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Narrative coherence and posttraumatic stress disorder symptomatology following combat in Iraq and Afghanistan

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Abstract

Background Mental health problems have been identified to be the area of greatest need in the British military veteran population (The Royal British Legion, 2006). Troops serving in Iraq and Afghanistan are exposed to a number of traumatic stressors which might impact on their mental health. The most recognised PTSD population is the combat veteran (Miller, 2000) and the transition from the military to civilian life can be a challenging period for veterans as they develop a narrative of their experiences and incorporate this into their life story (Ormerod & Evans, 2008). Exposure to traumatic events and the experience of post-traumatic stress disorder (PTSD) has been reported to affect narrative development (Wigren, 1994) which is implicated in coping after trauma. This study aimed to: (i) explore the characteristics of veterans' narratives following combat in Iraq and/or Afghanistan through the application of Burnell, Hunt and Coleman's (2009) model of narrative analysis; (ii) identify whether experience of PTSD symptoms affects narrative coherence; (iii) identify common experiences amongst this group of veterans; and (iv) identify factors which affect narrative coherence in this population.

Method This qualitative study used narrative analysis to explore these aims. Five male British armed forces veterans completed the Posttraumatic Stress Diagnostic Scale (PDS; Foa, 1995) and an individual narrative interview during which they were asked to discuss their experiences prior to deployment to Iraq/Afghanistan, their experiences in these areas of conflict and their life since returning to the UK and leaving the armed forces. Burnell

et al's (2009) model of narrative coherence coding was applied to the analysis to explore the characteristics of veterans' narratives and to determine narrative coherence.

Results None of the veterans' narratives were analysed to be coherent and due to the characteristics of the sample no conclusions could be drawn in relation to PTSD and narrative coherence. Although the narratives were descriptive and contained many of the factors of Burnell et al's model of analysis, one specific factor, relating to the recognition of temporal coherence, was absent from each of the narratives, rendering them incoherent. Although emotional evaluation was present in each narrative, descriptions of combat events rarely contained statements of emotion or emotional evaluation and a detachment from emotion and cognition during these events was reported. Work for the Special Forces negatively impacted on veterans' narratives by causing fragmentation as they tried to decipher the information they were prohibited to share. Three factors were identified to possibly affect the development of this sample of veterans narratives, including, emotional and cognitive disengagement during combat, opportunities to speak about their experiences and societal support.

Conclusions The findings of this study cannot explicitly support previous research relating to veterans' narrative coherence following exposure to trauma due to the small sample size. When applying Burnell et al's model to a younger cohort of veterans than those included in its development, adaptation is required in relation to recognition of temporal coherence. Factors other than trauma exposure are involved in the process of narrative development and integration.

Statement of Contribution

I, Suzanne Ogden

Declare that the thesis entitled

Narrative coherence following combat in Iraq and Afghanistan

and the work presented in the thesis are both my own, and have been generated by me as a result of my own original research. I confirm that:

- this work was done wholly in the candidature for a research degree at this University;
- where I have consulted the published work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
- I have acknowledged all main sources of help;
- Throughout the process regular advice was sought from Dr Nigel Hunt and Dr Roshan das Nair;
- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself.

Narrative coherence following combat in Iraq and Afghanistan

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Abstract

British armed forces veterans who have served in the recent conflicts in Iraq and Afghanistan are exposed to a range of traumatic experiences that may impact on their mental health. Exposure to such experiences is thought to impact on an individual's ability to complete the processes involved in narrative development. Memories that are processed in a fragmented manner may be recalled and conveyed in this way and influence an individual's ability to make sense of their experiences and integrate back into civilian life. This qualitative study used narrative analysis to explore the characteristics of British armed forces veterans' narratives following service in Iraq and/or Afghanistan. Five male veterans completed the Posttraumatic Stress Diagnostic Scale (PDS) and narrative interviews. Burnell, Hunt & Coleman's (2009) model of narrative coherence coding was applied during analysis to explore the characteristics of veterans' narratives. None of the veterans' narratives were analysed to be coherent using this model. The characteristics of the veterans' narratives are discussed and a number of factors relevant to veterans' experiences that appeared to affect their narrative development are identified and discussed. A possible adaptation to the model when applied to this population of veterans is proposed and suggestions for further research identified.

Keywords: Narrative analysis, narrative coherence, post-traumatic stress disorder, veterans, war, combat.

Since the recent conflicts in Afghanistan and Iraq began British military personnel have been deployed to and have completed prolonged periods of service in these areas. Within the combat zones a large number experience guerrilla warfare and a chronic threat of roadside bombs and improvised explosive devices (Seal, Bertenthal, Miner, Sen & Marmar, 2010). The nature of the urbanised combat setting is reported to account for some of the difficulties veterans encounter when making the transition from the military to civilian life (Brown, 2009; see Extended Introduction, Chapter 1.1)

Exposure to such traumatic experiences in the combat zone are associated with heightened risk of developing a range of mental health problems, such as sustained anticipatory anxiety (e.g. Friedman, 2006); chronic anxiety and strain (e.g. Litz, Orsillo, Friedman, Enlich & Bates, 1997); depression (e.g. Hoge, Castro, Messer, McGuirk, Cotting et al., 2004) and post-traumatic stress disorder. Veterans who experience combat during their military service are reported to be the most recognised PTSD population (Miller, 2000) with post-war rates of PTSD ranging from 12.2%-12.9% in a group of combat troops following their return from deployment to Iraq and Afghanistan (Hoge et al., 2004) and this is the most common presentation in veterans who access Combat Stress, with audits indivating a range between 71% and 81% (Combat Stress, 2010; see Extended Introduction 1.2 & 1.3).

Personal Narratives (see Extended Introduction, Chapter 1.4)

It is commonly reported that people make sense of life events and experiences through the creation of personal narratives (e.g. Tuval-Mashiach,

Freedman, Bargai, Boker, Hadar et al., 2004). These stories help a person to understand and respond adaptively to the events they experience throughout their life (Pennebaker & Seagal, 1999), therefore, the life story is reported to be both a format for telling the self and others about life and also the means by which an individual's identity is shaped (Rosenwald & Ochberg, 1992). A coherent life story depends on the ability to experience emotions, find organisation and meaning in life events and maintain a sense of continuity through time and space (Linde, 1993). Extensive research has revealed that when people put their emotional difficulties into words, their physical and mental health improves markedly (Flax, 1993).

Trauma Narratives (see Extended Introduction, Chapter 1.5 to 1.8)

Exposure to traumatic events such as war are thought to disrupt continuity and the social connections that facilitate narrative development (Wigren, 1994). However, there is an ongoing debate and little consensus between trauma and memory researchers about how survivors remember traumatic experiences and whether memory for traumatic events is different for non-traumatic or ordinary events. A number of approaches exist to explain the nature in which trauma memories are processed (e.g. Bernsten, Willert & Rubin, 2003; Gray & Lombardo, 2001; Rubin, Feldman & Beckham, 2004; Tuval-Mashiach et al., 2004; Wigren, 1994).

The 'Fragmentation View' is the prevailing view within the literature which proposes that narratives formed during and in the aftermath of trauma are often considered incomplete and this incompleteness is considered to be a source of post-traumatic stress (Wigren, 1994). If an individual experiences the self as

fragmented, overwhelmed, or in a state of transition, emotional narratives may also lack structure, rather than be expressed in a linear and coherent manner (Arciero & Guidano, 2000). Fragmentation or disorganisation is, therefore, thought to maintain difficulties such as PTSD by impeding the processing and resolution of the trauma memory (Ehlers & Clark, 2000). Gray & Lombardo (2001) highlight reports from a number of studies that have reported observations of fragmented and disorganised trauma memories being present in interviews with PTSD patients and more coherent, organised and detailed trauma narratives as treatment progresses.

Despite the amount of research in support of the fragmentation view, a number of researchers propose that there is little evidence to support the idea of less coherence and more fragmentation in the narratives of individuals exposed to trauma (e.g. Bernsten et al., 2003; Bryne, Hyman & Scott, 2001, Gray & Lombardo, 2001; Porter & Birt, 2001; Rubin et al., 2004). The 'Landmark View' argues against the idea of fragmented memory following trauma. Within this perspective, individuals with PTSD are expected to recollect their trauma experiences more vividly, with more narrative coherence and will consider their traumatic experience as more central to their personal identity than individuals who report PTSD without showing a PTSD symptom profile (Wigren, 1994). Bernsten et al. (2003) supports the assumption that memories of traumatic events form vivid landmarks in autobiographical memory as well as the related assumptions that this reference point effect is stronger for individuals with a PTSD symptom profile than for individuals without. The development of the traumatic memory into a key event for the person's life story identity is reported to render the memory highly accessible, which may in

turn explain why participants with a PTSD symptom profile reported more intrusive memories than participants without in their study.

Narrative Coherence (see Extended Introduction, Chapter, 1.9)

Narrative coherence has been implicated in the various approaches to the debate surrounding the development of narratives following trauma. Coherence, therefore, appears to hold an important role when developing a narrative that will facilitate coping after exposure to a traumatic event. Wigren (1994) highlights the importance of developing complete narratives to contain and organise traumatic experiences with the view that narrative coherence assumes the integration of traumatic events into an ongoing life story and the ability to communicate these events in an organised manner.

Several theoretical systems exist for analysing the narrative elements that constitute a story (e.g. Baerger & McAdams, 1999; Foa, Molnar & Cashman, 1995; Labov & Walezky, 1997). Each of the models characteristics is informed by their own definition of coherence, however, despite these differences there are also similarities across the models. More recently Burnell et al. (2009) have developed a model of narrative analysis for use when analysing veterans' narratives (Burnell et al., 2009). This model was developed from aspects of existing models, to include: Baerger & McAdams (1999); Habermans & Bluck (2000); Androutsopoulou, Thanopoulou, Economou & Bafti (2004); Labov & Walezky (1997); and Coleman (1999) to further understand how veterans find meaning and reconcile traumatic experiences. The model (see Table 1, p. 17) containing nine factors within four indexes (Orientation, Structure, Affect and Integration) was initially developed

to investigate the role of social support and coping with traumatic war memories and it is reported to be applicable to war trauma and fragmented and disorganised narratives (Burnell et al., 2009). The model was developed to enable application at two levels: 1) narrative form (e.g. the coherence of the narrative); and 2) narrative content. In order for a veteran's narrative to be considered coherent, all criteria with the exception of factor I8 (the presence of fragmentation) must be present within the narrative as the presence of factor I8 would render the narrative incoherent (Burnell et al., 2009).

During its development Burnell et al. (2009) initially applied the model to the narratives obtained from ten World War II (WWII) veterans and adapted the model during this process, to include the addition of Factor S3b due to the explicit recognition of temporal coherence within these narratives. It was then applied to a further twelve narratives from veterans of a range of wars and conflicts including: Suez, Korean, Aden, Cyprus, Northern Ireland, Falklands (Malvinas), Gulf, and Iraq, until no further adaptations were made. This was reported to demonstrate the transferability of the model to different war cohorts.

This model is the only model of narrative analysis developed specifically for use with veterans; however, due to its recent development it has not been widely used. The researchers propose that the model will contribute to theoretical and clinical understanding of the meaning making process through the application of the model to war narratives and to other events that challenge narrative plot lines (Burnell et al., 2009).

Social and Societal Support (see Extended Introduction, Chapter 1.10)

A range of factors have been reported to influence narrative development following exposure to a trauma in addition to the event itself. Within the literature factors such as societal support at homecoming and social support when veterans make the transition from the military to civilian life have been implicated in the development of difficulties such as PTSD. Historically, this association has been interpreted within the framework of Cohen and Wills' (1985) stress-buffering model. This model proposes that supportive social networks help individuals to cope with stressful events and 'buffer' against the development of stress related difficulties, therefore, those with little or no social support may be more vulnerable to life changes (Clapp & Beck, 2009).

Barrett & Mizes (1988) investigated the influence of social support and exposure to combat on the development of PTSD in Vietnam veterans and reported that veterans who received high social support reported fewer symptoms. Similarly, social support has been identified as an important lifelong coping strategy for WWII veterans who reported that war comradeship was an important factor during the war and many years after it ended for dealing with the emotional content of their traumatic recollections. Support was sought from wives and families in dealing with the more physical and practical elements of coping, with veterans in this cohort tending not to discuss their traumatic memories with their families (Hunt & Robbins, 2001). In contrast, research with veterans of wars that were still active when veterans were interviewed spoke more to family members (Burnell, Coleman & Hunt, 2010).

Societal support for combat is thought to play an important role in aiding soldiers/veterans reconciliation of their combat experiences as society's dominant narrative or discourse influences this process. When society's dominant narrative or discourse about a conflict is positive, this creates a supportive environment in which veterans feel valued for their involvement in the conflicts (Hautamaki & Coleman, 2001). In contrast, veterans of the Korean War reported a stressful homecoming. Society was not directly involved in the conflict and was perceived to be unsupportive of the military's role within this war and also the losses incurred by the veterans (McCranie & Hyder, 2000).

A final factor to consider in the processing of memories during combat is dissociation. Murray, Ehlers & Mayou (2002) investigated dissociation during and after traumatic events and proposed that dissociation leads to an inability to process traumatic events, leading to deficits in the individuals' memory for the event. Memories that are encoded in a fragmented manner may then be retrieved and conveyed in this manner (van der Kolk, Burbridge & Suzuki, 1997).

The Present Study (see Extended Introduction, Chapter 1.11)

The present study aims to explore the characteristics of British armed forces veterans' narratives following combat in Iraq and/or Afghanistan and to provide a response to the development of Burnell et al's (2009) model when applied to the narratives of this group of veterans. To achieve this, the research questions for this study were as follows:

1. Is Burnell et al's (2009) model applicable to narratives obtained from British armed forces veterans who have served in Iraq and/or Afghanistan?
2. Do differences exist in the coherence of narratives when levels of PTSD symptomatology are considered?
3. What are the common experiences within this group of veterans?
4. Do any specific factors appear to affect narrative coherence in this sample?

Methodology (see Extended Paper, Chapter 2)

Design (see Extended Methodology, Chapters 2.1)

This study adopted a qualitative methodology, utilising a narrative approach to explore the experiences of a sample of veterans who had served with the British armed forces in Iraq and/ or Afghanistan during the recent conflicts in these areas. Narrative research is embedded in a realist epistemological stance enabling experiences to be understood from the individual's perspective (Camic, Rhodes & Yardley, 2003) as the external world is considered to exist independently of our representations of it (Searle, 1995).

The aim of narrative psychology is to study the language, stories and narratives which constitute selves and to come as close as possible to the meaning of subjective experience (Reissman, 1993). With the aim of the research being to explore the application of a model of narrative coherence coding to narratives developed following exposure to combat, the personal narrative provided access into the processing of traumatic memories into a coherent story. The narrative method in this research highlighted the value of a person's individual story while also providing pieces in a mosaic that depicts a certain group (Marshall & Rossman, 1999).

Participants (see Extended Methodology, Chapter 2.2)

Male British armed forces veterans who had completed service in Iraq and/or Afghanistan were eligible for participation. Veterans were excluded from participating in the study if they: i) had received psychological intervention for their difficulties since leaving the armed forces (e.g. a course of Cognitive Behaviour Therapy) as this may have affected the narrative they develop; or ii) had a known diagnosis that could cause cognitive impairment (e.g. neurological conditions) as their diagnosis may have affected their ability to recall past events.

Recruitment (see Extended Methodology, Chapter 2.3)

To advertise the study, a Letter to the Editor was published in a number of local newspapers (see Appendix 3.1) in Lincolnshire, Nottinghamshire and Derbyshire. The advertisement provided an overview of the research and contact details for the first author. Potential participants contacted her via telephone or email to communicate their interest in participation and were sent a participant information sheet (see Appendix 3.3) and a consent form (see Appendix 3.4) to complete. Participants also informed other potential participants to contact the researcher. Ethical approval to conduct this study was obtained from the University of Lincoln Ethics Committee (see Appendix 2).

Measures (see Extended Methodology, Chapter 2.4)

Participants completed two measures:

a) An Armed Forces Questionnaire (see Appendix 3.5) which was developed by the first author to obtain demographic information (e.g. age, ethnicity, relationship status) and details relating to participants' armed forces history (e.g. length of

service, nature of duties in Iraq/Afghanistan). Information regarding any diagnoses that might affect cognitive functioning and prescribed medications was also obtained.

b) The Post-traumatic Stress Diagnostic Scale (PDS; Foa, 1995) was used as a measure of PTSD symptomatology. This 49-item paper and pencil self-report instrument is designed to assist with the diagnosis of PTSD and provides a means of quantifying the severity of PTSD symptoms. Scores are categorised into 'severe', 'moderate-severe', 'moderate' and 'mild' PTSD symptoms. The test items correspond to DSM-IV (American Psychiatric Association, 1994) diagnostic criteria for PTSD (Foa, 1995). The PDS was scored by the first author and each participant was placed into a category based on their score (i.e. meeting or not meeting the criteria for PTSD).

Procedure (see Extended Methodology, Chapter 2.5 & 2.6)

Following receipt of informed consent participants were invited to attend an appointment with the first author which took place at clients' homes and lasted approximately 1-3 hours. The Armed Forces Questionnaire was administered and if meeting the study inclusion criteria, the PDS was administered and a narrative interview completed. Narrative interviews took place between May and September 2009 and lasted between 37 minutes and 98 minutes in length. A semi-structured interview schedule was developed, which provided a loose framework to guide the interview (see Appendix 3.6). The narrative interview comprised 12 broad questions about the topic of inquiry and additional probe questions to facilitate the interview. Participants were asked to describe their experiences prior to being deployed to Iraq and/or Afghanistan (e.g. what their life was like before deployment, their relationships, what they were like as a person); their experiences of combat (e.g. their day-to-day life in the combat zone, how they felt about their combat experiences and

how they coped with those experiences); and their post-armed forces experiences (e.g. what it was like returning home, the types of memories they hold, difficulties they may be experiencing and support they received). The interview was audio-taped and transcribed by the first author. Participants were debriefed (see Appendix 3.7) following completion of the interview, and information for organisations such as Combat Stress and the Royal British Legion were provided so that participants could contact them for support to cope with their experiences of combat at that time or in the future if required.

Method of Analysis (see Extended Methodology, Chapter 2.7)

The narrative analysis was based on narrative form (the way in which the narrative was structured and expressed) and narrative content. Within this context, narrative coherence refers to orientation (the comprehensiveness of the narrative and includes narrative elements such as, orientation to characters and a temporal, social and personal context); structure (structural elements of an episode); affect (the use of emotion to make an evaluative point); and integration (expression of the meaning of experiences described within the context of the larger story). Each transcript was read a number of times and each of the nine factors from Burnell et al's (2009) narrative coherence coding criteria (see Table 1) applied to meaning units within the interview transcripts.

Quotes from each transcript were extracted and tabulated to assess the inclusion of each factor in turn and to consider specific characteristics within factors (e.g. the level of detail) as literature suggests that if stories are too simplistic they cannot realistically reflect lived experience (Rosenwald, 1992). Narratives were analysed to be coherent if they contained all of the factors within the model, with the exception

Table 1. Coding Criteria for Coherence

	Type of Coherence	Coding Criteria
Basic storytelling principles	Orientation and Structure	• **O1** Introduction of main characters (scene setting). • **O2** Temporal, social, historical and personal context. • **S3a** Structural elements of an episodic system presented with causal and temporal coherence (does not include contradictions). Structural elements include an initiating event, an internal response, an attempt, and a consequence. Tense use is consistent (no switching from past to present tense during episodes) • **S3b** Explicit recognition of temporal coherence ie 'I've jumped the gun/where was I?' Explicit recognition of storytelling.
Emotional and thematic evaluation of lived experience	Affect	• **A4** Past or present emotional evaluation of what described events mean to the narrator communicated through explicit statements of emotion • **A5** Consistency of verbal and non-verbal within a meaning unit. (Unless otherwise stated affect is consistent).
	Integration	• **I6** Meaning of events/experiences is expressed within the context of the larger story. This includes a coherent theme linking all the events (theme may be explicit and / or implicit). • **I7** Contradictions between events or the narrator's personality traits or values, emotional evaluation, or changes in attitudes are acknowledged and explained in a causally coherent manner. • **I8** Presence of fragmentation of the narrative defined as long pauses and broken speech, and unfinished sentences. Also, defined as incongruent information within the context of the larger narrative. (Unless otherwise stated the narrative is coherent).

Adapted from Burnell, Hunt & Coleman (2009)

of factor I8 which constitutes fragmentation (Burnell et al., 2009). In accordance with the model, each factor had to be present once in order to be considered present within the narrative.

Reliability (see Extended Methodology, Chapter 2.8)

The data in this research study were collected by the first author who listened to and transcribed each of the narrative interviews. The specific coding scheme was developed from existing systems to analyse narrative coherence (Burnell et al., 2009) and has been described in detail to ensure that this could be replicated. A research diary was kept throughout the research process in which a number of factors were identified, considered and documented within the diary, including the ways in which the first authors own values, experiences, interests, beliefs and social identities have shaped the research interview. This enabled a clear presentation of how the research was shaped and analysed throughout the research process.

Results (see Extended Paper, Chapter 3)

Participant Characteristics (see Extended Results, Chapter 3.1)

Five male veterans (22-47 years of age; mean = 30.1 years of aged; aged 17-40 during service) participated in one-to-one interviews in their own homes. Three participants had served in the British Army, one in the Royal Navy, and one in the Royal Air Force (Extended Results, Chapter 3.1 for pen portraits of participants including an overview of participant's military histories). All participants were White British. One participant had completed service in Iraq, two participants in Afghanistan and two participants had served in both countries of conflict. None of the participants had discussed their experiences in these conflicts in any detail since leaving the armed forces, therefore, none were considered to have rehearsed their

stories related to this particular aspect of their lives. Four participants (OS, DM, WM and BM) did not meet the criteria suggestive of PTSD on the PDS. CR's score suggested a severe level of impaired functioning and a moderate level of symptom severity. His symptoms were considered chronic with no delayed onset.

Findings

Burnell et al's (2009) nine factor model of narrative coherence coding was strictly adhered to during narrative analysis. The results are presented by factor relating to narrative coherence (Orientation, Structure, Affect and Integration) and themes were identified from the data which indicate the factors which may have influenced the coherence of veterans' narrative development.

Table 2. Inclusion of Narrative Factors in Participant's Narratives

Narrative Index	Narrative Factor	Participants				
		CR	OS	DM	WM	BM
Orientation	O1	●	●	●	●	●
	O2	●	●	●	●	●
Structure	S3a	●	●	●	●	●
	S3b					
Affect	A4	●	●	●	●	●
	A5	●	●		●	●
Integration	I6	●	●	●	●	●
	I7	●	●			
	I8*		✖		✖	

**Inclusion of this factor (✖) constitutes fragmentation and is therefore indicative of narrative incoherence.*

Narrative Coherence (see Extended Results, Chapter 3.2) None of the veterans were considered to have developed a coherent narrative of their experiences in Iraq and/or Afghanistan. Table 2 displays an overview of the narrative components

included by participants in their narratives. Interestingly, CR was the only participant to report symptoms of PTSD and he developed a narrative containing the greatest number of narrative factors, although it is still deemed to be incoherent due to the absence of factor S3b.

Narrative Characteristics

Orientation Index (see Extended Results, Chapter 3.3) The Orientation Index relates to the overall scene setting within the narrative. To be deemed coherent the main characters were introduced to the narrative and the participant located the story in a specific temporal, social and personal context. All of the participants introduced main characters during their narratives to meet the criteria for factor O1; however, there was some variation in the process by which this was done. Three of the five participants (CR, OS and BM) introduced specific individuals and added descriptions of these individuals or descriptions of the relationships with these individuals which oriented the listener to the characters. Other participants (DM and WM) spoke less commonly, more generally and in less detail about characters within their narratives. OS was the most descriptive participant within this factor introducing a range of characters in detail.

Temporal, social, historical and personal information was also included by each participant to provide a context to the narrative. These elements of the narratives were very descriptive in nature. For example, within a logical progression, life as a child in the UK was described through to joining the armed forces, deployment to Iraq and Afghanistan and outlining daily life and routines in these countries. A range of information was also provided by participants to orient the listener to their background. Each participant described their childhood and it was apparent that

those who reported a problem free childhood provided less descriptive narratives. OS was the only participant to disclose a difficult childhood and provided a very detailed outline of key events in his childhood, making reference to how his upbringing influenced his decision to join the Army.

> ...I think another factor was that I was sick and tired of...my mother really was drinking...it was like an escape...I didn't care where I went...(Veteran OS).

Three participants (OS, DM and WM) made reference to ways in which they had changed as a result of serving in Iraq/Afghanistan, often referring to traits they felt they had lost or negative traits they had gained, such as heightened alertness. DM, however, spoke more positively about the change he experienced which was in contrast to others. Reference was also made to a positive social context, whereby participants often described the supportive nature of friendships and relationships within the armed forces and when experiences in the combat zone often brought people closer together.

Structure Index (see Extended Results, Chapter 3.4) Factor S3a relating to structural elements of an episodic system was present in each participant's narrative. The extended length of quotations to evidence the use of this element means that they cannot be presented here. Factor S3b relates to an explicit recognition of temporal coherence and storytelling. None of the participants made any explicit statement that was indicative of any recognition of storytelling; however, none of the participants could be considered to have previously rehearsed their narrative of their experiences in Iraq/Afghanistan in the same way that older veterans who have served in previous conflicts may have. The absence of this factor from all of the narratives was quite a striking finding as this renders each participant's narrative incoherent.

Affect Index (see Extended Results, Chapter 3.5) All of the narratives included emotional evaluation (factor A4) throughout; however, it was evident that when describing combat events, there was little emotional description or evaluation. Many of the examples of emotional evaluation were apparent throughout participants' narratives rather than just at the initial time of evaluation of an event. For example, BM was the only participant to witness the death of a friend/colleague during the conflict. His emotional evaluation of this event and the continued impact on his life now was expressed a number of times throughout the narrative. A theme of an expression of loss was also apparent throughout OS's narrative. WM was one of the two participants to serve in both Iraq and Afghanistan and he described quite different emotional evaluations of his experience in each country. He described hatred towards Iraq and his lack of time for the local civilians, whereas he speaks fondly of civilians in Afghanistan:

> ...it's hatred for their for that nation [Iraq] no time for them whatsoever horrible people horrible nasty spiteful...no time for them whatsoever I hate them...(Veteran WM).

Information coded as factor A5 related to the consistency of verbal and non-verbal information within a meaning unit. During interviews it was common for participants to be animated when describing events, particularly those involving combat (CR, OS, WM and BM). Whilst describing events that caused an emotional and physical response in them, their posture and movement changed in line with their description and affect. OS was animated throughout his narrative and used sound effects to aid descriptions. At the other end of the scale, DM was quite motionless throughout; he did not gesture when talking about events and did not meet the criteria for coherence on this factor.

Integration Index (see Extended Results, Chapter 3.6) Factor I6 incorporates the meaning of events/experiences being expressed within the context of the larger story. This factor was a feature of all five participants' narratives. It was common for participants to attribute current traits to experiences in combat zones and to interpret these experiences as having shaped the way they view the world at present. Alternatively, OS made reference to how his experiences of coping with a difficult childhood prepared him to cope with experiences in the combat zone.

> ...I think another thing with me having the sort of mother that I did getting drunk a lot and me seeing her I think it helped me cope quite well with what went on in Iraq...(Veteran OS)

Factor I7 relating to contradictions between events or the narrators personality traits or values, emotional evaluation, or changes in attitudes was only evident in two of the participant's narratives (CR and OS). This was particularly in relation to their actions and beliefs about their actions. For example, OS describes his internal conflicts regarding the role and presence of British troops in Iraq and Afghanistan. Using one example, he outlined how his actions contradicted his beliefs due to his requirements as a soldier in Iraq when their actions resulted in the death of Iraqi civilians:

> ...I just think exactly because what was the point what was the point of a hundred and seventy people's lives...what was the sodding point and nothing...and it's the same with Afghan it's getting to the point where I just think what is the sodding point even the Afghani's some are thankful but the majority are you know we help them but because we help them we put them in danger because they're seen to be collaborating with the British...it made me question what I was doing sometimes (Veteran OS).

The elements described as fragmentation within factor I8 were not features in any of the narratives to a level that would render them incoherent; however, there was

one feature in both WM and OS's narratives which was thought to cause fragmentation. Both of these participants had completed work with the Secret Service and the associated experiences affected the fluidity in which they spoke about events. Within WM's narrative this fragmentation was apparent a number of times and caused evident incoherence in his ability to discuss his experiences and make sense of them outside of a context in which is able to discuss such information, for example:

> ...the next part of the rotation was...I won't say...ah I don't...erm...(Veteran WM).
> ...I won't go any further into that...(Veteran WM).

Factors Affecting Narrative Coherence (see Extended Results, Chapter 3.7)

A number of themes were identified during the analysis of narrative content that might impact on veterans' ability to form a coherent narrative of their experiences. The main themes identified concerned the detachment from emotions during combat, veterans' opportunity and desire to discuss experiences when returning home, and societal support.

Disengagement during Combat Three participants (WM, BM and OS) made reference to the nature of combat, their emotional disconnection during these events and described their training taking over. It is likely that this type of action would affect their narrative development and may account for the absence of emotionally descriptive words within participant's narratives.

> ...it just all seems to flow naturally to you you don't have you don't have a chance to be scared or happy or anything you don't really feel anything you just do what you've been trained to do...it's sort of after that you think about it...(Veteran BM).

Opportunity to Speak None of the participants had previously spoken in any detail about their combat experiences in Iraq and Afghanistan. During interviews, some of the reasons for this became apparent. In particular, there appeared to be a perception that family and friends would not be able to relate to or understand their experiences and also the idea that by not revealing this information they might protect those around them.

> ...there's no nice way of doing it [pause of 3 seconds] there's stuff what I've kept to myself and I probably will keep it to myself...it's er...it's just myself I don't think it's right you know and maybe like I say you do put those barriers up don't you...you want to protect yourself you want to protect other people...(Veteran CR).

Societal Support Three participants (WM, OS and CR) made reference to the British public's responses to them as armed forces personnel, the public's view of the conflicts in Iraq and Afghanistan and the impact this has had on them since returning home. In particular, comparisons were made between Britain and other countries in terms of the support received from society.

> ...American view is very different to the UK...it's like they ask oh UK what you doing...I've come on holiday...oh why...I'm here to chill out I've just got back from here [Iraq] and it's like oh they buy you a beer and pat you on the back and thank you...(Veteran WM).

Each of these themes appears to have impacted on veterans' narrative development and will therefore be discussed further with reference to the literature.

Discussion (see Extended Paper, Chapter 4)

This narrative study aimed to explore the characteristics of British armed forces veterans' narratives following deployment to Iraq and/or Afghanistan and to explore the application of Burnell et al's (2009) model of narrative coherence coding to the

narratives obtained from a sample of these veterans. A further aim was to consider additional factors which might impact on the coherence of veterans' narratives. Participant's narratives in this study did not contain all of the factors required to meet the criteria for narrative coherence using Burnell et al' model and a number of points of interest were identified that warrant further discussion.

Narrative Characteristics (see Extended Paper, Chapter 4.1 to 4.3)

Exploring the characteristics of the narratives we found that all of the participants' narratives contained factors relating to orientation, and factor O2 was perceived to be an area of strength in veterans' narrative development. Rosenwald (1992) reports that if stories are too simplistic they cannot realistically reflect lived experience. The descriptive detail provided by participants relating to temporal, social, historical and personal information suggests their narratives do appropriately reflect lived experience.

One of the most interesting findings was noted within the Structure Index. Factor S3b which related to recognition of temporal coherence (Burnell et al., 2009) was absent from each participants' narratives. The age of veterans and the relatively short period of time since their combat experiences and since they left the armed forces may account for this finding as participants may not have had the opportunity to develop a story of their experiences. This factor was added to the model during development due to WWII veterans' explicit awareness of temporal coherence (Burnell et al., 2009); therefore, this may be an indication of the likelihood of this factor being a characteristic of older populations.

Although emotional evaluation was present within each participant's narrative, there was an apparent lack of explicit statements of emotion across narratives,

particularly during descriptions of combat experiences. The apparent 'auto-pilot' state that veterans may have adopted during combat might account for this. For example, Murray et al. (2002) observed that dissociation during combat was associated with incomplete processing and deficits in the memory of the traumatic event, such as uncertainty about the sequence of events and memory fragmentation. The descriptive nature of narratives compared to the affective content suggests that affective control during narrative development may be more difficult than description.

Completing work with the British Special Forces (e.g. Special Air Service) negatively influenced veterans' narrative development. The highly secret nature of their role in the combat zone and their prohibited disclosure of their experiences affected the fluidity in which their narratives were verbalised. This observation may not be apparent in older veterans or those who served some time ago as episodic memories fade over time (e.g. Piolino, Desgranges, Benali & Eustache, 2002).

Examining the specific factors that affected the narrative coherence of these veterans, however, we found three main factors, to include (see Extended Discussion, Chapter 4.3): i) disengagement during combat; ii) societal support; and iii) opportunity to speak about their experiences. The concept of emotional disengagement and entering a state of 'auto-pilot' when faced with combat provides insight into the limited emotional evaluation during descriptions of these events as previously discussed.

Participants made reference to the lack of support and recognition from the British public and the impact this had. This is in line the social/societal support literature and particularly with Hautamaki & Coleman's (2001) findings that a supportive

environment is created when society's dominant narrative or discourse about a conflict is positive and facilitates re-integration into society. Similarities can also be drawn with the experiences of veterans from the Korean War who experienced a stressful homecoming due to the perceived lack of support from society (McCranie & Hyder, 2000).

The finding that participants had not spoken about their experiences in any detail since leaving the armed forces is evidenced within the literature. Research with WWII and Korean War veterans has highlighted the mechanisms of avoidance and processing (Hunt & Robins, 2000). These veterans processed their memories at veterans associations whereas the family served as a function of avoidance in which triggers and memories of traumatic war experiences are avoided. In contrast, research with veterans of wars that were still active when veterans were interviewed spoke more to family members (Burnell, Coleman and Hunt, 2010). This discovery may parallel the finding in this research as the majority of participants' comrades were still serving in Iraq and Afghanistan.

In line with Burnell et al. (2009), the findings of this study suggest that narrative coherence is not a hallmark of coping. The themes highlighted in this study would suggest that other factors such as social support and societal narratives play an important role in the development of narratives and overall coping when making the transition from the military to civilian life.

Application of Burnell et al's (2009) Model (see Extended Discussion, Chapter 4.4)

Burnell et al's (2009) model of coherence coding has proven to be a useful and applicable framework for analysing the narratives of this population of veterans; however, the inclusion of factor S3b when applied to the narratives of younger

veterans is questioned. As previously discussed, the sample in this study may not have had the opportunity to develop a pattern of story recall that is evident in older veterans (e.g. Burnell et al., 2009) and consequently, acknowledgement of a temporal awareness is not apparent. It is therefore questioned whether the absence of this factor is enough to render a narrative 'incoherent'.

Based on the findings in this study, it is proposed that the inclusion of factor S3b is reconsidered. The rationale for this is provided when referring to the literature relating to social support and the opportunities more recent veterans have to discuss their experiences of combat and process these memories, particularly with comrades who may continue to serve in the conflicts. Considering the role that reminiscing with comrades appears to have in the processing of combat memories (e.g. Hunt & Robbins, 2001) it would appear that factors such as this should be acknowledged in the application of this model to narratives conveyed when the conflict being discussed is not yet over and veterans have had more limited opportunities to process memories with comrades.

Limitations (see Extended Paper, Chapter 4.5)

The findings notwithstanding, this study had some limitations. The self-selected sample comprised young veterans who had in the main served within the armed forces for a relatively short period of time, therefore resulting in a lack of variance in opinions regarding the conflicts. Recruitment difficulties predicted the use of all those who volunteered to take part and therefore choosing participants with varying degrees of experiences was not possible.

There is no standard process to follow when completing narrative analysis and the application of a specific model of analysis has been criticised within some narrative

literature (e.g. Lyons & Coyle, 2007), however several models do exist. The application of Burnell et al's (2009) two level model of analysis (coherence and content) enabled a detailed exploration of veterans' narratives to be completed, to answer each of the research questions in the current study. The model also provided a structured method to utilise for a researcher with limited qualitative research experience, to develop this experience within a framework of guidance.

Limitations to using self-report measures of PTSD have been highlighted in relation to the specificity of PTSD symptoms (Engelhard, Arntz & van der Hout, 2007). A further limitation was with the administration of the PDS. Participants tended to discuss some of their experiences of combat in response to items on this measure, possibly affecting the detail of their narrative during the interview. It may have been more appropriate to administer the PDS and narrative interview on separate occasions and by two different researchers so that each researcher is perceived to have no prior knowledge of the participant's experiences when completing the narrative interview.

Clinical Implications and Future Research (see Extended Paper, Chapter 4.6)

This study is one of the few that exist in exploring the narratives of this population of veterans. It is hoped that the findings of this study will contribute to existing research relating to Burnell et al's (2009) model of narrative coherence coding and will add to the understanding of the experiences of veterans of the recent conflicts in Iraq and Afghanistan.

It is proposed that this model is applied further with this population of veterans to explore its applicability and validity and to explore the possible need for further adaptation dependent on the age of the veterans or the period of time since they

served in combat or left the armed forces, to account for the processes involved in narrative development over time.

Conclusions (see Extended Paper, Chapter 4.7)

The findings of this study cannot explicitly support previous research relating to veterans' narrative coherence following exposure to trauma due to the small sample size and the limited prevalence of PTSD within the sample. Where conclusions can be drawn are in relation to the model of coherence coding applied during analysis. When applying the model to a younger cohort of veterans who have recently served in combat and who have recently left the armed forces it would appear that adaption is required, specifically in relation to the recognition of temporal coherence as additional factors appear to be involved in the process of narrative development and integration into the life story within a young cohort of veterans making the transition from military to civilian life. Specifically, the support and recognition received from society is an influential factor in the successful completion of this process. Further research with this new population of veterans will develop the understanding of their experiences and specific needs to ensure that support is provided to those who need it and at the time when their need is most crucial.

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Extended Paper

Chapter 1 Extended Introduction

> War is a dramatic concentration of the most extremely powerful, destructive stressors known to humanity…war psychologically scars almost all who participate in it. The stress of war has the power to change individuals and entire communities forever (Mitchell & Everly, 1996, p.22).

It has long been recognised that exposure to terrifying and life-threatening events such as war, leaves a lasting impression on the human mind and body (Birmes, Hatton, Brunet & Schmitt, 2003). In a recent Royal British Legion report, the number of mental health problems cited by ex-service personnel aged 16-44 years old is three times that of the UK population of the same age and mental health problems were indicated as one of the areas of greatest need for the ex-service community for the next 15 years (The Royal British Legion, 2006). Evidence suggests that psychological difficulties continue long after veterans' experience of combat is over (Hyer & Sohnle, 2001).

Chapter 1.1 Mental Health and Combat

Each year 24,000 men and women leave the British armed forces, re-entering civilian life and becoming British armed forces veterans (Jones, Rona, Hooper & Wesseley, 2006). A veteran includes "anybody who has served for at least one day in Her Majesty's armed forces" (p.2; Department of Health; DOH, 2009a). Since the recent conflicts in Iraq and Afghanistan began the mental health needs of veterans have received increased attention and the failings of the National Health Service (NHS) to meet these needs have been criticised (Dandeker, Wessely, Iversen & Ross, 2003).

Troops returning from the recent conflicts in Iraq and Afghanistan are thought to be at risk of developing chronic mental health problems resulting in part from their exposure to the adversity and trauma of war zone experiences (Litz, 2007). Government figures have revealed that more than 2100 soldiers have returned from Iraq since 2003 that have some form of mental health problem (Ormerod & Evans, 2008). This may be in part due to

the willingness of soldiers to come forward with their problems, but also due to the intensity and unpredictability of current conflicts (Ormerod & Evans, 2008). When compared with prevalence rates in the general population the prevalence amongst combat troops is higher for both PTSD and depression (Hoge, Castro, Messer, McGurk, Cotting et al., 2004). It has been predicted that as the number of troops returning home increases, the number of veterans requiring psychological intervention to cope with their experiences will rise (Hunt, 2001).

Troops in both Iraq and Afghanistan are regularly exposed to long periods of combat and face a number of stressors and traumatic experiences, many of which are associated with a heightened risk of developing mental health problems, including post-traumatic stress disorder (PTSD). A number of specific stressors present within the combat zone have been implicated in the development of such mental health problems in military personnel. The specific experience of exposure to stressors in the combat zone varies widely dependent on the role of each soldier but there are a number of apparent stressors identified in the research. Hotopf, Hull, Fear, Rona & Wessely (2006) identified a number of stressors experienced by soldiers. These included coming under mortar or artillery attack, discharging their weapon, direct combat, body handling experiences, coming under small arms fire and seeing allied persons wounded or killed. Friedman (2006) identified that prolonged exposure to an environment in which potential threats occur regularly results in many soldiers developing sustained anticipatory anxiety. Litz, Orsillo, Friedman, Enlich & Bates (1997) further report that soldiers are required to maintain a high degree of vigilance, they are exposed to uncontrollable and unpredictable life threatening attacks which can cause chronic anxiety and strain,. For many, this results in a pervasive and uncontrollable sense of danger (Friedman, 2006).

After combat is over, exposure to the consequences of the conflicts are thought to present further stressors for troops. Friedman (2006) has highlighted a number of these experiences such as being exposed to the sights, sounds and smells of dying men and women and witnessing the

impact on innocent bystanders including, observing refugees, devastated communities and homes destroyed by combat.

Veterans' Mental Health Upon leaving the armed forces, the transition to civilian life has been identified as a particularly difficult period for veterans (Litz, 2007). During this period of reintegration and readjustment veterans are required to adapt to an environment in which the feeling of belonging to a group that has been present throughout their military career is no longer present (Ormerod & Evans, 2008). Friedman (2006) reported that readjustment is a complicated process with no clear course or time frame but for a significant minority this proves to be an impossible transition and they are left feeling disillusioned, lost, vulnerable and alone (Ormerod & Evans, 2008).

If psychological difficulties develop whilst soldiers are still serving in the military they are the responsibility of the Ministry of Defence where they will have access to a range of support and treatment; however, when they are no longer a part of the military, veterans are the responsibility of the National Health Service (NHS) and may face long waiting lists for treatment from practitioners who may not have the appropriate experience and specialist knowledge in relation to war (Hunt, 2001). Since 1980 there has been a rapid expansion in the research and knowledge about PTSD, but NHS services are reported to have been slow to develop (Ormerod & Evans, 2008). However, steps to improve the knowledge and expertise of primary care services about veterans' mental health difficulties and increasing the availability of treatment options are currently underway (Iversen & Greenberg, 2009).

Ormerod & Evans (2008) present a review of a service developed to provide psychological therapies for veterans. They emphasise that upon returning home, veterans find it difficult to relate to civilian life and to switch off from their training. Furthermore, many appear to experience difficulty coming to terms with both what they have witnessed and also what they themselves did in the context of war. Many experience feelings of survivor guilt, remorse, helplessness and fear but the themes identified differ

dependent on the war zone the individual has returned from. This highlights the differing nature of combat experiences across the different war zones, for example, the main theme for veterans who served in the Afghanistan war were raised levels of hyper-arousal due to the constant threat (Ormerod & Evans, 2008).

Ormerod & Evans (2008) further highlight that when servicemen and women return home they are no longer surrounded by the people who have shared their experiences and they may feel isolated as a consequence. For many, they may not feel able to talk to their friends and family about their experiences fearing that they won't understand or that they will not know how to respond. The emotional responses that developed in the combat environment may remain but the potential threats are no longer present, therefore, this can be difficult for veterans to make sense of and for them to understand their emotional experiences (Ormerod & Evans, 2008).

Chapter 1.2 Post-traumatic Stress Disorder and War

The psychiatric literature in the area of trauma has been episodic in nature. Trauma became a subject of interest during World War I after a period of reduced focus on this phenomenon. Specific clinical syndromes then came to be associated with those who experienced combat (Herman, 1997). At this time the term 'shell shock' was introduced to describe the phenomenon whereby soldiers, "began to act like hysterical women. They screamed and wept uncontrollably. They froze and could not move. They became mute and unresponsive. They lost their memory and the capacity to feel" (Herman, 1997, p. 20).

During earlier wars it was assumed that such syndromes were merely manifestations of poor discipline and cowardice (Miller, 2000). Following World War I attention to this phenomenon arose and faded in line with warfare and with the returning American veterans from Vietnam the exposure to traumatic events was once again focused upon. This influenced the third revision of the Diagnostic and Statistical Manual (American Psychiatric Association; APA; 1980) in which PTSD was first established as a diagnosis. Both civilian (e.g. rape, trauma syndrome, battered woman syndrome,

abused child syndrome) and military trauma response syndromes were subsumed under this diagnosis (Lasuik & Hegadoren, 2006). Since its inclusion, the definition of PTSD has been refined in the two later editions of the manual, the DSM-IV and the DSM-IV-TR (Text Revised).

Current PTSD Diagnostic Criteria Within the fourth edition of Diagnostic and Statistical Manual (Text revised; DSM-IV-TR; APA, 2000) a person is required to have been exposed to a specific event or multiple events during which they felt their own life or somebody else's life was under threat, or that they or others were going to be injured and where, at some stage they felt fearful, helpless or terrified. The duration of the disturbance is required to be more than one month. Problems emerging before this time are termed 'acute stress disorder'. If the onset of symptoms occurs more than six months after exposure to the traumatic event, a 'delayed onset' is said to have occurred. If symptom duration is less than 3 months it is said to be 'acute' in form and more than 3 months, 'chronic' in nature. Longitudinal studies show that the course of PTSD is quite variable. Although some trauma survivors may become free of most or all PTSD symptoms, others may develop a persistent mental health problem marked by relapses and remissions in which the individual is severely and chronically incapacitated (Friedman, Schnurr & McDonagh-Coyle, 1994).

Prior to a diagnosis being accurately made, three clusters of symptoms must be present: re-experiencing, avoidance and arousal (APA, 2000). Re-experiencing (e.g. nightmares or disturbing dreams, unpleasant thoughts or cues that remind the person of the original traumatic event); avoidance may be behavioural or cognitive (e.g. avoidance of people, places and activities, or making efforts to avoid remembering or thinking about the traumatic event); arousal (e.g. changes that occur in the autonomic nervous system, including, memory difficulties and difficulties concentrating, sleeping difficulties and anger control problems). The final requirement is that the individual must be experiencing substantial and significant impairment in one or more areas of their life as a result of the problems they are experiencing following their exposure to a traumatic event (APA, 2000).

By definition, PTSD involves coping in the form of avoidance of thoughts, feelings and situations that are reminiscent of traumatic events (APA, 2000). Psychological coping may, therefore be considered another critical factor related to PTSD. Coping has been defined as having two main components: (i) emotion focussed coping: to regulate emotions after stressful encounters; and (ii) problem-focused coping: to change the environment that produced the stress (Folkman & Lazarus, 1980). Coping behaviour typically involves both functions and is involved in nearly all stressful encounters. Folkman & Lazarus (1980) identified that problem-focused coping is related to fewer physical and psychological problems and furthermore, infrequent use of this coping style is associated with poorer mental health. Emotion-focussed coping, in contrast, appears to be related negatively to psychological adjustment. In support of this, Blake, Cook & Keane (1992) reported that emotion-focussed coping strategies of accepting responsibility (self-blame) and escape-avoidance are used predominantly by PTSD combat veterans and veterans who are seeking mental health treatment.

PTSD and Combat Higher rates of PTSD have been associated with higher levels of direct combat exposure and minor wounds or injury (Hoge et al., 2004) and the type of exposure is a further important risk factor for PTSD. Being wounded or injured increases the risk of current PTSD twofold to threefold in both male and female veterans (Kulka, Schlenger, Fairbank, Hough, Jordan et al. 1990). Other factors associated with an increased risk of developing PTSD include: exposure to atrocities, even when the amount of other war zone experiences is taken into account (Green, Grace, Lindy, Gleser & Leonard, 1990); being imprisoned by the enemy (Sutker, Allain & Winstead, 1993) and being witness to mass destruction, especially the suffering of civilians and particularly women and children (Manguen, Litz, Wang & Cook, 2004). An important predictor of PTSD appears to be the nature of the post-traumatic environment, for example, in male Vietnam Veterans, poor social support both at homecoming and when tested was associated with an increased risk of PTSD (Green et al., 1990).

Reports from Hacker Hughes (2009), however, dispute such findings. Hacker Hughes reported that the rate of PTSD is less in the serving military

population than people believe. Hacker Hughes reported that in the 180-190,000 currently serving military personnel 80% are below the cut-off on the General Health Questionnaire-12 (GHQ-12) developed by Goldberg (1992), compared to 22% of the general population being above the cut-off. The GHQ-12 is a self-administered screening instrument designed to detect current diagnosable changes in the mental health status and to identify cases of potential mental disorders leaving a detailed diagnosis to a psychiatric interview (Makowska & Mereca, 2000). Furthermore, rates of PTSD within an armed forces population of 1000 were reported to be 4-6% as measured on the Primary Care PTSD Screen (PC-PTSD) developed by Prins, Ouimette, Kimerling, Cameron, Hugelshofer et al. (2003). This measure is a brief 4-item screen designed for use in primary care and other medical settings.

Friedman et al. (1994) have reported that a high amount of war zone exposure dramatically increases an individual's risk of developing PTSD. As evidenced in Vietnam veterans, those with high war zone exposure were reported to be seven times more likely than veterans with low or moderate war zone exposure to have current PTSD (Friedman et al.,1994). Similarly, in the recent conflict in Iraq, American soldiers completed 12-month tours in contrast to British troops who completed tours 6-months in length and the prevalence rates of PTSD amongst American veterans was higher than that of British troops (Hacker Hughes, 2009). War zone exposure refers not only to combat, but also to its results such as dealing with death and injury. The advances in factors such as equipment, protective clothing, medical advances and evacuation procedures have led to an increase in the number of wounded troops surviving their injuries; however many sustain lasting injuries resulting in disfigurement or loss of function and mental health problems (Gawande, 2004).

Chapter 1.3 Mental Health Treatment for Veterans

In the UK there has traditionally been no special provision made for the estimated 10 million plus veterans and their families. There are no longer any active military hospitals within the UK, the last hospital of this type having

closed in 2003 (Hacker Hughes, 2009). Since this date the mental health of veterans has been the responsibility of the NHS. In 2001, King's College London identified that the mental health needs of veterans were not being met by NHS services at that time (Dandeker et al., 2003). Veterans faced long waiting lists for treatment from practitioners who may not have the appropriate experience and specialist knowledge in relation to war (Hunt, 2001). Specialist services are available in some areas of the UK, however, it is reported that these services may not be able to meet the needs of the rising number of veteran's with mental health problems.

Within the last fifteen years the provision of mental health services for veterans has gradually begun to develop. In 1996 The Humber Traumatic Stress Service, a pilot PTSD service for ex-military personnel in the area of Hull and East Riding was developed alongside existing mental health services with the aim of providing a direct access priority service for ex-military personnel and support for their partners and families (Ormerod & Evans, 2008). The service is led by a Clinical Psychologist and emphasises the importance of working alongside mental health, crisis and addiction services to ensure veterans receive an integrated package of care (Ormerod & Evans, 2008).

More recently a consortium of seven NHS Mental Health Foundation Trusts have been commissioned to prioritise the treatment of veterans who present to NHS services (Hacker Hughes, 2009). These pilot projects have been developed to improve access to local mental health services. The Ministry of Defence (MOD), Department of Health (DOH), Devolved Administrations and Combat Stress have worked together to develop a new model of community based mental health care, which is NHS-led and reflects NHS best-practice (DOH, 2009b). The findings from these pilot sites are due to be released before the end of 2010, with the expectation that all mental health services will make special provision for veterans during 2011/2012 (Improving Access to Psychological Therapies; IAPT, 2009). The initial experience of the pilot sites is that a high number of veterans have co-morbid disorders, such as major depression, together with chronic PTSD and substance misuse, as well as problems with housing and lack of employment

(Kitchener, 2009). Once engaging with NHS services, very few veterans are reported to require alternative specialist services (IAPT, 2009).

Combat Stress is a specialist charity providing mental health assessment and treatment for veterans within its three treatment centres across the UK and also through a community outreach service (Busuttil, 2009). The service offers a broad-ranging therapeutic programme specifically designed to address service-related mental health difficulties that are often complex, chronic and enduring in nature (Combat Stress, 2010). Recently, Combat Stress has signed a Partnership agreement with the MOD and the DOH which aims to strengthen local NHS provision in areas where high proportions of veterans live (Combat Stress, 2010). The organisation has reported a range of achievements in all areas of veteran care, and particularly treatment for mental health difficulties (Busuttil, 2009).

Treatment of PTSD There are a number of available treatment types for PTSD. Within the NICE guidance different treatments are recommended dependent upon the period of time between the traumatic experience and the development of symptoms. A brief summary is provided here but for details on the treatment of PTSD see NICE (2006). NICE recommends cognitive-behavioural interventions for individuals whose PTSD symptoms develop within three months of their experienced trauma. Where symptoms develop more than three months after the trauma, trauma focused cognitive-behavioural therapy or Eye Movement Desensitisation and Reprocessing are suggested. Therapies such as supportive therapy, non-directive therapy, hypnotherapy, psychodynamic therapy or systemic psychotherapy are not recommended as there is no convincing evidence for a clinically important effect (NICE, 2006).

National Policy and Guidance In recent years veterans have been identified as a population with specific needs within a range of government and MOD documents and guidelines. The Government's commitment to good mental health and well-being for veterans is outlined in an MOD (2008) document, *The Nation's Commitment: Cross-Governmental Support to our Armed Forces, their Families and Veterans.* This led to the collaboration

between the MOD and the other organisations discussed previously. Since this collaboration occurred Strategic Health Authorities have required Primary Care Trusts to address the needs of veterans in their Regional IAPT Delivery Plans. The IAPT guide *Commissioning IAPT for the Whole Community* (DOH, 2008a) has developed Positive Practice Guides on the commission of IAPT services for specific communities, including veterans. As the number of IAPT services across the country increases, there will be a requirement for these services to promote access to veterans through appropriate channels (e.g. Combat Stress).

The *New Horizons: A Shared Vision for Mental Health* (DOH, 2009b) outlines requirements for practitioners to understand the experiences of people from all sections of society (e.g. veterans) and the key challenges and approaches known to be effective (e.g. NICE guidance for PTSD). The DOH (2008b) *Operating Framework for the NHS in England 2009/10* also outlines the requirement of Primary Care Trusts and providers to provide priority access to veterans for service-related conditions, subject to clinical need. In April 2010 the Health Minister announced £2 million of new funding to help improve mental health services for armed forces veterans in England, forming part of the government's ongoing commitment to providing high quality, tailored health and social care to veterans (DOH, 2010).

Chapter 1.4 Personal Narratives

The concept of the life story and that of narrative intelligence (Randall, 1999) is based upon the principle that we are naturally predisposed to structure our lives into a story. From birth, we develop within a culture of storytelling. Aspects such as main characters, plot lines, twists and motivations are brought to the fore during adolescence when we begin to structure our own lives as a story, because for the first time we have an understanding of our past, an awareness of the present and we look forward to the future (McAdams, 1993).

Personal narratives are created in order to sustain a sense of purpose, meaning, and unity from diverse experiences that occur. The life story theory of narrative identity proposed by McAdams (1993) suggests that the life

review process is the pinnacle event of life, and life review reflects upon the personal narrative that has been created throughout the lifespan. Creating a personal narrative, therefore, involves ordering and evaluating experiences and maintaining a consistent plot through which individuals make personal and social attributions (Arciero & Guidana, 2000).

Wigren (1994) identifies three vital psychological functions that narratives serve: (i) they provide and contain the understandings of past experiences for the understanding, predicting and responding to future experience; (ii) people relate to each other and construct each other by sharing stories; therefore, narratives are an essential part of social exchange; and (iii) narratives are the language in which connections are made between thoughts and feelings. Wigren further considers the construction of a narrative to be a psychological achievement due to the processes involved. Initially, attention to an experienced sensation is required. A cognitive perceptual selection process then occurs in which various elements of the internal and external environment are screened for relevance to the felt sensation. Causal chains are constructed that locate events as causes and consequences of other events and events are connected to characters that evoke and account for affect. This is the creation of meaning. Events are also organised episodically, which divides the stream of consciousness, and links certain episodes that will guide future behaviour, and contribute to the ongoing formation of a worldview and a personal identity.

Chapter 1.5 Trauma and Memory

Traumatic events, by their nature, confront people with extremely unusual stress, and requires coping with a new, unexpected, and unfamiliar situation (American Psychiatric Association, 2000). As far back as the views of Pierre Janet in the early 1900s, it has been hypothesised that psychologically traumatised people are incapable of integrating the memories of painful events and the intense emotions associated with them, into their narrative memory. As a result, it is proposed that both the distressing memory and the accompanying emotions remain dissociated from consciousness (Lasuik & Hegadoren, 2006). Most coping happens within the first weeks and months

following a traumatic event (Shalev, 2002) and trauma literature is in agreement that in the immediate period following a traumatic event “a narrative of the trauma is generated and constructed, alongside a process of cognitive processing of the traumatic events” (Tuval-Mashiach, Freedman, Bargai, Boker, Hadar et al., 2004; p.280).

According to one popular view, memories of traumatic events have special properties that distinguish them from ordinary memories, therefore, many authors have argued that traumatic memories are qualitatively different from other types of memories, involving unique mechanisms not related to general memory functioning (e.g. van der Kolk, McFarlane & Weisaeth, 1996; van der Kolk, Burbridge & Suzuki, 1997). These authors assume that traumatic events are processed in a predominantly perceptual fashion, leaving survivors with traumatic memories that are not readily accessible, and/or flashbacks that process strong sensory qualities (Geraerts, Kozaric-Kovacic, Merckelbach, Peraica, Jelicic et al., 2007). This dissociative style of processing would also create a substantial overlap between dissociative and post-traumatic stress disorder symptoms. Wigren (1994) asserts that while ordinary memories are narrative in form, memories encoded during moments of trauma are not. Traumatic memories are “emotionally vivid, uncondensed, and frequently dissociated from the primary memory system” (Wigren, 1994; p. 416). There are several versions of this theoretical stance, but the core assumption they have in common is that trauma has a special impact on the way in which memories of the traumatic event are organised.

Horowitz (1975) describes intrusions and repetitive thoughts following a traumatic event with reference to the Zeigarnik effect (better memory for uncompleted tasks). He proposes an “active memory storage” (p. 1462), a part of tong-term memory with an inherent tendency at repeating its own content until processing is completed. Therefore, the lack of integration of the trauma with prior knowledge leads to increased accessibility of the trauma memory, maintained by a special memory storage from which intrusions and repetitive thoughts arise. At an emotional level, this increased access is paralleled by efforts at avoiding conscious recollections of the trauma, leading to a fluctuation between intrusive memories and avoidance.

Similarly, Brewin, Dalgleish & Joseph (1996) propose a dual-memory system according to which parts of the trauma are accessible for deliberate conscious retrieval (verbally accessible memories; VAM) whereas other parts are accessible only in response to concrete situational cues (situationally accessible memories; SAM). VAM is responsible for the narrative aspect of the traumatic memory and is partially integrated in autobiographical memory, which gives rise to fragmented and dissociated narrative that can be accessed deliberately when required. SAM is responsible for flashbacks, which are vivid memories that are triggered automatically and involuntarily and result in emotionally threatening but richly detailed memories. In this theory, the lack of cognitive integration responsible for the development of PTSD is between both the situationally and verbally accessible versions of the traumatic memory and between the trauma and the person's other memories and sense of self. Brewin (2001) argued that information in the SAM and VAM systems need to be integrated, so that the rich detail of flashback memory completes the fragmented narrative. With this, the narrative produced by VAM will become coherent and flashbacks lose their threatening and involuntary nature.

Chapter 1.6 Trauma and the Personal Narrative

At a narrative level, trauma is reported to interfere with the narrative processing of experience. This interference occurs at three levels (Wigren, 1994). On the cognitive level, trauma presents information that is too foreign to be assimilated but resists accommodation because of the nature posed to central assumptions about the nature of the world and the self. On the psychophysiological level, the physiological response to trauma overrides complex processing in favour of simple flight or fight responses and on the social level, trauma creates disconnections in the relationships that could potentially facilitate narrative processing despite the cognitive and psychophysiological challenges posed (Wigren, 1994).

However, the process by which people perceive what has happened in their life and construct a narrative about it is not identical for all individuals. Differences occur both at the structural level (length, details, repetitions,

breaks) and the content level (the description of the event) (Tuval-Mashiach et al., 2004). Differences in the perception and interpretation of events relate directly to different coping styles, different narratives and cognitions, and to subsequent patterns of recovery. This proposition is supported by research which suggests that the ability to write a coherent story after experiencing traumatic events is positively correlated with better recovery and coping (Pennebaker & Susman, 1988; Pennebaker & Seagal, 1999).

Not everyone that is exposed to a traumatic experience will become traumatised or develop PTSD. Healthy individuals are thought to be capable of holding a coherent, meaningful, and dynamic narrative of themselves; therefore, a person whose story is unavailable, flawed, or partial is reported to be prone to psychological and emotional difficulties (Tuval-Mashiach et al., 2004). Therefore, PTSD may develop when narrative processing does not occur (Rothbaum & Foa, 1992). A number of perspectives exist to support or contradict this suggestion.

Chapter 1.7 Narrative Fragmentation

Much of the literature that considers trauma and memory focuses on a narrative fragmentation perspective. Tuval-Mashiach et al. (2004) discuss a number of factors relating to the role of narratives in the way individuals cope after experiencing trauma. They suggest that narratives are a way in which people gain meaning of the events they experience within their lives. It is suggested that the organisation of affect and the creation of identity and social connection which occurs during the creation of a narrative is disrupted by the experience of a traumatic experience (Tuval-Mashiach, et al., 2004). In particular, trauma, such as war may violate a person's core beliefs about the world, causing the person to lose a basic sense of self. In line with this, Wigren (1994) reports that trauma victims have an inability to form narratives of traumatic experience. This inability occurs both at the time of the trauma and afterward. During such periods "individuals can relate bits and pieces of sensation, image and affect out of which a narrative must be created but they are unable to tell the story of this experience" (p. 415). Wigren (1994) further proposed that completed stories reside in long-term memory where

they can be recalled at will and as needed to guide future thinking and behaviour. But uncompleted narratives remain disorganised and appear by association and memories that appear as flashbacks rather than through recall. The completion of traumatic narratives enables this experience to be condensed and stored as part of an ongoing life story. Woike & Matic (2004) propose that it is the motivational element of the life story that influences the integration of traumatic memories into the personal narrative.

Narrative Fragmentation and PTSD Many clinical theories of PTSD take their starting point in the phenomenology of real-life traumas and describe PTSD as a disorder of autobiographical memory, in which the trauma memory does not form a coherent narrative and is not integrated into the overall life story of the person (Wigren, 1994). Wigren proposes that the pervasive and intrusive qualities of PTSD reflect the failure of the psyche to organise and contain affectively laden material through narrative. This information is not integrated in a complex cognitive/affective system, but remains organised in a physiological level only, available to involuntary recall in response to associative cues. It is proposed that these highly charged affects will ultimately be organised (expressed and contained) only when the story of the traumatic experience can be fully told (Wigren, 1994). If the sensations related to the traumatic memory are not integrated, sensory elements may be registered and retrieved separately from the context in which the experience occurred (van der Kolk et al., 1997). Furthermore, if traumatic memories are encoded in a fragmented manner, they may be retrieved and conveyed as such, thereby, contributing to a less coherent narrative account of the traumatic event (van der Kolk et al., 1997). These observations have led to various inferences that fragmented and/or disorganised trauma memories may play a causal role in developing and/ or maintaining PTSD symptoms, and that the goal of treatment is to produce more coherent, organised, and detailed trauma narratives (Gray & Lombardo, 2001).

Several studies have evidenced that recalled trauma memories form poorly structured narratives. Tromp, Koss, Figueredo & Tharan (1995) found that rape memories were less vivid and less detailed than memories for other

sorts of unpleasant experiences. However, Tromp did not report the event age of the different kinds of the memories, for which reason the findings could reflect differences in the length of retention. When studying assault victims, Halligan, Michael, Clark & Ehlers (2003) demonstrated disorganisation and fragmentation to be characteristic of PTSD at 3 and 6 months post-trauma and propose that disorganisation maintains PTSD by impeding the processing and resolution of the trauma memory (Ehlers and Clark, 2000).

Many theories describe PTSD as a disorder in autobiographical memory and emphasise schema violation and incomplete processing of the traumatic event in the development of PTSD. In this view trauma memories are fragmented, poorly integrated in the person's life story and processed in ways that render them distinct from other autobiographical memories. Van der Kolk & Fisler (1995) compared recollective qualities of traumatic and non-traumatic autobiographical memories among people who were "haunted by memories of terrible life experiences" (p.514). While most of their participants (89%) were able to tell a coherent narrative about the traumatic experience at the time of the interview, all of their participants claimed that immediately after the trauma they had been unable to do so. Furthermore, Murray, Ehlers & Mayou (2002) found evidence for a relationship between greater fragmentation of narratives and post-traumatic stress disorder severity at 6 months post-trauma in their study of road traffic accident survivors. Finally, Harvey & Bryant (1999) reported that within 1 month post-trauma, road traffic accident survivors with acute stress disorder reported more disorganised narratives relative to road traffic accident survivors without acute stress disorder.

More recently, Tuval-Mashiach et al. (2004) completed research with five trauma survivors who were exposed to a terrorist attack in Jerusalem. Three themes were addressed within the interview: coherence and continuity, meaning and self-evaluation. The results showed a relationship between narrative, cognitive measures, and symptoms of PTSD, such that when the narrative was well built, with a coherent story, significance and a positive self-image, levels of PTSD symptoms are lower. The authors conclude that a

narrative itself is a method of coping, and could be utilised as an intervention tool. They propose that, “creating a trauma story through information, reconstruction, or cognitive processing helps the individual to charge the event with personal meaning and to place it as part of the rest of his life, as opposed to being its focus” (p. 291). The authors highlight that implications of this study, however, were limited due to its sample size and the specificity of the sample. The sample was homogenous in terms of participants’ age, religious lifestyle, and cultural background. Also, no information was available regarding the participants’ background and past disorders. In addition, it was thought that other kinds of trauma will result in different sequels of narrative creation and development. Therefore, it was suggested that generalization to other events and populations should be done with caution (Tuval-Mashiach et al., 2004).

In further support of the fragmentation view, two studies have analysed the organisation of trauma narratives pre- and post-treatment. Firstly, Foa, Molnar & Cashman, 1995) completed a study with people who had been sexually assaulted. They provided narratives that were coded for fragmentation and disorganisation by independent raters. Participants who exhibited a decrease in narrative fragmentation over time reported a reduction in trauma-related anxiety, but symptom improvement was not related to change in disorganisation. In a second study, van Minnen, Wessel, Dijkstra & Reolofs (2002) found that the narratives of participants whose PTSD symptoms improved became less disorganised, relative to those of non-improvers. However, there was no difference between the narratives of ‘improvers’ and’ non-improvers’ on a separate measure of fragmentation. In a prospective study completed by Halligan et al. (2003), individuals provided a trauma narrative and were assessed for PTSD within 3 months of an assault and again at 6 months post-trauma. At both assessments, narrative disorganization was associated with more severe PTSD. In addition, narrative disorganization at 3 months post-trauma predicted PTSD symptom severity at 6 months post-trauma, however, in contrast to the treatment studies there was no association between decrease in PTSD severity and decrease in narrative disorganization over time.

Several studies have shown that the ability to write a coherent story after experiencing traumatic events is positively correlated with better recovery and coping (e.g. Pennebaker & Susman, 1988; Pennebaker & Seagal, 1999; Gidron, Duncan, Lazar, Biderman, Tandeter et al., 2002). Amir, Strafford, Freshman & Foa (1998) found that level of articulation of trauma narratives told shortly after exposure was negatively correlated with severity of anxiety symptoms shortly after the trauma and with severity of later PTSD symptoms. Furthermore, Gray & Lombardo (2001), in an extension and replication of the above study, found that when controlling for cognitive and writing abilities, these correlations ceased to exist. Several studies have also evidenced that narrative changes during and following treatment may be correlated with a decrease in PTSD symptomatology (e.g. van Minnen et al., 2002).

Although there is a great deal of literature to support the fragmented nature of trauma narratives, there is a substantial amount of evidence in contrast to this. Comparing participants with and without PTSD symptoms, Bernsten, Willert & Rubin (2003) found no differences in participants' ratings of coherence of memories for traumas. The research by Bernsten et al. (2003) supports the assumption that memories of traumatic event form vivid landmarks in autobiographical memory as well as the related assumptions that this reference point effect is stronger for individuals with a PTSD symptom profile than for individuals without. The development of the traumatic memory into a key event for the person's life story and identity renders the memory highly accessible, which may, in turn, explain why participants with a PTSD symptom profile reported more intrusive memories than participants without.

Gray & Lombardo (2001) investigated whether the lower coherence in narratives of trauma in people with PTSD found by Amir et al. (1998) was due to the lower verbal abilities typically found in people diagnosed with PTSD. They replicated the Amir et al. (1998) finding but found that once verbal abilities were controlled, the difference in coherence disappeared. Moreover, Gray & Lombardo had participants record a pleasant and an unpleasant memory in addition to the memory for trauma. Counter to the fragmentation hypothesis, they found no interacting between people with and

without PTSD and the coherence of the three types of memories. Finally, Rubin, Feldman & Beckham (2004) proposed that it may be that the memory is fragmented in the sense that some sensory and emotional aspects return in surprising strength and out of context to ongoing thoughts and activities, or that traumatic events themselves are more fragmented and not as coherent as most events.

Bryne, Hyman & Scott (2001) found no difference among traumatic, positive and negative memories in the ratings of undergraduates who had experienced a trauma in whether the order of events in the memory was confusing or comprehensible. Porter & Birt (2001) also found no differences in coherence between traumatic and positive memories as measured by independently judged scores of coherence. Taken together these studies do not offer support for the idea that people with PTSD have memories for trauma that are more fragmented and less coherent than people without PTSD or for the idea that memories for trauma are more fragmented and less coherent than other memories with PTSD or non-PTSD diagnosed populations. Rubin et al. (2004) suggest that the concept of fragmentation of memories in PTSD appears to be in need of re-examination.

The Landmark View The findings of Bernsten et al. (2003) are at odds with the idea that a lack of integration of the traumatic memory in the autobiographical memory system is a key component of PTSD and support the Landmark view of trauma narratives. Contrary to what has been claimed in some of the clinical literature, the voluntarily retrieved, conscious recollection of the trauma was not impaired in the PTSD symptom profile group relative to the non-PTSD symptom profile group. In fact, exactly the opposite was found. Participants with a PTSD symptom profile reported more vivid recollections of the traumatic event in terms of more intense reliving on sensory modalities and emotion. They also perceived more connections and similarities between the trauma and current events in their daily life than did the participants without a PTSD symptom profile. The fact that the amount of emotions (fear and helplessness) experienced during the trauma was higher for participants with a PTSD symptom profile than for participants without is consistent with the Landmark assumption (Bernsten et

al., 2003). In further support of the Landmark View, Cahill & McGaugh (1998) report that memories for highly emotional arousing events are better encoded and consolidated than less emotional memories, due to their distinctiveness, personal importance, emotional intensity and corresponding release of stress hormones during encoding.

Chapter 1.8 Narrative Development

As previously evidenced, several studies have shown that the ability to write a coherent story after experiencing traumatic events is positively correlated with better coping (e.g. Gidron et al., 2002; Pennebaker & Seagal, 1999; Pennebaker & Susman, 1988). Narrative principles provide a framework for identifying places of incompleteness in peoples stories and help focus psychotherapeutic attention toward the goal of completion (Wigren, 1994). Narrative therapy involves a process of 'working through' a trauma. In 'working through', individuals examine their memories of the event and tell the in-depth story of the trauma (Herman, 1992). This type of treatment involves reviewing the past and processing previous experiences.

Although narrative therapy is not identified as a recommended form of treatment for PTSD within the NICE guidance (NICE, 2006), it is commonly reported within the literature to be an effective treatment for individuals who display trauma symptoms (e.g. Neuner, Schauer, Klaschik, Karunakara & Elbert, 2004; Onyut, Neuner, Schauer, Ertl, Odenwald et al., 2005). Narrative Exposure Therapy (NET) promotes the development of a coherent narrative over consecutive therapy sessions (Neuner et al., 2004). The focus of this procedure is twofold. Neuner et al. (2004) report that as with exposure therapy, one goal is to reduce the symptoms of PTSD by confronting the individual with the memories of the traumatic event. It is only over time that the trauma narrative emerges as an explicit and integrated personal narrative (van der Kolk & Fisler, 1995). However, recent theories of PTSD and emotional processing suggest that the habituation of the emotional responses is the only mechanism to improve symptoms. Other theories suggest that the distortion of the explicit autobiographical memory about traumatic events leads to a fragmented narrative of the traumatic memories,

which results in the maintenance of PTSD symptoms (Ehlers & Clark, 2000). Therefore, the reconstruction of autobiographical memory and consistent narrative should be used in conjunction with exposure therapy. Narrative exposure therapy places a focus on both methods, that is, the habituation of emotional responding to reminders of the traumatic event and the construction of a detailed narrative of the event and its consequences (Neuner et al., 2004).

Narrative, or the language of storytelling, encourages individuals to bring together the fragmented aspects of a traumatic event to form a cohesive story (Arciero & Guidano, 2000) and to produce more coherent, organised and detailed trauma narratives (Gray & Lombardo, 2001). Narrative therapy focuses on the client's life-story as the main tool for a therapeutic change. Through locating those parts in the story that hinder continuity and coherence, and jointly creating an alternative story, a richer construction of the person's life and identity is promoted (Omer & Alon 1997; Schafer 1980; White & Epston 1990). Pennebaker & Seagal (1999) report that once a complex event is put into a story format, it is simplified, therefore, the mind does not need to work as hard to bring structure and meaning to it. As the story is told over and over again, it becomes shorter, with some of the finer detail gradually levelled. The information that is recalled in the story is that which is congruent with the story, whereas the raw experience was initially used to create the story, once the story is fixed in the person's mind only story-relevant information is conjured up. Furthermore, as time passes, we have the tendency to fill in the gaps in our story to make the story more cohesive and complete. The end effect of constructing a good narrative is that our recollection of emotional events is efficient, in that we have a relatively short, compact story (Pennebaker & Seagal, 1999).

Although most research has focused primarily in writing, a few studies have compared writing with talking into a tape recorder. Overall, writing and talking have been revealed to have comparable effects. Stewart (1995) helped survivors of combat to contact their traumatic experiences through writing and drawing exercises that required them to focus on progressively more detailed aspects of the trauma. Similarly, Goncalves (1995) proposed

a five-step process to assist victims in recalling the sensorial, affective, and cognitive aspects of traumas so these aspects may be incorporated into narrative accounts. Goncalves et al. first helped clients recall narratives and the events they emplotted, then clients focussed on the objective aspects of events, then on how they were subjectively experienced. In the fourth step, Goncalves et al. helped clients find alternative ways in which narratives may emplot experiences and events. Finally, the new narratives were tested in real life. Stewart (1995) reported that subsequent activities in psychotherapy such as storytelling or journal writing could serve the vital intrapersonal function of helping establish continuity in the client's lived experience.

There is mixed evidence as to the relationship between recovery from PTSD and a decrease in narrative disorganization. There are at least two possible accounts of this mixed evidence. First, as noted by Halligan et al. (2003), their longitudinal sample showed very little symptom change between the two assessments, in contrast to the large symptom changes found in treatment studies. Second, it is possible that decreased narrative disorganization following exposure therapy is a secondary phenomenon, rather than causal to recovery (van Minnen et al., 2002).

Chapter 1.9 Narrative Coherence

A number of models exist within the literature to analyse narrative coherence, however, due to there not being an accepted definition of narrative coherence each of these models differs in the factors that they consider to constitute coherence and each model's characteristics are informed by their own definition of coherence. Despite the differences amongst the available model, there are also similarities across several of the models. Three of the existing models are reviewed here.

Labov & Waletzky's (1967/1997) developed a high-point analysis. This system posits that a narrative is composed of five basic elements, namely: orientation, complication, evaluation, resolution, and coda. Orientation refers to information about the person, place, time, and behavioural situation. Complication refers to some type of unexpected event or complication that needs to be resolved. Evaluation refers to the part of the narrative that

indicates the narrators' attitude toward the event. In evaluative sections, the narrator stands apart from the chain of events and reports and reflects upon his or her actions; thereby, providing greater means to understand, evaluate, and construct narrative accounts of the experience (Labov & Waletzky, 1967/1997). The resolution communicates the result of the narrative and finally, the coda is a grammatical device for returning the narrative to the present perspective (Labov & Waletzky, 1967/1997).

Baerger & McAdams (1999) coding system for narrative coherence is designed to evaluate narrative accounts of life stories. Life story analysis encompasses events over the life span, and examines how these events are combined to form a coherent story of one's life. Baerger & McAdams (1999) system includes the categories of organisation, structure, affect and integration. Orientation refers to information about the context of the narrative, such as time, characters, and necessary background information. Structure includes sequence and ordering, description of initiating events, and internal responses to events, goals, plans and consequences. Affect refers to evaluative statements, such as what the events mean to the narrator, and the emotional tone of the narrative. Finally, integration includes statements that synthesise the event into the context of the larger life story (Baerger & McAdams, 1999). Baerger & McAdams' coding system was applied to life story accounts, in which adult participants were asked to develop and tell an integrated life story. Individuals who related more coherent life stories tended to report higher levels of psychological well-being. More specifically, strong negative correlations between life story coherence and depression; and modest correlations between life story coherence and happiness and life satisfaction were observed (Baerger & McAdams, 1999).

Finally, Foa et al.(1995) developed a narrative coding system specifically designed to evaluate narratives collected during exposure treatment for PTSD. This type of treatment involves reliving and recounting the trauma repeatedly, and conveying the narrative in the present tense each time. This coding system was designed to examine the cohesiveness of trauma narratives, including the degree of organisation and fragmentation. Analyses

of fourteen narratives of individuals in exposure treatment for PTSD demonstrated that an increase in organised thoughts was associated with a decrease in depression. A decrease in narrative fragmentation was associated with a decrease in trauma related anxiety (Foa et al., 1995).

As reported by Clark (1993), in verbal conversations, coherence is attained with the provision of background information, the use of multiple perspectives, the expression of insight, and the evaluation of meaning of events. Coherence is also thought to be demonstrated through clarification, elaboration, explanation, and causal chains which link events, actions, and consequences. And finally, Grice (1975) indicated that coherence requires: quality (truth of information), quantity (appropriate level of detail), relation (relevance of information provided), and manner (clarity and brevity).

A Narrative Coherence Model for War Narratives More recently than the previously reviewed models, Burnell, Hunt & Coleman (2009) have developed a model of narrative coherence coding (see Table 1, p17) which draws on a number of the models presented within the literature. This model was developed to further understand how people find meaning and reconcile traumatic experiences (Burnell et al., 2009). The criteria from the already existing models were drawn from and developed to achieve a new model that could be applied specifically to war trauma. The work of Baerger & McAdams (1999), Habermas & Bluck (2000) and Androutsopoulou, Thanopoulou, Economou & Bafti (2004) was relevant in the development of the new model. Aspects of each of these models were adapted to ensure that they could be applied to war trauma and fragmented and disorganised narratives. Specifically, the identification criteria focussed on important story-telling components in the orientation, structure, affect and integration of the narratives (Burnell, et al., 2009).

Baerger & McAdams' (1999) model was used as the basis for this new model and was subsequently adapted for use with trauma narratives. This involved investigating coherence further. A further factor named 'emotional evaluation' was identified within the literature (e.g. Labov & Waletzky, 1967/1997; and Coleman, 1999) and incorporated into the model. A final

factor identified was that of integration. The work of Coleman (1999) was specifically referred to in the inclusion of this factor and the argument that integration is a vital element of coherence. Coleman has suggested that a story must link together and must contain evaluation, structure and truth as opposed to containing individual separate events that do not link together in any way.

Following the synthesis of the elements of the new model (orientation, structure, affect and integration) the model was applied to the narratives of ten WWII veterans. Throughout this process the model was adapted in line with specifications of war narratives. Following this process, the model was applied to twelve further narratives of a range of wars and conflicts, including Suez, Korea, Aden, Cyprus, Northern Ireland, Falklands (Malvinas), Gulf, and Iraq. The model required no further modifications after this point which Burnell et al. (2009) stated demonstrates the transferability of the original model to different cohorts (see Extended Methodology, Chapter 2.7 for a description of the factors contained within the model).

Chapter 1.10 Social and Societal Support

Within the US armed forces, the largest population of veterans who have served in Iraq during the Operation Enduring Freedom (OEF) and Operation Iraq Freedom (OIF) are under the age of 29, followed by the age group 30-34 years of age (Brown, 2009). This finding is likely to closely resemble the characteristics of British veterans who have served in Iraq and Afghanistan. This is in sharp contrast to other groups of veterans who initiate contact with support organisations, such as the Royal British Legion and Combat Stress at an older age. The veterans that make up this new cohort, are at a stage of life that may be characterised by securing self identity and careers, and establishing and maintaining relationships (Tanielan & Jaycox, 2008). In comparison, older veterans may be nearing retirement or have reached retirement and be enjoying children and dealing with the realities of declining health due to ageing (Tanielan & Jaycox, 2008). The newest cohort of veterans is therefore clearly different in terms of life stages and their psychosocial and reintegration needs.

It cannot be supposed that the exposure to a traumatic event along will impact on the development of an individual's narrative. A range of additional factors that occur during and after the event(s) may influence the process of narrative development and that individual's recovery. In addition to a veteran's perception of the extent and intensity of his combat involvement and his participation in atrocities being closely related to his overall adjustment to civilian life (Strayer & Ellenhorn, 2010), there is a developing body of literature that identifies social support as an important factor in determining how veterans cope when returning from combat or making the transition from the armed forces to civilian life. Clapp & Beck (2009) report that the inverse association between symptoms of PTSD and social support is one of the most consistent relationships observed in trauma research (e.g. Brewin, Andrews & Valentine, 2000; Ozer, Best, Lipsey & Weiss, 2003).

Models of Social Support The term 'social support' is used widely within the literature to refer to processes by which interpersonal relationships seemingly buffer individuals against a stressful environment (Cohen & McKay, 1984). There are several definitions of social support, for example, Kaplan, Cassel & Gore (1977) define social support as the degree to which a person's basic social needs are gratified through interaction with others. In this instance, basic social needs are thought to include affection, esteem or approval, belonging, identity and security. More recently, Ljubotina, Pantic, Francislovic, Mladic & Priebe (2007) have defined social support as the degree of emotional and instrumental support a person receives from the people in his/her environment.

Various models exist to account for the role that social support plays in the recovery from stressful life events. Two of the main models within the literature are the 'main-or direct-effect model' and the 'buffering model'. The main/direct-effect model supposes that the positive association between social support and well-being can be attributable more than an overall beneficial effect of support. In contrast, the buffering model proposes that a process of support protects individuals from the potentially adverse effects of stressful life events.

Cohen & Willis (1985) completed a review of the evidence for both models and concluded that there was evidence within the literature to support both of the models. For instance, evidence for a buffering model exists when a social support measure assesses the perceived availability of interpersonal resources that are responsive to the needs elicited by the stressful events, whereas, evidence for a main effect model is found when the support measure assesses a person's degree of integration in a large social network. Cohen & Willis (1985) propose that in some respects both conceptualisations of social support are correct but each one represents a different process through which social support may affect well-being.

Historically, Cohen & Willis' (1985) stress-buffering framework has been utilised widely to explain the association between PTSD and social support, however, more recently, researchers have begun to focus on exploring an alternative model wherein the symptoms of PTSD contribute to the erosion of social support over time (e.g. King, Taft, King, Hammond & Stone, 2006; Laffaye, Cavella, Drescher & Rosen, 2008). The so-named 'erosion model' suggests that symptoms associated with PTSD, such as, numbing, excessive anger and social withdrawal, negatively impact on the quality of received support (Clapp & Beck, 2009). Both models are thought to be credible, however, direct evidence to support either model is limited at present (Clapp & Beck, 2009).

Social Support and Mental Health Social support has been reported to play a part in the protection against a range of mental health difficulties, such as depression (e.g. Southwick, Vythilingham & Charney, 2005) and PTSD, with meta-analyses suggesting that it is among the strongest negative predictors of PTSD (Ozer et al., 2003). Higher perceived social support has also been linked to increased resilience (Bonanno, Galea, Bucciarelli & Vlahov, 2007) and a lower risk of PTSD in Vietnam veterans (King, King, Fairbank, Keane & Adams, 1998) and prisoners of war (Engdahl, Dikel, Eberly & Blank, 1997). Whilst the evidence base exploring the impact of social support on returning veterans is increasing, Pietrzak, Johnson, Goldstein, Malley, Rivers et al. (2010) report that little research has examined the role of protective factors such as psychological resilience, unit support

and post-deployment social support in buffering against PTSD and depressive symptoms, and psychological difficulties. They examined associations between these factors and psychological functioning 2 years following return from deployment in a sample of OEF and OIF troops. Lower unit support and post-deployment social support were associated with increased PTSD and depressive symptoms and decreased resilience and psychological functioning, indicating the crucial role of social support at all stages of military life and upon leaving.

Societal/ Social Acknowledgement and Support Social acknowledgment is defined by Ljubotina et al. (2007) as an individual's perceptions of positive reactions from society that recognises the trauma they have experienced and their current difficult situation. They have reported that survivors of war-related traumatic events are likely to be extremely sensitive to how others react to them and how they describe or make attributions about the traumatic event they experienced and the role that they played in it. In this instance, the term 'social' includes the individual's closest social network (e.g. family and friends), significant people (e.g. clergy), groups (e.g. fellow citizens) and impersonal impressions of opinion (e.g. the media). The differences that can occur in social acknowledgment from any of these individuals/groups, is thought to impact on how trauma survivors process their traumatic experiences, both emotionally and cognitively.

In Ljubotina et al's (2007) research, they reported that more than one-third of veterans reported that their family members did not understand them at all, or showed very little understanding for them; 64.5% reported the same for their friends; and 89.1% for other people they encountered. Furthermore, 92.9% perceived a lack of acknowledgement from people in government institutions and 95.4% from the government in general. In this study, higher perceived social acknowledgement has been correlated with a greater number of perceived benefits of personal war experience and more adaptive ways of coping with stress, which is thought to lead to a decrease in symptoms and improvement in general condition. In contrast, low levels of social acknowledgement from family and friends have been found to be

correlated with high levels of depression, interpersonal sensitivity, hostility, paranoid ideation and psychoticism (Ljubotina et al., 2007).

Solomon, Mikulincer & Avitzur (1988) reported that for soldiers returning from the Lebanon War, poor social integration, low social integration and low societal appreciation at homecoming was related to more severe PTSD symptomatology. Furthermore, findings by Maercker & Muller (2004) researched former East German political prisoners and identified that perceived rejection by an extended social environment, such as acquaintances, colleagues and local authorities, could be even more important than any perceived rejection by family members. The author proposed that a specific concept of social acknowledgement could explain a higher proportion of PTSD variance than standard measures of social support.

Societal acknowledgement and support in the form of commemorations, such as the Cenotaph Service, have been reported to assist older veterans to benefit from a feeling of integration and belonging which is gained from both the acknowledgement from the wider society and from comradeship (Barron, Davies & Wiggins, 2008). It is reported that collective commemorations such as this can be an important source of support for older veterans and may become such for the new generation of veterans in the years to come. Both comradeship and societal support are thought to promote social integration and a sense of belonging which enables reminiscing and processing (buffering) to occur (Barron et al., 2008).

Chapter 1.11 The Present Study

Four research questions have been developed for this study. These questions are based on the literature that has been reviewed here and in the journal paper. The rationale for each question is considered here.

Question 1: *Is Burnell et al's (2009) model applicable to narratives obtained from British armed forces veterans who have served in Iraq and/or Afghanistan?* To date Burnell et al's model has been applied to the narratives of a range of veterans who have served in a range of conflicts.

This research aims to apply the model to the narratives of a group of veterans who have recently made the transition from the military to civilian life to explore the application of the model with this group. This model of coherence coding was considered an appropriate model to apply to the narratives of this sample of veterans due to the specific application of this model to war trauma. It was hoped that this aspect of the research would add to or provide a basis for future research within this area. Given the successful application of this model to the narratives of veterans from a range of previous wars or conflicts it is also questioned whether this model can be applied to a sample of younger veterans from the recent conflicts. By exploring this, the data will add to the body of evidence being developed to support the use of this model for use with veterans.

Question 2: *Do differences exist in the coherence of narratives when levels of PTSD symptomatology are considered?* The literature relating to narrative development after exposure to a trauma is particularly relevant in this population of veterans. A number of stressors have been identified within the literature which would suggest that this population of veterans is at risk of developing PTSD. Although rates of PTSD in soldiers compared to the general population have been mixed, it is widely reported that the difficulties experienced by veterans often develop years after their combat experiences or years after they leave the armed forces. Therefore, examining the prevalence and severity of this mental health difficulty within this population was thought to be useful, particularly when considering how this might impact on the development of a personal narrative which would involve the integration of their experiences into their life story. The prevailing view within narrative literature leans towards the fragmentation view of trauma memory, therefore, it could be predicted that the narratives of veterans who score higher on a measure of PTSD would develop more fragmented and less coherent narratives. The development of a coherent life-story narrative is reportedly associated with increased coping following exposure to trauma, therefore, this can also be considered within this research question, i.e. does a lower score on a measure of PTSD assume narrative coherence.

Question 3: *What are the common experiences within this group?* As highlighted by Hacker Hughes (2009), the mental health of the current UK veteran population is largely under-researched; in fact, no data currently exists to record the prevalence of mental health difficulties within this population or to explore the experiences of this population since leaving the armed forces. This lack of research is particularly apparent with the most recent members of the veteran population who have served in the recent Iraq and Afghanistan conflicts, meaning that there is relatively little understanding of the experiences of this population of veterans and of their experiences of integration back into society following their involvement in combat. By exploring the narratives of a sample of this population it was thought that these experiences could be explored. Given the differing nature of the recent conflicts in comparison to previous wars and conflicts that the UK armed forces have been involved the specific narrative characteristics of this population is of interest.

Question 4: *Do any specific factors appear to affect narrative coherence in this population?* The fourth question was developed to explore the themes that arise within veterans' narratives which might account for the prevalence of any fragmentation within this population. A number of factors have been identified within the literature to account for narrative fragmentation, such as social support. This study is not supposing that PTSD alone would be responsible for the presence of any fragmentation but recognises that it may influence the coherence of participants' narratives. The exploration of themes which alluded to further factors affecting narrative coherence was also considered.

Chapter 2: Methodology

Chapter 2.1 Design

Qualitative research is grounded in a constructivist concept of truth and provides the opportunity to investigate meaning from the perspective and interpretation of individual experience (Willig, 2009) whilst considering how people make sense of the world (Lyons & Coyle, 2007). The current study required working at the level of the individual in order to understand how veterans perceive their experiences of combat and form a narrative of those experiences. The concept of life story, narrative, and coherence were the focus of the study, therefore, narrative analysis was the most appropriate qualitative method.

Narrative Psychology Narrative psychology is based on the assumption that we order our lives into a story to make meaning of our experiences. Storytelling is the focus of narrative research and the story itself is the object of the investigation (Reissman, 1993). Narrative researchers share a belief in the importance of stories, and share an interest in the structure and form of the stories told by people. They show interest in different features of the narrative and ask different questions of the narrative during analysis (Willig, 2009). Narrative approaches help us to understand how participants construct meaning and make connections between the past and the present and how this may shape their experiences of themselves in the present (Willig, 2009). However, such methods cannot inform us of the exact experiences of participants and how these experiences have affected them at the time of their occurrence (Burnell, Hunt and Coleman, 2006). Narrative psychology differs from similar approaches such as discourse analysis as the discursive function of certain linguistic practices is not its sole interest. Narrative psychology has a strong focus on the content of the narrative. In this sense, the analysis will be an analysis of something, of some specific event or trauma that features significantly in a person's life and is the driving force for them having produced their narrative (Lyons & Coyle, 2007).

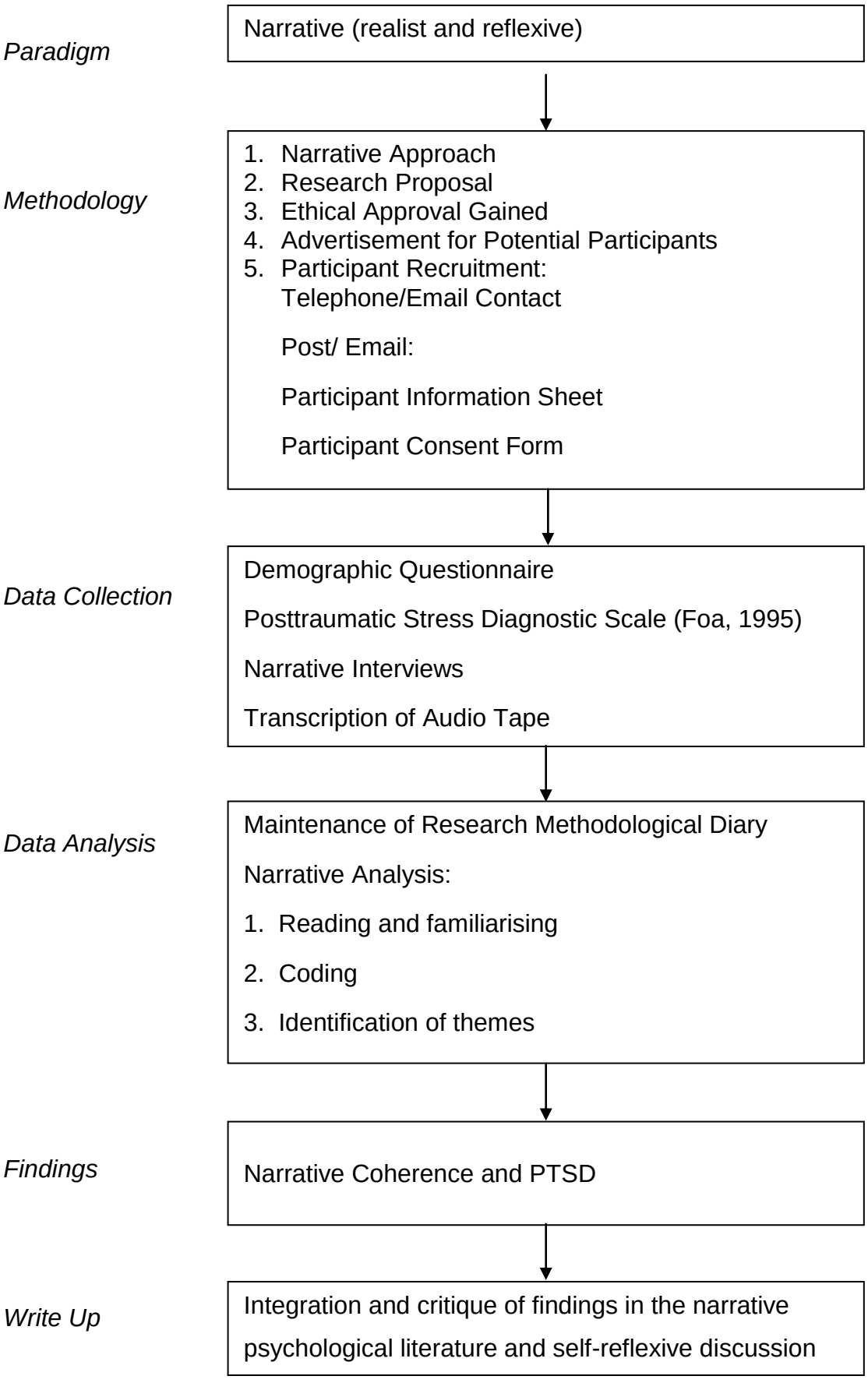
Epistemology The epistemological position adopted by a research study specifies what kinds of things that study can find out; therefore,

different research approaches and methods are associated with different epistemologies (Lyons & Coyle, 2007). Each qualitative research approach can be located on a continuum from naïve realism to radical relativism (Willig, 2009).

The narrative psychological approach developed in relation to issues such as the psychology of trauma and in an attempt to understand the way in which people adapt and respond to traumatising events (Crossley, 2000). Narrative psychological approaches tend to be grounded in the attempt to understand the specific experiences undergone by individuals. This approach is concerned to retrieve subjectivity by specifically focussing on the lived experience of the individual. It is in this regard that narrative psychology recognises the need to operate with a realist epistemology which is able to accord sufficient respect to the experiences of specific individuals (Crossley, 2000). This approach is concerned with subjectivity and experience, i.e. with gaining an understanding of how a person thinks or feels about what is happening to them. This is achieved by assuming a 'chain of connection' between what a person says or writes and how they think, feel and reflect about themselves, their bodies, other people and the world more generally (Lyons & Coyle, 2007). This approach assumes that the way in which people experience the world is the product of the social construction of meaning within a set of social realities (Willig, 2009). Here an individual's 'reality' is not directly determined by social and material structures; instead, it is the individual's psychological appropriation of these structures that gives rise to the individual's experience of the world.

Overview of the Research Design Figure 1 outlines the process of the research from the initial design to the final write up stage. In line with the epistemological literature related to narrative research, this study was designed within a realist paradigm. A narrative approach to research was utilised to develop the research proposal which was then submitted to the University of Lincoln ethics committee along with the ethics form. Following ethical approval, advertisement of the research began and recruitment of participants ensued. The methods utilised for data collection (e.g. narrative

Figure 1. Overview of Research Design



interview) are outlined and how the data was analysed (narrative analysis). The findings reported outline the exploration of narrative coherence in veterans following combat in Iraq and/or Afghanistan followed by the integration and critique of the findings in the narrative psychological literature and a self-reflexive discussion.

Chapter 2.2 Participants

Inclusion/Exclusion Criteria Specific inclusion and exclusion criteria were developed for the recruitment of participants. Only ex-forces personnel who had served in the recent Iraq and Afghanistan combat zones were selected so that the experiences discussed were more likely to be similar or comparable given the types of missions completed and the environment veterans were exposed to. As the focus of the research is trauma after experiencing combat, only those who had served within a combat area were selected. Participants who had received therapies such as sessions with a counsellor or other mental health professional, Eye Movement Desensitisation and Reprocessing etc, were excluded from the research. Similarly diagnoses including stroke, Korsakoff's Syndrome, brain damage, etc were excluded. These criteria were established based on existing literature, the nature of the research questions of the study and ethical considerations appropriate to the population recruited.

Sampling Strategy/Size Within narrative research, rather than collecting neutral data, the researcher frames the question, selects the participants and interacts with them to produce data that are then used for analysis (Lyons & Coyle, 2007). According to Sandelowski (1995) "There are no computations or power analyses that can be done in qualitative research to determine a priori the minimum number and kinds of sampling units required" (p. 179). The guiding principle in the literature relates to the sample not being too large, to permit deep case-oriented analysis, and by not being too small, results in a rich understanding of experience. Purposive sampling allowed the researcher to include participants with key experience of the issues to be studied (Sandelowski, 1995). Narrative psychology research does not consider representativeness in the same way that quantitative research does.

The aim of qualitative research is to produce detailed 'information rich' data which enables in-depth analyses and insight into individual case histories which consider the complexities and indistinctness of the interrelationships between individuals and society (Lyons & Coyle, 2007).

Chapter 2.3 Recruitment

A number of strategies were used to advertise the study; however, responses were only received from newspaper advertisement. Further to the letters sent to the Editors of local newspapers, interviews were completed by the research supervisor with BBC Radio Nottinghamshire and BBC Radio Derbyshire; a poster was disseminated to all branches of the Royal British Legion within Nottinghamshire and Derbyshire attached to a monthly newsletter (see Appendix 3.2). The poster advertisement provided an overview of the required characteristics of participants, an overview of what the research would involve and the contact details for the main researcher. Further advertisement took place within the Combat Stress treatment centres within the UK. This was conducted through liaison with a Clinical Psychologist from this organisation. Posters were then disseminated throughout Combat Stress premises. Posts were also placed on forums such as British Army Rumour Service (ARRSE) to advertise the research.

Participant Information The participant information sheet provided participants with an overview of what participating in the research would involve. The benefits, disadvantages and risks of participating were outlined so that participants were able to provide consent with an awareness and understanding of the possible impact on themselves. The process for participants to withdraw themselves and their data from the study was outlined, along with information relating to confidentiality and anonymity of participants and their data.

Informed Consent The British Psychological Society's ethical principles stipulate that, wherever possible, researchers should inform participants in psychological research of all aspects of that research which might reasonably be expected to influence their willingness to participate in that research (British Psychological Society, 2004). Having been informed of the nature of

the research through the participant information sheet, informed consent was gained from each participant prior to their participation in the study. Within the consent form the participants were required to state their consent to a number of factors, including their participation in the study, the interview being audiotaped and the use of verbatim quotes.

Chapter 2.4 Measures

Armed Forces Questionnaire Specific information obtained within the Armed Forces Questionnaire relating to armed forces history included: whether participants served with the British Army, Royal Navy, Royal Air Force etc; highest rank attained, countries of combat, number of tours completed in Iraq and/or Afghanistan and details of service in these areas (e.g. missions/campaigns completed).

Posttraumatic Stress Diagnostic Scale (PDS; Foa, 1995) The PDS takes approximately 10-15 minutes to complete and approximately 5 minutes to hand score (Foa, 1995). Psychometric properties of the measure include a Crobach's alpha of .92 for the 17 items used to calculate the symptom severity score (Foa, 1995). The reliability of the PDS has been established by the author (Foa, 1995). The test-retest reliability of PTSD diagnoses obtained from the PDS was assessed using Kappa. The author reports a Kappa coefficient of .74, with 87.3% diagnostic agreement between two administrations. This data provides good support for the internal consistency and stability of scores using the PDS.

The validity of the measure has also been assessed. The test items correspond to DSM-IV (American Psychiatric Association, 1994) diagnostic criteria for PTSD which indicates high face validity. The PDS was examined by correlating the Symptom Severity Score with other scales that measure psychological constructs associated with PTSD. Correlations between the PDS and scales measuring associated constructs are as follows: Beck Depression Inventory (BDI; Beck & Steer, 1987) = .79; State index of State-Trait Anxiety Inventory (STAI; Spielberger, 1983) =.73; Trait Index of State-Trait Anxiety Inventory (STAI; Spielberger, 1983) =.74; Impact of Event Scale

(Horowitz, 1992) Intrusion index = .80; Impact of Event Scale (Horowitz, 1992) Avoidance index = .66.

Alternative Measures of PTSD A number of measures of PTSD are available. For example, The Impact of Events Scale (IES; Horowitz, Wilner & Alvarez, 1979) and the Primary Care PTSD Screen (PC-PTSD; Prins, Ouimette, Kimerling, Cameron, Hugelshofer et al., 2004), the PTSD Symptom Checklist (PCL; Weathers, Litz, Herman, Huska & Keane, 1993) and the Clinician Administered Scale for PTSD (CAPS; Blake, Weathers, Nagy, Kaloupek, Charney et al., 1995). The PC-PTSD is a 4-item screen, designed for use in primary care and other medical settings. If an individual responds yes to three of the four statements about experiences such as having nightmares, avoidance, heightened alertness and feeling numb or detached, they should be considered 'positive'. Those individuals should then be assessed with a structured interview of PTSD. The PC-PTSD outperformed the PCL and the CAPS; however, this measure is very brief and does not contain the diagnostic criteria for PTSD as incorporated within the PDS and doesn't permit more detailed information of individuals' experiences of trauma.

In a recent study completed by Adkins, Weathers, McDevitt-Murphy & Daniels (2008) the PDS was compared to six other self-report measures of PTSD, to include the Davidson Trauma Scale (DTS; Davidson, Book, Colket, Tupler, Roth et al., 1997), the PTSD Checklist (PCL; Weathers et al., 1993), the Civilian Mississippi Scale (CMS; Keane, Caddell & Taylor, 1988), the Impact of Event Scale-Revised (IES-R; Horowitz et al., 1979), the Penn Inventory for Posttraumatic Stress Disorder (Penn; Hammarberg, 1992) and the PK scale of the MMPI-2 (PK; Butcher, Dahlstrom, Graham, Tellegan & Kaemmer, 1989). The overall findings strongly support the use of the PDS for the assessment of PTSD in a group of trauma-exposed undergraduates. The measure exhibited good test-retest reliability and internal consistency, the best convergent validity, the best discriminant validity and the best diagnostic utility. However, the main limitation of this study was the study population which was non-treatment seeking and at low risk of a current diagnosis of PTSD, therefore, the results may not generalise to clinical

populations with higher prevalence of PTSD. Concern has also been raised about the specificity of PTSD symptoms assessed by self-report questionnaires. The findings of a study by Engelhard, Arntz & van der Hout (2007) suggest that many people screened positive for PTSD using the PTSD Symptom Scale might have actually been suffering from other anxiety disorders rather than PTSD.

Chapter 2.5 Procedure

Narrative Interview Unlike the traditional structured interview that has a detailed set of questions to be answered, the narrative interview was designed to provide an opportunity for the participant to provide a detailed account of a particular experience (Smith, 2008). Whilst some narrative psychologists argue that narrative analysis requires life story data, others assert that because the narration of our lives is implicit in everyday communication, narrative analysis can be carried out on any interview prose (Murray, 2003).

Debriefing Within the debriefing, the purpose of the study was restated. Information regarding access to the research findings was also provided (i.e. through a summary document once the research was completed).

Transcription The transcription guidance presented in Burnell et al's (2009) research were adhered to. As the analysis was based on veterans' personal narratives of war and subsequent experience, and not the researcher's readable interpretation, grammatical nuances, colloquialisms, and figures of speech were kept in the transcripts (O'Connell & Kowal, 1995). Similarly, to allow for analysis of narrative coherence, pauses in speech were also included in order to replicate the pauses and fragmentation of the narrative. Natural pauses in speech were represented as ellipsis (...), whilst longer pauses, such as a pause for three seconds were represented as follows [3]. Emotions displayed such as laughter were represented using square brackets e.g. [laughs].

Chapter 2.6 Ethical Considerations

Although the participants in this study were not accessed through NHS services, NHS ethical guidelines were adhered to, including the main three ethical considerations that need to be addressed for research relating to the individual research participants: confidentiality, anonymity and informed consent.

Confidentiality and Anonymity Prior to consenting to participate in the research participants were informed about the anonymity of their data. The information sheet stated that any personal information provided would not be released or viewed by anyone other than the main researcher and research supervisors. Each stage of the data collection was completed by the first author to ensure confidentiality, including appointments, the transcription of the narrative interview and the analysis of the data. After the collection of data each participant was assigned an identifying number and all identifying characteristics were removed from the data. Data was stored at the University of Lincoln in a locked filing cabinet in the custody of an assigned Research Tutor. Responsibility of the data generated will remain that of the first author until September 2010 when they will no longer be registered with the University of Lincoln. At this time an allocated Research Tutor will take over this responsibility. Data will be retained for a total of seven years and then safely destroyed in line with the University ethics policy.

Informed Consent Prior to consenting to participate in this study participants were sent an information sheet to read that provided a detailed overview of what would be involved in participating in the research, potential risks to participation, confidentiality and anonymity and participants right to withdraw from the research. The consent form also reiterated the main points within this information sheet to ensure that participant were aware of what they were participating to do and what would happen to their data. Participants were invited to ask any questions or raise any concerns they may have had prior to providing consent. Providing an overview of this information and allowing participants to ask questions ensured that each participant was in an informed position to provide consent.

Specific Risks to Participants Prior to the completion of the research potential risks were identified due to the sensitive nature of the research focus. In particular, during the narrative interview, each of the participants was asked to discuss their experiences of combat whilst serving with the Armed Forces in Iraq and/or Afghanistan. It was identified that some participants may experience difficulty with regards to reliving experience and the resurfacing of emotional difficulties associated with such memories. In consideration of this, prior to consenting to participant in the research potential participants were informed the potential risks and provided with information for veterans' charities and organisations (e.g. Combat Stress and the Royal British Legion). Participants were informed that they had the right to withdraw from the study at any time.

Participating in this research may have had benefits for some individuals. Talking about their experiences in the armed forces may have helped them to make sense of events which they may not have previously discussed since leaving the armed forces.

Chapter 2.7 Method of Analysis

Narrative Analysis Narrative approaches assume that the material used in analysis is deeply influenced by the researcher (Lyons & Coyle, 2007). Despite the theoretical importance of coherence within the life story, coherence is not clearly defined (McAdams, 2006) which has made the use of narrative coherence methodology problematic (Mischler, 1995) (see Appendix 2.7 for further information). Fortunately there is no prescribed form of narrative analysis (Yardley & Murray, 2004) and so a framework methodology was developed dependent on the interests and preferences of the research question.

Within the literature, six specific analytic steps have been identified (e.g. Crossley, 2000) and are drawn from McAdams (1993) work. The steps include: (i) reading and familiarising; (ii) identifying important concepts; (iii) identifying narrative tone; (iv) identifying narrative themes and images; (v) weaving all of this together in a coherent way; and (vi) writing up as a research report. Reissman (1993) argues that analysis of data cannot be

easily distinguished from transcription. Whilst transcribing, the methodical close and repeated listening to interviews, coupled with transcribing often leads to insights that in turn shape how we choose to represent an interview narrative in our text.

Coding Scheme Burnell et al's (2009) model of narrative coherence coding (see Table 1, p15) comprised nine factors, indentified within four narrative indexes: orientation, structure, affect and integration. The orientation and structure criteria (O1/ O2, S3a) relate to local coherence. Factor S3b was added following analysis of WWII veterans' explicit awareness of temporal coherence, for example, 'I've jumped the gun'. Burnell et al. (2009) reported that the identification of these elements is important because without them the audience cannot be captured or entertained. The affect index and specifically factor A4 refers to emotional evaluation and reflects the emotional impact of an event on the individual and the ability to express congruent emotions of traumatic events. Factor A5 represents the concern with unreconciled emotion displayed either verbally or non-verbally. The factors within this index allow for a holistic evaluation of the emotional content of the narrative. Finally, integration is reported to be a vital aspect of narrative coherence because it highlights the complexities of the narrative. Integration is divided into three criteria; the presence of a running theme (I6), and explanation or absence of contradictions (I7), and presence of fragmentation (I8). I8 is coded negatively. If present the narrative is considered incoherent. Factor I6 relates to the presence of a theme within the narrative, which brings elements of the narrative together in a meaningful way. This factor represents global coherence and provides a means for determining the extent to which war experiences have been integrated into the life story. Factor I7 represents inconsistency and contradiction within the narrative. If this is present, war memories may not have been fully integrated and therefore remain unreconciled. Factor I8 identifies fragmentation and disorganisation within the narrative and was included in the model to combine findings form clinical trauma narrative studies within the narrative analysis.

When applying this model to narrative data, all criteria with the exception of I8 must be present within the narrative, i.e. if any criterion was absent or factor I8 was present the narrative would be considered incoherent. In this case, no single criteria are perceived to be more important than any other (Burnell et al., 2009).

Chapter 2.8 Reliability

Reliability (the probability that replication will yield similar results) is not thought to be easy to achieve in narrative research (Webster & Mertova, 2007). There is a tendency for qualitative research (especially unstructured narrative interviews) to be considered less reliable than quantitative research; however, a number of factors can be addressed to increase reliability.

Reissman (1993) has suggested that "traditional notions of reliability simply do not apply to narrative studies" (p. 65). In line with this, Webster & Mertova (2007) propose that the definition of reliability commonly used in traditional research, requires a re-thinking and re-defining for narrative research. Reliability in narrative research usually refers to the dependability of the data and constitutes a trustworthiness of the notes or transcripts rather than stability of measurement (Polkinghorne, 1988). This method leads to demands being made of the narrative researcher to collect, record, and make accessible the data in ways that it can be understood by those analysing or having an interest in reading the data (Webster & Mertova, 2007). Huberman (1995) contends that if the narrative researcher can demonstrate rigorous methods of reading and interpreting that would enable other researchers to track down his/her conclusions, then reliability, in terms of access and honesty can be achieved.

A number of methods were utilised during this study to increase reliability, for example, the method for transcription was detailed to ensure that these data are understandable to others. A further factor considered with regards to reliability was that of reflexivity.

Reflexivity The nature of qualitative interviewing raises concerns because the interview is a dialogue and to an extent, the researcher helps to

construct reality. Furthermore, during the process of narrative analysis the researcher brings to the text certain assumptions and beliefs that they use to analyse the narrative (Smith, 2008). Because of this, more researchers are locating themselves within, and assessing their influence on the research process through reflexive thought (Finlay, 2002).

Etherington (2004) purports that,

> If we can be aware of how our own thoughts, feelings, culture, environment and social and personal history inform us as we dialogue with participants, transcribe their conversations with us and write out representations of the work, then perhaps we can come close to the rigour that is required of good qualitative research (p. 31).

Reflexivity as a method has been identified as a process that can positively influence the reliability of qualitative research through the demonstration of the trustworthiness of findings (Finlay & Gough, 2003). Etherington (2004) understands researcher reflexivity to be the capacity of the researcher to acknowledge how their own experiences and contexts inform their outcomes of inquiry.

Reflexivity can be achieved through journal/diary writing. This has been recognised as an important aspect of qualitative research (Etherington, 2004). Through the maintenance of a reflexive journal the process of reflexivity can be documented, to include the critical self-reflection, of the ways in which the main researchers' social background, assumptions, positioning and behaviour impacted on the research process (Finlay & Gough, 2003).

Chapter 3: Extended Results

Chapter 3.1 Participant Characteristics/Pen Portraits

Demographic information was obtained from each participant to gain an overview of each participant's military background, including their age at the time of participating in the study, the branch of the armed forces they served with (e.g. Army, Royal Navy, Royal Air Force) and when they left the armed forces. Details of the highest rank attained and tours of duty in wars and conflicts were obtained as well as information relating to their role whilst serving in Iraq and/or Afghanistan. At the time of the interviews, four of the five participants were in full-time employment and one participant was unemployed, having very recently left the armed forces. The following information regarding each participant is presented to enable the reader to develop a more detailed impression or further insight into each participant's military history prior to reading the data analysis, including a description of the nature of each participant's narrative and the nature of the narrative interview where appropriate.

Participant CR At the time of the study CR was 47 years old. He joined the British Army in 1979 at the age of 17 and served until 2005. The highest range CR attained was Sergeant and he served in a number of conflicts including: the Gulf War (1991), Northern Ireland (1980s), Bosnia (1990s) and Afghanistan (2001: 3 month tour). He was one of the first soldiers deployed to Afghanistan to set up the headquarters near Kabul to enable deployment of further troops. CR's role involved securing the area for incoming flights of troops, setting up communication and completing patrols.

CR was the first participant to complete the narrative interview which was 98 minutes long. Prior to beginning the interview CR discussed some of his experiences within the Army, particularly during completion of the PDS. It is acknowledged that this may have influenced the information that he included in his narrative; however, his narrative was very detailed regardless. He described events clearly and in much detail. His experiences of combat prior to deployment to Afghanistan appeared to have prepared him well for his tour. CR was very animated during the interview, particularly when

describing combat experiences and he was insightful about the coping strategies he utilised in order to cope in a hostile environment and to support the troops around him. CR spoke about his time in the Army with honour and pride, however, when discussing his life since leaving the Army there was an apparent level of negative feeling towards the armed forces for having "deserted" him upon his retirement. If given the opportunity, CR would have continued to serve with the Army within a non-combat role; however, the Army does not prohibit this.

CR served in Afghanistan during the very early stages of the conflict when the nature of the environment was largely unknown and unpredictable. His narrative was characterised by the uncertainty that he faced during that period. Since leaving the armed forces CR does not feel that he his life has the same purpose that it had when he was in the military. He felt that the Army had "dropped" him and that on the day that he left the Army he was no longer a part of anything as he had been for so many years. Society's view of the conflicts in Iraq and Afghanistan when CR left the armed forces appeared to be more negative in comparison to more recent years; therefore, his experiences were quite different to those of participants who left the armed forces more recently. When returning from combat very little support was provided by the armed forces and CR felt largely unsupported by the Army and society. Consequently, CR has found the transition to civilian life difficult and he appears to have a number of unresolved feelings in relation to this.

CR was the oldest participant and the only participant to have had a wife and children in the UK whilst he served in conflicts abroad or was posted away from home. He described the Army to be his life and stated that he knew no different until he retired. When comparing his narrative to those of the other participants, the content of his is quite different, possibly because he had a family to consider, he fought in more conflicts and did not have a career before his long service in the Army. When considering these factors, CR was quite different to the other participants, who appeared to share more common experiences and to be of a similar age.

Participant OS At the time of the study OS was 23 years old and his narrative interview lasted 89 minutes. OS joined the British Army in 2002 at the age of 17 and served until 2008. The highest rank OS attained was Private and he served in a number of conflicts including Afghanistan (2004: 3 month tour), Northern Ireland (2004/2005: 21 month tour) and Iraq (2006: 7 month tour). His role in Iraq and Afghanistan involved work within the Intelligence Cell, surveying the area, assessing risk and also ground patrol.

OS's narrative was very descriptive in nature, allowing the audience to imagine the environment in which OS served in Iraq and also what experiences of combat were like. OS was the most descriptive participant when considering his childhood and was the only participant to describe any difficulties during this period of his life, for example, a parent who had an alcohol addiction and the associated difficulties he faced as a consequence. Joining the Army was seen by OS as an escape from this environment and an opportunity to "break free" from his responsibilities with regards to this parent. OS was very animated whilst conveying his narrative and utilised a range of sound effects when describing events, particularly his involvement in combat situations. OS appeared to continue to be affected by his combat experiences at the time of the interview, including feeling hypervigilant when hearing bangs which happened frequently due to living close to an airfield. He also described difficulty being on his own.

OS worked largely on his own in Iraq and found this difficult at times as he did not feel as prepared as he thought he should be to complete the role he was allocated. Much of the work that OS completed involved highly secret information that he could not discuss with other troops. Consequently OS felt isolated in his role and unsupported. At times during his narrative development it was apparent that OS had to try to decipher which information he could verbalise and that which he was not authorised to disclose, which impacted on the fluidity of his narrative at times. OS witnessed events during combat that he has found difficult to process at times and he also questioned his role whilst in Iraq due to the nature of the duties he was completing and the impact that this had on the local civilians, who often suffered as a consequence. For example, painting schools which the following day would

have been raided for materials to use to make explosives and the staff murdered as they were seen to be collaborating with the British.

OS left the Army as he did not want to go back to Iraq but the process of leaving took a long time to complete. Similarly to CR, since leaving the Army OS has found it difficult to make the transition into civilian life and to gain employment that offered him the same sense of purpose that he had in the Army, however, he had achieved this to some extent.

Participant DM At the time of the study DM was 34 years old and produced the shortest narrative, the narrative interview being 37 minutes in length. DM joined the British Army in 2002 at the age of 27 and served until 2009, having left only two weeks prior to participating in the research. The highest rank he attained was Lance Corporal and he served in one combat zone on two separate occasions, to include Iraq (2004: 6 month tour; and 2007: 6 month tour). DM's primary role involved protection of Army Officials, bomb search and vehicle and equipment maintenance.

DM provided very little description of his experiences. There was an absence of a description of other characters or detail that would assist an audience to develop an image of his environment or specific roles. DM also used very few emotional words throughout his narrative and very little emotional evaluation. DM was very positive about his time in the Army and feeling that he did not have many connections at home in the UK he wanted to complete more tours in Iraq. He was unable to do this as the Army did not permit soldiers to return to these areas until they had remained in the UK for a period of time following each tour and they were only permitted to stay in Iraq for a 6-month period. DM felt that he had integrated into society well since leaving the Army and believed that this was due to him having had a career prior to entering the Army, therefore, he did not feel that the Army was all that he knew as may be the case with participants such as CR, as he had not had a civilian career prior to joining the armed forces.

In comparison to other participants who reported a range of negative consequences from their military experience, DM reported a range of positive

outcomes and he did not feel that his experiences had had a lasting impact on him as others did.

Participant WM At the time of the study WM was 22 years old and his narrative interview lasted 70 minutes in length. WM joined the RAF in 2005 at the age of 18 and served until 2009, having only left the armed forces three weeks prior to participating in this research. The highest rank he attained was Senior Aircraftsman and he served in both Iraq (2006: 5 ½ month tour) and Afghanistan (2008: 2 ½ month tour). WM's roles involved capture of and defending airfields, counterinsurgency and work with the Special Forces.

Overall WM's narrative was conveyed in a detailed manner but the short period of time since he had completed his service in the RAF and specifically within a combat zone meant that he found it difficult to separate the information that he was permitted to disclose and that which he was not, particularly due to the amount of time he spent working with the Special Forces. Consequently, WM's narrative was characterised at times by pauses as he acknowledged that there was information that would naturally follow what he had said that he was unable to disclose. In comparison to CR who had left the armed forces four years earlier, there was an apparent difference in the fluidity in which he spoke as WM tried to process and formulate his narrative whilst remaining mindful of the Official Secrets Act in which he was bound.

WM's view of the local civilians in Iraq and Afghanistan were in contrast to each other. His narrative had a negative tone when he discussed his experiences in Iraq. He described feeling disrespected much of the time in Iraq and perceived the environment to be largely hostile. By comparison, he spoke warmly and positively about the local people in Afghanistan and described his experiences in this area as more rewarding. WM had conflicting experiences upon returning from each combat zone. When he returned from Iraq he was sent straight home on two weeks leave during which time he found it difficult to reintegrate to family life as he had been in a combat zone just 48 hours prior to this. Upon returning from Afghanistan the

armed forces had introduced a new package of care that involved stopping in Cyprus for a few days prior to returning home. He described this as a much more positive experience in helping him to make the transition from the combat zone.

Since leaving the RAF WM reported that he had begun to drink a lot of alcohol and become involved in a number of fights whilst out socialising. He had addressed this and was trying to change but felt that his experiences in the RAF had influenced this type of behaviour.

Participant BM At the time of the study BM was 22 years old and his narrative interview lasted 85 minutes in length. He joined the Royal Navy Commando in 2004 at the age of 17 and served until 2009. The highest rank he attained was Able Rate and he served in Afghanistan (2008: 1 ½ month tour) with the Royal Marines. BM's role included engineering (maintenance of helicopters), ground support and work with the Special Forces. BM returned to the UK prior to the end of the tour due to an injury and felt that he was letting his Squadron down by having to return home.

BM's narrative was very detailed and emotive. He was the only participant to witness the death of a close friend/colleague during combat and he reflected on the impact that this had had on his life since this time. BM did not report many emotions when describing the event, but when reflecting on the impact the event had had on his life he described the strong emotions that he experienced. This incident arose several times during BM's narrative and he continued to reflect on the impact that this had had on his life throughout.

BM reported a positive response from society since leaving the armed forces which had helped him to make the transition back into civilian life. He had a career plan that he was working towards but felt that having been in the armed forces prevented him from gaining employment in some professions (e.g. the Police service) as they perceived armed forces personnel to be unsuitable for this role due to their training and experiences of utilising aggression towards others. BM described the transition from the armed forces to civilian life as being made easier due to the fact that he had

only spent a few years in the armed forces and having the majority of his working life remaining. He felt bitterness towards the armed forces after he was denied a medal for his service in Afghanistan as he was not there for a period of time long enough to achieve this. Being in a military hospital upon his return from Afghanistan to receive treatment for his injury made him aware of the consequences of the conflicts on many of the troops who received injuries that would change their lives and he reported feeling more reflective about his own life after this time.

Chapter 3.2 Narrative Coherence

The characteristics of participants' narratives are presented by factor. Each factor is considered and specific examples of quotations from participants' narratives provided to evidence observations in the analysis. Due to the length of quotations, many of these are provided here in the extended results as opposed to the journal paper (see Appendix 4 for further examples). A more comprehensive overview of the analysis findings are therefore presented here.

Chapter 3.3 Orientation Index

Factor O1 Factor O1 relates to the introduction of main characters to the narrative for the purpose of scene setting (Burnell et al., 2009). As noted in the journal paper, OS was the most descriptive participant with regards to characters. For example:

> ...now Two Company's IC who's a very good bloke...when I first joined the Army he was my Lieutenant he was my Platoon Commander then you become a Captain then you become a Company Two IC so he becomes C Company's Two IC and he was a very nice decent bloke...[OS L520:524].

> ...er there was the Padres who I think is a clinically trained some Psychiatrist or claims to be...he's done all his courses but he's also got been to Theologian College and all he's a trained Priest and whatever and so a lot of blokes would go to see him [OS L545:549].

> ...I was good friends with a Sergeant actually although I was a Private he was most probably one of the most down to earth Sergeants...Sergeant [name]...[OS L643:645].

Further examples to evidence participants' introduction of characters to their narratives are provided here. CR describes his relationship with his two sons and how this has been affected by him working away from home with the Army:

> Yeah my eldest lad like I say before I went away was probably six or seven month old...when I come back after five months you know he'd had his first birthday and that lot and he was...he wouldn't...he considered me a stranger...you know and it took a long time to actually build a bond back together by which time I was going away again then...so regarding my oldest lad I didn't really have a father and son relationship as such and he's twenty now and we still don't now but the younger one I had a little bit more time to be with the family...[CR L509:516].

BM often spoke about groups of individuals within his narrative whilst also introducing and describing specific individuals and his emotional responses to these individuals:

> ...I mean obviously with my hand I had to go to the military hospital in Birmingham so I was surrounded with like all the amputees and that so that sort of made it easier sort of being around people like that who've been there and they've obviously come off a lot worse than you...it was strange being there but I really admired their love for life like I said like if I'd lost both my legs I'd said jokingly I wouldn't want you to do anything...all they wanted to do was keep going...[BM L790:796].

> ...I worked with this guy and he went out and he bought his own night vision goggles he didn't need them and if you ever did need them you got them supplied but he was taking it all that seriously he'd go out and he'd buy his own this and his own that and he spent about one thousand pounds on some night vision goggles and you get the people who are like that and they're the ones that are struggling when you get out there cos they can't make it light-hearted all they can do is think about it...they're the ones that really struggle...[BM L293:399].

> ...and then next thing I know I just heard man down man down and I looked to my left and it was my mate and he'd been shot in the neck and I mean it took about twenty seconds or so for him to die but...just just seeing him lying there sort of really really hit home...[BM L307:310].

Examples to provide evidence for where participants provided less description in their introduction of characters to their narratives are presented

here. For example, WM rarely discussed others within his narrative and speaks generally about his contact with family prior to deployment to Iraq:

> ...on the run up to going to Iraq I didn't really see my family a lot I didn't have the chance to always...[WM L49:50].

DM also speaks about his family at the time of his deployment and on his return home; however, his descriptions are similar to WM's and much less detailed than the other participants:

> ...well I think my family were really gutted that I went straight to Iraq...but I got to call them quite a lot so yeah...[DM L31:32].

> ...my family they were just glad that I came home I think...I mean they were they were most of them my sister and my mum and that were crying and [laughs] yeah so...[DM L296:298].

Factor O2 Orientation factor O2 incorporates temporal, social, historical and personal information to provide context to the narrative (Burnell et al., 2009).

Temporal Context Information providing a temporal context within the narratives was evident throughout each participant's narratives, although this is difficult to evidence due to the lengthy quotes needed for this and the fragmentation of these examples throughout the narrative. WM describes the type of work he completed in Iraq/Afghanistan which was chronological in form, providing an outline of daily life and routine in Iraq. Several lines within the extract have been removed to exhibit only the temporal information:

> ...day-to-day we had a four day rotation out there...it was PVC Peltha which was working with Primary Vehicle Checkpoint on to camp just checking vehicles for bombs and er weapons...[L176:179 removed] checking the vehicle erm the air flight paths for erm SAM sites Surface to Air Missile sites or heavy machine guns or anything that could fly...[L181:186 removed]...the next part of the rotation was called AOs which is erm [3] Area of Operations...that was going out patrolling the villages walking through villages on foot and vehicle...often we got dropped off in helicopters and we had to walk back to the camp so that's er carrying full kit...[L190:192 removed]...last thing after that was QRF which was er Quick Reaction Force if anything did go Pete tong we'd it was five minutes notice and within five minutes we'd be on the vehicles

heading out to help out whatever's going on...we had two days on each then we'd swap round...so it was a eight day cycle...it made it go a lot faster we didn't get a lot of time off so we were knackered but there's nothing else to do if you weren't working... [WM L174:198].

Historical Context The following quote evidences the descriptive nature of OS's narrative in relation to his difficult childhood:

...round about the age of eight or nine when everyone moved away my sort of I don't know whether my sister shielded it from me but my mother was a heavy drinker and I started to realise this at the age of eight or nine and once my sister had gone my mother was a severe drinker to the point that she'd come home collapse on the floor shit herself and be sick on the floor and bits like that and that wasn't long after she stopped doing her nursing...then she had a stroke when I was about ten and I believe that was from drinking...she got better after it but she carried on drinking and it used to wind me the hell up it used to absolutely...because she'd come home from bingo pissed as a newt and I'd end up having to call an ambulance for her erm but my family my grandparents were always there for me even at the age of seventy-eight seventy-nine my granddad would drive out from the middle of [place name] to our house in [place name] to collect me if I needed to go somewhere and he'd come to the hospital in the middle of the night and get me if need be [OS L21:35].

Further examples of the historical context provided by participants included events leading up to joining the armed forces and military experiences prior to serving in Iraq/Afghanistan such as initial placements and training. Three participants (OS, DM and BM) made reference to the decisions that led up to them joining the armed forces, although the process that DM and BM engaged in was not as complex and thought out as OS's. BM describes the process he engaged in when deciding to join the Royal Navy:

...I always sort of got a bit bored and my concentration were never there at school [laughs] so yeah so it was er...yeah it didn't really seem like my sort of thing...I was at school when I decided to join the forces...I've no idea why...no just randomly my friend said sat in a lesson one day he said well shall we go and join the Navy...like okay then...and just went off and did it [BM L8:13].

Similarly, DM describes a simple process which led to his decision to join the Army:

> ...erm I joined the Army when I was twenty-seven because I was just bored of the job that I was doing at the time...erm I did a Modern Engineering Apprenticeship after I left school and then I finished that I worked there for four years at the same place...so it was like nine years altogether that I'd been working there and I was just bored [2] [DM L10:15].

CR was the most experienced soldier of the five participants, having served with the Army for 25 years prior to leaving. He was the only participant who had served in other conflicts prior to the Iraq and Afghanistan conflicts; therefore, aspects of the historical context within his narrative were quite different to the other participants as he was able to compare previous experiences with his time in Iraq. CR provided an overview of his combat experiences prior to serving in Iraq in relation to climate, environment and training:

> …I'd got a lot of…military experiences behind me…wherever I'd deployed before…er there was more organisation gone into it like the Gulf War when we landed in Saudi Arabia we landed there they gave us a few weeks to acclimatise just to the weather you know…er…you get acclimatised to the weather…er you get out onto the dessert and fire a few rounds with your riffle and the rest of your weapons so you make sure it's all working you have a little bit of training as such so that you know when you do go to engage the enemy forces you're already trained you're already tested it out you've acclimatised…erm…you're basically then waiting for the fight to happen…same as Northern Ireland you went to Northern Ireland er you did training in England before you went and when you go to Northern Ireland you did training in there and then you go out to the area where you're going to operate from...so basically you've tested everything you've acclimatised you're happy you gone…with Afghanistan you basically…although you did training in England there was no training as such there when you landed…[CR L160:175].

Personal Context The following examples provide evidence for the finding presented in the journal paper regarding the changes participants feel have occurred as a result of their service in the armed forces. BM did not feel that his military experience had changed him a great deal and could clearly articulate how he perceived himself prior to serving in Iraq:

> ... quite outgoing bubbly erm loyal to my friends very...like quite a strong sense of pri..er like pride and loyalty towards my friends so I'd always be

there for my friends and I'd like to think they'd always be there for me so...yeah really outgoing and lively and bubbly and yeah...[BM L62:65].

CR identified one aspect of his personality that had remained stable throughout all of his military history:

…I think actions speak louder than words and…if I'm put in a situation that I've always done in the Army I will carry out my job to the best of my ability…I won't go bragging about it and I won't go saying what I can and can't do…I'll do it…simple as that and that's how I was before that…I would never go and say that…er…in all confidence I can do that but I'd know inside me that I can do that and I'd know that no matter where they sent me and no matter what situation they put me in I will like I say do my best…[CR L53:62].

DM speaks more positively about the changes he has experienced as a result of serving in Iraq compared to WM who appears to view his changes as a loss of traits he previously had:

I was a lot more quiet and not as confident as I was when I came back [from Iraq] the first time but I think that was because I'd only had three months to get to know everyone in the Regiment so I didn't know everyone that well and I wasn't really that confident about going...[DM L37:40]

I was a lot more chilled out I had a lot more [3] erm I didn't have such an urgency to get everything done so I was just a lot more relaxed if it doesn't get done it doesn't get done and...since I joined the military it like if something needs doing I'll make sure it gets done...get it done to the best of my ability like...[WM L74:69].

Social Context Friendships described by each participant were positive and in many cases described as more familial type relationships rather than friendships. WM describes how he felt when initially arriving in Iraq and how the friendships he developed during training in the UK continued to develop whilst serving in Iraq:

...I didn't really have a clue to be honest I didn't know what I was doing when I first got there...I picked most of it up over there...so I think it was...good...but you soon pick it up...luckily when I got to know the lads and they were really friendly and helped me out a lot and were approachable...[WM L41:44].

> ...when I first got there I didn't really...all my friends who I'd been training with so we all kind of stuck together because we didn't really get integrated that well into the...to know everyone else...then we kind of got thrown in at the deep end when we got there...and luckily for me on my flight it was a good bunch of lads because there were only three of us who I knew who got sent there altogether...and that's working about thirty man thirty man teams...so there were three of us thrown straight into twenty others who we didn't know and expected to go out and do that job...[WM L51:58].

BM recalls the nature and quality of his friendships, attributing positive affect and memories to this aspect of life in Afghanistan. He also makes reference to friends being a form of family whilst serving there:

> ...when you're out there you're sort of a family you're all there for each other and you're all you're all fighting for each other and you've all got everyone's backs [BM L341:343].

> ...like I remember the friendships especially when we were on the bases I mean I became close friends with a couple of guys I'd known and I was friends with but I became quite close with them...whenever there was a job on we'd work together on it and we'd go to the gym together and everything like that we'd do together because it's just the way it happened we were just sat on the flight together and just talking on the way out there then when we got out there just carried it on and that sort of brought us closer together...[BM L634:641]

> ...the friendships down there are second to none...there's guys I've met in there that I'll be mates with for the rest of my life erm...[BM L32:33].

Chapter 3.4 Structure Index

To be coded within the Structure Index the narrative must have displayed the structural elements of an episode system. These elements must be presented in a causally and temporally logical way (e.g. the initiating event precedes the response, which in turn precedes the attempt) (Burnell et al., 2009).

Factor S3a The structural elements of an episodic system, coded as factor S3a, must be presented with causal and temporal coherence, to include an initiating event, an internal response, an attempt, and a consequence (Burnell et al., 2009). CR was amongst the first troops

deployed to Afghanistan at the start of the conflict and he describes initially landing in Afghanistan, his uncertainty and emotional responses during this event, the process of getting through that event and travelling to safety:

> ...the aircraft went in to Kabul Airport all the lights were switched off they told us that all the lights would be switched off because there's an immediate threat from surface to air missiles which is like the SAMS and then you got your RPG 7s [Rocket Propelled Grenade] and the pilot did say everything's going off there'll be one red light at the exit door at the front and if we are hit and the plane does go down he'd do his best to land it the best he can but head for the red light or listen for the load master and you'd be guided out then that was like your landing procedure basically…when we did land…again it was in pitch darkness but the minute we sort of like got off the back of the aircraft got off the back of the ramp it just basically turned round and just left and that was us in the middle of the night pitch black then having to search round for kit [moving hands in searching motion]…you'd got your kit…loaded it onto your back you've got your riffle then it was a case of er…finding your sen round in the dark…the adrenaline was going because we didn't know what we were getting into we were the first ones there...we er…we had a vehicle that transported us to the headquarters we were setting up for communication which actually turned out to be the Embassy in Kabul…and from there you basically erm…tried to rest tried you get your head down because the next it'd all unfold...[CR L175:193].

BM described his experience of being denied his military medals due to being sent home early from his tour of Iraq due to an injury to his hand that was untreatable in Iraq. He described his frustration related to this denial and his attempt to understand why he was denied his medals when others who were also sent home but were more severely injured were not denied theirs:

> It was quite frustrating I think the most annoying thing was that the er they denied me my medal...so...er they said I hadn't served long enough so but yeah so...but yeah...it just felt really weird...it was their decision at the end of the day I can kick up a fuss but it's not going to do anything I mean my granddad he served I can't remember what he served somewhere and he was there for seven months or something and he got his medals then they rang him up forty years later and said you were five days short of it send your medals back so they made him send his medals back...so I mean I knew they'd done that so I knew there's no chance of me getting it so there's no point...everyone was saying write to The Sun and things because they had that Help for Heroes thing and things like that so if you'd have wrote to them I'd say I don't want any money for the interview give it to the help the heroes cause but they said I bet if you did that you'd have got your medal then...I mean when I did my hand I had a photo shoot with

> all the I had to go down to the Help for Heores headquarters and do a shoot down there...I felt a bit weird a guy with like no arms and there's like me with a cast on [laughs]...when they had the medals parade I had all my mates stood in front of me getting all their medals and I couldn't get one...it was annoying really annoying especially to say I mean my argument was a guy that has lost his leg although his was far more severe than me breaking my hand he's still injured and he's still made to go home I was made to go home I didn't choose to come home I said so would you deny him his medal and they went no and I said well why am I getting denied mine and they said well oh well they don't choose theirs and I said I didn't choose for a machine gun to fall on my hand...I just had to accept it...[BM L735:758].

Factor S3b Within WM's narrative he made reference to having a listener and a purpose to recalling memories of his experiences in Iraq and Afghanistan, however, this was not explicit enough to be considered within this coding criteria.

> ...that's going off subject a bit [laughs] I'll quieten down about that...[WM L517:517].
>
> ...I've forgotten the question I've started ranting...[WM L604].

Chapter 3.5 Affect Index

To apply the coding criteria for the Affect Index the narrative must have revealed something about the narrator, or about what the events described therein mean to the narrator, i.e. the narrative would make an evaluative point. Furthermore, the narrative would use emotion in order to make this evaluative point, employing explicit statements of feeling in order to create an affective tone or signify emotional meaning (Burnell et al., 2009).

Factor A4 Factor A4 relates to past or present emotional evaluation of what described events mean to the narrator, communicated through explicit statements of emotion. As stated in the main paper, BM witnessed the death of friend and expressed the impact of this on his life using emotional evaluation a number of times throughout his narrative.

> ...when you see someone die like that it really hits home and really really makes you think wow this is something else...that's the main thing that really gets at me...[BM L314:316].

> ...it's just like a really raw emotion and it's very intense it's not anger but it doesn't take a lot for me to become angry if that makes sense...it's more upsetting but it does quite easily turn into an angry...it's like I try to say you don't understand but I try not to say that because I feel like I'm trying to get sympathy off them...[BM L387:391].

The following quotes further evidence WM's emotional evaluation of his feelings towards civilians in Iraq and Afghanistan, as referred to in the journal paper:

> ...I had no time for Iraq I hated them like...I should have just left them to rot...I was I had a lot more time for Afghans I thought they were a lot nicer people and that...in Iraq they always wanted something...they were always asking for this that and they were [2] then if you've give it to them they wouldn't take it they'd just want to know if you'd give it to them...and...it's horrible...people spitting at us and throwing stones at us throwing whatever when we drove through even if we'd helped them...the next day we'd go through and get stoned [WM L159:166].

> ...I had a lot of time for the people over there [Afghanistan] I thought they were much better people [than Iraqi civilians] a very proud nation they won't ask for anything if you offer it they'll take it but they won't ask it they'd rather get on by themselves and that's I've got a lot more time for them because of that...[WM L430:434].

OS describes quite a similar evaluation of his feelings towards Iraqi civilians following an incident when a British helicopter was shot in the air and crashed, killing all of the military personnel on board:

> ...there were people dancing round the streets with bits of helicopter bits of rotor blade and stuff Iraqi's kids all cheering all happy that it's been blown out the sky...I felt angry...angry...angry just like they're all laughing and dancing and all happy this helicopter's been shot down and there wondering why we're pissed off about it because we're just put that down put that down and they're like [mumbles]...a kid kept coming out I mean we used to get bricked a lot by children in Iraq bricked stoned whatever they could whatever they could pick up off the floor and chuck at you...first they'd say Mister Mister chocolate chocolate money water and you'd be like no no I've not got any money on me any chocolate on me and then er Mister Mister chocolate please Mister chocolate and then they'd run off and the next thing you'd see loads of them coming round the corner start stoning you and hoying you with bricks and bits was the little bastards could throw really hard good aim a lot of practice...[OS L404:416].

The theme of loss that is apparent throughout OS's narrative is evidenced here. This is in relation to loss of a family member as a child, loss of role on returning from combat in Iraq, loss of belonging to a group when leaving the Army and when returning home:

> ...at sixteen my grandad passed away a week before I took my GCSEs...er...which was very difficult for me...initially I had planned to go to college and after that I didn't know what I wanted to do...I felt lost because like I say he was more of a father figure to me because my dad worked away so much [5] and er...it was quite hard because he's got to see my brothers results at GCSE but he got to see but he never got to see mine...[OS L40:45].

> ...and so to be given all that responsibility all of that and then suddenly you're not part of that anymore because we've come back from Iraq so you can go back into A Company into a Platoon and you're like that well what do I do with myself now my jobs been taken away from me and that's when I thought fuck it I'm getting out I can't be arsed...[OS L225:230].

> ...I've lost that feeling of belonging to that group...[OS L825].

> ...again it is that sense of loss like I've moved away from my family again but this family you could share everything with you could tell every...[OS L856:858].

When returning to the UK after completing a tour in Iraq/Afghanistan the support received from the military was varied for each of the participants. Those who left the armed forces a number of years ago (CR and OS) appear to have received less support than those who have left more recently (DM, WM and BM), particularly within the last twelve months; therefore, their emotional evaluation of this period of time is quite varied. Their perceived need for this support also differs dependent on what they were exposed to in the combat zone. WM describes returning to the UK after his first tour in Iraq and the lack of support provided. Within one day of landing in the UK he was sent on two weeks leave which he perceived to be too soon to try and re-integrate into life at home with his family:

> ...there'd been no time to calm down everything was still in our heads everything was still going a hundred miles an hour everything needed doing...and it suddenly...we're back and everything's going mad...there's alcohol have it and just drinking...[WM L99:102]

OS similarly described a lack of support; however, he identified more of a lack of appropriate support. OS described being in a room with a range of military personnel, including those who were several ranks above himself, in which they were asked to speak about anything they felt they needed to talk through as a result of their experiences in Iraq. In this environment, nobody had disclosed and this had been the only support offered. He described his emotional response to this experience:

> ...I mean with me I wasn't amazingly bad a bit jumpy every now and then...some blokes especially those who were best mates with those lads who got killed on the bridge who were there...dragging them out the vehicle we were close round protection for them but to be those lads sat in a room with your boss I feel it was very wrong...exceedingly wrong [OS L624:628].

> ...it was very erm [5] very inconsiderate to the people that had you know actually lost a friend and bits like that very inconsiderate towards them and I thought well I was appalled I just thought that's not the way [OS L916:918].

Factor A5 The four participants (CR, OS, WM and BM) who met the criteria for factor A5 described their heightened alertness and responses to bangs since returning from Iraq/Afghanistan. WM described his alertness at a party during which a balloon was burst:

> ...someone burst a balloon I hit the deck [motions shocked movement and covered head with hands]...it was just as if a rocket had gone off behind us like...loud bang hit the deck that was the drill get down sort yourself out then try and figure out what's going on around you...I was a little bit embarrassed [lowers head] at first but it was only my mam that had noticed so I didn't she kind of didn't mention anything at the time she mentioned it a couple of days afterwards just saying are you alright and I was like oh yeah yeah I'm just jumpy [WM L253:260].

OS described an incident when his patrol was attacked by enemy fire. During this part of the narrative his speech quickened, he gestured a lot with his hands and sat upright in a tense posture whilst describing the event.

> Just completely crazy it was mad and...obviously I was fire going off because I was on a tank looking everywhere [motions movement with head] panicking because you're on the top of a tank you're just a sitting

target and anyone and anyone I think there's someone on top of there I think there's someone so I watched my tracer so I just fired a couple of rounds on top of a building and every four rounds you got a tracer round which lights up as it flies off so just fired in that general direction so the tanks just traversed fired a hesh round into a building and the building just lifted up and collapsed on itself and there was people on top of it just behind some sandbags with a big heavy machine gun firing at the tank and it was it was literally pure blind panic everyone didn't know what was going on then after about...twenty minutes the Americans we had the Texas Home Guard at Basra Air Station with Apaches so the Apaches came out and started lacing the area literally just started [made shooting noise and gestured as if holding a gun] just sprayed everything...and then we literally pulled out of there but while we were doing a fighting withdrawal while we were driving away the lads on top were still having to shoot at people shooting at us and literally you were scared then because you were in an enclosed confined environment [changed posture to demonstrate]...I'd rather of been outside the because you don't you've got wire mesh at your window wire mesh at your front wire mesh at your side you can't see behind you it's pitch black you can't really see anything from your rear view mirror apart from a vehicle behind you and there's just gunfire going off all around you and you can hear [makes noise] of RPGs being fired off and you're just thinking I just hope to God one of them doesn't hit me...and it was it was just really...after it I just felt knackered I really did I got back and just [made sigh noise] [3] the next day we were all laughing about it...it was just can you remember when he shit himself...[OS L326:351].

BM's body language changed significantly when he described an event that led to the death of his friend during a combat operation. At the moment that he described the death, he leaned forward and put his head in his hands, remaining in this position until he completed this aspect of his narrative:

...we were erm we were on like a night operation and er we were in a field and we were about fifteen feet apart going through erm came under fire we all started responding pushing forwards trying to force them out and then next thing I know I just heard man down man down and I looked to my left and it was my mate and he'd been shot in the neck and I mean it took about twenty seconds or so for him to die but...just just seeing him lying there sort of really really hit home [changed posture: leaned forward and put head in hands] and that was the hardest bit of it all just sort of seeing him die because you could sort of...I'd seen injuries and I'd seen things like that and you sort of think that's bad is that but you sort of get by [changed posture: sits up] because you know they're going to be alright...[BM L304:314].

Finally, CR described an incident in which he had to defend his right to wear a veterans' lapel badge to a member of the public, an incident that he

has experienced on more than one occasion. During this disclosure his affect became dampened, he presented as drained, his posture became closed and hunched over and he lowered his head, removing eye contact:

> ...I've had old women or elderly women whatever again like and they've said what are you doing wearing that veteran badge...I says that's missus because I am a veteran and she says you don't know what a war's like...I say oh right what wars have you seen then missus...well I know this and I know that...right well do you know how many wars I've been in I've been to the Gulf War in ninety-one I've also seen service in Northern Ireland...Bosnia Afghanistan you know...and all the response I got back was erm...don't believe you...just a [blows out though mouth]...and I've had it on one or two occasions where they've looked at the lapel badge and said you shouldn't be wearing that you're not a veteran...[CR L768:777].

Chapter 3.6 Integration Index

In order to meet the criteria for the Integration Index the narrative must have communicated information in an integrated manner, expressing the meaning of the experiences described within the context of the larger story. Discrepancies, contradictions, and inconsistencies are eventually resolved, and the various narrative elements are synthesized into a unified life story (Burnell et al., 2009).

Factor I6 The meaning of events/experiences being expressed within the context of the larger story as defined in factor I6 must include a coherent theme (explicit and/ or implicit) that links all the events (Burnell et al., 2009). The following quote further evidences OS's perception of his ability to cope with the things he experienced in Iraq based on his childhood experiences as described in the journal paper:

> ...I think another thing with me having the sort of mother that I did getting drunk a lot and me seeing her I think it helped me cope quite well with what went on in Iraq...I mean I don't know how but I think it built me up for more not being so bothered by things...I mean I used to quite happily go to school the day after my mother had been taken into hospital and no one would even know...er well no you know I'd just carry on yeah...I think it prepared me well for dealing with stuff out there [OS L708:714].

OS also makes reference to feelings of loneliness since leaving the Army and examines this in the context of the social culture within the Army which he is no longer a part of:

> ...I just couldn't sit there...I'd feel very lonely...if no one's here to talk if I sit there I feel very lonely and alone now I've left the Forces...I don't feel like I can just do as I said I'd walk next door and knock on the door do you want to come for a beer...erm I don't like sitting there waiting for the knock on the door...have you noticed we don't have a TV...I can't sit there and watch TV...if we're someone like my wife and me we've got a laptop we'll watch DVD's and bits but I just can't sit there and watch TV I cannot do it just because there's no one to because even when you were watching a film in the Forces you all had yeah this is quite good this and but you don't have that sort of have that fella of the same mentality or the same views and opinions and...[OS L815:815]

CR describes his heightened alertness and relates this to past combat experiences:

> I'm er a lot more alert and on edge now...I think that's er…accumulation from when I've first gone in because like a say anyone who's done Northern Ireland…it's one of the most scariest things…I still maintain that out of all…I've been to the Gulf I've been to Afghanistan I've been to Bosnia and I think…I don't know if because Northern Ireland was the very first time you've actually been thrown into that situation but that's the one that sticks with you for example in Northern Ireland if you hear an loud noise like a bomb going off or a shot being fired you automatically dive flat on the deck or went to a shop doorway…you made your sen a small target by going to ground straight away so you've got this awareness of any noise that might be a threat to be over alertness and when you went to Afghanistan it were a new territory so it's a new…you know there's a threat you know that something's going to go wrong…or potentially go wrong so you've always got that alertness where you're going to be constantly looking around you…you're expecting it you know that there's going to be something happen cos that's why you're there [CR L210:225].

Following the death of a friend in the field BM makes to reference of the realisation of the dangerous situation he was in but also how it now affects his way of viewing life at present:

> ...it was still hard but it wasn't the same as you seeing someone dying because you sort of [2] I mean you see someone lose their leg that's fairly hard because that's still uncertainty because they could die they might not but you see things just like people get shot in the arm or in the leg or

> something like that and you know there's a ninety-five percent chance they're going to live and you know...that doesn't sort of bother you you carry on you just...if you're the closest one you'll help them do what you need to do then you'll carry on...but when it's a death it's different it's really hard just to keep going forward cos you've just seen...you've just realised your mortality sort of thing you've realised you could be killed at any moment...[BM L 331:346].

> it was really hard when I lost my friend and it did eat me up but the way I thought about it is well he wasn't going to live forever he was going to die at some point so I mean there's no saying when it's going to be so you've just got to carry on as best you can cos you mourning something like that and letting it affect your life a lot isn't going to change anything...I sort of see that about everything if I go out somewhere and I've lost a hundred pounds I don't worry about losing a hundred pounds because worrying about it isn't going to change the fact that I've lost a hundred pounds...the fact that someone's died it's hard but you've got to get on with it but...it's you shutting down and becoming useless it helps no one it doesn't change the fact that someone's died they're still dead and you're useless then as well so...that's just the sort of way you've got to get with it really...I've accepted that no one lives forever and I've accepted that me mourning them and shutting down and becoming useless isn't going to help anybody either [BM L363:377].

Four participants (OS, DM, WM and BM) made reference to their increased ability to tolerate life events and their perception that the general public interpret small incidents as atrocities. Having been exposed to adverse conditions in Iraq/Afghanistan, the participants' perspective of the world and their lives appears to have been altered. For example, BM stated:

> ...when...people start getting annoyed about little things that sort of annoys me because that's nothing why are you getting annoyed about that...but I try not to let it bother me because there's no point me getting worked up about it because it's not going to affect anything so...[BM L500:503].

CR describes his interpretation of why he believes the public lack an understanding of the impact of war on British troops in Iraq/Afghanistan and does this by describing his father's experience of returning from war in Palestine:

> ...my father served in Palestine er he was in the...paratroopers airborne forces and he used to say to me erm...when he came back from the war they was looking for soldiers with er cuts and limbs missing and things like that and because he was a soldier and he'd come back he didn't have any

missing limbs and he didn't have any scars visually on your body you want you were classed as alright there was nothing they felt more to that person that's got an arm missing or a leg missing because they can visually see that he's been there but that person that's all intact with no scars and no missing they automatically assumes he hasn't done anything but because the one with the missing limbs has suffered...it's the psychological scars that they can't see...[CR L797:807].

Factor I7 Contradictions between events or the narrator's personality traits or values, emotional evaluation, or changes in attitudes are acknowledged which are explained in a causally coherent manner were coded as factor I7. Examples to further evidence OS's conflict between his role and purpose in Iraq and his personal beliefs described in the journal paper are presented here:

...what we did I just thought some of this stuff is just so really pathetic why we... I mean we did an operation that must have cost millions and millions and it was painting schools...I can talk because it was in the newspaper about it and we were painting schools and the majority of the schools we painted the next day the teachers were captured and tortured and the kids buses were targeted by the enemy because they believed because we were painting their schools they were collaborating with us...[OS L747:754].

...you'd do all that and then the next day the school would be burned down to the ground but they'd still want to continue because they had this money from the government from the tax payer that they needed to do this they needed to finish it even if people died on the way because we've started we have to finish it's the moral principle and just used to sit there thinking this is just a fucking waste of money it really is...well if we start it and don't finish it we prove we're weak if we start it and finish it we just endangering more people's lives and I just think the bureaucracy behind the whole scheme of things out there was absolutely for the sake of lifting a pen it really was pathetic...and it really wound me up...we'd put blokes in danger to paint a school that the next day would be burned to the ground or it'd be wrecked the electric cabling would be taken out to make charges for bombs a playground we built was demolished so they could use the steel tubes to launch rockets off...and so I just thought why are we continuing...well we've started we must finish...why who's where is this coming from if this is coming from if it's coming right from the top from the government this is just pathetic it really is it's endangering blokes lives for nothing...[OS L758:774].

OS describes a further incident in which he was present when an Iraqi civilian child was shot by a British soldier. Within this, he describes a contradiction between how he responded and how the other soldier responded, but then goes on to justify the actions of the other soldier and an evaluation of the affect in that situation:

> ...I think it's the fact that they don't think you'd shoot a child...I don't think I'd have shot the eight year old well I don't think we expected him to throw a grenade we just thought it was another stone and it hit it hit a bit of a wall rolled back down into a ditch I mean these ditches were full of sewerage they were stinking and all of this sewerage blew everywhere then the next thing the kid comes out round the corner with an AK47 [Assault Rifle] and points it at you and luckily one of the lads thought quicker than he did and had him put down on the floor...and...that was difficult...I mean it's...at that point initially when he came round he was a person with a gun he wasn't a child but as soon as you saw the mother come out and start crying and screaming her head off it was just and we're just looking away and looking at this crowd that's starting to build up and she's screaming and we're trying to ignore her and then she runs at our lot then that's when it started getting a bit unbelievable that you know it's come to the point where you've just killed someone's child and it's bad it really is it plays on your mind...[OS L493:507].

CR speaks about the impact that being a soldier has on bonds between parents and children. He states that a positive thing about the Army is the number of tours that soldiers are sent on but in the same sentence recognises the consequences of this in relation to family relationships:

> ...see the good things about the Army is they'll put you on a lot of tours...you can be on too many tours and when you've done tour after tour it does affect your family life because like I said if you've got a young child they build a bond with the mother but there's no way they'd ever get they'll never build the same bond with the father because with the father who's a soldier he's got his job to concentrate on so that he can further his career survive and look after his family he's got to do all of that and it's probably...the child just sees that father coming back as...erm...I don't know...probably a stranger you know but knows he's his father...and so he tends to cling more to the mother than the father and then the father will...like I say he can't build up them same relationships...[CR L516:526]

Factor I8 Factor I8 relates to the presence of fragmentation of the narrative which is defined as long pauses, broken speech, and unfinished

sentences. The presence of this factor in OS's narrative was slightly different in nature to WM's described in the journal paper. The fluidity of his narrative was affected at one point when he stopped speaking about an event to state:

> ...yeah I'm still under the Official Secrets Act I'm not allowed to discuss stuff on bits of paper and er which is a tad annoying erm things that I've read and seen and actually done and watched people do...I'm not allowed to say about which is it is annoying and obviously for this I wouldn't be able...but in official context I could still get charged under the Official Secrets Act which is just really pants...[OS L179:183].

Later in his narrative he made reference to why he was able to talk about a particular event which had the same effect of disrupting the fluidity of the narrative:

> I mean we did an operation that must have cost millions and millions and it was painting schools...I can talk because it was in the newspaper about it and we were painting schools...[OS L748:751].

Interestingly, BM had also completed work with the Special Forces, however, he did not disclose this until the interview was completed; therefore, this did not explicitly impact on his narrative development in the same way. BM appeared to have developed a strategy to manage this aspect of his memory recall in comparison to OS and WM. Regardless, this may have affected the fluidity of his thought processes in recalling his experiences in his attempts to avoid disclosing certain pieces of information. This finding will be discussed in further detail in the discussion section.

Chapter 3.7 Thematic Analysis

During the initial phase of the analysis each narrative was read a number of times and the themes apparent across narratives were identified and explored. Examples to evidence the presence of the themes that may have affected participants' narrative coherence that were identified in the journal paper are presented here along with further themes evident across narratives, to include, deployment to Iraq and/or Afghanistan; combat experiences; perceptions of local civilians; coping strategies; transition to

civilian life; after-effects/consequences of military experiences; and social/societal support.

Deployment to Iraq/Afghanistan When recalling the time leading up to being deployed to Iraq or Afghanistan several themes arose in relation to how prepared participants felt to be able to complete the roles that they had been assigned given the amount of training they had received and also their emotional response to the prospect of being deployed to a combat zone.

Preparation/Training Each participant received a different amount of training prior to deployment but there appeared to be an overall feeling that they were entering the conflicts without having received the appropriate training to enable them to complete their duties. The impact that this had on participants when they first arrived in the combat zone was often described and how they worked through these difficulties identified. For example, WM described his experiences of missing field specific training prior to deployment to Iraq due to this conflicting with the timing of other training, how he felt entering the area as a consequence of this, and how he worked to overcome this:

> ...so we come straight out of training done this extra training gone there missed half the field specific training and we didn't know who was regular who was auxiliary didn't know who was who or anything like that then we got sent straight out..it was all very rushed...I didn't really have a clue to be honest I didn't know what I was doing when I first got there...I picked most of it up over there...so I think it was...good...but you soon pick it up...luckily when I got to know the lads and they were really friendly and helped me out a lot and were approachable [WM L37:44].

WM also acknowledged the impact that the lack of preparation and absence of integration into the team that he would be working with prior to deployment had on him:

> ...then we kind of got thrown in at the deep end when we got there...and luckily for me on my flight it was a good bunch of lads because there were only three of us who I knew who got sent there altogether...and that's working about thirty man thirty man teams...so there were three of us thrown straight into twenty others who we didn't know and expected to go out and do that job...it was quite overwhelming at first...[WM L53:59]

Similarly, DM identified his experience of missing the training required prior to deployment but receiving this prior to beginning his specific role in Iraq.

> ...I didn't feel prepared when I first got there because I'd missed out on a lot of the training because I'd just finished the trade course so I missed a couple of months of training so I wasn't really that prepared but they went through all the training again when we got there in Kuwait before we even left to go to Iraq so...and then we did more training in Iraq before we even took over from the regiment that was leaving so when we did eventually go out for the first time I knew what I was doing...the second time was easier though...much easier...[DM L167:173]

When WM completed his second tour within a combat zone he was deployed to Afghanistan and his pre-deployment experience was more positive and had an apparent positive impact on his confidence in his abilities:

> ...it was a lot more better organised the training packages and everything...I got involved in everything I didn't miss any training erm so we got all the training done and everything wasn't crammed in it wasn't rushed or anything it was...did it...so long as everything was done by the time we left you could go over things if you needed to...got plenty of leave to see the family and stuff like that...it were a lot better...I felt a lot more prepared...[WM L85:90].

CR drew on his previous experiences of being deployed to combat and acknowledged this experience did not appear to be as organised.

> The only feeling what I got like I say [prior to the interview] I…I'd got a lot of…military experiences behind me…wherever I'd deployed before…er there was more organisation gone into it like the Gulf War when we landed in Saudi Arabia we landed there they gave us a few weeks to acclimatise just to the weather you know…er…you get acclimatised to the weather…er you get out onto the dessert and fire a few rounds with your riffle and the rest of your weapons so you make sure it's all working you have a little bit of training as such so that you know when you do go to engage the enemy forces your already trained you're already tested it out you've acclimatised…erm…you're basically then waiting for the fight to happen…same as Northern Ireland you went to Northern Ireland er you did training in England before you went and when you go to Northern

> Ireland you did training in there and then you go out to the area where you're going to operate from [CR L160:172]

Environment in Iraq/Afghanistan A range of themes were identified in relation to the environment in Iraq/Afghanistan, to include factors such as the lengthy working hours and the sense of threat due to the mortars being fired into the camps/bases and completing ground patrols. These factors impacted on the amount of time off participants had and how able they were to wind down or switch off for any period of time.

Working Hours Within each participant's narrative there was an acknowledgment that the hours they worked meant little time to relax or switch off from their work. BM described the impact that long hours and little time off had on his ability to carry out his duties:

> ...when you were out there because like on a thirty eight hour shift out there you feel dead by the thirty seventh hour you do feel like you just want to be dead because you've just got nothing left but you just keep going because you've done it before you are sort of used to it...[BM L666:669]

DM's role in Iraq required him to be on call at all times and identified that this meant that time off to unwind was limited as he could never switch off completely for fear that he would be called out and would have to be alert again:

> ...it wasn't really day-to-day it was more like twenty-four hours...[DM L57]...
>
> ...you could be called out at any time in a twenty-four hour period...[DM L85:86]
>
> ...the worst thing was not getting a lot of sleep because sometimes you'd have to get back at six and then you'd have to go out again at eleven to do a move at night...[DM L73:75]

CR's description of his time in Afghanistan portrays the feeling of a never-ending cycle that didn't involve any respite from completing duties to trying to survive in a hostile environment:

> ...everything regarding Afghanistan is all like...survival...you went there and you just basically survived and worked and survived and worked and survived I mean it was a constant cycle of that...it wasn't a good thing you know...[CR L425:428]

Threat/Uncertainty The sense of threat was common across narratives, particularly when participants were completing ground patrols. BM describes his feelings of uncertainty in relation to this aspect of his work in Iraq:

> ...and it's just that uncertainty of not knowing what's happening that's the hardest bit about being out being on the patrols and things like that cos obviously you don't know what's going to happen...[BM L103:106]

He then went onto describe the difference in his experiences in the camp/base and when leaving the camp, feeling that to some extent the camp was a safe environment and outside was very hostile, and a sense of uncertainty that came with leaving the confines of the camp:

> ...you do get rockets coming in which is er quite a er at first it's it's a really scary thing but they sort of become second nature so you sort of get used to them coming in all the time so that's er that's something a bit different...but apart from that when you're on the base it's really relaxed really sort of like I say enjoyable sort of when you go out it's a different world it's like I said to a lot of people it's like hell on earth...[BM L87:92]

DM also emphasised the consequences of the large number of rockets that were fired into the armed forces camp and the emotional impact this had on the troops there:

> ...and then it started to get a bit worrying when it was happening so often and never knowing whether it was going to land a bit near you [DM L121:123]

CR described the feeling of threat that he experienced as being more due to being a foreign person and believing that the local people did not want the armed forces to be there and the consequences of this with regards to how at ease he felt there:

> ...you're not welcome as such and you will always receive…er not a threat from the people but you know they don't want you there…it feels like hostile…you know they don't like you for a simple reason you're a foreigner in their country and er…in some ways you don't want to be there…you're there because it's your job...erm so it's one of them type of environments it's going into an unwelcome environment int it…you know yourself if you go anywhere where you're not made welcome you get a you you get a…the feeling what you get inside is exactly that but when you're actually there in a country where they don't like you anyway and they're quite happy to see you get shot at they…it gives you an uneasy feeling. [CR L146:156]

Similarly, BM made reference to not knowing who the enemy is, in comparison to previous wars where the military is fighting a country and the soldiers are identifiable by their uniforms, there's a battlefield etc. In Iraq and Afghanistan, there appeared to be a sense that the enemy is unknown or unidentifiable, therefore, military personnel have to remain vigilant to everybody around them at all times. This was a common theme across narratives.

> ...strangest feeling you can be walking along you can go through a village you can be talking to the locals you can be having a joke with them and they all love you and they all think you're really good go through to the next village sort of similar thing but then all of a sudden there could be some guy that pulls out a bomb tries to blow you up...because it's not like you're fighting an Army or you're fighting like say for World War two you had like Germans v like the Allies sort of thing so you were like an actual war whereas as this it's just people just people from...that can't tell one from the other and that was the strangest thing you could like I say you could be in one place and it could be...one thing go to the next place and it could be acting exactly the same but all they could be thinking about is trying to blow you up trying to shoot you try to kill you and it's just that uncertainty of not knowing what's happening [BM L92:105]

OS described his astonishment children were considered the enemy due to their role in the conflicts. He described an incident whereby a young child threw a grenade towards a group of troops followed by a teenager pointing a gun towards them, and a decision being made to shoot the teenager due to the threat:

> ...and then this one kid kept coming round and throwing rocks at Two Section about fifty feet away next time he comes round the corner he lobs

> something rolls back luckily it rolled back down into a ditch it was a grenade and then went off and then the next thing some older boy comes out round the corner with an AK47 so one of the lads in Two Section had to put him down...and then because you've got a fourteen year old boy with a weapon that's just been shot you get a lot of angry grown-ups...they all think you've just shot a child yes you've just shot a child but he had a weapon and he was pointing it at us...[OS L517:525].

Combat When describing combat experiences there was an apparent change to the way in which each participant communicated their narrative as has previously been discussed in relation to Factor A5. Each participant became animated, their speech quickened and they utilised sound effects to aid their descriptions. For example, OS described escaping from an area where he was under enemy fire and also his experience of coming under mortar fire immediately after a helicopter had been shot down:

> ...while we were driving away the lads on top were still having to shoot at people shooting at us and literally you were scared then because you were in an enclosed confined environment [changed posture to demonstrate] [OS L340:343]

> ...we got mortared maybe once or twice a week and that was in the first month or so and then that helicopter got shot down and we were outside waiting to go out on patrol to go to the helicopter we were all outside this is during the day and suddenly [makes noise: boom boom boom] loads of mortars from nowhere like it was a big arranged attack like they knew to shoot down the helicopter then mortar all the camps at once...we weren't the only camp that was mortared nearly every camp in Basra was mortared simultaneously [OS L270:277]

Disengagement during Combat Disengagement during combat events was a common feature of participants' narratives. BM was the most descriptive participant when considering this factor. He described his reaction to the experience of combat and the influence of Royal Navy training during such events:

> ...you get your adrenaline built up and you don't really...you don't really take in what's happening you just sort of react to the situations that unfold so something happens over to your left and you respond to that and you go deal with that and you don't realise what you're doing you just do it because that's what you've been trained to do it's just second nature so you know if someone gets injured you go over you help them you do what

you need to do and then you go back to your position and then you just...it just all seems to flow naturally to you you don't have you don't have a chance to be scared or happy or anything you don't really feel anything you just do what you've been trained to do' [BM L108:117].

BM further describes the surreal nature of combat and the feeling that all of the training he had completed takes over. He described a sense of watching himself rather than being consciously aware of his actions at the time and a sense that events weren't real until a serious incident occurred that forced him to view situations in this way:

Erm it was surreal it was...it was sort of like you weren't there sort of thing because everything just sort of came so naturally you didn't have time to think about what was going on you just sort of did it and afterwards when it came to thinking about it it didn't really it wasn't like you were doing it it was like you were watching you doing it...it was kind of kind of surreal...[BM L243:247]

...when the serious stuff was going on because obviously that's when you had the most chance of being killed or wounded everything just flowed and you had the adrenaline pumping and your training took over and you'd just do everything that you had to do and you didn't really think about it then afterwards you'd look back and it was sort of like watching yourself do it when you thought about it...because you can't really see it through your own eyes it's it was a strange experience but...at first it felt quite exciting cos it was new and it was you had people shooting at you and you were shooting at them and...at first it just didn't sort of sink in how real it sort of was until you saw your first casualty and then it sort of like wow you really could get killed here and that's when it sort of sinks in and I think this isn't a game anymore this is real life...at first it feels like when you're a child and you're playing like that but then as soon as you sort of see your first injury however big or small it sort of kicks in that actually this is serious and you could quite easily be killed...[BM L247:261]

...everything has to come together cos it's what you've been trained to do and if you don't then it's not like you'll get a big tackle you'll end up dead...and it all sort of just blends in together and just blurs and it's it is really weird...[BM L269:272]

...you don't really take in what's happening you just sort of react to the situations that unfold so something happens over to your left and you respond to that and you go deal with that and you don't realise what you're doing you just do it because that's what you've been trained to do it's just second nature so you know if someone gets injured you go over you help them you do what you need to do and then you go back to your position and then you just...it just all seems to flow naturally to you you don't have you don't have a chance to be scared or happy or anything you don't really feel anything you just do what you've been trained to do...[BM L109:117]

Similarly WM described the experience of increased adrenaline followed by an automatic feeling of 'knowing' due to the training he had experienced prior to deployment to Iraq and Afghanistan. After the event, he described the realisation of the event he had been a part of:

> ...at the time adrenaline just kicks in it's like alright lets get on with it and then afterwards it's like bloody hell...[WM L154:155].

DM was the only participant that did not experience being fired upon directly, therefore, the content of his narrative was quite different to the other participants' and more related to the perceived threat, however, there was an assumption that if anything did occur the training he had undergone would "kick in" and determine his response to a situation:

> ...well it just didn't seem it was weird for me because it just didn't seem real it was like...you heard of people getting road side bombs hitting their vehicles and you see the damage that it's doing to them but you just seemed to think that it was never going to happen to you and that was it actually really happening...because so it's really weird...I think I seen two Iraqi people with machine guns and that was it...and all the things that were happening and I never seen any of them...it was sort of like is it really ever going to happen...it was a bit like what am I going to do if it ever does happen and but then you think you just think that the training will just kick in and you just gonna react to it [DM L158:167]

Perception of Local Civilians As previously touched on during the analysis of narrative coherence, participants appeared to have differing views about the civilians in Iraq and Afghanistan. There was a general tendency for the attitude towards local Iraq civilians to be more negative than in Afghanistan. WM served within both combat areas and described this observation between the two areas:

> ...it's hatred for their for that nation [Iraq] no time for them whatsoever horrible people horrible nasty spiteful...no time for them whatsoever I hate them...[WM L471:473]

> ...I had a lot of time for the people over there [Afghanistan] I thought they were much better people [than Iraqi civilians] a very proud nation they won't ask for anything if you offer it they'll take it but they won't ask it

> they'd rather get on by themselves and that's I've got a lot more time for them because of that...[WM L430:434].

OS further described his emotional response and perception of local Iraq civilians after a British helicopter had been shot down:

> ...there were people dancing round the streets with bits of helicopter bits of rotor blade and stuff Iraqi's kids all cheering all happy that it's been blown out the sky...I felt angry...angry...angry just like they're all laughing and dancing and all happy this helicopter's been shot down...[OS L404:407]

Coping Strategies The coping strategies that participants developed during their time in Iraq and Afghanistan were very similar. Whilst being away from their families and civilian friends their relationships with their colleagues and friends in the armed forces appeared to provide a temporary replacement, involving mutual support, awareness that people would be supportive and available if they wished to talk about any difficulties. Participants identified that after involvement in combat the incident was not spoken about in a serious manner, there was an attempt by the majority to make things more light-hearted in order to cope with the adverse and dangerous experiences they would most likely have to face repeatedly. In line with this there was a tendency for participants not to express their emotions to maintain the groups' perception that everything was okay and everyone was coping.

Friendships/Sense of Family All participants except CR described the strong bonds they developed with their colleagues, the sense of support they received from them when serving in the combat zone, and the sense of family that they experienced during their time in the armed forces. For example:

> ...the friendships down there are second to none...there's guys I've met in there that I'll be mates with for the rest of my life...[BM L32:33]

> ...it's less like people who are just work colleagues it's more like a family and er it's a good laugh [OS L865:866]

> ...when you're out there you're sort of a family you're all there for each other and you're all you're all fighting for each other and you've all got

> everyone's backs and you'll all look after each other and if one guy loses this you'll give him something you'll try and replace it...you'll all come together and you're all as one so when one person comes out of that it hits everybody it's difficult...[BM L342:346]
>
> ...I got on with everyone in my Unit well...we all supported each other [DM L32:33]
>
> ...it was quite overwhelming at first but as I say I was lucky I was in one of the better flights there with a lot of senior lads who'd been out before knew what they were doing...were happy to look after us show us the ropes and that...[WM L58:61]

Emotional Expression There was an overall tendency for participants to avoid emotional expression when serving in a combat zone for a number of reasons. For some this was to maintain a sense of safety for those around them and to ensure that no cracks began to appear in the confidence of the troops, it also served to ensure that they were able to enter situations again in the future. There appeared to be the perception that if the seriousness of each of the incidents was discussed and the potential consequences addressed this would impact on the ability of troops to re-renter those same situations again. By maintaining a light-hearted discourse, this ensured an avoidance of addressing such realities. There was also a perception that expressing emotion would mean the enemy had conquered. For example, WM described his experience of receiving information from local Afghan civilians about the locations of explosives and coping with the knowledge that that civilians would likely be murdered for collaborating with the British:

> ...we got a lot more help from the locals most of the IEDs we found say probably about half of them were pointed out to us...we found a couple of people who had been helping us had been executed by the Taliban...we found them it wasn't a highlight...it wasn't that hard as in it helps us cheers for helping us but he knew what he was doing and they knew the consequences of doing it it's their culture it's what they do...you can't get bent up on it you can't let it bother you too much otherwise again it's showing fear or showing too much emotion they've already won [WM L345:442]

CR described a similar view regarding emotional expression, drawing on his experiences of other war zones, as well as his experiences in

Afghanistan. CR also identified how this influenced his ability or desire to help others who may require support:

> ...Bosnia Gulf War and Afghanistan the local people civilian population don't like you because you're in their territory you're not welcome erm they're quite happy to see you get killed or injured erm…so the people that's in the Army with you surrounding that you develop erm…an…an aggression…a arrogant…you develop a defence for yourself basically you know you're not gonna…erm you're gonna survive basically so you're build a defence for that and that's why I say you can't show emotion to somebody that's you know upset you can't go and put your arm around them...[CR L240:247]

There also appeared to be a pressure for armed forces personnel to not seek support from the Padres due to the stigma associated with this. The Padres role is to provide support; however, OS described his perception of approaching the Padres for support:

> ...so a lot of blokes would go to see the Padres if they wanted an easy go home...you were judged as ah he's fannying it he's wussing out so it put a lot of people off...[OS L555:558]

CR's experience of holding back his emotions appears to be more engrained due to his wider range of combat experience and appears to have had a more lasting effect on him now that he has left the Army:

> I find it difficult to er talk about how I'm feeling...I've noticed that er since I came out [of the Army] but maybe that was there before…well I er think it's…along the Army life every conflict which I've been in or like when I've been to Northern Ireland…when I've been to Bosnia…er Afghanistan…Gulf War…it makes you…hold back yer emotions and you…I've noticed myself that I can't show that emotion which any normal person probably would...[CR L62:67]

> …I can't do it it's…but I'd put that down to the er operations that I've been on…the Gulf the Bosnian and all like that it just makes you like that it makes you like you don't want to get involved because…erm……you don't know what's gonna happen you just can't get tied to something because at any one moment in time you could lose it…so you just don't draw your sen to it you know [CR L72:77]

CR also used the metaphor of a shield throughout this narrative to describe a method to protect him as a result of the periods of constant threat that he has been exposed to during his military experience:

> ...when you come out you're not gonna trust nobody you're still gonna have that shield of protection up you know you don't want to…you don't ever want to drop that shield...I feel like I'd erm…I wouldn't trust everyone you know…there's only certain people what I'd trust and that's you know amongst your own friends…you don't give out too much information and you just basically…keep the shield up I suppose...you don't ever want to drop it no [CR L257:263]

Light-heartedness The light-hearted approach to dealing with the aftermath of combat was common across all participants' narratives with the exception of CR. OS described a very frightening combat experience and how he and his battalion dealt with the memories of the event when it was over:

> ...after it I just felt knackered I really did I got back and just [made a sigh noise] [3] the next day we were all laughing about it...it was just can you remember when he shit himself...[OS L349:351]
>
> ..everyone just sort of had a laugh and it was you were just sat there going ha remember when you feel over as you were running and then I was thinking fuck me he did fall over but he was only falling over because a fucking round was landing near his head and he was like shut up I didn't fall over I was tripped...[OS L355:358].

Similarly, BM recalled the role that joking about combat experiences had on his ability to go back out and face a combat situation again:

> ...you don't know what's happening and when you're doing it you just do it and then afterwards that's when you sort of look back and even then you're sort of like oh that was close and if something was close you turn it into more of a joke than anything to sort of sort of like get by cos if you're sat there and you thought about oh Jesus I just nearly got shot six times you wouldn't want to go back out and nearly get shot another six times so you just sort of turn it all really light hearted really sort of easy going that's the only way you can get through...[BM L278:285]

BM also recognised the impact that taking things too seriously could have on others as this would have impacted the amount that the events impacted upon him:

> ...if you take it so seriously you think about it too much and worry about it too much and then it starts to affect what you're doing and then you're putting other people's lives at risk whereas when you keep it light-hearted you can have a laugh and joke about that and say if I lose my leg you leave me you know and everyone has a laugh about it...you take it...they sort of know you're being serious but you all take it with a pinch of salt and you all have a laugh and that's what it's all about but if you took it too seriously then you wouldn't be able to deal with it...[BM L407:414]

He also noted his observation regarding those who did take each event seriously and the impact that this had on their ability to function daily:

> ...you get the people who are like that and they're the ones that are struggling when you get out there cos they can't make it light-hearted all they can do is think about it...they're the ones that really struggle...[BM L297:299]

Transition to Civilian Life For the majority of participants there appeared to be a sense of loss when leaving the armed forces, particularly for those such as CR who had served for a longer period of time. The sense of loss was in relation to a range of factors, such as, the loss of purpose, the loss of a sense of family or belonging, or the loss of structure and routine.

The loss of a sense of family was primarily apparent for OS and DM who acknowledged the sense of loneliness that accompanied this:

> ...I've lost that feeling of belonging to that group...[OS L825]

> ...again it is that sense of loss like I've moved away from my family again but this family you could share everything with you could tell everything...[OS L856:858]

> ...I just couldn't sit there...I'd feel very lonely...if no one's here to talk if I sit there I feel very lonely and alone now I've left the Forces...I don't feel like I can just do as I said I'd walk next door and knock on the door do you want to come for a beer...erm I don't like sitting there waiting for the knock on the door...[OS L815:819]

...it's just a bit difficult because a lot are still in the Army so I'm never going to know what they're doing...[DM L339:340]

BM found the loss of structure, routine and receiving orders difficult to adapt to and having to retrain himself to think for himself and direct himself rather than waiting to receive orders:

When I came home it was strange...I sort of felt lost I didn't know what to do with myself...I'd wake up I'd stay in bed until eleven o'clock and I'd be like well what do I do now I've got nothing to do why have I stayed in bed until eleven well why not stay in bed until eleven I've got nothing to do but then I'd start thinking well I've got to get up and do something so I'd set my alarm for seven then go off for a run and then I'd come back and I were like I've got nothing to do with the rest of my day so I'd think well I'll stay in bed then...just never knowing what to do...[BM L580:587]

...I'll sort of do what I need to do and then I'll sit there looking around and thinking I need to be doing something here but I don't know what I need to be doing because no one's said go off and do this paperwork or go off and do this...I just sort of sit...like my boss will come and say will you do that for me please and I'll sit there and I'll do it and then I'll sit there and I'll sort of think I need to be doing something else here and I'll be like have you got anything else for me to do...well why don't you do that over there...alright then...why didn't you just do it...oh I didn't think...cos you're just used to being told well do this and then they'll leave you to go off and do it yourself and then come back and well what needs doing now and it's sort of that like you say thinking for yourself again [BM L589:599].

CR described the strongest sense of loss. He had served with the military for the longest period of time, having completed the full 25 years that he was able to complete. The sense of loss was apparent throughout his narrative and related to a loss of purpose, a loss of respect, a loss of direction and a loss of recognition. This amount of loss appeared to have impacted greatly on his life since leaving the Army and his feelings towards the military. Whilst serving he had felt proud but soon after his service came to an end his feelings towards the military became characterised by a sense of bitterness and disappointment.

...you just take every day as it comes and you don't seem to have...you don't build a future you feel like now your ambition has gone you don't seem to you've not got that I want to rush out there and start this er career or that career your ambition is taken away it's like the wind out of your

> sails you've got no more to prove...erm...I don't know you don't know where to go for you you're quite happy to just get by day to day like...you've got nowt new to spark that same life back into you [3] [CR L544:550]

> ...last week when I was doing everything for the Army I was quite good but this week because I'm not in there you know I'm still capable of doing what I was doing last week but all of a sudden I'm not to a civvie employer because he ain't going to go and set me on in his big company when he's got somebody more qualified than what I am because he can't relate the Army qualifications to the civvie qualifications...[CR L682:687]

CR also identified the impact that being in the military had had on his relationships with his children due to the amount of time he had spent away from the family home, and a feeling that this is something that was lost and could never be gained.

> ...when you've done tour after tour it does affect your family life because like I said if you've got a young child they build a bond with the mother but there's no way they'd ever get they'll never build the same bond with the father...[CR L517:520]

After-effects/Consequences of Military Experiences A range of effects of the combat experiences participants were exposed to were identified, and many of these were similar across narratives, regardless of whether participants served in Iraq or Afghanistan. The most common experiences included hyper-alertness; impatience or a sense of urgency; a tendency not to take things for granted; an appreciation of life; and a tendency to minimise the difficulties of those around them due to the experiences they have witnessed and been a part of.

Hyper-alertness All of the participants described a sense of feeling more alert since they fought in the conflicts in Iraq and Afghanistan, and the earlier conflicts for those who had served in the armed forces for a longer period. The type of hyper-alertness appeared to take two forms, one in response to loud noises such as bangs and the other when in an unfamiliar situation and trying to orientate to their surroundings, e.g. looking for security cameras, exits etc, or being more aware of what's happening around them and being sensitive to trouble starting, such as, when on a night out with

friends. For some, particularly CR, this response had not eased since leaving the forces a number of years ago, for others, such as BM, this response had disappeared after only a few weeks. The length of time participants had served within combat zones, the number of conflicts they had experienced, the time since they had left the armed forces, and their environment since leaving appeared to influence the severity of this response.

Many of the participants related their alertness to their exposure to mortars being fired into their camp so frequently and their response to such noises as being a learned response which continues in the present. For example:

> I'm always alert now...I think it's because of the rockets [DM L123:124]

WM described a situation when he was in a very relaxed environment at a party when a balloon burst:

> ...not long after I'd been back erm I noticed I was startled really easily.....I was at my sisters birthday party and someone burst a balloon I hit the deck...it was just as if a rocket had gone off behind us like...loud bang hit the deck that was the drill get down sort yourself out then try and figure out what's going on around you...[WM L252:257]

BM described a very similar response to such an event:

> ...also when I first came back hearing bangs I hit the ground...erm it didn't happen a lot but if you were somewhere where there were balloons and a kid burst a balloon or something like that I'd be straight down onto the floor...it was only for sort of the first I don't know three four weeks after I got back but then it just sort of settled back down and it doesn't bother me anymore but at first cos it was sort of still there in my head that a bang is a mortar going off and to get down [BM L454:460]

CR acknowledged that his sense of alertness was likely due to an accumulation of his combat experiences in the range of wars/conflicts that he had served in:

> ...I'm er a lot more alert and on edge now...I think that's er…accumulation from when I've first gone in because like a say anyone who's done Northern Ireland…it's one of the most scariest things…I still maintain that

> out of all…I've been to the Gulf I've been to Afghanistan I've been to Bosnia and I think…I don't know if because Northern Ireland was the very first time you've actually been thrown into that situation but that's the one that sticks with you for example in Northern Ireland if you hear an loud noise like a bomb going off or a shot being fired you automatically dive flat on the deck or went to a shop doorway…you made your sen a small target by going to ground straight away so you've got this awareness of any noise that might be a threat to be over alertness and when you went to Afghanistan it were a new territory so it's a new…you know there's a threat you know that something's going to go wrong…or potentially go wrong so you've always got that alertness where you're going to be constantly looking around you…you're expecting it you know that there's going to be something happen cos that's why you're there [CR L210:225]

At the time of the interview OS was living close to an airfield and was frequently exposed to the sounds of aircrafts landing. He believed that this had caused his sense of alertness to continue and he relates this feeling to having witnessed a helicopter being shot down in Iraq:

> ...I always feel alert as well...like when I hear the planes landing outside or bangs...I think seeing the helicopter falling out of the sky affected me...[OS L378:380]
>
> ...this is what they do [referring to a plane landing outside]...it gets me really on edge...[OS L196:197]

BM described a heightened awareness of his surroundings and an unawareness that he was orientating himself to these but also awareness that if he didn't he would not feel safe:

> ...whenever I go into a place I look for the exit...and I look for security cameras and...whenever we're stood there I'll be stood with a drink and having a laugh but I can always see when troubles starting and I'll always...I can I just sort of look for it because I'm looking for it around me sort of thing...yeah I mean I'm not sure why I look for security cameras but I go in and the first thing I look up and I'll find the exit and I'll find all the security cameras and it's just something I look for as soon as I go in anywhere now...I always find it really weird how I go in I went to a bank and I'll be stood in a queue and I'll be looking round seeing all the cameras and seeing where everyone's sat and I just think why am I doing this...[BM L466:475]
>
> ...but normally I'll just go in and I'll do it and never really realise I'm doing it...it's quite strange the first thing I do when I go into a place is I look for the exit then I look to see cameras and what's around and things like

that...it's like I don't realise I'm doing it but if I didn't do it I think I'd feel a bit more panicky...like if I consciously stopped myself doing it I'd be a bit more on edge and a bit more nervy...[BM L478:484]

DM also described a heightened awareness of his surroundings:

I'm more alert...if I'm in a place and I've not been there before or maybe I have been there before but I don't go there often then I'm more alert to what's going on around me...[DM L139:142]

Impatience/ Sense of Urgency Four of the participants described a sense of urgency that they have developed since serving in the armed forces. Some referred to this as impatience but the description was in essence the same.

...I've got what we call this sense of urgency it's almost people sometimes think we've got all day to do this no need to rush or...another the biggest one I think apart from people driving slow is people not indicating but I'm sure I can't be the only one in the world but again I don't think that's caused by anything I just think my reaction's more than what it was [WM L573:578]

...since I've left it's been strange still sort of adapting to a non-military lifestyle still sort of...like I still get I get annoyed when people are late and things like that like if I'm going to meet my mate at the gym at eight and he turns up at ten past eight I'm like where have you been why are you late...oh well I was just on my way down well why say eight o'clock if you're going to be here at ten past eight...just little things like that because obviously for the last five years it's been you get there on time all the time and you look smart and you just little things like that you just sort of just little things like that I still find do sort of frustrate me a bit [BM L492:500]

Quick-tempered/ **Tolerance** Two of the participants (CR and WM) acknowledge that they had become more quick tempered since serving in the armed forces. In comparison, others felt that their tolerance levels had increased (e.g. OS and DM). WM identified a change to his temperament and he also described becoming involved in a number of fights when he first returned from combat, particularly when he drank alcohol, giving him the sense that although he felt fine, there were underlying difficulties that he had adjusting to life back in the UK and away from the military:

...I snapped quicker and things irritated me more...[WM L114]

...I was absolutely fine but when I drank it all came out and...fighting every weekend going out in town I was lucky I never got caught [WM L110:112]

CR also described a change to his temper and a tendency to swear more than he had done in the past:

...I also know that I get short tempered since coming out of the Army I don't know why but I tend to get too short tempered…a little thing erm…can make me annoyed and can make me short tempered [CR L230:232]

...erm...and like I say my wife reckons I swear too much as well...[CR L465:466]

Minimisation Linked in with tolerance was a sense of minimisation, meaning that things that civilians in the UK considered to be difficulties appeared to be minimised by the participants due to the experiences they had had. All participants described a feeling that things appeared to be more trivial and that their tolerance for this had changed, alongside a view that civilians in the UK had no awareness of or a failure to acknowledge the bigger things occurring in the world.

...and sort of work when...people start getting annoyed about little things that sort of annoys me because that's nothing why are you getting annoyed about that...but I try not to let it bother me because there's no point me getting worked up about it because it's not going to affect anything so...[BM L500:503]

...from being shot at to you know someone saying can you do this and a lot of people saying oh well why do I have to do it...fucking why not it's there you know it's not a major deal...nothing's really a big deal [3] [OS L375:377]

...it felt like people were moaning about trivial things and not seeing the bigger picture...but like I didn't say anything I just laughed inside and just thought you've got no idea sort of thing...it wasn't really irritating me some of it I found funny and just thought you know...I never felt like actually saying anything to anyone [DM L185:189]

...I would like stand there and if everybody was at the pub and everybody's having a good time and I'd stand there and just think these people have got no idea...they just take it for granted...[DM L180:182]

Appreciation of Life Three of the participants identified an appreciation for life since they had served in a combat zone and a tendency not to take things for granted which appears to have had a positive impact on their lives. For example, DM described appreciating the smaller things in life having been cut-off from these for a period of time:

> ...I know like not to take things for granted because the way you live out there you know when I'm sitting here I can just go and get a burger and chips or a can of coke or a cup of coffee but when you're out there you've got none of this no shops no luxuries in life so you appreciate what you've got more...[DM L133:137]

At several times during BM's narrative he made reference to a changed perception of death and an appreciation for life:

> ...it's made me appreciate life a bit more...the fact that you could walk out your house and get run over by a bus...that that you aren't going to live forever and actually seeing it firsthand it's alright think oh yeah I've accepted that I'm not going to live forever but when you sort of see how easy it is for you to be killed then it sort of makes you think why am I...like you want to do stuff you don't want to sit back and you don't want to just plod through life you always want to if you want to go for something you go for it...it sort of you want to live with no regrets...I know it's a sort of like corny sort of saying but it's the way you sort of see it you think well I could quite easily be dead tomorrow you don't know what's round the corner so you always want to be...you don't want to sit there and think when you're sixty I wish I'd tried this or I wish I'd tried that so that's the only thing really [3] [BM L432:453]

Support The type of support received by participants fell into three main categories, to include: support from the armed forces, such as that they received when returning from combat; social support, such as that received by their families and friends; and societal support, for example, the attitude of society towards them. A perceived lack of recognition for the role that they played in the conflicts and the severity of the experiences they faces also presented across narratives, particularly in comparison to armed forces personnel from other countries.

Support from the Armed Forces The experiences of support that participants received from the armed forces appeared to differ dependent upon when participants had served in Iraq and/or Afghanistan and when they left the armed forces. There appeared to be a perception that the support systems in place have improved over the years and are continuing to improve, but for some, the support was not there when they required it. For example, CR described an absence of support from the Army when he retired:

> …you look at everything you look at the big picture you look at the government and all that and they're quite happy to send troops all over the world…erm…and without any regard to the troops…you know when they've sent you in a situation like that to fight for your country as such they're quite happy for you to go that way and they're supportive until you come back and leave the Army and I think when you leave the Army the support ends there…that is it and from whatever you do you know….[CR L289:296].

OS also acknowledged the lack of support when trying to make the transition from employment in the military to civilian employment and made a comparison with the experience of a German veteran:

> I think that ex-forces members aren't really rated in society in the UK I know in Germany and places ex-forces people can get into nearly any job they want because they'll be allowed to do training if they're not qualified to do it they'll be given the training to do it...I mean there was a German fella I spoke to who is now an engineer...he went into the German Army did his two years service came out and they let him do an Apprenticeship and the Government paid for him to do it...here you come out and I was seen as just what can you do...I can drive a lorry [OS L1156:1163]

WM described not receiving enough support when he initially returned from his first tour of combat in Iraq. When WM came home from Iraq he was sent straight on two weeks leave during which he went to see his family. He described finding this to be a difficult transition to make without support:

> ...there'd been no time to calm down everything was still in our heads everything was still going a hundred miles an hour everything needed doing...and it suddenly...we're back and everything's going mad...there's alcohol have it and just drinking [WM L99:102]

By the time WM had completed his second tour during which he was deployed to Afghanistan he reported that this improved by the time he had completed his second tour and returned home. By this time the Ministry of Defence had developed a package of support to assist the transition from the combat zone to returning to an armed forces base or returning to civilian life:

> Iraq was shocking straight off the plane and straight back out and coming back from Afghanistan we erm stopped in Cyprus we had to do a mandatory...it's mandatory for all Infantry returning or combat units it's not just infantry like tankies and what ever do it as well I assume erm stop in Cyprus get a day on the beach...have a controlled drinking environment where you have five cans you can all let loose a bit they put on like a comedian show activities pool room couple of Play Stations and that a gym unlimited phones internet...so you do like a minimum of twenty-four hours erm my flight was lucky we got home early we did twenty four hours and got to leave a lot of the others did forty eight hours down the beach just chilling out lots of activities at the beach they had all like inflatables and wrestle each other off throw each other off little dingies boats and that you could take out to sea and erm banana boats they put a lot of effort into that and that's mandatory for everyone but er from my understanding it wasn't always that good it's getting better every year...what it was described to us its like lads you're going here for twenty four hours you're going to be given some beer if you're going to have a fight have a fight there...make sure it's do whatever you need to make sure it's out of your system by the time you come home...that's what it was like really good...[WM L428:455].

OS also described a negative experience of support when he returned from Iraq, whereby he was placed in a room with approximately 30 other military personnel of varying ranks and asked to speak about any difficulties he might be experiencing. He perceived this to be a very inappropriate approach to providing support yet this was all that was available at the time:

> We had one counselling session with the Pardres where you sat in a group a room with thirty other blokes they did it a Platoon at a time to save time that was it they did it so to save time you're with thirty other blokes...and it was questions so how does everyone feel...er what do you think we could have done better...were you happy with how you were treated...does anyone have anything to say...erm...and literally it was a case of that's it that was all the sort of help you got...and in a room with thirty other blokes you didn't want to say exactly what you thought at the time...this is the problem you weren't in a room with thirty of your mates you're in a room with a Colour Sergeant another Sergeant a Corporal...if you turned around to the Pardres and said yeah you know I want to cry

myself to sleep of something daft like that I don't think anyone in that room could have said that [OS L712:714]

Social Support The majority of participants described a desire not to speak about their experiences within Iraq and Afghanistan for a range of reasons, such as feeling that civilians would not be able to relate to or understand their experiences, to protect their families or wanting to keep those memories in the past and forget about them. For three participants, the secret nature of their work prevented them from being able to discuss aspects of their experiences.

BM described not wanting to speak about his experiences to prevent him remembering his experiences:

...I think I've found that's the best way for me even if someone comes up to you and says if you want to talk about it I'm there it's still everything that you're thinking about is brought to the front of your mind whereas if it's just left but you're you subconsciously know that if you need to speak to someone there's someone there I think I find that's the best easy because if you do need to talk there's someone there and you don't have people coming saying ah do you need to talk I can talk to you it doesn't matter about what then they're still bringing it forward they're still bringing it into the front of your mind but if you just know there's someone there you don't have to think about it. [BM L776:785].

Alternatively, WM was quite open with family; however, he also recalls not having gone into detail and not having felt the need to speak about his experiences because these are past experiences to be forgotten. This is suggestive of not trying to integrate his experiences into his life story. He also refers to not liking to disclose his profession to others:

...to be honest it wasn't that bad I mean my mum works for a psychiatrist so she's got quite a good understanding she was quite good my mam...my dad asked quite a few questions and I just answered them as I wanted to answer them and didn't go too far into anything that I didn't want to...I felt alright talking about it...[WM L427:431].

...I've not really spoken to anybody about it I've never felt the need to...people do ask and I tend not to tell them too much then [2] it's in the past isn't it let it lie kind of thing...I don't tend to mention it unless they ask

what I do for a living I don't tend to mention what I do to them and I don't anymore so it's alright...[WM L616:620].

CR described his reasoning for not wanting to discuss his experiences in Afghanistan in relation to protection of his family:

...erm you don't want to be erm telling your wife and kids or your brother and sister about all of the gore you don't want to live [4] erm...why would you want to come back and say what you've seen you just wouldn't you know so you keep that to yourself basically...erm the only thing your family sees is that you've returned and that you're alright you know...and they give you your welcome arms and everything and everything's alright and everything is alright er...physically if you haven't been injured in any way...but in your own mind you can't...you wouldn't want to describe what's happened to your wife or to your family...you wouldn't would you...it's not...you don't want to tell them...[CR L380:389]

In contrast to others' descriptions of their desire to not speak about their experiences in any detail, DM described having been quite open with family and friends about his experiences; however, he had not experienced any direct combat or witnessed any atrocities whilst in Iraq:

...I spoke to my family and people asked me about what I'd done in Iraq...I had a load of photos that I got out for all my family...they were interested in hearing what I'd done and where I'd been...I felt like people were interested...and I didn't have to hide anything...it was quite nice to be able to talk about it...but I don't know how much people would really understand about what it was really like...[DM L190:195]

In comparison, OS described experiencing a feeling that people would not want to hear about his experiences and when the narrative interview ended he commented that he was grateful that somebody had wanted to hear about his experiences. OS also described his difficulty speaking about his experiences being due to a feeling that people wouldn't understand or be able to relate to his experiences:

I think it was my inability to talk about it no one would want to talk to me about it so support wise I don't think anyone suggested do you want to go and see someone and I don't think I would have wanted to in case just even to just chat...erm and I say it was the inability and most probably the non knowledge that they didn't have that my family didn't have that they

> couldn't really talk to me about it because they couldn't really understand the things I was trying to say to them [OS L870:876]

The nature of three participants' (OS, WM, BM) roles in Iraq and Afghanistan rendered many of their memories confidential under the Official Secrets Act and prevented them from being able to discuss many of their experiences. OS described his frustration of not being able to speak about aspects of his work:

> ...as I say it's hard because the stuff the majority of the stuff the Int cell [Intelligence Cell] work I can't really even talk about and...and er so it's just more being with my mates that I remember but everything I just don't like...it's horrible really not being able to talk about it [OS L679:682].

In relation to work with secret information OS stated:

> ...it's horrible really not being able to talk about it [OS L685:686]

> ...yeah I'm still under the Official Secrets Act I'm not allowed to discuss stuff on bits of paper and er which is a tad annoying erm things that I've read and seen and actually done and watched people do...I'm not allowed to say about which is it is annoying and obviously for this I wouldn't be able...but in official context I could still get charged under the Official Secrets Act which is just really pants [OS L179:183]

Societal Support The support that participants received from society varied in line with when they returned from combat or left the armed forces. For those who served in Iraq and/or Afghanistan in the early years of the conflicts, their experiences of societal support appeared to be more negative than those who had served in more recent years. As the media coverage of the experiences of troops in Iraq and Afghanistan have increased and public support for the troops has increased, the homecoming experiences of armed forces personnel appear to have changed in line with this, ultimately becoming more positive.

CR served in Afghanistan in the very early months of the conflict there and he was the first of the participants to have left the armed forces. CR described his perception of the lack of recognition British armed forces

personnel receive when they become veterans and reintegrate back into society as civilians.

> ...there's just no recognition...you go round and it's like I was in the Army oh was you did you go anywhere and you say yeah Afghanistan Northern Ireland Bosnia the Gulf you know and it's...well oh ah yeah and that's as much as what you get...[CR L711:714]

> ...the Army started sending out these little lapel badges about the size of a one pence piece and it says veteran...erm...and for example no disrespect to anyone but I'd put my veteran badge on with pride and er I drive a taxi and I've had old women or elderly women whatever again like and they've said what are you doing wearing that veteran badge...I says that's missus because I am a veteran and she says you don't know what a war's like...I say oh right what wars have you seen then missus...well I know this and I know that...right well do you know how many wars I've been in I've been to the Gulf War in ninety-one I've also seen service in Northern Ireland...Bosnia Afghanistan you know...and all the response I got back was erm...don't believe you...just a [blows out though mouth]...and I've had it on one or two occasions where they've looked at the lapel badge and said you shouldn't be wearing that you're not a veteran...yeah I am a veteran is somebody that's been to war and yeah I've been to war missus I can show you I've been to war...but why am I going to want to prove it to an old lady or an old bloke you know more old lady than old bloke...why should I want to prove it to an old lady what do you want me to prove to you missus what do you want me to say that I've been...if I put my eight medals on my chest would that have a different response...you know again what they interpret is somebody that's a veteran what do they interpret...straight away when you're a veteran you're somebody who's fought in a war what do they expect somebody to look like that's fought in a war [CR L902:923]

He also describes his view of support received from the Army:

> ...with support with the Army like I said I've never seen any of it whatsoever it's only recently now that they've got these wrist bands and they've done a veterans badge but there's no...but that's now like I say there's lads that I know down there that's done twenty-two years that's been in the Falklands War and they've got no recognition whatsoever for that...you know...erm and it's only just recently trying to sort like help for heroes and all like that and at the end of the day all the want is like that recognition...you know I didn't know what to say to be honest when that woman is turning round to me saying what you doing wearing that veterans badge you haven't done nowt you haven't seen a war you don't know what it's like because she's looking at me and I don't know what she's seeing but she's just doubting my work and it's like you just don't get any recognition do you...[CR L908:919]

WM describes his frustration/irritation regarding the lack of support troops receive from the British public and relates this to his ability to re-integrate into civilian life, although he did acknowledge the positive impact that a homecoming parade had on him:

> ...as well I think an irritation at the time was that there was no support from home the public were against it the public just didn't want to know...it was almost as if as soon as you mentioned you were in the military you were frowned upon over it...that was probably the worst that was probably what drove my temper the most when I were drunk...nobody cared...people were judging and the fact that at the time it was probably some of the worst fighting in Iraq that year...I used to watch the Army go out in the tanks cos you had to the Army to go in the city Basra City and see like thirty forty tanks go there see them all like towing each other back because they've all been smashed up....they've lost lads they were losing lads daily out there at the time...it's like these lads are making sacrifices so we don't have to be doing it in this country for you and you just don't care do you...nobody understood...it was almost as if they were blaming the troops for being there...they couldn't get their heads round it's just a job blame the government not us...but as far as they were concerned it was our fault...I've had that view right up until probably this year when there were that very bad week...until then I don't think anybody really understood what was happening...I think that's only changed very very recently only the beginning of this year I don't think...[WM L276:293]

> ...we had a homecoming parade where we marched through the town in deserts it was all organised and thousands of people turned up for that waving the Union Jacks and that...that shows the support we've got now it's quite helpful as well [WM L413:416].

Recognition The concept of recognition has appeared within the overall theme of support as evidenced so far in this section, however, it was also apparent that the concept of recognition was present in the narratives of those who had travelled to countries such as the USA since they had left the armed forces and their experiences of recognition whilst there were identified as more positive than in the UK. CR and WM both outlined their experiences in the USA:

> I think like I say recognition for what you've done and things like that...I think this country could do if they do exactly what American's are doing...American's like I say erm they keep they must keep the old ID card with veteran splashed across it or something like that and they produce that card at most places and most places give them discount whether it's ten percept two percent whatever they give them discount...if they go to

the theme parks they have a special entrance for them to get in and they've got that recognition...in England...[wife enters room and speaks: it's like you've done twenty-six years in the Army and they stand there and say 'and']...[we don't tend to tell a lot of people do we we just tend to keep ourselves to ourselves]...it's erm...there's just no recognition...you go round and it's like I was in the Army oh was you did you go anywhere and you say yeah Afghanistan Northern Ireland Bosnia the Gulf you know and it's...well oh ah yeah and that's as much as what you get [CR L826:838]

...American view is very different to the UK it's like they ask oh UK what you're doing...I've come on holiday...oh why...I'm here to chill out I've just got back from here and it's like oh they buy you a beer and pat you on the back and thank you...and show you military ID out there and they'll...even free or half price into places...front of the queue for the Empire State Building...[WM L543:548]

Chapter 4: Extended Discussion

This research investigated the coherence of war veterans' narratives following combat in the recent conflicts in Iraq and Afghanistan. Taking a life story approach, which suggests that life review is the reflection of the life story that is created throughout the life span (McAdams, 2001), a narrative methodology was adopted.

Chapter 4.1 Discussion of Narrative Coherence

Overall, participants' narratives were clear and detailed to listen to, however, as previously stated, they did not all contain the factors required to meet the criteria for narrative coherence. A number of points of interest were identified in the results that warrant further discussion.

Orientation Index The descriptive element of each participant's narrative appears to have accounted for the meeting of the criteria within this index by each participant. Of particular significance was the context provided by participants. With the exception of one participant, the inclusion of this information provided the listener with a detailed and descriptive narrative. Information within DM's narrative was coded as factor O2 but it was noted that this narrative lacked the descriptive elements of the other participants; however, this was not to a degree that would render the narrative incoherent.

Structure Index A number of factors were considered to explain why factor S3b was absent from each participant's narrative. In support of the possibility that this is a factor of age or the relatively short period of time since veterans served in these conflicts and left the armed forces, participants CR and OS had served in Iraq and Afghanistan earlier than the remaining three participants and their narratives were the two that contained the greatest number of factors that are considered to constitute narrative coherence within this model. Furthermore, older veterans who have served in previous wars and conflicts are more likely to have developed a story which they have told a number of times over the years. In this respect, these individuals are more likely to acknowledge that they are telling a story than

younger participants who have served within an area of conflict and left the armed forces within recent years.

According to Burnell et al. (2009) factor S3b was added to the model due to the WWII veterans' explicit awareness of temporal coherence within interviews. This may be an indication of the likelihood of this being a characteristic of older populations. Factor S3b, therefore, appears to be a function of age and more relevant to older populations who have repeated experience of telling their story. This population may be considered to have a system in place for telling a story and to have more experience of recalling this story which will mean there is a more evident pattern to their story which would warrant their recognition of a pre-determined order to this during recall.

Further factors which may be relevant here are those of gender and ethnicity. All of the participants in the study were White British males, therefore, neither of these factors could be considered in this research; however, this might present an interesting area for future research. For example, within some cultures it is more accepted for males to open up emotionally. Gender could therefore be entwined within culture and ethnicity in this context.

Finally, the opportunity that individuals have to speak about their experiences is another factor that will likely influence the development of their story. By putting emotional difficulties into words, it is thought that mental health markedly improves (Flax, 1993). The participants in this study had only recently left the armed forces, three of them within the three months before taking part in the study; one had become a veteran in 2008 and the other in 2005. Similarly, their experience of serving within the areas of conflict was also relatively recent. It could be proposed that it is too soon for people to talk about their experiences given a trend for veterans to take some time to begin to discuss their experiences. The average 14 years that it takes for a veteran to approach associations such as the Royal British Legion (Busuttil, 2009) may indicate that over time the desire to speak about their experiences with comrades increases but initially this is not perceived to be a need.

Societal support might also influence a veterans' ability to talk about their experiences. Three of the participants made reference to the lack of recognition from the British public and also the lack of support received when returning home. This appears to have affected the participants' views of themselves and may prevent them from discussing their experiences due to fear of being judged for their role within the conflict. The findings of Green et al. (1990) would suggest that social support is an important predictor of PTSD as found with Vietnam Veterans upon their homecoming and at the time they were tested. Burnell et al. (2006) propose that although veterans may not have traumatic memories, they may be experiencing guilt, lack of meaning and purpose, which are as detrimental to wellbeing as the presence of traumatic memories, and may exacerbate symptoms and prevent reconciliation. The issues surrounding societal support are considered further within the themes identified that may impact on participants' narrative coherence.

Affect Index Combat experiences were described both verbally and non-verbally; however, explicit statements of emotion were rarely used within these descriptions. One factor that might affect participants' ability to recall emotions present during combat events is the military training they receive. On more than one occasion participants referred to their training taking over in the face of combat and an experience in which they did not feel emotion. This could be interpreted as a state of 'auto-pilot' where thinking and feeling give way to the rigid military training troops have received to prepare them for combat. The raised level of hyper-arousal evident in this study sample is in line with the reports of Ormerod & Evans (2008) who found heightened rates of arousal in veterans who had served in Afghanistan.

The detachment from emotion and cognition during these events may influence the way in which these emotions are recalled at a later date. It is questioned whether this would impact on the ability of a veteran to process and make sense of those experiences given that the absence or avoidance of emotion and cognition at the time might render the memory of those experiences as fragmented in nature. Research by van der Kolk et al (1997) supports this finding. They proposed that memories that are encoded in a

fragmented manner may be retrieved and conveyed as such. The detachment from emotion and cognition may result in a fragmented type of memory encoding which would contribute to a less coherent account of the traumatic event. Murray et al. (2002) investigated dissociation during and after traumatic events and proposed that dissociation leads to an inability to process traumatic events, leading to deficits in the individuals' memory for the event. These deficits in trauma memory are also suggested to be responsible for the triggering of re-experiencing and hyper-arousal symptoms characterising PTSD (e.g. Ehlers & Clark, 2000).

It is likely that this need for avoidance as a coping strategy during conflicts continues when veterans makes the transition into civilian life and may then persist for long periods. This too has been indicated to be a strong predictor of PTSD. Murray et al., (2002) reported that persistent dissociation at 4 weeks after a road traffic accident remained a significant predictor of PTSD severity at 6 months when pre-accident tendency to dissociate or initial dissociation was partialled out. This pattern was thought to suggest that although initial dissociation may put people at risk for PTSD, many are unable to compensate by post-event processing, or only those who continue to dissociate may be at high risk of persistent problems. In further support of this, Tichenor, Marmar, Weiss, Metzer & Ronfeldt (1996) have also reported that dissociation during an accident predicted PTSD symptoms over and above pre-accident tendency to dissociate in a prospective outpatient study.

The observations surrounding the detachment/dissociation from emotion during combat are discussed later in further detail as this was one of the themes identified to possibly impact on the coherence of participants' narratives.

Integration Index Completing work with the British Special Forces was a factor that added to the presence of fragmentation within two participant's narratives. The nature of this work is confidential; therefore, soldiers involved in this type of work are bound by the Official Secrets Act (1989). Participants involved in this type of work will be unable to speak about a number of experiences or aspects of their work. Breach of this Act through the

disclosure of information considered ‘secret’ is punishable by law, for example, a fine and imprisonment. When developing their narrative within this study, this factor affected the fluidity in which participant’s narratives were verbalised as their memory recall became disjointed to compensate for avoidance of verbalising prohibited information. This observation might not be apparent in older veterans to the same extent due to the fading of memories overtime. In support of this, one participant made reference to the fading of these types of memories he had experienced as time has progressed and he is not in an environment in which he is able to discuss information considered highly secret.

Various studies have shown that the effect of age is heterogeneous according to the memory system examined (e.g. Craik, Anderson, Kerr & Li, 1995). The episodic memory, which relates to personally experienced events situated in their temporo-spatial context, is particularly sensitive to the effect of age, while the semantic memory, which concerns general knowledge independent of the learning context, is much more resistant (Nyberg and Tulving, 1996). Piolino, Desgranges, Benali & Eustache (2002) have reported that negative effects of age and retention period were more marked for episodic than for semantic memory.

Factor I8 of the coding criteria specified fragmentation as including broken speech and long pauses (Burnell et al., 2009). During coding it was felt that the type of fragmentation observed in the narratives of participants in this study did not fall neatly into either of these categories. To a degree, the veterans presented with broken speech but it was perceived to be more of an interruption in the process of recalling memories and verbalising these as part of their narrative. This factor may require further consideration when applying Burnell et al’s (2009) coding criteria with this population of veterans. The opportunities veterans have to speak about their experiences might also be a factor implicated in the presence of this type of fragmentation in participants’ narratives, as discussed later.

Chapter 4.2 Discussion of Narrative Coherence and PTSD

We attempted to examine whether our participants met the criteria for PTSD and whether differences existed in the coherence of the narratives depending on PTSD levels. Only one of the five participants met the criteria for PTSD, therefore, no conclusions could be drawn. Interestingly, the participant who reported PTSD symptoms produced the narrative containing the greatest number of narrative factors; however his narrative did not meet the criteria for coherence due to the absence of factor S3b. Together with the apparent incoherence of the narratives of those who did not report a PTSD symptom profile this finding lends itself towards the landmark view of trauma and memory (Bernsten et al., 2003). The absence of a sample of veterans who experience PTSD, however, means that it is not possible to generalise these findings.

This finding does not support the fragmentation view of trauma and narrative which supposes that narratives developed without the presence of symptoms of PTSD will be coherent (e.g. Gray & Lombardo, 2001). These findings are more in line with the findings of Bernsten et al. (2003), Bryne et al. (2001), Gray & Lombardo (2001) Porter & Birt (2001) and Rubin et al. (2004) whose findings, when taken collectively, create a body of evidence to dispute the proposals of the fragmentation view and suggests that there is little evidence to support the idea of less coherence and more fragmentation in the narratives of individuals exposed to trauma.

This finding would more readily lend itself towards the landmark view which proposes that individuals with PTSD will recollect their trauma experiences more vividly and with more narrative coherence than individuals who report trauma without showing a PTSD symptom profile (Wigren, 1994). The findings of Bernsten et al. (2003) are particularly relevant here as it is proposed that the development of the traumatic memory into a key event for the person's life story and identity renders the memory highly accessible. One question with this theory, however, is that although participants' memories of traumatic events were clear and accessible, the emotion surrounding these events did not appear to be. This raises the question of

what other factors might be relevant when considering the memories of veterans.

Chapter 4.3 Discussion of Common Experiences Across Narratives

Military personnel face differing combat experiences across the different war zones. Within this research, a range of themes were identified within the thematic analysis which provided insight into the experiences of military personnel prior to deployment to Iraq and/or Afghanistan, their experiences in a combat zone, the coping strategies they develop to cope with adverse experiences and a hostile environment and how they make the transition from the military to civilian life. Each participant's narrative was very different in terms of content, however, the themes apparent outlined a large number of commonalities in their experiences.

Disengagement during Combat It appears that the range of strategies that participants utilised during their tours in Iraq and Afghanistan have played a role in their ability to recall their emotional experiences during combat when developing their narratives and it may be that their lack of acknowledgement or processing of emotions at the time influenced this to some extent. One of the interesting findings apparent within participants' narratives was the idea of going into a state of 'auto-pilot' when faced with conflict and it is questioned whether this would impact on the ability of a veteran to process and make sense of those experiences. Both BM and VM make reference to a state of detachment or disengagement from emotions and the events that they are involved in and make reference to allowing their training to take over and dictate their actions and experiences. This detachment from emotions and thought during this period of time may influence the way in which these memories are recalled at a later date. It could be supposed that they would be recalled with less detail than if a person who is not military trained were to experience the same situation. A person without that military training would be likely to recall more emotional elements within their narratives.

During the narrative interviews most of the participants became animated during their discussions of combat events. They were often very descriptive

and spoke about adrenaline and physiology, but few explicitly described experiencing emotions during these events. It appeared as though this aspect of their experience was not accessible as at the time of the event they had not acknowledged the presence of their personal emotional reactions to the events that faced them. The findings of van der Kolk et al. (1997) described earlier with this the Affect Index findings are also relevant here. This finding also goes some way to support the literature relating to the landmark view of trauma memories as the participants without a PTSD symptom profile failed to recollect traumatic events in terms of more intense reliving on sensory modalities and emotion (Bernsten et al., 2003), however, as previously highlighted there was not a large enough PTSD sample to look at the other side of this finding and compare participants who present with a PTSD profile against those who do not.

Societal Support The public's perception of the recent conflicts could be perceived to have been quite different to many of the previous wars and conflicts that Great Britain has fought in. This war by nature is not on the doorstep of British society; therefore, perceptions are largely influenced by the media.

Social support for combat is thought to play an important role in aiding soldiers/veterans reconciliation of their combat experiences. Similarities can be drawn with the findings of the current research study and research relating to veterans of the Korean War. Veterans from the Korean War reported a stressful homecoming as society was not directly involved in the conflict which is a characteristic of the recent Iraq and Afghanistan conflicts (McCranie & Hyder, 2000). In the case of Korean War veterans, society was perceived to be unsupportive of the military's role within this war and also the losses incurred by the veterans.

The dominant theme within participants narratives in the current study was that the British public were not supportive, although, there was an evident pattern in which the veterans who had most recently served in Iraq and/or Afghanistan and had most recently left the armed forces felt that there was more support from society now than during earlier periods of the

conflicts. This has been evident within the British media that public support has grown. As increasing numbers of homecoming parades are covered within the media. It would appear that as knowledge and awareness of the role and losses of British armed forces within the recent conflicts has increased, so too has public support. This finding raises questions about the role that the government and the British media play in increasing the knowledge and awareness of the British public in relation to conflicts that the British military are involved. The public narrative in this case appears to be of great importance to veterans.

Opportunity to Speak Each of the participants stated either within their narratives or at some point during the research appointment that they had not spoken in any detail about their experiences in Iraq and/or Afghanistan. A number of explanations for this were provided by participants ranging from a desire not to have to think about their experiences and bring them to the fore, to wanting to protect family or those people close to them. A further theme was the idea that family and friends would not be able to relate to or understand veterans combat experiences. Ormerod & Evans (2008) highlighted that when servicemen and women return home they are no longer surrounded by the people who have shared their experiences and they may feel isolated as a consequence. For many, they may not feel able to talk to their friends and family about their experiences fearing that they won't understand or that they will not know how to respond. This was very much apparent within the narratives of this sample of veterans.

This finding might provide some insight into the apparent absence of coherence in participants' narratives. Burnell et al. (2009) proposed that if a veteran does not have an audience then it may become more difficult, although not impossible for them to process memories in the absence of a supportive environment. For the veterans in the present study who perceive the societal narrative to be negative and who do not talk about their experiences with those around them, the development of a coherent narrative of their experiences may have been or will be more challenging.

Hunt & Robins (2001) reported that WWII and Korean veterans process their memories at veterans' associations with comrades of the same war or with others who had served within the same conflicts as themselves whereas the family serves as a function of avoidance in which the triggers and memories of traumatic war experiences can be avoided. Alternatively, Burnell et al. (2006) conducted research with British Falklands (Malvinas) War veterans who reported that these veterans spoke more with their family members than comrades and a possible explanation given for this was that these veterans were still serving at the time of the study and may have felt unable to talk to comrades. This finding may account for the reluctance of veterans from the Iraq and Afghanistan conflicts from discussing their experiences, as many of the people that they served within the combat zone continue to serve in these areas. The study population in this research was also relatively young with three of the participants being aged in their twenties, one in their thirties and one in their forties. None of the participants were members of a veterans association or could envisage becoming a part of such an association in the near future; therefore, it is not thought that opportunities to discuss their experiences with comrades would arise in the near future. In line with the recent comments by Busuttil (2009) it is unlikely that these veterans will seek this type of contact in the near future if the average length of time for veterans to contact veterans associations is 14 years.

This finding might also tie in the finding relating to factor S3b in this research study. The reduced opportunities for Iraq and Afghanistan veterans to discuss their experiences at present will influence their development of a pattern to the story that they tell about their experiences. By not talking about their experiences it is likely that this process has not yet begun as is apparent in older veterans who have had more opportunity to discuss their experiences and develop their narrative. However, the subject of social support in relation to narrative coherence requires further investigation (Burnell et al., 2009).

Due to the limited prevalence of PTSD within the sample in this study it was not possible to consider whether specific types of support influenced the

development of or buffering against PTSD or other mental health difficulties. However, when considering the literature, in line with the findings of Ljubotina et al. (2007) the veterans in this study appeared to be sensitive to the reactions of others in response to the role that they played in the conflicts. Across the sample there was acknowledgement of sensitivity to the reactions for family, from the public, the media and the government. In particular, the response from society appeared to be the most influential in determining how veterans felt about their homecoming period. The comparisons made between the UK and the USA emphasised this in two of the veterans' narratives. Although, as outlined in the results there did appear to be a general improvement in society's views towards veterans as the conflicts had progressed. For those such as CR who had fought in the conflicts during the early years, there was apparent hostility from some members of the public towards him. Furthermore, CR was the oldest veterans and he was the only veteran to make reference to any kind of commemoration and to highlight the importance of this. This is in line with the findings of Barron et al. (2008) who identify the importance of this for older veterans as such services help to create a sense of integration and belonging which is gained from the acknowledgement from wider society and from comradeship. It appeared apparent that this was a specific area of focus for CR during his narrative. Given the limited research completed with this population of veterans it would be interesting to explore the area of social and societal support further with this cohort of veterans.

Chapter 4.4 Application of the Model

The model of narrative coherence coding developed by Burnell et al. (2009) has proven to be applicable to the narratives of veterans who have served within Iraq and/or Afghanistan to a degree. The two level analyses (coherence and content) enabled a detailed exploration of veterans' narratives to be completed, to answer each of the research questions in the current study. The model also provided a structured method to utilise for a researcher with limited qualitative research experience, to develop this experience within a framework of guidance.

Specifically, the initial application of the model to the content of the narratives allowed the researcher to gain an insight into the common experiences that were apparent across each of the narratives, such as, experiences of combat, the sense of threat and the after-effects of service within a combat zone. The second level of analysis then allowed more in-depth analysis of the factors that constitute coherence. By this point in the analysis the researcher was familiar with the content of each narrative due to the thematic-type analysis and this enabled the analysis to be developed further. The specific coding frame was detailed enough to enable application to narrative data within this study, however, without having attended a training session with the author it might have been more difficult due to the limited description of the process of analysis within the research papers detailing the development and application of the model (e.g. Burnell et al., 2009; Burnell et al., 2010).

Two main observations have been highlighted which may require further consideration when applying this model to this population of veterans, particularly when factors such as the young age of many of these veterans is taken into account. Specifically, the absence of factor S3b from every participant's narrative was a striking finding in that it rendered each narrative incoherent, even in the presence of all of the other factors. Considering the previous discussion in relation to this factor it is questioned whether the absence of this factor is enough to warrant a label of narrative incoherence. The support for such a question comes from the perceived limited opportunity or desire of these veterans to discuss their experiences at present. This prevents a pattern of story recall from being developed and consequently acknowledgement of a temporal awareness is not apparent.

A further factor that might also be accounted for by age and also years since participants have served in the conflict zones is that incorporated in factor I8. The type of fragmentation present within two of the veterans' narratives did not present as fragmentation in the sense that the model is interested; however, it was thought that this type of fragmentation might be a feature of this population's narratives.

Chapter 4.5 Limitations

As recruitment progressed it became apparent that there were several possible explanations for the challenges faced during his aspect of the study. A number of methods were utilised within this study to advertise the research to facilitate recruitment. Newspapers advertisement was completed at a local and countywide level; radio interviews were completed by the research supervisor with two local BBC radio stations; posters were disseminated along with the RBLs monthly newsletter to all members of the RBL branches across Nottinghamshire and Derbyshire; posters were placed in three Combat Stress treatment centres across the UK; an advertisement was placed on the Army Rumour Service (ARRSE) and liaison with mental health practitioners within Lincolnshire, Nottinghamshire and Derbyshire was also completed. Following all of these attempts to access this population, the only responses received were from newspaper advertisements and then details of the research being passed on to potential participants through these initially recruited participants.

Hacker Hughes (2009) reported that veterans are a difficult population to access unless they are accessed through veterans associations such as the Royal British Legion. With the estimated time frame for veterans to approach these types of associations, it is difficult to access newer veterans as there are limited direct methods in which to do this, particularly if they have not approached NHS mental health services or other services such as Combat Stress. This may account for the limited research with this population.

A further consideration for the limited response to advertisement may have been due to the researchers being psychologists' and a possible stigma attached to this. Within participants' narratives it was apparent that approaching the Padres was seen as an "easy ticket home", therefore, military personnel were reluctant to seek help because of concern about how they would be perceived by their colleagues. If the research were to be repackaged and developed as a historian seeking to interview participants followed by a psychologist analysing the transcripts this may lead to more

responses as the emphasis is transferred away from a psychological approach.

The narrative approach to research has gained criticism within the literature due to the influence of the researcher's questions on the development of a narrative (Riessman, 1993). The nature of narrative interviews varies dependent upon the researcher and the aim of the study. The interview questions can be very open or more tailored to ensure that certain aspects of an individual's experiences are recalled and described. Criticism may be received for guiding the participant within their narrative development; however, in order to obtain these narratives from individuals this was necessary within the current research. The guidance notes for the narrative conversation within this study ensured that certain aspects of each participant's experiences were recalled, however, the tailoring of questions to meet the aims of the research did not necessarily mean that this would affect an individual's recall. Certain elements of each person's life would be recalled in their responses to specific questions, however, the level of detail given by each participant would vary and this level of detail and evaluation of the experiences would be the factor that would influence a coding of a narrative as either coherent or incoherent.

It has been suggested that a model of analysis should not be applied to narrative analysis (Lyons & Coyle, 2007). The application of a model produces the assumption that there is a correct way to tell a story which may fail to accommodate cultural variations of the process in which this is completed. Within the literature, it is identified that the narrative analytic process should not be reduced to step-by-step guidelines in the same way that some quantitative type approaches use (Lyons & Coyle, 2007). Lyons & Coyle (2007) identify the essence of narrative approaches to be "the ability to understand and appreciate the personal and cultural meanings conveyed within oral or written texts and to explicate the socio-cultural resources utilised in this process" (p. 142). By prescribing a model to data, the cultural variations present across a population of differing populations may be lost and the factors associated with story-telling in different cultures not recognised if they do not fit into a prescribed way of telling a story. Such

models may not permit stylistic variation in story- telling and they also suppose a linearity of time which may not resonate with all cultures, therefore, caution should be applied when applying such models to individuals from differing cultures. However, with the current sample being British white male veterans the application of this model was considered appropriate. The issue of culture would require further consideration if culture became a factor within a group of participants for which the model may be applied.

Limitations are also acknowledged in the use of the PDS as a measure of PTSD. As previously discussed in the methodology there are limitations to using self-report measures of PTSD. The use of the PDS in itself may have influenced the findings of this study. Concern has been raised in relation to the specificity of PTSD symptoms assessed by questionnaires in general, specifically by Engelhard et al. (2007) who found that people screened for PTSD using a measure of PTSD might have been experiencing another anxiety disorder rather than PTSD. Engelhard et al's study considered the use of the PTSD Symptom Scale, however, the conclusions relate to the use of self-report measures more generally.

A final methodological issue related to the administration of the PDS. When completing the PDS many participants discussed their experiences of combat in reference to their responses to some of the items on this measure. This may have influenced the detail of the narrative later verbalised during the narrative interview. This was particularly apparent with CR who was the first participant to be interviewed. During the administration of the PDS he spoke a great deal about his experiences prior to his narrative interview beginning. Based on this finding it could be supposed that CR's narrative would have been less coherent as it may have lacked details that had previously been spoken about, however, CR's narrative was the most coherent narrative, having only excluded one of the narrative factors.

Chapter 4.6 Clinical Implications, Recommendations and Future Research

Following the completion of this research and when considering the current developments in services for veterans there are a range of implications for veterans, the Ministry of Defence, clinicians who may work with veterans and for researchers who wish to recruit veterans for their research. This research has highlighted some of the lasting effects of involvement in combat with the British armed forces and a range of themes relating to veterans' attitude towards the military upon their departure and their experiences of support or an absence of this at this time and in the years following their departure.

For Veterans The growing body of research being completed with the most recent group of veterans is giving them a voice soon after their combat experiences are over, when this appears to be crucial, rather than years after their experiences as is the case with veterans such as those who fought during WWII. The current developments in services for veterans as previously described will have a positive impact on the support that they receive when making the transition to civilian life and if difficulties develop years later.

Specifically for the veterans within this research, each of them identified their appreciation for somebody taking the time to listen to their experiences and allowing them to share their memories. It is hoped that having a positive experience of sharing their experiences will encourage them to continue to do so with those around them and assist them do develop a narrative of their experiences to facilitate their coping in making the transition from the military to civilian life. The following sections will outline further implications for veterans alongside the Ministry of Defence, clinicians and researchers.

For the Ministry of Defence As previously identified, when military personnel leave the armed forces they are no longer the responsibility of the Ministry of Defence and become the responsibility of the NHS for their health and mental health care. What has been apparent over recent years is that the nature of veterans presenting difficulties, particularly their mental health

difficulties renders many services unsuitable to meet their needs due to the wide ranging inability to understand the unique difficulties that veterans present with given their experiences which are often far removed from what a civilian mental health practitioner will have experienced in their lives. The participants within this research ranged from having left the armed forces only two weeks to four years prior to participation. It was clear that the support that armed forces personnel received when returning from combat had developed within this time and in more recent years there is a process in place whereby they stop over in Cyprus for a few days prior to returning to the UK. This appears to be a useful development for those participants who had experienced this, however, it is questioned whether the Ministry of Defence could do more to support veterans.

A common perception across narratives was that when leaving the armed forces any contact with the Ministry of Defence comes to an end. There is no follow-up or effort to maintain contact or correspondence with veterans. For the two participants who had left the Army a number of years ago, their experience of the follow-up support was very negative. Having served for their country within hostile environments, there was an acknowledgement that there is no recognition of this and that they are left to pick up the pieces, so to speak. Veterans communicated a desire to receive more recognition for their roles in conflicts and also to receive the assistance they required in order to complete the transition from the military to civilian life. This is a difficult process for some (Ormerod & Evans, 2008) and could possibly be facilitated more by the Ministry of Defence. It was apparent that the participants in this research were aware of the differences between the recognition that British veterans receive in comparison to other countries, such as the United States of America and Germany. For several participants the type of work that they could complete upon leaving the armed forces was not desirable and their ability to find employment was initially difficult, partly due to the stigma or associations attached to the term ‘soldier’. Work with other organisations to help veterans to find suitable employment, gain the qualifications they need to do so or emphasise the transferability of their military skills to the civilian workforce could help to ease this transition.

With the average time taken for veterans to approach services being 14 years (Busuttil, 2009) at which point many of their difficulties are chronic or severe in nature, it questioned why the Ministry of Defence has not addressed this earlier. Veterans are reported to be a difficult population to access as there is no follow-up after they have left the armed forces (Hacker-Hughes, 2009), therefore, should the Ministry of Defence be working differently when veterans first leave the forces? Could they develop ways to maintain contact with veterans and provide details for support services during the years following their departure from the forces? The immediate time after veterans leave the forces appears to be crucial in terms of coping and adapting to civilian life, but is a time when veterans, in the past, have ultimately been left to their own devices to cope with the lasting effects of combat exposure and other military service related difficulties.

Notwithstanding some of the criticisms of the armed forces when considering the experiences of participants in this research, a number of positive steps have recently been put into motion. The Government has recently announced new funding to help to improve the mental health services for armed forces veterans in England (DOH, 2010) and the Ministry of Defence is currently working alongside the NHS and Combat Stress to develop mental health services for veterans. It is hoped that the development of these services will reduce the time that it takes for veterans to approach services and provide intervention at an earlier stage to reduce the likelihood of mental health difficulties developing to be chronic or sever in nature. A key message that arose within this research was need for the Ministry of Defence not to let veterans 'go off the radar' and that there should be a more comprehensive process for maintaining follow-up contact with veterans. Hacker Hughes (2009) alluded to the development of such a process, however, at the time of writing this was not standard practice across the armed forces at present.

For Clinicians In the past the NHS has been criticised for its slow development following the rapid expansion in knowledge and understanding in relation to PTSD (e.g. Ormerod & Evans, 2008). One of the main barriers to veterans seeking support from services such as mental health services or

simply talking to their families and friends is the belief that civilians will not be able to understand their experiences. It could be argued that veterans are a population with unique needs, supported by the common themes that were identified within the thematic analysis within this research. Just as veterans perceive that individuals cannot understand their experiences, mental health services are recognising the need to train staff to develop their understanding of some of the unique difficulties veterans may experience.

The themes identified within this research indicate that the range of after-effects often occurring simultaneously may be unique to veterans who have been involved in combat when compared to civilian traumas. The development of recent government and Department of Health policies and guidance for working with veterans are encouraging and emphasise that the needs of veterans returning from the recent conflicts in Iraq and Afghanistan and past conflicts are being recognised. For example, the requirement within the New Horizons document (DOH 2009b) for practitioners to understand the experience of people from all sections of society, including veterans, suggests that the changes required to meet their needs are developing.

Every war has differed in terms of the types of combat; the number of casualties, public support for the war and also the types of support available for military personnel returning from the combat zone. Although treatment options available today are wide ranging and of increased availability compared to those available to veterans who served in previous wars and conflicts, the stigma still appears to remain in relation to seeking help for emotional difficulties. If a majority of veterans are unwilling or feel unable to seek help from mental health care providers for psychological difficulties then alternative approaches to providing mental health care to this population requires consideration. With the average time for veterans to access military related associations such as the Royal British Legion being 14 years, the need for this attention is strengthened.

The main treatment type of mental health difficulties is CBT (NICE, 2007), however, there is a growing body of evidence to suggest that narrative intervention are also effective in the treatment of trauma (e.g. Neuner et al.,

2004; Onyut et al., 2005). If specific narrative elements are found to be associated with coping (Tuval-Mashiach et al., 2004) this information could be utilised to develop a type of brief self-help intervention aimed at providing guidance on the development of a coherent narrative. This informal type of intervention would be considered a preventative measure rather than a cure for veterans' mental health difficulties. The number of veterans entering British society is set to rise over the coming years as the conflict in Iraq has come to an end and the conflict in Afghanistan draws to a close. If these veterans' are provided with guidance to put their emotional upheavals into words it is hoped that their mental health will improve (Flax, 1993).

Self-help interventions are a possible way of providing support to this population without the concern of stigma. Self-help is referred to within the literature in many ways, including 'self-instruction', 'self-management', 'self care' or 'psycho-educational interventions' (Lewis, Anderson, Araya, Elgie & Harrison et al., 2003). These interventions should guide users in relevant skills to overcome and better self-manage symptoms and related difficulties. Lewis et al. (2003) propose that self-help may enable people to receive help that they would otherwise reject. Such approaches enable the individual to take responsibility for self-management and to do this in their own time and at their own pace. The approach can empower the individual and enhance their sense of control over their difficulties. Its use may also be conceptualised as a resource in changing the balance of power between mental health service users and mental health professionals. As reported by Tuval-Mashiach et al. (2004) the narrative itself is a method of coping and could be utilised as an intervention tool. If narrative self-help interventions were developed and disseminated to military personnel when they leave the armed forces this might bridge the gap between mental health care and the British veteran population.

For Researchers The main implications of this research for other researchers is in considering the recruitment of veterans from the most recent conflicts in Iraq and Afghanistan due to the difficulties faced within this piece of research. Consideration should therefore be given to overcome such difficulties. As previously acknowledged in the research limitations, the

recruitment of veterans, particularly those leaving the armed forces in recent years requires a comprehensive recruitment procedure that involves the Ministry of Defence, for example, by using follow-up information if this were to be obtained. The lack of contact with veterans when they leave the armed forces could go some way to explain the small amount of research that has been completed with this specific group of veterans to date. Much research is being completed by the King's College, London, with current armed forces personnel, but the amount with recent veterans is much less common.

Burnell et al's (2009) model of narrative coherence coding proved to be a useful framework to apply to the narratives of this population of veterans, however, it is suggested that the model is applied to a larger sample of veterans who have served in the conflicts in Iraq and/or Afghanistan to further explore the findings identified in this research. In particular that regarding the recognition of temporal coherence in a younger sample of veterans who have not had the opportunity to develop their narrative as older veterans have.

Furthermore, it was not possible to explore the presence of PTSD symptoms and the impact of this on narrative development due to the limited experience of this within the current sample and the recruitment difficulties experienced, therefore, it would be useful to extend this research to consider the application of Burnell et al's (2009) model to the narratives of veterans how score in the high range on a measure of trauma, the mid-range, the low range and when no symptoms are present. This was an initial aim of this research project; however, a range of difficulties that will be discussed within Chapter 4.8 prevented this.

Chapter 4.7 Conclusions

It is hoped that the findings of this study will contribute to the existing research relating to the Burnell et al (2009) model of narrative coherence coding and will add to the understanding of the experiences of veterans of the recent conflicts in Iraq and Afghanistan. Although conclusions cannot be drawn regarding narrative coherence and PTSD, several observations were made when applying Burnell et al's model to the data in this study.

This model has not been validated within a range of settings, therefore, this study adds to the understanding of this model can be applied to different populations. The model provided a useful framework for considering the experiences of this sample of veterans. Several interesting observations were noted and discussed in more detail, for example, the absence of emotional evaluation during descriptions of combat events. A range of themes were also identified which appeared to impact on veterans narrative development.

In contrast to Burnell et al's (2009) findings the inclusion of factor S3b from this model did not appear to be applicable to the sample in this study and it is questioned whether the emission of this factor should render a narrative incoherent. It is proposed that this model is applied further with this population to explore its applicability and validity and to explore the possible need for further adaptation dependent on the age of the veteran or the period of time since they served in combat or left the armed forces, i.e. how much time the individual has had to rehearse their story. Given the difficulties accessing veterans in this study a sophisticated approach to recruitment will be required in order to achieve this.

The narrative focus of this research does not suppose that narrative development is the only factor relevant in an individual's response to exposure to traumatic events, it only suggests that narrative is one of the many things that may influence an individual's ability to cope in the aftermath of trauma. Factors identified within this study such as societal support and veterans opportunities to speak about their experiences appear to hold an equally important place in this process and can in turn affect the development of a narrative. In line with a conclusion formed by Burnell et al's (2006) it is suggested that coherence is more than a lack of fragmentation and indicates that additional factors are involved in the process of coping other than an individual's ability to integrate a narrative of their experiences into their life story.

The military do not actively maintain contact with veterans, therefore, there is a very limited understanding of the mental health needs of the British

veteran population at present, yet with the recent conflicts in Iraq and Afghanistan and the exposure of military personnel to traumatic experiences, is likely to be an area of increasing need in the years to come. Further research into the area of narrative and coping in veterans returning from the recent conflicts in Iraq and Afghanistan will add to the literature and understanding of the mental health of veterans in the UK. Given the evident stigma attached to seeking help within this population, other approaches to providing services to this population require consideration. It is only through continued research that we can ensure that appropriate and effective psychological interventions are provided to those who need them and at the time that they need them the most.

The findings suggest that narrative coherence is not a hallmark of coping. Four of the participants in this study did not meet the criteria for PTSD and did not develop coherent narratives of their experiences, therefore it cannot be inferred that this narrative fragmentation is a causal role in developing and/or maintaining PTSD symptoms (Gray & Lombardo, 2001). However, it can be proposed that recalled trauma memories form poorly structured narratives if this is considered as lacking coherence (Wigren, 1994). The themes highlighted in this study would suggest that other factors such as social support and societal narratives play an important role in the development of narratives and overall coping when making the transition from the military to civilian life.

Throughout the research process recruitment difficulties led to a re-focus of the original aims of the research (see Chapter 4.8 for further detail). Despite the change in direction of the research the findings of this research provide insight into the experiences of a relatively under-researched population which have a range of implications that are pertinent within the current NHS care climate. The interest in the experiences of veterans has increased since the recent conflicts in Iraq and Afghanistan began, since troops have returned from Iraq as the conflict there ended, and as the conflict in Afghanistan draws to a close. The mental health needs of veterans is currently and will continue to be an area of increased focus, therefore, it is hoped that research continues to be completed with this group of veterans to

further understand their experiences of combat and their needs when they make the transition from the military to civilian life. Only if this occurs with this population of veterans receive the support and recognition they deserve after fulfilling their duties in hostile and adverse environments.

Chapter 4.8 Critical Reflection

This section outlines the researchers' reflections on a range of factors that arose during the research process, from the choice of this topic of research to how the research evolved in light of recruitment difficulties that have been identified previously within the research report.

Choice of Topic My interest in this area stemmed from work with two forensic inpatient clients who had both served in the British armed forces and since becoming veterans had developed PTSD and had committed serious offences, resulting in their detainment in a secure hospital. Through discussions with both individuals it was apparent that they felt that they had been failed by the armed forces and the mental health profession in that they had not received the support they felt they needed to cope with reintegrating to civilian life and when they began to experience mental health difficulties. These two individuals might represent extreme cases; however, it is acknowledged in the literature that there are a large proportion of veterans in British Prisons (Hacker Hughes, 2009) who have committed offences since leaving the armed forces. Subsequently, I became interested in the experiences of individuals after they have left the armed forces, the support systems available and the process of reintegration into society. The mental health of veterans is largely under-researched, identifying a huge gap in the literature and understanding in this area. Whilst discussing possible projects with a my Clinical Research Supervisor who has completed much research in the area of veterans' mental health and considering factors that might be pertinent to the number of soldiers that have been and will be returning from combat in Iraq and Afghanistan, the issue of narrative coherence and the role this plays in reintegration into society was highlighted (see Appendix 5, Research Diary Entry 05.12.07).

Narrative Research Narrative research is embedded in a realist epistemological stance enabling experiences to be understood from the individuals' perspective, how we make sense of our lives and how we construct reality (Camic, Rhodes & Yardley, 2003). Narrative inquiry is described as a methodology based upon collecting, analysing and re-presenting peoples stories as told by them (Etherington, 2004). Such approaches are based upon epistemologies that view reality as socially constructed, and on the ideas that knowledge is situated within contexts and embedded within historical, cultural stories, beliefs and practices (Crossley, 2000). The narratives in this study served as a suitable way for individuals to portray how they experience their position in relation to their culture. When considering the focus of the research questions I wanted to gain a life story perspective and focus on life before Iraq and Afghanistan, life in the combat zone and life since returning from combat and leaving the armed forces. With the aim of preserving the realist aspect of a narrative approach guidance notes for the narrative interview were developed rather than a prescribed list of questions that could not be deviated from. During analysis of the interview transcripts it became apparent that veterans narratives were being influenced by the complex interaction between the world in which the individual lives and their understanding of that world.

Ethical Considerations A number of ethical considerations were made prior to this research being completed. These were particularly in relation to the potential disclosure of information considered prohibited under the Official Secrets Act and the protection of participants within such instances. Further factors of concern were identified in relation to the vulnerability of this population and the possibility of resurfacing of emotions difficulties during the narrative interview alongside the support for the main researcher due to the possible content of interviews. These issues were considered in detail prior to the research beginning and protocols put in place should issues have become apparent. The ways in which participants avoided the disclosure of prohibited information actually became quite an important finding within the research findings.

How the Research Evolved During the research process, a number of changes in the direction of the research occurred mainly in response to the recruitment difficulties that were experienced and not initially anticipated. As discussed in Chapter 2 (Extended Methodology) a number of methods for advertising the research were utilised for the purposes of recruitment. Despite this very few responses were received in response to this advertisement. A number of older veterans who had served in different wars (e.g. WWII) contacted me to express an interest in participating in the research but very few veterans who had served within the most recent conflicts in Iraq and Afghanistan. It had been anticipated that advertising the research within Combat Stress Treatment Centres would have resulted in the recruitment of a number of participants; however, this advertisement resulted in no participants being recruited.

The difficulties experienced made me begin to question why this was such a difficult population to access, whether this was due to my approach to recruitment or something else. After discussions with a PhD student completing research with this population (see Appendix 5, Research Diary entry 08.08.09) and after attending a conference developed by Combat Stress my awareness of some of these difficulties increased. Rather than continuing to question what I else I could have done to increase recruitment I began to consider how this population could be accessed to increase the body of research with this population. At the conference it was acknowledged that when military personnel leave the armed forces the go "off the radar" for a number of years. I also found myself beginning to question why the military does not do more to keep in touch with their previous employees. This apparent lack of attempted contact from the armed forces appeared to support participants' view that they are "dropped" at the point they decide to leave and how this might add to participants' experiences of feeling alone and no longer part of a group or "family" as it was described by some participants.

The initial aim had been to recruit six participants, two who did not meet the criteria for PTSD on the PDS, two who scored in the 'moderate' range and two who scored in the 'severe' range. This would have enabled

comparisons of narrative coherence to be made in relation to the literature regarding the 'fragmentation' and 'landmark' views of trauma narratives with the presence of PTSD symptomatology. Over a seven month period five participants were recruited to participate in the research, however, only one participant met the criteria for PTSD on the PDS, therefore, the initial aims of the research required rethinking and adaptation to the incorporate the characteristics of the participants who had been recruited. Consequently, the aims of the research were adapted to consider the application of Burnell et al's (2009) model of narrative coherence analysis with this group of veterans and to consider any factors that influenced the development of narratives within this veteran population. The outcomes of the research therefore focussed on the application of the model given that this is a recently developed model that has not been utilised enough to have developed a reliability or validity. It was hoped that this piece of research would add to the existing body of evidence and assist in the development of the model when applied to the narratives of veterans.

Observations One of the observations I found to be most interesting was during the narrative interviews with participants. During interviews I found that I had to be continually mindful of my role as a researcher rather than as a Trainee Clinical Psychologist (see Appendix 5, Research/Reflexive Diary Entry 29.05.09). This was my first experience of completing qualitative research, therefore, I had no prior experience of the nature of interviews other than within the literature I had read and from discussions with others who had completed narrative research. I tried to remain mindful of not asking too ask questions of the sort that I would ask in an assessment appointment with a client in a mental health setting. Riessman (1993) makes reference to the process of narrative interviews with experience and notes that initially the need to ask questions and dictate the interview is a natural occurrence, however, with experience; the researcher becomes more comfortable with following the participant in their narrative, wherever that may naturally go. The onus is on not having a pre-determined idea about what I needed from the research but allowing participants to develop their own focus. I found this more natural to achieve as the interviews with participants progressed and

acknowledge that when completing a future piece of narrative research my approach to interviews might be quite different.

Implications There are two identified ways in which this research adds to the body of scientific discourse in the fields of narrative coherence following exposure to trauma and in the mental health needs of the British veteran population. In relation to the development of narratives following exposure to traumatic experiences within an area of conflict such as Iraq or Afghanistan the data lends itself towards a landmark view of trauma and memory in which memories for traumatic events in the absence of PTSD are not as vivid as in the presence of PTSD symptoms. The limitations of this study, specifically in relation to the sample size and characteristics of the sample mean that this evidence is not conclusive; however, it does provide a basis for further research to explore this area further with this population.

The Mental Health Needs of Veterans As has been identified within this research no data exists on the prevalence of mental health problems in the UK veteran population as a whole. Any data relevant to this area therefore goes some way to begin to develop this under-researched area. Given the difference between a structured military environment and the civilian world, the experience of veterans in this transition in this process is therefore an area of specific interest. The mental health needs of military personnel who have served in the recent conflicts in Iraq and Afghanistan is a topic that has recently received a lot of media attention. The Ministry of Defence and the NHS are currently working together to try and increase access to psychological therapies for the British veteran population through the prioritised treatment for this population, however, the reluctance of veterans to approach services suggests that this is an area which requires further consideration. This research has begun to consider other approaches which could be utilised with this population to address this area of need and in relation to prevention rather than management or cure.

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Declaration of interest:

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Appendix 1

Journal Guidelines for Authors

Journal Title: Narrative Inquiry

Accessed from:
http://www.clarku.edu/faculty/mbamberg/narrativeINQ/HTMLPages/Submission1.htm

Please send all submission inquiries to narrinquiry@clarku.edu

Please send manuscripts to:

Michael Bamberg
Clark University
Department of Psychology
Worcester, MA 01610 – USA

Guidelines for Contributors:

1. Narrative Inquiry publishes exclusively in English.

2. Authors should submit four copies of their MANUSCRIPT, double-spaced (12 pt) and prepared according to the Publication Manual of the American Psychological Association (4th edition).

   The manuscript should include an abstract and a covering letter stating the format of the contribution and the preference whether the author prefers the manuscript to be reviewed anonymously, or openly.

3. The journal publishes target articles along with invited commentaries, articles, research notes, unsolicited commentaries, review articles, book reviews and occasional announcements. Articles should preferably not exceed 8000 words (incl. endnotes and references). Notes and commentaries should not exceed 2500 words.

4. Upon acceptance the author will be requested to send the final version on disk (IBM compatible, preferably WP) accompanied by two hard copies of the text.

5. FIGURES and TABLES should be numbered, with appropriate captions, and be placed following the reference section. Reference to any Figures and Tables should be made in the text and their desired position should be indicated on the hard copy.

6. QUOTATIONS should be given in double quotation marks. Quotations longer than 4 lines should be indented with one line space above and below the indented passage.

7. FOOTNOTES should be kept to a minimum; be numbered consecutively throughout the text; and follow the main text in a section 'Notes', starting on a new page. The notes should not contain reference material if this can be absorbed in the text and References section.

8. To facilitate quick review of manuscripts, authors should submit a list of three possible reviewers. The addresses and telephone numbers of potential reviewers should be included. All submissions are screened first by the editors for an initial acceptance decision. Those papers considered to fit the scope of the journal are further reviewed by three independent reviewers. Submitted manuscripts will not be returned to the authors if rejected. If the manuscript is accepted, substantive commentaries upon the paper may be published simultaneously.

9. Manuscripts are received by the explicit understanding that they are original pieces of work and not under simultaneous consideration by any other publication. Submission of an article for publication implies the transfer of the copyright from the author to publisher upon acceptance.

   Accepted papers may not be reproduced by any means, in whole or in part, without the written consent of the publisher. It is the author's responsibility to obtain permission to reproduce illustrations, tables, etc. from other publications.

10. Authors will receive a copy of page proofs for final corrections. These must be returned by the dates determined by the publication schedule. Authors receive one copy of the journal upon publication.

Appendix 2: Ethics Approval Letter

Appendix 3: Materials

Appendix 3.1: Letters to the Editors of Local Newspapers

Dear Editor,

Have you served with the armed forces in Iraq/Afghanistan?

We are currently completing a research project exploring the impact of war experiences on veterans. We are looking for ex-members of the armed forces to participate who have served in Iraq and/or Afghanistan during the current conflicts.

For those who are interested in taking part in this research please contact Suzanne Ogden for further information:

Email: suzanne_ogden@students.lincoln.ac.uk

Tel: 07598 764040

Yours sincerely,

Suzanne Ogden (Trainee Clinical Psychologist, University of Lincoln) and Dr Nigel Hunt (Associate Professor in Health Psychology, University of Nottingham)

Appendix 3.2: Poster Advertisement

REQUEST FOR PARTICIPANTS

Are you a male who has served with the armed forces?

Have you completed one tour in Iraq and / or Afghanistan?

Did your duties involve combat?

If you answered yes to each of the above please read below:

I am Suzanne Ogden, a Doctorate in Clinical Psychology student at the University of Lincoln and I am requesting your participation in a study regarding your experiences of combat in Iraq / Afghanistan

The results from this research will be used to inform the development of a brief self-help intervention for veterans returning from combat

Your role in the research will involve:

One session (approximately 2 hours):

- **Collection of demographic information, e.g. year joined forces, position held, nature of duties etc.**
- **Completion of a short questionnaire relating to traumatic experiences you may have had whilst serving in the armed forces and to identify any difficulties you may experience as a consequence**
- **You will be asked to describe your experiences of combat in Iraq and/or Afghanistan**

To request an information sheet or for further information please contact

suzanne_ogden@students.lincoln.ac.uk

07598 764040

Thank you!

Appendix 3.3: Participant Information Sheet

Narrative coherence and post-traumatic stress disorder (PTSD) symptomatology after combat in Iraq / Afghanistan

I am Suzanne Ogden, a Doctorate in Clinical Psychology student from the University of Lincoln. I am requesting your participation in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take the time to read the following information carefully and talk to others if you wish. Part 1 tells you the purpose of this study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study. Contact me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

PART 1

What is the purpose of the study?

The research focus is the nature of veterans' war memories after experiencing combat during their service. The data from this study will be used to inform the development of a self-help intervention for veterans returning from combat to help them to cope with their experiences.

Do I have to take part?

It is up to you to decide whether you wish to take part. Read this information sheet thoroughly and sign the consent form to show you have agreed to take part. Many people often find this process a worthwhile task. The nature of these memories may cause some discomfort, and so your participation is voluntary and you may withdraw your participation at any time without giving a reason.

What will happen to me if I take part?

If you decide to take part in this research you will be asked to attend an appointment lasting approximately 2 hours. During this session you will be asked to provide demographic information such as your rank in the Army or other forces, years served with the armed forces etc. You will also be asked to complete a brief questionnaire called the Posttraumatic Stress Diagnostic Scale. You will be asked questions relating to traumatic experiences you may have had whilst serving in Iraq and/or Afghanistan and to identify any difficulties you may experience as a consequence.

You may then be asked to complete an interview during which you will be asked a

number of questions which will be loosely based around your life before serving in Iraq and Afghanistan, your experiences whilst in Iraq/Afghanistan and your experiences since returning home (see enclosed 'guidance notes for narrative conversation' for an overview of the questions you will be asked). The interviews will be taped but personal information will not be released to, or viewed by, anyone other than researchers involved in this project. You will be provided with a copy of the interview transcription and you will be ask to confirm whether you agree to all of the information being used in the research. If there is any information that you do not consent to being used then this will not be included.

You will be given the opportunity to receive a copy of the self-help intervention that will be developed from the findings of this research. You will be asked to confirm whether you would like a copy of this when you sign the consent form. If you do, your name and contact details will be stored for this purpose and will not be released to anybody else. You will also be asked whether you wish to take part in any further research.

Expenses

Whether you attend one or both of the sessions, the two sessions will take place in a location convenient for you. This will either be in a private room at the University of Nottingham or University of Lincoln premises, or at your own home. If you travel to a session the reasonable cost of your travel expenses will be reimbursed.

What are the possible disadvantages and risks of taking part?

During the first session you will be asked questions about any traumatic experiences you may have had whilst serving in Iraq and/ or Afghanistan and any difficulties you experience as a consequence. If you are invited to attend a second session you will be asked to discuss your experiences of combat whilst serving in Iraq and/ or Afghanistan. You will be able to view these questions prior to consenting to take part in the study. This may cause some difficulty with regards to reliving experiences and the resurfacing of emotional difficulties associated with such memories. Should this occur, you will be provided with contact information for veterans' associations and health professionals if you require further support. The researcher (Suzanne Ogden) will also pass on any concerns to your nearest Combat Stress treatment centre. The expectation that this event will occur, however, is quite remote. You will be able to withdraw yourself and your data from the study at any time.

What are the possible benefits of taking part?

Participating in this study may have benefits for some individuals. Talking about your experiences may help you to make sense of events which you may not have previously discussed since leaving the forces. We cannot promise that the study will help you but the information we get from this study will inform the development of a self-help guide to help veterans returning from combat to cope with their experiences.

What if there is a problem?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Will my taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled with confidence. Limits to this confidentiality would occur if it was thought that you were at risk of harm to yourself or to others.

If the information in part one has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

PART 2

What will happen if I don't want to carry on with the study?

You are free to withdraw yourself and your data from the study at any time without giving any reason. If you decide to do so at any point no data relating to you will be retained, any interview data and questionnaire will be destroyed.

Complaints

If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do their best to answer your questions (Suzanne Ogden - Tel: 07598 764040 or email: suzanne_ogden@students.lincoln.ac.uk). If you remain

unhappy and wish to complain formally, you can do this through the Research Supervisor, Dr Nigel Hunt, Associate Professor in Health Psychology, University of Nottingham, International House, Level B, Jubilee Campus, Wollaton Road, Nottingham, NG8 1BB (Tel: 0115 846 6484) or Chair of the Ethics Committee, Department of Psychology, Faculty of Health Life and Social Sciences, University of Lincoln, Brayford Pool, Lincoln, LN6 7TS or EVanDerZee@lincoln.ac.uk.

Will my taking part in the study be kept confidential?

All information which is collected about you during the course of the research will be kept strictly confidential, and any your name and any identifiable information will be removed. The Principal Investigator and two research supervisors will have access to the data. Data will be stored in a locked filing cabinet at the University of Lincoln. At the end of this study this material will be stored by the research supervisor and retained for seven years. The audiotapes of interviews will be destroyed upon completion of the study and completion of the Doctorate in Clinical Psychology.

Who has reviewed the study?

The research has been looked at by an independent group of people, called a Research Ethics Committee to protect your safety, rights, wellbeing and dignity. This study has been reviewed and given favourable opinion by Lincoln University Research Ethics Committee.

Further information and contact details

If you have any questions about this study or require advice as to whether you should participate, please contact Suzanne Ogden:

Email: suzanne_ogden@students.lincoln.ac.uk

Tel: 07598 764040

Signature _____ Date _____

Appendix 3.4: Consent Form

Narrative coherence and post-traumatic stress disorder (PTSD) symptomatology after combat in Iraq / Afghanistan

I _____ have read the participant information sheet. I understand that I may withdraw my consent and discontinue participation without giving any reason and without penalty or loss of benefit to myself. I understand that my right to withdraw has priority over any requests by the experimenter to work through any emotional experience if I were to become distressed during the interview. I understand that data collected as part of this research project will be treated confidentially, and that published results of this research project will maintain my confidentially. In signing this consent letter, I am not waiving my legal claims, rights, or remedies. A copy of this consent letter will be offered to me.

Please tick as appropriate:

1. I give consent to participate in the above study ☐ Yes ☐ No
2. I give consent for the interview to be audiotaped ☐ Yes ☐ No
3. I give permission for the use of verbatim quotes to be used (knowing that any identifying characteristics will be removed) ☐ Yes ☐ No
4. I understand that these audiotapes will be stored for 7 years and then destroyed ☐ Yes ☐ No
5. I would like a copy of the self-help intervention developed from this research ☐ Yes ☐ No
6. I would like to take part in further research ☐ Yes ☐ No

If you replied yes to item 5 or 6 please provide contact details below:

Address:.....
…….....

I understand that if I have questions about my rights as a participant in this research, or if I feel that I have been placed at risk, I can contact the Chair of the Ethics Committee, Department of Psychology, Faculty of Health Life and Social Sciences, University of Lincoln, Brayford Pool, Lincoln, LN6 7TS or EVanDerZee@lincoln.ac.uk.

Signature _____ Date _____

Name (Please print) _____

Appendix 3.5: Armed Forces Questionnaire

Narrative coherence and post-traumatic stress disorder (PTSD) symptomatology after combat in Iraq / Afghanistan

To be administered by researcher:

BACKGROUND INFORMATION

Date of Birth:……..

What is your ethnic group?

1. ☐ White
   - ☐ British
   - ☐ Irish
   - ☐ Other British (white) – please specify ..……

2. ☐ Mixed
   - ☐ White & Black Caribbean
   - ☐ White & Black African
   - ☐ White & Asian
   - ☐ Any other Mixed background – please specify ……

3. ☐ Asian, Asian British, Asian English, Asian Scottish or Asian Welsh
   - ☐ Indian
   - ☐ Pakistani
   - ☐ Bangladeshi
   - ☐ Any other Asian background – please specify …..……

4. ☐ Black, Black British, Black English, Black Scottish or Black Welsh
   - ☐ Caribbean
   - ☐ African
   - ☐ Any other Black background – please specify ……

5. ☐ Other ethnic background
   - ☐ Chinese
   - ☐ Middle Eastern/North African
   - ☐ Any other background – please specify ……...

Highest Educational Level attained? ……

Do you have a neurological diagnosis, e.g. Stroke, brain injury, Korsakoff's etc? Please specify:

……

……..

Are you taking any prescribed medications? **Yes** ☐ **No** ☐

If yes, please list these:

……

……

ARMED FORCES HISTORY

Army ☐ **RAF** ☐ **Royal Navy** ☐ **Royal Marines** ☐ **Other** ☐

Year joined the armed Forces?……...

Age when joined? ……

Year left forces? ……

Highest Rank attained: ……

COMBAT HISTORY

Country of combat? ☐ Iraq ☐ Afghanistan ☐ Both

Unit/Squadron when in Iraq: ….....……

Unit/ Squadron when in Afghanistan: ….……..

IRAQ

Number of tours in Iraq? ……

Date deployed to Iraq? Month …… Year …….

Total length of time serving in Iraq? Years…… Months ……..

Rank when deployed to Iraq? ……

Rank when left Iraq? ……

Relationship status? ☐ Married/Civil Partnership ☐ Single ☐ Divorced ☐ Widowed ☐ Partnered

Could you briefly describe the missions/campaigns you were involved in:

Could you briefly describe the nature of your duties during combat:

AFGHANISTAN

Number of tours in Afghanistan?

……

Date deployed to Afghanistan? Month ……. Year ……

Total length of time serving in Afghanistan? Years……. Months ……

Rank when deployed to Afghanistan?

……..

Rank when left Afghanistan?

……..

Relationship status? ☐ Married/Civil Partnership ☐ Single ☐ Divorced ☐ Widowed ☐ Partnered

Could you briefly describe the missions/campaigns you were involved in:

Could you briefly describe the nature of your duties during combat:

Appendix 3.6: Guidance Notes for Narrative Interview

Narrative coherence and post-traumatic stress disorder (PTSD) symptomatology after combat in Iraq / Afghanistan

1) PRE-ARMED FORCES EXPERIENCE

- Could you describe your family life during childhood?

- What was your life like before you served in Iraq/Afghanistan?
  - Could you describe your relationships before serving with Armed Forces in Iraq/ Afghanistan? (*Prompts: Family, partner, peers, social support*)

- What were you like before your service in Iraq/Afghanistan?
  - How would you describe yourself?
  - How would others describe you?

2) ARMED FORCES EXPERIENCE

- Could you describe your experience of day-to-day life in Iraq/Afghanistan?
- Could you describe your experiences of combat?
- How do you feel these experiences affected you?
- How did you cope with these experiences?

3) POST EXPERIENCE

- Could you describe what it was like returning home?

- What memories do you hold of your time with the Armed Forces in Iraq/Afghanistan? *(Prompts: positive, negative etc.)*

- Have you experienced/ are you experiencing any problems since returning home? (Including problems not related to service) *(Prompts: emotional difficulties, relationships, sleep, sex etc.)*
  - How are these affecting you? *(Prompts: emotional functioning, relationships etc.)*
  - How are you dealing with your problems?
  - What kind of support, if any, did you receive? *(Prompts: family, peers, the Armed Forces, Social Services, Veterans charities etc.)*
  - Do you feel that this support was appropriate, adequate for your needs?
- What do you hope life will be like in the future? *(Prompts: Plans, ambitions etc.)*

- What do you think will help you? *(Prompts: Professional, relationships, employment etc)*

Appendix 3.7: Debriefing Statement

Narrative coherence and post-traumatic stress disorder (PTSD) symptomatology after combat in Iraq / Afghanistan

The aim of this research was to explore the ways in which the narratives (stories) of veterans differ dependent on the prevalence of symptoms related to Post-traumatic Stress Disorder. It is expected that those with a higher prevalence of PTSD symptoms will have narratives that are more fragmented, compared to those who have a lower prevalence of PTSD. Your data will help our understanding of which narrative components influence psychological adjustment. This information will be used to inform the development of a brief self-help intervention for veterans returning from combat. This will be aimed to guide veterans to develop a narrative to help them to cope with trauma related difficulties arising from their combat experiences in the Armed Forces. This study will provide more information about how we can help veterans who wish to create a coherent story to do so. Once again results of this study will not include your name or any other identifying characteristics. The research did not use deception. You may have a copy of this summary if you wish, and you may also request a summary of the research findings once the project is complete.

If you have any further questions please contact me Suzanne Ogden at suzanne_ogden@students.lincoln.ac.uk, or on 07598 764040.

Thank you for your participation in this research, it is greatly appreciated.

Signature _____ Date _____

Name: *Suzanne Ogden*

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the Research Supervisor, Dr Nigel Hunt, Associate Professor in Health Psychology, University of Nottingham, International House, Level B, Jubilee Campus, Wollaton Road, Nottingham, NG8 1BB (Tel: 0115 846 6484) or Chair of the Ethics Committee, Department of Psychology, Faculty of Health Life and Social Sciences, University of Lincoln, Brayford Pool, Lincoln, LN6 7TS or EVanDerZee@lincoln.ac.uk

Further information

Combat Stress:	Website:	www.combatstress.org.uk
	Email:	contactus@combatstress.org.uk
	Tel:	01372 841600
The Royal British Legion:	Website:	www.britishlegion.org.uk
	Tel:	020 8781 3004

Appendix 4: Example Quotes for Each Coding Factor

Narrative Index	Narrative Factor	Example Quotes from Participant Transcripts
Orientation	**O1**	**O1: Introduction of main characters (scene setting** ...now Two Company's IC who's a very good bloke...when I first joined the Army he was my Lieutenant he was my Platoon Commander then you become a Captain then you become a Company Two IC so he becomes C Company's Two IC and he was a very nice decent bloke... ...I mean obviously with my hand I had to go to the military hospital in Birmingham so I was surrounded with like all the amputees and that so that sort of made it easier sort of being around people like that who've been there and they've obviously come off a lot worse than you...it was strange being there but I really admired their love for life like I said like if I'd lost both my legs I'd said jokingly I wouldn't want you to do anything all they wanted to do was keep going and get...do this and do that... ...my family they were just glad that I came home I think...I mean they were they were most of them my sister and my mum and that were crying and [laughs] yeah so... ...on the run up to going to Iraq I didn't really see my family a lot I didn't have the chance to always... ...there was the Padres who I think is a clinically trained some Psychiatrist or claims to be he's done all his courses but he's also got been to Theologian College and all he's a trained Priest and whatever and so a lot of blokes would go to see him...but he's he was just a soft touch and literally if you said to the Padres I'm depressed he could physically get you sent home...because the Padres although he's a Major and the Medical Officer who was a Captain although they were lower ranks that the Commanding Officer they still out-rank him in a decision of a blokes welfare...because he's obviously of a religious type plus Psychiatry and then you've got the Doctor who out rules medically because the CO who's a Colonel isn't medically trained and he's not trained in...so a lot of blokes would go to see the Padres if they wanted an easy go home...you were judged as ah he's fannying it he's

		wussing out so it put a lot of people off... ...I was good friends with a Sergeant actually although I was a Private he was most probably one of the most down to earth Sergeants Sergeant [name]
Orientation	**O2**	**O2: Temporal, social, historical and personal context.** Yeah my eldest lad like I say before I went away was probably six or seven month old...when I come back after five months you know he'd had his first birthday and that lot and he was...he wouldn't...he considered me a stranger...you know and it took a long time to actually build a bond back together by which time I was going away again then...so regarding my oldest lad I didn't really have a father and son relationship as such and he's twenty now and we still don't now but the younger one I had a little bit more time to be with the family... …I'd got a lot of…military experiences behind me…wherever I'd deployed before…er there was more organisation gone into it like the Gulf War when we landed in Saudi Arabia we landed there they gave us a few weeks to acclimatise just to the weather you know…er…you get acclimatised to the weather…er you get out onto the dessert and fire a few rounds with your riffle and the rest of your weapons so you make sure it's all working you have a little bit of training as such so that you know when you do go to engage the enemy forces your already trained you're already tested it out you've acclimatised…erm…you're basically then waiting for the fight to happen…same as Northern Ireland you went to Northern Ireland er you did training in England before you went and when you go to Northern Ireland you did training in there and then you go out to the area where you're going to operate from...so basically you've tested everything you've acclimatised you're happy you gone…with Afghanistan you basically…although you did training in England there was no training as such there when you landed… ...erm I joined the Army when I was twenty-seven because I was just bored of the job that I was doing at the time...erm I did a Modern Engineering Apprenticeship after I left school and then I finished that I worked there for four years at the same place...so it was like nine years altogether that I'd been working there and I was just bored [2]

		...the friendships down there are second to none...there's guys I've met in there that I'll be mates with for the rest of my life erm... ...round about the age of eight or nine when everyone moved away my sort of I don't know whether my sister shielded it from me but my mother was a heavy drinker and I started to realise this at the age of eight or nine and once my sister had gone my mother was a severe drinker to the point that she'd come home collapse on the floor shit herself and be sick on the floor... ...we had a four day rotation out there...it was PVC Peltha which was working with Primary Vehicle Checkpoint on to camp just checking vehicles for bombs and er weapons..... checking the vehicle erm the air flight paths for erm SAM sites Surface to Air Missile sites or heavy machine guns or anything that could fly..... the next part of the rotation was called AOs which is erm [3] Area of Operations...that was going out patrolling the villages walking through villages on foot and vehicle...often we got dropped off in helicopters and we had to walk back to the camp so that's er carrying full kit..... last thing after that was QRF which was er Quick Reaction Force if anything did go Pete tong we'd it was five minutes notice and within five minutes we'd be on the vehicles heading out to help out whatever's going on... we had two days on each then we'd swap round...so it was a eight day cycle...it made it go a lot faster we didn't get a lot of time off so we were knackered but there's nothing else to do if you weren't working... ...I think another factor was that I was sick and tired of...my mother really was drinking...it was like an escape...I didn't care where I went... ...when I first got there I didn't really...all my friends who I'd been training with so we all kind of stuck together because we didn't really get integrated that well into the...to know everyone else...then we kind of got thrown in at the deep end when we got there...and luckily for me on my flight it was a good bunch of lads because there were only three of us who I knew who got sent there altogether...and that's working about thirty man thirty man teams...so there were three of us thrown straight into twenty others who we didn't know and expected to go out and do that job... ...I was a lot more chilled out I had a lot more [3] erm I didn't have such an urgency to get everything done so I

		was just a lot more relaxed if it doesn't get done it doesn't get done and...since I joined the military it like if something needs doing I'll make sure it gets done...get it done to the best of my ability like... ...I was in the position where I was trying to help them out now...so I was...a bit more I suppose...mentor as such like trying to look after them and show them how it's done ...the first time it was very...it was really good the accommodation we got cos it was working with the SF erm Special Forces so kind of like the life of luxury really stuff that nobody else British Forces wise in the country was getting purely because we were Special Forces...we were drinking in Kabul there was a bar there and they opened it at like two or three times a week shut at half ten opened at seven and shut at half ten and that were it but you could drink as much as you wanted at that time it were open...and you had to pay for it yourself...erm...accommodation was good it was solid er brick er hardened accommodation just like living in a little flat really two man flat erm...so it...there was a little plunge pool gym facilities erm dodgy DVDs you could buy...you get a lot of stuff from America [3] there weren't rockets like there were in Iraq because it were up north er...I think it were a lot I'm not sure I think it were a lot more of an American influence there in the actual city we never left into the city really...er all we were doing was from helicopters er what's called Force Protection we drop off the sneaky beaky guys they'd go off do their thing we'd make sure the helicopters were safe while they were off doing that and they'd come back and we'd go home again...
Structure	**S3a**	**S3a: Structural elements of an episodic system presented with causal and temporal coherence (does not include contradictions). Structural elements include an initiating event, an internal response, an attempt, and a consequence. Tense use is consistent (no switching from past to present tense during episodes)** ...the aircraft went in to Kabul Airport all the lights were switched off they told us that all the lights would be switched off because there's an immediate threat from surface to air missiles which is like the SAMS and then you got your RPG 7s and the pilot did say everything's

		going off there'll be one red light at the exit door at the front and if we are hit and the plane does go down he'd do his best to land it the best he can but head for the red light or listen for the load master and you'd be guided out then that was like your landing procedure basically…when we did land…again it was in pitch darkness but the minute we sort of like got off the back of the aircraft got off the back of the ramp it just basically turned round and just left and that was us in the middle of the night pitch black then having to search round for kit [moving hands in searching motion]…you'd got your kit…loaded it onto your back you've got your riffle then it was a case of er…finding your sen round in the dark…the adrenaline was going because we didn't know what we were getting into we were the first ones there...we er…we had a vehicle that transported us to the headquarters we were setting up for communication which actually turned out to be the Embassy in Kabul…and from there you basically erm…tried to rest tried you get your head down because the next it'd all unfold... It was quite frustrating I think the most annoying thing was that the er they denied me my medal...so...er they said I hadn't served long enough so but yeah so...but yeah...it just felt really weird...it was their decision at the end of the day I can kick up a fuss but it's not going to do anything I mean my granddad he served I can't remember what he served somewhere and he was there for seven months or something and he got his medals then they rang him up forty years later and said you were five days short of it send your medals back so they made him send his medals back...so I mean I knew they'd done that so I knew there's no chance of me getting it so there's no point...everyone was saying write to The Sun and things because they had that Help for Heroes thing and things like that so if you'd have wrote to them I'd say I don't want any money for the interview give it to the help the heroes cause but they said I bet if you did that you'd have got your medal then...I mean when I did my hand I had a photo shoot with all the I had to go down to the Help for Heores headquarters and do a shoot down there...I felt a bit weird a guy with like no arms and there's like me with a cast on [laughs]...when they had the medals parade I had all my mates stood in front of me getting all their medals and I couldn't get one...it was annoying really annoying especially to say I mean my argument was a guy that has lost his leg although his was far more severe than me breaking my hand he's still injured and he's still made to go home I was made to go

		home I didn't choose to come home I said so would you deny him his medal and they went no and I said well why am I getting denied mine and they said well oh well they don't choose theirs and I said I didn't choose for a machine gun to fall on my hand...I just had to accept it...
Structure	**S3b**	**S3b: Explicit recognition of temporal coherence ie 'I've jumped the gun/where was I?' Explicit recognition of storytelling.** No inclusion by participants.
Affect	**A4**	**A4: Past or present emotional evaluation of what described events mean to the narrator communicated through explicit statements of emotion** ...it's hatred for their for that nation [Iraq] no time for them whatsoever horrible people horrible nasty spiteful...no time for them whatsoever I hate them... ...at sixteen my grandad passed away a week before I took my GCSEs...er...which was very difficult for me...initially I had planned to go to college and after that I didn't know what I wanted to do...I felt lost because like I say he was more of a father figure to me because my dad worked away so much [5] and er...it was quite hard because he's got to see my brothers results at GCSE but he got to see but he never got to see mine... ...there were people dancing round the streets with bits of helicopter bits of rotor blade and stuff Iraqi's kids all cheering all happy that it's been blown out the sky...I felt angry...angry...angry just like they're all laughing and dancing and all happy this helicopter's been shot down and there wondering why we're pissed off about it because we're just put that down put that down and they're like [mumbles] again it is that sense of loss like I've moved away from my family again but this family you could share everything with you could tell every... ...there'd been no time to calm down everything was still in our heads everything was still going a hundred miles an hour everything needed doing...and it suddenly...we're back and everything's going mad...there's alcohol have it

		and just drinking... ...we got a lot more help from the locals most of the IEDs we found say probably about half of them were pointed out to us...we found a couple of people who had been helping us had been executed by the Taliban...we found them it wasn't a highlight...it wasn't that hard as in it helps us cheers for helping us but he knew what he was doing and they knew the consequences of doing it it's their culture it's what they do...you can't get bent up on it you can't let it bother you too much otherwise again it's showing fear or showing too much emotion they've already won... I had no time for Iraq I hated them like...I should have just left them to rot...I was I had a lot more time for Afghans I thought they were a lot nicer people and that...in Iraq they always wanted something...they were always asking for this that and they were [2] then if you've give it to them they wouldn't take it they'd just want to know if you'd give it to them...and...it's horrible...people spitting at us and throwing stones at us throwing whatever when we drove through even if we'd helped them...the next day we'd go through and get stoned.
Affect	**A5**	**A5: Consistency of verbal and non-verbal within a meaning unit. (Unless otherwise stated affect is consistent).** ...someone burst a balloon I hit the deck [motions shocked movement and covered head with hands]...it was just as if a rocket had gone off behind us like...loud bang hit the deck that was the drill get down sort yourself out then try and figure out what's going on around you...I was a little bit embarrassed [lowers head] at first but it was only my mam that had noticed so I didn't she kind of didn't mention anything at the time she mentioned it a couple of days afterwards just saying are you alright and I was like oh yeah yeah I'm just jumpy. ...we were erm we were on like a night operation and er we were in a field and we were about fifteen feet apart going through erm came under fire we all started responding pushing forwards trying to force them out and then next thing I know I just heard man down man down and I looked to my left and it was my mate and he'd been shot in the neck and I mean it took about twenty seconds or so for him to die but...just just seeing him lying there

		sort of really really hit home [changed posture: leaned forward and put head in hands] and that was the hardest bit of it all just sort of seeing him die because you could sort of...I'd seen injuries and I'd seen things like that and you sort of think that's bad is that but you sort of get by [changed posture: sits up] because you know they're going to be alright... ...I've had old women or elderly women whatever again like and they've said what are you doing wearing that veteran badge...I says that's missus because I am a veteran and she says you don't know what a war's like...I say oh right what wars have you seen then missus...well I know this and I know that...right well do you know how many wars I've been in I've been to the Gulf War in ninety-one I've also seen service in Northern Ireland...Bosnia Afghanistan you know...and all the response I got back was erm...don't believe you...just a [blows out though mouth]...and I've had it on one or two occasions where they've looked at the lapel badge and said you shouldn't be wearing that you're not a veteran... ...after it I just felt knackered I really did I got back and just [made sigh noise and lowered head] [3] the next day we were all laughing about it.
Integration	**I6**	**I6: Meaning of events/experiences is expressed within the context of the larger story. This includes a coherent theme linking all the events (theme may be explicit and / or implicit).** ...I just couldn't sit there...I'd feel very lonely...if no one's here to talk if I sit there I feel very lonely and alone now I've left the Forces...I don't feel like I can just do as I said I'd walk next door and knock on the door do you want to come for a beer...erm I don't like sitting there waiting for the knock on the door...have you noticed we don't have a TV...I can't sit there and watch TV...if we're someone like my wife and me we've got a laptop we'll watch DVD's and bits but I just can't sit there and watch TV I cannot do it just because there's no one to because even when you were watching a film in the Forces you all had yeah this is quite good this and but you don't have that sort of have that fella of the same mentality or the same views and opinions and... ...it was still hard but it wasn't the same as you seeing someone dying because you sort of [2] I mean you see someone lose their leg that's fairly hard because that's

		still uncertainty because they could die they might not but you see things just like people get shot in the arm or in the leg or something like that and you know there's a ninety-five percent chance they're going to live and you know...that doesn't sort of bother you you carry on you just...if you're the closest one you'll help them do what you need to do then you'll carry on...but when it's a death it's different it's really hard just to keep going forward cos you've just seen...you've just realised your mortality sort of thing you've realised you could be killed at any moment... I think another thing with me having the sort of mother that I did getting drunk a lot and me seeing her I think it helped me cope quite well with what went on in Iraq...I mean I don't know how but I think it built me up for more not being so bothered by things...I mean I used to quite happily go to school the day after my mother had been taken into hospital and no one would even know...er well no you know I'd just carry on yeah...I think it prepared me well for dealing with stuff out there. ...my father served in Palestine er he was in the...paratroopers airborne forces and he used to say to me erm...when he came back from the war they was looking for soldiers with er cuts and limbs missing and things like that and because he was a soldier and he'd come back he didn't have any missing limbs and he didn't have any scars visually on your body you want you were classed as alright there was nothing they felt more to that person that's got an arm missing or a leg missing because they can visually see that he's been there but that person that's all intact with no scars and no missing they automatically assumes he hasn't done anything but because the one with the missing limbs has suffered...it's the psychological scars that they can't see... I've accepted that I'm not going to live forever but when you sort of see how easy it is for you to be killed then it sort of makes you think why am I...like you want to do stuff you don't want to sit back and you don't want to just plod through life you always want to if you want to go for something you go for it...it sort of you want to live with no regrets..
Integration	**I7**	**I7: Contradictions between events or the narrator's personality traits or values, emotional evaluation, or changes in attitudes are acknowledged and explained in a causally coherent manner.**

		...what we did I just thought some of this stuff is just so really pathetic why we... I mean we did an operation that must have cost millions and millions and it was painting schools...I can talk because it was in the newspaper about it and we were painting schools and the majority of the schools we painted the next day the teachers were captured and tortured and the kids buses were targeted by the enemy because they believed because we were painting their schools they were collaborating with us... ...you'd do all that and then the next day the school would be burned down to the ground but they'd still want to continue because they had this money from the government from the tax payer that they needed to do this they needed to finish it even if people died on the way because we've started we have to finish it's the moral principle and just used to sit there thinking this is just a fucking waste of money it really is...well if we start it and don't finish it we prove we're weak if we start it and finish it we just endangering more people's lives and I just think the bureaucracy behind the whole scheme of things out there was absolutely for the sake of lifting a pen it really was pathetic...and it really wound me up...we'd put blokes in danger to paint a school that the next day would be burned to the ground or it'd be wrecked the electric cabling would be taken out to make charges for bombs a playground we built was demolished so they could use the steel tubes to launch rockets off...and so I just thought why are we continuing...well we've started we must finish...why who's where is this coming from if this is coming from if it's coming right from the top from the government this is just pathetic it really is it's endangering blokes lives for nothing... ...I just think exactly because what was the point what was the point of a hundred and seventy people's lives...what was the sodding point and nothing...and it's the same with Afghan it's getting to the point where I just think what is the sodding point even the Afghani's some are thankful but the majority are you know we help them but because we help them we put them in danger because they're seen to be collaborating with the British...it made me question what I was doing sometimes ...I think it's the fact that they don't think you'd shoot a child...I don't think I'd have shot the eight year old well I don't think we expected him to throw a grenade we just thought it was another stone and it hit it hit a bit of a wall rolled back down into a ditch I mean these ditches were

		full of sewerage they were stinking and all of this sewerage blew everywhere then the next thing the kid comes out round the corner with an AK47 and points it at you and luckily one of the lads thought quicker than he did and had him put down on the floor...and...that was difficult...I mean it's...at that point initially when he came round he was a person with a gun he wasn't a child but as soon as you saw the mother come out and start crying and screaming her head off it was just and we're just looking away and looking at this crowd that's starting to build up and she's screaming and we're trying to ignore her and then she runs at our lot then that's when it started getting a bit unbelievable that you know it's come to the point where you've just killed someone's child and it's bad it really is it plays on your mind... ...see the good things about the Army is they'll put you on a lot of tours...you can be on too many tours and when you've done tour after tour it does affect your family life because like I said if you've got a young child they build a bond with the mother but there's no way they'd ever get they'll never build the same bond with the father because with the father who's a soldier he's got his job to concentrate on so that he can further his career survive and look after his family he's got to do all of that and it's probably...the child just sees that father coming back as...erm...I don't know...probably a stranger you know but knows he's his father...and so he tends to cling more to the mother than the father and then the father will...like I say he can't build up them same relationships...
Integration	**I8**	**I8: Presence of fragmentation of the narrative defined as long pauses and broken speech, and unfinished sentences. Also, defined as incongruent information within the context of the larger narrative. (Unless otherwise stated the narrative is...the next part of the rotation was...I won't say...ah I don't...erm...** *Not considered fragmentation within this definition but a separate type of fragmentation present in the narratives of this sample of veterans:* ...I won't mention the code words... ... again I won't mention the code words... ...I won't go any further into that...

		...yeah I'm still under the Official Secrets Act I'm not allowed to discuss stuff on bits of paper and er which is a tad annoying erm things that I've read and seen and actually done and watched people do...I'm not allowed to say about which is it is annoying and obviously for this I wouldn't be able...but in official context I could still get charged under the Official Secrets Act which is just really pants... I mean we did an operation that must have cost millions and millions and it was painting schools...I can talk because it was in the newspaper about it and we were painting schools...

Appendix 5: Research Diary Extracts

Date	Context	Diary Entry
05.12.07	**Meeting with Clinical Research Supervisor**	Meeting with Nigel to discuss research ideas. I outlined my interest in the area of trauma following exposure to combat and provided a rationale for this, which incorporates my previous clinical work with two veterans who had developed mental health problems since leaving the Army and had gone on to commit serious offences which resulted in their detainment in a secure hospital. Working with these individuals had made me begin to question the support available to veterans once they leave the armed forces and also to consider how the transition from a structured military life back into civilian life is achieved, or not in some cases. I emphasised my preference to complete qualitative research as all of my previous research has been quantitative in nature. We considered possible areas in which I could begin to consider. The idea which initially took my interest was in considering veterans narrative development following combat. Given the current conflicts in Iraq and Afghanistan it might prove useful to consider the recruitment of this population for the purpose of this research to begin to develop the research with this new population of veterans. I plan to look at the literature in relation to narrative development following exposure to trauma such as war and begin to formulate ideas as to how this research could be completed with the population of veterans.
29.05.09	**Reflection after Interview with CR**	Having just completed the interview with CR there are a few factors I need to note to remain aware of in future interviews. Particularly my role as a researcher and not as a clinician. At several points during the interview I had to refrain from asking the types of questions I would ask in an assessment appointment with a client. This is something I need to think about between now and my next research interview next week. I need to try and be mindful of the tendency of my perception of my role to shift. This may be a factor of being new to qualitative research interviews and this being my first interview but also due to my varying role on a daily basis dependent on my focus for the day, e.g. placement, research or university. My need to remain within role and clarify this prior to interviews has been emphasised today.

08.08.09	**Email discussions with PhD student completing research with the same population**	Discussions with [name] have made me begin to question whether the recruitment difficulties I am experiencing are in fact due to the methods of advertisement I utilised or whether there is an overall apparent difficulty accessing this population of veterans. We discussed some of the similarities in the difficulties we are experiencing with recruiting veterans who have served in the Iraq and Afghanistan conflicts. The idea that it is early days for the types of research that we are completing was considered but also that it is a key time for such research to be introduced to academic circles and putting Afghanistan and Iraq on the agenda of journals and conferences a little more. [name] informed me that he has contacts within Combat Stress treatment centres that he is working closely with and over the past year he has had no responses from veterans who have served in Iraq and/or Afghanistan. The fact that my research is only being advertised on posters in these establishments leads me to believe that it is now unlikely that I will recruit participants in this way. [name] had begun to consider similar questions to myself and questioned whether this is the right time to be trying to access this population and also questioning when and how this could be completed in the future. [name] is considering turning his attention to published military biographies from ex-service personnel (e.g. Doug Beattie) to gain further information on recounting experiences. This is not something that would be possible for my research as published books are edited with clarity in mind for the reader. [name] commented that he had noticed in interviews with his own research participants that there is a difference in clarity of narrative, especially between those who have perhaps had time to 'deal' with their experiences and narrate it a number of times before being interviewed and those who have not. This was an interesting finding and it may prove useful to keep this research link open. Contact with [name] has provided me with further factors to consider and also This has given me a number of factors to consider, particularly with regards to recruitment and possible factor influencing this and how this could be overcome in future research.