improvement in redundancy payments and the enforcement of equality laws, provided greater opportunity in the industrial workforce (Siebert, 1997). For those participants who felt abandoned by their families, and opportunities in the workforce dwindling or non-existent, the military provided an escape from their dysfunctional homes, troubling communities, and an opportunity to work. For other participants, their childhood stories were also about having a long-standing desire to join the Armed Forces.

More subordinate themes were explored about poor family relationships with parents (mainly fathers) where ex-service men and women linked pre-service family stories with post-service relationships with one’s own children. Their service stories will be presented and analysed in Chapters Five and Six.
Chapter Five: Experiences in Military Service

5.1 Introduction

In the previous chapter, participants’ transcripts were analysed for experiences and stories related to early life stories and family background. In this chapter, transcripts are reviewed for superordinate and sub-themes about service life, reporting of service-related traumatic events, and achievements in service and related sub-themes. Personal narratives were also explored where participants reported similar stories about how joining the Armed Forces had an impact on how veterans identified themselves while in service, deployed, or in combat compared to pre-service identities. Those ex-service personnel who did not experience deployment to war, described events related to service that had an effect on them physically and psychologically.

The study consisted of participants who served between WWII (1939-1945) and Iraq and Afghanistan (2001 – ongoing). Across war eras, the profile of the British service person has changed, largely due to the change in the United Kingdom in 1963 when conscription ended, and the British Armed Forces turned to a professional (or employee) service model (Jehn & Seldon, 2002). Differences between conscripted and professional military personnel can be seen not only in the shift from mandatory service between WWI and WWII (conscription), but particularly in the change in the availability of and access to medical health services, affecting one’s ability to continue in service or not. Military personnel injured in the line of duty pre-1948, were unlikely to continue in service and rarely received care outside of service due to availability (or lack thereof) of regional or local doctors, or hospitals. For example those who joined during WWII would have left the military after WWII ended but with little or no access to a National Health Service (NHS) until 1948 when the NHS was created (Oliver, 2005). Even within the professional forces, there are differences between cohorts who joined during peacetime, those who served and deployed to Northern Ireland (1970s-1990s), and even further distinctions between pre- and post-Falklands (1982) veterans.
There were five superordinate themes and related sub-themes developed under the service experiences category: transition to service; experiences of traumatic events; “you don’t want to frighten ‘em”: censoring deployment experiences with family; and achievements in service. For the theme “you don’t want to frighten ‘em”: censoring deployment experiences with family, the analysis of texts was concentrated on relationships with family members while participants were deployed. The achievements in service theme explored stories about success related specifically to one’s service career.

5.2 Transition to Service

5.2.1 Distancing from original family.
In this theme, the participant may have felt rejected or neglected by his/her family before joining the Armed Forces, feeling already distant from family. Conditions at home lead to easier transition into service when the need to belong to a military family is greater than the connection to the participant’s original family (birth family). Service life was preferred in the absence of a family life or distance made the rigours of military life easier to accept.

The transition into service was a complex experience for Paul because he did not feel he was mature enough to separate from his family; he struggled with making and maintaining friendships both prior to and at the beginning of his service life; he wanted to join the Army while not feeling old enough to join; and he wanted his father to convince him not to join. Paul describes a difficult transition experience where on the day he left home to join the Army, he was abandoned by his father at the bus-stop, and later by his mother who did not correspond with him once he had begun training:

[O]nce I got over as I said the initial homesickness and I got into the training and this is where I was and I accepted it (p.6).

Originally, Paul had mixed experiences of transitioning into service. Initially, he believed that he left home when he was too young and immature ‘babyish’, which made transition in hard. Paul then discussed feeling cut off
from family when his mother had not sent letters to him in the Army. Later in the interview, the participant’s distance from family grows. He says:

I think, by the time I’d been there about a year, I was thinking about me and not worrying about me mum, and what’s going on at home and this sort of thing (p 7).

Andy’s distancing from family was seen as a natural part of his growing up. Some participants expected to leave as soon as they were able, and then later joined the Armed Forces seemed part of the transitional process from childhood to early adulthood. Andy describes the ease with which distance from family came to him:

I’ve got no problems with you know ah b- about about living away from family really... probably led me want to maybe to... well I have always wanted to be a bit more independent but er, you know, erm-anyway erm but probably helped you know with my sort of process around wanting to have my own place and whether that was you know moving out of home or being in the Air Force (p. 33).

Furthermore:

if I could have left home at sixteen I would have done, you know? I- I it-it it didn’t, you know, throw-me me at all really-erm it’s what I wanted to do so I didn’t find things hard in-in that way at all (p.4).

Leaving home as soon as possible featured in the stories of many participants who wanted distance from family for reasons ranging from escaping adversity, to wanting discipline and stability missing from home. Transition into the Armed Forces came easier to these participants than others.

While in the training phase, Simon decided that it was better for him not to see his family while he was trying to start a career in the Army, making transition into service easier:

at the 6-week point, your family get their first chance to see you. I didn’t want anyone there. Ah, I-I couldn’t have done it cos I’d seen blokes breaking down, I’d heard of blokes being reintroduced to their families and really having an emotional time. I couldn’t do that. I-I was-it was boom for me all the way, I didn’t want any bust. Ah I seen blokes – once the family’s left – they were emotionally fucked up again (p.52).
Having seen the emotional breakdown of his fellow Army trainees, Simon believed that family presented an obstacle to progressing in the Army. The presence of family compromised the strength developed during what are, for Simon, the most emotionally and physically demanding phases of training. Having family “reintroduced” early on in one’s career potentially “fucked up” the chances of transition as a soldier into the Armed Forces (p.52). For other participants, family members being present at the transition from trainee to soldier or commando, for example, was a source of pride. Simon viewed the way ahead in the service as a positive, and contact with family had an emotionally debilitating impact.

Lynda discussed being accepted by military as proof to self that she could achieve her own goals, which superseded the original motivation of “spiting” her father:

Erm, it was that as time went on that both times—and be accepted and make my way through training and—and proved it and got to a unit and started living a life, that became less important (p.6).

Lynda later reveals that her mother’s death and her brother’s suicide occurred at various points during her military career. Her already estranged relationship with her family made distancing herself from family less of a challenge. Towards the end of her military service life, when the participant’s sister took her own life, being accepted by the military created an even greater connection. It provided Lynda acceptance and belonging when she felt neglected and ostracised by family while they were alive and initiated a new life for her as original family literally began to disappear.

Daryl’s father expressed his pride in his son at the passing out parade. As with many participant’s, the parade was a day of acknowledging accomplishment and for many to share with their families. Although his father worried about his deployments, John also dismissed his father’s concern:

My dad was always worried...he said the first night of the Gulf War he sat up watching BBC news for like 28 hours or something. That’s what he told me. See if you could see me to make sure I’m safe... What seeing me on the TV’s gonna do, I don’t know (p.27).
John separated himself from his original family in the early stages of his military career, and felt distant from his sister and mother over the course of his military life and beyond that period. But at the early stage of his service life, not having this connection to home was essential his transition into his unit. Keeping family separate was essential for the combat tours for which he was repeatedly deployed. His indifference to his father’s concerns for his safety was a way of protecting himself and kept his focus on surviving.

Nicholas talked about distance from family and distance from mother and his siblings. In particular, his brother was already away from the family before the war. Even though he wrote to his family (particularly letters to his brother) “right through the war” (p.10), communication with home was rare and brief in general during WWII, and again once the war had ended:

Well we didn’t-we didn’t er, you-you see, we only met um very-all but briefly...everybody got a card to say all it was-say: mother, I am safe, I’m back, I’m well. That’s all it said (p.10).

When he was able to return home, he visited with his mother and brother for 48 hours before returning to his regiment. He “accepted what we were – we were both soldiers” (p.12). Being away from home and in the military now shaped both Nicholas and his brother’s identities. Where he had once seen himself as a child or as a young person in the Army, he had now grown up in the Army, seeing himself and his brother as soldiers, trained as fighters and brought up by the Army as men. The family back home needed only to know that they were alive. Participants form new identities from individual to group and thought differently about whom they thought they were, how they behaved without scrutiny of parents, and that they belonged to and identified with being part of a new group. The pathway to shifting identities and the military’s role in this shift is explored later in this chapter related to conforming and accepting military discipline.

5.2.2 “They break you down”: Conforming to military discipline.

As mentioned in the theme distancing from family, distance creates a vacuum where accepting the military way of life and developing self-discipline can develop. By combining these two concepts, the participants tell stories about transition into service through acceptance of the rules laid
down by the Armed Forces. This theme is also about the discipline and boundaries of service that were missing from childhood and wanting a sense of order provided by military. Accepting military discipline, John was aware of what the Army was doing in order for him to become a part of his unit:

they break you down, so they break all your spirit...Mentally, physically, everything you know, if you're independent, they'll break you... It doesn't matter how hard, or how fat, fit or how strong he is, they'll break you. It's their job to break you and then they mould you (p.4).

Being broken down by the Army was something John accepted voluntarily as part of military discipline. Not only was he broken physically, but psychologically. Removing his passion, individuality and agency, everything that defined his character or "spirit", was replaced with a man moulded in the image of what the Army required: a good soldier. John talked about being a confident person before he joined, but growing up without structure in his home life. What he lost as an individual, he gained from an Army life:

gave me structure, gives you discipline, it gives you, there's a lot-a lotta good to be taken from the Army (p.52).

John recalled a good experience of service life, which made transition into the Army easy because he was provided with "more good than bad" structures to follow (p.52).

Accepting military discipline became just as important as his development of self-discipline. Being prepared for military discipline was what Terry had built towards from type of school he attended:

Due to what he had learned at school, being "used to the regimental side of it, you know, keeping up with my fitness, being up at a certain time, beds made, all of that. I was prepared (p.4).

Terry was also prepared to accept military discipline because having moved from care home to care home and not living with his mother, he wanted to be part of "a whole new family" (p.4).

Before joining the Armed Forces, participants like Will, Curtis and Simon found boundaries ineffective or dysfunctional ("went a bit wild", Curtis p.35). For Paul, discipline not only helped him transition into service,
but also functioned positively as a basis for creating group cohesion irrespective of family background or ethnic allegiances:

but you can get some people from erm Indian, Muslim whatever-and then you got Geordies, Scousers, Welsh people, whatever – all of them and you gotta look at – yes you got the Army discipline-yes, you gotta know about the Army discipline (p.20).

For participants who talked about developing or accepting military discipline, in many ways discipline served as a positive function and also signalled a distancing from the original family who lacked boundaries, which then precipitated the military as family theme and a change in how participants identified themselves.

5.2.3 Military as family.

This theme, as defined by participant accounts, is about wanting to find family or replace broken family with military acceptance. The researcher compared rivalry between service corps and sibling rivalry in participants’ original family. Those military personnel who join the Armed Forces seeking a form of kinship that they are unable to find in their own families, develop interpersonal relationships that are dependent on cooperation and a common unconditional loyalty in order to succeed. The military as family is exclusive, even within military regiments, and particularly in combat units (Browne, 2012). Military offers an opportunity to belong, creating bonds with others in service, similar to bonds found in family. Military takes on the role of family, fending for, providing and caring for servicemen and women. For Curtis, in the beginning of the individual’s service career, the Armed Forces takes on the role of parent to the person in absence of parents being in the camp and because the individual is young:

I have a personal view, and it is a personal view, that the Armed Forces, particularly in the early years of someone’s career, are in loco parentis, particularly w-when the person who’s joined, is young (p.6).

Curtis goes on to make a further assessment of the military as surrogate family taking over the role of guardian, guide and essentially, provide the best characteristics of parenting for young people who join:
some don’t have parents and some come from care, but there’s been somebody who’s been looking after them pointing them where to go, helping them grow. And the ultimate aim of every parent is to get their kid to leave home and get on with their own life. The military to some extent, takes over that role (p.6).

Furthermore, from Curtis's perspective:

[t]he military to some extent, takes over that [parental] role, but is then, for all the right reasons, a bad parent because it’s not encouraging them to grow in terms of their own future life. It helps them-it helps them to become the best at whatever they’re doing: trains them well, gives them new experiences that may or may not help them grow (p.6-7).

While taking over the role of parent, the Armed Forces can also resemble a bad parent because it does not maintain any interest in the person after they leave the Armed Forces. Additionally,

[t]he military... is attractive in many ways. Not necessarily the killing of things, but the being part of a reasonably select group...that works together and is supportive, um, for the most part, of its members (p.12).

In this extract, characteristics in the military family can be compared to what the participant wanted from his birth family. The participant’s membership in the military family is built up to an elite status, and unity is encouraged with support from other members. Curtis belongs to an institution with family-style support that a parent provides to a child. It is attractive and creates dependence, making the participant feel special and acknowledging his value to the group. But at the same time, that institution does not allow the person to grow up to become autonomous.

Paul remembered being able to connect with his colleagues, something he was denied when he was younger and growing up in a military family:

[W]hen I was in the Army there were facilities there that if I wanted to or if they wanted to, we could stay as friends, which did happen (p.11).
Being together and forming the bond with others while under threat, is a feature of some of the participants’ stories. Togetherness while under attack, or facing a threat, creates a sense of military as family who simultaneously provide protection for each other and the participant’s own feeling of protecting members of his/her group from external danger:

> together that’s the big thing that I found and that we all found not-not being an individual but yer pal watch your back that sort of thing you know, you-you...yeah (p.21).

This connection between military men and women found in the stories about military life is evident in similar stories about the camaraderie rapidly developed between service members. Although families may move apart as a result of various deployment, military families and military as family, create bonds with others in service as well as bonds between families stationed with participants:

> [I]n the Forces you I think you bond as a family...you know you everybody becomes an extended part of that family and-and even if new people move away er-or people move away and new people move in they then become part of the extended family (p.24).

There were family bonds between service families and bonds between participants and their fellow servicemen and women (*band of brothers*). Barry described this type of connection to his unit as being less about patriotism and more about “group loyalty” (p.11).

A feeling expressed by participants about the military family was one of safety in the group. Being part of the military family is was not reflected in experiences outside of service, where civilian life offers new and unwelcome comparisons like “odd” (Nicholas, p.21), or “distant and unfriendly” (Andy, p.25). There is an inherent safety and protection that participants linked with being part of a large (and secure) family, as Daryl observed:

> maybe it’s age and being in the military you get quite-I guess the term is bulletproof, you feel a little bit like: nothing’s gonna happen to me, erm er certainly I felt a bit like that (p.30).
Daryl could not be harmed while deployed with his unit. The participant felt protected not only because he was young and filled with a sense of immortality, but supported by the group, should anything or anyone threaten his wellbeing:

you didn’t really consider it as being a problem—that it would happen to you erm, and if it did happen, you had a group of guys around you that could help you and you could deal with it between us (p.30).

Like Daryl, John’s loyalty to his military family was reciprocated: “they’d-didn’t wanna let me down and I wouldn’t let them down” (p.54). The dependence on each other and the bond created during combat is borne out of the need to protect and rely on each other such that the family survives.

Being together as part of a team and supplanting one’s birth family with the military family, military family becomes internalised as a result of day-to-day service life and proximity to other service personnel, and you know everything about each other. You’d live, breathe and sleep and eat with these blokes—they’re part of you, they’re family (p.130).

Military service history mirrored family life history for some of the participants interviewed. In place of sibling rivalry, there are comparative rivalries between corps. There is in many participant interviews, a need to distinguish oneself and belong to a particular corp. Participants gave accounts of establishing oneself not only as separate from civilians, but marked differences between regimental corps, vying to distinguish themselves from and be better than the other. An excerpt from Freddie’s story about regimental comparisons bares a similarity to sibling rivalry and competitiveness found within the family:

there’s always been a big competition between Marines and Paras, erm, and Marines are supposed to be the thinking man’s soldier (p.1).

It was important for Freddie to define the distinction between Marines and Paras to the researcher, and he associated elitism with becoming a Royal Marine Commando. He proposed, (as echoed by fellow Marine, Jack, in his interview) that the “kudos” (Jack, p.10) received from being in an elite
group, places the Marine in a position above the worries of “normal people” (Freddie, p.31) and placed him within the more intelligent class of soldier. Eddie talked about receiving accolades when he returned from the Falklands:

there was a lot of erm kudos in having gone, you know, we were – cos I mean don’t forget these units rotate all the time, so you’re constantly getting new people in er, and all of a sudden of course we were-we were-we were the kiddies, you know (p.7).

Because he was a teenager when deployed to the frontline, Eddie believed fighting in the Falklands was given an elite status because he and other “kiddies” who were sent to the South Atlantic to war, had risked their lives at a young age, essentially underage, unsuspecting and inexperienced in the conditions of war into which they were parachuted and shipped. That elite status is also what separates him as a Royal Marine from other service corp. Not only is the he competing with other service corps, but he wishes for the researcher to know that he was set apart from the rest, not only in his physical training, but also intellectually. The low expectations of the participant as a student were replaced in the military family with high expectations as a Royal Marine. There is also a closed and “very protected” environment that membership in the Royal Marine corps provided for these participants:

Despite people being-shooting at ye, your life in the military is very cosseted-it’s very protected. You don’t have to worry about things that normal people have to worry about’ (Freddie, p.31).

Barry recalls having developed good peer relationships while at university, which lessened the need for opting into “the military family”:

I’d have probably committed more to the military family erm er because I just wouldn’t have had another family as it were (p. 26).

In addition, Barry states:

if I couldn-couldn’t find the depth of the relationships that I couldn’t find in the military family, then I probably would have gone elsewhere. (p. 26)
Without the military family, Barry could have chosen a different path, going “one way or the other”. For this participant, being connected to the military family was a deep and meaningful connection that he could not have found outside of the military. However, Barry states that he was able to detach from the military when the time came to leave, because he recognised what the military gave him was connection that he needed at the time of joining:

if you've invested much more heavily probably, um I mean, I might have –I probably would have been there forever (p.26).

Allegiance was everything at the time that he needed it. But when it was time to leave the military family, Barry felt ready because his investment in the family was not as deeply felt as other servicemen and women whose stories are explored in this theme and in the following chapter on transition out of service.

Stewart made friends while he was taking various courses in the Army:

I ma-made a whole load of friends – there's two things that came out: one, I made a whole load of er acquaintances and friends and contacts across all three services that put me in extremely good stead for the rest of my career (p.11).

His achievements in his service career were connected to the bonds he made with friends across the different corps throughout his 27-year military service history.

In cases where the participant did not feel part of their family of origin, and belonging was not experienced, the military acts in place of family to replace that missing element. For Lynda, early service experience was not of military as family either:

I've had a lot of people-everyone kept talking to me about the Army family, and the Army looked after it's own and I never ex-I never experienced that (p.21).

It is interesting to note that Lynda’s experience of her own childhood was one of being distant and deliberately marginalised and neglected by family. Not having a sense of family, Lynda expressed that she did not recognise having an “Army family” (p.21). Perhaps the concept of Army as family did
not exist for her because the participant felt emotionally neglected and ostracised so much by the family in which she grew up, then affected by the multiple suicides of her mother and brother while in service, that family and what it can provide emotionally did not exist in an institution like the Army. Talk about a military family was an unfamiliar concept for this participant because her original family was fragmented and distant. Being accepted by the military did not mean it would provide a sense of family, or that Lynda’s aim was to replace family. Feeling accepted by the Army meant that she could develop a model of acceptance and associate that acceptance with belonging and affiliation, similar to the meaning family could have in her early life story development. Lynda gave an account of how she had expected a reaction from others in her unit while she began gender transition in the Armed Forces:

But I didn’t really have many-many of those reactions at all. And I think if anything, it-I earned an awful lot of respect for the openness and the way I did it (p.27).

Not only was the participant not rejected by her peers, whom she thought would ridicule her, but she experienced respect instead. This affirmed a sense of camaraderie with fellow service personnel that “developed” as a result of her candour about making her gender transition (p.29). Participants talked about finding structure and discipline in the service which had been lacking in the home. Second, the interpretation of military as a family system, touches on gendered roles of parent that shifts between supportive and welcoming, to disciplinarian for example (Pratt, Kerig, Cowan & Cowan, 1988). Bonds that develop between unit personnel are akin to sibling relationships, where military personnel refer to each other as "brothers", "band of brothers" and membership within these relationships is dependent on a kinship developed in close proximity, and felt more keenly in situations of training together or fighting together (Browne, 2012). Subsequently, bonds or attachments are formed that become unconditional and may develop over a short space of time (Bartholomew & Horowitz, 1991; Browne, 2012).

Unlike family allegiances, the military breaks down individuals in order to manufacture allegiances. Although manufactured to serve a common
goal, these allegiances are no less bonding and do become unconditional in certain circumstances where servicemen and women must become dependent on each other. *Military as family*, share similar characteristics with camaraderie, such as bonding, but concepts like togetherness and survival come from specific conditions of service that are created after the initial period of joining begins, and evolves separately from the participant's motivation for joining.

5.2.4 **Camaraderie and acceptance in service.**

Camaraderie formed in service is a theme that develops out of a sense of bonding with other service members and being accepted into a military family. However, wanting camaraderie is not a condition of joining the Armed Forces. "Being like brothers" (Nicholas, p.19) was a term used to describe this togetherness and it relates to an acceptance by the regimental unit to which participants belonged. Participant references to camaraderie in this chapter, will also be mirrored in the following chapter on experiences of transitioning out of service (and how those relationships formed in service separate from family and peers) are valued and maintained.

Nicholas gave his account of his close relationship with soldiers in his unit. After six years, surviving war forged a unity through common shared experiences:

> Well the fact that you have survived the war which is something that you don't realise it, that you build it up-and over six years you've built up this comradeship and it sort of stays with you (p.21).

Stewart described the experience of training with his fellow officers and a type of cohesion that forms “a very close knit bunch of people” (p.2). Bonds can be formed over time or are re-established between service personnel regardless of how new the friendships are. Andy declared that he found difficulty establishing or recreating similar bonds in civilian life, which was a theme echoed in other participant interviews:

> the camaraderie that you get erm and that's even between families let alone you know just between just between the lads you know I don't I don't think there is much better (p.16).
He describes the bond or camaraderie formed between families as being “much better" than the models of civilian families that he experienced outside of the Army. Sandy’s account is linked to experiencing camaraderie because having to adapt in service and adapt quickly to constant change and movement between deployments and becoming accustomed to “new faces” (p.5) or new people in the Navy:

[I]t was a whole different crew...Virtually everyone. I mean there were a couple of communicators that had, that had joined when I did as uh, uh, they were youngsters the same as meself. So, I had to get used to a whole lot of new faces (p.5).

Having to get along with and connect to others, came from both a natural bonding between people, but also out of necessity. Tight spaces on ships and especially in the submarine that Sandy served on meant that service members had to be able to cooperate with each other, regardless of the individual or whether they were an entirely different crew.

Paul, as with other participants in this section, described a connection or camaraderie in the Armed Forces between himself and others, individuals who become part of a team reliant on each other:

you knew you were all part of a team and y-you depended on each other. Each part of the team working, and you depended-they depended on your part of the team working, to keep you all safe if you like (p.21).

Being part of a group that was larger than the individual, depended on everyone being able to know that they would be safe, and the responsibility was shared by everyone in his group or unit. The word “team” and being dependable, for Paul, places the onus on working together to provide safety. The camaraderie of the group evolved from loyalty to each other and being safe in the knowledge that you could trust your mate in any situation, and at all costs.

5.3 Experiences of Traumatic Events

5.3.1 “Running through minefields”.

There were four evident sub-themes where participants reported experiencing service-related trauma: “running through minefields”; multiple conflicts and hypervigilance; living with death of comrades; and use of
mental health services. “Running through minefields” introduces participants who have been trained in combat or being deployed to combat conditions or conflict. Being trained to kill and being ready to kill were quite different prospects to what was experienced after the conflict ends. Being in combat made participants potential targets and vulnerable. This section will explore traumatic events that were reported by participants or reported to participants. In some instances, particular types of service impacted mental health of participants. Participants experienced threat to life as immediate and reported either during service or a period of time after leaving. In service, participants gave accounts of feeling vulnerable to combat exposure when they did not feel prepared by training or protected by their military equipment. Participants also expressed having psychological effects of their combat exposure when they were close to or away from the frontline. There are several different examples of mental health issues ex-servicemen and women associated with their military service in the interviews, and the themes and subthemes of those varied experiences are described below. Daryl told the story about running through the minefields in his first week in Bosnia:

a lot of the problems came from minefields so because they’d just scattered mines all over the place ... in the first week, we set off for a run – I think it was three of us, we’d gone out for a run in the morning we got lost... we were more worried about getting into trouble I think, for not getting back in time, and we just disregarded all the training... So er we just headed off across fields... but we must have been about 5 or 6 miles detour. We went wrong somewhere. To this day I still don’t know where we went wrong (pp.34-35).

Daryl smiled and laughed during the interview as he remembered how he ignored his safety training. He and his fellow soldiers were less worried about getting lost and were more fearful of being late back to camp, even if continuing on meant being blown up by mines that had been buried everywhere.

Despite Simon having to learn how to fight growing up, coming from a military family had not prepared the participant for the dangers he would experience in his service life:
Simon links his earlier memories of pre-service violence to his service experience. The composite experiences of a dangerous community environment, and distancing himself from family as he grew older, had not prepared him for what he would later witness or become involved in during his operational tours of Northern Ireland and the Gulf War.

Nicholas gave an account of being frightened by the bombing he experienced with his regiment, and the bombings he witnessed whenever he returned to his home town during WWII:

Oh yeah it was frightening. We were bang crash wallop oh dear! You know [laughs] it was frightening... it was a lot of the bombs fell on the land and didn’t explode of course you—it went straight into the —straight in into the peat (p. 17).

As the continuous bombing occurred in the North, being in a combat position was a constant reminder for Nicholas that his life was in danger either in action as a target on the guns he manned, whenever the bombs landed or buried unexploded in the ground around him, or exploding in the sky above when he went home on leave:

So um when you got into the cities.... It was frightening because it kept on—it just kept on. It didn’t—you know—it didn’t come and go. It would be hours and hours and hours you know, bombing all the time (p.18).

Tina gave an account of how female soldiers like herself, avoided being shot at while serving in Northern Ireland:

[We went to the front, and it was the skirts that stopped them firing on us. Cos they’d fire on the men (p.24).

As well as knowing about the dangers of being in a conflict situation, participants like Aaron and Tina described the threat being always present:

And I went at night time and I took a gun with me and I wasn’t trained to use it. But I had the code to get the gun out of the locker, and it was a weekend, there was nobody around the place, so I went on my own in a little Mini – we had these little Mini and I went off and I got stopped on the road and luckily, it
was a Protestant person, not a Catholic person cos they would have killed me. But you just-you didn't bother about stuff like that (Tina, p.22).

Participants shared stories like this being out on patrol, at times alone, or provided with inadequate equipment and mostly unprepared for danger as, with those deployed to Northern Ireland, escaping death included an element of luck.

Curtis remembered the firefights he experienced while on combat duty:

There's bullets coming down – and I have been there there's bullets all around and the-I've there's running there's no atheists in foxholes (p.13).

The reference to atheists and foxholes relates to a term that of unknown origin, but to have been spoken in the context of war, perhaps as early as WWI. The use of this phrase is another example of Curtis using a quote in his interview to illustrate his own experience. In the middle of war, when they are faced with the real possibility of being killed, yet not ready to die, people start to believe a supreme being will rescue them or prevent death. Being in a dangerous position was not only scary for Curtis, but his life was in the hands of whatever fate decided. Curtis believed there were “no atheists in foxholes” when being shot at, one was simultaneously going to live where you fought, die where you lay, but be closer to God in either event. There was a level of exhilaration from the experience that made him feel alive, as long as he coped with the danger and survived it:

It's fast it's demanding, it-it asks a lot of you, you're coordination, your responses, your reaction and you know, your ability to deal with danger in a way that validates your existence. Um, so you come out of a scrap and you're-you're ok. Bloody hell! That was a rush (p.14).

With the excitement and ease that came with killing the enemy, and being ready to kill under combat conditions, is the coming to terms with the aftermath of warfare itself. For Freddie, he recalls his experience in Afghanistan in 2006:

I'm not-I'm not a psychopath, but it's easy to kill somebody. Very easy to kill. It's living with it afterwards that's the problem (p.19).
“Living with it afterwards” for Freddie and Terry was an experience that impacted their mental health in different ways. Terry reported that: “nothing prepares you for killing” (p12), and discussed the effects on his mental health after leaving the service. Freddie’s experience of being involved in constant firefights and being older was associated with his being prepared for the after effects of combat.

5.3.2 Multiple conflicts and hypervigilance.

The theme of vigilant behaviour – no evidence of clear or present danger - is described by participants who learned to be vigilant about possible threats to life while in service. Where ex-servicemen and women were involved in repeated conflict events, they then became constantly aware about being in danger and modified their behaviour and/or routine according to level of threat. If the family lived with the participant, then family also needed to be protected as they were possible targets for attack. For instance, Paul described what it was like when he returned home after repeated tours of Northern Ireland:

my testosterone is up here, and I’m wound up with being in Northern Ireland (p.19).

Being agitated and feeling aggressive and alert, Paul shared similar experiences with Daryl who remembered being alert to possible attacks while stationed in Germany:

Following that Good Friday Agreement, things changed. But erm cos I mean it was all about the IRA then obviously and that was the things that we were mindful of was definitely not begin seen in uniform (p.29).

The uniform that identified you as a member of the Armed Forces that for participants like Daryl acted as a form of protection, also turned him into a target. At the age of 18, Tina had been deployed to Northern Ireland during the height of the troubles. The participant described an incident she witnessed at a security checkpoint:

and I saw this girl do this [imitates the motion of feeling the collar] - Army girl - and she was screaming and screaming and what this woman had done was sewn razor blades into it, so it took the tops of her fingers off. You know, and there were many, many. many incidences like that (p.23).
What Tina described as a “dreadful” incident between civilians and Army personnel witnessed repeatedly by Tina and other participants who described their service experiences in Northern Ireland. She believed that if incidents like the one she described happened now, “you’d be—you’d be in a hospital somewhere having some psychiatric treatment” (p.28). Not only was this a traumatic event, but it was repeated throughout her service in Northern Ireland. The repetition of experience lead to caution about one's surroundings, being aware of one’s clothing, and also created a hypervigilance that was necessary to avoid being injured or killed. Paul, Simon, Roger and Matty for instance, described vigilance at checkpoints in Northern Ireland, a learned and automatic response to real danger. During the 1990s where some of the participants were stationed in Germany (for example, Pete, and Daryl) the danger may have not been as present, but they checked their cars for bombs, or one member of the group was tasked with being on the lookout for danger when leaving the military base, as was Daryl’s experience in Germany:

> we were mindful of—was definitely not begin seen in uniform and checking everything, checking where you were going, checking your car, and you had everything in place so you had things like shark watch (p.29).

Tina explained in her interview that “you just dealt with it” (p.23). Keeping “shark watch” (Daryl, p.29) and being constantly on alert, was a part of being in the Armed Forces and participants talked about being mindful and constantly aware of a feeling vulnerable to attack long after they left the service.

Alternatively, the negative effect of not being vigilant was detailed by Curtis who talked about once having his mobile phone stolen long after finishing his combat duty in the Middle East:

> I had forgotten about being aware of my environment in terms of threat in a way that, if I was in Iraq or Afghanistan, you know, you don’t focus on that, at the expense of that (p.14).

In this account, vigilant behaviour had been useful for him while in Afghanistan. Once this type of behaviour was no longer useful to Curtis, he became less aware of his surroundings and more vulnerable to attack. Having to bury the dead, both combatants and colleagues, was a part of
Simon’s job, but the effects of this work would carry through to his life after service. Having repeated tours had a negative impact on John. Curtis also reported surviving firefights, but not learning to cope with the loss of a colleague. The impact on the mental health after learning of friends dying in service will be explored next.

5.3.3 Living with death of comrades.
Participants who were either friends of or knew a service person who died in combat, shared their experience about the event. Lionel gave an account of being in Iraq, while also having to attend funerals of colleagues:

that was quite difficult. I don’t th-I don’t think at any point me and him thought: ‘Oh my God, what are we doing, this is crazy.’ But it just made life really difficult because you’re trying to focus on learning and doing your job in training, while-while also having that [friends killed in combat] in the background (p.15).

Lionel later relates the story of comrades who died, the efforts surviving soldiers like himself went to to continue on with their combat tour, and the effect on himself and others who fought alongside him:

we just wanted to block it out and... that added a lot of stress at the time... Because you don’t wanna actually prolong the thinking...it was, if I-if I look at my whole military career, far more worse things have happened. But actually things that have affected me you know like, and really made me think about things, that was, by a long stretch the worse thing. I dunno what (p.16-17).

Freddie gave an account of a friend dying during an accident while in service, but not under combat conditions:

Yeah. Yeah. He [comrade] died on a climbing accident and I thought if I’d have been there he wouldn’t have died er and it’s not true, he still would have died (Freddie, p.10).

Associated with this experience of losing his friend is a strong belief that Freddie could have prevented his friend’s death. Juxtaposed to this feeling is the conflicting awareness that, in reality, Freddie was incapable of preventing the accident had he been present. The participant also remembers another comrade dying in service:

there was a guy on the course with me-erm he’s-who remained one of my best friends and unfortunately he died in
2006. And seven years ago so-it must be something about 5\textsuperscript{th} December where good people die. Erm, and he was he was my best mate, erm and I loved him like a brother, I really did (p.3).

Freddie experienced the death of another friend at the same time in Afghanistan, and had to escort the body back to camp. He described the feeling as being particularly difficult because he could not communicate with his wife to let her know he was safe and alive:

it took me about three days to get to a phone to phone her and tell her I was ok. Cos she knew in the back of her mind I was ok because nobody had knocked on the door. But she just wanted to hear me voice. And that was emotionally that was a really difficult time for me (p.23).

Freddie repeats that his thoughts and emotions were disorganised because he was also investigating the death of comrades, returning to duty, engaging in enemy combat, and unable to communicate with his wife.

Nicholas reported on the death of his brother’s comrade and the broader impact it had on his brother who was not able to face his friend’s widow and surviving children:

He did say one time: I couldn’t do it! I couldn’t go see her. I couldn’t go and see her (p.18).

Curtis includes a story of how after surviving a firefight, hearing about a group of soldiers who he knew:

Now if someone’s died, one of yours -or someone’s been badly injured, any exhilaration you may have felt was instantly tempered by concern, shock, um because one of you has died (p.14).

Curtis described the reaction to news of a car crash in Afghanistan which resulted in casualties:

It [death of comrades] was a shock for all of us because it of this random event. I suppose if anything, I thought about war elemental, it does bring home the random nature of life. The fact that this car was parked with its lights off in a road which caused their vehicle to bounce off into the canal, you know, and with-within 30 seconds, many of these guys were dead. It’s just-shit happens (p.17).

Curtis gave an account of a friend who suffered mentally from the fatal crash in Afghanistan:
The vehicle he was travelling in crashed into a firestone canal. He managed to get out—he was in the back of the vehicle—as did one of the soldiers. The other 6 guys drowned. I mean—I mean he tried and tried to get back in and rescue them, but water was flowing too quickly and he injured himself by water inhalation, um, and he ended up in hospital, he was awarded a gallantry medal for doing what he did, but he is vastly affected by what he went through (p.17).

Curtis’s own mortality and existence was brought into question: the matter of fact reaction to the acceptance of death during war where “shit happens” (Curtis, p.17). He discussed bravery and fear, and talked about doubting his own ability and identity as a “good officer” (p.8), and accepts that he had done what was “required” (p.11) of him in his position and under life-threatening combat conditions:

It doesn’t mean you’re not scared. Um, I have been-fair enough, I have commanded my troops in gunfights under fire with mortar bombs raining in, um and I have kept my cool and I have brought my men into and out of action in one piece. So, yes I guess I’ve-I’ve done what has been required (p.11).

Betty gave an account of attending funerals of other Army personnel to whom her unit was attached and why she attended:

I went to funerals at the Para. That was hard. But, it was something we had to do to give that individual’s family a good send off. So showing that the military thanked them for what their son, well... the ultimate sacrifice their son had made (p.18).

The difficulty of attending funerals of people she did not know, but because her work was to notify the families when their son died, the ‘ultimate sacrifice’ (p.18) while sacrificing some of her own mental health in the process. While not in a combat situation, Betty was affected emotionally by the support she provided to bereaved families and wounded soldiers as a visiting officer for the wounded. Betty was assigned to families also whose soldiers had experienced and survived combat or had died in combat. She rejoined the Army to give support to those families, however “at the time, yeah, I didn’t know I needed support in all honesty” (Betty, p. 12). Seven months later, while getting support from her husband and speaking to someone outside of service, Betty said:
actually I did break down then, and recognised that I hadn’t had the emotional support, or rather I recognised that I hadn’t recognised I needed it at the time (p.14).

Not recognising the need for mental healthcare at the time, is a pattern across those participant’s stories where they reported to the researcher of having mental health issues during and post-service, but who either did not report at the time, or reported long after leaving the Armed Forces. Eddie, who had returned from the Falklands as a young medical technician, shared the belief that reporting a medical health problem while in service “would be career suicide” (p.12). In this theme of *Living with death of comrades*, the expectation of service members is to repress feelings of grief (Browne, 2012) suppress public expressions of bereavement (Walter, Littlewood & Pickering, 1995), irrespective of strength of attachment developed within their military unit. However, participants do talk about this loss of a comrade as similar to losing a family member, or brother. Fellow personnel can also play supportive or nurturing roles when spending time on military bases, far from home, and feelings of isolation or separation are intensified (Browne, 2012; Siebold, 2007). Finally, the military no longer adopts or is assigned the role of family, when the time comes for service personnel to leave the Armed Forces. Abandonment is felt more keenly as participants became isolated when transitioning out of service.

While in service and out of service, veteran’s experiences with mental health services were markedly different: some received different responses to their mental health needs, where some needs were met positively, or a mental health problem though experienced, was denied or dismissed by either the participant, by fellow service personnel, or by mental health care professionals.

5.3.4 Use of mental health services.

Participants were asked if they sought or received mental health care while in service. Some participants reported that they had asked for help because of service-related mental ill health while in military. Access to mental health assistance was either denied, or participants were accused of
malingering, and as a result, no mental healthcare was provided or the participant's state of mental health was ridiculed.

John asked for mental health support while in service and was informed that a building up of the participant's tours of Northern Ireland, Iraq and Afghanistan had negatively impacted his mental health and his ability to do his job or return to any further tours:

then they kept on saying right you're going on tour and every time they said it you were just filled with dread, didn't wanna go. Where before I'd have gone 'Alright! When?! I'm packing my bag!' And I'd run home and my bag would be packed and be back in half an hour like [imitating panting]: ‘You're not going for another two months'. ‘Uhh' [shoulders and head drop] (p.31).

Re-enacting his disappointment at not being sent to a combat tour, and displaying disappointment in the thought of no action, John was not prepared for the deflation he felt from no longer being in direct danger:

Everything was all action, whether you're shooting people, doing whatever it was it was all action all the time (p.31).

Conversely, John was equally not prepared for the change that would happen in him as his identity as a soldier was tied to being active and being in danger. John's mental and physical health affected to the point where participant was changed in four years and was unrecognisable to self and others: “a shell of a man” (John, p 30). He was no longer a soldier and not a man anymore. 'Lost interest' and 'lost focus' which then lead to a diagnosis of battle stress:

I was downgraded with uhh what they call it battle stress in 2000 and...2006 I think, 2006/2007 I can't remember now...they said it was accumulations of all the operational tours I'd done (p.17).
John’s cumulative deployments to the frontline affected his level of anxiety about going on tour, which lead to a loss of interest. Whereas John was once ready to go into the thick of combat action, now he was, “filled with dread” (p.31). Repeated tours between 1999 – 2003, putting himself in direct combat, and being wounded as a result, were also described as the “best four years”, of his life (p.31). John feared being sent to combat, and was changed mentally to the point where he was no longer himself:

You just felt you didn’t have that, if you say from where are we now, from the party boy lifestyle to being at three commando brigade to, I was a totally different person from 2006 than I would’ve been in 2002. Four years and totally, you wouldn’t have recognised me (p.30).

John reported feeling “stressy”, yelling at his children for being untidy, and his wife had noticed the change in his behaviour. John, like others who had reported mental health issues while in service, were made explicitly aware of the change in their behaviour usually by a partner or other military service friends. John acted on getting help:

so I did I sat online had a look and thought I'm gonna go see the doctor ...Uh, I just put, I can't remember what I put in, no... but I think I might've put in Post Traumatic Stress Disorder (p.32).

However, getting any form of mental healthcare intervention while in service was met with derision or ridicule by John’s senior officer:

he [senior officer] comes out of his office on the balcony and there's about forty troops under and he goes 'Sergeant, you got a fucking interview tomorrow with the head shrink. Its fucking two o'clock' and walks back in. So he's embarrassed me in front of forty troops, them forty troops go 'he's got mental problems' and I never forgive him (p.33).

Simon describes his mental health after his experiences of being on grave duty during the Persian Gulf War:

I-I – fucking glimpses of flashbacks that had hit me in my mind pretty bad. But the Serbian flashbacks – I had flashbacks every day...these were stopping me in my tracks. These were, you know, disturbing in a sense in that impacting on what I was doing (p.148).
Simon’s wife contacted his commanding officer, alarmed and concerned by his behaviour after he returned home from the Persian Gulf War:

That’s possibly one of the reasons I realised me and [the wife], I realised me and [the wife] was having problems, and I became-I turned into a drinker and [she] didn’t want it (p.25).

Simon sought mental healthcare while in service, again like John as a result of his wife’s realising the participant’s personality was changed, and the participant notes the change he recognised in himself:

But I think I was fucking dead. Ah, it was [my wife] was just tagged along. She was trying to make sense of what had fucking gone on and what-how I’d changed -I-I was having problems sleeping, really fucked up. Couldn’t sleep. I was totally exhausted (p.110).

After he was accused of malingering, Simon broke down mentally and was eventually sent to a military doctor for diagnosis:

cos I was fucking barking mad, I was psychotic. And I said to the doctor: ‘Tell me where me birthmark is’. And he’s like: ‘Excuse me?’ And I said: ‘Tell me where me fucking birthmark is, you’re not me fucking doctor’. And he’s like: ‘No I’m not I’m just here to –’ and what I didn’t realise was they were trying to get me sanctioned-sectioned... (p.121).

Of particular impact to his mental health were the triggers of meat burning, which reminded him of chard remnants of bodies in the Gulf, and the sight of a household item that stopped him from functioning:

[B]lack bin bags. You used to get them near me and I fucking knew I’d throw up. Ah, because of it – it was either the dead animal carcasses what we put in there, but we-we had no body bags in the first Gulf...so we used to put bodies in bin bags...black bin bags and black tape. Pointless having anything else. Ah, but you know the problem with that is it has a knock-on effect. You come home because you can’t – I couldn’t touch black bin bags (p.105).

Morris, a major by the time he was deployed to Iraq, gave an account of having to cope not only with the mental health of those under his command, but his own state of mental health:

I came back from Iraq and uh you know walked in, in my desert uniform you know with sand in my boots, the... I came straight out of Iraq and straight through without stopping
anywhere um by that time I was a major by then and uh you know I was struggling on my own (p.16).

After experiencing the deaths of two comrades, Freddie said that he was “too busy” (p.24) to see the Trauma Management team who had been sent out to the unit, even though the team had travelled with him back to camp. He had the opportunity to speak to someone, but “missed the whole trauma management net” (p.24) due to “having a job to do” (p.23):

it wasn’t like an intentional thing. But I just thought I’d keep going – and I was dealing with the death of [a comrade] as well. So, I just thought I’d carry on. I'll just soldier on (p.24).

Freddie’s story of feeling prepared for killing in combat is juxtaposed with how he faced the death of comrades in his service life and losing someone who he felt was a brother. He had access to help, but either felt there were time constraints on him getting the help he needed and missed his opportunity. Essentially, he prioritised his service job over his personal mental healthcare needs.

In contrast, Daryl, despite being in proximity to danger and witnessing the brutality between belligerents, reported no mental health problems or being affected by his tour in Kosovo. Instead, he reported physical health issues as a result of an injury sustained while on leave:

My- my erm mental-my physical health wasn’t great because I’d er hurt my back and I’d erm and er doing something that I shouldn’t have done again. I’d jumped from a garage roof, landed, and didn’t land well and er, I hurt my back (p.54).

As mentioned in eight participant interviews, poverty and unemployment were circumstances of the area, or wartime period in which some participants grew up and joined the Armed Forces. Nicholas expressed a feeling of empathy and compassion for his father and men like him, men physically wounded and emotionally injured by war and who would not have access to any financial benefits or employment after their service. In spite of not knowing the man who married his mother, and then left him, his mother and his siblings, there was enough of a link formed between Nicholas and his father in whose footsteps he would later follow.

By contrast to the stories of mental health and not receiving help, Nicholas story is of physical injury and not getting help, but due to the time
he lived in (WWII), neither psychological nor physical healthcare was provided as a National Health Service (NHS) did not exist at the time. There is also a mirroring of Nicholas’s father’s post-service life course in that when Nicholas was later discharged from the Army for a back injury, he too would experience financial hardship with his own family that his original family had faced before. In the experiences of WWII veterans, physical healthcare like the National Health Service in the United Kingdom had not been created after WWII (Oliver, 2005). Community Mental Health would have been familiarly known to WWII veterans in the form of psychiatric institutions, such as sanatoriums or asylums, as Nicholas attested.

5.4 “You don’t want to frighten ‘em”: Censoring Deployment Experiences

Participants shared their stories in this theme about their decisions not to talk about their war experiences with family. By choosing not to share experiences, participants were protecting their families by not frightening them with stories of war. Or, participants were unable to talk or were not invited to give accounts of their experiences of deployment. As an 18-year-old, Tina served in Northern Ireland, and stated that her experience during the height of the conflict was frightening:

Some of the things that I saw you really wouldn’t want you really wouldn’t want yer children to see, you know (p.22).

Earlier in this chapter, Tina gave details of a traumatic event that horrified her, and reasoned would be cause for distress in children. The idea that children should not be witness to what she saw, can be expanded out to include civilians who are naive about conflict conditions and not exposed to them in everyday life. Family members, who grow up in military households, are aware of issues around safety especially when servicemen and women were deployed. But participants’ partners and children are also protected from veterans’ war stories. John’s story is about shielding his family from his experience in Afghanistan:

That’s just what I did, I just didn’t want to frighten ‘em. Some people might have done different to big themselves up, make ‘em feel better: ‘I’ll be safe, love’ I’m so far away, bloody hell,
there’s been a nuclear weapon against me”. “Oh ok, love. See you later” and that was it (p.26).

John also stated that he did not have a good relationship with his original family and chose not to share his stories with them. An alternative reason John chose also to dismiss the need to communicate with family members while deployed because of his estranged relationship with his sibling and his mother:

I have a sister, I didn’t speak to my sister but, uh-I don’t speak to my mum [then] neither now, but probably did but not often you know, one letter a month then, fine (p.27).

Dismissive of the need to communicate with his family was in part due to an emotional detachment from his sister and mother.

Participants had opportunities to keep in contact with their wives or partners while on deployment. Freddie attempted to downplay the danger or threat to his life while on combat duty. Freddie, similar to John’s rationale, chose not to worry his wife about what he had experienced in Iraq:

I was telling [my wife] as little as possible really. Sometimes she’d hear gunfire on the phone you know when I’d phone she’d hear gunfire on the phone and I’d say: look don’t worry about it that’s outgoing (p.22).

Freddie downplayed the threat to his life while in Afghanistan, telling his wife that the gunfire she would hear during their telephone conversations was against the enemy. This was his way of shielding his wife from the reality of combat. This was a process that other participants like John also engaged in, where letters home to his wife and children avoided mention of his combat service.

Eddie was not invited to share his experiences of the Falklands because he came from a family where emotions were not share or explored. Eddie describes his return to his family after his tour of the Falklands where he served as a 20-year-old Medical Combat Technician:

We were all a sort of tight-lipped family really. Erm, little bit emotionless, and that’s almost what I mean by Dad was sort of old-school: a bit stiff upper lip and all that sort of thing (p.11).
His return to a family who was “tight-lipped” and “emotionless” (p.11) is what he had expected and his father’s reaction to his return from war was typical of what he reasoned as “old-school military” with a “sort of fist bump on the shoulder rather than give you a hug” (p.11). At the time, Eddie did not know if his parents had known he was going to the Falklands but his story of the Falklands when he returned was not discussed. Eddie recalled speaking to his mother about this time in his service life years later and learned that his mother had been “worried sick” (p.11). A later admission by his mother about concerns for his safety and his survival meant that the fears of the family were no less a reality. Whether discussion with his parents about his conflict experience would have frightened them, it is difficult to know. Jack and Martin were faced with the prospect of not having people to talk to about their experiences because their cohort was disappearing, and was best expressed in Jack’s story:

I went to the Falklands in 1982 and when I came back, as far as I was concerned, I was a war veteran. Cos what happens is that y-you – over the years, yo-you you will be on parade, for example, and there will be few-fewer fewer people who wear the South Atlantic medal (p.4).

In Jack’s account of his disappearing fellow Falklands veterans, the reduction in visible South Atlantic medals may be attributed to mobility issues associated with age, with veterans dying, or the resistance to remembrance and potential re-experiencing of traumatic war memories, all distinct possibilities. Eddie, Martin and Jack had immediately deployed to Northern Ireland after the Falklands, and therefore, the opportunity to discuss their experiences or even process what they had seen, was lost. Their stories of war and what meaning they could take from those experiences were almost erased and rendered invisible as the opportunity to share their experiences was not provided. Jack and Martin declined to share their experiences of the Falklands until much later in their lives. Their experiences were quickly repressed by engagement in the next conflict when they were posted to Northern Ireland within six weeks of their return from the Falklands.

Ex-service personnel found that however much they were troubled by their service experience, not letting family know about their problems was
far more important than talking about their problems. The concept of protecting family from war stories created barriers against social support that family could be potentially provide. This concept of protecting family and family as social support post-service will be expanded in the discussion chapter.

5.5 Achievements in Service

Under the theme experiences of traumatic events, participants described achievements in defying the expectations of others (usually family members) or linked achievement to overcoming mental health issues experienced during their deployment or operational tours. In some cases, mental health issues related to combat service events in particular. Lionel does not attribute any of his success in the Army to his father and despite his background he was able to achieve what he wanted in joining the Army: Lionel describes his family as being unintelligent or “not bright” and his father as being a dependent on welfare, living on benefits. He becomes an officer and supports his brother throughout his professional career:

He’s very happy for me and proud of [my achievements], but he’s got no relat-no relation to anything I’ve done (p.77).

Being solely responsible for the success he has achieved, there is also a certain feeling of resentment towards the father, yet Lionel also did not want to apportion blame to his father’s intellectual or financial failings, but growing up with no support from his parents, forced the participant to support himself.

Lynda and Simon expressed a sense of self-pride in going against (at times) low expectations of them as children and young adults, or the lack of support or indifference from parents for their achievements. Freddie’s achievement in service was linked to overcoming poor school performances, and doubt from his friends and family in his ability to finish what he had started:

I-I just thought: ‘No. I am gonna do this. I am gonna show everybody that I can do it. I am gonna show people that I can, you know, start something and finish it (p.8).

If running away from his bullies had made the participant “weaker” and avoiding adversity in his life had become a “habit” (p.9), Freddie wanted to
become stronger, fitter, and even superhuman. Accepting military discipline helped him to achieve “getting his green lid [green beret]” (p.9), a symbol of his transition from marginalisation at school and his membership to an elite corp. Barry associated doing well academically and being prepared for service, with the prestige that he gained from training as an officer:

Yeah, yeah, when I-when I left Sandhurst for the proper-proper course in February ’81, you know, you felt as if you were the sort of the proper article, as it were (p. 9).

Barry and participants like him felt that his service distinguished him from other types of military service. In a correspondence with Jack, he wrote about the affect of the Royal Marines on his life during service, providing him with strengths and positive traits that I have known learn and now embody through my time in the Royal Marines...that without my time in the Royal Marine i would not have achieved what i have achieved so far in my life because i would not have carried the ethos and traits that enable me to be successful (personal communication 19th January 2015).

For Nicholas, the service he gave during WWII was important for him and to the war efforts of the Allies. The enormity of his contribution outweighed the reality of being “stuck” on a “bleak” and “awful” island (p.7) far from home:

And it's a very important-hugely important base, and since it wasn't defended properly-that's why we were one of the first people up there as a regiment, to er, fortify the base (p.7).

Not only is his contribution an important achievement for him and his regiment, Nicholas was doing hard and exhausting work and was “up all night” (Nicholas, p.7) fighting while withstanding the continuous bombing of Allied ships that he was trying to defend. Freddie gave an account of “getting shot at” and although engaged in “scary” and dangerous” battles which he was trapped in and “couldn’t see a way out of” (p.30), missing being involved in “something I was good at” (p.30). Survival was considered a bonus, getting out of conditions in which he felt trapped, and then having the resilience to keep fighting, was an achievement of military service.
Curtis gives an account of being recognised for his achievements in service by others which were important and rewarding for him:

by the time I was a Company Commander after about 11 or 12 years of service, I was pretty good then. Because I’d picked up enough and you know I had people-the greatest, um, plaudits I ever had was from people I commanded after a fairly-[a] contact tour of Iraq in 2004, and I had Senior NCOs telling me that I was the best company Commander they’d ever had—all that sort of thing (p.8).

Where in the past, Curtis had had doubts about his ability, believing that he was “not a very good officer” (Curtis, p.8), support from others in his company was important for his development in the service and for confidence in his ability to command an operational combat tour. The acknowledgment provided him with the feeling that he had developed enough skills to become good enough to lead.

Some participants gave accounts in their service history that presented some difficulties and interfered with future progression in the military. For example, Curtis

never blindly followed [orders] which in some ways didn’t help my career either” (p.9.)

He did not “get on with it” (p.9). John and Curtis, like other veterans, reached a point in their service lives where they resisted military discipline and questioned their orders whereas earlier in their service lives, they had accepted unconditionally what they were being ordered to do. This resistance, among other factors, prompted transition out of service which will be the subject of Chapter Six.

5.6 Summary

As detailed in the previous findings chapter on early life stories and the family backgrounds of ex-service personnel, there are multiple turning points experienced in childhood that direct participants towards a career in the Armed Forces. Participants discussed selves in conflict prior to joining and taking the decision to become military service people, through choice, the attraction of military life, or through not having options at home for employment. For example Betty loved the “excitement” and the “adventure”
that the Territorial Army offered (p.4), and joined the Officer’s Training Course followed by the Regular Army immediately after, inspired by a choice of potential career opportunities. The transition into the service was either experienced as hard or easy. Some participants were eager for their independence and eager to leave home and family life behind. Autonomy from their original family and achieving separation through joining the Armed Forces is part of a natural separation from family as a teenager, where the individuation process can begin (Gade, 1991; Gade, Lakhani & Kimmel, 1991). Having a military career and the transition from family dependence to autonomy and early adulthood, were marked by significant milestones, such as the passing out parade. However, being an independent teenager was met with conflict when finally joining the service and for one participant, throughout their service life, being independent was not compatible with the ethos of the military. Participants who wanted independence from family, were not allowed independence of thought or choice in the service, eventually accepted military discipline or accepted discipline because boundaries were lacking in some participants’ early lives.

Literature on combat-related psychological impairment was collected to understand what researchers know about specific events that shape mental health and wellbeing over the long-term of veteran lives. Reading Bartlett’s work with soldiers after the First World War, Jones and Wessely (2007) reports that early psychological trauma relating to combat was believed at the time to be a result of a predisposition to developing psychiatric disorders in response to warfare experiences. Therefore, any soldier diagnosed with war neuroses was not necessarily considered a psychological response to adverse conditions of warfare. There does appear to exist a universal theme from the reading of the literature, irrespective of the availability of healthcare, regardless of war era cohort, or geographical location, veterans are reluctant to seek help for physical as well as psychological ailments either in service or out of service (Machin & Williams, 1998).
Personal career achievements and/or overcoming hardship or psychological challenges faced during military service were linked to how ex-service personnel prepared themselves for transition from service to new family and civilian life. Accounts of continuity and discontinuity of identity were identified by the researcher in this study. There is more talk about support, both informal and formal in this chapter and in the following chapter. Reflecting on their lives, participants talked about childhood experiences and perception of family in the context of the military family where being in service created an environment of support. They shared stories about being able to rely on others that had not been experienced in early life which they then linked to how their relationships developed with their own children. Participants evaluated relationships with their own children (while in service) as being better than the relationships veterans had with their childhood families. Transition for participants presents practical and existential challenges that they encounter not only when they enter service but also after they leave, and appears to be experienced more intensely at the leaving stage.
Chapter Six: Life After Service

6.1 Introduction

In Chapters Four and Five, the data were analysed for early life stories and family background, and stories about service experiences respectively. In this chapter, participants were asked about their experiences with the world outside the British Armed Forces in the theme *life after service*, leading participants to share their experiences about the effect of voluntary or involuntary decisions on their lives and in the shaping of their post-service identities. Additionally, the stories that follow are not only about experiences after service, but veterans’ projections about their future, their hopes and expectations for themselves and that of their *own family*. Categorising stories that centre on *life after service* lead to the researcher creating the following superordinate themes: “*Goodbye and good luck*”, *living outside the military “bubble”*, and finally *mental health problems*. These themes and their sub-themes are explained below.

6.2 “Goodbye and Good Luck”¹

6.2.1 Decisions for leaving.

Here, the accounts from participants represent a major sub-theme in this category *life after service*. The decision to leave service and return to civilian life also created conflicts in the family. Long operational tours away from family, being sent into combat, or disillusionment with military service life in general, were described by participants, like Daryl:

> so it was literally [emphasises each month by tapping table] six months, six months, six months, six months and-and new married life erm, didn’t really want to go into-certainly didn’t want to have a family in that environment-didn’t want to do that erm, I wanted to be around wanted to be there (p.47)

Daryl had talked about the impact of not having his father in his life while his father was working away from the family. The long-term effects of consecutive tours of duty, and the negative impact on his family were

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¹ This theme title references the Iversen et al., 2005b journal article, ‘Goodbye and good luck’: which examined the mental health, service needs, and experiences of servicemen seeking help after leaving the British Armed Forces. The theme Goodbye and good luck also captures some of the social and practical experiences of the research participants when leaving the service, and wellbeing concerns post-service.
central to the participant’s motivation for leaving. In addition, his decision to leave was motivated by experiences of from his childhood:

I guess that may—might come from not having my Dad around when he was working away as well...I guess there was an element of that there erm recognising that—that I missed him being around and so I wanted to make sure I wasn’t doing that to my family, I think (p.47).

Not only was the participant relating his experience of being away from his family to a negative impact on the family, but he was also remembering his own childhood and that his father’s absence had negatively affected him, feeling that someone important was missing from his childhood. Daryl did not want to replicate what his father did by leaving the family for years at a time and impose a similar emotional and physical effect of his absence on his own family. Rather than expose his family to the long-term impact of his Army career, he decided voluntarily to leave the Armed Forces.

By the time he had made the decision to change his career course, Freddie had also met his wife. Changing careers provided him with more time to spend with his new family. For two years in his new career, he was working in shifts and able to go home. However, in 2006, Freddie was sent to Afghanistan, which presented him with a new set of concerns that he did not have as a young Marine:

Well they [family] were expecting me to go back to Bastion erm and then erm I was telling [my wife] as little as possible really (p.22).

At this point, Freddie was getting ready to change his role in the service and eventually transition out. The strain of keeping his wife from the truth of his combat duty was exacerbated by parenting and intimate relationship concerns, and missing his family. Similarly for Lionel, he began to feel that life was slipping away from him:

and you actually just get so detached from reality...I remember quite clearly when I left the military and came out, I felt like the world had passed me by for like 8 years (p.41).

Stewart had met his wife while she was in the Navy. She had been used to a military life, and there was little family conflict because of her familiarity with the demands the military placed on families:
Betty’s adaption to civilian life was problematic because despite having a meaningful career, it conflicted with her family life:

[W]e’re finding it difficult to have just a normal mundane existence with each other because we need that excitement. So, that’s quite hard to stomach to be fair - but it’s true (p.15).

Betty experienced the trauma of others while coping with being a visiting officer and experiencing the bereavement of failed IVFs and divorce. Betty sought formal mental health support. Not being in the Armed Forces and losing experiences that gave Betty excitement and reward, had to be balanced against having a family. As with other participants, the demands of military life would eventually lead to a conflict with prioritising career against family commitments. After leaving the service, Betty feared a “normal, mundane existence” (p.15) of marriage and family life and she looked for ways to rejoin, suggesting that there was a sense of regret of leaving something that the participant valued highly.

Betty reports having an easy transition out because she had a plan to leave voluntarily:

I didn’t set out to have a career in the military and wanted to see how far I would go and I would stop when I stopped enjoying it as it happened, I had a plan to leave (p.19).

This participant also had opportunities offered outside of service which presented a challenge to her both intellectually and potentially rewarding should she take part:

So there was no, no reluctance at all to leave the Army because I had this massive goal- no-one in [my field] defence intelligence had this [qualification] PhD. No one was working on such a Gucci, um, exciting project... so it was a no-brainer (p. 9).

The uniqueness of working on a project within her field that matched her training and would utilise her skills, provided a viable enough reason to the participant for leaving. Of the 30 participants interviewed, there were few
ex-servicemen and women who were able to transfer their military skills to a role in the civilian world, or chose to leave voluntarily, or had a plan to leave when they began their service careers.

For some participants the military had also become like a family to them, with allegiances to and camaraderie among primarily the members of one’s unit. Rejoining is a feature of some participants’ transition stories. Although they may have voluntarily decided to leave the Armed Forces, they still felt a level of duty or loyalty to service. Betty said that her story within the military “hasn’t stopped” (p.16) because she attempted to rejoin twice. For Betty the experience of leaving the Armed Forces was evaluated as a “good transition” (p.10). Rejoining for Betty was not as a result of experiencing a difficult transition nor an inability to transfer skills learned in service. Betty wanted to rejoin to continue her service life story because she felt that by belonging and being connected to the Armed Forces in some way, she would be better able to provide a worthwhile service to military families, and be in a better position to give formal support to serving personnel in need when there “really wasn’t much in place” to help them (p.10). She had volunteered herself to a role that had no formal specifications, but with a requirement that she have a sense of empathy for others. What she had trained for in military operations, had not prepared her for working with wounded serving personnel.

6.2.2 Military experience no longer meaningful.

Military experience no longer meaningful refers to one of several reasons ex-service personnel cite among their motivations for leaving. First, ex-service personnel discussed feeling underappreciated for their practical experience. Work was reduced to following pointless orders and performing menial tasks. Second, participants also gave accounts of feeling disillusioned with the Armed Forces because they felt devalued by the institution itself. Third, participants expressed beliefs that the civilian population neither understood nor cared about their personal military experiences. John and Daryl shared similar experiences of wanting to leave the Army and what prompted their decisions. John felt that “the Army is all
bullshit baffles” (p.22) and the concept is best explained by Daryl in his interview:

> I was-I was kind of got tired of doing things for the sake of doing them: ‘Bullshit baffles brains’ is one of the sayings that we used to get and-and it was a case of sometimes you would just have to do something because somebody told you to do it-just for the sake of doing it and there was no real reason or motive that-that you would say: ‘Well, why am I doing it that way?’ And it’s like: ‘Well because I’ve told you to do it’. Well, ok. And I didn’t really appreciate that. Found myself questioning that more and more (p.53).

Daryl, like John, questioned the validity of his orders and felt no motivation or rationale for the work he was tasked with. To follow meaningless orders when he believed his level of skill and training could be put to better use, also ignored the value of his years of military training and experience. Changes in the Army itself also followed what value the Army placed on his service experience. There was also a sense of checked anger and frustration that came out of the interviews with these participants, where John was not prepared to “play the games anymore” (p.53). Not being taken seriously for the experience that they had accumulated conflicted with what participants like Daryl and John had initially wanted out of their service careers. Their skills and exposure to combat experience had helped both John and Daryl survive Bosnia or repeated tours of Northern Ireland and Middle East conflicts, but their exposure to these events and what learning was gained from these tours were slowly becoming devalued.

For Freddie, his service life was not only conflicting with family, but the tours were no longer presenting a challenge for him. After serving in Afghanistan and Northern Ireland, the participant decided that constantly “being in a scrap” no longer provided the exhilaration he wanted in his service life (p.37). Being in the Marines for him, meant “living in a ditch and being wet through and cold all the time” and where “everyone was shooting at you all the time” (p. 15), was not the service life that he wanted for himself. Being in theatre no longer presented a challenge he wanted. He “wanted a job that was “a bit more cerebral...a bit more challenging” (p.15). Not being utilised properly for one’s experiences and skills, leads to feelings of inadequacy, a loss of feeling meaningful, brought on by an uncertainty
with one’s role. The ex-service person organises their worldview from a position of being always available, ready to act under command, and to protect (like “Supermen”, Freddie, p.4). The difficulty of moving on from one role in service with identifiable qualities, to another, less heroic and less defined identity post-service, was frightening. This sense of fear and unfamiliarity of purpose was explicit in the narratives of Jack, Martin, and Matty, and best summarised by Freddie:

I don’t think you ever stop being a soldier. If you’ve done like 13 years, it’s it’s you know, it’s a big part of your life, so I don’t think it ever leaves you become indoctrinated. It’s like, you know, prisoners who do 13 years a prisoner is scared of they’re scared of being released and I guess it’s similar for military guys. Some military guys (p.4).

The Army, and being a soldier and specifically a combat soldier, defined part of this soldier’s life as similar to spending a considerable length of time in prison. He likens it to repeat offending by individuals who once inside the prison system were scared and did not know how to cope with being outside of the military environment after leaving it.

Leaving service as a Lieutenant Colonel, with a “crown and star” on his shoulder Morris felt he did not have anything of importance to contribute from his military service and to the greater society he was about to enter (p.16). Furthermore he also experienced an existential loss, of disconnection:

you end up with this sort of sense of belonging of course, but there’s also a sense of doing something worthwhile and having control and having ability to influence things and all of a sudden the control I had was over...and what time I walked the dog, my ability to influence things was minimal rather than you know around the house sort of thing and it just uh... that sort of sense of self-importance (p.17).

The participant had associated wearing a uniform and his rank with the importance that came with being a senior officer. There was no question for Morris that the years of experience and authority were now of little or no significance outside of his service experience. Even though Morris felt that he had developed “adaptability” from having moved constantly as a child born into a military family. The transition out of the Army was still difficult for him. Knowing he wanted to be a soldier when he
was six and then after 38 years of service in the Army, the participant now
had to decide what he was going to do with the rest of his life. Morris
believed he had “nothing to look forward to” (p.17). Not only was his voice
no longer one of authority, but he was no longer able to see what it was that
was important in his future. He could not speak with any importance about
his past, and there was no-one who would be interested, he felt, in listening
to him since he had no authority. Essentially, Morris found that he could not
have an effect or impact on the world where he once was responsible for
the direction and lives of others. In the world outside service, his past, who
he was, and what he thought about the world, was of little or no
consequence. The discontinuity of personhood for Morris occurred as a
consequence of losing his voice, and the need to feel what he said and did
was worthwhile and mattered, led the participant to volunteer with the Royal
British Legion – an action that many participants found themselves
repeating after they left the Armed Forces where they either rejoined the
service as volunteers or found other ways to remain connected to their past
service lives. There is a tremendous conflict during this struggle with
transition between the individual as they were, and the individual as they
are in the present.

Leaving the service reduces the opportunity for participants to identify
with an organisation that rewards unconditional duty and loyal service.
However, challenges to one’s identity occur when participants “fight the
transition process” (p.19) especially when the transition is from a defined,
valued and valuable role, into the unknown. The process of change is less
disciplined, and far more unpredictable.

6.2.3 “Disabled for life”: The end of the Armed Forces career.
Fighting against or accepting the transition process features heavily in
this chapter, particularly when participants are psychologically and
physically incapable of fulfilling their duty. Physical disability and leaving
military, is described by Nicholas as being an “extreme” frustration he
experienced at not being able to rejoin his regiment after an injury forced
him out of the Army.
And in short, that’s where I finished up, operated on my spine that was in ’45. I have to say I was very upset then I had never got back to my regiment after ’44 (p.17).

For Nicholas, his service career was finished through injury and not by choice. What he had experienced as a young and “fairly fit” young man (p.17), the injury to his back had kept him in hospital for a year. Nicholas “never got back” to what he was:

it’s such a serious thing that that um head and spine you you’ve not much chance you going back to the Army as they say you’re not fit enough to be a soldier and it-that-that... I thought that really hurt I though ‘ugh’ but there we are...I was just a young roe lad of 18 when I went and I came back all disabled for life (p.19).

Participants shared accounts of how they were coping with physical and psychological disability. After losing mobility in his lower back and shoulders, Freddie eventually went to the hospital in 2010 where he learned he had fractured his back as early as 1996:

[From 1996] to 2010, I was running around with a broken back. Sounds silly, don’t it?...That’s what it’s all about. That’s why it’s called ‘soldiering on’. Soldier on... You just keep going (p.29).

Despite his body being compromised by the years and hardship of service training and repeated deployment to combat tours in Northern Ireland, Afghanistan and Iraq, Freddie took pride in how he coped with his injuries. He acknowledged that as much as he regrets no longer being able to serve, had he remained in the military, his life might have been much more different:

so the chances are if I’d have stayed in, I’d probably be paralysed now from the chest down. So gotta you know gotta be grateful for small mercies, haven’t ya? (p.32).

Freddie had faced his own death and the death of others, survived attempts of the enemy to kill him from close range, and yet wanted to continue to serve. He had delayed seeking mental health support while in service and post-service. However, when his body could not fight to overcome his physical injuries it was in this period of his life that his body was deteriorating, preventing normal physical functioning. Essentially, he had to save his own life by cutting off his connection to the Armed Forces
and from being a soldier.

Other participants described their experiences of involuntary leaving and the subsequent change in their identities as no longer military men and women. They struggled with leaving the Armed Forces and returning home, entering a new environment outside the safety of their military surroundings. The following section will explore participants’ accounts and perceptions of good adaption and troubled transition from military service into the civilian world.

6.3 Living Outside the Military “Bubble”

6.3.1 Positive adaption to post-service life.

Good adaption was experienced when participants prepared to leave the Forces voluntarily, who had prepared financially for resettling, or who had formed and maintained friendships outside of military service and friends they could go to for support. Participants developed service skills that were easily transferred into civilian employment which aided transition.

Freddie felt that he had a good experience of the civilian world through employment. The participant was earning more than he had as a soldier, and was in an environment where he was liked by his colleagues, also ex-military personnel:

I was working as a security guard in London erm there were er I was working for a company that sub-contracted ... erm and it was the most boring job, but they wanted ex-military guys... and I got promoted a couple times quite quickly because they liked me (Freddie, p.25).

Freddie attributed a good experience and adaption to civilian life to his ability to advance and earn more than he had as a soldier, transferring his combat skills to corporate security. Daryl did not have a difficult transition into civilian life and found employment as soon as he left the Army. His story is shared by other participants (like Paul, Roger, and Betty for instance). As he “progressed in his career”, Daryl found it “very strange that people find it [civilian life] alien” (p.46).

Freddie found employment after service and felt he had gained from his service history and even excelled outside of service through earning more as a civilian. He gained a sense of achievement through gaining
employment. Curtis had felt unprepared by military service for post-service work. When he joined the Army, he wanted for someone to encourage him to think about leaving and making a transition plan before joining because leaving (for a variety of reasons) was inevitable:

All I wanted...is someone to say to me: You might leave tomorrow and you’ve failed. You might get injured, you might leave for personal reasons, you might serve a full career, but you will leave (p.6).

Curtis felt unprepared for the end of his service and even less so because he had no choice in when leaving happened. He may have felt more in control of his future if at some point he had realised that he was not going to be a soldier indefinitely. Looking back on the tools that he could have had to help him leave was less about the decision to leave and more about putting a plan in place towards making the adaption to civilian life a more positive experience, regardless of how long one’s service career was.

Participants also experienced good adaption when it was their choice to leave service either through retiring or by not renewing military service contracts. Stewart made the decision that at some point, I was going to have to make a second career. I wasn’t gonna necessarily retire age 55 sit down and do nothing (p.22).

For Stewart, preparing to leave made transition a good experience that he looked forward to

transition from military to civilian was good it was an easy transition they had already been prepared for it – for other people it wasn’t as easy because they hadn’t thought about ever leaving (p.22).

Barry had formed friendships outside of the military and this, he felt, helped keep him to remain connected to the world outside the Armed Forces. Stewart also associated good adaption with his and his wife’s network of friends outside of the military who were sources of support:

You know I think the friends that we [participant and wife] had, many of them aren’t in the military at all you know, so that they could see what I- what I was doing, um, and I had great support from all those people. (p. 11).
While on leave, seeing friends with smartphones and other new technology, made participants like Lionel consider ending his military career because he felt disconnected from the outside world.

6.3.1.1 Positive reflections on post-service life.

In Chapter Four, following a family tradition is a theme that was explored. In Chapter Five, participants talked about their achievements in service. As in positive adaption to post-service life, this theme references the continuation of family heritages, pride in the family, assessing challenges and how they were overcome. Paul talks about his own son, growing respect for his son, and his decision to join the service:

but erm a lot of people have asked me the question: Well is it because he’s joined the Army and he’s followed in your footsteps, that you’ve started to respect him more? And I thought well, yes, there’s a lot to be said for that (p.48).

When participants talked about their achievements in their post-service lives, they talked about the achievements of self through family, which were exemplified by Nicholas’s feelings of success and having made great accomplishments in his life having witnessed his family make their own stories:

Successful... all those people there. All those people there have made a success out of their lives and I’m very proud of them and my twin brothers, wonderful. I’ve made great strides in my life (p. 22).

At the end of the interview with Nicholas, he reiterates his satisfaction in overcoming the hardship of war, tragedy in his personal life, and being ‘not very bright’ (p.24), to having lived a ‘brilliant’ life, that at age 92 he feels is exemplified in his family:

That’s my life and I think: Brilliant. It’s great. Yeah. I’ve got a successful family there. Yeah (Nicholas, p. 27).

Paul reflected on a theme of early life experience of feeling neglected, about how he and his father had divergent personalities, and the differences in their perceptions of what family responsibility entailed. Paul was adamant that the distinction between his father and himself was explicit and he repeated this separation in the interview that he shared none of his father’s qualities, and did not feel the need to “make sure everybody knew
he was in the room” like his father would (p.4). The participant would be available emotionally when and if his own children needed, unlike his distant father.

While talking about the past and his relationship to his parents, particularly his mother, the distance Daryl put between him and his original family was deliberately as far away physically and emotionally as possible, with the participant stating that: “I've got no reason to move where they live” (p.34). Daryl chose to be as far away from his mother’s depression as he could, both emotionally and physically as a child as well as in adulthood. The RAF had offered him a way of keeping his distance and an escape away from mental illness in his family both while he was serving and after he left.

Freddie said that he did not want to get “stuck” in thinking about what happened in his past or the consequences of ruminating about his early childhood experiences:

> Yer just gonna end up not being able to look after yer family and look after yerself. And my family’s the most important thing to me. Doesn’t matter what happens to me, as long as they’re alright and as long as they’re looked after that’s fine (p.34).

The participant wanted to take care of his own family regardless of what might happen to him.

As with other participants who had grown up in military families, they were keen to pass on the family tradition to their children. Paul's stepson was also following in his footsteps to join the service. Other participants like John, Freddie, Terry and Simon also expressed their support for their own children if they considered joining or were about to join the military. Six other participant interviews revealed a similar theme about making sacrifices for family and achievement of the self through providing for one’s family and putting family first. This feeling was shared by participants regardless of whether they had suffered adversity in childhood, disconnected from family or whether they had a tradition of family in the Armed Forces or not.

Freddie took time to respond to a question about whether there were important past life events that impacted who he was. The participant linked
experiences in his teenage years, to long-term effects on his adult life, but was reluctant to be explicit. The participant imagined himself talking to and guiding his teenage self, guidance he lacked in his family of origin. Freddie described how he would have wanted to have more self-efficacy as a teenager and to “stop being a dick” (p.33) in order to achieve his goals:

There are important things in life and if you want em go and get ‘em. Nothing is nobody is going to give you anything in this life. Nobody is going to hand you anything on a plate. If you want the nice things in life, you’ve gotta work hard for it, you’ve gotta go out and get it. If you want to do the things that I’ve got, you know, like joining the Marines (p.32).

Despite the past experiences that Freddie felt interfered with his potential academic achievement and his post-service long-term wellbeing, he reflected positively on making the choice to join the Marines:

I don’t regret anything that I’ve done – I don’t regret joining the military – I loved it. I don’t think I have got many regrets in life. I think life’s too short (p.32).

He reflected positively on the service life he gained from being in the Marines: “the military made me who I am now and I think I’m a better person for it” (p.32).

6.3.2 Troubled adaption to post-service life.

Some participants experienced difficulty adapting to post-service life. In these participants’ stories, specific skills acquired in service (sometimes developed over long periods of time) were now incompatible with or lacking direct transfer to civilian employment. Leaving was harder for those participants who longed to stay in service and were forced out. For example, involuntary redundancy was cited as either having an immediate or delayed impact on adaption after service. Troubled adaption was also linked to involuntary transition out of service when participants reported being disabled out of service through injury sustained in service or on operational tours.

Jack’s experiences in the civilian world were like Andy’s; negative, particularly when he came into contact with civilians in the workplace and civilians in general. In correspondence with Jack he added that:
In my case it was realising, from working in large organisations, that getting on is not based on merit; everyone is too busy looking to see who is coming up behind them; standards that I aspire to are too scary for my work colleagues...realising after trusting people with your life you could not trust the majority of people you work with now with your pencil sharpener (personal communication, 19th January 2015).

Not being able to trust people, having come from an environment where loyalty and trust was instilled in the Armed Forces at the first stage of the military career. Andy’s negative adaption to the civilian world was related to contact with neighbours:

we’ve got next door neighbours who I think that are erm a similar age to us and erm apart from saying ‘hello’ now and again when you’re walking outside the door you you know you hardly say two words to each other erm and that and that just wouldn’t happen in the armed forces (p.16).

The feeling of suddenly being cut off from service (involuntary leaving), and the loss of importance that followed as a result of contact with civilians, was echoed by Morris. His decisions as a high ranking officer were once vital to the survival of his unit, and therefore of real value. But after leaving the Armed Forces, the participant loses his voice and purpose, along with a feeling of loss of influence because, as a civilian, he became indistinguishable from any other person. The loss is acutely felt after service life ends and the participant’s voice of value is replaced by a feeling of being devalued by the civilian social environment to which he now had to belong. Morris’s story illustrates the crucial period (for him, six months) of loss of possessions, belonging:

But when you leave of course it’s not a case of just leaving your job as you know, you’re leaving your friends, you could be losing your house, you could be losing your social groups (p.17).

The participant believed the transition out of service lead to questioning his own identity and purpose in the world, similar to other participant’s experiences after service:
Even your sense of sort of self-importance if you like because you know one minute people are listening for what you’ve gotta say and then after six months leaving the army you’ve got nothing to say or at least that’s the way it felt initially. Umm so that first few months on leaving the Army was a bit of a nightmare to be honest (p.17).

While in service the participant felt soldiers listened to him intently because their lives depended on what instructions he gave those under his command. But after leaving the Army Morris believed no-one paid attention to him because he had nothing important to say:

it was that sort of six months if you like that from first leaving but yeah I felt like I had nothing to say and I was dreaming about the Army every night, that’s the only thing I’ve known for my adult life (p.17).

The participant declares that he is “better” now (p.17), but for 6 months after leaving the service, Morris compared the intensity of leaving, to a sudden loss of control, of losing himself and feeling physically disembodied:

leaving the Army was a bit like having your...one of your arms cut off you know, you’re out on your own (p.17).

Participants such as Nicholas, Will, Jack and Tina also experienced this loss of purpose that they once had through belonging to the Armed Forces. They viewed themselves as people who were once doing “something worthwhile” (Morris, p.17), but who now felt unrecognised for their past achievements. The affect, as Morris describes it, was rapid, unexpected and ultimately silencing: “sudden...it’s like I didn’t have that voice anymore” (p.17). The need to rejoin as a way of coping with leaving service was best expressed by Morris when he said: “I thought about going back to the Army. I was absolutely terrified of leaving...” (p.17).

Nicholas begins to talk about his experiences after WWII and how the disability he suffered while in service, changed his identity as a soldier before he was ready and while he was still youthful and healthy, to a man who saw himself as struggling to pick up his life again from where he had left home as a teenager:

six years is a long time at war. Now its six months and the boys have to come and have a rest, but we were six years at
war without a break. At least we got a leave now and again... six years out of your life... (p.19).

Having joined the Army and “moved on six years from being a boy to being a man” (p.21), later in the interview, Nicholas repeats the story of returning to life after war. He recalls the length of time he had given to service, and the time he spent trying to recover:

I remember we were saying it took six years out of our lives and one lad put it he said it took me six years to get back where I started sort of thing. Some were fortunate enough I suppose to get back to where they carried but I don't know. I'd say for the most part I agreed with him. It took me years to settle down. It took me years and years to settle down (p.21-22).

Nicholas repeats the statement that he had lost time because of serving in war time and had to regain his life. Being injured during service was deeply troubling for him because the years it took for the participant to “settle down” were unsettling and destabilising. Nicholas’s life had to change after six years of service and the repetition of the number of years is like a catechism to teach the listener about the hardship of his past life and the ordeal his life had been not just during the war but after the war was over. The trauma of the participant’s wife’s physical illness added to the past trauma of a physically and emotionally troubling post-war recovery. Nicholas was now forced to move away from his original family and closer to his wife’s family for support. Eight years after the war, he found he had to begin his life again. The severity of this time in Nicholas’s life impacted him and his new family, and made the return to “civvy street for the main part, very difficult” and the memory of this time is always there” (p.21). Changing identity was seen as a welcome and expected outcome of leaving the Armed Forces, which helped positive adaption post-service. For certain participants, the magnitude of leaving the service created identity crises, resulting in feelings of exclusion and painful separation, or an unwillingness to connect with the past reminders of one’s pre-service life. The Armed Forces is seen and experienced by some, as a family. This type of family offers reassurance and protection in the form of commonality of purpose,
unity and togetherness with others. Once leaving the Armed Forces, a once protective and omnipresent bubble, bursts.

Will gave an account of his step-sister who tried to find him after he returned to the UK from Palestine:

I never called [my sister]... I stayed in London for three months with a girl. I [didn't] want to call [my sister] (p11).

Here, the participant was visibly excited as he shared this account. Will leaned forward in his chair, sharing in a conspiratorial way with the researcher an event which, despite having occurred nearly 70 years ago, was being told as though it were recent. Not wanting contact with his original family was an extremely present emotion. Will later described making a conscious decision to connect with his birth mother in his mid-50s. After locating her, he remembers the disappointment of her inability to continue a relationship with him in adulthood. Being unable to connect physically or emotionally with either parent or not knowing much about his family history was symbolic of the participant's lack of attachment to family. However, Will later learned that he joined the RAF just as his father had before him, connecting with his father through an unconscious continuation of a family tradition of military service.

For participants like Tina, making new connections between self and the outside world had been difficult before joining the service and became a struggle post-service:

Well no cos you're out the club... it's very rare to keep friendships going after you've gone - you don't... That's the problem, it [leaving Forces] rips you apart. Absolutely ripped me apart (p.38).

Being in the Army meant Tina was part of a club. Once the participant was no longer a member, those friendships were lost, entry into the club was prohibited and, for the participant, she was ripped from the friends she had made, friendships she found difficult to make originally:

I was tremendously jealous of people who did have friends, but I just didn’t know how you did it. I didn’t know what it meant (p.38).

Being torn away from the life she had in the Army, not being like other women who had jobs as typists or nurses, but to be someone forming an
identity that differentiated her from other women, made reconciling who she was and her new, less exciting job as a driver, a much more disruptive adjustment after transitioning out. The forcible separation that she felt leaving the service, also pulled apart the identity she had developed as a soldier. Tina's new job would never be as exciting as her role in the Army, being the first of her kind and the youngest. She was set apart from the rest, like the belief that she was the “crème de la crème” instilled in her at school (p.40).

Lack of services within the Armed Forces features across the stories of participants who wanted help, but who, like Curtis, felt cut off from informal support provided by comrades they had left behind in the military:

there’s no-one backing me up...there’s not really the network that you tend to have in the Forces (p.13).

Ex-service personnel experienced some form of physical or mental health problem after leaving the service. Mental health problems and experiences of mental healthcare and support post-service are explored now to understand to what degree (if any) participants linked post-service experiences to their current wellbeing and whether pre- or service events are integral to those perspectives.

6.4 Mental Health Problems

6.4.1 Lack of formal services.

Based on the literature review some veterans experience mental health difficulties while in service, but only report problems some time after they leave service (for example Busuttil, 2010). All research participants were asked if they sought or received some form of psychological help, even if they had not reported experiencing mental health problems while in active service. The lack of formal services theme includes psychological as well as social (practical) services. The lack of formal services or limited knowledge about what formal services are available is experienced by and has an effect on veterans and their families’ well-being post-service. Participants tended to talk predominantly about their experiences with mental health services, but they also occasionally included accounts of the
effects on the family when experiences of mental and other types of wellbeing services were evaluated.

John and Freddie provided experiences about the loss of excitement they had received from being in combat. For Curtis and Aaron, avoiding being killed in Afghanistan and Northern Ireland respectively gave them a level of excitement. However when those periods of activity were replaced with inactivity, participants remembered their sleep being disrupted or disturbed:

Apparently I twitch in my sleep, and I never used to twitch. Ever since I came back, I shake in my sleep...it doesn’t affect me in any way, but it sometimes just keeps her awake...and she worries about me. But yeah, so she-so I twitch now in my sleep which I don’t-I don’t know if it’s related, but she said it’s ever since I got back (p.65).

Participants like Curtis, Aaron, and Lionel, for example, reported troubled sleep. Lionel’s involuntary physical tics began after his return from Afghanistan and occurred at night. This was perhaps a physical manifestation of trauma, and an analysis of his reactions could be linked to a normal reaction to being exposed to combat. There may have been possible physical and psychological consequences of his combat exposure however the participant assessed his current response to combat exposure as having no “affect [on him] in any way” (p.65).

Once the excitement of service and the danger of being on operational tour is taken away, there is a silence that follows along with inaction and loss of purpose. For Aaron, Jack, and Morris, the silence gives way to memories of attack and danger. Experiences of dodging bullets and protecting comrades during combat were replayed in nightmares. Participants’ mental health impacted their partner’s lives and Curtis remembers sleepwalking:

I knew I wasn’t right. I’ve had some periods of sleepwalking and I found myself in the kitchen and I said: ‘What am I doing down here’? And [my wife] said you know-she was finding me in places and I’ve have to be sort of put back to bed (p.5).

While participants like Curtis and Aaron were living out their combat experiences at home, their partners were witnessing and being impacted by the outcome of these experiences also.
Not accessing services and barriers to getting help was another theme of mental health problems among ex-service personnel, as described by Paul:

.servicemen is the biggest problem they have is sitting in front of a counsellor and the counsellor with the best will in the world and experience – they don’t understand what that’s soldiers’ talking about, they’ll get up and walk out, because they’ll know that you don’t understand what they’re talking about (p.20).

Not being willing to communicate with civilians and/or family members about the psychological and physical struggle he was having, forced Paul to a point where he could not ask for help and could not see any alternatives:

I was that angry and in that much pain. I did actually think – and I hasten to add I thought about ending it all...because of the pain. If I hadn’t of had the amputation, you wouldn’t have been here asking me these questions...but if I’d have attempted [suicide] and woken up and still been in this pain, I would still have attempted it and the only way you could have stopped me then, was to put me somewhere (p.30).

Paul reaffirmed that he did not want to harm himself, however he did contemplate it as a way out of the intensity of the pain that crippled him physically and emotionally.

Daryl gives an account of not being able to help one of his officers who was having a mental health problem while stationed in Kosovo:

So the guy – once we’d finished the actual hard bit and moving into Kosovo, he actually had a breakdown while he was there...when I think back and quite embarrassed to say I wasn’t supportive at all but-but, I don’t know if it was the environment and it was expected of you, but it was seen as a weakness (pp. 43-44).

Asking for help for mental health would be seen as a sign of weakness. The response to a public attempt at suicide was for the officer in the participant’s command being removed from the warzone environment and sent home as quickly as possible. But Daryl’s recall of the event was one of regret for not offering or being able to provide support to someone in his Army unit who needed his help. This leads to the next sub-theme of mental
health service and the lack of support available or perceived as unavailable to servicemen and women after leaving the Armed Forces.

Within the theme lack of formal services, participants realised they were having problems coping, but formal support was thought of as hard to find, not available, not offered or denied to veteran and family members alike, for example practical information about social services. Curtis found a lack of general services or practical support that would help with transition out of service, only added to feelings of confusion about leaving:

Things [resettlement information] are there but they're filed away, squirreled away down stovepipes and rabbit holes, and the language used isn't helpful and it's all there, but you need a guide and an interpreter. So that-that's clearly wrong (p.6).

He found multiple obstacles in his way of getting the information he needed, which may have reinforced his sense that transition out was like an elaborate assault course. The Armed Forces made dependency easy when you were joining, but made getting information (and subsequently, independence), labyrinthine. As mentioned at the start of this theme, on occasion, participants shared accounts of a shortage or failure of formal support, which then affected participants as well as their own family. Nicholas also spoke about the need for families as well as veterans, for any form of support, particularly in the shape of financial help. He believed formal support had been historically denied to military mothers and other bereaved family members:

I just wish it was-it was our mothers who needed help and you would have thought in those days it er, that they needed to... they lost-all these young men they lost in World War I and you would have thought this new generation had needed-would have had that little bit of help, but nothing. Not a-not a bean (p.22).

Nicholas speaks with a sense of measured frustration as his voice rises slightly in volume, not only about the lack of formal services, but also at this time in his experience as a son of a WWI veteran, and a WWII veteran himself. The impact of not having access to or information about where to get financial support affects survivors, and he had witnessed this not only in his own war cohort, but across two war generations. Not only was there a
lack of mental and physical healthcare for returning veterans, but families were affected as well. When the veteran’s own family experiences physical or psychological health problems, this has an effect on the veteran.

Eventually, when Nicholas found formal services that could help, it came in the form of practical financial support from the Armed Forces charity SSAFA (Soldiers, Sailors, Airmen and Families Association) when his wife became ill and he “hadn’t any money” (p.25).

The SSAFA bought my ticket to come down here, a one-way ticket to Portsmouth and I’ve written into my will that they will um be well you know if it was 50 quid then well it will be 500 that sort of thing so when the time comes it’s Soldiers Sailors and Airmen will er enjoy if that is the word (p.26).

The SSAFA provided money for him to travel from his birth home with his wife, back to her family home. Soon after, he was able to look for a new home and employment. Practical financial help was a welcome relief for participants like Nicholas post-war, reducing his anxiety over his financial situation, becoming a father, and coping with the deterioration of his wife’s physical health. Physical healthcare services, such as the National Health Service (NHS), were thought of as inaccessible by veterans interviewed, or, in the case of WWII veterans like Nicholas and Derrick, simply did not exist.

Nicholas served during WWII and provides the best description of what his experience was like for him and others like him returning from the war and having no formal healthcare provision:

No we got nothing. It was very poor. Lads who returned from our war, weren’t treated, er, weren’t treated at all really. Of course the-the health service hadn’t got into-into business. You had to do the best you could...I was one of many thousands of troops who were given a warrant to get out of hospital and I could hardly stand up. Nobody to talk to or-or, you know-it was just difficult on your own, er it was just the way it was (p. 26).

John recalled the effect of his combat tours and being in contact with mental health services. He experienced it as inadequate, when he says that there “was nothing when I got out”:

Nothing. That was it. I got one yearly session after that and a review every year but I'd sit in front of three people and they'd go 'how do you feel?' and I'd go 'alright', 'if we'd kept you the
same would you be alright?’ ‘Yeah, ok alright’ ‘Downgraded for another year’...Just kept me downgraded so I didn’t have to deploy (p.36).

John describes a feeling of abandonment and being patronised about his mental health, but also punished for his stress reaction to being deployed. He was punished on the one hand for not being able to do his job and for the psychological toll the job had taken on him.

For Simon, being accused of not having a real mental health issue, lead to serious consequences to his mental health:

So I went to the doctor and I said: ‘I cannot deal with the job anymore’. And he went, er: ‘Nah, nah, nah. There’s no problem’. I think I might have it in here – and I-and I’m saying to him, I just can’t do this anymore, and he’s giving it er: ‘Fucking nowt wrong with yer. Just get a grip’. You know, and I’m trying to tell the doctor that, you know, it’s not like that. I said: ‘I’ve been out in the Gulf’. And he went: ‘No, you haven’t’ (p.141).

Simon was denied access to formal psychological services, and then denied a mental health diagnosis, despite seeking help. He was met by a professional with derision and dismissal. For Simon, he was left with the conclusion “that there was no fucking help” (p.115).

While volunteering to support grieving families, Betty said: “there wasn’t [support available] anywhere before” (p.16). Betty recalled a senior visiting officer who experienced a breakdown as a result of supporting soldiers who returned from tour with combat-related injuries. The participant reminded the researcher at the end of the interview, that officers who had to visit families to notify them about the death of a serviceman or servicewoman, would have liked more support available to them:

[T]hose of us that were visiting officers... they had nowhere to go to for professional help...no one there to handle them and say: it’s ok to be sad. Or it’s—it’s absolutely fine to show emotion’ (p.17).

The effect on others who were responsible for the notification of grieving families was recalled in this story about her senior officer. Betty associated the senior officer’s behaviour with “soldiering on” through the trauma of supporting the bereaved and injured, while concealing any signs of a
mental health problem or breakdown. She received training in trauma management, but not without first experiencing the feeling of having no mental healthcare provision for the bereavement support work she was doing. Betty’s is one of the few veteran stories of positive experiences with mental health care. There are a few stories of ex-service personnel who found their voices and asked for help, and their perceptions of mental health help once received was positive. Betty described accessing formal support from a charity specifically tailored to veterans’ needs:

we have so much of wellbeing people here and members of the staff can see them at any time if we have any issues...could be 18 months ago when it was really bad um, so I’ve spoken to them about my issues...(p.16).

6.4.2 “Always a soldier”: Service behaviour incompatible with normal functioning.

The sub-theme, *generalised behaviour from combat*, was developed from reading transcripts where participants performed routines and behaviours relevant in military service, and adopted these actions or behaviours in civilian life. Frank, although not having been exposed to combat, still adopted rituals from his military service that were transferred to his post-service life:

I was getting up at 5 in the morning every morning, cos it was just what I was used to in the RAF (p.15).

The participant did not have to start work until 9am, but became used to waking early, although there appeared to be no actual benefit from still having a military routine in post-service life. Adhering to military routines and behaviours continued to define the participant. Curtis’s story is one of a few examples of generalised behaviour from combat:

I’m going along, oblivious [...] I pulled my phone out...This guy somehow [...] shot past me, grabbed the phone out of my hand and was off down the road. I had forgotten about being aware of my environment in terms of threat in that way. If I was in Iraq or Afghanistan, you know, you don’t focus on that phone at the expense of that awareness. But I’ve now rediscovered my peripheral awareness (p.14).
Here, Curtis had forgotten behaviours and routines he had learned to stay alive in combat, such as vigilance and awareness, but had forgone those behaviours when he returned to civilian life. Giving up his combat routines had made him vulnerable, rediscovering awareness was a method of protection. After he left the Army, Barry’s view of the world was changed because of the ritual of checking under his car for bombs. Barry recalls passing on behaviour he learned in the Armed Forces to his wife:

I had to teach my wife when we started having a relationship to search under her car for a bomb, you know, nothing really dramatic about it, it’s just something you did every morning, searching underneath your car for a bomb (p.28).

Even after he left the service, the threat of the participant and his wife being targets was diminished:

Er, never had to do that in Kenya, and so your attitude towards risk changes because, you know, out of necessity. You recognise that these [car bombs] could happen and could always happen...Doesn’t make you erm want to avoid them any less, but erm but there’s a different way of doing things – or-or of looking at the world (p.28).

Barry and his wife’s’ rituals became a constant part of the way they lived their lives, being constantly alert to hidden dangers. Eventually, his environment changed after he left the services, and rituals he adopted to stay alive were was no longer useful or necessary. But his world view and the way he organised the world to make meaning from it and to navigate it, changed what he did, and in essence, who he was. Simon’s complex rituals and generalised behaviours are associated with being in a combat zone:

Simon: I’m unhealthily worried about security of my home. You know, I need to walk around, lock everywhere up, forget I’ve done and go round again
Researcher: - This is a-this is not even a- this is not a product of you’re thinking that you’re under attack? –
Simon: - No /
Researcher: - or you check all the locks because /
Simon: - but I just think everyone was gonna try to get into my fucking house (p.35).

Ensuring that his house was locked up securely every night was borne from taking care of and watching over the bodies of soldiers on his grave duty. Simon’s house was secured against what he thought was a threat and the
ritualistic behaviour was carried out “just in case fucking dead people turn up” (p.35). Simon created a separate personality to whom he attributed his “unhealthy behaviours” because “You know it’s—that’s what goes in my mind – well not in my mind, in that fucker’s mind” (p.35). In this way, the participant distinguished between his obsessive, ritualistic self and a protected stable sense of self (p.35).

6.4.3 Rejection of symptoms or diagnosis.

Rejection of symptoms or diagnosis is a theme developed from reading participant stories around noticing a change in their behaviour or self and was a cause for concern. Participants who sought help, either thought diagnosis was helpful because the problem was identified, or, they rejected a mental health diagnosis. Misdiagnosis of self occurred where participants did not see the problem or, not having a concept of good psychological wellbeing, participants were unable to compare good vs poor psychological health. In some participants, there were immediate or delayed reactions to service-related mental health problems.

When John first reported he was having mental health problems, he gave an account of being diagnosed with battle stress. Wanting to learn more about why he was stressed out and not able to go on combat tours, he recalls searching for and rejecting PTSD:

Cos that's what I thought I had, cause obviously I've killed people and done stuff so I was like 'Oh I'll put that in' and I thought its not that, I'm not having suicidal thoughts and what have you... I ruled that out straight away (John, p. 34).

Because casualties in combat was seen as an obvious condition of his work, the participant had ruled out killing people as having any potential traumatic impact on his behaviour. Terry, Jack, Martin and Curtis all shared this reality of their military experience. But as Terry reports: “nothing prepares you for killing” (Terry, p.10). Not being prepared for how his role in the Armed Forces would affect him, suffering from mental health problems as a result of service, and initially rejecting the cause of mental health difficulties, was a feature across six of the participants who had experienced combat. One participant experienced combat in Northern Ireland, however, felt that this experience may have affected them, but did
not wish to seek mental health care for fear of “what I might find” (Tina, p. 46). Additionally, two participants reported experiencing mental health problems, but had no direct threat to life in service, and also rejected their diagnoses. In Tina’s case, having experienced the height of violence in Northern Ireland as a teenager in the Army, Tina was aware of what may have been a combat-related psychological issue:

I am very conscious of things that I’m doing today that I wouldn’t normally do. Like, I would normally look directly at you all the time because I am a direct person and I’m aware of the fact that I’m looking over there. But I think it’s because we’re-we’re-we’re sort of wandering off into my Pandora’s box that’s been locked for a veeeery long time. And I am blessed and cursed with absolute self-awareness (p.46).

The impact of revisiting those experiences by suppressing them, is established later in the interview when Tina admits:

I think my worry is, opening it all up... I-I don’t want to be delving into my psyche ...because if you open it up, I would be gone. I’d be needing [psychiatric] services, not a psychologists (p 61).

Unlike Nicholas and Derrick who did not have the option of formal healthcare during and immediately after WWII, post-WWII veterans who were provided public healthcare (and mental healthcare) described their experiences with the NHS community mental healthcare services, as inaccessible or uninviting, as vividly described by Aaron:

So talking didn’t help. The thing that didn’t help [was] talking to someone who had no experience. The things that made me safe, were my bulletproof vest...Counselling was pointless, and so upsetting. Just didn’t seem to work (p.19).

Aaron found more safety and comfort in the bulletproof vest that kept him alive in Northern Ireland. Wearing his protection, knowing how it worked and the merits of that protection offered the participant more support than anything he found when in contact with formal services. In contrast to the experience of not having mental healthcare access, Freddie described the impact of not utilising the mental healthcare service that was provided while he was in service and dealing with the death of his comrades:

About the first six months when I first left were incredibly difficult. Erm lots of nightmares er drinking too much, erm not
you know and then the stress of leaving the Corp and erm having to find a new job and you know that uncertain future. Er...erm it was couple of bottles of wine. Erm and it was just trying to knock myself out to get to sleep and then when I was asleep I was having nightmares. I was sleeping I was sleeping fine when I was out there- it was when I got back. I think it was like when you get back and you know you start to process stuff I think that’s when it bites you in the arse (p.24).

One year after leaving the Armed Forces, Freddie was still experiencing mental health problems. At the advice of a friend, the participant contacted a veteran’s mental health charity for help however he decided not to receive help under residential care:

I went to go up and see Combat Stress and they basically wanted me to come live in for a week and I said: no, I’m not- I’m not doing that. I’ll deal with it myself. So I did (p.25).

Later, being employed in a new job created a barrier for Freddie prohibiting him from accepting the help he wanted:

I couldn’t stop working for a week and then, you know – no it was two weeks they wanted to live in and I thought: no, I can’t do that you know and I didn’t have any leave from the new job that I was doing, you know. I’d not been there long enough to ask them for two weeks off (p.25).

While in service, Freddie was faced with the dilemma of getting help, or not returning to work. He had delayed the opportunity while in service to seek help for potential trauma, and now Freddie in a difficult position again to prioritise his work over his mental health. Freddie declares repeatedly that he does not have PTSD:

I don’t don’t think I’ve got PTSD. Erm. I get angry sometimes, I get pissed off sometimes. I’ve never hit my wife. Never hit the children. Erm and they say, you know, when I get angry you know, I’m scary. And, you know, I feel guilty for that. But I don’t think I’ve got PTSD. Everybody gets angry. Everybody gets pissed off, erm, and there are certain things that push my buttons, but, you know erm you know I hear stories of guys who have got PTSD and I don’t see myself in them (p.26).

He recognises his anger at his children not as a result of a mental health disorder, but as a normal expression of anger:

I’m just a normal person. Yes, I still do have nightmares occasionally. But, lots of people have bad dreams. Erm you know I’ve been in some pretty extreme situations and it’s
gonna have-it’s gonna have an effect on you. But I-I think that I am a relatively well adjust- well-adjusted person (p.26).

By normalising his experience, Freddie felt that he was like everybody else, comparing his occasional nightmares to “bad dreams” that people have (p.26). He reiterated he did not have PTSD, that he “just needed time to process everything” (p.26). The participant declined help and decided he was going to manage the psychological effects of having been in “pretty extreme situations” on his own without formal support (p.26). Freddie would, however, seek formal medical help for physical injuries he sustained while in service.

6.4.4 Informal support.

When participants’ informal support network is compromised, lost or unavailable to the veteran, it has an impact on the veteran who, as mentioned by research participants, feel formal sources of help are unavailable or lacking. In some cases, participants also gave accounts of his/her family members’ experience of support. Nicholas remembers the evening in 1953, when his wife was diagnosed with polio:

[She] didn’t look well and we got this fire going in the upstairs bedroom and after a while she said I can’t feel my legs, I can’t feel my legs (p.23).

He remembered his young wife as “a live wire-she was very strong”. (p.24). The stress of having to find a way to support his wife and eventually her declining health, jeopardised Nicholas’s support network, particularly as there was a lack of medical health and wellbeing services available. His wife became paralysed from the waist down after they both learned at the same time that she was pregnant with their first child. Nicholas recalls this period after the war as “a long, long haul for the best part of two years” and hearing from the doctor that “what she is now is what she will be for the rest of her life”, the physical and mental obstacles Nicholas would face would impact him emotionally (p.24).
Participants discussed the difficulty of coming to terms with leaving and losing the camaraderie created in service, a theme developed in the previous chapter. When asked what was missed about leaving, Curtis talked about missing his friends:

Clearly the camaraderie is part of it. Because it-it-it is more-for most people-just a job. You live amongst your peers...the-the group-you work together, you socialise together, you do sport together. Um and it-it forms um a bond in a way that I don't believe exists in most other careers (p.13).

Nicholas recalls meeting up with a “bosom pal” (p.19) that he had served alongside and talking about war experiences with comrades was done at reunions, but not with family members. Talking about the war with friends, Nicholas found it difficult to talk about his experience with his brother who had also served in WWII:

[We] always seem to meet up again after and reminisce and go over things. It was-It was, yeah. It was-it was-just-he didn't want to talk about it and I didn't want to start the conversation... (p.19).

Nicholas agreed that it had been difficult for him to reminisce about the war experiences with others who had not served. When asked what the participant talked about when he returned to civilian life, and long after his service in WWII was over, the talk of war was a constant topic of Nicholas’s conversation with his comrades:

Yeah! You'd meet up like me after about 20 odd years.. .from when he left when I last saw him ooh say 1942-43 so it was after the war it was just like yesterday. Hello George. Yes it’s-it’s strange. After donkeys years I’d seen one of my bosom pals you know. I hadn’t seen him for about 10 or 15 years... we made connection and I was down here and we were having this reunion and years and years had gone past and it was just like we’d seen each other yesterday. It was strange (p.20).

The quality of his memory when remembering his service with friends who he served alongside, was as vivid and as primary as when he was a young man in the war and then, 20 years later, those memories resurfaced again to feel just as real and connected.
Betty’s experience with support was outside of the military context but while she was still serving. Attempting to start a family via IVF (intravenous fertility), she describes the positive support she received from others:

I was in a support clinic at my IVF clinic so there was an online help group and we used to meet up, well I met them a couple of times, so we knew exactly what I was going through. Brilliant, it was the best thing I did at that time, urm, yeah it was great... because I realised I was sad, I was going through bereavement every month [when IVF failed] (p. 11).

Betty likened the experience of not being able to start a family as “bereavement” (p.11) that she felt every month. But informal support from the IVF group was accepted when she recognised her sadness. Betty had left military service, and then rejoined to provide mental health support to both families who were experiencing bereavement, and wounded soldiers who needed support in hospital after returning from combat Afghanistan:

It turned out that they had had five deaths in two days in the paras – five soldiers had been killed, and I heard that the welfare parties weren’t sufficiently bolstered to cope with the bereaved families and wounded soldiers that were coming back. So basically there was a call to arms and anybody who, er, would like to support the welfare parties come and have an interview to rejoin (p. 10).

Not only had the participant felt the need to provide formal support to others, but rejoining and supporting others, offered personal mental health respite from personal hardship:

I felt that I needed to do something and what better way to take my mind off my own problems than to look after others (Betty, p.11).

Being involved in the Armed Forces in this way after having left, then rejoined, meant that Betty’s problems at home were now replaced by caring for soldiers and their families. In her capacity to provide formal support in service she also welcomed and recognised the benefit of receiving informal support outside of service.

6.4.4.1 Informal support from intimate partner.

In some cases, relationships with partners were linked by participants to positive adaption from service to civilian life. Intimate relationships are
relationships with partners that were long-term. While some participants met their partners before joining the Armed Forces, the majority of long-term relationships were not established until during service life. Many participant stories were about meeting their partners while in service, and the impact those relationships had on participants during military life, as well as on the transition out of the Armed Forces.

[Leaving the Army] was wonderful in a way-some lads got lucky and met our lovely wives yeah (Nicholas, p. 21).

These relationships are important as the partner is usually involved in the participants' transition to civilian life, or for other participants, partners were usually the catalyst for getting mental health support once they leave the Armed Forces, supporting their transition (Beks, 2016).

When John and Freddie were in the service, their stories about telling their wives and partners about the danger or threat to life while on combat duty, is a theme in the previous chapter. This was the participant's way of shielding their partners and children from the reality of combat, and protecting their partners' own mental health and wellbeing. After they left the service, participants' wives were more involved in recognising mental health issues related to their combat experiences in a reversal of the role; intimate partners were now protecting their veteran partners' wellbeing. For Stewart, knowing that his wife had support was crucial for him being happy not only while he was in the Royal Air Force, but also for when he transitioned out:

More importantly um because they understood you know, my wife had a great deal of support from them as well so that was really excellent so that made a huge difference to know that she was content (p.11).

Aaron’s mental health and its effect on his wife was explained in his story about the nightmares he had and the confusion over what was wrong with him. He had tried to ignore the effects of his combat exposure, believing that others had more valid problems "men greater than me had died" (p.32):

Frequently, in the middle of the night, I would be gripping my wife, holding her down and telling her not to get up [as he had done with a soldier in Northern Ireland] (p.30).
However, Aaron’s wife bore the brunt of his symptoms and reactions to traumatic stimuli during his nightmares, and on her prompting he decided to seek help, 3 years after having left the Armed Forces.

Looking back on his service history, when Paul was active in sport, running marathons, and dancing, he believed he deteriorated from the once all-action man to the disabled Army veteran. As the participant was coming to terms with his disability, Paul's wife provided psychological support and encouragement for him during a major turning point in his life and how he identified himself:

My wife has always said that she’s always thought that I was a very good dancer – in fact she still thinks I can dance. Why, I don’t know... But the leg is good as new (p.46).

Not only was his wife’s support pivotal for his recovery after surgery, but the support was one of the key factors in preventing his suicide and keeping him alive. Freddie talked about the impact of his wife’s support:

my wife says you can’t you can’t affect the things that happen to you in life, you can only the only thing you can affect is the way you react to them and how you deal with them and I think that’s a very good way to live yer life (p.34).

Mark cited his divorce from his first wife in 2008, one in a number of other factors in his post-service life, as a time when he “fell over emotionally and psychologically” (p.32) and it was his (eventual) second wife who picked him up:

it was all down to-for [her]. She got me going again (p.34).

The role of adult family relationships in supporting the wellbeing of ex-service personnel, explored dominant narratives that focused on: perception of family; continuity and discontinuity of place and people that were important for identity creation and supporting wellbeing.

Sharing a common identity with others and having a common understanding of what being a veteran means, also reinforced ideals about strength and rejecting labels of weakness. The significance of the role of informal support from family members, particularly from the veterans’ intimate partner after a mentally challenging period in their lives, is repeated
in other participant interviews. The veteran’s mental health, effects on the family and types of support will be discussed in Chapter Eight.

6.5 Summary

On reflection, service life and particularly return from deployment to war, was similar to being caught in the past, or feeling as if one was behind the rest of the world, or distant from society because participants had been out of contact with family, intimate partners and friends. The stories of these participants can influence intervention in general (Griffiths & Macleod, 2008). In one way, participants feel connected to the rest of the world if they are still able to engage with and contribute in some way to the world while they are still in service and to continue valuing veterans’ contributions when they transition out of service.

There was a difference between the value placed on learning and skills acquired in service and skills of civilians in comparative fields of work. Participants found that there was no acknowledgment of what they had achieved and more importantly, little or no transferability of skills developed in service. The findings of the earlier FiMT 2013 survey on UK veterans proposed that the “military provide significant provision for transition on leaving the forces, more than any other employer” (FiMT, 2013, p.36). However, the demands of the type of military employment common to military veterans, and the conditions of that employment are not comparative with civilian employment. Nor is it comparative to transition out of the workforce, particularly when compared in the context of wartime demands on personnel.

All but two of the thirty participants in the study were deployed, twenty-one of whom were deployed on operational tours overseas (and away from family) and had no agency in the types of deployment assigned. The provision of “significant” tools for transitioning were alternately experienced as non-existent, difficult to access or poor for those participants who had no choice when leaving the Armed Forces involuntarily, or provisions were experienced as “good transition” for those participants who left voluntarily and had planned to leave. Also important to note is that participants who left in higher ranks, or began as officers, generally had positive experiences
of transition. One participant essentially rejoined the Armed Forces on two occasions and therefore, did not experience a typical transition event. Very few studies had however looked extensively at the experiences of transition and resettlement for veterans of the UK Armed Forces before the report was published (FiMT, 2013). However recently, Burdett has written on whether a veteran has a positive or negative resettlement experience (Burdett, 2014). The outcomes of the study associated positive resettlement experience with pre-enlistment factors such as education, or psychosocial factors, being single. Resettlement did not appear to be adequate enough for those ex-service persons who knew about resettlement and took the training and educational courses offered. Resettlement becomes part of the adaptation process for both veteran and family, and the mental health, isolation and employment difficulties that may occur if experiences of transition are viewed negatively.

The theme of adaption is intrinsic to the service career, from the childhood of those in pre-service military families, to the end of one’s service life. Participants’ young social networks often consisted of other comrades within the military community over the course of their service career. Barracks, and sharing a tent with the lads, was home. They considered the military culture as separate from civilian culture and the civilian world they left behind had changed. Participants described having to learn how to navigate a new environment whose social norms and practices were unfamiliar. This may lead to troubled adaption in civilian life because the military community is no longer accessible and the discipline and skills learned to become part of a cohesive military unit are no longer useful for making connections with others in the civilian world.

Mental health and wellbeing is linked to identity. The loss of identity as serviceman or woman both creates a vulnerability to mental health symptoms as well as exacerbating symptoms. This also leads to whether support is sought out or avoided. A tradition of family in service and perception of family were frequently referenced in participants’ narratives about avoiding talk of war (Burnell et al., 2006). If participants had been prepared for what to expect on deployment by family members who had
military experience, they evaluated their own wellbeing based on how family members in the past had responded (or suppressed symptomatic responses) to war exposure. In particular, expectations of what combat would be like impacted how ex-service personnel coped with their own wellbeing needs, particularly where participants’ relationship (or lack thereof) with original family and own family prevented them from seeking informal social and emotional support. Mental health and wellbeing (which includes physical, social, and financial wellbeing) and experiences of support will be explored in Chapter Eight.

More questions that the analysis of participant data raised were related to the differences and similarities that could be explored between young and old veteran cohort stories (McLean, K, 2008). An interpretation of the interview data tentatively suggests that for some service personnel who had experienced adversity or may have been vulnerable to delinquency in early life, a link can be made between choosing a military service experience and having a positive outlook on one’s lifecourse regardless of whether the individual served in WWII, Bosnia or Iraq for instance. Would other cohorts tell different stories about early life experiences and how divergent would they be? Would cohorts share similar long-term mental health and wellbeing outcomes if those veteran populations report similar adversity and resilience experiences of childhood? Perhaps future research in the area of lifespan studies of veterans could explore the difference in ex-service person’s cohorts if meaning is made in different ways about the individual’s life and how cohorts make meaning differently.
Chapter Seven: Synthesis of Narrative Themes Across the Lifespan

7.1 Introduction: Reconsidering Life Narratives of British Armed Forces Ex-Service Personnel

Researchers have been trying to understand the effects of combat service on the mental health of service personnel from a clinical perspective since the end of the First World War (Jones, Fear, & Wessely, 2007). The literature review (Chapter 2), presented three main limitations to the clinical studies on veterans. First, quantitative methods are used predominantly to explore severe psychological problems that are combat-related and mostly conducted in the US (Gade & Wenger, 2011; King et al., 1999; Kulka, et al., 1990), with a small but growing number of studies about the mental health of UK ex-service personnel (Iversen et al., 2009; Kilshaw, 2004; Rona et al., 2009) and their lived experiences (Burnell et al., 2006; Palmer et al., 2016). As already acknowledged, there are noted differences in the effects of war experiences on veterans and the conflicts in which they serve.

Second, veterans’ health and wellbeing is examined from service experience onward (Brewin et al, 2000; Xue et al., 2015). However, in a study of 120 Gulf War veterans, Stein and colleagues (2005) examined psychosocial risk factors and outcomes for the health of individuals with incidence of adverse childhood experiences (ACEs). The investigation of the relationship between childhood trauma and combat exposure and PTSD concluded that lifetime trauma along with combat exposure, lead to more PTSD symptoms. Coping effectively with those symptoms in adulthood may depend on how individuals coped with childhood trauma and the severity of the exposure. Again, the focus is on a clinical study of combat trauma, from a specific war cohort, but with the added variable of early life adversity.

Third, the research on service experiences and mental health of veterans rarely includes the combination of childhood, military or life experiences as being essential to the mental health and wellbeing of ex-Armed Forces men and women when they transition to civilian life (Blosnich et al., 2014; Katon et al., 2015). Interest has grown in currently serving and ex-service personnel and the effects on wellbeing over the life course from
World War II to Vietnam veterans and veterans of present day conflicts (Gade, 1991; MacLean & Elder, 2007; Settersten, 2012; Segal et al., 2015). MacLean & Elder (2007) examined the effects of military service over the lifecourse and the impact on social and personal health and wellbeing of non-combat and combat soldiers. Additionally, the importance of looking at life story narratives of participants in this study is to understand the mental health and wellbeing needs specific to these veterans and their families.

Research participants in this thesis served in war cohorts from WWII to the present day, and discussed issues in their lives pre- during- and post-service that affected them physically and psychologically as well as socially. It is perhaps through the rise in cultural consciousness of mental health issues, as well as veterans’ perceptions and opinions of more recent wars (Burnell, Boyce & Hunt, 2011) that may have spurred a military, academic (and potential for social) discussion around the wellbeing of ex-service personnel of the 21st century in the UK now.

7.2 Synthesis of Narrative Themes

7.2.1 Introduction.

Themes were developed out of participant interviews in the previous chapters in order to look at similarities and differences in the data. In this chapter a synthesis of themes that thread stories together across the lifespan. These stories are discussed in narrative genres. There were six main narrative genres in the 30 interviews conducted.

7.2.2 Re-abandonment narrative.

First, is the re-abandonment narrative genre. The family of origin abandons the participant in some way (either through neglect or actually leaving the participant), and the Armed Forces becomes the substitute family. However, the new military family also abandons the participant by leaving them without support (be it formal or informal) or appropriate help either during or at the end of their service contract (if they have experienced

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2 The 2016 “22 Push-Up” Challenge is a social media campaign initiated on the online social networking site Twitter to raise awareness of the reported 22 veterans who commit suicide per day. Challengers post videos of themselves doing 22 push-ups and then challenge others via the networking site to accept the challenge. Ex-service personnel are also visible in the global sporting arena, competing in the International Olympic Committee (IOC) Paralympic Games and the Invictus Games, held annually since 2014 for sick, wounded, and injured military personnel and veterans.
mental health problems as a result of their service this may amplify the feelings of abandonment). Participants left the service involuntarily and either rejoin or attempt to rejoin the military in some other capacity (so as to deflect feelings of abandonment), or left the service but did not find acceptance in society and therefore felt abandoned by society as well (i.e. isolated). Simon was a prime example of this. He showed in his story the elements of abuse as the victim of childhood sexual assault but also exposed at home to alcohol in the family, abandoned by his father (also a veteran of WWII) and he grew up in a community where he was exposed to environmental violence.

Childhood adversity experiences were found to be the leading cause of multiple and complex combinations of medical and mental health problems in adults (Felitti et. al., 1998). Problems such as depression, suicide, liver disease, obesity and cancer also appear closely related to high prevalence of adverse experiences in childhood and early death in adults (Felitti et. al, 1998). Dube et al., (2001), found that there was an increased risk of self-harm in adults who self-reported one or more experiences of childhood adversity, and thoughts or attempts to self-harm persisted across the lifespan. It appears that participants with life stories matching the re-abandonment narrative, do have multiple adverse childhood experience (such as witnessing violence in the home or persistent exposure to violence in young adulthood) and, while in the service, effects of pre-enlistment adversity may be moderated by service suggesting that service protects against ACEs because individuals are no longer in harmful environments (Anda et al., 2006; Wade et al., 2016). However, participants’ stories in this narrative genre show a link exists between pre-trauma and poor post-service adaption if individuals come into contact with dysfunctional family of origin or have no original family (abandoned pre- and post-service). This was also the case for non-deployed participants in this group who were not at risk of exposure to service trauma, but still experienced abandonment from abusive family or community environment and military family. The influence of pre-trauma experiences such as witnessing the physical assault of a parent and their
effects on physical, psychological, social wellbeing after service on help seeking behaviour (for example) over the lifecourse, can inform researchers more about specific difficulties veterans are experiencing that may not be linked to service history (McCauley et al., 2015; Van Voorhees et al., 2012).

Researchers have studied many effects of combat-related trauma and maladaptive responses to it, such as substance abuse and depression (Currie, Day & Kelloway, 2011; Gale, Saftis, Vidana Márquez, & Sanchez Espana, 2008). The wealth of information available from military research into PTSD has created a wealth of post-deployment measures which have studied the effects of war on active duty, regular and reservists personnel, as well as the studies of veterans which track mental well-being and the physical health of soldiers at various times in their active service. For instance, designing statistical tests specifically for service personnel to measure the physical strain of combat (Keane, Cadell & Taylor, 1988; Keane, Fairbank, Caddell, Zimering, Taylor & Mora, 1989) have resulted in the change in approach to diagnosing combat-related PTSD, and changes in military strategy whereby shorter deployments are required to lessen the effects related to combat exposure. Veterans’ literature focuses predominantly on veteran’s health and wellbeing from service experience only and tends to omit ACEs of ex-service personnel and the impact veterans believe those experiences have (Brewin, et al., 2000; Xue, et al., 2015). This narrative counters an early study by Iversen et al. (2007) which originally proposed that childhood adversity in UK service personnel may be a protective factor against developing combat-related trauma.

We may also look at the continuity and discontinuity of friendships made during childhood and the potential for adapting skills, like camraderie or loyalties between regiments, as a function that breaks down after leaving the service. Research found that children of service personnel when taken from one base to the next, has a positive effect because children take the opportunity to add variety and contact with people from different backgrounds and cultures (Segal, Lane & Fisher, 2015). Discontinuity of people and place were evidenced in veterans’ talk about living in a different world after leaving the Armed Forces because the skills of adaptability
participants in this group had learned predominantly in childhood, become less applicable over the length of military service and eventually loses its impact when attempting to become part of civilian society. Informal bonds created in the Armed Forces do not challenge loyalty as they are a requirement of cohesion. These ethics and rituals are no longer functional in the post-service world.

As touched on in Chapter Four, discontinuity of friendships in pre-service life affects post-service social and potential wellbeing networks. Sharing a common story in service meant that friendships formed with ease and participants talked about camaraderie and the bond between veterans during and after service. As participants grow older, and there are fewer regimental gatherings, social isolation or feeling disconnected from civilians begins to grow (Laursen, Bukowski, Aunola & Nurmi, 2007). If, for instance, negative evaluations of childhood persist in the narrative of participants (for example, perception of a dysfunctional family) this negative language and perception closes access to a past narrative identity. New friendships, along with new narratives, have to be created to protect against discontinuity of place (transition from military to perceived hostile civilian environment) in order to establish connection within self (Bowlby, 1969).

The new identity of service person meant having to incorporate caring for and become accustomed to family full-time. Freddie was uncertain of his role when he finally left the Army. He was not recognised as a soldier once he made the transition to civilian life. He had always been a soldier as well as a father. After leaving the service, he struggled with being solely a father at home without the label of soldier. He had discontinued his military identity, but had not yet adjusted to his new role in the home.

Using narrative to tell the story of one’s life, requires links to the past, present and, when speaking about events to come, future life goals (McAdams, 1995). When individuals leave home, particularly due to family dysfunction, the narrative of past story is framed by language involving distance, fractions, or of unfulfilled past self, or (unless prompted) the absence of references to past self (Kropf & Tandy, 1998; Ornstein, 2013;
Polkinghorne, 1996). For example, in the interviews with Lionel, Freddie and John, John talked very little of his past relationships with his mother or sibling due to his feeling a lack of connection to his family. Freddie speaks predominantly about his father, but only when prompted to share stories about his childhood and adolescence pre-service. Lionel, like John, rarely discussed past stories of his childhood self, or stories of parents who he described as emotionally and financially neglectful. He spoke about not having his needs met from an early age. John, Lionel and Freddie’s storied identities are more aligned with current and future stories of self, and thus connected to a more redemptive life narrative, which will be explored further in Chapter Seven.

The current military research literature does not fully explore or link pre-enlistment problems like poor school performance and the reluctance of veterans to take advantage of educational opportunities or training available to British ex-service personnel when they leave the Armed Forces (Iversen et al., 2007). Participants in this study, shared common stories about bullying that occurred during the participants’ school age years, in school, and at home. There is little information about whether attitudes toward education changed over time, or how negative experiences adult ex-servicemen and women have of school may influence academic attainment for their own children. It is an important area to understand for future concerns of ex-servicemen and women. It may also change the approach the MOD has to resettlement packages that offer retraining, but may not be attractive to veterans (like Simon) who had negative experiences of education to begin with. As research advances in the field of veterans’ mental health as it did after WWI, then so too must provisions for veterans’ after service.

When Simon joined the Army, he was deployed on tours of Northern Ireland, the Persian Gulf and the Balkans. He suffers from symptoms of PTSD related to combat that physically manifested in sleepwalking and nightmares. Alongside combat-related PTSD and childhood abuse, he reported other physical health issues he believes are related to his Gulf War deployment. There is a precedent for Gulf War veterans reporting
physical complications as a result of what they feel was due to their exposure to chemical weapons released during the war (Kilshaw, 2004). However, it is inconclusive as to whether the Gulf War was the only cause of Simon’s physical health issues or whether a combination of service exposure and family history affected his wellbeing postdeployment or other participants in this narrative pattern (LeardMann, et al., 2010).

Simon also reported incidences where he attempted to harm himself and two senior officers when he was feeling the military was ignoring or abandoning him because of his mental health issues. His anger and frustration at having his concerns trivialised, lead to his inability to seek help (Cabrera et al., 2004; Hoge et al., 2004). Eventually Simon’s wife pursued mental health assistance for him through the Army after he was physically unable to function at home and withdrew from social contact. Potential problems faced by ex-military combat soldiers range from mental and physical health problems to social problems, such as marital disruption or ending long-term relationships with a partner (Dirkzwager et al., 2003). Typical of many participants who share this narrative, a family member, usually an intimate partner, prompts the veteran to seek psychological help because the family is adversely impacted by the veterans’ service (Beks, 2016; Gerlock, Grimesy & Sayre, 2014; McLean, 2006; Murphy, Palmer & Busuttil, 2016). However, sharing specific information about the actual events that lead to trauma is not shared with family, in part due to stigma around having or acknowledging a mental health problem (Hoge et al., 2004) and additionally to avoid burdening the family.

A series of factors such as a doctor not diagnosing him as having a mental health disorder, and not being acknowledged as having a serious problem by his senior officer (essentially accused of malingering), created a barrier to Simon getting mental healthcare while in service, and building his own stigma around anyone knowing he was struggling psychologically. Simon eventually sought and briefly received mental health support while deployed on another tour. His service career was eventually terminated due to his physical and mental health conditions. He is currently receiving medical treatment for PTSD and has comorbid physical health disorders.
that limit his physical mobility, which is consistent with current literature (Miliken et. al, 2007; Mulligan et al, 2010; Polusny et al. 2011).

### 7.2.3 Redemption narrative.

In this narrative, the individual shares stories about surviving difficult circumstances early in life and thriving (McAdams et al., 2001). The family of origin is in some way dysfunctional. The participant joins the military and feels part of a good family. The participant uses this experience to form good intimate relationships and/or raise their own family, experiences good mental health (or if encountering problems, seeks help) and has a successful life after service experience, transitioning well from service into family and community life. Usually, the redemption narrative includes a voluntary decision to leave the service. This narrative pattern is heavily advertised by the UK Armed Forces: for example, the media advertising campaign from the Army, appealing to “A Better You” (MOD, 2016). Lionel's life story was selected as the best expression of this narrative type. He joined the Army as an Officer and left as a Commanding Officer after six years of service.

Lionel did report experiencing nightmares and tremors after he returned from Iraq however he did not seek medical or psychological help. If veterans attribute resilience to early life and military service experience (Pietrzak et al., 2009) they may enjoy levels of economic security and satisfaction with life after service (Teachman, 2011; Villa, Harada, Washington & Damron-Rodriguez, 2003) and other positive effects on veterans' health and wellbeing. Participants who reported pre-enlistment adversity in this group were more likely to have good mental health or, consistent with the literature, seek help (practical, psychological) after service and were better educated prior to joining the Armed Forces. These veterans are also more likely to accept that they were affected by exposure to a conflict if they do present with mental health problems (Fontana & Rosenheck, 1994).

At the time of the interview, Lionel had been out of the Armed Forces for four years and had successfully embarked on furthering himself academically and reported no issues with employment having worked in the
public sector as soon as he left the military. In many respects, Lionel embodies the redemption story, delivering his own success in spite of and departing from his family of origin story (Pals & McAdams, 2004). Lionel’s progress after service was similar to other participants’ lived experiences, consistent with the narrative and the research literature. Research suggests that overcoming failures of the past (committed by self or by others), acknowledging one’s successes and regenerating that success so that others benefit (supporting academic advancement, being emotionally available for one’s children) helps to improve the life of others based on the renewed or redeemed self (McAdams, 2013).

7.2.4 Partial redemption narrative.

The third narrative genre is the partial redemption narrative. The family of origin is in some way dysfunctional. The participant joins the military and feels part of a good family. However, they suffer mental health problems and rather than seeking help, seek to shield their new family from their problems and attempts to cope alone. These participants needed more support but were still able to cope.

Freddie provides the best example of this narrative. He states that he joined the Royal Marines Commandos at 16, after having experienced victimisation and bullying at school prior to joining. He was deployed to the Middle East to the front line both as a combat soldier and with the military police. Needing support for his transition from what he deems an able bodied soldier (“Supermen” – Freddie, p. 29) to disposable civilian changes the perception of how he identified himself and his purpose when he was no longer in the middle of a battle. Spiro III & Settersten found that the “impact of potentially traumatic experiences in early life can reverberate throughout life, particularly their long-term effects (positive as well as negative) on physical and mental health...some...carry their burdens of military service long after they have laid down their weapons” (2012, p.184). In essence, Freddie is “soldiering on” (Freddie p. 29) taking his disciplined training, or characteristics like calmness under fire (learned from his military service), and applying it to post-service life in an attempt to cope with his trauma symptoms. Reporting any problems may also have seen either the
end of promotion opportunities, or he may have been perceived as weak and unreliable by others in his unit. In order to preserve cohesion of regiments, self, and family at home, remaining silent was a method of coping for participants like Freddie (Fear et al., 2010; Brenner, Gutierrez, Cornette, Betthauser, Bahraini & Staves, 2008). They had become accustomed to feeling disconnected and perceived the outside world to be contributing to their isolation. No longer part of a team, participants were not involved with or contributing to the civilian world because their skills were not considered transferable. Once part of a group and now on the periphery, ex-servicemen and women described themselves as entering new, sometimes alienating places where they were not acknowledged and one’s voice was no longer important. The participant’s contribution to the world was perceived to have little value unless they could adapt the skills they had acquired in service and apply them to civilian employment (Browne et al., 2007; Wolpert et al., 2000).

Freddie kept his traumatic experiences hidden, trying to function in his civilian work. Help was available and while needing support, he chose to cope alone. Palmer, Murphy & Spencer-Harper (2016) point out in their UK study of posttraumatic growth, combat military personnel experiences of trauma differ by comparison to other types of trauma events, such as physical illness trauma or surviving terrorist attack. Military personnel are commonly exposed to trauma due to repeated deployments or lengthy campaigns, and the context of conflict operations do not allow for military personnel to make choices as to whether they are deployed or not or when they can seek help voluntarily.

Protecting the family from their service trauma is a feature of veterans in this narrative. Researchers find that most military families show resilience when posed with a variety of stressful situations in everyday life. Pietrzak et al., (2009) described the mental health stressors placed on families of service members and particularly spouses who suffered indirectly from the veterans’ repeated deployments. Experiencing separation from the family along with a diagnosis of PTSD, negatively impacted how veterans executed their parental duties (Gewirtz & Davis, 2014). Finding their place
in the home again after periods of deployment, then permanently being at
home after leaving service, may account for the stressors placed on the
family, particularly if life after service is involuntary or sudden due to
redundancy or service injury. This period of readjustment and reintegration
is also experienced by members of the veterans’ own family who
should also be considered part of the transition process as they have to adjust to
civilian life outside of the military community family (Jordan, Marmar,
Fairbank, Schlenger, Kulka et al., 1992).

Understanding how veterans reconcile memories of, and cope with,
traumatic or difficult events in the context of the whole lifespan is very
important as it has implications for the types of support and services that
might be most appropriate for them (Burnell, et al., 2006; Burnell et al.,
2009; Burnell et al., 2010; Spiro III & Settersten, 2012). As in most veteran
narratives around family and help-seeking, wives or intimate partners notice
deterioration in mental health, and take on the responsibility of help-seeking
or caring for veterans. Informal social support and family support may also
be involved in mediating the development of mental health problems related
to combat (Hosek & Wadsworth, 2013; Keller, Greenberg, Bobo, Roberts,
Jones, & Orman, 2005) or exacerbating them (Burnel et al., 2006)
depending on the type of combat exposure and support. This thesis
proposes that with this group, because adversity in pre-service life may
have lead to distancing from family, veterans in this narrative category may
be less likely to seek help from family, confide in family or share traumatic
experiences with family.

7.2.5 Contamination narrative.

Fourth, is the contamination narrative (McAdams, 2001). The family of
origin creates a happy childhood. Military service is hard, resulting in mental
health problems. No support is forthcoming (or perhaps due to mental
health problems, help is not sought out). The veteran feels abandoned by
the service and experiences difficulty coping or is unable to cope with
civilian life. There were five participants who reported this pattern, with
Morris’s narrative being an excellent example of the genre. He commented
on his childhood as being positive, and growing up in a military family. It
was his “boyhood ambition” to join the Army, continuing in his father’s footsteps (p.2). The narrative begins well and a good foundation is established in childhood. The military provides an opportunity for employment or to live out a childhood dream.

Morris is deployed to three different continents and between multiple operational tours to Northern Ireland and Afghanistan (his last tour) he develops mental health problems. However, he begins to have symptoms after retiring from the Army after 38 years of service, moving up through the ranks to become a Lieutenant-Colonel. Morris left the Armed Forces voluntarily, however he does not experience a positive transition, evident in his attempted suicide in South America.

As ex-service personnel talked about their experiences, they were also engaged in making sense of events they considered important such as their mental health, the impact of their mental health on family members, and whether or not they accepted or rejected diagnostic labels, consistent with research literature on this subject.

Participants in this narrative genre reject mental health disorder when diagnosis conflicts with their identity as Armed Forces personnel, whether they think the diagnosis is useful or incorrect, and this rejection of symptoms may continue long after leaving service. This has an impact on whether onset is delayed or whether participants find ways to “soldier on” or get on with their lives, and overcome mental health challenges in their own way. Narratives include rejecting or ignoring diagnosis in favour of being seen to be strong. At the same time, the struggle to cope and to feel that one can overcome mental health problems alone, can be overwhelming: Morris left the country in an attempt to take his own life, away from those who he perceived might be hurt by his failure to cope (similarly and symbolic of this type of theme, another participant’s contamination narrative consisted of not wanting to be found by his children if he committed suicide by choosing to die in a field away from his home). Inconsistent with the research, the veterans in this group had no history of self-harm as civilians (Thomsen et al, 2011; Young, Hansen, Gibson & Ryan, 2006). In the UK, the media reports conflicting rates of suicide among members of the Armed
Forces, and the difficulties faced by wounded veterans and their treatment post-Iraq and Afghanistan were brought to public attention (Iversen, van Staden, Hacker Hughes, Browne, Hall et. al, 2009).

Currently Morris is a volunteer for his local Royal British Legion. In his and similar participant stories in this genre, veterans wanting to rejoin or be affiliated with the Armed Forces in some way after feeling cut off or abandoned by service, is an effort to integrate good experiences (positive family background, service) redevelop a sense of wellbeing (built up then contaminated by service) and reclaim a meaningful purpose (Bauer, McAdams & Pals, 2008; Singer, Blagov, Berry & Oost, 2013). To highlight this point Morris states that reflecting on his service life: “I don’t regret any of it – it’s been brilliant” (p.2).

7.2.6 Partial contamination narrative.

The fifth narrative genre is the partial contamination narrative. The family of origin creates a happy childhood. Military service is hard, resulting in mental health problems. Support was forthcoming during service and even after the participant left. The individuals who share this narrative struggled with leaving the service at first, but eventually they thrive in civilian life. Betty’s story illustrates this genre. She tells of a happy childhood, receiving positive support from her parents when she joined. She joins on her own, with no family background of service, but the potential for adventure and the appeal of doing something different and being the first to do so, appeals to Betty. She joins as an officer and achieves a high rank. Military service is hard and there are also personal disappointments in her career. She attempts to balance a demanding service life with a marriage. Her partner is deployed to the Middle East and she decides to seek a post closer to home, to establish a base for the new family. Personal and professional struggles come about when Betty, serving as a Warrant Officer, provides support (without prior training) for seriously injured and wounded service personnel, for grieving families, and she now has to cope with her own personal grief after a failed pregnancy.

In this narrative the trajectory of partial contamination begins with a foundation of a good family, similar to the previous narrative. Then there is
a turning point (here, witnessing trauma of others and experience of own trauma), however, the veteran copes significantly better with stressors in this narrative and this is due in part to the type of support (informal and outside of military service (Burnell et al., 2009) and support forthcoming (psychological help and trauma management training provided by military). Informal support is perhaps the most valuable and timely kind of psychological help Betty receives and it comes from an informal women’s fertility group, outside of the military “bubble” (Currie et al., 2011).

Betty had also rejoined twice, which points to her not only a willingness to remain connected to the Armed Forces but also an inability to leave. In this sense the military had become such a part of her life (she had volunteered for a position she was unqualified in) and she was able to extend her role in the Army: transition or adaption here is either delayed or undesirable therefore there is no need for the participant to make a decision to leave. The military “bubble” remains intact. Betty’s narrative is rare within the genre of partial contamination in that she is frequently in contact with wounded serving, ex-service personnel and grieving families also. However, according to the literature, being an officer and having a good pre-service education and military education are factors that are more likely to prevent mental health problems in veterans (Iversen, et al., 2008). Having a support network outside of the Armed Forces may help those in this narrative group to grow from and cope with their experiences once they recognise when support is needed, the type of support required, and that it is available (Hoge et al., 2005; King et. al, 1999).

It is rare for military research to include women’s experiences of service in their data. Whether female veterans coped with trauma differently than men in similar roles with similar family backgrounds and service and later service life, or perceive help seeking behaviour in a certain way, would be of interest for further research (Blosnich et al., 2014; Katon et al., 2015).

7.2.7 Contentment narrative.

The sixth and final genre is the contentment narrative. The family of origin creates a happy childhood. Military service is seen as an adventure, resulting in no mental health problems. This participant is satisfied with
civillian life. This narrative is not often covered as extensively in the research literature, but it is important, as individuals are able to overcome any difficulties in their military lives perhaps as a result of their robust wellbeing from childhood, developing their own positive growth narratives.

Many participants reported sharing a similar narrative pattern, and Roger’s life experiences are a prime example of contentment narratives. Roger has a good start to his academic career, friends and family support his decision to join, and he experiences a positive transition into the Armed Forces as an officer. He shows a progression from good family background through to successful military which continues into life after service. This narrative follows the literature closely, in that veterans who join the Armed Forces at a higher rank, with a good education, are less likely to report problems post-service, have good adaption experiences and reintegrate back into the home and civilian life (Iversen et al., 2008). There is also a voluntary decision to leave, supported by the hopes of future opportunities outside of service and support from family and friends already in the community.

Participants who had entered the Armed Forces knowing they were going to leave and having a plan to exit, appeared to stay connected to their civilian lives with as much fervour as those who welcomed adoption by the military family (a theme in Chapter 5). By contrast, other participants discussed how their transitions from service person to civilian was made easier because of their eagerness to not be seen as veterans, essentially reconfiguring or reclaiming their (former) identity as soon as possible. Those individuals complement the research on good adaption because they were more educated before joining the service and were of higher rank when they left the service. For this group, contentment or happiness is closely aligned with positive narrative growth (Adler, 2012) as well as a positive narrative around support both prior and after leaving service (Wells et al., 2011). A supportive social network promotes positive growth personally and professionally (Bauer et al., 2005).

Participants meeting these contentment narrative characteristics, complement the research on good adaption because they were usually
more educated before joining the service and were of higher rank when they left the service. The rarity of stories of participants who prepared to leave the Armed Forces at the moment of joining, suggests that this type of transition experience are atypical.

The contentment narrative sits in opposition to the re-abandonment narrative – indeed, there are an equal number of participants representing each of these opposing genres. There are no dysfunctional family stories, mental or psychological ill-health narratives. It is also interesting to note that the contentment narratives consist of more participants who have no combat deployment history, which may be a significant distinctive characteristic. One must consider that the link between good family background, positive reflection on service experience and current quality of life, which, combined together, help veterans in this group thrive.

For all of these narratives it appeared to be the transitioning out of the military that was the point at which the participant became aware of the narrative they were living. Perhaps as a result of the self reflection at the time, or through the opportunity to reflect during the interview, or because of the intensity of how real and immediate the changes were in their lives at the time of leaving the Armed Forces.
Chapter Eight: Discussion and Conclusion

8.1 Implications

8.1.1 Psychological implications.

By exploring the life story of veterans, Spiro, III & Settersten (2012) discovered that researchers, who interviewed US veterans using a lifespan approach to data collection and analysis, were able to better understand the impact of military service on an ageing veteran population, which included positive as well as negative effects on mental health and financial circumstances. This highlights the transition needs of ex-service personnel that are psychological, social and practical in nature. Spiro, III & Settersten found that Vietnam veterans were better off financially when compared to their non-veteran counterparts due to being paid while serving in Vietnam, but not spending their salary while stationed overseas (Spiro, III & Settersten, 2012). Information about past generations of war cohorts are lost as each generation grows older and dies. The challenges of later life have been detailed above and these factors should be considered when making any diagnosis or developing bespoke intervention programmes for the diversity of veteran populations seeking treatment (Sayer et al., 2009). For instance, Persian Gulf War veterans in this study appraised perceived levels of illness and disability differently at different stages in their lives, and according to whether health service professionals chose to accept or reject their illness narratives (Kilshaw, 2004).

Of special interest should be those veterans with diminishing physical and cognitive functioning. In particular (but seldom researched) is the role of family (especially the intimate partner) who are affected by “secondary traumatization” and largely responsible for caring for veterans who are psychologically wounded as well as physically disabled as a result of their service (Waddell, Pulvirenti & Lawn, 2016, p. 1604). The Armed Forces Covenant was published in 2011 (MOD, 2011), and stated that personnel who were injured, wounded or sick, were not to be disadvantaged by government agencies because of their service. Perhaps as a result of not feeling their concerns were taken seriously, understood or through the rejection of formal help, however, military personnel were being cared for
mostly by family members (Verey, Keeling, Thandi, Stevelink, & Fear, 2016).

Every war cohort is different and has concerns specific to a war or conflict that are distinct even between regimental corps within the same war cohort (Black, 2015). Comparing and contrasting war cohorts are by their nature, difficult tasks because the conditions of war change. However, in this study, participants from WWII and Iraq and Afghanistan had similar stories and reacted similarly to the conditions of war, and responded in similar ways to mental health problems. WWII veterans in the study were just as likely to reject treatment and diagnosis as had cohorts from later wars and conflicts. Using information from veterans of past wars should not be rejected because if we do not have any information about the past, we cannot learn from or compare patterns from different generations (Black, 2015; Burnell et al, 2016).

For older participants, the effects of impoverished childhoods and the opportunity to join the British Armed Forces separates them from the post-WWII veterans. Although early life experiences exist long in the past for older veterans, Will continues to express feelings of loss of his father. Older veterans’ wellbeing challenges should be addressed in terms of declining physical ability as a result of ageing, which leads to an increase in social isolation (Schnurr & Spiro, III, 1999). Feelings of loneliness are felt significantly at the loss of family, loss of intimate partner, and finally peers or friends who they have outlived. There may also be value in considering pre-service early life memories that may have been unresolved, or damaged as a result of tragedy in the veterans’ family, and this being a significant turning point in their lives (Gade, 1991). To include veterans in the community is to realise their past contributions, and sacrifices (not only in service or at memorials to war), and to encourage narrative storytelling as an aid to wellbeing (Kropf & Tandy, 1998). To address wellbeing, perhaps the acknowledgement of the value of life experiences, and the value of older veterans as members of society first and foremost, rather than exclude older veterans who may be limited by mobility. This approach
may begin to address the wellbeing needs of older veterans (Hawthorne, 2006).

The documented war stories and post-service lives of WWI veterans provide insight into veterans’ experiences (Settersten, 2012). Their experiences of war helped to shape the diagnoses and interventions designed specifically to respond to the physical and psychological stressors of war. Those interventions were then developed as warfare changed over time based on what servicemen and women told researchers about their experiences of modern warfare (Settersten, 2012; Spiro & Settersten, 2012).

Finally, not all veterans respond with trauma symptoms to exposure to or witnessing traumatic events. Respecting the individual emotional needs of the veteran when and if they arise, should be the first consideration of healthcare professionals. By understanding the narratives of veterans, there must also be a willingness to understand what role their identities as veterans play and to not presume all veterans are defined by their service history.

8.1.2 Social implications.

The differences and similarities between participants’ early life experiences were briefly explored in Chapter Four. WWII veterans lived through a time period that differs from other cohorts in this study. Attitudes towards child welfare, for example, meant that Will, Derrick and Nicholas were not insulated from child labour practices where they would have no choice but to work, and forego an education because of worldwide financial depression (Phillips, 1958). The WWII veterans all declared growing up either poor or under extremely impoverished conditions during WWI. After WWI, they experienced, as children, the impact of their fathers either suffering from WWI or absent, a lack of financial support for their mothers, or having to leave school to work.

Participants’ relationships with their original families contrasted with their own families. Subordinate themes about poor family relationships with parents (mainly fathers) were explored where ex-service men and women linked pre-service family stories with post-service relationships with one’s
own children. For most participants who had families, learning how to be fathers after service was derived from a model learned in service around protecting others in one’s unit (Browne, 2012). While one participant did not immediately recognise the military as family theme as providing a model of family life before or after service, the military extended or surrogate “family” (or close connections created with colleagues in service) was a concept evolved from the analysis of many participant interviews. The military family is, however, a temporary and exclusive construct. The portrayal of the military as a place where participants can belong is limited by their length of service (Meredith et al., 2011). The provision of welfare for the British Armed Forces service person is removed once they leave, and kinship is no longer accessible because the bonds formed with other members are severed. For instance, sustaining injury leading to a medical discharge means that there are no opportunities to advance in the military, and level of disability may impact opportunities for veterans to interact with the civilian world (Brewin, Garnett & Andrews, 2011).

As mentioned in Chapter Two, the perception of the British Armed Forces as a masculine institution, offers in its patriarchal role, an advantage to men (belonging has social, financial benefits) at the exclusion of women from certain positions associated with power, such as commanding units in combat operations (Segal, 1995; Winter & Woodward, 2006). The limited presence of women in the British Armed Forces and overall issues with diversity and women equity in particular, exemplified by the restriction of women in the Infantry (Woodward & Winter, 2006). This is symbolic of the perception of women as unable to engage in combat; ideas generated by the constructed narratives around female participation and roles in military institutions.

This thesis had a limited number of female participants (three) and no ethnic or minority participants. This qualitative study makes tentative interpretations of challenges that may impact British Armed Forces veterans. There does appear to be a challenge in recruiting women and ethnic participants in veteran studies in general (Dansby, & Landis, 1998; Dansby, Steward, & Webb, 2001; Settersten & Spiro, III, 2012), or, the
dominance of representations of white male experiences in this study, reflects on the British Armed Forces as a particularly exclusive institution, contradicting the message of belongingness (Woodward & Winter, 2006).

As well as adverse conditions of service, participants also evaluated stories and derived meaning from positive reflections on service life, despite recalling and being affected by negative or challenging events. Mental health challenges were explored in this thesis where participants reported having family members with poor mental health. Ex-service men and women did discuss their own personal mental health over the lifespan, particularly during service and post-service, and shared their experiences with seeking or avoiding help, or avoiding discussion of personal wellbeing with colleagues or family members.

With regards to race, the sample was not diverse in terms of ethnicity (all participants in the study were white) Two participants talked briefly about the experiences of people of colour in their units that the participants observed. There were not enough participant accounts to generate a theme around the lack of diversity in the Armed Forces. Likewise, on the subject of diversity, three participants were female, and again, although they spoke about experiences of being soldiers, their service life experiences (Chapter 5) were not explicitly dominated by what it was like to be female in the Armed Forces. Participants' life narratives were contextualised more around distinct or similar experiences (which contributed to the organic development and interpretation of themes in the data) and less about the subject of racial or gender diversity in the sample.

For more on the dialogue about race and diversity in military studies, experiences of service and healthcare usage, see Harada, Damron-Rodriguez, Villa, Washington, Dhanani, et al. (2002); a special report from Setterstein and Spiro, III (2011) who look at wellbeing across the lifespan of service veterans across a range of ageing, racial, and gender-specific challenges of US veterans; or Hoy-Ellis and colleagues, (2017) who examined the effects of service on members of the transgender community (Hoy-Ellis, Shiu, Sullivan, Kim, Sturges & Fredriksen-Goldsen, 2017). A potential explanation for the lack of racial representation in the Armed
Forces could be attributed a number of reasons: the potential for abuse within a predominantly and historically white, male institution; the lack of potential for advancement where institutionalised prejudice and labour inequalities restrict employment mobility, mirroring discriminatory practices in society (Harada, 2002; Villa, 2002).

Military family, for Betty, was defined by her role as carer for intimate partners of service personnel who had died in service. Having to leave or abandon the military family in order to start a family of her own (but being physically unable to do so) meant that Betty experienced a gender-specific imbalance in her life and played more of a role in leaving a family she was deeply connected to. Other participants also made difficult decisions to leave the Armed Forces based on conflict between military and family commitments. However for Betty, she was still actively involved in the military even after she left, supporting the welfare needs of veterans and ultimately re-joining the Armed Forces. There is very little research in the demands place upon female service personnel either in combat or non-combat roles, and learning about the long-term or lifespan effects of service on female participants in military research requires further research (Street, Vogt, Dutra, 2009). Perhaps the military can offer those veterans who desire it, the opportunity to act as peers to serving personnel, or personnel transitioning out of service. This may minimise the feeling of abandonment or re-abandonment for those participants who feel disconnected from the military family, which interferes with good transition.

Other participants lived predominantly in barracks when not deployed, and described military rank being replicated in the wives positions within the military barracks. When considering veterans’ health and wellbeing, consideration should be made for intimate partners who leave the Armed Forces when their partners transition out of service. If there is a loss of identity in male and female veterans, then partners of service personnel (predominantly female) and children, (Jordan et al., 1992). There may be financial implications of the cost of the military providing support for children and family of mothers, but more research needs to be conducted, and across the United Kindom.
8.1.3 Financial implications.

Not only are there psychological and social costs attributed to types of military service by veterans and their families, there are also financial costs associated with the healthcare and wellbeing of veterans. The financial cost of providing treatment interventions for ex-service personnel will be considered next. Rohlfs (2010) estimated that not only was the mental health of war veterans impacted by social effects, but that there was also a financial cost to society. For example, the estimated cost of arrests of and violent crimes committed by veterans of Vietnam amounted to approximately $65 billion USD (Rohlfs, 2010).

In testimony to the Veteran’s Affairs Committee, the report also established that conditions like PTSD or anxiety could also have serious implications for familial relationships, such as domestic violence as well as adverse effects on productivity at work (Tanielian, 2009). In quantifying the societal costs of untreated psychological problems, Tanielian pointed to the financial burden on taxpayers, health insurance costs, and costs to government agencies as a direct result of the deterioration in US veterans’ mental health two years after deployment to Iraq and Afghanistan.

Gade and Wenger (2011) further examined the mental health costs to the Veteran’s Administration as the number of veterans seeking treatment had increased and how future costs could be predicted from the outcome of their study. Researchers found that 35% of US service personnel who were recently returned from Iraq were seeking mental health services at least one year after exposure to a war-zone. PTSD treatment places a growing cost on American society and the Veterans Affairs administration (VA). A 2007 Institute for Defense Analysis (IDA) compensation analysis report found that the number of US veterans receiving disability awards (of which PTSD is one such category), as well as the size of those award amounts, grew from approximately $6,000 in 1999 to over $8,000 in 2004 (Afghanistan and Iraq). The average award of $20,000 per year for PTSD compensation was higher than the average for other service-related disability compensation (Hunter, Boland, Guerrera, Rieksts, & Tate, 2007). Miller et al, (2008) found that the total number of PTSD cases increased by
79.5 percent while PTSD benefits payments increased by nearly 150% percent from $1.7 billion to $4.3 billion.

While veterans being compensated for PTSD represented only 8.7 percent of all compensation recipients, this subgroup received 20.5 percent of all compensation payments made by the VA (Miller et al, 2008). It is important to note that at the time of the IDA 2007 report, awards for compensation for PTSD among US veterans, and particularly 100% disability compensation are based on “subjective decisions” (Hunter et al., 2007, p.14) and overall, 7% to 15% of all veterans claimed compensation. Whether veterans believe that their claims for compensation are considered valid, depends on a government agency determining their level of disability, which may create a barrier to filing for disability related to service.

Comparative research suggests that soldiers in the UK were reporting mental health problems related to combat exposure approximately 13 years after leaving active service (Buttisil, 2010). Future needs of personnel post-service will impact the NHS as veteran care becomes the responsibility of the UK Department of Health, however at this time, there are no clear indications of what the future needs and provisions and care costs will be, nor how well-equipped the NHS is for a potential growth in the number of military veterans who become NHS service users. Likewise with US veterans deployed to Iraq and Afghanistan, researchers are unable to calculate the long-term mental healthcare needs of ex-service persons after they return from deployment and leave the service (Hoge et al., 2006). Failing to adjust to civilian life then, not only has psychological consequences but financial costs associated with adaption.

There is some overlap between how childhood, service life and transition out of service, all intersect to impact the participants’ life. Four participants joined the service between 1950s and 1960s. At this time, conscription still existed (until 1963, and this period covers the height of the Cold War with hostilities and threats of nuclear war between the United States and the former Soviet Union (Jehn & Seldon, 2002; Oberdorfer, 1991). The 1950s/60s cohort engaged in less warfare. Seven participants joined between 1970s, approximately ten years after the National Service
was phased out (Grenet, Hart, & Roberts, 2011). Nine joined the military in the 1980s, during a social and political climate of a rising unemployment rate, job loss in the industrial manufacturing sector, and the recession in the United Kingdom (Lindhert, 2000; Pattie & Johnston, 1990). Six participants joined in the 1990s and one participant joined in 2004. The participants came from various social backgrounds. John who overcame his family background to become an officer, those participants who reported coming from poor or impoverished families, or grew up feeling neglected, did not speak in terms of their experiences of class, although there was certainly disadvantage experiences due to financial hardship in the family.

8.2 Limitations and Further Research

It is rare to find research which fully explores the early life experiences of British ex-service personnel and (1) their perceptions of childhood events as they influence their lives in and out of military service; (2) how they perceived any links (if they existed) between pre-service experiences and their current health and wellbeing; and, (3) what ex-service personnel want people to understand about their identities through the telling of their lives in storiied form. Therefore, this chapter discussed narrative genres (see Methodology Chapter Three) of UK veterans’ stories in order to examine comparisons and contrasts between existing literature about veterans and current qualitative research. However, limits exist in this type of qualitative methodological approach.

This study attempts only to analyse these areas of interest, the accounts of 30 veterans and the mental health and wellbeing needs specific to them. Therefore, experiences cannot be generalised to the greater population of millions of veterans in the United Kingdom. Purposive sampling targets specific, smaller numbers of participants for study and therefore participants are not a representative sample (Denzin & Lincoln, 2005). There was a potential towards bias in purposive sampling participants who were veterans, which means participants who had no problems, or worse problems than the participants in the study were not interviewed. Samples may have been biased as a result of self-selecting: veterans who wanted to participate were more likely to respond to research.
recruitment and volunteer to the research project. Veterans who did not perceive they had any problems, had no reason to participate in the research, and therefore, did not come forward.

The research is open to recall bias because the study invited veteran participants to remember, interpret and then evaluate in the present, events that occurred in the past and in some cases, adverse childhood experiences combined with memories of trauma related to service (for example Dohrenwend et al., 2013; Iversen et al., 2007; Yehuda & Charney, 1993) and risk of recall errors in war trauma memories (Burnell et al., 2006; Hunt, 2010; Hunt & McHale, 2007; Segal, 1974). It is argued that people create narratives or stories to make sense of life events; particularly those that challenge the predicted life course, such as trauma or illness (Riessman, 1990). The debate continues over just how significant the impact of military service is on the prevalence of psychological injury (Hautamäki and Coleman, 2001; Fear et al., 2005; Iversen, et al., 2009), and how veterans are affected by the conditions of their service (particularly combat veterans) regardless of type of duty, regular service or reservist personnel. However, participants appear to support the accuracy of recollection of events with flight logs (for RAF pilots), or photographs of friends and relatives in uniform, diaries, newspaper clippings saved in family albums. Artefacts like this and cultural events, such as the death of a member of the monarchy helped to situate participants’ memory in a chronological way. In most cases, participants were able to remember the exact date and location of when they joined (and left) the Armed Forces and link key events as turning points in their lives. However, time for interviews that lasted between 1 and 5 hours would not have collected all participants’ memories, only those memories they chose to share, and with some guidance from the interview schedule questions presented to the participant prior to interview. Participants spoke openly and candidly about their experiences, perhaps in part due to the researcher reciprocating or mirroring similar experiences of the researcher’s family members who were also veterans.
As mentioned above, there are limitations in the format of semi-structured interviews, and the design of research questions to be addressed in the interview setting (Gubrium & Holstein, 2003). Not all themes were addressed. Interview limitations may have lead to missed opportunities to explore the depth of early life adversity and their impact on intimate relationships, such as the extent to which growing up in a disconnected family, combined with military service experience, impacts future marital stability or instability. Despite this, participants were able to share some insight into what was important for them in their intimate partnerships, particularly where the connection to and stability for their own children was concerned.

8.3 Summary

Currently, research is attempting to understand how serving and ex-service personnel of the UK Armed Forces have coped or will cope in the future with the impact of the more recent conflicts of Afghanistan and Iraq (Iversen et al., 2005a). From 2012, more recent studies of ex-service personnel of the British Armed Forces by academics and healthcare professionals became the focus of study. The withdrawal of service personnel from the Middle East, was followed by a reduction of military personal, while media attention shifted to the affects of British engagement in post-Afghanistan and Iraq on returning service personnel. Studies looked at both the effects of combat and depression, changes in alcohol consumption, and their risks to serving personnel. Emerging information in veterans’ research shows that narratives provide the nuance missing from large-scale studies (Gordon, 2014).

This study interviewed ex-service personnel to explore their perceptions and beliefs about pre-enlistment and post-enlistment factors. Chapter Four presented findings about what ex-service personnel believe are influential pre-enlistment experiences and role models, which have seldom been studied in the narratives of ex-servicemen and women. The analysis of veterans’ lives explored stories that were dominated by perception of family; continuity and discontinuity of place and people that were important for identity creation leading to Chapter Five and the role of
the Armed Forces in veterans’ lives. Chapter Six revealed positive and negative interactions with health and wellbeing agencies and experiences of support from comrades and family members alike. Ex-service men and women interviewed for this thesis also spoke of a change in role and place in the world as defined by sometimes new, challenging or isolating civilian world and an inability to talk about their experiences as military networks disappear. There is an opportunity to broaden the dialogue beyond the impact of military service, which benefits from participation with, and, perceptions of veterans in the exploratory process. Narrative inquiry examines the way a story is told by examining the actions of the players involved in the creation of story and explores the construct of story, the sequence and consequence of motivations and behaviours and how some stories are preferred, selected, performed or retold (Riley & Hawe, 2004).

Reflecting on life stories is a natural process by which humans use accounts of events in storied lives to link the past to the present and the future (McAdams, 1988). Without a troubled link to the past, isolation from military life and civilian life, it becomes more difficult for participants with re-abandonment narratives have the most difficult task of forming hopes about the future.

The participants voluntarily (or when prompted) offered to discuss the meaning of their lives in service that were shaped by an idea of self during and after service. Participants also gave accounts of how identity shifted in relation to physical ability and disability. Together, these processes of story-making and evaluation by the participant create an organised, coherent reality of events and experiences for them as they occurred (Bailey & Tilley, 2008). Exploring themes which connect the significance of experiences in service history and leaving service together with early childhood and family background, provides vital insight for future research with ex-servicemen and women. Families, healthcare professionals, and veterans themselves can achieve a better understanding of the experiences of veterans beginning with having a narrative lifespan approach to data collection. These participant stories provide rich interpretative data for other researchers, and health and wellbeing practitioners alike concerned with
the study of, interventions for, or improvement of the lives of UK Armed Forces veterans as well as their families.

This study did not compare combat and non-deployed ex-service personnel or use quantitative measures to assess or predict outcomes, but perhaps questions from the findings could be used for broader and larger cohort studies of this population and their early and later life experiences. Last, and in addition to understanding the factors in childhood that may contribute to veterans’ wellbeing in later life, this study explored participants’ attribution of positive appraisals of childhood, despite experiencing adversity.

8.4 Conclusion: Making Sense of Life Narratives and Experiences from the Perspectives of British Armed Forces Ex-Service Personnel

Military research and military psychology has collected extensive quantitative data and knowledge about ex-service and service personnel, exposure to warfare, and its impact on physical and mental health in the context of war. Much of the research on mental health related to combat, stems from US Vietnam veterans. Findings from large cohort studies fail to detail the experiences of military personnel or how combat or conflict-like situations affect veterans over the long-term. Research to date explores quality of life experiences of veterans from adulthood to the present who are diagnosed with mental health disorders, and have some consideration for the influence of the past (Katon, Lehavot, Simpson, Williams, Barnett et al., 2015).

This PhD thesis was concerned with exploring what ex-service personnel lives were like outside of the context of just their military service and whether those life experiences are meaningful to and significant for ex-service men and women of the British Armed Forces. The links participants made between their life experiences and military service drew comparisons with previous research and presented a different approach to support the importance of veterans’ perspectives on their storied lives. This study attempted to understand personal experience of ex-military personnel living in the United Kingdom and what they understood as pre-military
vulnerabilities associated with the development of or problems associated with early life together with service.

The findings ranged from the complexity of participants not being defined solely by their military experiences, to experiences organised and evaluated differently from general society. The diversity of veterans’ experiences across war generations, benefits from conducting assessment of needs over the long-term using different methods of analysis. Exploring early life narratives and what sense ex-service people make of their stories, impact the individual’s reflection on past events, patterns of behaviour and motivations which either maintain or interfere with a sense of wellbeing in the present. To address wellbeing and ageing, for instance, there is a need to recognise the value of veterans’ life experience and how remembering significant events can be therapeutic. Additionally, recognition of veterans as contributing members of society can help veterans of all ages manage feelings of isolation from civilian life that are present regardless of military cohort. Finally, mental healthcare professionals should consider for instance, if participants are suffering from long-term effects of childhood and service-related trauma, there is certainly a need to support veterans by working with them and helping them in being mindful of their own sources of resilience and adaptive coping strategies.

Being conscious of family background and the importance of veterans’ new families should be an essential part of any discussion of veterans’ health and wellbeing: not only for the role original family and community plays in the motivation for joining, but also the role that informal support networks take on after veterans leave the Armed Forces, as either creating conditions for veterans to thrive (predominantly contentment narratives) or as an exacerbating force leading to further complications (particularly in re-abandonment narratives). Where the military provided a “bubble” that protects and provides for all the needs of servicemen and women (and the family) while in service, the veteran’s new family is thrown into navigating healthcare and other welfare services that are available in society but appear inadequate or marginalising to veterans and their families. If there is a troubled adaption narrative, particularly where feelings of isolation are felt
most keenly by some veterans unprepared for life after service, then adaption to civilian life will be particularly difficult depending on the level of redemption and contamination narratives respectively. The MOD and other government agencies (such as the NHS) recognise the need to cooperate in order to execute the Armed Forces Covenant and support veterans and families who transition out of the Armed Forces.

Although military research literature is dominated by studies of predominantly male and predominantly white serving and veteran personnel, the diversity of the labour force and society itself does not appear to be reflected in the Armed Forces, as seen in the limited number of female participant and ethnic minority stories in this thesis. The change in how countries negotiate disputes will perhaps see a dwindling in the numbers of personnel of diverse backgrounds, race, and gender. It is difficult to determine whether recruitment policies will change in order to provide opportunities in leadership roles for minority groups, as the British Armed Forces reduces in size.

Family often acts as both the source of issues (family of origin), and new family (particularly intimate partners) may act as vital pathways toward accessing support. New families often take on the responsibility of caring for those veterans who are in most need. Increasingly as veterans begin to age, positive growth narratives may begin to decline and with it, the social support networks beyond family (steadfast comrades made in service). Where types of childhood and family have differing affects on members of the veteran community, raising questions about how UK veterans appraise, identify and make connection with their society through life stories, will further the understanding of the current and later life needs specific to this growing population, and their hopes for the future for themselves and for their families.
References


methods designs to trauma research. *Journal of Traumatic Stress, 22*(6), 612-621.


Fontana, A., & Rosenheck, R. (1994). Traumatic war stressors and psychiatric symptoms among World War II, Korean,


Marine Corps. *Archives of pediatrics & adolescent medicine, 160*(12), 1207-1214.

Appendices

Appendix A – University of Portsmouth Science Faculty Ethics Committee Application Form and Favourable Ethical Opinion Letter

Ethical Review Application Form

i. Proposal Title:
Making sense of early life and military service experiences: A lifespan perspective of veterans of the British Armed Forces

ii. Principal Investigator (PI): Ms. Kim Gordon

iii. Co-investigator(s): None

iv. Supervisor(s): Dr Karen Burnell, Dr Clare Wilson, Dr Kim Bown

v. School / Department: School of Health Sciences and Social Work

vi. Date of Submission: 7th May 2013

vii. Proposed study start date: 30th May 2013

viii. Is the research
a. Staff b. Doctoral Student c. Masters Student

ix. Review Type
a. Full committee b. Light-touch review

Rationale for review type choice (no more than 50 words):
After receiving guidance from the University Ethics advisor, submission to NHS and Social Care RECs was ruled out as veterans are not considered a ‘vulnerable’ group by these committees. However, we felt the possible risks involved with discussing wellbeing issues with veteran military participants required a full university committee review.

x. Funding details
a. Fully funded by the University of Portsmouth.
b. Jointly funded between UoP (X %) and …….. (Y %)
c. Fully funded by: Ms. Kim Gordon (Principal Investigator)

xi. Peer Review - Please confirm that the proposed research has been peer reviewed and provide a copy of the reviewers’ response and the updated protocol / proposal. Your proposal will not be reviewed again but is for information to support ethical review.

The proposed research has been peer reviewed by Dr Yohai Kakak and Dr Annabel Tremlett. A copy of the reviewers’ responses and the updated protocol are attached.

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3 Please read the notes if you have not submitted an application to the SFEC previously
4 If the PI is a student.
5 The exact date of starting may not be known, but please indicate the likely start date, mindful of the timescales for ethical review.
Six. There are perhaps too many separate concepts being sought on the consent form. Concepts 3 and
5 (we will not be seeking consent) may not be necessary or otherwise could be incorporated within one of the other existing consent statements. The consent form is a little
difficult to follow as it is. It may appear a little informal to off-putting to participants. Please
amend as you see fit.

Six. Please note there is no need to initiate an IV-advice because the study will not be requiring
patients.

Please resubmit your revised proposal [highlighting any amendments in blue] to me on
http://researchdept.ports.ac.uk and make us in future of any substantial amendments that may be required. On
completion of the study please send me the DTC's final study report.

Good luck with the study!

Yours sincerely,

[Signature]

Dr John Crossland
School of Health Science and Social Work
Subcommittee Ethics Committee

[Signature]

Dr Chris Matthews – Chair of DTC
Dr Jim Hume – Vice Chair of DTC
Holly Shaw – Faculty Administrator
Appendix B: Sample literature search flow diagram British Armed Forces qualitative articles

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<thead>
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</tr>
<tr>
<td>AND british armed forces</td>
<td>47,297</td>
</tr>
<tr>
<td>AND AB adverse childhood experiences</td>
<td>47,297</td>
</tr>
<tr>
<td>AND AB lifespan</td>
<td>18,628</td>
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<td>AND TX qualitative</td>
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<td>AND TX narrative</td>
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Database (Arranged alphabetically)

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<th>OpenGrey</th>
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<tr>
<td>CINAHL</td>
<td>PubMed/Medline</td>
<td></td>
</tr>
<tr>
<td>CENTRAL (Cochrane)</td>
<td>ScienceDirect</td>
<td></td>
</tr>
<tr>
<td>EBSCOhost</td>
<td>Web of Science</td>
<td></td>
</tr>
</tbody>
</table>

Appendix B: Literature search flow diagram
qualitative literature

Identification of literature

Total literature identified via database search
(n=48,129)

Duplicate items automatically removed during database search

Screening title and abstracts for relevance
(n=18,628)

Full text screening of eligible articles (qualitative)
(n=1,241)

Eligibility

Items excluded after full text review
(n=1,118)

Inclusion

Items included n=123
Appendix B: Sample literature search systematic search subject descriptors

<table>
<thead>
<tr>
<th>Systematic search subject descriptors and abstract screening results</th>
<th>RESULTS</th>
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<tbody>
<tr>
<td>AB veteran* OR AB ex-military OR AB former* serv* AND AB British armed forces AND AB NOT United States AND adverse childhood experiences AND lifespan NOT AB United States</td>
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<tr>
<td>(( AB veteran* OR AB ex-military OR AB former* serv* ) AND (S24) AND TX qualitative)</td>
<td>1,241</td>
</tr>
<tr>
<td>Items exclusion reasons</td>
<td>1,118</td>
</tr>
<tr>
<td>- Majority or sole focus on posttraumatic stress disorder and interventions</td>
<td></td>
</tr>
<tr>
<td>- Limited discussion of lifespan theory and/or life course development</td>
<td></td>
</tr>
<tr>
<td>- Limited description of qualitative research inquiry</td>
<td></td>
</tr>
<tr>
<td>(( AB veteran* OR AB ex-military OR AB former* serv* ) AND (S24) AND TX qualitative AND TX narrative)</td>
<td>123</td>
</tr>
<tr>
<td>Items included after full text review</td>
<td>123</td>
</tr>
<tr>
<td>AB [ veteran* OR ex-military OR former* serv* AND British armed forces ] NOT United States AND adverse childhood experiences</td>
<td>3</td>
</tr>
</tbody>
</table>
Appendix C – Research Interview Schedule and Interview Questions

Interview schedule (Researcher ONLY)

Items in the semi-structured interview will cover what experiences they have had, what happened, what the experience means to the participant, what they think about their experiences. Such exploratory questions rely on the participants’ own ability for interpretation during the interview (Mishler, 1995). The interview is an opportunity to explore the participants’ narratives with them leading the way. Murray (2003) has recommended that questions about the participant’s life should begin the process, and the problem that the participant is having at that time, more often than not, will be the item that the participant wishes to discuss. However, the interview schedule will be reviewed with the participant at the beginning of the interview so that they are aware of the items being covered. The participant will be able to see the schedule of questions at this stage. The schedule includes the following topics, but will be developed further with input from members of the public:

- When did you join the military?
- (If not conscripted) Why did you decide to join?
  - Prompt for childhood experiences here and impact they had
- Can you tell me about your experiences in the military?
  - Prompt for when did you leave the service?
- Can you tell me about your life after service?
- Have you experienced any issues since leaving the service?
  - Did you do anything to deal with these issues?
- Have you ever sought professional help?
  - Would you use civilian services, such as the NHS for treatment?
- [If not already covered] Do you think early life experiences have had an impact on you? In what way?
Interview Questions

- When did you join the military?
- (If not conscripted) Why did you decide to join?
- Can you tell me about your experiences in the military?
- Can you tell me about your life after service?
- Have you experienced any issues since leaving the service?
- Have you ever sought professional help?
  - Would you use civilian services, such as the NHS if you needed to?
- Do you think early life experiences have had an impact on you? In what way?
Appendix D – Research Participant Information Booklet

Introduction

This is an independent study from the University of Portsmouth carried out as part of a self-funded PhD. I am inviting veterans of the British Armed Forces to be a part of this research about their life experiences and military service experiences, and how these experiences might affect their feelings after leaving the service. Here is some information about the study which may help you to understand what type of research is being conducted and why. Before you decide to participate in the study, please read the information provided below.

someone if such information is disclosed during the interview. Discussions with the researcher are confidential; however the researcher will discuss with the supervisor if you share information during the interview that there is a high level of risk that you will do harm to yourself or others. Your information will not be passed on to any military or veteran organisations.

You may be able to recognise yourself in the anonymised transcripts; however it is unlikely that other people will recognise your anonymised information once it has been written up.

Reply slip and envelope
What happens when the research interview stops?

After the interview, the researcher would like to follow up with you to talk about the interview by phone, email or in a way that is convenient to you. The follow up period is 24 to 48 hours after the interview is complete. You can also choose not to be contacted after the interview.

Personal data that may identify people will be removed from transcripts or any journal publications.Aliases, pseudonyms or a numerical code will replace names to protect your identity. Once the interview data is analysed and the project is written up and completed, the summary of the findings can be made available to any participant who wishes to learn more about the outcome of the study.

Will my taking part in the study be kept confidential?

Your participation in the study will be kept confidential. Your personal data will be anonymised and protected. The recorded interviews will be taped up by the researcher and stored on a secure University computer that is encrypted and password protected. All personal information is confidential, and will be retained in locked cabinets in secure offices at the University of Portsmouth.

Please do not disclose any illegal behaviour that you or others you know may be involved in or have been involved in the past. Should there be any disclosure of illegal behaviour during the interview, confidentiality will be broken and the researcher will discuss with and seek guidance from the supervisor in the event that any such information is disclosed. The researcher is not required by law to report instances of abuse, but may break confidentiality to tell during the interview that there is a high level of risk that you will do harm to yourself or others. Your information will not be passed on to any military or veteran organisation.

You may be able to recognise yourself in the anonymised transcripts; however it is unlikely that other people will recognise your anonymised information once it has been written up.

Reply slip and envelope

"Running head: LIFE NARRATIVES OF UK EX-SERVICE PERSONNEL"
Why are you being invited to participate in the study?
You are invited because you are a veteran of the British Armed Forces and you have expressed an interest in taking part.

Do I have to take part?
You do not have to participate in the study and you can withdraw from the study at any time without giving a reason. If you do not want to take part, this will not affect any health or social care you currently receive or might need in the future. There will also be no impact on your veteran status or any benefits you receive as a veteran if you withdraw. The time limit on withdrawal of your participation is up to 6 months once data has been collected.

What will happen to me if I take part?
I will contact you to ask if you would like to participate in an interview either face-to-face, via telephone interview or through an online meeting (based on your geographical location and preference). The interview will take place at an agreed time and location. The interview could take 90–120 minutes of your time and no cost to you. I will ask for your consent to begin the interview before the interview session. I will then be able to record the interview after I receive your consent. You will be able to keep a copy of your consent form. Please keep this booklet for your records.

What will I have to do?
You will be asked questions about your experiences in your early life, so your childhood and teen age years, your time in the services, and experiences you’ve had since leaving. There are no set questions that you will be asked, only questions that help me cover topics of interest. You are welcome to see these questions before the interview.

What are the possible disadvantages or risks of taking part?
Talking about experiences in early life or in service may be uncomfortable or distressing. Should you feel uncomfortable at any time during your participation, please do not hesitate to stop the interview. You will be provided with information for charitable organisations such as Combat Stress and Help for Heroes or local organisations that are specifically designed to help veterans. Your participation will not involve any physical activity that might be harmful.

What are the possible benefits of taking part?
There may not be immediate benefits to taking part in the study for you, but I hope to learn from you about the specific needs and challenges veterans face, which might improve health, welfare and other professional services available to veterans. It will also add to our understanding of how experiences throughout a veteran’s life can affect them for better or worse.
Appendix E – Research Participant Informed Consent Form and Debriefing Sheet

<table>
<thead>
<tr>
<th>Participant Consent Form continued</th>
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</table>

**As an informed participant of this study, I understand that:**

- I voluntarily agree to take part in the study on British veterans’ perspectives on the link between life experiences and military service.
- I have been provided with a research participant information booklet (“booklet”) and have read and understood the information in the booklet (10/06/2017 version 2).
- I have had 24 hours to consider my participation in the study and whether I wish to be interviewed. The researcher has explained the study, the purpose and the location of the interviews and what is expected of me as a participant.
- Discussions with the researcher are confidential. I understand the researcher is not required by law to report instances of abuse, but may break confidentiality to tell someone if such information is disclosed during the interview.
- I understand that I will not report activities of illegal behaviour. I understand the researcher will break confidentiality to tell someone if such information is disclosed during the interview.
- I may choose to stop the interview at any time should I feel the need and no explanation is required. I confirm that I have been instructed that my option to withdraw will not result in any consequences for future access to the results of the final study.
- I understand that I will have up to 5 months from the date collection to withdraw from participation in the study.
- Personal data will be anonymised such that it cannot be used to identify participants. Anonymised information from the interviews that are written up may be used for the doctoral thesis, in journal publications, book chapters, published documents and other future research conducted by the researcher.

<table>
<thead>
<tr>
<th>Name of volunteer (BLOCK CAPITALS)</th>
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<tbody>
<tr>
<td>Signed</td>
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<tr>
<td>Date</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of researcher/person taking consent (BLOCK CAPITALS)</th>
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<tr>
<td>Signed</td>
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<tr>
<td>Date</td>
<td>__________________________</td>
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</table>
The University of Portsmouth

Debriefing Sheet

Study Title: British veterans' perspectives on the link between life experiences and military service

These interviews were carried out to help understand veterans' experiences throughout their early lives, time serving, and after leaving the military.

In particular, the postgraduate research student wanted to contact veterans with relevant active service experience and to understand how they make sense of their own experiences, without any research bias. Some evidence suggests that seeing active service can affect some veterans in different ways. Some veterans report that their service has been positive for them, while others have negative experiences that could last throughout their lives. It is hoped that by talking with and listening to veterans, we also hope to understand through your own words what type of support works best for you. Researchers, healthcare professionals and other services that support veterans can be better equipped to help all veterans no matter your age, type of duty, or when or where you served.

Participation was voluntary and confidential. The participant is aware that a follow-up plan for all participants is part of the research project. Follow-up with participants gives the researcher a chance to thank the participants and to ask about the participant's experience of the interview. If you have experienced any discomfort after the interview during the follow-up period, the researcher will not ask to contact you again during this period. If there are any problems after the interview, either with the questions asked or the responses to those questions, the researcher will review the debriefing sheet and discuss support options that are available.

If you are interested in receiving a summary of the study outcomes, please let me know.

Organisations to contact:

Combat Stress
Phone: 01237 567 000
Website: http://www.combatstress.org.uk

Help for Heroes
Phone: 0845 073 1765 or 01900 645 456
Website: http://www.helpforheroes.org.uk

Local veterans' organisations will be listed according to the location/region of the research participant.

Temple for local support organisation
Organisation name:
Phone: local number
Address: if a physical site
Website: if available

The Royal British Legion
Phone: 08457 729 729
Website: http://www.britishlegion.org.uk

The Samaritans
Phone: 08457 909 909
Website: http://www.samaritans.org

Thank you for your participation and time.
Appendix F – Chapter Four Early Life and Family Background NVivo
Preliminary Coding Summary

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<tr>
<th>Category</th>
<th>Preliminary Theme</th>
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<td>\Early life Family background\Abuse or No abuse</td>
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<td>\Early life Family background\Family in service</td>
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<tr>
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<td>\Early life Family background\Family in service\Lack of attachment to person and place</td>
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<tr>
<td>Sub-themes</td>
<td></td>
<td>\Early life Family background\Family not in service\Support from family friends to join service</td>
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Appendix F – Chapter Four Early Life and Family Background
Preliminary Coding Extracts

<table>
<thead>
<tr>
<th>Superordinate theme: Family in service</th>
<th>Extract (Participant initials, page number)</th>
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</thead>
</table>
| Sub-theme: Following family tradition  | [My] mother had married a soldier in the First World War and she had four sons and now she was gonna-my elder brother-he was-joined first and I joined after in 1939 before the war started he was in the Royal Artillery and strange story-I followed in his footsteps. (Nicholas, 2-3)  
the reason I wanted to be a soldier is was as a kid I ran around playing soldiers and never grew up. The idea of being a soldier was just so intoxicating to me-it’s all I ever wanted to do... - my father was in the RAF, um, but he was really the first generation professional serviceman. He’s own father had to serve in World War II as a ground crewmen in the RAF um, but there wasn’t a strong interest from the family. Both my brothers joined: one went to the Air Force, one went to the Navy. Um, but that didn’t influence me. I was always going to be a soldier. Just, running, jumping, climbing trees (Curtis, 7-8) |
Sub-sub theme | Keep the family happy | Continue the families’ military lineage
---|---|---
Sub-sub theme | Join out of personal preference (Joined as preference, joined on own, family not in service) I was about the age of 14 or 15 and decided to go into the forces. I didn’t fit in anywhere really because of my upbringing I think. A bit gypsy like and I fancied a forces life (Pete, 2)

Sub-theme | Lack of attachment to person and place Military family of origin moved around when participant was a child
---|---
Sub-theme | Family not in service Support from family Um I think she [mother] was...very supportive, very excited, especially since I was the very first girl to commission into the Army Air Corp, so I was setting a precedent in the whole of the Army, so very proud of me, um, and the same for Dad as well (Betty, 5)

Sub-theme | Friends joined I started seeing a guy and he joined... he had such wonderful experiences...so when I did hear about the officer training corp, I thought it would be a good idea [to join] (Betty, 1)

Sub-theme | Joined on own Yeah, sure. So I - I signed my first contract at 16 er through a military scholarship programme er which paid for my university which was a big incentive for joining, so they paid all my tuition fees for my first degree and at 16, they were effectively guaranteeing me a job and a career on the day I left university (Lionel, 2)

No. I've got a family of war-dodgers [laughs] (Lionel, 9)

(Joined alone, not with friends) oh they all went on the same path, they all sort of left school, worked in Tesco (Lionel, 10)

I was about the age of 14 or 15 and decided to go into the forces. I didn’t fit in anywhere really because of my upbringing I think. A bit gypsy like and I fancied a forces life (Pete, 2).

Theme | Abusive/non-abusive experiences in childhood (Neglect? Code for Exit service, Informal support?) we rarely saw each other anyway, so we only sort of see-bump into each other a couple of times a year anyway – (Lionel, 11)

(Family not in service, Abusive childhood) When I come up my background was my father was an alcoholic and he beat my mother up every night pretty much. I’m the eldest of 6. By the time I was 7 she left him, pregnant (Pete, 2)

He was hard on very difficult to my mother. But there again I was very
young when he left us 15 or 16 (Nicholas, 21).

And, er, although my elder brother was away from home, working away from home, I was the senior (laughs) person in the family. I was a-cos Dad had long gone unfortunately, there we are (Nicholas, 3)

...but sadly he left mother and us in the thirties when um-when he became unemployed, put it that way (Nicholas, 4)

Well my dad left when I was 9. Um, he was perfectly happy, my mum was perfectly happy. She wasn’t going to be a service wife forever (Curtis, 32)

Appendix G – Chapter Five Experiences in Military Service NVivo
Preliminary Coding Summary

Experiences in Military Service
Experiences in Military Service\Achievements in service
Experiences in Military Service\Different culture from civilian world

\Experiences in Military Service\Service Traumatic events reported yes no
\Experiences in Military Service\Service Traumatic events reported yes no\Death of comrade
\Experiences in Military Service\Service Traumatic events reported yes no\Direct danger
\Experiences in Military Service\Service Traumatic events reported yes no\Hurt or killed someone in service
\Experiences in Military Service\Service Traumatic events reported yes no\Mental health problems reported yes no
\Experiences in Military Service\Service Traumatic events reported yes no\Mental health service sought\provided\lack of Support
\Experiences in Military Service\Service Traumatic events reported yes no\Vigilant behaviour
\Experiences in Military Service\Transition in easy
\Experiences in Military Service\Transition in easy\Accept military discipline
\Experiences in Military Service\Transition in easy\Develops self discipline
\Experiences in Military Service\Transition in easy\Distancing from family
\Experiences in Military Service\Transition in easy\Military as family
\Experiences in Military Service\Transition in easy\Camaraderie and acceptance in service
\Experiences in Military Service\Transition in easy\Previous academic performance
\Experiences in Military Service\Transition in hard
Appendix G – Chapter Five Experiences in Military Service
Preliminary Coding Extracts

<table>
<thead>
<tr>
<th>Theme</th>
<th>Transition in: hard/easy</th>
<th>Extract</th>
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<tr>
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<td>Distancing from family</td>
<td>I was intelligent enough to finish my A-Levels, go to Sandhurst um, getting commissioned to the Infantry (Curtis, 8) Well we didn’t-we didn’t er, you-you see, we only met um very-all but briefly (Distance from brother during war). everybody got a card to say all it was-say: mother, I am safe, I’m back, I’m well. That’s all it said’ (Nicholas, 10).</td>
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<td>Military as family</td>
<td>(Share positive travel experiences with family of origin, help maintain relationship while in service) I had to go outside and I looked across Naples Bay and there was this red glow behind Mount Vesuvius the sun rising RESEARCHER: uhm... Sandy: and that was absolutely magic you know, and um, you can’t take that away from me and I can’t share it with anybody. It’s um you know the memory is a magic thing where you can er shut your eyes and uh you can have a better gallery... photo gallery RESEARCHER: when you came back, did you tell your Sandy: Oh aye...</td>
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RESEARCHER: parents about..
Sandy: Wrote to my mum...
RESEARCHER: oh yeah -
Sandy: ... And she kept a lot of my letters (Sandy, 6)

(Sibling rivalry, PS want’s me to know exactly who he was)
there’s always been a big competition between Marines
and Paras erm and Marines are supposed to be the
thinking man’s soldier (Freddie, 1)

knowing I was going to go back to intelligence corp, that,
that was a a huge bonus for me, because they already
said “if you fail your pilot’s course, please come back to us
(Betty, 6)

Well the fact that you have survived the war which is
something that you don’t realise it that you build it up and
over six years you’ve built up this comradeship and it sort
of it stays with you (Nicholas, 21)

together that’s the big thing that I found and that we all
found not not being an individual but yer pal watch your
back that sort of thing you know you you yeah (Nicholas,
21)

I have a personal view, and it is a personal view, that the
Armed Forces, particularly in the early years of someone’s
career, are in loco parentis, particularly w-when the person
who’s joined, is young (Curtis, 6)

some don’t have parents and some come from care, but
there’s been somebody who’s been looking after them
pointing them where to go, helping them grow. And the
ultimate aim of every parent is to get their kid to leave
home and get on with their own life. The military to some
extent, takes over that role (Curtis, 6)

The military to some extent, takes over that role, but is
then, for all the right reasons, a bad parent because it’s not
encouraging them to grow in terms of their own future life.
It helps them-it helps them to become the best at whatever
they’re doing: trains them well, gives them new
experiences that may or may not help them grow, and
there’s all sorts of provisions (Curtis, 6-7)

The military... is attractive in many ways. Not necessarily
the killing of things, but the being part of a reasonably
select group...that works together and is supportive, um,
for the most part, of its members (Curtis, 12)

Theme Traumatic events-reported

Sub-theme Direct danger

Yeah. I'm not I'm not a psychopath, but it's easy to kill
somebody. Very easy to kill. It's living with it afterwards
that's the problem (Freddie, 18)

Oh yeah it was frightening. We were bang crash wallop oh
dear! You know [laughs] it was frightening. It was up in
Scapa Flow, it was a lot of the bombs fell on the land and
didn’t explode of course you it went straight into the –
Straight in into the peat (Nicholas, 17)

So um when you got into the cities it was bang, crash and
wallop. It was frightening because it kept on—it just kept on.
It didn’t-you know—it didn’t come and go. It would be hours
and hours and hours you know, bombing all the time
(Nicholas, 18).

because you were together. Yeah, It's something that just
was there and you’ve been through it together as soldiers
together as a unit together, together (Nicholas, 21)

I certainly felt fear...I have been [scared]-fair enough. I
have commanded my troops in gunfights under fire with mortar bombs raining in, um, and I have kept my cool and I have brought my men into and out of action in one piece. So yes, I guess I’ve done what has been required. (Curtis, 11)

Well, I’ve been in contact a handful of times. I’ve been in harm’s way a number of times... (Curtis, 11)

There’s bullets coming down – and I have been there... (Curtis, 13)

putting in a good-good sectional or company attack, or driving a tank, it’s fast it’s demanding. It—it asks a lot of you, you’re coordination, your responses, your reaction and you know, your ability to deal with danger in a way that validates your existence. Um, so you come out of a scrap and you’re, you ok. Bloody hell that was a rush (Curtis, 17)

it might be the case someone shoots you, it might be you get blown up and that’s somebody trying to do it (Curtis, 17)

Sub-theme: Vigilant behaviour
You recognise that these [car bombs] could happen and could always happen (Barry, 28)

Sub-theme: Mental health service sought or Provided
(Mental health provided, death of comrade) I wasn’t very well. I had a problem with depression for erm for about two years. Er and I was quite poorly for quite a while. Erm ended up in hospital and some quite severe treatments erm and that was all attached to er the death of a friend (Freddie, 10)

Er Trauma Management. So erm when I flew Tom’s body out to get back to Kajak-er to get back to Bastion, the helicopter that landed we got on, all the trauma management guys got off at Heli, so I missed them and then I flew back to Bastion and then, I was too busy to go and see anybody in Bastion, I landed back in Kajaki and the trauma management guys got on, so I missed the whole trauma management net. So, it wasn’t like an intentional thing. But I just thought I’d keep going – and I was dealing with the death of Lee as well. So, I just thought I’d carry on. I’ll just soldier on (Freddie, 24-25)

Sub-theme: Death of comrade(s)
and that was quite difficult. I don’t th-I don’t think at any point me and him thought: ‘Oh my God, what are we doing, this is crazy.’ But it just made life really difficult because you’re trying to focus on learning and doing your job in training, while-while also having that in the background – it’s also (Lionel, 15)

we just wanted to block it out and... that added a lot of stress at the time... Because you don’t wanna actually prolong the thinking (Lionel, 16)

it was, if I-if I look at my whole military career, far more worse things have happened. But actually things that have affected me you know like, and really made me thing about things, that was, by a long stretch the worse thing. I dunno what (Lionel, 17)

Yeah. Yeah. He [comrade] died on a climbing accident and I thought if I’d have been there he wouldn’t have died er and it’s not true, he still would have died (Freddie, 10)

Well yes, I went to funerals at the Para. That was hard.
But, it was something we had to do to give that individual's family a good send off. So showing that the military thanked them for what their son, well... the ultimate sacrifice their son had made (Betty, 18).

[Death of brother's comrade] He did say one time: I couldn’t do it! I couldn’t go see her. I couldn’t go and see her (Nicholas, 18).

Now if someone’s died, one of yours -or someone’s been badly injured, any exhilaration you may have felt was instantly tempered by concern, shock, um because one of you has so (Curtis, 14)

but it [death of comrades] was a shock for all of us because of it this random event. I suppose if anything, I thought about war elemental, it does bring home the random nature of life. The fact that this car was parked with its lights off in a road which caused their vehicle to bounce off into the canal, you know, and with-within 30 seconds, many of these guys were dead. It’s just-shit happens (Curtis, 17)

Theme 3 Service mental health

when you get it. But it's that was quite nice you know, coping, having that link to the outside world. And err, they had a brilliant system where you get-they can-people in the UK can send free parcels – [Informal support] (Lionel, 30)

who I am today as a veteran with a mental health disability, I think it's important voices are heard (Jack, 1)

at the time, yeah, I didn't know I needed support in all honesty [while supporting bereaved families and wounded soldiers] (Betty, 12)

actually I did break down then, and recognised that I hadn't had the emotional support, or rather I recognised that I hadn’t recognised I needed it at the time (Betty, 14).

Trauma (Formal support wanted) more support available to those of us that were visiting officers... they had nowhere to go to for professional help...no one there to handle them and say: it's ok to be sad. Or it's-it's absolutely fine to show emotion' (Betty, 17).

[Friend mental health] The vehicle he was travelling in crashed into a firestone canal. He managed to get out-he was in the back of the vehicle as did one of the soldiers. The other 6 guys drowned. I mean-I mean he tried and tried to get back in and rescue them, but water was flowing too quickly and he injured himself by water inhalation, um, and he ended up in hospital, he was awarded a gallantry medal for doing what he did, but he is vastly affected by what he went through (Curtis, 17)

Narrative Soldiering on (mental health)

I didn’t see it, I didn’t see it at the time he shut himself in his office (Betty, 18)

Narrative Soldiering on (physical health)

call it luck, it's just things like that happened [injury] and people accepted it unfortunately (Nicholas, 19)

Narrative Effects of killing

[Matter of fact] I mean I suppose actually at the heart I’m a bit of a pacifist. And it-if someone’s shooting at me, well-no that’s fair game. They-they deserve to die (Curtis, 9)

[Matter of fact] Yeah. Yeah. Um, and i've fired a few bullets myself and um fairly certain I've killed one person, but it was at night, so it's quite hard to tell (Curtis, 12)
No-one has ever died under my direct command. I’ve never been in a war that’s lead to someone’s-one of my soldier’s deaths... I don’t think I’ve ever give a direct order that has caused one of my soldiers to die (Curtis, 11-12)

(Achievement or self discipline) after a while it got personal so it just we-erm, you know, it was just something I had to do and there were so many people who didn’t think I was gonna do it, I mean even family members would start to doubt that I was gonna pass out at training and friends and I I just thought no I am gonna do this I am gonna show everybody that I can do it I am gonna show people that I can you know start something and finish it. Erm – (Freddie, 8)

I I was told that I would never get back to a fighting unit. I was told that I’d never if I wasn’t medically discharged, I’d never be allowed to carry a weapon again. So then the stubborn bit in me kicked in from somewhere deep inside of me and I decided right, well, that’s somebody else I’m gonna prove wrong (Freddie, 11)

um, very exciting again. Um and very very rewarding actually, that my work was informing policy (Betty, 7)

One of the few, I should say (Betty, 8).

And it’s a very important-hugely important base, and since it wasn’t defended properly-that’s why we were one of the first people up there as a regiment, to er, fortify the base (Nicholas, 7)

I was... in an environment I already knew and loved (Betty, 6)

I didn’t have a female role model at that stage (joining TA intel). No-one had done what I was doing at the time (Betty, 1) Being first, repeated throughout transcript.

because I was head of that drugs flight, because people looked to me with my Masters degree, I was the only one qualified to look at commercially available colour imagery in multi spectrum imagery and therefore I said, I can answer this (Betty, 8-9)

I was subsequently told once I’d moved to the intelligence corp, um, that if, if I hadn’t been the first girl, I would have been invited to have been back coursed a couple of months to repeat the training, but I wasn’t, I feel that I wasn’t given the opportunity because I was that first girl and in hindsight I should have fought my case, but I was very naive very young and wanted to please everybody and so I didn’t (Betty, 5)

As it turns out I wasn’t a particlarly good soldier. I wasn’t a very good officer, put it that way (Curtis, 8)

by the time I was a Company Commander after about 11 or 12 years of service, I was pretty good then. Because I’d picked up enough and you know I had people-the greatest, um, plaudits I ever had was from people I commanded after a fairly contact tour of Iraq in 2004, and I had Senior NCOs telling me that I was the best company Commander they’d ever had all that sort of thing (Curtis, 8)

you are ultimately responsible, and that’s a very powerful feeling. I mean, some people take to it naturally, and they-they-they are well-fitted for what I actually never was (Curtis, 11)

Six years is a long time at war. Now it’s Six months and the boys have to come and have a rest, but we were Six years at war without a break (Nicholas, 19)

nowadays, people have got all this security and social this and social that and welfare, but er I just wish it was it was our mothers who needed help and you would have thought in those days it er, that they needed to they lost all these young men they lost in World War I and you would have thought this new generation had needed would have had that little bit of help but nothing not a not a bean (Nicholas, 22)
Yeah it was an experience for young men like us, it was, we made the best of what we had. Yeah it it was tiring because it was round the clock, they was always on duty never off duty (Nicholas, 27)

the enemy can get in around us and lay a quick IED and just start ambushing and be away on their sandals before we’ve had been able to react (Curtis, 16)

Needs a title: Surviving direct threat to life

[Commanded well despite fear] I certainly felt fear...I have been [scared]-fair enough. I have commanded my troops in gunfights under fire with mortar bombs raining in, um, and I have kept my cool and I have brought my men into and out of action in one piece (Curtis, 11)

Appendix  H – Chapter Six Life after Service NVivo Preliminary Coding Summary

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<tr>
<td>Theme</td>
<td>Life After Service[Service] Achievement</td>
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<tr>
<td></td>
<td>Life After Service\Achievements in overcoming mental health issues after service</td>
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<td>Life After Service\Did not seek formal or informal support</td>
</tr>
<tr>
<td>Sub-theme</td>
<td>Life After Service\Formal or informal support negative</td>
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<tr>
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<td>Life After Service\Formal or informal support positive</td>
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<td>Life After Service\Family conflict</td>
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<td>Life After Service\Easy or hard to leave</td>
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<td>Life After Service\Good adaption</td>
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<td>Life After Service\Troubled adaption</td>
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<td>Mental health problems</td>
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<td>Mental health problems\Informal support</td>
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<td>Mental health problems\Reject diagnosis misdiagnosed</td>
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<td>Life After Service\Missing service and wish to return</td>
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<td>Life After Service\Positive life review</td>
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### Appendix H – Chapter Six Life after Service Preliminary Coding

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The military to some extent, takes over that role, but is then, for all the right reasons, a bad parent because it’s not encouraging them to grow in terms of their own future life. It helps them-it helps them to become the best at whatever they’re doing; trains them well, gives them new experiences that may or may not help them grow, and there’s all sorts of provisions (Curtis, 6-7)  
The military… is attractive in many ways. Not necessarily the killing of things, but the being part of a reasonably select group…that works together and is supportive, um, for the most part, of its members (Curtis, 12)

Theme 2 Traumatic events reported: yes/no

Sub-theme Direct danger

Yeah. I’m not I’m not a psychopath, but it’s easy to kill somebody. Very easy to kill. It’s living with it afterwards that’s the problem (Freddie, 18)

Oh yeah it was frightening. We were bang crash wallop oh dear! You know [laughs] it was frightening. It was up in Scapa Flow, it was a lot of the bombs fell on the land and didn’t explode of course you it went straight into the –Straight in into the peat (Nicholas, 17)

So um when you got into the cities it was bang, crash and wallop. It was frightening because it kept on-it just kept on. It didn’t-you know-it didn’t come and go. It would be hours and hours and hours you know, bombing all the time (Nicholas, 18).

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Well, I-I’ve been in contact a handful of times. I’ve-I’ve been in harm’s way a number of times...(Curtis, 11)
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it was, if I-if I look at my whole military career, far more worse things have happened. But actually things that have affected me you know like, and really made me thing about things, that was, by a long stretch the worse thing. I dunno what (JL, 17)

Yeah. Yeah. He [comrade] died on a climbing accident and I thought if I’d have been there he wouldn’t have died er and it’s not true, he still would have died (Freddie, 10)

Well yes, I went to funerals at the Para. That was hard. But, it was something we had to do to give that individual’s family a good send off. So showing that the military thanked them for what their son, well... the ultimate sacrifice their son had made (Betty, 18).

[Death of brother’s comrade] He did say one time: I couldn’t do it Nicholas, I couldn’t go see her. I couldn’t go and see her (Nicholas, 18).

Now if someone’s died, one of yours—or someone’s been badly injured, any exhilaration you may have felt was instantly tempered by concern, shock, um because one of you has so (Curtis, 14)

but it [death of comrades] was a shock for all of us because it of this random event. I suppose if anything, I thought about war elemental, it does bring home the random nature of life. The fact that this car was parked with its lights off in a road which caused their vehicle to bounce off into the canal, you know, and with-within 30 seconds, many of these guys were dead. It’s just-shit happens. (Curtis, 17)
Theme 3 In service mental health

when you get it. But it’s that was quite nice you know, coping, having that link to the outside world. And erm, they had a brilliant system where you get-they can people in the UK can send free parcels – [Informal support] (Lionel, 30)

who I am today as a veteran with a mental health disability, I think it’s important voices are heard (Jack, 1)

at the time, yeah, I didn’t know I needed support in all honesty [while supporting bereaved families and wounded soldiers] (Betty, 12)

actually I did break down then, and recognised that I hadn’t had the emotional support, or rather I recognised that I hadn’t recognised I needed it at the time (Betty, 14).

Trauma (Formal support wanted) more support available to those of us that were visiting officers... they had nowhere to go to for professional help... no one there to handle them and say: it’s ok to be sad. Or it’s-it’s absolutely fine to show emotion’ (Betty, 17).

[Friend mental health] The vehicle he was travelling in crashed into a firestone canal. He managed to get out-he was in the back of the vehicle-as did one of the soldiers. The other 6 guys drowned. I mean-I mean he tried and tried to get back in and rescue them, but water was flowing too quickly and he injured himself by water inhalation, um, and he ended up in hospital, he was awarded a gallantry medal for doing what he did, but he is vastly affected by what he went through (Curtis, 17)

Narrative Soldiering on (mental health)

I didn’t see it, I didn’t see it at the time he shut himself in his office (Betty, 18)

Narrative Soldiering on (physical health)
call it luck, it’s just things like that happened [injury] and people accepted it unfortunately (Nicholas, 19)

Narrative Effects of killing

[Matter of fact] I mean I suppose actually at the heart I’m a bit of a pacifist. And it-if someone’s shooting at me, well-no that’s fair game. They-they deserve to die (Curtis, 9)

[Matter of fact] Yeah. Yeah. Um, and I’ve fired a few bullets myself and um fairly certain I’ve killed one person, but it was at night, so it’s quite hard to tell (Curtis, 12)

Potential theme Keeping soldiers alive?

No-one has ever died under my direct command... I’ve never been in a war that’s lead to someone’s-one of my soldier’s deaths... I don’t think I’ve ever give a direct order that has caused one of my soldiers to die (Curtis, 11-12)

Theme 4 Achievements

(Achievement or self discipline) after a while it got personal so it just we-erm, you know, it was just something I had to do and there were so many people who didn’t think I was gonna do it, I mean even family members would start to doubt that I was gonna pass out at training and friends and I I just thought no I am gonna do this I am gonna show everybody that I can do it I am gonna show people that I can you know start something and finish it (Freddie, 8)

I I was told that I would never get back to a fighting unit. I was told that I’d never if I wasn’t medically discharged, I’d never be allowed to carry a weapon again. So then the stubborn bit in me kicked in from somewhere deep inside of me and I decided right, well, that’s somebody else I’m gonna prove wrong (Freddie, 11)

um, very exciting again. Um and very very rewarding actually, that my work was informing policy (Betty, 7)
One of the few, I should say (Betty, 8).

And it’s a very important-hugely important base, and since it wasn’t defended properly-that’s why we were one of the first people up there as a regiment, to er, fortify the base (Nicholas, 7)

I was... in an environment I already knew and loved (Betty, 6)

Achievement being first or only

I didn’t have a female role model at that stage (joining intel). No-one had done what I was doing at the time (Betty, 1) being first, repeated throughout transcript.

Achievement in leadership

because I was head of that drugs flight, because people looked to me with my Masters degree, I was the only one qualified to look at commercially available colour imagery in multi spectrum imagery and therefore I said, I can answer this (Betty, 8-9)

Achievement positive/negative

I was subsequently told once I’d moved to the intelligence corp, um, that if, if I hadn’t been the first girl, I would have been invited to have been back coursed a couple of months to repeat the training, but I wasn’t, I feel that I wasn’t given the opportunity because I was that first girl and in hindsight I should have fought my case, but I was very naive very young and wanted to please everybody and so I didn’t (Betty, 5)

As it turns out I wasn’t a particularly good soldier. I was... I wasn’t a very good officer, put it that way (Curtis, 8)

by the time I was a Company Commander after about 11 or 12 years of service, I was pretty good then. Because I’d picked up enough and you know I had people-the greatest, um, plaudits I ever had was from people I commanded after a fairly contact tour in Iraq in 2004, and I had Senior NCOs telling me that I was the best company Commander they’d ever had all that sort of thing (Curtis, 8)

you are ultimately responsible, and that’s a very powerful feeling. I mean, some people take to it naturally, and they-they-they are well-fitted for what I actually never was (Curtis, 11)

Potential theme/sub-theme: Hardship of war?

six years is a long time at war. Now it’s six months and the boys have to come and have a rest, but we were six years at war without a break (Nicholas, 19)

nowadays, people have got all this security and social this and social that and welfare, but er I just wish it was it was our mothers who needed help and you would have thought in those days it er, that they needed to they lost all these young men they lost in World War I and you would have thought this new generation had needed would have had that little bit of help but nothing not a not a bean (Nicholas, 22)

yeah it was an experience for young men like us, it was, we made the best of what we had. Yeah it it was tiring because it was round the clock, they was always on duty never off duty (Nicholas, 27)

the enemy can get in around us and lay a quick IED and just start ambushing and be away on their sandals before we’ve had been able to react (Curtis, 16)

Surviving direct threat to life

[Commanded well despite fear] I certainly felt fear...I have been [scared]-fair enough. I have commanded my troops in gunfights under fire with mortar bombs raining in, um, and I have kept my cool and I have brought my men into and out of action in one piece (Curtis, 11)
## Appendix I – Research Participant Biographic Information

<table>
<thead>
<tr>
<th>Participant Alias</th>
<th>Age at interview</th>
<th>Year joined, age</th>
<th>Left service</th>
<th>Length of service</th>
<th>War cohort-era</th>
<th>Service Corp</th>
<th>Biography</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandy</td>
<td>65</td>
<td>1952, 15</td>
<td>1967</td>
<td>12</td>
<td>Post-WWII</td>
<td>Navy</td>
<td>Sandy completed 12 years of service, most of which were spent stationed in Malta, Yugoslavia and Italy between 1954 to 1964. He met and married his wife when he returned to the United Kingdom. He wears a hearing aid and has moderate mobility due to having clubbed feet in both legs. He became a member of Type 42 Association as a submariner.</td>
</tr>
<tr>
<td>Pete</td>
<td>50</td>
<td>1981, 18</td>
<td>1986</td>
<td>5</td>
<td>Post-Falklands</td>
<td>RAF</td>
<td>Pete completed his service with the rank of Able Rate. Deployed to the Falklands after the war. Married at 24 while still in service. Pete became an Army Champion in 2013.</td>
</tr>
<tr>
<td>Terry</td>
<td>38</td>
<td>1991, 17</td>
<td>2006</td>
<td>15</td>
<td>NI, Balkans, Afghanistan x2, Iraq, Kosovo, Macedonia, Sierra Leone</td>
<td>Paras, Royal Marines Commando</td>
<td>Terry left the Royal Marines as a Corporal with multiple deployments to Northern Ireland, the Balkans and the Middle East. He married and separated from wife at time of interview. Terry was living in temporary housing. Terry received treatment for PTSD.</td>
</tr>
<tr>
<td>Betty</td>
<td>41</td>
<td>1997, 25</td>
<td>2003</td>
<td>6</td>
<td>Afghanistan non-combat</td>
<td>Army (3 years Officer Training Corp before Regular Army)</td>
<td>Betty achieved Captain rank with no deployments when she left the Army. Before leaving, she served as a Warrant Officer. Betty was divorced and remarried. Both partners were in the Army. Betty sought marriage counselling and had been part of a women’s fertility support group.</td>
</tr>
<tr>
<td>Nicholas</td>
<td>92</td>
<td>1939, 18</td>
<td>1945</td>
<td>6</td>
<td>WWII</td>
<td>Army</td>
<td>Nicholas left the Army as a private. He was deployed to the Orkney Islands as a gunner in WWII. He received surgery for a back injury and was medically discharged from the Artillery division. He married after WWII and re-enlisted in the Territorial Army.</td>
</tr>
<tr>
<td>Freddie</td>
<td>35</td>
<td>1994, 16</td>
<td>2007</td>
<td>13</td>
<td>Afghanistan</td>
<td>Royal Marines Commando</td>
<td>Freddie joined as a Royal Marine and left the Royal Marines as a policeman. He achieved the rank of Staff Sergeant. He was deployed to the Middle East. He married at 21 and received a medical discharge for a persistent back injury sustained after a fall. He received treatment for PTSD and is accompanied by a service dog when in public spaces.</td>
</tr>
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<tr>
<td>Derrick</td>
<td>90</td>
<td>1939, 16</td>
<td>1945</td>
<td>6</td>
<td>WWII</td>
<td>Army</td>
<td>Derrick left the Army as a private. He was stationed across England in WWII. He married during the war in 1943 and re-enlisted in the Territorial Army at the end of WWII. He did not join a veterans’ organisation. Has not received a hearing aid but has no mental health needs.</td>
</tr>
<tr>
<td>Jack</td>
<td>45</td>
<td>1974, 16</td>
<td>1995</td>
<td>21</td>
<td>Royal Marines Commando Falklands, Northern Ireland, Europe, Asia, Central America</td>
<td>Royal Marines Commando Falklands, Northern Ireland, Europe, Asia, Central America</td>
<td>Jack joined the Royal Marines. He was deployed to the Falklands as a Signaller and deployed to Northern Ireland within 3 months shortly afterwards. He married at 21 and divorced after returning from the Falklands. Remarried after deployment to Northern Ireland and received a medical discharge 21 years after service. Received medical and therapeutic treatment for PTSD. Jack became a member of the South Atlantic veterans.</td>
</tr>
<tr>
<td>Martin</td>
<td>55</td>
<td>1978, 20</td>
<td>1983</td>
<td>5</td>
<td>Royal Marines Commando Falklands, Northern Ireland</td>
<td>Royal Marines Commando Falklands, Northern Ireland</td>
<td>Martin joined the Royal Marines. He achieved the rank of Sergeant. He was deployed to the Falklands and deployed to Northern Ireland shortly after. He married at 21 and received a medical discharge. Treated for PTSD. Currently separated from his wife and seeking custody. Received oncological treatment at time of interview. South Atlantic veterans’ member.</td>
</tr>
<tr>
<td>Will</td>
<td>86</td>
<td>1945, 17</td>
<td>1949</td>
<td>4</td>
<td>WWII</td>
<td>RAF</td>
<td>Will left the RAF as a Staff Sergeant. He was deployed to Palestine shortly after the end of WWII. He married after being decommissioned and joined a veterans’ organisation in mid 2000s.</td>
</tr>
<tr>
<td>Curtis</td>
<td>47</td>
<td>1990, 23</td>
<td>2013</td>
<td>23</td>
<td>Iraq</td>
<td>Army</td>
<td>Curtis left the Army as after 23 years. Deployments to Iraq and Northern Ireland. Married in service and had two children while deployed. Retired out of the Army. Reported trauma but not diagnosed nor received treatment. Became a veterans’ advocate.</td>
</tr>
<tr>
<td>Nigel</td>
<td>52</td>
<td>1980, 18</td>
<td>1989</td>
<td>9</td>
<td>Post-Falklands, Northern Ireland</td>
<td>Navy / Royal Marines Commando Falklands, Northern Ireland</td>
<td>Nigel joined as a Navy Medic, then Commando. Treated wounded Falklands servicemen, but not deployed. Married after leaving the Royal Marines. No medical or psychological treatment.</td>
</tr>
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<td>Participant</td>
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<tr>
<td>Matty</td>
<td>71</td>
<td>1958, 15</td>
<td>1983</td>
<td>25</td>
<td>Northern Ireland, Europe, Global</td>
<td>Army</td>
<td>Matty joined the Army and retired at rank of Sergeant, Royal Engineers. Married in 1964 during Germany deployment and served in Northern Ireland during the height of the Troubles (1971). Left Army voluntarily to work in the public communications sector after 25 years with no medical or psychological needs.</td>
</tr>
<tr>
<td>Paul</td>
<td>62</td>
<td>1967, 15.5</td>
<td>1989</td>
<td>28</td>
<td>Northern Ireland, Oman</td>
<td>Army</td>
<td>Paul joined the Army and completed rank of Staff Sergeant, Royal Engineers. Married in 1964 during Germany deployment and served in Northern Ireland. Married in 30s. Left Army involuntarily to work in the private sector. Attempted suicide due to pain from non-combat leg injury sustained in Oman. Required critical surgery followed by prosthetic surgery (leg). Mobility somewhat limited and no psychological needs. Volunteers in local veterans’ outdoor project.</td>
</tr>
<tr>
<td>Andy</td>
<td>43</td>
<td>1989, 18</td>
<td>1997</td>
<td>7</td>
<td>Cyprus, Balkans</td>
<td>RAF</td>
<td>Andy joined the RAF and left at rank of Sergeant. Married in 1993, age 22, during Cyprus deployment. Left Army voluntarily to work in private sector after 7 years with no medical. Employed 2 weeks after leaving RAF. Divorced, living alone for several years experienced depressive symptoms. Remarried. Slight physical disability reported (20%). No affiliation to veterans’ groups.</td>
</tr>
<tr>
<td>Daryl</td>
<td>40</td>
<td>1994, 19</td>
<td>2000</td>
<td>10</td>
<td>Balkans</td>
<td>Army</td>
<td>Daryl joined the Army (Signals) and left at rank of Corporal. 1994 met girlfriend (later wife) before Germany deployment. Operational tours of Bosnia (1996) and Kosovo (1998). Left Army voluntarily to work in private sector. Employed shortly after leaving Army. No psychological symptoms. Slight physical pain reported after jumping off a roof (accident). No affiliation to veterans’ groups.</td>
</tr>
<tr>
<td>Participant</td>
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<tr>
<td>John</td>
<td>43</td>
<td>1987, 16</td>
<td>2006</td>
<td>19</td>
<td>Northern Ireland, Afghanistan, Iraq</td>
<td>Army</td>
<td>John joined the Army achieved the rank of Staff Sergeant, but left Army as a Sergeant. He became an athlete for the Army and when not on sporting tours. Deployed to Northern Ireland, Iraq and finally Afghanistan immediately after 9/11. He married at 22, divorced, then remarried in 1996. Employed providing security detail overseas, then security in UK. Shrapnel injuries, stress reaction when return home. No current medical or psychological treatment.</td>
</tr>
<tr>
<td>Barry</td>
<td>56</td>
<td>1977, 19</td>
<td>1993</td>
<td>16</td>
<td>Cyprus, Northern Ireland</td>
<td>Army</td>
<td>Barry joined the Army as an Officer achieving rank as Major when he left. Deployed to Cyprus and 2 tours of Northern Ireland. He married in 1987 after second Northern Ireland tour. Employed in private sector. No past or current medical or psychological treatment.</td>
</tr>
<tr>
<td>Morris</td>
<td>57</td>
<td>1974, 17</td>
<td>2012</td>
<td>38</td>
<td>Northern Ireland, South America, Iraq</td>
<td>Army</td>
<td>Retired from Army after 38 years, moving up through the ranks to become a Lieutenant-Colonel. Multiple operational tours to Northern Ireland. Met wife and married at 27 while deployed to South America. Left voluntarily. Suicide attempted in South America after leaving service. Currently a volunteer for the local Royal British Legion.</td>
</tr>
<tr>
<td>Participant Alias</td>
<td>Age at interview</td>
<td>Year joined, age</td>
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<tr>
<td>Lionel</td>
<td>28</td>
<td>2004, 18</td>
<td>2010</td>
<td>6</td>
<td>Iraq</td>
<td>Army</td>
<td>Lionel joined the Army as an Officer and left after 6 years of service. At the time of interview he was planning to marry his partner. Supported his brother while he was in Iraq. Left service voluntarily to work in the public medical sector. Experienced nightmares and tremors post Iraq. No medical or psychological treatment sought.</td>
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<tr>
<td>Participant</td>
<td>Age at interview</td>
<td>Year joined, age</td>
<td>Left service</td>
<td>Length of service</td>
<td>War cohort-era Service Corp</td>
<td>Biography</td>
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<tr>
<td>Tina</td>
<td>57</td>
<td>1974, 17</td>
<td>1979</td>
<td>5</td>
<td>Northern Ireland Army</td>
<td>Tina joined the Army, achieved the rank of Private. After a clerical error, deployed on one tour of Northern Ireland at 17 (18 minimum age for deployment). Left voluntarily. Stress reaction and depression after return home. Met partner (separated) and had one 28-year-old daughter. No current physical or psychological disorder reported. Psychiatric help would be required if triggered. Worked with military health organisations in the past. No current affiliation to veterans’ organisations.</td>
<td></td>
</tr>
</tbody>
</table>
Roger joined Army as a military police officer, then joined RAF and trained as a pilot. Non-op tours of Falklands, operational tours of Northern Ireland, Belize, Kenya and Persian Gulf War, Bosnia and Iraq/Afghanistan. Married 1990. Left service voluntarily and trained for private sector while in service. No current affiliations to veterans’ organisations.

Roger
53
1977, 16 2011 35
Pre-Falklands, Army/RAF
Northern Ireland, Gulf War, Balkans Germany, North America, Falklands, Caribbean, Africa, Middle East

organisation.
Appendix J – Systematic review


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