How is psychological therapy experienced by ex UK armed forces members? An exploration through personal narrative of cross-cultural encounters

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ABSTRACT

The aim of the study was to explore through narrative inquiry the lived experiences of ex-UK armed forces members of psychological therapy, and contribute much needed qualitative findings to a research field currently dominated by quantitative studies. Interview conversations were conducted with ten participants who had served in the UK armed forces and had had weekly psychological therapy over a period of at least a few months since leaving. Narrative inquiry was adopted in analysing the transcripts, and two overarching themes emerged. First, participants revealed a strong identification with, and sense of belonging to the military, often referred to as 'the family'. Participants implicitly and explicitly retained the values and ideology of the armed forces, such as high standards of personal conduct, structure, order and teamwork. Themes of power and agency also emerged, related to the 'chain of command' structure of their previous lives. Second, participants shared the strongly held belief in a significant gulf between military and civilian worlds, a divide that was exacerbated by the lack of a common language and vast differences in everyday professional and personal experiences. Challenges for therapy, particularly with civilian therapists, included how power and control were negotiated and the development of trust. Fear of not being understood or of being judged often led to clients withholding their military experiences in therapy. With military therapists there were different barriers to openness relating to rank and power, stigma, and the fear of personal information going on record and affecting promotion. Successful therapy was facilitated by a friendly, relational style in therapists, and robustness in the face of high emotion. It is recommended that therapists gain at least a rudimentary understanding of military culture, to appreciate the (real and perceived) military/ civilian divide, and to approach working with this client group in terms of cultural difference. Drawing on the ten narratives, twelve specific reflections are offered to enhance practice.

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INTRODUCTION

Background: origins of the study

The idea for this study was galvanised at a dinner held the night before a family gathering a few summers ago. The household in which the dinner was held was a military one, scattered with regimental memorabilia, including framed certificates of regimental service lining the walls of the downstairs bathroom. The host was a friend of my father's from his days in the army.

That same summer I was reading Judith Herman's (1992) book, *Trauma and Recovery,* much of it dedicated to examining the psychological fallout resulting from combat experiences, with particular reference to Vietnam. The conversation around the dinner table turned to military history, with reminisces of army experiences and their regiments' past exploits. I started to feel uneasy, the 'power and glory' narrative jarring with the horror, terror and life-ruining potential of trauma explored in Herman's work. I wondered about these contrasting narratives and how they could sit together in one human being. The institutionalised, military 'self' was being presented, but what was the inner experience?

My research topic arose as part of a growing interest in what happens when an institutionalised person finds themselves in therapy. The military was the obvious choice of institution for me to study in this regard. Although I am not ex forces, but from a forces family, I am familiar with the culture and yet, not having been fully socialised into it, have some distance from it.

Research questions and rationale

The aim of this study was to explore the experiences of ex UK armed forces members who have sought and received help in the form of individual counselling or psychotherapy over a stretch of time. I wanted to understand more about how therapy is experienced by people who have spent a considerable part of their adult lives within an institution that Goffman (1961) describes as being 'total' (p.16). What is it like for this person, trained to repress spontaneous expressions of individuality in the service of the group, to enter the private, introspective world of psychotherapy? What is it like to be talking to a civilian therapist who has little or no understanding of the military? How does it feel for someone trained in the ways of resilience and duty to expose his or her vulnerability?

Over the past decade Britain's military presence in Iraq and Afghanistan has led to sustained attention from the media on the plight of UK servicemen and women returning from war. At the time of writing, particular attention has been given to those returning with loss of limb who competed in the 2012 Paralympic Games. The focus has been on their courage and stamina, and they have been accorded hero status. But where it is easy to see the handicap and difficulty of returning to 'normal life' after physical injury, psychological difficulties are well hidden behind the personae of those trained to deny their vulnerability and maintain a brave face. The courage and bravery of those coping with unseen traumatic injury is less heralded in public discourse.

There has been some press attention on the plight of ex servicemen's experiences of returning from combat zones with traumatic injury, which has led to increasing public awareness of the issues they face, and to raising the profile of charities such as Combat Stress. A lot of media attention and academic research has centred on combat trauma, post-traumatic stress disorder (PTSD), and the availability of and access to adequate mental healthcare for returning soldiers (Judd, 2009; Forbes et al, 2011; Fear et al, 2010). The overwhelming impression from these stories is that good therapeutic help has been hard to come by for this group of people upon leaving the services (e.g. Mostrous & MacIntyre, 2009). That this is changing is reflected in the recent increase in veteran services within the NHS – a move which acknowledges the need for special provision for this client group (Department of Health 2013).

The problem of access is in fact more complex than being simply to do with a lack of provision. The deeply countercultural nature of seeking this kind of support for a military person means that even where help is available, it may not be sought (Iversen et al, 1995). And even when therapy is sought and found, veterans find it difficult to engage with the process for various reasons. The *cultural* element of the ex-military experience in relation to psychological therapy is often overlooked.

The difficulty of seeking help

Given their training and identity it is unsurprising that many ex-servicemen and -women take a very long time actively to seek help for psychological difficulties, if at all (Iversen et al, 2006; Higate, 2000). Military culture is about getting the job done, finding ways to do it oneself, and not having to ask for help. It is about courage and humour in the face of adversity, not collapse. Vulnerability and weakness are socially banished through shame and humiliation, and institutionally eradicated through punishment and ostracism (Hockey, 1986). Military members therefore tend to be reluctant to seek or to engage with psychotherapy (Lorber & Garcia, 2010).

For those able to seek help, various sources of support are available within the NHS, which now offers priority access to veterans whose conditions might be related to their military service. Various therapies are on offer, ranging from CBT and EMDR to other forms of psychological treatment. But until very recently, military focussed psychological treatment has only been available outside of the NHS, and mostly through charitable organisations. The military mental health charity Combat Stress, for example, only offers its services to those no longer serving in the UK armed forces. At home, serving personnel are supported by 15 regional Departments of Community Mental Health who provide outpatient mental healthcare, and which link to NHS Trust inpatient facilities where needed. On deployment, uniformed mental health nurses support the military, with a psychiatrist permanently on call for specialist help.

More than trauma

When a person leaves the army, they lose a lot more than their job. The significance of a career in the forces for a military person's identity is hard to overstate (e.g. Hockey, 1986). Each armed force is organised into a series of smaller units, 'regiments', which are like microcosms of society. Not only does a person's regiment function as employer, it provides housing, healthcare and even education for servicemen and women and their families both in the UK and wherever they are sent abroad. Quite aside from these material givens, a person's regiment can also be fundamental to his sense of belonging, to his identity as a professional and as a human being, and to his sense of success (Thornborrow & Brown, 2009). When a person leaves the army it therefore entails the loss of the support system that has sustained him on a number of levels, material and psychological. Ex-military people will potentially encounter difficulties which do not fall within a medical diagnosis, but which nevertheless lead to significant problems in ordinary daily functioning back in civilian life. The knock-on effects of these problems, often combined with the legacy of traumatic combat experience, can contribute to more serious longer-term problems such as alcoholism, unemployment and homelessness (Iversen et al, 2006; Gale et al, 2008, Higate, 2000).

Some clarifications on terminology

When talking about clients, participants, and service personnel in general, I often refer to the 'military'. When I do not specify, I am referring to both serving and ex forces personnel, from the army, navy and air force. I have chosen to use the term 'psychological therapy' (or the shorter

'therapy') throughout as a way of encompassing counselling, psychotherapy, clinical and counselling psychology, and 'therapist' to describe those practising in these fields. My selection criteria purposefully left the form of therapy unspecified. The focus of the study is on the experience of an ex-military person sitting in a room with a counsellor or therapist with the aim of addressing their inner, psychological difficulties (in whatever way, shape or form that took), and because of this I did not make the modality of therapy part of the selection criteria, or ask participants to specify the kind of therapy they had. On a more practical level, it is likely that further narrowing the criteria would have limited my sample. As it is, I had responses from just a handful people having advertised in a magazine with a circulation of 400,000.

A REVIEW OF THE LITERATURE

In reviewing recent literature below, I begin by considering the military as a distinct culture. I then look at where the meeting of the military and psychological therapy has been previously documented, predominantly around the diagnosis of PTSD. I go on to explore what is in fact a broader range of difficulties faced by those leaving the armed forces, and look at barriers to psychological help in the form of stigma and other factors which are to do with military culture. Finally, I identify gaps in the literature field, as a prelude to introducing my methodology.

Culture

It is a proposal of this study that the British military be seen and understood as a distinct culture (Fenell, 2008). Culture is a slippery concept to define (e.g. Hinde, 1987; Jenks, 1993). Hinde (1987) looks at the social world of human beings from an ethological perspective whereby the notion of culture is uniquely human, arising from our capacity for language and description. We can define roles for individuals and groups as a way of differentiating ourselves. In thinking about the military, Jenks' (1993) definition of culture as 'the whole way of life of a people' (p.12) applies. The military person conducts his professional life within a bounded and structured institution, which requires him to conform to the ideals of the group (Hockey, 1986). At times, particularly during training and deployment, his personal life is also conducted within the institution. He is housed, clothed and fed collectively with colleagues within what Goffman (1961) calls a 'total' institution, 'a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciably period of time, together lead an enclosed, formally administered round of life' (p.11). Goffman explores in great detail the workings of these institutions and how they shape the people living within them. It is a comprehensive and compelling account of the power of this kind of institution in establishing cultural norms amongst its members.

Culture is a dynamic, circular process involving participating individuals who both shape it and are shaped by it (Archer, 1996). It is a complex phenomenon. Hockey (1986), in his seminal ethnological work on military socialisation, gets under the skin of the finely complex process of joining the military as a recruit. He describes the informal interpersonal and intragroup processes that happen alongside the formal, official training to become a good soldier. A military training is a profoundly social process, where the emphasis is on the collective interest. In the civilian world, and particularly in therapy, it is by contrast the individual who takes centre stage. Where talk in the military is almost exclusively about action (Hockey, 2009), in therapy it is about reflection and understanding as well.

And where the suppression of emotional response and denial of weakness is the military way, therapy is a place where self-expression is encouraged, and vulnerability supported.

At the heart of this study is the exploration of what happens when a person from the military encounters the civilian world in the setting of psychological therapy, an experience that profoundly contrasts with and contradicts his own culture. Fenell (2008) insists that 'the military is a culture in its own right' (p.8), and should be treated as such by therapists working with military clients. In discussing the treatment for US military he recommends a multicultural approach. Across the broad ethnic mix of the US military there is, he says, the sense of a separate, military culture amongst troops that is unique. This proposition is equally applicable to the UK military, despite there being less ethnic diversity (Dandeker & Mason, 2003).

Various studies explore the role of culture in psychological stress in the military. But their focus is largely on situations in which cultural 'clash' is experienced when serving personnel encounter local populations in combat zones, rather than on the return to civilian life in the UK on leaving the forces (e.g. Greene et al, 2010; Azari et al, 2010). By contrast, this study considers cultural difference in the military-civilian encounter.

Psychological therapy and the military

The focus of therapy on the experiential and emotional content of individual lives clashes with the central tenets of the military culture, where recruits learn to forego their individual experience and suppress their emotional spontaneity in subordination to their superiors for the ultimate service of the group (Greene et al, 2010). The two cultures have historically crossed paths around the diagnosis and treatment of PTSD).

Shephard (2002) charts in detail the history of soldiers and psychiatrists from 1914 to 1994 in his book *A War of Nerves.* The effects of trauma began to be recognised on a political level during the First World War, when the high numbers of men returning from the front with comparable symptoms of war trauma put paid to the notion of character fault as the cause of soldiers' breakdown, and the term 'shell shock' was born. The physician W.H.R. Rivers and his work with publicly known figures such as Siegfried Sassoon played an important role in the change in perception of the nature of combat trauma and the importance of social support to fighting men (Rivers, 1918). This influenced military policy during the Second World War (Herman, 1992; Shephard, 2002), and psychological therapy became a scientifically respected form of treatment (Weinberg, 1946; Jones, 1994). Studies into the psychological effects of war continued in the years

immediately following the Second World War but dwindled until the Vietnam war, when the efforts of disaffected veterans drove large scale research in the area (Hunt & Robbins, 2001; Herman, 1992). Shephard (2002) ends his book with a chapter entitled 'The Culture of Trauma', in which he describes the 'trauma bandwagon' (p.391) that followed the creation of the PTSD diagnosis in 1980. His scepticism denotes the controversy surrounding the diagnosis which continues to rage (e.g. Jones & Wessely, 2005). Despite, and because of this controversy, the field of psychological therapy has benefited significantly from the explosion in interest and research in this area (e.g. Rothschild, 2000; Herman, 1992; van der Kolk et al, 1996). While the predominant social discourse around soldiers returning from combat, particularly in recent years, has focussed on PTSD, the many and varied studies relating to military mental health show that PTSD is in fact just one of a range of factors affecting the psychological wellbeing of returning troops. Studies which look specifically at both regular and reserve troops returning from the Iraq War, for example, include much broader socio-cultural factors such as cohesion of military unit, alcohol use, family/ spousal relationships, perceptions of social support and duration of deployment (e.g. Browne et al, 2007; Rona et al, 2009; Du Preez et al, 2012; Forbes et al, 2011).

These diverse studies reflect the high degree of complexity in researching the military and throw up difficult questions for a society. To what extent is society responsible for the care of soldiers who have put their lives on the line for it? A summary by McGeorge et al (2006) of a 2001 class action against the Ministry of Defence (MoD) sets out the political and ethical dilemmas surrounding this issue. More than 2,000 British military personnel sued the government for negligence around psychological support both pre- and post combat. Following this important class action and other major reviews, various measures were taken by the government to address the issues, including a push for greater proactivity in the research field (Greenberg et al, 2011), a leading proponent of which in this area is the Academic Centre for Defence Mental Health (ACDMH) at King's College London, part of its Centre for Military Health Research.

Issues facing ex-military personnel

PTSD is just one of many the potential problems facing ex servicemen and women. Others include social isolation, depression, alcoholism and homelessness (e.g. Lapierre et al, 2007; Iversen et al, 2005; Gale et al, 2008). Dandeker et al (2006, p. 164) say that unlike attitudes to veterans in other countries such as Sweden and Australia, 'successive British governments have tended to forget and neglect their ex service personnel once they have left the armed forces'. This is certainly a view held by the many ex-military who have spoken out in the media in the past decade, particularly following

the campaigns in Iraq and Afghanistan (e.g. Judd, 2009; Caesar, 2010). It is also reflected in the absence of a government department dedicated to the nation's veteran population, which exists in many countries including the United States, Canada and Australia.

Stigma

A major barrier to getting support is the stigma for ex-military personnel around seeking help. To acknowledge psychological vulnerability is deeply countercultural for a military man or woman. This is reported as one of the reasons behind the extremely long time it takes for a lot of those who do seek help to come forward (e.g. Iversen et al, 2005). At Combat Stress, for example, they find that ex-servicemen take an average of 14 years to seek help (Mostrous & Macintyre, 2009). Toby Elliott, one time Chief Executive of the charity said, 'You know bloody well that if you say you are feeling wobbly in the head, the first thing is that they will do is take your rifle away from you' (Allen Greene, 2005, p.1). And in the words of an 18 year-old ex-soldier:

> Even going sick is really a big thing – so dealing with emotions and things like that is not even … the question is unthinkable really – they're like a pack of dogs really in the army - show a bit of weakness and they'll pounce on that, and that's how things are…
>
> *Battle Scarred* (Dispatches, Channel 4, 10 September 2009)

There is an acknowledgement by the MoD that forces personnel face the possibility of psychological traumatic injury in combat and will find it difficult to seek help (Iversen et al 2005). Attempts to counteract these probabilities have been implemented in the form of certain measures designed to mediate traumatic experience in combat. One is the Trauma Risk Management (TRiM) programme (Gould et al, 2007; Greenberg et al, 2008; McGeorge et al, 2006) which operates as a peer support programme. Although still in its early days, recent research indicates that it aids psychological resilience (Frappell-Cooke et al, 2010). Another is 'psychological decompression' which refers to an optional 42-78 hour respite period at a third location on the way home from a war zone (Hacker Hughes et al, 2008). However, little research exists to date of the efficacy of this measure.

Seeking help and social support

Even if an ex-military member gets to the point of asking for help, he runs into difficulties. In terms of psychological therapy, anecdotes on the army's unofficial social networking website reveal stories of therapists crying or sitting in silence. There are even occasions where ex-services personnel have been excluded from therapy groups for fear that their experiences would be upsetting for others (Mostrous & MacIntyre, 2009).

Shephard (2002) talks about the 'inherent source-bias' (p.xxiii) in this area of research. Historically, studies in this area are based on doctors' records and do not include the accounts of patients. It seems that there are many factors contributing to this, not only to do with the stigma discussed above. Other factors are the reluctance to open up to civilians, and the low status that mental health care professionals have within the military (Keller et al, 2005; Greenberg et al, 2011). The important shared understanding of what military life is like is felt to be lacking in encounters between veterans and their (mostly civilian) doctors, psychologists and psychotherapists (e.g. Burnell et al, 2006). On the other hand, talking openly with a military psychologist offers up a different set of barriers, particularly to those still serving, for fear of one's record being blackened and chances of promotion affected (Jeffrey et al, 1992).

One of the resounding themes running through soldiers' stories in studies about social support is the importance of spending time with, and talking to other veterans as a way of coping with their traumatic experiences (Hunt & Robbins, 2001; Barron et al, 2008; Burnell et al, 2006). This supports the promotion of group therapy as an effective intervention for the ex-services population (Herman, 1992; Urlic, 2004; Gale et al, 2008; Perlman et al, 2010).

Gaps in the field

Qualitative study of the experiences of UK serving and ex-military personnel of mental health issues is scarce. Amongst the diverse and interesting research output from the aforementioned ACDMH at King's College London, no studies can be found which directly examine the experiences of serving or ex armed forces members of psychological therapy. Research which does approach the subject of treatment focuses rather on stigma and other barriers to care, as well as the many and varied effects of military service on psychological health and of efficacy of treatments such as CBT and EMDR (Fear

et al, 2010; Gould et al, 2007; Dandeker et al, 2006; Iversen et al, 2005; Foa et al, 2009). For the most part, studies are based on quantitative methods, and where qualitative methods are used, papers and articles generally contain few of participants' own words.

Qualitative inquiry into the experiences of ex-military people can, however, be found in other fields, such as organization studies and the mental health of ageing, including studies on regimental identity, retirement and Remembrance (Thornborrow & Brown, 2009; Reed, 2001; Barron et al, 2008). In the field of sociology there are extensive studies on military socialisation and its impact (Hockey, 1986; 2009; Higate, 2000; Higate & Cameron, 2006). Some research that looks at psychological therapy with military clients can be found overseas, predominantly in the United States (Shaw & Hector, 2010; Storey, 2009; Lorber & Garcia, 2010) but also Australia (e.g. Boman, 1985).

Brooks (2001) makes an important contribution to this field in a chapter dedicated to working therapeutically with male military veterans, and considering military socialisation and its implications for therapy. Lorber and Garcia (2010) also examine how traditional masculinity and its combination with the military experience make for difficulty of engagement in therapy for these clients. These authors advocate the modification of psychotherapeutic interventions to account for the complexity of the presenting issues with this client group. Their suggestions include lessening the ambivalence for clients around the expression of emotion using psycho-education, monitoring of the therapist's own reactions to their veteran clients, and understanding the clients' cultural context. While their findings are of high value, similar studies are needed to explore the female military experience for balance and to enable the development of more general guidelines for working with the military.

A parallel body of literature around the military experience of psychological therapies in the United Kingdom cannot yet be found. This seems surprising given the overwhelming number of personal narratives in the press and the potential for rich qualitative data. Quantitative methods are the obvious choice in military health research, in a field where empirical findings can more easily be translated to influence financial and policy decisions than qualitative inquiry. Taking another angle on this issue, Higate and Cameron (2006) add the observation that a lot of researchers in this field are themselves ex-military and by nature lean more towards positivist methodologies. For those engaged in working therapeutically with this client group, however, research that explores the lived experiences of military and ex-military members is missing and much needed. For therapists, as with all clients, we need to understand the *context* of the experiences of these men and women who have come through a very particular socialisation process, and the potential impact of this on therapy.

Therapy from the client's viewpoint

Research in the field of psychological therapy is increasingly looking to the accounts of clients to explore their experiences of their therapists and the therapeutic relationship (e.g. Selkirk et al, 2012; Evans (forthcoming). This builds on earlier literature written from the point of view of the practitioner, where descriptions of client work are used to illustrate a particular theory or technique (e.g. Maroda, 1991; Casement, 1985). It is now common for client narratives to appear at length in psychotherapy texts as an integral part of what is being said (e.g. Yalom 2001, McBride (2008). There is huge potential for this use of client narrative to inform psychotherapy research which has been built on in recent years (e.g. McCormack 2004; Etherington 2001a; 2006; 2009; Skinner 1998).

The difficulty remains that it still tends to be the researcher or practitioner who is reporting and interpreting clients' accounts. An exception is Anna Sands' book, *Falling for Therapy* (2000), in which as a client she contrasts her experiences with two therapists from very different traditions, raising the potential for damage within the therapeutic relationship and advocating greater humanity and openness from therapists. There is the potential for greater contribution to this field of inquiry from clients themselves. Perhaps studies such as this one, and those cited, are beginning to pave the way for the empowerment of clients to critique therapists, and therapy, from 'their chair'.

This research aims to contribute a client-based viewpoint to the field of military psychology, and aims to complement the move towards practice-based approaches in balancing out the predominance of evidence-based research (e.g. Stratton, 2007). As well as being useful to those working with military and ex-military personnel, findings will be of interest to those working with clients from other institutions with hierarchies and strong codes of conduct, for example public entities such as the police force and the prison service, and those which are privately run, such as boarding schools and care homes (Goffman, 1961; Duffel, 2000; Hinshelwood, 1994).

Counselling psychology research – the absence of the military

In the area of Counselling Psychology, it appears that little, if anything has been written about the military. In almost 30 years of the division's existence, not a single article appears in its journal, *Counselling Psychology Review,* which relates specifically to this client group. This is perplexing, considering the extent of psychological difficulty faced by ex-servicemen, trauma related or otherwise, and the UK's recent involvement in campaigns around the world, most notably in Iraq

and Afghanistan. Given the vast numbers of returning personnel, some of whom inevitably need psychological help, the lack of a contribution by counselling psychologists in research in this field is striking.

Each year, some 20,000 people leave the UK armed forces (Hamilton, 2012), equivalent to the population of a small town. Of these, there will be some who will seek psychological help. Therapists are likely also to encounter members of forces families, those who have grown up within, and been influenced by the institution of the military. These people will all need a basic understanding from their therapists of the world they have come from.

METHODOLOGY

A social constructionist approach to research

This research takes a social constructionist perspective, an epistemology which makes the most sense to me as a developing reflective-practitioner-researcher, since, as the name suggests, it embodies the principle that our knowledge and understanding of the world is inevitably *constructed* within the *social context* of the individual (Lynch, 2001; Burr, 1995). This viewpoint holds that there is no independent social reality out there, but only a 'reality interpreted by men' (Berger & Luckmann 1966: p.33). Interpreting reality is what we do and reflect on, implicitly or explicitly, as both clients and therapists in psychotherapy, irrespective of modality (e.g. O'Brien & Houston, 2000).

The medium through which interpretation of the world takes place and is communicated is human language, which is the primary focus of constructionist research (Burr, 1995; Barker et al, 2002; Lincoln & Guba, 1985). Given that language is flexible and forever open to interpretation, the stance of the social constructionist researcher is self-proclaimedly interpretivist (Finlay & Ballinger, 2006; Hoepfl, 1997). As psychotherapists we are also interpretivist, though we differ as to how explicitly we use our interpretations with clients (e.g. Dryden, 1990).

The constructionist approach is well suited to the subject of discussion for the reason that participants have spent a significant part of their adult life in a context in which identity and personhood is deeply tied up with the institution of the military, itself by origin and by definition

socially constructed (Shephard, 2002; Thornborrow & Brown, 2009). Recruits also become socially constructed as they are in effect taken apart and put back together in a stringent training process (Hockey, 1986; Higate, 2000).

Narrative inquiry

Social constructionist inquiry is interested in everyday life and how reality is construed (Berger & Luckmann, 1966; Gergen, 1985). The principle way human beings account for the world is through telling stories (Riessman, 1993; Burr, 1995), which we use to make sense of our lives and to communicate with each other (Sarbin, 1986; Machado & Gonçalves, 1999; Riessman, 1993). We are constantly narrating ourselves, and organise our lives through the use of stories, which provide us with temporality, coherence and motivation (Brown, 2006; Bochner, 1997; Hermans, 1999). Individuals are so inextricable from their own stories that they almost become their own autobiographies (Riessman, 1993). In this sense, narrative used for meaning making lends itself well as a tool for analysis in health and psychotherapy research (Pennebaker & Seagal, 1999; Angus et al, 1999).

Narrative inquiry 'takes as its object of investigation the story itself' (Riessman, 1993: p1). It is not only the content of the story that is being examined, but also what the story itself tells us in terms of how it is constructed by its narrator (Barker et al, 2002). Not only is the subjectivity of the person's narrative important, but so is the way in which individuals arrive at their own constructs of the various intersubjectivities within their social context (Patton, 2002; Chase, 2005). One of these intersubjectivities is of course that which happens between researcher and participant. The researcher's own interpretation of textual data as socially constructed must therefore be taken into consideration and reflected upon in the process and final presentation of the research (Etherington, 2004; McLeod, 2003).

<u>Narrative 'interviewing'</u>

In contrast with most traditional qualitative research methods, narrative inquiry considers what happens between researcher and participant as less of an 'interview' and more of a *conversation* (e.g. McCormack, 2004; Etherington, 2006). Those taking part in the research are not viewed as subjects for scrutiny, or 'vessels of answers' (Holstein & Gubrium, 1997, p.116), but are considered to be joint participants in a co-created, participatory process of telling stories. That there are two

subjectivities in the room is not only acknowledged, but seen as an integral part of the entire research process (Etherington, 2001a; 2007a). Following a feminist paradigm, this approach plays an important role in attempting to level the power differential inherent in some post-positive forms of qualitative research (Holstein & Gubrium, 1997; Etherington, 2006).

Rather than employing the traditional, 'semi-structured interview', whereby a schedule of questions is prepared and adhered to, which in effect gives the researcher the power to direct the conversation, narrative inquiry adopts a looser framework whereby meaning is made *jointly* (Mishler, 1986; Holstein & Gubrium, 1997). Participants are invited to tell their story in their own way, and rather than the researcher guiding the participant, the narrative is allowed to develop with the researcher taking a more facilitative role (Rosenthal, 2003). One of the ways researchers can facilitate the evolution of a narrative is by really *listening,* and by using the participant's own words, ideas, thoughts and themes of the participant to open up and encourage further exploration (e.g. Devault, 1990).

For this study I was concerned to create an environment in which participants could share their stories with me in a collaborative way. It felt particularly important to pay attention to the potential power imbalances, given the military background of participants in which, on a similar one-to-one 'interview' setting, 'talk' often takes place within a hierarchical relationship (Hockey, 2009). This began with a decision to be open with participants about myself in the first telephone call, to explain who I was, what I was interested in and why, and to include the fact that I had grown up within the armed forces. This proved useful in building rapport (Rubin, 2005). When we came to the interview conversation, I began by asking participants to tell me about their experiences of psychological therapy, and listened carefully without interruption for some time in order to allow space for the narratives to unfurl. When I did interject, it was for clarification or with what Rosenthal (2003, p. 918) calls 'paralinguistic expressions of interest and attentiveness'. This is something I do fairly instinctively as a trained psychotherapist – a factor in the research process that has interesting implications worth considering.

I was asked recently at a conference how to manage the line between research interviewing and counselling. In fact I do not think that there is a 'line' as such, because what I do as a therapist and researcher bear close similarities. The difference as I see it is how the situation is set up. I find Gray's (1994) idea of the 'frame' useful here. While therapy and research interview conversations share many features, as they both involve two people in a room talking about the life experiences of one of them, they take place within very differently organised frames. Etherington (2001) suggests that the principal difference is the *purpose* of the relationship, and draws the distinction that whereas with counselling the client seeks something from the therapist, in research the situation is reversed.

This is not to say that by taking part in the research process itself cannot be of benefit to the participant (Rosenthal, 2003; Skinner, 1998). One participant said that talking through his experiences helped him to continue to process and come to terms with what he had lived through. Conversely, there are clearly dangers that returning to distressing material may retraumatise the narrator. Rosenthal (2003, p. 917) talks about this ethical difficulty in narrative research, and describes the sensitive 'balancing act' that a researcher has to perform in facilitating narrative but avoiding retraumatisation. As a psychotherapist, I was aware of this element in conducting my interviews, and leant on my acquired skills to manage this, which involved paying close attention to what was happening with the participant's and my *body* as the primary conduit for traumatic experiencing (Levine, 1997; Rothschild, 2000). During the interview conversation with Donnie, who had been traumatised by being shot at on two occasions during overseas operations, I noticed that he was easily startled, and jumped slightly when he caught sight through the window of any movement happening in the street, even when someone walked past. I wondered to myself whether I should check whether he was all right, but decided that the startle response was slight and his capacity for regulating himself was sufficient without my interruption. I was aware with this participant group of the need to be sensitive around stepping in to 'look after' them, as people with high degrees of resilience and self-sufficiency, which might be construed as patronizing or disempowering.

Skinner (1998) suggests that the 'neutrality' of the researcher can be an important factor in facilitating openness, in her exploration of researching with highly sensitive issues. Although she had knowledge and understanding of counselling, she was not a counsellor herself, and suggests that this factor empowered her participants to talk honestly with her about their experiences of child sexual abuse. Had she been a health care professional and belonged to an official body, she felt that this would shut down potential avenues of exploration amongst participants who might fear judgment, and, worse, action against them. That I carried out my research independently of organisations such as the Ministry of Defence or the National Health Service I believe conferred a degree of freedom such that participants were able to tell me about their negative experiences of therapy without fear of recrimination. For most participants, interestingly, the fact that I was myself a therapist seemed less important than my military connection. For the participants who responded to my advertisement in places with close links to the military, this seemed to prove facilitative to their involvement. One participant said he would not have spoken to me had he seen the advertisement anywhere other than a military magazine. But the fact that I was not military myself proved another interesting factor in the way that narratives unfolded, a point to which I return later on.

That several participants were themselves either trained, or in-training therapists, must also have had a bearing on how narratives were co-created with me, a therapist myself. The common language

and broadly shared philosophy of being a therapist opened up avenues for expression with Debbie, Sarah, Emma, and also Andy, a mental health worker. For example, Sarah talked in terms of what happened 'in the room' with her therapist, and what stayed outside. 'In the room' is a common way of talking about what happens in our work as therapists, might sound a little odd to someone outside the therapy world. As a therapist myself, the concept of the room as signifying a 'frame', or boundary (Gray, 1994) meant something potentially different to me than it might to an interviewer who is not themselves a therapist, and came to convey something powerful in Sarah's account about the separation of parts of herself in therapy. Another researcher, another therapist, might have interpreted her account differently. This small example of how one phrase and its meaning to each interlocutor can come to have a bearing on the co-creation and interpretation of narrative is a demonstration of how inherently intersubjective a process narrative researching is (Mishler, 1986; Holstein & Gubrium, 1997). There is therefore a need for a high degree of commitment from the researcher to self examination, transparency and openness about his or her part in the process (Etherington, 2001a; Morrow, 2005).

Narrative interpretation, reflexivity and ethics

The narrative approach is inherently flexible and there are many ways of presenting people's stories. Most narrative researchers present participants' stories as separate, discrete pieces (Chase, 2005). Some recreate narrative in stanza form, a creative and striking way of showing dialogue (e.g. Etherington 2004). Others set out sections of narrative in tables with numbered lines as a way of showing narrative progression (e.g. McLeod & Balamoutsou, 1996; Mishler, 1986). In each case, authors do something with the narrative that is their own, but which is intended to illustrate and inform. To present the narratives in this study I chose to tell each participant's story as a separate chapter, with sections in my own words accompanied by apt illustrative sections of participants' narratives pulled from the transcripts. Where the narrative voice was mine, I nevertheless tried to stay with participants' language as much as possible, keeping as much as I could to reported speech. I needed to find a way to condense each person's story from 25-20 pages of transcript into a three page story which could capture a sense of their individual experience. This was a highly selective, and subjective process, a widely acknowledged characteristic of narrative research (Mishler, 1986; Reissman, 1993). Because the focus of my inquiry was to do with the interface between the military part of people's experience and psychological therapy, I chose to select the parts of their narrative in which they talked specifically about their various experiences of going to see a therapist. I also highlighted the elements of their narratives in which they directly referred to their military experience and its impact. During the condensing process, I therefore leave many aspects of their

stories untold, and therefore unexplored. It is possible that my focus on the military elements therefore lend a slightly one-tracked flavour to the piece. One of the critiques of narrative research, that what is selected is inevitably written from the point of view of the researcher, with his or her own interpretation of events – stories are always storied (McCormack, 2004). However, this affords an opportunity for thinking and reflecting on a deeper, multilayered way in which the researcher's own part in the co-construction of meaning can be taking into account and used as part of the inquiry (Etherington, 2007a; 2007b; McCormack, 2004). Rather than seeing this as a problem, narrative inquiry embraces this subjectivity as an acknowledged part of its richness (Ellis & Bochner, 2000). But there are nevertheless important features of the narrative approach which aim to guard against the potentials for the abuse of power, particularly in terms of misrepresenting people's stories.

In narrative research, the process of inquiry continues after the conversation and the researcher remains in contact with participants to confer about details of their narrative (e.g. Etherington, 2005; 2006). Having transcribed participants' narratives, I often reverted back to them for clarification on some elements of their story. This was particularly necessary with military terminology and how the ranking system worked. For example, I spoke to one participant about his rank which elucidated an important element of how he saw his place in the military as of low status, 'a nobody'. This led to a deeper understanding of an entrenched hierarchical social structure he retained decades after leaving the forces, which I would have missed had I not gone back to him. This was a nice example of how meaning can be *co-constructed* through collaboration and participant involvement beyond simply delivering verbal or textual 'data' (Holstein & Gubrium, 1997).

Studies vary in the extent to which narrative researchers involve their participants in the research process. For some (e.g. Etherington, 2007b; Morrow, 2005) a high degree of involvement with participants is advocated as a way of grappling with the interpretive issues implicit in this form of research. In the ethical minefield of conducting research with ex-clients, Etherington (2007b) demonstrates ways in which transparency between the researcher and participants around the research process can be harnessed to navigate a way through complex ethical issues. But while for this study transparency with participants felt essential, other times it is felt to be detrimental. For example, Adams (2006), in a poignant exploration of his experiences of growing up with a violent father, and the difficulty of then relating to him as an adult, decided not to share the written piece for fear that it would further damage the relationship.

I involved my participants collaboratively at the transcript stage, sending each their transcribed interviews to make sure that I had accurately recorded what they had said (Lincoln & Guba, 1985).

However, I decided not to send back to participants my précis of their narratives. I did, however, show two participants their summaries. Donnie was very concerned that he would be identifiable from his story, so I showed him what I had written to check his anonymity. He agreed with, and liked what I had written. He didn't like the name I had chosen for him, but when I offered for us to change it, he said it was all right to keep it. I also sent Sarah's story back to her. I was keen to hear what she thought, as a fellow therapist and writer herself. She thought that what I had written was a good summary. By why did I not do this for all participants? In the final reflective section I explore and reflect on my reasons for this. This was difficult to write, because, as Ellis and Bochner (2000) state, the self-questioning and reflexivity required in this kind of research involves 'the vulnerability of revealing yourself'. In hindsight, not sending the précis back to participants as part of the research process feels like a significant omission, or 'error'. But what emerges as a result of reflecting on this contributes richer meaning to the deeper underlying themes of the research, particularly to do with power relationships, my own place within them, and, I believe, the institutional influences at play.

Trustworthiness, authenticity, transparency

Issues of reliability and validity, key tenets in quantitative research methodology without proof of which weaken the significance of findings, change character in qualitative research, which is by nature and definition subjectively construed. As Holstein and Gubrium (1997, p. 117) make clear:

> One cannot simply expect answers on one occasion to replicate those on another because they emerge from different circumstances of production. Similarly, the validity of answers derives not from their correspondence to meanings held within the respondent, but from their ability to convey situated experiential realities in terms that are locally comprehensible.

Qualitative research continues to seek relevant 'criteria' by which its quality might be judged. Researchers such as Miles and Huberman (1994) have grappled with the thorny issues around how research that collects and examines text might be judged as 'good'. In their key text, they offer a range of ideas for qualitative researchers to consider, concepts such as the 'dependability' and 'authenticity' of the research, and its 'fittingness' and 'application' in the broader context of the social sciences (Miles & Huberman, 1994, pp. 278-280). For each of the groups of concepts they describe, they put forward a list of questions necessary for researchers to ask themselves. For example, under the heading 'reliability/ dependability/ auditability' which considers 'whether the process of the study is consistent, reasonably stable across time and across researchers and methods' (p. 278), they posit questions such as the following:

- ‘Do findings show meaningful parallelism across the sources?’
- ‘Were coding checks made, and did they show adequate agreement?’
- ‘Were any forms of peer or colleague review in place?’

While the way in which these authors put forward their suggestions is valuable, particularly in that they offer ‘useful possibilities’ rather than a one-size-fits-all dogma, the suggestions themselves often fall into a post-positivist approach to qualitative data, with the idea that there is some kind of ‘truth’ out there which needs to be ascertained. For narrative research, in which there are many ‘truths’ which emerge as socially constructed, co-created events, the influence of the researcher on the process of collecting stories is as important a feature of the analysis as the stories themselves (Ellis & Bochner 2000). The above set of questions therefore becomes problematic. The point of narrative inquiry is not necessarily to show parallelism across accounts and the need for agreement around coding and peer review detracts from the very valuable element of researcher *subjectivity* intrinsic to this approach (Reissman 1993; Chase 2005). The above reference to peer review relates to the post-positive ‘inter-rater reliability’ exercise whereby the reliability of the research findings are assessed by agreement across similarly qualified researchers (e.g. Armstrong et al, 1997; Miles & Huberman 1994). While I was not concerned to ‘test reliability’ with my peers, I did send several colleagues original transcripts as a way of reflecting on my coding and themes. We corresponded by and large in terms of the themes identified – perhaps unsurprisingly, as these colleagues come from similar backgrounds and trainings to my own. Readers from different disciplines might have identified different themes. What was interesting to me was the way in which each person responded and framed their analysis. One annotated the transcript electronically, another jotted thoughts on a scrap of paper, another colleague preferred to have a conversation about the transcript I had sent him as a way of generating discussion and ‘comparing notes’, and another listed themes in terms of polarities like ‘connection-disconnection’, ‘honour-dishonour’ and ‘imprisonment-freedom’. In the latter pairing, this colleague had identified a theme I had not seen. The participant whose transcript I had given her had been employed in a forensic setting since leaving the forces, and one of the reasons I chose not to focus on the experiences he described within this forensic setting was that I was worried about the possibility that it might identify him. But given that a lot of ex-military people go on to work in institutions such as prisons, the police and security services, I was perhaps being too cautious, with the result that a potentially interesting avenue of inquiry was closed off. I might have found a way of exploring this theme in the light of his narrative and still ensured enough anonymity for him. This is just one example of the many and varied responses I had from colleagues, confirming the high subjectivity of the analysis process in narrative research, which affords rich potential for multi-layered meaning, rather than trying to pin ‘truth’ down by consensus (Ellis & Bochner 2000).

Narrative studies are not of course exempt from the need for scrutiny to establish quality, but demand a different way of understanding what is meant by this. Later contributions to this area of research methodology critique the post-positivist contributions outlined above. Ellis and Bochner (2000) pose a powerful challenge to established research methods in the social sciences. Rather than endeavouring to find a way to establish 'truth' in favour of distortion or bias, they advocate not simply an acknowledgement but an assumption that 'stories rearrange, redescribe, invent, omit and revise. They can be wrong in numerous ways – tone, detail, substance, etc.' (Ellis & Bochner, 2000, p. 745). It is the researcher's *assumption* of the difficulties inherent in narrative research, their *awareness* of all the ways in which the above potential 'distortions' occur, and their *transparency* in communicating all of this within the research, that become the kinds of criteria by which quality is judged (Etherington, 2001a; 2006; Morrow 2005). This is an appropriate moment for me to lay out my ontological position and describe the context from which I approach the research as a way of attempting to open out some of the above issues in relation to this particular study and my place within it.

Researcher reflexivity

I am a white middle class, privately educated, female university graduate from a military family with an officer father. I am also a psychotherapist who has spent much of my training and personal therapy reflecting on, and understanding the powerful influence of the 'Establishment' on my life, and questioning its underlying philosophies and tenets. As such, I approached the research, and the narratives of participants, from a very particular place. Growing up as a child and young adult, I wholeheartedly embraced the institutional worlds in which I grew up, and functioned externally extremely well within their structures. I excelled academically, in sport and music, and became an outwardly 'successful' person - top of the class, Head of School, a place at Cambridge, clever, articulate. Part of this was because of strong famlial influences around things like hard work, duty, service and 'being good'. I emerged with what Duffell (2000, p. 13) calls a 'compensated personality'. This inheritance was generational - my father says that his father (who had also been in the army) treated him like a 'little soldier' under his command. Outwardly I conformed. But internally things were very different, and when I left university and had to live in the world without the structures and milestones set out for me it felt as if everything imploded. The way I understand things now is that I did not have sufficient sense of self without the external props, and the strain of having to live without them became too much. At the time I had no idea of the role of institutions in this, but their influence has become very clear over the intervening years of self reflection, and building my own narrative.

I come to this topic of research, then, from a place in which certain aspects of institutional life have had a negative influence on my life and my development as a person. The best example of this is a kind of rigidity that I continue to experience, in both conscious and unconscious ways, around who and how to be in the world and in managing conflicts with other people and their ways of being (and my own internal conflicts). But there are also elements of my institutional experiences that are more positive, which I often take for granted, and which others see and admire. As well as in the rest of my life, these also come into play during this research study - elements such as personal discipline and the drive to complete things to a high standard, and the social 'training' of my background, which enable me to meet and get on with people fairly easily in most situations. Most of all, I bring my experience of having lived in a 'total institution' (Goffman, 1961) as one which has had a profound impact on many aspects of my life, most of which I had no idea about until I explored these in therapy. To be more precise, it was with a particular therapist that these influences came to light, which again shows the intersubjectivity of the process. He picked up on this element of my life in a way that previous therapists hadn't. I remember how affronted I was when he first told me how uptight I was! Through our conversations over time the institutional part of my experience has taken the forefront in understanding myself, and my way of being in the world.

Given the above, my 'take' on my participants' narratives, I acknowledge, has to have been guided by my own learning in this area. The parts of their stories I have chosen to pull out will inevitably have resonated with my own in some way. The fact that I am a psychotherapist writing a dissertation which is aimed at informing practice also has its bearing – I feel that I take up somewhat of an educational role in the way I have chosen to present the themes as I have done, particularly in outlining military culture in the way that I do. Given the paucity of literature, it feels like an area that is not necessarily seen or understood by the civilian person, as many of the narratives confirm. My choices of what to present are therefore what I felt was useful to be heard as well as interesting and resonant with my own experience (Reissman, 1993).

It is important to acknowledge that not all people who have spent time in total institutions share my 'version of events'. I find it particularly fascinating that different people experience authority and power differently. While I fully subscribed to the hierarchical structure of school, I could never choose to join the military. One afternoon a week at school we had cadet training which I *hated* – march here, march there, stand up straight, camp in smelly old army sleeping bags in the wilds of Scotland with a rifle… But other family members joined their university cadet forces, and loved their experiences (one joined the regular military and is now a high ranking officer). They were able to manage the power relationships far better than I ever could. Similarly, my participants varied in the kinds of experiences they had with power in the armed forces, which I try contrast a little later.

One of the ways narratives researchers endeavour to account for the choice points and decision-making processes around re-presenting narratives is by recording their research journey. As a way of examining my own subjectivity in reflecting on the research, I took notes throughout the process, excerpts of which I include in Appendix 5. During the fieldwork and beyond, I recorded my own thinking processes as a way of continually reflecting on my own process and the many possible influences on the co-created narratives, evaluating and interpreting constantly throughout the fieldwork and analysis stages (Riessman, 1993; Etherington, 2004; Skinner, 1998).

Choice of methodology

The primary reason I selected narrative inquiry as an approach to this research area was because it was important to me to present the story of each individual as a discrete narrative with all of its richness available for reflection. My aim was to give voice to servicemen and women in a research field in which they are largely silent, and chose the narrative approach in deliberate contrast to the prescribed ways in which discourse takes place in institutions (Goffman, 1961; Hockey, 1986). It felt crucial for each person's unique, individual account to be heard, in contrast to the military's suppression of the individual experience in favour of the collective, and to counteract the apparent parallel process of this also happening in the tendency towards quantitative research in this field (Clarkson, 1993; Higate & Cameron, 2006). I eschewed more post positive, reductionist research methodologies such as Grounded Theory (e.g. Glaser & Strauss 1999) as a way of leaving personal experience *open* to interpretation rather than narrowed to a set of imposed theories.

Second, narrative inquiry parallels the process of psychotherapy and complements a study about therapeutic experiences. As Bruner (2004) suggests, many therapy practitioners 'define change in therapy as entailing the re-authoring of life stories' (p.ix). I hoped to learn from my participants about the 're-authoring' both of their lives in therapy, and of their experiences of therapy.

Third, in narrative inquiry 'a *teller* and a *listener* are always assumed' (Hermans, 1999: p.1194). During research interviews, the role of the qualitative researcher as that of listener is not passive but instrumental (Hoepfl, 1997). In therapy, what we do with our clients is a process of 'co-constructing stories about self and others' (Angus et al, 1999: p.1255). Narrative is co-created and demands that the voice of both interlocutors be heard. As a reflective practitioner and an integrative psychotherapist, with an intersubjective understanding of psychological therapy, I give attention to my own part in this narrative creation (Stolorow & Atwood, 1992; Chase, 2005). My own inner, or 'countertransferential' experiences also feature and become a potential source of important information for reflection and understanding (Maroda, 1998).

Because of the complexity and flexibility of language and its interpretation, narrative researchers take different approaches to data analysis which fall under the broad umbrella of narrative inquiry, which as Riessman suggests, 'does not fit neatly within the boundaries of any single scholarly field' (1993: p.1). Instead, researchers find their own approaches, influenced by their own interests and assumptions, but often drawing on previous research to inform their analytical approach (Chase, 2005). This flexibility of approach appealed to me for this study in that it affords an openness and fluidity to the process of interviewing and analysis that is in direct contrast to the structured backdrop of the military. On a personal level, it was a challenge to me with my own rigid structures to go for an approach which was more fluid, feeling freer to express originality and creativity alongside structure, a process advocated in the doctoral research endeavour by Janesick (2001).

The act of telling others about ourselves is complex (Bruner, 2004). The analysis of such a process is likewise complex, involving a multi-layered, meta-analytical approach (Riessman, 1993). Murray (2000) offers one such approach, putting forward a multi-level model for the application of narrative analysis to health psychology. He proposes that interview data should be considered from the 'personal', 'interpersonal', 'positional' (social position of narrator and listener) and 'societal' angles, and presented in a way that integrates these. I draw on this approach in the analysis and discussion of my interview data. I was also influenced by the design of Davidsen and Reventlow's (2011) study of GPs' narratives of dealing with patients with psychological problems, particularly in the way they present participants' stories, and by the process of thematic analysis adopted by Burnell et al (2006).

Participants and sampling

Criteria for participation was that people had received weekly individual counselling or psychotherapy for a period of at least a few months at any point after leaving the armed forces. I specified that therapy had lasted a few months as an arbitrary measure of the establishment of a good enough therapeutic relationship and level of engagement for participants to have something to 'tell'. I constructed the participant criteria whilst still in the early stages of training as a therapist, and was perhaps conflating quantity with quality. With hindsight it is clear to me that this specification was spurious. Some participants told stories of previous attempts at therapy lasting only one session, which has as much to say about a therapist and the (lack of) relationship as a 'long' and successful therapy. I discuss the design of the study and its potential problems further in the final reflective section.

For the recruitment of participants I put an advertisement in *Legion*, the British Legion's monthly magazine, and in *Pathfinder*, an online magazine for the ex-military. I also arranged for a notice to be

put up at a mental health treatment centre for veterans. Texts of these advertisements are included in Appendix 1. Seven people responded to the advertisements (six through the magazine, one via the noticeboard). Six were recruited, as one person did not meet the criteria. The remaining four participants were people I had encountered through my training placements and my training institute's research network, and whom I invited to take part. I thought it would be particularly interesting to hear the stories of ex forces people who were themselves involved in the field of psychological therapy.

The ages of the ten participants ranged from early 30s to early 60s. Three were women, and seven were men. Of the ten, one was ex navy, two were ex air force and the rest were ex army. Table 1 gives further information about the participants. Because military personnel are highly identifiable due to the 'small world' of the armed forces, age is deliberately left vague, and rank and regiment and dates of service are not included, to protect anonymity. Current occupations are also kept vague.

The variety of ages, gender and service in the sample was, serendipitous, and I feel of value to the study. The diversity of the sample gave rise to a broader spectrum of experiences than might have been the case had the sample been homogeneous (all male, for example, or all of a similar age). For example, important themes emerged such as the influence of gender and of the era participants served, which impacted on their experiences of the military and of therapy. This is not to say that a homogeneous sample would not have had its own advantages and interests, but for a study that aimed to consider the experiences of ex military clients, irrespective of age, gender and service, the diversity of participants was welcome.

Table 1 – Participant details

Pseudonym	Age bracket	Armed Force	Age at joining	Length of Service	Current occupational area or work status
Sarah	Late 30s	Army	23	8	Vulnerable adults health worker
Andy	Mid 50s	Air Force	18	8	Mental health pastoral worker
Des	Late 40s	Army	21	21	Unemployed (medically discharged with PTSD)
Mac	Early 60s	Royal Marines	17	8	Retired
Debbie	Early 50s	Army	25	7	Psychotherapist
Emma	Early 60s	Navy	17	23	Trainee counsellor
Donnie	Mid 30s	Army	19	10	Transportation
Colin	Early 60s	Air Force	17	34	Retired

Jim	Early 50s	Army	18	12	Charity case worker
Mark	Early 50s	Royal Marines	17	19	Teacher

Recording and storage of narrative interview conversations

Interview conversations were unstructured and lasted for between 60 and 90 minutes. Since the focus of narrative inquiry is the *story* of the interviewee, the meaning they make of their lives and contexts, I began by asking participants to tell me their experience of psychological therapy, and allowed them to speak at will. This approach to interviewing mirrors that of Shaw and Hector (2010), who in a similar study interviewed military members returning from Iraq and Afghanistan. Like them, I intentionally did not have a set interview schedule, but allowed them to speak freely. I was careful not to introduce new concepts and to respond only to what participants talked about, often asking them to elaborate with questions such as 'What was that like?' or 'Can you say more about that?'

Interviews were recorded on a digital recorder and I kept the recordings in password-protected folders on my laptop computer. I also kept backup copies of recordings on data storage devices, which I locked in a safe box. I conducted all interviews face-to-face, in most cases travelling to the home town of participants.

Close analysis of the narratives

To guide my close reading of the narrative transcripts, I drew on the narrative studies that already exist in the military field (Shaw & Hector, 2010; Burnell et al, 2006; Burnell et al, 2009; Thornborrow & Brown, 2009). Immediately after each interview conversation, often on the train home, I wrote notes on elements of the experience that had stood out for me, reflecting on potential themes, and on the impact the person's account had had on me. In this way, conducting the interviews and doing the analysis were not separate processes, but happened as a 'series of cycles of inquiry' (McLeod 2003: p.73).

I transcribed each interview, listening to each several times, both to ensure accuracy of transcription and to begin the process of immersing myself in the stories recommended by Riessman (1993). I transcribed all of the interviews before embarking on a systematic process of close reading, but each time I listened again I wrote notes and comments beside the text and in my research journal to capture thoughts and themes as they arose, for later consideration, as a 'pre-coding' exercise

(Saldana, 2009). Once my participants had read through their transcripts and were satisfied they were accurate I began a form of systemic analytic reading, using open coding (e.g. Miles & Huberman, 1994). I combed each transcript on a line-by-line basis, noting themes against the text and noting the recurrent themes on the first page (Appendix 2). I then compiled an Excel spreadsheet for each participant detailing what was talked about on each page to help me access the narratives at a later stage, and listing the codes I had noted for each page (Appendix 3). The purpose of this iterative process was that I would become as immersed as possible in my participants' stories, and not leave any part of their stories unscrutinised.

The next stage involved writing a chapter for each participant, condensing their narrative from some 25-30 pages of their interview transcripts into three pages each. Once I had the ten condensed narratives in front of me, I then embarked on collating the principal shared themes and subthemes. I did this by using the 'OSOP' (one sheet of paper) technique (Ziebland & McPherson, 2006). I found this very simple method, which entails making a one page 'mind map', an effective way of gathering my thoughts and organising the findings into themes that could be clearly presented in narrative form. By this stage I had formulated three rough umbrella headings, 'military culture', 'military/ civilian divide' and 'therapy and the military', which I used as organising umbrella themes for the mind map. I noted the subthemes I had identified from all the accounts on this mind map, linking them visually to the three umbrella headings. I then reviewed each narrative and filled in key examples of where the subtheme arose, noting the name of the participant underneath. From here I began to form a structure for my discussion section. This one page mind map and the can be found in Appendix 4.

Further ethical considerations

Participants were informed that their contribution would be confidential and their identity kept anonymous throughout. Armed forces personnel are particularly recognisable, especially to each other, by the regimental details that pepper their narratives, which identify them easily through geographical and historical association. I therefore took special care to disguise identifying information such as, for example, rank, age, county of origin, military campaigns and regimental affiliation, in the textual data in order to ensure anonymity for participants.

I made it clear to participants that they could withdraw from the study at any point, and that should they withdraw, their data would be destroyed and no longer used in the study. The above information was conveyed in an introductory letter (Appendix 6) and information sheet (Appendix 7). Participants received this letter and information sheet in response to their initial interest in

participation. With each participant I checked that they had read through the information sheet prior to interview, and gave them a hard copy to read again at interview. In addition, I asked them to sign a consent form when we met (Appendix 8).

I took care to find a place for the interviews that was safe for both my participants and me to meet. In most cases I found a room in a neutral place such as a Quaker Meeting House where there would be peace and quiet, but also people around to ensure my own safety whilst meeting with strangers. My participants put themselves in a position of vulnerability in opening up to me about their experiences of therapy, therefore it was important that they felt psychologically held and that the interview was properly boundaried. I used my skills as a psychotherapist to manage the boundaries and to create for us a psychological containment.

Before undertaking interviews I discussed with participants their options for support, and recommended that they discuss their participation in the project with their therapist, and ask for extra support, if required, in the form of an additional session or phone call. Where participants had ended therapy it was important to establish that there was the possibility of further support from their previous therapist or from other resources. I also referred them to the list of organisations offering support to military and ex-military personnel included in the information sheet.

Because of the demographic there was a strong possibility that participants would experience distress during their reminiscences, particularly if they touched on combat trauma. I was prepared to employ my own therapeutic skills in this instance, including the use of techniques such as the grounding exercises suggested by Rothschild (2000). I was also prepared in this instance to terminate the interview in order to manage the re-experiencing of the trauma. Had this happened, I would have had to give consideration as to whether to continue with this participation in the research, with careful consultation with my supervisor and with the participants themselves.

It was important to take proper time to debrief my participants carefully after each interview. The period of debriefing included reviewing the interview, and finding out how participants felt about what they had said and what it was like to talk to me. We then had a discussion around what they were going to do next, as a way of grounding them and bringing them back into the present (Rothschild 2000). We also identified sources of support together, including friends, family and their therapist, and I referred them again to the list of resources on the information sheet.

For the interviews, I met with people with whom I had only had contact over the telephone or email. Therefore for my own safety, I notified a colleague or friend of the timings of these meetings and arranged to call or be called when the interview was due to finish ensuring I was safe.

Because of the nature of the interview content, it was important for me to attend properly to my own self-care. During the fieldwork, I sought extra support from my own therapist, and my clinical and research supervisors. I discussed the project and my relationship to the process of researching continually with my therapist, and 'debriefed' with him the experiences I had with interviewing participants. He was open to offering me extra phone calls or additional sessions. I also arranged get-togethers with several training colleagues as a peer support group every couple of months during the course of the research project.

At the time of conducting interviews I made sure I booked sessions of acupuncture or massage, and scheduled dinners with friends, films and concerts in the evenings and at weekends to distract and entertain myself outside of the project work. I have an extensive network of friends around me as well as social and leisure activities outside of my training and research which gave me support and nurturance throughout the fieldwork.

PRESENTATION OF PARTICIPANT NARRATIVES

The following ten sections are dedicated to each of the ten participants' narratives, told in my words but with extracts from participants' narratives to illustrate their experience. With no specific rationale for presenting them in any particular order, the sections appear in the order in which I interviewed participants. I use pseudonyms to disguise the identity of each participant, and I also replace all other names that occur in their narratives, for example therapists' friends and family members, with different names. For clarity I begin each participant's section on a new page.

Sarah

Sarah served as a nurse in the army, including on various tours where she worked in emergency medical teams, which often involved dealing with extremely serious injury and fatalities. On leaving the forces she has worked in the NHS, and has recently completed her training in psychodynamic counselling. She went into therapy as a requirement of her counselling training.

It took Sarah a while to get used to therapeutic process, which at first felt indulgent, accustomed as she was to the military approach to dealing with issues, which she summed up as 'Buck up, have another drink, it'll be fine'.

<u>Culture clash and misunderstanding</u>

In terms of the military, for the first 18 months of therapy, Sarah felt that she and her therapist 'worked round the periphery', but never really talked about the 'nitty gritty of the experience'. This changed when Sarah began to have nightmares involving body bags, which she related to an incident on an operational tour when she and her colleagues had to deal with the body parts of men blown up in an explosion. Memories of this incident had been triggered by a news story about an initiation rite in a Marine unit that had caused a huge outcry in the media leading to a lot of negative press about military culture. Sarah felt that a gulf began to open up between herself and her therapist, who focussed on the negative aspects of military culture:

> I was trying to talk about my nightmares, and she was talking about this, and, 'You understand that's not, you know, normal behaviour', or 'That wouldn't be appropriate…', something about the whole idea of initiation type stuff which is dodgy, admittedly, but I felt like I was almost like a child abuse victim being told that, you know, 'You might not recognise it as abuse but it is', so it was all this focus on the culture and what I'd been involved in, rather than what I wanted to talk about

For Sarah, this experience sums up her time in therapy. She has been seeing this therapist for 4 years and yet:

> It feels like there's no go areas, because it's almost like I feel I have to protect her from the wider stuff, the stuff she might not approve of, otherwise we'll be side-tracked or she'll be shocked

Sarah now found herself doing a 'PR job for the army', giving 'impassioned defences' of the military, in the face of negative public opinion around the military conflict she had been involved with, which

she felt her therapist on some level espoused. Her experience in the forces had in fact been extremely positive, and she had found the military environment nurturing and protective. Sarah kept out her difficult experiences in the military because she did not want her therapist to 'pollute the good in trying to deal with the bad':

> I'd come away hugely frustrated, because not only had I not got to talk about what I wanted to, but I'd then misrepresented myself in some way, you know, feeling I had to take this stance

Sarah recounted parallel experiences of writing reports for military and civilian bosses. She described working for a 'touchy feely' boss in a therapeutic field after leaving the army, whose vague, unstructured style was 'torture' for her. She compared this with having a colonel in the army rip up a report in her face and tell her to do it again. She found the latter experience less traumatic than the civilian parallel because that was the culture, that was her training, and she knew what was being asked of her. But her therapist was horrified by the story. Sarah remarks:

> It's like, how do you get to the really difficult situations where you have to make life and death decisions, where you could potentially screw up and do awesome *[sic]* things?… How on earth do you talk about that in a room when, you know, talking about someone ripping up a report shocks somebody?

<u>Keeping the military out – becoming the protector</u>

Sarah now rarely brings anything to do with the military into her therapy as a way of protecting herself from the situation of having to defend the institution, or, she feels, from giving credence to her therapist's stance:

> I've done a lot of the work around the military stuff, and why I went into the military I've done by myself out of therapy by thinking through rather than it being done in the room, because it didn't feel particularly safe to do it in the room - that somehow that positive stuff would get stripped away

She found that the political backdrop to her therapy at the time meant that there was a real potential for the political to muddy the personal and for her to feel judged by her therapist, threatening the possibility of open exploration:

> I used to spend a lot of time kind of imagining what she was thinking or if she disapproved or, you know, had she been one of those marching against the war and was horrified to have

> me there? ... Because when I first came back I had some really bad experiences of people spitting at me in the street.

With this background Sarah doubted that her therapist was completely non-judgmental, working through things in her best interest, 'on her side'.

Lost in translation

There was another stumbling block that Sarah felt got in the way of processing some of her experiences. The number one fear everyone shares in combat situations, Sarah explained, is of 'fucking up and killing someone'. A lot of self-analysis goes on after critical incidents in which you are asking yourself if you did the right thing, or made some serious error. Because in therapy she was sitting opposite someone with no understanding of the military lingo or procedures, Sarah felt this precluded the possibility of making sense in retrospect of the chaos of combat. Instead, what would often happen was that her therapist would interrupt to get clarification on terminology, which Sarah found frustrating and unnecessary:

> It took about five minutes describing all these vehicles and explaining how a convoy worked, and afterwards I was really frustrated and thought, 'Well you didn't need to know any of that really, you just needed to know I was in a convoy that got into difficulties and this is what happened', so there's something almost a bit voyeuristic about wanting to know all the details

She had the sense that the atmosphere relaxed when they moved away from talking about the military, with fewer interruptions:

> I have sometimes felt that there was almost relief when I moved back onto more familiar territory and started talking about the course, or client work, or day-to-day stuff, almost, 'Oh yeah I know how to deal with this' - I don't know how accurate that is, whether it's just my perception, but certainly there isn't the interruptions with, 'What does this mean?' and 'What does that mean?'

Pathologisation of the military and the need to self censor

Sarah has had the feeling that she is being related to by her therapist as someone who is deeply traumatised and damaged by her military experience and has the sense of being pathologised. If you

say you'd shot somebody or seen someone shot, she said, it felt as if there was an expectation that you were damaged and in denial, rather than that you were actually coping all right because it was what you trained with:

> I guess I have this feeling often, that what she wants me to say is it was all really terrible and traumatic and I'm just defending against how horrible it was

Sarah described this as a 'complete lack of containment' when it came to talking about anything difficult.

Rather than finding a safe space within which to integrate her experiences, she feels that there is a pulling towards the left by her therapist in terms of a political stance. She speculates that this is also overlaid with a subtle sense of judgement of the very different lives she has chosen as a woman. Her fantasy of her therapist was as having 'a husband two kids a dog and a Volvo', and from this traditional way of being as a woman might have been judging her own choices as errant.

Sarah's overall experience of the therapeutic process is that she feels she cannot bring the whole of herself into therapy, but has to edit herself heavily:

> That's a big theme really when it comes to bringing in the military stuff into therapy, it's an edited version of me she gets, and an edited version of my story that's not necessarily dishonest, but it's not a complete picture - it's like leaving big chunks of me outside the room.

Andy

Andy sought therapy following a hospital admission for a severe stomach condition linked with high stress levels. When medication didn't help, his GP suggested counselling. He was initially deeply sceptical about counselling and psychotherapy, but agreed to try it out, only under his own steam. He organised his own therapy independently of the NHS.

Playing to his rules

When Andy arrived, he encountered Linda, a woman he found 'eccentric', 'wayward and wistful', and 'a little bit hippie'. This put him off, but since he had travelled a fair distance to get there he decided that he would stay for just that one session:

> I told her straight off, I said, 'You're not going to make me do anything I don't want to do', and she said, 'Oh that's fine, that's all right' and in fact we almost made a contract on those lines, and because she said OK to everything that I said, I thought, 'Well she's actually sort of stopped me having an excuse not to come back'

At the outset Andy saw therapy as somehow being at Linda's mercy, to be 'done unto' in some way. But as she allowed him the space in the initial session and respected his terms, he continued to attend sessions, and they began to explore Andy's emotional world.

Andy, a logical, practical man, didn't see the point of this until Linda made the link between his emotions and his physical wellbeing:

> She was now saying, 'You know, there's processes where you're internalising it, so you might be angry, you're not showing it outwardly, but you're holding it' and I think, well, I can sort of see the sense in that there's a practical link in there… it's always been one and two equals three, see? So I could work that one out

Linda introduced visualisation to explore Andy's stress, suggesting that he picture the tension in his stomach as a ball of spikes, and imagine it disappearing. But Andy did not like the idea, seeing this as a kind of denial. When Linda persisted, they negotiated a kind of bridging idea that the spiky ball, instead of disappearing, might be transformed into a 'soft pompom'.

> We were able to work through that quite successfully I think, I was quite pleased with myself but I was, 'No, be careful, you know, she's sort of getting to you'… Obviously there was a lot

> of talk in between, and I've always been happy to talk, but it's dealing with that inner emotion.

Imagery, progress and then a rupture

Despite the compromise, Andy was still deeply wary of somehow being 'got to'. Linda continued to work with imagery, and in one session suggested that Andy draw how he felt. Andy immediately refused:

> I can't put feelings down on paper, that's just a completely different concept to what I'm used to, I just don't function that way - feelings on paper, drawing feelings, that's abstract, you know, it's not concrete

Despite his protests, Linda stuck with the idea and they talked around why imagery could be useful to him. Andy took up the concept and found a double-sided postcard with Frans Hals' The Laughing Cavalier on one side, and Picasso's Weeping Woman on the other. The Picasso image represented how he felt during the difficult times, and the Laughing Cavalier how he saw his normal self, which he wanted to find again. Despite his previous scepticism, he could now use this idea of imagery and was pleased with his progress:

> One of the things that talking with the counsellor did was actually help me to see, 'Well actually I can identify with that', and I recognise that I had moved, I had shifted a bit

Then, unexpectedly, Linda took a different tack, and noticed that the Picasso was a picture of a female figure, and she wondered about the significance of Andy identifying himself with a woman:

> That just completely threw me and I thought, 'What are you doing to me?' So I walked out and left and went and so that finished and, 'You're completely bonkers and I had not even noticed it was a woman, I was trying to work down your road and you've blown it'

On the long drive home, Andy cooled off and telephoned Linda to apologise, and to say that he had overreacted. He explained that he felt uncomfortable doing this work, and as a practical person, struggled with this 'use your imagination' kind of thing. But once they had talked things through, Andy returned to therapy.

Linda continued to use visualisation and imagery, which included the introduction of a 'safe place' for Andy to go in times of anxiety. The concept took weeks for him to grasp:

> It's been such a powerful feature, but so difficult to get to because of this movement, I think, between the practical, physical, you know, this is how you do something, to the imaginary, airy-fairy, psychobabble world, and it was a huge step

He compared this 'psychobabble world' with the practical, logical world of the military, where he worked with machinery:

> Every particular piece of work that you have to do has a service manual, and that service manual is step one, step two, so if you'd never worked on that thing before you could turn up for work, you could open the service manual and you could do the job, and that's the whole purpose of it – simple

Picking up new tools

Going from the practical to the imaginary felt like a huge leap for Andy, and deeply countercultural to him as an ex serviceman:

> The concept of imagination and feelings were irrelevant, they're not there, you know, how you feel… is neither here nor there, you have a gut feeling that something's wrong is irrelevant, it's either wrong or it isn't, so it was a big huge leap

He saw his progress in therapy as learning to pick up and use these new 'psychological tools'. He said that this process also entailed a continuous power play between him and Linda as to when and how he would pick these tools up:

> We'd talk, and then she'd, 'Well coming back now to this emotion thing', and, 'Oh here we go again', and so we'd sort of wrestle with it for a little while and perhaps make a little bit of headway and, 'Perhaps, well, maybe I could imagine it', and so that was a huge step, you know, in admitting I might be able to imagine it

Andy's new ability to connect with the imaginary facilitated deeper exploration. For example, his therapist suggested using a boat in a storm as a metaphor to explore family roles. Andy took to the image easily, identifying his role as the lifeguard, the 'superman', trying to get everyone back in the boat. He linked this sense of responsibility with his life in the forces:

> In the services… you sort it out, you don't go to somebody else, you don't say, 'Oh I've got an issue here I need help with', you say, 'Well you sort it out', so I think that was part of the issue – 'Well if there's a job that needs doing, don't come to me with your problems', and I think that's probably sort of a knock on, 'Why am I going to a therapist, I can sort it out myself'

Used to being the responsible one, Andy found therapy a difficult place to be, because he felt he was putting himself into someone else's hands. He didn't like this, and found ways to 'turn the manipulation round', which he felt he achieved quite successfully. Andy explained that taking control helped him keep hold of some kind of power in a situation in which he felt extremely fragile. Compared with the command structure he had been used to, with everything 'road-mapped',

> In therapy it's exactly the opposite, you know, you're all of a sudden, you're, you know, cast adrift, and you don't know where you're going, and that does make you feel very vulnerable

Part of this vulnerability was the apparent lack of structure, plan or direction to therapy, unlike in the military:

> 'This is how we're going to work, by week six we're going to be dealing with', which would make it so much easier, but it wouldn't be effective, obviously, but that's because there's no structure - it's open ended it's woolly, it's nowhere.

Des

Des was tasked with the management of combat fatalities on an operational tour, which involved clearing the aftermath of explosions, manhandling countless dead bodies and body parts on a daily basis for months on end.

In the intervening years, Des has struggled with debilitating traumatic symptoms, and has had various experiences of therapy both in the military and subsequently in the NHS.

How much can I really say?

On his return from the traumatic operational tour, Des had a breakdown and was referred to an army psychiatrist whom he saw three times a week, which reduced gradually to once a week sessions. The process was principally one of containment, and Des felt it was of little therapeutic use. He approached it with suspicion:

> I just didn't feel I could open up totally, because I just felt if I tell him about the experiences… I just think they would have just thrown me out so my biggest suspicion was keep your mouth shut answer the question and try and just get out of this bloody mental health ward

As well as wanting to protect his career, there was incentive to get out as soon as possible to escape the stigma in his unit. As an example of this, he cited his senior officer as making comments like, 'How's my loonies today?'

Des returned to relatively good health, until a few years later when he was posted to a fuel depot, where the smell of the fumes transported him immediately back to the carnage of exploded vehicles, triggering his traumatic memories. Des was disappointed and angry to find himself back in therapy, having fought to keep his symptoms at bay:

> You mentally avoid it, you literally forget everything what's gone on, and you tuck it so deep inside your own mind that it doesn't, it's not there, and the thing is, you know, that's part of the avoidance, and I was annoyed with myself that for some reason this condition which I thought I'd got rid of, being PTSD, had come back

This time Des saw a different therapist – a psychiatric nurse who was a captain in the Royal Army Medical Corps. A 'soldier's soldier', he had also been on operational tours and knew the places Des had been to. He understood, Des said, 'how far you can push a serviceman or woman before they

have a mental breakdown'. The shared experience and feeling of relating to a fellow soldier meant there was less of a fear for Des of losing his job, giving him a new possibility for openness:

> He approached it in a different manner, I just felt like he was a lot more relaxed, he was a lot more user friendly in a sense, and I think because he wasn't a psychiatrist he wasn't searching my mind or anything like that, and I didn't feel paranoid, you know, or suspicious about why he was asking these specific questions

There wasn't the same sense of hierarchy and threat he had experienced with the psychiatrist. He explained that one of the biggest things that happens during the military training is the establishment of the chain of command:

> You've gotta respect officers whatever command they issue, you've got to respect that, and the way they get around that is by putting pips on them and making them out, 'This is the officer', so when you go into a room with an officer in you'll either stop, or you'll brace up, or you'll salute

When it came to therapy this power differential was an immediate barrier to trust, and the issue of confidentiality was threatened when seeing an army psychiatrist:

> When you meet the officer in there, you're very suspicious of what they're up to and that's the problem you have with mental health where you're working your way along in the army, you know it doesn't stop at the door

<u>Civilian treatment - an escape bolt</u>

Des cut short his therapy with the captain to go on a promotion course. One of his troop commanders had said if he wanted promotion he had to 'stop messing around with this issue and get a grip'. Although Des had felt strong enough at this point to leave therapy, several years of difficulty ensued. He was sent to a posting in which he was given a high level of responsibility in a situation for which he was insufficiently trained and inadequately supported. He got into angry disputes with senior officers and the medical team. He said that only when he threatened to knock out one doctor it was at last recognised that he needed treatment, and he was referred externally to a civilian therapy centre where he saw a psychiatrist:

> He was the first civilian psychiatrist I'd seen over the years… Seeing him it was totally different, his approach to you - as soon as I went in, he turned round and said, 'Are you

> drinking?' I said, 'Fucking right I am', he says, 'Well to see me you can't drink, if you wanna see me', said, 'It doesn't work', and I said, 'Right then', and he was quite commanding.

Outside the military there was no need for the same suspicion and wariness – he could say anything he wanted and not worry about the consequences. Confidentiality was guaranteed because it was a civilian centre.

Therapy here became an 'escape bolt' from the stress at work, until one day back at barracks his immediate boss, contrary to Des's wishes, informed his commanding officer that Des was in therapy. Two weeks later Des was suspended from his job. Des quoted the commanding officer as saying he 'didn't want any fucking raving nutter'. Des was medically discharged from the forces after various further postings, the last of which (and the last straw for Des) was working in the catering rations store where he had to manhandle animal carcasses. This was despite specific recommendations on his file that he not be exposed to dead bodies, animal or human, on account of his traumatic experiences.

Since leaving the forces, Des has seen a string of psychiatrists and has found frustrating the lack of consistency of care:

> I've been fannying about with different psychiatrists and being argumentative with them, because you'd see them once and then they'd be gone, 'cause they were all locums and I thought, 'I'm not opening up to you people'

Over time, Des says he has become more and more angry and frustrated at the lack of provision of specialised therapy. He also had difficulty getting housing for himself and his family on leaving the forces, which drove him to write to his MP. Des was eventually allocated a social worker and given a treatment plan that involved seeing a psychologist for a while, with whom he got on well. Part of his treatment was attendance at a mindfulness group.

<u>The group dynamic</u>

Although the group helped him with relaxation, Des struggled with group therapy in other ways. Already isolated as the only veteran, and the only man in a group of women, he felt further alienated by the fact that his experiences were so shocking to the group:

> They were talking about shopping or something, and you turn round and say, 'Yeah, an actual head weighs nine pounds and I've picked up one of them fuckers and carried 300 meters', and everything just fucking stops and they don't know whether to believe you, some of them are in shock, they really don't know where you're fucking coming from

Conversely, civilian language proved a stumbling block for Des in engaging with the group processes. Even when there was talk of something as mundane as waiting for a bus, he says:

> When they're grabbing, 'Oh yeah I can remember I went to the bus stop and put my arm out', you know, 'and I jumped on the bus' sort of thing, you've got no experience of that because you've never been on a fucking bus, so the only thing you can grab is, 'Well I remember getting on a coach one day when we were out on manoeuvres'

Des joined the military aged 17 and had never experienced 'normal' life in the UK as an adult. Stumped by everyday concepts and terms of reference he found himself lost in the group:

> She's ten sentences down the road, and you're still fucking trying to figure out what the fucking hell she's said, and you struggle with it because you're sat there thinking to yourself, 'Should I ask her?' and you're nodding and giving it, 'Yeah, yeah, yeah', I haven't got a fucking clue what they're saying, because it's you know, 45 minutes later, and you'd be sat there looking at the clock and thinking, 'Fucking hell get this over with'

His frustration with this situation resulted in him getting very upset during one session and he walked out of the group. Although his psychologist was present, she didn't follow him out and did not call him until a couple of weeks later. He told her he wouldn't be coming back because he didn't trust her any more.

<u>A military haven – specialised residential treatment</u>

Des has since found his way to a residential treatment centre for ex-military members run by a charity. He compares an equivalent scenario there to his experience in the NHS:

> When I've kicked off or seen other veterans kick off, someone will always turn up, one of the psychologists or one of the therapists will come and find you, you know, and there's 101 fucking boltholes you can go to in there and hide, but they will come and find you and they'll sit down and have a good chat with you

This charity has been a haven for Des, where he finds that mixing with other veterans is therapy in itself. He sees his engagement with this charity as a kind of endpoint to his experiences of therapy to date:

> That's where I think the therapy's led to, I didn't understand that at first, it was quite difficult, I was quite cynical of the therapy, of what they were trying to achieve - I felt it was

too namby pamby and tree fucking hugging and all that and, you know, quite fluffy and pink which is quite difficult when you've been through, you know, a military system in the army

Although he is still supported by the charity, Des still suffers greatly with his traumatic symptoms, and continues to seek appropriate treatment locally through the NHS.

Mac

As a young soldier, Mac was seriously injured when a bomb exploded in an ambush when he was on patrol. All of the other men in his unit, whom he considered his 'brothers', were killed. He still suffers from his injuries, and decades later his life involves regular hospital visits. He also suffers psychologically from the traumatic incident, and has had various experiences of psychological therapy over the years.

Therapist self disclosure

Hounded by traumatic symptoms, Mac was first referred to a psychiatrist. Mac's experience of this psychiatrist was that he gave nothing away about himself and appeared to want Mac to do all the talking:

> The first thing I found when I first saw a civilian psychiatrist… it was told to me that they have a policy in training to, what was I told? They have to be a blank sheet so they didn't give anything at all away

Mac said that the psychiatrist gave him no guidance or encouragement, and didn't ask him specific questions about what was bothering him. At the time, Mac didn't know himself what he wanted to talk about, and wasn't prepared to just sit and talk, so he did not pursue treatment.

When his symptoms remained, he tried therapy again with a different person. This time, Mac felt that the therapist talked too much about herself and her own dramas. He felt that she belittled his difficulties, suggesting that he 'put it all behind him'. Again Mac discontinued with the therapy.

Finding a kindred spirit

Finally Mac was referred to someone he felt he could talk to. Although wary at first of meeting his new therapist, Brian, the fact that he had some awareness of the political and social context of the military operation he had been involved him led Mac to trust him:

> He hit the right note with me, because although he was only a civ- I don't mean to be derogatory when I say only a civilian, 'cause although he was a civilian… he had a rough idea of what was going on

Despite Brian not being military, the shared understanding eased the conversation. Mac likened talking with Brian to sitting in a foxhole back in the military, talking with mates. The bond he and Brian formed allowed Mac to open up. Brian offered his own perspective on the conflict Mac had been involved in, which helped Mac to process some of his experiences.

Brian's openness also facilitated exploration of his family relationships, which he said was helped along by Brian sharing bits of personal information about himself:

> We even sort of talked about the relationship, the non-existent relationship I had with my mother and he would actually say, 'Yup it was like that with my dad, I didn't get on with my dad' and it's, he would say silly little things really, like it's not written down anywhere that you've got to get on with your parents

Therapy ended when Brian left to set up private practice. In spite of their good relationship, Mac felt he always held back a little when it came to the trauma:

> Because how could he understand? It would be a bit like me saying to you, 'Oh I know how you feel having a baby', no I don't, I know the theory of it... but I have no concept of the anguish the pain or anything else... and that's how civilians are, and I think for the first therapist, and to a degree Brian, they had no concept of the depth of feeling of loss…

<u>Civilian therapists – 'the shutters come down'</u>

Mac explained that when he had tried to talk about his military experiences with civilian practitioners, 'the shutters come down'. He got the feeling that he was seen as an 'alien creature' and sensed that although they went through the motions of asking him how he was feeling, they did not really want to explore or elaborate:

> I felt that they were almost dismissing the depth of my feelings because I felt that maybe they were trying to pick out the bits they could understand and just deal with that - they didn't want to go into unknown territory, and I could see this in their faces, and so therefore as soon as I see that, I back off

Mac was told several times he would 'get over it', which angered him. How could he 'get over' something, he asked, when during each of his on-going hospital visits he is reminded of the past and his loss?

Mac cites a session with a therapist when he described his traumatic memories as playing like a video on a constant loop. His therapist suggested he stop the tape and write an alternative ending.

Mac was outraged, feeling that he was being asked to rewrite an impossible 'happy ending', somehow imagining having his friends alive again, and all godfathers to each other's daughters. Again, he did not return to therapy.

At another point, Mac tried EMDR, which he had heard had been successful for some people. It didn't work for him as he struggled to recall the event, much of which was inaccessible to his memory. The failure of this treatment disappointed him greatly. He also tried an anger management group. During one group session, he felt he was being ignored by the facilitator and confronted him about it. A few days later he got a letter saying his behaviour had been inappropriate and intimidating and he was not allowed back into the group.

Mac found it ironic that he was kicked out of an anger management group for getting angry. Describing the kind of anger he believes war veterans carry, he says:

> It's no normal anger, it wells up from deep inside you and it's a sort of bottled up anger, it's like a pot that's been simmering for a long time and then one day it just, it doesn't just boil over, it's like a volcano when it blows, big time, and unfortunately for the likes of blokes who have been trained in the ways of violence, trained to fight, it can be very, very, damaging

<u>Finding a niche – a veterans group</u>

After what he understates as a 'shaky start' with these civilian therapists he attended a residential treatment centre in a quasi-military setting that offers respite and psycho-education to veterans. This was a turning point for Mac, who until now had felt totally isolated:

> When you go there and you realize there's all these blokes of varying ages - all, every regiment you can think of, you know, Royal Marines Commandos like me, and they were going through everything, not just the anger, the isolation, the flashbacks, the nightmares, the sweats, they were going through them all

A huge weight had been lifted off his shoulders by the reassurance that he was not alone, and not a coward, something that had never been suggested to him:

> Not one doctor, not one therapist said to me, 'Hey this is OK, you're not a coward, you're not weak, you're not a big wuss', because at times when a thunder flash firework goes off and you jump under the bed, you're not mental, you've got a mental problem, but you're not crazy

When he first arrived at the centre, Mac was approached at lunchtime by a fellow Marine, who invited him to join his table. He was surprised and reassured to meet someone who had been of a superior rank to him:

> He was a sergeant, and as soon as he said, 'I was a sergeant', and I thought, 'Pfff well if it's OK for a sergeant to have psychological problems then it's fine for me'

Mac finds the quasi-military organisation to be a reliable container, which he knows will be consistent and, according to their covenant, on-going throughout his life. By contrast, his experiences in the health service were, he said, consistently inconsistent and unreliable, with countless examples of lack of follow up to appointments, lateness and missed sessions without being contacted. He extended this to civilians in general:

> Civilians don't, 'Oh it don't matter,' 'Actually yeah it does matter to the likes of me who've spent their life sort of running on military lines'… you know, like ten o'clock means 10 o'clock, not five past, not ten past, it's 10 o'clock, but these people don't bother

Once, Mac was kept waiting for a couple of hours by a senior consultant psychiatrist. When the consultant finally appeared, Mac was livid and insulted him within earshot to a nurse before walking out. Shortly afterwards he received a letter from the psychiatrist saying he had been removed from his books. With the accumulation of these experiences, Mac gave up on civilians completely. He said he doesn't like them, he doesn't trust them, and does not have any civilian friends.

In talking about this, Mac touched on the loss of his friends in the bomb explosion. He became tearful and talked about his guilt at surviving, and the impossibility of coming to terms with what happened. He has asked every therapist to help him with the question of why he survived and his comrades didn't:

> And no-one's got an answer, fate, karma, luck, whatever you want to call it, I don't know, no end of people saying, 'Yeah but you shouldn't feel guilty, there was nothing you could do', it's the one area of my life that therapists can't help

Mac said that he runs his life on logical lines and finds it impossible to come to terms with this illogical tragedy. He has always hoped that a therapist may give him an indication of to where to start to begin to cope with it all:

> There's days I could just spent all day crying, and if you was to say to me, 'Come on Mac, talk to me, why are you feeling like that?' I'd have to say, 'I don't know, I just am'

Debbie

Debbie, a counsellor herself, has had several experiences of therapy over the years. Whilst serving in the army she was involved in the military's management of the aftermath of a major transport disaster. In the ensuing months, Debbie found herself becoming more and more terrified of travelling and eventually put in to leave the forces because a new overseas posting would be impossible for her. At this point the trauma was recognised and she was referred for counselling at her local hospital.

A tale of two therapists

Debbie's first encounter with a therapist was as follows:

> He sat there with a clipboard as I lay on the couch and he said, 'Speak' and then after 50 minutes he said, 'Stop', and I think I lasted for 3 sessions, and I said 'What did you want me to talk about?' 'Whatever you want to talk about, whatever you want to do', and I went back to my doctor and I said, 'I, er, you know, I don't understand this'

Coming from the military setting in which she knew exactly what was expected of her, Debbie said she found this experience baffling, and did not see the point. Her doctor referred her to a second therapist with a different approach:

> He was a bit of a hippy he had a beard, but he sat there and his first words to me were, 'Speak' and then laughed and said, 'Oh my god you should see the look on your face', and said, 'This isn't how I do it', he said, 'Let's talk'

This therapist worked behaviourally with Debbie, using exposure and relaxation techniques including outings on buses, with a view to helping her travel further afield. She found the experience very useful because it focused on the 'here and now' problem, and practical ways of solving it.

Leaving the army, escaping the stigma

After leaving the army some time later, Debbie saw a person centred therapist through the NHS following treatment for a stomach ulcer. She began to get into therapy and understand some of the process. It was leaving the army that made the difference:

> It was almost like there was a stigma attached to it, like, you know, it's like, 'Crack on, this is your job, get over it', you know, 'Move on' ... I suppose the difference was she was a civilian, she was out of the army, it would never get reported back

Debbie's husband, who was also in the army, had also left by this time, which was significant for her. He had found the idea of her talking to a civilian 'outside the family' (the military) bizarre, which had influenced how open she felt she could be with the previous therapist. The stigma, which she had felt keenly whilst in the military, was lessened. Debbie described the 'undercurrent of fear' lurking around any hint of psychological difficulty in the army, which was powerfully felt, even by association:

> If people are struggling, you know, it's like, 'Oh, stay away from them', because I know when I was in, there was always the thing, you know, if you were having problems you didn't talk about it, because it would affect your promotion

There was a military psychiatric ward that was well known, where if you went, you would never be seen again. One colleague was posted immediately after a psychological vetting procedure, and Debbie never found out what had happened to her.

> It was almost like, well, needs to know basis, there was that phrase in the army, 'needs to know', 'Do you need to know? No'. So you never knew anything

Debbie explained that the threat of ostracism occasioned by any sign of weakness or failure loomed large, because of the culture of teamwork. If you were a 'weak link' in a team, rather than being supported to do your job better, you would be removed from it and sent elsewhere. Debbie saw this happening amongst colleagues returning from operational tours. She believes that this unspoken, yet powerful gagging order is what led to the suicide of one of her friends who had been involved in combat.

<u>Opening up, shutting down, and the importance of the military 'shorthand'</u>

It took ten years and several therapists for Debbie to feel that she could sit with someone and be completely open. She comes from a military family, where they didn't discuss their feelings, and where talking in the therapeutic sense is deeply countercultural:

> I don't know how you'd overcome the reluctance of soldiers to talk about stuff where it just seems part of your job, 'Crack on', as they say is a favourite phrase, 'Hey ho, it's a shame, let's move on'

There was a turning point when Debbie came across an ex-military therapist, Richard. He helped normalise her experiences and understood them, rather than being shocked or horrified as her previous therapist had:

> It was being with somebody that kind of understood what it was like and didn't say, 'Oh it was awful', yes it was awful, you don't have to say it… even now I can feel my annoyance when she used to say, 'Oh that sounds really difficult'

One of the ways of coping with horror in the military is with black humour, which Richard 'got' and didn't question. This had proved an obstacle in previous therapy:

> I remember somebody said to me, 'That's a bit of a gallows laugh there', and I remember I felt, 'I won't be doing that again, will I?' And that shut the communication down rather than the understanding of, 'Yeah, well, this is how, you know, you get through your day'

Debbie shared with Richard a 'shorthand' for communication, which she said was unavailable to her when working with civilian therapists. In the forces, you only have to mention your regiment and you immediately have an identity. Who you are and what you do is communicated in just a name. Debbie has found this in her own counselling work with ex-military clients and colleagues.

In the civilian counselling room, by contrast, most therapists tend not to disclose much about themselves, which Debbie found difficult:

> It's almost like you spend a lot of time trying to find out who they are… and it seems to take so much longer to build the relationship, because not only getting to know them but you know nothing about them, whereas with army people, as I say, they only have to say their regiment or the year they were in, and you think, 'Oh yeah you would have been in when that happened and this happened'

Without this shorthand, it felt too difficult to discuss anything to do with the military with a civilian therapist. Debbie's assumption was that it would take too long to explain things, and the therapist wouldn't understand anyway. As a result a 'big chunk' of her experience went underground, 'almost like it became a secret'.

> With civvy therapists, this is it, it's even like calling them 'civvy therapists' automatically just puts them over on one side, well the civilian therapists, they're, you know, it's a part of who I am that they'll never understand

Civilians are not just swept to the side, Debbie suggested, they are considered inferior. When Debbie left the army, she felt as if she had been demoted. She described being introduced to people at functions as 'wife of' her husband who was still serving, and feeling like an appendage.

As well as not being understood, Debbie also feared that her experience would be judged:

> There was a fear that if I'd have talked about the army she would have only heard the bad things, not the good things, and in some way judged the army as a negative experience, which it wasn't

At a time when public opinion of the military was unfavourable, Debbie found herself keeping her military past under wraps, for example at psychotherapy conferences, fearing the reaction of, 'Guardian reader, sort of pacifist, sort of, "Soldiers, ooh not nice"'.

Therapy as a process of undoing

Despite the military/ civilian barrier she describes, Debbie has stuck with therapy. The military had been a kind of club, even a kind of cult, she suggested, which had taken her apart and reconstructed her. She said she had 'left her identity at the gate' to enter a structured, ordered existence and become a number, one part of a greater whole:

> So there's like six of you, and then there's 20, and 40, and 500, and 1000, and 10,000

In therapy she was just herself, which she found hard but necessary:

> I just felt I couldn't say, you know, they were asking me about me … and I didn't like it, and that's why I spent so long in therapy, 'cause I was a bit of a stickler, I kept going back for more, 'cause eventually I knew I'd crack and that was it, it was almost like I had to undo everything the army did to get back to me

The influence of the military on Debbie's life was profound, to the extent that 'it kind of invades your very bones'. Despite the relatively little time she spent in the army during her adulthood, she said 'I don't think you ever do break free of it'. She suggests that the extent of this influence might not be appreciated by civilian therapists:

> I suppose if I put myself as a therapist that had never been in the army and somebody said, 'I've spent 7 years in the army', I'd say, 'Oh that's interesting, what about the rest of your life?'

Emma

Emma, now in her 50s, served in the Navy for 23 years and was mostly based on land in logistics roles, where she was in charge of the movements, regulation and pay of two to three thousand personnel. Part of her role was financial counselling, which often involved listening to people's personal difficulties. This experience led her in later life to train as a counsellor. She had her own therapy as part of her counselling training. For her, being in therapy has been a 'wonderful experience', and a 'fertile environment' for self-exploration and understanding.

Therapy as exploration of personality – Emma's 'little performer'

The first therapist Emma saw commented negatively on one of Emma's tutors whom she knew. When this therapist missed the second appointment without notifying Emma because she had had an accident, Emma decided not to pursue therapy with this person. It didn't feel right and Emma didn't feel that she was going to take care of her.

She soon found a new therapist with whom she felt a connection, and acceptance. This person gave Emma the space to talk and she 'didn't keep coming in with too much', and Emma was able to begin to explore her ways of relating to others. In comparison with her previous therapist, she felt held:

> I knew that she would work with me and she wouldn't be frightened of anything, I couldn't think of any bit that was going to come up, and she was going to be able to hold that

During her counselling training Emma had received some feedback from close colleagues who said they found her confidence and bubbly nature overwhelming. Emma began to understand this as a way of trying to get a scarce resource of attention, which was familiar to her from childhood, growing up with two older sisters. Not only this, but the attention she was given from her mother and father was confusing:

> They damned the part of me which was reflected in the other, so what I grew up with was a sense of anxiety - I didn't know how to be, who's going to walk in?

Emma's took control of her interactions with others as a way of coping with social anxiety. During her studies she came across the notion of the 'little performer', which chimed with her as a way of explaining her behaviour. Playing the exhibitionist helped her to feel powerful, masking her underlying anxiety. This realisation about herself she developed in therapy:

> I was vulnerable but I felt powerful, and that's the bit I didn't quite get, I couldn't recognize my own vulnerability because I overlaid it with the powerful

Finding a new family - the navy as a place to belong

Emma left her confusing family environment and joined the navy. Her story of 'running away to sea' is one of excitement, energy and personal discovery. She found her niche through joining the naval sports teams and travelling the country to play matches. She found herself 'living in a world where I was a bit of a star', and in which she belonged*:*

> I think the military environment is such a sense of belonging and the whole thing about feeling secure, feeling safe is what I really enjoyed, and I think I just took it by its shoulders … I just ran with it and I just had a fantastic time

Coming from a family in which she was constantly unsure how to behave, or which part of her to bring to the fore in order to feel accepted, she explained that here was an environment in which she knew exactly how to behave, and in which she felt safe:

> I just knew how it worked, I knew from the day that I arrived that I had to have my skirt a certain length, I had to have my hair up and a million pins in case one little fleck of hair showed on my collar, and I just knew the rules were there

The structure and discipline of military life served Emma well – she now had a clear sense of who and how to be. In the navy, Emma's 'little performer' got to work in making her personal mark on naval life, despite the rules. She would find ways to manipulate situations where ostensibly she was being told what to do, but would in fact herself call the shots:

> These are the parameters, you can push against them, 'You've got to do lots of cleaning', 'I don't think so', so I just flooded the whole stairway and gangway to the building and kept on stopping, 'No, can't come in, I'm cleaning'

Emma manipulated her seniors and turned the power play round so that she took some control. This felt natural to her because it was what she had spent her whole life doing, with her parents, and she wondered about the decision to join the military:

> Did I go into the services, this male bastion, to really test my strength of manipulation? Or was it just the safety? Because it was it's like if I didn't have the power and no one was going to give it to me I needed to feel safe, so the rules were there but I needed to know that I had the power as well

She said that having parameters in therapy was similarly important to her. She knew she had 50 minutes where 'you can talk your life out'. In terms of the power dynamic, Emma felt powerful and in control of therapy, which she felt set up a collaborative relationship with her therapist:

> I had created a powerful place for me - this person was powerful and I didn't feel she got me, so I was actually, what I was saying was, 'You sit there and you get to know me', and that's, her words were 'Thank you, thank you for trusting me with you', so initially it was me saying, 'This is what I feel we could do - I'm willing if you're willing'

Bending the rules versus transgression

In the navy, there was a fine line between a 'naughty' bending of the rules and deliberate transgression, which she illustrates with a story about being late back to base after a night out. On a previous charge for being late, she kept a close watch on the clock, which had been set slow so that the bar could stay open for longer. When she found out, ten minutes before her curfew, she flew back to base in terror:

> I can remember that panic, that wasn't anxiety, that was panic, 'cause I knew I was already in trouble and this was going to be aggravated offences, so this was going to be like saying, 'Up yours' and I was never like that

Emma's superiors knew about the bar's clock and the whole thing became a joke, but her panic was about being misunderstood as a deliberate troublemaker as opposed to a cheeky upstart. The consequences for the former behaviour were clearly serious, with ultimate decisions for discipline and punishment resting with those in power.

Belonging and betrayal

When Emma left the navy she put in a request to stay on a little longer in order to sit some exams she felt would be useful to her. Her boss denied her this extension. They had had a close relationship and he felt that granting her request would be seen as nepotism, a decision that hurt:

> It felt like a betrayal from him, I guess a personal betrayal… the whole thing is that's where I felt I belonged, and it served me incredibly well, only to be almost kind of told, 'Er no we can't do that last thing for you'. It's all I'd ever asked for, I hadn't asked for very much

Emma talked about this bitter experience as a ‘family betrayal’. But she also described the loyalty within the military in terms of family, where the ‘siblings’ stick together:

> I see it more and more on the newsreels, guys travelling and going up mountains and going across the north pole and things like this, where they are challenging themselves on behalf of the family, and because there’s always the sibling survivors and if one sibling doesn’t get something and you do …

Despite this sense of loyalty and equality, Emma also describes her experience of inequality, particularly in terms of gender, during her service with the navy. This mirrored the prejudice she experienced within her family:

> My father had always wanted a boy, and my life would have been very different had I been a boy - I would have got the family trust coming with education and all of that… my father didn’t care if I had an ‘O’ level or not, he took no interest. When I was in the navy it was all about guys - they had this, they had that, they had the opportunities -there weren’t the same promotion or anything for the girls

To counter the resentment they felt, Emma and a female colleague of hers helped themselves come to terms with the unfair treatment by feeling that they had been pioneers and had led the way for future women joining the navy.

Donnie

Donnie suffered traumatic symptoms having been shot at whilst on guard duty on an overseas operational tour, which resurfaced a few years later in another conflict situation on a different campaign. At the time and in the ensuing years, Donnie coped with his symptoms by drinking.

On the eighth anniversary of the eve of the second conflict situation, Donnie went out drinking on his own, returned home in a terrible state and had a huge row with his wife. Unrecognisable to himself, he contacted the Samaritans and a military support charity, and was referred for counselling through his GP. He worked with his therapist for several months during which he was helped to process the traumatic events.

<u>'I ain't got green skin' – the invisibility of combat trauma</u>

The hardest part of going to therapy for Donnie was reporting to the receptionist at the hospital. He was embarrassed to say he was going to see the counsellor, and worried that he would be seen as a 'head case'. Because he wasn't wearing a uniform, and was not identifiable by his cap badge as he would have been in the military, the cause of his psychological problems was hidden. He felt a mixture of things:

> Just personal pride, or frustration, or anger for what I'd been through … you know, nobody knew who I was, you know, it's not like I've gone into a military medical centre where they know what unit you're from, you know, I just walked in from the street really

But, Donnie said, mixed in with these emotions was relief. He knew that therapy was going to be tough, but was determined to 'get himself sorted out', for himself and his family.

<u>An instant liking</u>

Donnie hit it off with his therapist straight away. Cox reminded him of a TV detective. He was shabbily dressed and introduced himself by his surname. Donnie thought:

> You look as mad as me, 'cause that's what I felt at the time, and he always called me fella, 'You all right fella?' It was just his way of working and it worked well, he got my trust pretty quickly

Part of Donnie's ability to trust Cox was that he knew he had previous experience with the military, which put Donnie at ease. He wouldn't have to 'translate' military abbreviations, but knew he would be understood as this therapist had come across 'his type' before.

Donnie had not expected this of his first session. He had expected to 'go back to his military way' and think:

> 'This civvy ain't gonna know what I'm talking about', you know, 'He ain't going to understand me', but then you realize you are a civvy, you know, it just happens that you had a past life, where you've been in a different sort of world

At this point Donnie had been out of the army for four years, and no longer saw himself as military. Free from the stigma of seeking help in the army, and the risk of damaging his career, once he got to therapy he was not worried about opening up to his therapist:

> If I go through this, you know, I know that my troop commander, or my whoever, is not going to be, 'Well, yeah, he's off to the funny farm' - I knew that I wasn't going to get downgraded on a confidential report

Donnie's transition into civilian life was eased by the fact that his final job in the military was relatively relaxed and where there was 'no military bullshit' like kit inspections or strict hierarchy. Very differently from his previous experiences, he worked with a small team in which he mixed with civilians and police and was 'treated like a grown up', for example being allowed to call senior officers by their first names. Once a civilian again, he blended back in. The only thing he felt had changed when he left the army was that he didn't have to wear a uniform.

Guinness as medicine

Back in the military, in his penultimate unit, the classic method of dealing with any problems or stresses was to drink:

> They just say to you, 'Get in the bar tonight, you know, sort your head out' - no, ten pints of Guinness doesn't sort anyone's head out does it? It just makes it worse, you think about it more, you get more flashbacks, all right you have a, well you don't have a decent sleep, because your body just goes on shutdown, but you know, that's the military way of looking at it, you know, and I did get told lots of times, you know, when I was going through trouble in the early stages, 'Get in the bar, sort your head out', and it was like it was a green light to get smashed out of your head

So endemic was the drinking culture that there were even occasions where they were threatened with extra guard duties for failing to attend bar sessions. Despite his hidden struggles, Donnie appeared from the outside to thrive in this environment:

> I kept myself in shape military way, you know, smart uniform, I had the right attitude, I worked well, I wasn't late, I didn't create any problems, but you know I got promoted when I was really, really, bad, when I was probably, you know, drinking six pints a night and smoking stupid amounts of cigarettes

Guinness was Donnie's medicine. Nobody knew he had any problems, he was 'just one of the lads that went out drinking', which was seen as a good thing by the military who included it in positive feedback in his confidential report. Donnie quipped:

> It should say at the bottom, 'This soldier drinks too much', but they're not going to say that

In hindsight, Donnie now sees alcohol as the trigger to his problems. He has stopped drinking alcohol, scared of where it might lead.

Therapy – tough medicine

When he started to tackle his trauma in therapy, things became difficult. Cox asked Donnie to write down what had happened, which Donnie found extremely upsetting. As he began to write about his account, he became tearful and angry and began to get more flashbacks:

> Driving about at work I would get flashbacks at seeing Asian women in traditional dress, yeah, it freaked me out. When I went to see the doctor there was an Asian girl in the waiting room and I couldn't cope with it because I knew I couldn't leave the room, you know, and the room was turning into sand, I was going back there

He got very angry with Cox, who was making him revisit these memories. He wanted to store it in his head and not let it out because it was so horrible to unearth, and he lashed out in response. But Cox was unfazed, and said to Donnie that he would probably react in the same way if the tables were turned. One thing in particular Donnie noticed when he kicked off was that Cox's body language would not change:

> He just took it, 'It's what it is fella, we've got to do it', you know, and it didn't bother him, and I think if I would have been screaming at his face an inch away from his nose I think he would have done the same thing, I don't think it would have phased him at all … he probably just would have said, 'Sit down, we'll talk about it'

Donnie continued to protest the treatment method. He felt like a child, asking again and again why he had to keep repeating what happened when it was so upsetting. Cox explained they had to do it to go forward. Donnie compared the experience to his military training:

> I think once all the dirt was out in the open it was a blank bit of paper again, and it's a bit like military training, isn't it? They break you to make you, and I think it was exactly the same thing - he broke me, you know, he had me in tears

After therapy sessions Donnie would sit in his car gripping the steering wheel for some time before heading straight to work and drive very fast, blasting music at top volume. He was proud to have kept things going at work and not been 'signed off for weeks as a gibbering wreck'.

Standing up and being counted

Therapy was the hardest thing Donnie said he had ever done, because it involved being honest with himself and facing his nightmares. Revisiting the trauma was horrendous, the therapy sessions the longest hours of his life. But he doesn't know where he would be if he hadn't sought therapy, which changed his life:

> I think going in for the first time, I was dragging my carcass really, and I walked out human at the end of it

For Donnie, therapy was about 'standing up and being counted'. He said that many ex forces personnel having difficulties are too proud and embarrassed to ask for help, but he did, and is glad of it. Picking up the phone is far harder, he said, than drinking the problems away, or trying to put them to the back of your mind. But he was driven on by a gritty determination:

> I knew that I had to do it, I knew in my heart of hearts and my soul that I had to do this, otherwise I'm going to be living how I am, otherwise it's going to destroy me, or I'm going to destroy myself …

Colin

Colin suffered a breakdown as a young man, following enormous stress at work, which was exacerbated by a family tragedy. He was treated with medication and returned to work where he enjoyed success and promotion to high rank. Some time later he suffered a second breakdown following a sudden family bereavement. He received inconsistent care, as the psychiatrists he saw kept relocating. He has received various different diagnoses, and was on and off a variety of medications, some of which have had a negative affect on his physical health. Colin still struggles with psychological as well as physical difficulties.

Rank and responsibility

Colin had been given a huge amount of responsibility at a very young age. He was still a teenager when he was in charge of 60 apprentices in the RAF, at the same time his old school friends were doing their 'A' levels. He went on to reach a very senior rank and high status in the military, which still remain a significant part of his identity.

During a long period of medical referrals he eventually saw a consultant with whom he made a particular connection. He felt that the consultant's status equalled his previous rank in the air force, and felt that he could talk with him on a level - 'one to another in straight terms':

> I suddenly found an ally, somebody I could talk with a professional sense

Colin was referred to a counsellor whom he saw privately for a few years. He described her as 'motherly' and empathic, and the sessions were a place of safety for him. Overall he found the process very supportive, but it was costly and his wife felt it wasn't improving things, and so eventually this therapy came to an end.

Group therapy

At this point Colin embarked on a campaign to try to obtain the individual treatment he had had privately through his local Primary Care Trust (PCT):

> I didn't think they could take it away, but I was obviously mismanaging it, and now being alone and not now having my lady to look after me, you know, I just felt that I knew that I

> needed help, and it was a question of finding somewhere where I could actually have that proper dialogue

Colin was offered group therapy, which he rejected. With long experience of chairing meetings as an officer, and later as a civilian sitting on various boards, he predicted that his senior officer persona would come out:

> That sort of leadership stuff … that's what you're trained to do, and you then become aware of that - it seems like you're chairing a meeting, you can sometimes get a little bit too powerful … but I didn't want to go into that because I knew I'd end up as the bloody chair again

Not only would he himself not be able to express his own issues, he felt that his manner would cause others to withdraw too, which he had seen happen on previous occasions. He was also unprepared to talk about his family bereavement in a group. Colin ended up in a tussle with the PCT, which he felt was trying to fit him into a treatment that did not suit him:

> What you're trying to do is to get me and put me in your particular tube or trough you've got at the moment, because that's how you're financed and you're trying to bend me into that shape - I'm not going to do that

Colin entered into a lengthy correspondence with an NHS practitioner he felt misunderstood him. He equated this man to a 'moderate to poor sergeant', who was making decisions about his treatment, which he did not like. An excerpt from one of Colin's letters reads:

> Unless you have been inspired by, and have had real experience of the military vocation, you are unlikely to be able to appreciate the multi-faceted nature of our group and interpersonal skills. Our difficulty is not interpersonal but rather at a deeper spiritual level

Frustrated and angry, Colin went back to his GP who happened also to be ex RAF. He told Colin to 'stop with the letters' and he put him in touch with a quasi-military charity, which offers residential treatment to ex service personnel.

<u>Coming home</u>

Arriving at this charity's treatment centre was like coming home:

> It was just the effect of walking through the door … almost going to tears because you're back in the service environment - you don't have to explain why you think in the way that you do

This became a place of respite to counter the exhaustion he felt in trying to deal with his psychological difficulties and in doing battle with the health service. It was somewhere he could relax and where his wife knew he was safe. He felt part of a family, finding himself with people who had a shared experience, and experiencing a safety in which he could open up and expose his vulnerability, and support others doing the same.

Although one of only a few officers at the treatment centre, his previous rank did not prove a barrier with the other 'non-ranking' residents, but was rather a source of jokes and pranks, and the shared service sense of humour served as a way of connecting for Colin.

Colin was particularly helped at this treatment centre by the art therapy on offer, through which he found a new creativity and freedom of expression.

Two separate universes

Back home Colin continued to campaign for individual therapy through the NHS. This time he was armed with letters from the consultant psychiatrist and art psychotherapist from the charity, but his application was not approved.

In his on-going appeals for individual treatment with his local PCT, Colin describes great difficulty in making himself understood. Describing the contrast between the organisational cultures of the military and the health service, he says:

> The two models which we are using are totally different and references which we are doing *[sic]* are different, and though there might be common words, the standards you are talking about, or the activities, are incommensurable - they just exist in separate universes

Colin described his experience of the NHS as being offered a 'one size fits all' approach, which he found extremely frustrating. Unlike the treatment he receives for physical problems where he sees different specialists for different problems, he didn't see the same happening for mental health:

> They don't understand you are where you are, 'No you've got to come and jump in my paddling pool and play to my rules', well, you haven't, you've got enough doubts about your own mental ability to cope with what you're doing … without being dumped into something totally different

Colin said that compared with the quasi military community of the charity, where they were all involved in the 'same dialogue', he felt that no one in his PCT really wanted to get involved with helping him find a way to integrate his experiences. He felt his background was not appreciated:

> Servicemen have got their own particular way of looking at the universe and their own particular model needs to be looked at. I suspect there are other types of people out there who, for their own genuine reasons, need to be handled in a separate way, because again it comes back to the business of what they want to talk about, and their experience is so different

An important part of the military 'model' for Colin is working together with others in a disciplined, well-oiled machine, each person with their expertise working towards a common purpose:

> You know, running up and down the marching ground, and banging around, and doing all those things together... it's important one learns how to do that in order to work together, but what you're actually learning out of that is it's a question of trust, and feeling part of something that's bigger

He describes military work as a constructive, creative process, which is magical to be a part of, and, as he saw it, unmatched by the philosophy of the health service. He likens the mental health system to getting people into a stovepipe, regardless of how 'zigzagged' they might be – like a kind of human sausage machine.

The frustration of this has been for Colin a real challenge on top of his already fragile state of mind. Anxious and depressed, coming up against this very different organization than the military has been demoralizing:

> The language is lost, the experience is lost, and I can understand why military guys just walk away from it…

Jim

As a teenaged soldier still in training, Jim was involved in a major civilian emergency, which involved dealing with the dead bodies of children. On active service he was later involved in a highly distressing incident involving fatality. After suffering a further traumatic incident at work as a civilian after leaving the forces, Jim suffered a breakdown and was diagnosed with PTSD.

<u>Hiding in treatment</u>

Jim received individual and group therapy through the NHS. These, he found, 'just didn't work':

> Most of the time it was going over and over the same old thing. I was told it would get better the more I talked about things, but it never did

Jim explained that this constant revisiting of events is demoralising for military men who 'all think we're supermen' and only serves to reinforce their sense of failure and of letting their mates down. Jim believes that this deep sense of failure is behind the suicides of many veterans, including two of his friends.

He found that in group therapy, instead of opening up, he could hide. For Jim, it was 'monkey see, monkey do'. In his civilian work he had been trained to run similar groups, and sometimes felt as if he was running the course rather than participating:

> I'd had all this treatment, I hid, and I could do that, I had the skills to do it, group therapy for me was fantastic, because I had six other people that I could piggyback on, yeah? You'd be talking, I'd empathise with you, and all the time I was keeping away from me, you know?

Individual therapy was similar. Jim explained that with his therapist, he 'gave him what he wanted', which he felt didn't go him any good. He also tried EMDR, for which he saw the consultant psychologist, but he said it only made him sick. With this consultant, Jim said he wasn't going to 'let him in', which they both acknowledged was a problem for the treatment.

Part of Jim's reluctance to open up in the group sessions was that he couldn't trust the other, civilian, members of the group. He carried a lot of guilt for some of his experiences, which he didn't feel safe to share:

> I just didn't trust imparting it to any of the civvies, I mean the details, you know, I knew full well if I asked, if I told them, they'd want to know more and more and more about the details of what went on, and I wasn't prepared to put myself in that position with them at the time, because I didn't feel safe

Jim explained that in the forces it was not usual to open up and talk to each other. Traumatic events were 'shoved to the back', the ethos of the military always being to 'get the job done'. This ethos still drives Jim, who found that in civilian jobs he would be told by his colleagues to slow down because he was showing them up. He talks about military people being 'a breed apart' and said that they see themselves as separate from civilians. This made it hard to feel like he belonged, or to open up, with a civilian therapy group.

Therapy for real

Jim was later referred to a local counselling service where he happened to see an ex-military therapist, Mike. Mike immediately referred Jim to a colleague of his, Clare, who specialised in treating PTSD. It was like 'someone had turned a light on' for Jim, for whom the recommendation from a fellow ex-serviceman gave him 'permission' to trust this new therapist. This permission was, he felt, key to risking opening up about his experiences in therapy. But prior to meeting Clare, Jim was extremely anxious:

> I was really, really, shitting myself to meet her, you know, here was someone who, after speaking to Mike, I believed would be able to help me - that in itself was a fear for me, 'cause then I have to face up to my demons

He first saw Clare from his car on the way to his first session, crossing the road. He was convinced she was his therapist:

> She walked with a confidence I've only ever seen from a female army officer - she's nothing to do with the army – she, I don't know, she walked with this, the way she held herself, and projected herself… something just told me, 'That's her'

Their first session was tough. Jim felt nauseous and was sweating. He managed to stay and talk through a few of his experiences, but wasn't sure whether he would return the next week. However, because he'd been given permission from Mike, he told himself to go with it. This anxiety continued for a while:

> I had so many worries about different things when the treatment was going on, about, you know, 'Can I really trust her?' You know, 'Is she going to let me down?' You know? And it got to the point where I said to myself, 'Look, Mike's told you it's all right, just go with it and it can't get any worse'

Opening up - 'unrestricted access'

Once he felt safe to trust Clare, Jim poured out his story and 'she had it with both barrels'. For forces people, he suggested, once the trust is there you have 'unrestricted access'.

Clare tackled Jim's trauma by using a kind of visualisation technique whereby he would imagine he was watching the incidents on video. When the video got stuck at a particular moment they would talk about what happened and process some of the emotional content. They repeated this process

until the tape could be played through smoothly, and could then symbolically be taken out and thrown away. This technique was very successful for Jim, in contrast with his previous experiences of therapy:

> You actually deal with the problem, you don't keep going on and on and talking and talking and talking. Ex-forces personnel, if they're going to come to people to deal with problems, they want to be able to come to you and say, 'Right', 'cause they've had it all the time they've been in the forces, yeah? Here's a problem, right? 'A, B, equals C - job done'

Aggression and the military training

At the start, Jim was concerned about what would happen when he revisited his trauma with Clare:

> I was afraid that with all the anger surrounding me that if during this recounting what happened I would want to get up and smack someone like Clare if I got a lot of anger I'd get up and hit her or something like this and I asked, I said, 'Is there can you put it in the package that I can't get up and hit you?'

He did not trust himself to contain his aggression, which he said was a common fear amongst servicemen who had been trained to kill with their bare hands. He thought back to a time when he didn't even trust himself to open his own front door. He related a time when someone stole his parking space at the supermarket, and he got so angry that he dragged the driver out of his car. He talked about friends of his who had got into fights in bars that had gone too far. He likened the process of combat training of recruits to putting a cassette tape in a machine, and observed that when you leave the military, 'they don't take the cassette out'.

To counter Jim's anxiety, Clare took him through an exercise in which he imagined his feet were rooted to the ground:

> I tried to lift my foot off the floor and there's no way I was getting out the bloody chair, there was, you know, I've always been a sceptic about all this sort of stuff, you know, you see the entertainers that come on stage and all that, but by God it does work, oh Riley it works

Jim responded well to visualisation techniques in therapy and could easily make use of a 'safe place' that he and Clare found for him. They used this to help him process some of the memories that had haunted him for years.

After this ‘rewind’ therapy, Jim’s scores on PTSD scale were greatly reduced. He no longer has nightmares and feels able to cope with life again, planning to return to work after being on invalidity benefit for the past 14 years.

Mark

Mark was stationed at a United Nations headquarters as part of a peacekeeping mission during a major humanitarian crisis. Because the role of the British forces was a peacekeeping one, he and his colleagues were powerless to do anything to help the thousands of innocent victims of the violence that was going on in the areas surrounding the headquarters. At the same time, Mark was going through a complicated divorce.

He had been posted to this mission alone on secondment and was not accompanied by anyone from his unit. When he returned, he left the army shortly afterwards and did not receive the usual debrief. Years later, traumatic memories from this experience returned, and he eventually sought help.

Post military life

Mark drifted from job to job for the best part of a decade after leaving the forces, trying to find his feet in the civilian world. He said that particularly for servicemen who have been abroad for their whole careers, returning to life in the UK is a big transition. He gave the example of little things like sorting out your TV licence, which you don't need to do whilst serving overseas:

> I do tell people who are leaving the army, 'Look, be prepared, if you have done this all your life, you're going to find it a major, major, change in the way you think - everything's got to change', and some people'll take to it like a duck to water, and other people struggle

Over time, Mark became very depressed and was referred to counselling through his doctor. The counsellor focussed on his relationship, which he did not feel was the issue. Although he tried to explain this to the therapist, he felt this didn't work, and he stopped going. At the time he said he didn't really know what he needed, but since realises he was looking to process some of what he had gone through:

> I just wanted to just sort of sort it out in my head, and I think I just wanted to talk about it in hindsight, 'cause I never had

The memories resurface

Fast-forward 13 years and Mark has found his niche as a teacher. But his relationship had run into difficulties and his partner had become abusive towards him. Things began to unravel:

> I just went completely nuts, I did, I was uncontrollable sobbing sometimes *[sic]*, it was horrendous, in public sometimes, you know, something would just get hold of you and you couldn't get out of it

One evening during this period Mark was watching television and he saw a programme about the humanitarian crisis he had been involved in years before. They showed the same old images he had seen time and again, and seeing them once more, Mark broke down:

> I just burst into tears, you know, I just, bloody hell, you know, that was like a horrendous part of my life that I'd managed to keep the lid on and ignore for years, thought I'd got, you know, thought it doesn't bother me, but I'd never spoken to a soul really about it

He went to the doctor and told him he was depressed, but he didn't mention what had happened when he had seen the TV footage. But the doctor had his service record:

> He asked me about my military service and I don't know how it came out in conversation, and I told him where I was, and I think he was of an age where he'd probably been around that time to understand what was going, you know, a lot of them are younger, but this guy was quite old, and military

Mark was referred to a civilian psychiatrist who decided he should see someone in the military, which Mark felt was the right thing to do, given the military knowledge that an officer would have, and he was referred to an army captain. He said he felt a bit of a fraud at first. Despite having been bombed daily during his peacekeeping tour, it was years ago, and the bombs were not directed at him, unlike for soldiers in more recent conflicts:

> I thought, 'You've probably got guys who are bloody 19, who've just come back from combat, you know, and have probably got far worse experiences to talk about' and that did worry me that he thought, 'Well, you know, you're just some old civvy now'

But it soon became clear that the captain would take his situation seriously. He took him through what Mark called 'repetition therapy', going back over the traumatic incidents. Although it was horrendous at first, Mark felt that it worked because it got easier to talk about. He said he would never have been able to relate it all 3 or 4 years ago without becoming upset.

In 13 years Mark had never spoken about what he had lived through. To do so felt quite scary. He struggled to put things in the right order, which the captain helped with:

> He'd stop me and say, 'Is that what you said last time?' You know, he'd pick me up if I said something different, and, 'Think about it', and, 'Yeah, you're right', or, 'No, no, I was wrong

> last time, this is how it happened, and he let me do it my way, you know, my words really, and you know, we spoke about all of it really right up till the end almost, what happened

Part of Mark's difficulty in coping with the situation had been dealing with the 'madness' of the conflict. Emblematic of this was the surreal experience he described of driving out of town into the surrounding hills and seeing a child walking with an ice cream with a flake in it and a man mowing his lawn, when just a few miles down the road there was constant shelling.

Therapy as 'debrief'

It was useful for Mark to be talking to someone who understood the military, particularly the rules of engagement. The contextual understanding enabled his therapist to help him reframe his experiences. One example Mark cited was that towards the end of the conflict, he had not been permitted by his senior officer to go and help bolster the lines with other British forces in the surrounding areas. After weeks of helplessness Mark was again denied the opportunity to make a difference, and felt enraged with this officer. His therapist wondered whether the officer had perhaps not let Mark go because he valued him as one of the most highly trained soldiers in his team, and did not want to lose him. Mark had never considered this possibility and this new perspective helped him come to terms with that event.

Sitting with a uniformed officer was like a form of 'debrief' for Mark, who missed out on this crucial part of post-operational procedure on his return. Because he had been a lone operator he had somehow slipped through the net:

> If I'd been in a unit we'd have come back, they'd have had, all sorts of stuff would have gone on, like they do now, you know, like they even did then, you know, there would have been debriefs, 'This is what we did, this is what we achieved', and I came back and didn't think I'd achieved bugger all really, apart from being part of a real mess in the world

Mark's therapist helped him come to terms with the overwhelming feeling of powerlessness he had experienced. He helped Mark see that there was 'bugger all' he could have done in the situation, and he was able to sort out the mess that had become a 'big jumble' in his head. He was able to 'file away' some of the experiences, including the enormous guilt:

> I think the sort of survivor guilt of being there and being so completely useless was probably the biggest part of it, and the actual guilt of not being able to help what was thousands of innocent people

Since processing some of his experiences, Mark felt more robust and able to fight his corner in on-going disputes with his former partner. Life is back on more of an even keel and he knows where to get support again should he need it.

DISCUSSION

In understanding our clients, we aim as therapists to find out about a person's context and background. We listen to clients' narratives, and identify contextual and cultural influences on their lives to inform how we understand and relate to them, and how they relate to others and to themselves (McLeod, 1997). As a prelude to delving deeper into the implications of therapy with military clients, I use the preceding narratives to lay out a framework for thinking about and understanding **military culture and identity**. I then go on to examine the strong sense that comes across from the above accounts of **the military and civilian society as worlds apart**. I conclude by considering in more detail the **implications for therapy** of working with the military client group.

Military culture and identity

To introduce the culture of the military as explained by participants, in the sections that follow, I first explore **the nature of work in the military** and **the structure of the military and how this work is achieved**. In the second section I go on to explore **the effect of military socialisation on a person's emotional self**, and in the final section I consider **the military as family**. Throughout, I reflect on how these elements of military life might play a part in how therapy is experienced by clients who have lived it.

The nature of work in the military

The smooth functioning of military operations depends on 'bureaucratic qualities such as reliability, impersonality, precision, routine and predictability' (Hockey, 1986: p.2). The inculcation of these qualities emerged in the narratives in various descriptions of how participants, 'operate', as Andy put it. Work in the military involves *high standards and a strong work ethic*, often imposing *great responsibility* on its members, and with an emphasis on *practicality*.

High standards and a strong work ethic

In the military, there is a high degree of commitment to duty and hard work. Precision and perfectionism abound, and there is no such thing as 'adequate' when it comes to performance. In

training, recruits are severely punished for the tiniest aberration from the required standard (Carlson, 1987), and are trained to the highest level of presentation. They are judged by the degree of 'perfection' in the way they look after their uniforms and their personal space in their bedrooms. It is not uncommon for rooms to be ransacked by their senior officer during inspection as punishment for a single hair being out of place, and ordered to put it all back in pristine order again. This is the discipline behind the work ethic Jim carried back with him into the civilian world, which got him into trouble with his colleagues because he worked so quickly and efficiently that they felt he showed them up. Jim's account of this work ethic seems to reflect what Brooks (2001) refers to as 'work compulsion' among veterans (p.211).

High standards also apply to timekeeping and punctuality, as Mac emphasises in his account. Arranging to meet an ex-forces friend for coffee at ten means that both people will be there at five to ten. Punishment in the military for failing to live up to these extraordinarily high standards inevitably fosters the belief that anything less than perfect timekeeping equates to sloppiness. Mac's bad experiences of mental healthcare had a lot to do with this assumption. If an appointment was not kept or a practitioner was delayed, he interpreted this as meaning that practitioners could not be bothered, and were therefore were not worth bothering with.

The direct link Mac makes between standards of timekeeping and levels of care is striking, and worthy of note for therapists. Gray (1994) suggests that the therapeutic framework 'has connections with the way in which we were cared for in the past' (p.7). She refers particularly to early experiences, but I would add that for military people, their training in later life is likely to have an impact on their experience of the therapeutic frame and how it is held.

Punctuality was always something that was given high importance in my family, and at school. I experienced high levels of anxiety whenever I was late for anything, because it equated to not being good, and to the risk of being severely reprimanded. Interestingly, in terms of meeting my participants I noticed that the importance of being punctual came to the fore. I arrived at the meeting places well in advance of the appointed time, following my father's (the military's) mantra that 'time spent in reconnaissance is never wasted'.

Great responsibility

Several participants described having a high level of responsibility at a young age. For example, Colin was in charge of 60 or so apprentices when his friends were doing their 'A' levels. The nature and structure of the military means that responsibility for other people is given to young adults early on

in their career, the equivalent of which might not be seen so soon in professional life in other sectors. This element of early responsibility inevitably breeds self-reliance.

Andy explains that in the military, if you have a problem, you don't go to someone else to get help, you sort it out yourself. He carried into later life this sense of responsibility and a tendency to take on the role of 'superman', which he identified through the lifeboat metaphor in therapy. The act of going to a therapist was a struggle for him because it meant letting go of some responsibility and being 'in someone else's hands'. Progress in therapy seemed to depend on Andy feeling that he retained a lot of the control at the start and let some of it go bit by bit in his own time, which his (clearly skilled) therapist allowed.

Conversely, Jim seemed eager to give his therapist all the responsibility. Worried that he wouldn't be able to control his anger, he asked her to set things up so that he couldn't get out of his seat. Following the exercise in which he was encouraged to imagine his feet stuck to the ground, he felt that he was literally, physically under the control of his therapist.

Andy and Jim's very different experiences surrounding the giving and taking of responsibility in therapy might be understood in terms of rank and role. They appear to have had very different positions of responsibility and agency in the military. Unlike Andy who was a skilled technician with his own authority, as a junior soldier, Jim was responsible only for following orders. It is your seniors who have all of the power, control and responsibility, and you have no independent agency. Even before he met Clare, his *civilian* therapist, Jim had conferred military authority on her, as she walked 'like a female army officer'.

There is an important point to highlight for therapists here. It is worth considering ways in which military clients perceive responsibility and control in relation to themselves and others, and how it is negotiated in the therapeutic relationship. We might consider how this relates to the position previously held by the client in the military. For example, is this a person who mostly gave the orders, or the one who received them? And how might this play out in their lives, and in therapy?

Practicality

For Andy the main struggle in therapy, particularly working with visualization, was getting to grips with abstract, 'airy fairy' ideas for which he needed to use his imagination. His world in the forces had been concrete, and his activities in the military understood by referring to step-by-step guides in technical manuals. It is interesting that he got particularly stuck when asked to imagine his 'spiky ball' of stomach pain disappear, but was able to work with the metaphor of it transforming into

something else. Perhaps metaphor is a more 'concrete' concept to grasp, because it compares a real entity with a conceptual one. He was able to make use of this, and the lifeboat metaphor, far more easily than plucking ideas and imagery out of nowhere.

For Jim, too, metaphor worked as a useful tool for understanding and engaging with therapy. He had become jaded with various experiences of individual and group therapies in which he felt that talking and talking wasn't getting him anywhere. He felt there was no *point* to it. But when presented with the metaphor of a rewinding and replaying a videotape, Jim felt he had something to work with. He recommended this therapeutic technique as being well suited to ex-forces clients, because there was a method, a specific technique, which was akin to the military approach: 'A, B, equals C - job done'.

Debbie had a similar experience with her second therapist with whom she worked practically to address her travel phobia, using practical exercises she could do*,* which at the time was far more useful to her than 'pointlessly' talking into a void with her first therapist. Talk is about action in the military (Hockey, 2009). The impression given by several participants is that when therapy was *active*, and practical implications could be grasped, it felt more effective.

The structure of the military – how the work is achieved

The British military is a highly organized, well-oiled machine that relies on a strict and rigid code of discipline amongst its recruits to enable efficient and effective operations. Below I consider the role played by *rank and hierarchy* involved in getting things done. I also look at *order*, *consistency of personnel and teamwork* as essential parts of smooth functioning of military operations.

Rank and hierarchy

The military operates according to 'the chain of command'. Refusal to obey orders is severely punished and can lead to dismissal. Everyone knows their place and each has a sense of their status conferred by their rank.

For a person who is socialised into this hierarchical world, stepping out of it does not immediately strip you of your perceived status, stripped though you are of your rank. Colin, although he left the forces years ago, still conceives of himself as high ranking. For example, it is not until he sees a doctor at consultant level that he feels he has found an 'ally', and can have a 'proper dialogue'. By

contrast, he accorded another mental health practitioner, with whom he struggled to communicate, the rank of 'moderate to poor sergeant', far inferior to his own rank. His aversion to joining a therapy group was founded on his self-proclaimed tendency, rooted in his military leadership role, to take charge. He felt it would be hard to fit in as a participant and discuss his issues, as he would automatically take a more managerial role. It is possible also that by joining a group Colin would feel somehow 'demoted', stripped of his superior status.

Mac, who described his rank as equating to 'nothing, a nobody' was encouraged when he came across a higher ranking ex Marine at the treatment centre. Three decades on from leaving the forces, the significance of rank in this context seemed to give him relief and a kind of permission to have suffered.

For Emma, the hierarchy and rules of the military presented her with parameters and people to push against, to manipulate and play with. But Des experienced the power structures differently. Rank was a real stumbling block for him in the way of getting appropriate psychological help whilst still in the army. Before he had even sat down there was a huge power imbalance between him and the psychiatrist, a senior officer whom he was obliged to salute. This precluded open and frank discussion of what he had been experiencing, not least because the psychiatrist had power to jeopardise Des's career, depending on what he chose to include in his report. With the civilian psychiatrist, all this disappeared. It is interesting to note that Des described this psychiatrist as 'quite commanding'. Outside of the military, authority without the problem of rank enabled Des to feel contained, but no longer compromised.

Within the military there are, however, variations on the theme of hierarchy and how it is played out. Donnie's experience of the last unit he was in before leaving the army was that there was less 'military bullshit' than his previous unit, by which he meant that he was now allowed to call his officers by their first name, and the usual rules were relaxed. He felt this helped him with the transition back into civilian life and he didn't suffer as much of a social culture shock in his workplace as he might have otherwise.

Therapists working with military or ex-military clients, should gain at least a rudimentary understanding of the military ranks, and particularly learn about the difference between officers (those in charge) and men (their subordinates). There is a context to how veterans relate to each other and have been related to as people embedded within a total institution, which contributes to their self concept and relational matrices, which might then get carried back into civilian life. Particularly in the army, these social divisions are also deeply linked to class and social background. This is true to a far greater extent than with management structures in other sectors. Readers are referred to Hockey (1986) and Duffel (2000) for further exploration of the complexities inherent in

the military's social legacy.

Order, consistency of personnel and teamwork

Military life is all about order and precision, with, as Andy and Jim describe, a kind of one-plus-one-equals-two clarity. For Emma, the order of things, and the orders themselves, gave her a clearly defined way of being which she had lacked growing up, confused about 'who to be' in the presence of each parent. In the navy she knew exactly how to behave and what was expected of her. This mind-set was a common problem for participants entering the therapy room where there was less clarity about how to be, particularly for Debbie and Andy. With veterans, there is perhaps more ambiguity in the therapeutic encounter than they have been used to. This ambiguity could be experienced as a potential threat to those who have lived in a predictable, structured environment for many years. The vulnerability Andy describes experiencing in therapy makes sense when we can see that in the world of the military, 'the unpredictable may literally result in disaster and death' (Hockey, 1986: p.12).

Armed forces members are generally surrounded by the same people all of the time. Because military bases are small you are likely, for example, to see the same doctor or psychiatrist consistently in a way that is not usually the case in civilian life, at least in urban areas. Des found the turnover of practitioners frustrating, and understandably wouldn't open up to someone whom he would not meet again. Colin and Mac experienced similar problems. In a life where an unfamiliar face is a rarity, sequestered in a community where everyone knows everyone, at least by sight, I wonder whether strangers are perhaps more threatening than they are to the average civilian who even by travelling to work each day find themselves constantly face to unfamiliar face.

Most activities in the military happen in teams working together towards a 'common purpose', as Colin explains. But while his reflections on the 'togetherness' of military life are imbued with a fond nostalgia, Debbie reveals a darker side to how military 'teamwork' operates. She explains that if you are seen as the 'weak link' of a group, rather than being supported to do your job, you are sent away to a different unit, or removed all together. This happens at every level, from basic fitness training to skilled technical work. This ostracism of colleagues with no notice, Debbie said, served as a very powerful incentive to pull your weight and play the game. In this environment, weakness or vulnerability of any kind is therefore profoundly and unremittingly stigmatized (Lorber & Garcia, 2010).

Military socialisation and the emotional self

Military culture, its way of working and its socialization processes have serious consequences for a person's emotional self. A recruit's emotions have no place in this world, and must be shut off (Carlson, 1987; Hockey, 2009). Below I explore the ways in which participants have talked about the *stigma and the hiding of emotional vulnerability*, the *sense of failure* when that vulnerability is experienced and the *aggression, anger and violence* which erupt as ways of masking this vulnerability, or as a result of it being revealed. Finally I consider the *guilt, helplessness and loss* that can accompany the potential trauma of active service.

Stigma and the hiding of emotional vulnerability

Accounts of stigma in the narratives confirm what the literature says about the reluctance of military people to seek help (Lorber & Garcia, 2010; Gould et al, 2007). The threat of ostracism by the group and the 'undercurrent of fear' that Debbie describes are institutionally reinforced by the attitude not only of peers, but also of senior officers. For example, Des lost his job when his commanding officer found out that he was in therapy. The language used in the military around mental health, particularly referred to in Des' and Donnie's accounts ('loonies', 'raving nutter', 'funny farm'), suggest a culturally reinforced stigmatisation of psychological difficulty. It is not surprising that Des held back from opening up to army psychiatrists. The wariness of how much to reveal whilst still serving was an experience shared by several participants who feared for their careers.

Donnie describes feeling free to be open with his civilian therapist. Now that he had left the forces, the threat to his job was no longer an issue. But the stigma still stuck internally, evidenced by his feelings on reporting to the hospital receptionist. None of his former colleagues knew what he was doing, but he felt he had somehow let himself down. Facing the humiliation he felt, and getting to, and through, therapy was the toughest thing he had ever done. He defined this as 'standing up and being counted'. Overcoming the internalized stigma was the feat of his lifetime, such had been its power.

In military drill, following orders, you learn very quickly to inhibit your own thoughts and feelings. You just 'do', in immediate and unquestioning reaction to what you are told (Hockey, 2009). Jim and Donnie describe this automatic repression in terms of hiding. Donnie, despite going through real internal difficulties having come under fire, received a promotion. Outwardly he was going through all the motions of being a good soldier while inwardly he was struggling to keep it together. Jim suggested that he could easily 'hide' in both group and individual therapy, going through the

motions, ‘monkey see, monkey do’. He and others described a process whereby psychological distress was driven deep underground. Not only do you learn in the military to keep your vulnerability hidden from others, but it can also become inaccessible to yourself.

Vulnerability and the sense of failure

Successful hiding of vulnerability is essential for a soldier, and so coming into contact with it is tantamount to failure. Des felt disappointed with himself when he continued to struggle with PTSD. His account suggests he felt as if he should somehow have been able to keep his symptoms at bay through sheer force of will. Jim explained how he felt that being asked to be open about internal difficulties in therapy only reinforces this sense of this failure for ex-military people who see themselves as ‘supermen’.

On many occasions for participants, exposure of their vulnerability led to anger, both in and out of therapy. The word vulnerability comes from the Latin word for wound (Morwood, 2005). As a soldier, when you are ‘woundable’, you have let your guard down and laid yourself open to attack.

When I asked Andy about the vulnerability he had felt in putting himself into someone else’s hands, he quipped ‘you don’t want me to draw it do you?’ referring back to his therapist’s vain attempts to get him to draw his emotions. Although it was a joke, and we both laughed, there was an edge to the moment and it felt like he was saying to me ‘back off’, just as he had with his therapist, to keep himself protected.

Aggression, anger and violence

With weakness and vulnerability so ostracized, the sense of failure when it emerges is met with rejection and anger. Donnie raged at his therapist for making him confront himself, and Jim was terrified before seeing his new therapist because he knew that he’d have to ‘face his demons’.

For Jim, his anger was so great and he feared his own potential for violence so much that at one point he wouldn’t leave his front door. He feared that he would do harm to his therapist if he got angry, and needed some kind of safeguard set up in advance. Trained to kill with his bare hands, and the training ‘cassette’ never having been taken out, he feared for what might happen. It is probably that the usual responses of anger and aggression to trauma are accentuated by the military training (e.g. Taft et al, 2007). Mac described his anger as like a volcano, very damaging in the hands of

someone trained to fight (and kill), and the reason, he suggested, that there are so many ex forces people in prison. He said that people are scared of him and I could see why. Sitting with Mac, the white-hot anger he describes was at times palpable.

Guilt, helplessness and loss

In fighting wars, military personnel encounter the greatest of existential human experiences. Several participants lived through unimaginable horror, bringing with it profound human emotion, which, as they describe, gets buried deep. Mac, Mark and Jim particularly talked about the guilt and helplessness they feel and felt in the face of loss of life at the hands of military violence. Mark and Jim had the chance to process some of it, and have another person help them come to terms with their powerlessness and ease their guilt. Mac, on the other hand, lives with his survivor guilt and helplessness daily. This experience of survivor guilt is a common emotional legacy of combat (Boman, 1985).

Therapists working with the military need to be aware of the difficulty for military people to allow their vulnerability to emerge, and this process should be handled extremely sensitively. Brooks (2001) advocates that therapists need to be mindful of the cauldron of raw human emotion that has been hidden behind a controlled, disciplined façade for a long time, and to understand the implications of this exposure for military people. He advises treading carefully.

<u>The military 'family'</u>

For Mac, his lost comrades were 'closer than brothers'. They ate together, worked together, and played together. In the total institution of the military, community is akin to family in the sense that every one is linked to the unit, and almost always housed within it. Military life is therefore not just about operations, it also embodies a deeply social world whose success depends as much on play as it does on work (Hockey 1986).

In the following sections I explore the *fun* side of the military as portrayed by participants, which is perhaps not immediately seen from the outside, and the strong sense of *belonging* they felt and still feel. I also look at how the social life of the military often revolves around *alcohol*, another theme to arise in participants' accounts, and consider elements of family dynamics such as *loyalty and betrayal*, and *sexuality and gender*.

Fun

Alongside the discipline, order and hierarchy in the military comes a lot of fun. Humour is a huge part of military life, partly, as Hockey suggests, because it buoys its members through the grind of training and the horrors of combat (Hockey, 1986).

Emma's experience of naval life was characterized by fun. She played a lot of sport, and became a bit of a star. She also had fun with the structured life, within which, as well as there being a high level of order and discipline, there is also room for creativity and originality. Colin also described the environment as highly 'creative'. Sarah and Debbie's impression was that the fun, positive parts of military life are not seen and appreciated by civilians, and found themselves in defensive mode when talking about military social life, particularly with their therapists, fearing that the positive would be overlooked and that an undue focus would be placed on the negative.

Alcohol

As evidenced by Donnie's account, social life in the military revolves around the consumption of alcohol. The use and misuse of alcohol in the military is a controversial topic. Whilst some see alcohol as harmful, others view it as having an important role in social cohesion and in lifting morale (Jones & Fear, 2011). Frequenting the regimental bar is seen as desirable for a military man or woman, because it contributes to unit cohesion and comradeship (e.g. Forbes et al, 2011). Donnie reckoned that it was time spent in the bar that secured his promotion. Conversely, Sarah told me she was passed over for promotion for *not* spending enough time socialising in the bar.

Alcohol is the principal 'reward' given in the military, and drinking is the primary activity associated with downtime. Given the prevalence of alcohol consumption in the military, it is perhaps not surprising that it becomes a drug of choice for 'self medication' for those suffering with traumatic symptoms and other psychological difficulties (e.g. Taft et al, 2007).

Sarah told me that during her training she attended a session for the women recruits entitled 'mess[1] etiquette', where the trainer ditched the formalities in favour of training the women in how to keep up with the men in the military drinking culture. The sociocultural significance of alcohol in a military

[1] The military 'mess' is the name for the dining hall and bar on a military base.

person's life is not to be understated. For veteran clients who report problems with alcohol, there is very clearly a strong cultural precedent, which surrounds its use and abuse.

Belonging

The military is divided into subgroups known as 'regiments'. These not only serve different functions in military operations (e.g. infantry, artillery, medicine, logistics, etc.) but also serve as places in which to belong and forge an identity. These separate identities within the military umbrella are further reinforced by friendly rivalry based on reputation, which is formed historically on the battlefield and in inter-group competitions such as sporting leagues.

Debbie explains that this regimental system bestows an instant sense of identity and a shorthand for identifying others. Although you are just one person and part of a small unit, you are part of a bigger whole, which in turn is part of an even bigger organization. This embeddedness reinforces a sense of belonging and having a place. Sarah's experience of the military was of a cradle, a nurturing, repairing environment in which she felt well supported. There was the same sense for Colin, whose experience of reuniting with his military roots at the treatment centre was like a homecoming.

Donnie made reference to the relative lack of identity back in civilian life, when he reported to the civilian receptionist for counselling. With no 'cap badge' he was not identifiable as belonging anywhere, he was not knowable in the same way as he would be if he had walked into a military medical centre in full uniform. What does it mean then for ex military clients who emerge from a world of profound belonging into relative anonymity? And how does this impact on their therapy?

Loyalty and betrayal

In any relationship network, in any family, the twin entities of loyalty and betrayal can be said to coexist. For Debbie, to talk 'outside the family' about the negative aspects of her military experience felt disloyal. Similarly, Sarah felt she protected the positive aspects of the military in therapy by keeping out the negative, in part to do with her fiercely felt sense of loyalty to the organization that had so nurtured her.

Because Emma had shown great loyalty to the navy, going where she was sent and working very hard, being denied an extension at the end of her service felt like a huge betrayal. Des also felt

deeply betrayed by the military, feeling that, rather than his PTSD being recognized and appropriately dealt with, he was scapegoated time and again until he was finally pushed out.

Loyalty and betrayal are matters of life and death in the forces, a fact brought into sharp focus by recent incidents in Afghanistan where local soldiers, trained by UK troops, have turned their guns on those they were working with. There is the need for therapists to appreciate the potential depth of attachment and loyalty military clients feel to their unit, regiment, and armed force. But there is also precariousness around this loyalty. When it is not honoured by the organisation, as Des and Emma experienced, the betrayal can be bitter. And these dynamics can inevitably play out in psychotherapy between therapist and client.

Gender and sexuality

The military is fundamentally a male preserve, run on patriarchal lines. Emma talked explicitly about being a woman in the forces and the gender inequality. Although she described fellow service people as 'siblings', she experienced clear favouritism and special treatment for the men. The extension of service that was denied her was available at the time to men only. In her birth family, she would have had a very different life if born a boy, receiving a trust and education she was denied as a girl. This was some time ago, and circumstances have changed for women in the military. Sarah insists that women serve as equals and there is no area they are not employed. But in therapy rather than this being celebrated, she felt there was judgment around the very different version of being female she had chosen from that of her 'Volvo and two kids' therapist.

When Andy's therapist reflected that the Picasso picture he so identified with was of a woman, he made a sharp exit. The extreme reaction he had, running out of therapy and away from all possibility of relating to the feminine suggests that he experienced the observation as a powerful threat to his self concept (Lorber & Garcia, 2010). The macho, invulnerable, military male rejects the 'airy fairy', 'namby pamby' female world of therapy. But Sarah and Debbie, women themselves, also struggled with the idea of therapy at first for similar reasons. As Rimalt shows (2007) shows, women themselves, when socialised into a male dominated world, can take on a masculinised outlook.

Colin's account, too, carries hints of the significance of gender. I wonder whether, if the consultant he saw had been female, he would have considered her an 'ally' in the same way. His therapists were all female, one of them 'motherly'. I wonder also what kind of experience he might have had with a male therapist.

The role of gender in therapy is potentially significant with any client, but the military context, with its deeply masculine, patriarchal culture, brings an added dimension of social experience worthy of reflection by therapists (Brooks, 2001).

The military and civilian society – worlds apart

Throughout participants' accounts there was a very clear sense that the military is perceived by its members as entirely separate from civilian life. Below I track the ways in which the military and civilian are experienced in participant narratives as **different worlds**. I show how the two peoples appear to be **speaking a different language** and look at the interface between the **military and wider society**. Finally, I consider ways in which this 'us and them' thinking leads for some participants to a sense of **specialness and superiority**.

Living in different worlds

People who have had little or no contact with the military may find it hard to imagine how different their world is from ordinary civilian existence. From everyday things most of us take for granted to the extreme ends of military activity in warfare, military people and civilians occupy fundamentally different worlds. Below I explore how participants talk about this contrast as experienced in *everyday differences*, and the *culture clash* they encounter in therapy.

Everyday differences

Mark explains that forces personnel who have served their entire careers in military bases abroad require a major change in the way they think when they leave the forces. He gave the example of the simple everyday administrative task of sorting out a television license as an illustration of the practical differences of military and civilian life. For a person whose housing has been arranged for them since joining up, which for a lot of service personnel was when they were still teenagers, a TV license is likely to be the least of their worries on their return to civilian life.

Des cited the everyday activity of waiting for a bus as something he had never done in his adult life. Each army base is like a little town with its own transportation arranged for moving groups of personnel from A to B to get to training grounds. A person might therefore go through life in a kind

of ‘bubble’ and experience as alien activities that are ordinary to the rest of the population. Military protocol is equally alien to civilians. Which of us as an adult has had to keep to a bedtime curfew imposed by an outside entity, as Emma experienced, fearing punishment for being late after a night out? Who would find the idea of calling a boss by their first name a novelty, as in Donnie’s account? Or the notion of calling in sick, as with Debbie?

The world that is inhabited by forces members is highly ordered. For the most part, activities have clear goals, often with hefty manuals laying out protocol about how and why things should be done, when, where and by whom. This is manifestly not the case in civilian life, where people must live with a general acceptance that things are often random, chaotic and far from logical. Colin experienced this contrast starkly in his dealings with the health service. The relative disorganisation and lack of logic around the allocation of resources was a source of immense frustration to him.

It is no wonder that several participants report struggling with the concept of therapy. Even for relatively structured therapies, which lay out clear goals and tasks, the principal ‘activity’ might be seen as the understanding of internal processes. In military life individual emotional experiences are sidelined in favour of focussing on concrete realities, practical solutions and ‘getting things done’, which serves the group and its aims. It is therefore likely that sitting in less directive forms of therapy might be an odd and highly disorienting experience for a military person, particularly if the therapist does not give any guidance as to what is expected, which for Mac and Debbie felt confusing and ‘pointless’ to the extent that they stopped going.

Culture clash

One of the most interesting sections of narrative for me was Sarah’s description of the cultural relativism going on when she talked in therapy about her Colonel ripping up her work.

In the military you get shouted at, sworn at and insulted for the smallest of offences. In the civilian world a single insult could provide the basis for a harassment charge or tribunal. In the military the training, as several participants describe, is aimed at ‘breaking you down’, and although not officially sanctioned, public humiliation is an effective way of keeping troops in line (Hockey, 1986).

It is not hard to see how this culture might be seen as abusive. In superimposing a civilian cultural perspective to the stories she was hearing, and describing what she had heard as ‘abuse’, Sarah’s therapist, she felt, missed the point. Maintaining objectivity becomes very difficult when what we are hearing from our clients comes from a worldview that clashes with our own, and it is hard to put our judgment aside. As Mearns (2005) suggests, with military clients, ‘we are given the easiest

content to judge, yet you know that the challenge is not to judge' (p. 99). As Sarah and Debbie explain, the military culture to which they had been acclimatized was *normal* for them. It was unhelpful and, paradoxically, alienating for both women to have their therapist say 'that must have been awful' when for them it was not experienced that way – it was just part of their job.

The language Sarah uses when she describes the confusion she felt when working for her civilian boss also appears paradoxical. She calls it 'torture' and 'traumatic', compared with the military, which she found supportive and nurturing by comparison. It seemed that, for her, this nuance was missed in therapy where the reverse was assumed.

It is difficult as a therapist to withhold our own judgement, particularly when we come across behaviour or attitudes in our clients that make us wince with disapproval. But the voicing of this disapproval, such as when Debbie felt reprimanded for her 'gallows humour', shuts down communication and openness for the client, fearing judgment and non-acceptance.

Debbie and Sarah felt that their therapists misunderstood their cultural context, and were not sufficiently able to bracket their own worldviews in order to come alongside them. As a result, they decided that the military parts of their lives would become no go areas in therapy.

Speaking a different language

All cultures have a shared language and shared understanding. When two cultures of any kind come together, difficulties can arise in communication. In the next sections I highlight how participants talked about *not being understood* by their therapists. I then consider this in terms of a *language barrier*, and go on to look at the *military 'shorthand'* which becomes obsolete in communication with civilians.

Not being understood

Most participants made reference to feeling 'alien' in the civilian world, and not being understood by their civilian therapists. Mac felt that 'shutters come down' in therapy at the mention of military subjects. He likened the gulf in experience to that of him trying to understand what it would be like to have a baby, likening the degree of separation as being as apparently unbridgeable as gender.

Debbie feels that civilians will never understand the military part of her, and so she keeps these parts of her experience out of exchanges with them. Putting herself in a civilian therapist's position,

she suggested that it is to be expected that a client's military service will be overlooked in favour of the rest of their adult life, such is the lack of appreciation of the powerful influence of the military on a person's psyche.

Language barrier

In group therapy with civilians, Des found himself completely lost when he couldn't follow their language, an excluding experience he couldn't wait to escape from.

Part of the problem of communication is the language barrier, which, hearing these accounts, I don't think is too strong a description. Donnie felt at ease with his therapist with whom he could converse freely without having to 'translate' the military jargon. Colin experienced a similar thing on arriving at the quasi military treatment centre.

Unlike Donnie, Sarah found that she *did* have to translate for her therapist, who kept interrupting her for clarification. She found this a hindrance to therapy, and it served to drive a wedge between her and her therapist for whom the military vocabulary was unfamiliar.

During the interview with Sarah, after she had told me this, I noticed myself a couple of times when I didn't understand some terminology, but because she had talked about her annoyance at her therapist's interruptions, I didn't interrupt. I did the same with Debbie, and simply looked the words up later to better understand what they had been referring to. I thought this might have been an alternative for their therapists if they had been aware of how their clients experienced their interruptions. Perhaps for them it was a way of showing their engagement and commitment, which backfired unawares. What is required with this client group is being aware of the potential difficulties of language and communication, whilst being sensitive to when and whether clarification is necessary for the purpose of therapy and bracketing the need to clarify every unfamiliar term.

Military 'shorthand'

Debbie refers to the understanding between military people as a 'shorthand'. She said that just by mentioning a number and a date, you could locate a person's service history, their role and roughly the kind of person they are likely to be. This extraordinary heuristic is not available to civilians, although of course there are other ways of making assumptions about people. But Debbie found that part of the difficulty in therapy is not really having a sense of who the therapist is. In talking

about the 'blank sheet' therapist he had started out with, Mac revealed that the reason he agreed to talk to me was that I told him about myself before asking about him when we spoke on the phone. Debbie's second therapist revealed more about himself in the first few minutes than her previous therapist had in three sessions, which kept her coming back. And with her ex-military therapist there was an instant rapport because she knew where he'd served and could give him an identity using the military shorthand.

With the same shorthand, Debbie explained, there was never any need to talk about anything of the violent, traumatic experiences. All you needed was a number and date and you wouldn't have to ask, you would just know - a way of being understood without having to be explicit, which, it is assumed, is inaccessible to civilian therapists.

The military and wider society

Everyone has a view on the military. It tends to be a polarizing subject when it comes to people's politics. Public opinion surrounding current military campaigns, highly influenced by the press, also plays a role in shaping society's attitudes to our servicemen, which has a bearing on therapists' own approach. In considering the wider context, I touch on *politics and public opinion* below. I also consider the consequent experience of *judgment and voyeurism* from outsiders.

Politics and public opinion

How a therapist will feel working with a military or ex-military client will inevitably be influenced by their politics. A colleague of mine will on principle not work with ex-military clients. There is something to be said for this stance, in the case of anti-military sentiment, because in taking it there is an acknowledgement of the limitations to one's capacity to fully accept one's client and the world they come from.

Sarah felt that her therapist's politics were clear by the way she related to her military experience. There was the sense that Sarah had been part of something wrong and abusive, taking a similar stance to those that had spat at her in the street during an unpopular conflict. As a civilian nurse she experienced colleagues walking out of the staff room when she entered, in protest at her previous military service. But both she and Debbie have noticed a shift in public opinion in relation to more recent conflicts, which has made their lives easier. However, Debbie will still keep her military past to herself at psychotherapy conferences for fear of being judged.

Judgment and voyeurism

Public opinion and the perceived politics of the therapist make talking about certain aspects of military life difficult. The risk of negative judgment was too great for Sarah and Debbie to allow parts of their experience into the room with their therapists.

Jim carried a lot of guilt with him for something he had done as a soldier, which he wasn't prepared to share with a civilian therapy group. He feared judgment but also a kind of thirst for details, a voyeurism from outsiders. Sarah also experienced this with her therapist.

'Us and them': specialness and superiority

There was a clear dichotomy running through the accounts by which participants separated themselves as military people from civilian people. Jim's metaphor describing military personnel as a 'breed apart' suggests that this separateness is felt deeply, almost at a biological level. There was also an implicit, and sometimes explicit, belief in some narratives in a kind of specialness, and even superiority on the military 'side'. This is of course a familiar tendency amongst groups. We tend to view 'out-group' members as inferior to our own 'in-group' (Tajfel, 1974).

Colin's account describes his search for special treatment, which he eventually found with the quasi-military charity. The underlying sense throughout Colin's account was that the military way is superior, with things functioning smoothly, everyone pulling together, and results being achieved. His exhortation that servicemen 'should be handled in a separate way' ties in with several participants' views that they require a special, separate kind of help to civilians.

When Mac talked about his anger as 'not normal', I got the impression that there was a sense of specialness, even a kind of superiority, around his experiences. He said that civilians have 'no concept of the depth of feeling of loss'. And while he conceded that his civilian therapist had been helpful, it was *despite* him being 'only a civilian'. Mark's account shows a similar assumption. He thought his military therapist would be thinking he was 'just some old civvy now', and was surprised that he was taken seriously and his story heard.

Mac's mistrust of civilians and banishment of them from his life has resulted in isolation. But Donnie's experience was different. He no longer sees himself as military, but as a civilian with a past life in a different world. He has reintegrated with far greater ease. I wondered whether this difference might have something to do with age, since he, along with Sarah, are the youngest in my

cohort by a good twenty years. I would speculate that among many factors might be a greater connection with 'civvy street' now that soldiers can keep in touch with friends back home through online connection such as social networking sites, where they come into more contact with civilian life and ways of being in contrast with their older counterparts during overseas conflict situations in previous decades.

Implications for therapy

With the above introduction to many aspects of military culture and its interface with the civilian world, as portrayed by participant narratives, the scene is set for a deeper exploration of the implications for psychological therapy with military clients. I combine an exploration of the content of the narratives with my own experience of being with them, as a way of presenting the parts of my learning, which are based on my 'felt sense' (Gendlin, 1964). First I consider **establishing a 'working alliance'** with this client group. In this small sample alone, there are so many accounts of people discontinuing therapy very early on that it warrants close examination. I then go on to consider ways of **bridging the worlds** of the military and the civilian in a process of **building trust** between therapist and client so that meaningful therapeutic work can be done. I then look into the particular **challenges** faced by therapists in working with this client group. I conclude by offering some **initial reflections on theory,** introducing attachment theory and the paranoid personality as potential theoretical approaches to thinking about the military client group.

Throughout, I pull out from my discussion in separate boxes reflections for therapists working with military clients, and suggest pertinent questions to ask of the work. I collate these reflections in Table 2.

<u>Establishing a working alliance</u>

The phrase 'working alliance' used to describe the essential therapeutic contract is most apt in this context (e.g. Gelso & Carter, 1985). Military and ex-military clients, socialized into a world of friends and enemies, need to feel that their therapist is 'on their side' (Sarah) and that they have an 'ally' (Colin). Below I consider the *first contact* in therapy with military clients, and the potential necessity and benefit of *relinquishing control and giving ground* as therapists.

First contact – relinquishing control, giving ground

When I called the first participant I hadn't met before, I was unprepared for the long life story monologue that came down the phone from the other end. I wanted to just have a brief conversation about who I was and what I was doing, and organise an interview date and time. But people wanted to *talk,* and in some cases, to tell me everything from start to finish. I noticed in myself a tussle for control – wanting to finish the call, and wrap up with a neat arrangement. But it was very hard to do this, and I had a strong feeling that if I cut them short and didn't allow them to tell me what they wanted me to hear, I would lose their trust and potentially their participation. After one or two of these calls I decided from then on to set aside half an hour to an hour for a pre-interview conversation where people could tell me their history. It was well worth my while, because once we got to the interview, I had some details already, and, more importantly, they knew that I had listened to them and was interested in what they had to say. We had established some trust. This led to some reflections about the first, and early sessions with military clients.

'Contact' in military parlance refers to the moment of engagement – firing on, or being fired on, by the enemy (Hockey, 2009). Given my previous reflections on the 'them and us' military-civilian divide, might a civilian therapist on first 'contact' be approached as some kind of perceived 'enemy'? Not only do therapists occupy the space of the alien 'other' that is the civilian, but they also come from a world where emotions and vulnerability are currency within a relatively freeform 'chaos', as Andy puts it. He describes the fragility and vulnerability of soldiers when they put themselves in this position.

Understanding the initial meeting in terms of this vulnerability makes sense of my first impressions of feeling railroaded. Hermans (2004) makes the valuable point that institutional factors play a role in the power differences in dialogue. He cites as an extreme example the dynamics of interrogation. Perhaps participants talked non stop as a way of feeling in control at the first encounter with me, an unknown woman, representing the civilian, shapeless, potentially threatening world of counselling and psychotherapy, as a way of avoiding interrogation. Des was suspicious of the army psychiatrist he saw, who, he felt was 'searching [his] mind'. Andy, for whom therapy was a constant tussle of how much control to give away, did not pause for breath for the first 30 minutes of our interview. Finally he joked, and said 'I'd better stop now to let you ask a few questions', but it was clear he was going to tell his story in his way. Likewise, Emma did not pause once during her interview. She too had made her therapist play according to her rules, which she explained in terms of control overlaying vulnerability. It felt important to let this happen, at least in the early stages.

Interestingly, compared with similar experiences in client work, by and large I didn't feel that I was being pushed out. I felt instead that I was being allowed into very private worlds and participants

were risking a lot by speaking to me. Particularly for those who had had bad experience of therapists, I was surprised at how open they were. Jim had explained to me that once you have a services person's trust, you 'have it with both barrels'. This was certainly my experience with all participants. Of course I have no idea of what they didn't tell me, but the interviews speak for themselves. I talk a bit later on about how I understand this as perhaps related to my own link with the military, but I do believe that part of the trust that we established quickly was that I allowed each participant the space, time, and above all, control, particularly in the first part of each interview conversation.

I use the phrase 'giving ground' in the title of this section, which in war means, quite simply, losing. Maroda (1998) talks about 'giving over' (p.56), and the need for surrender by both therapist and client in therapeutic work. Seen in context with military clients, surrender is not a comfortable concept. But nor is it for the rest of us. There were times with these participants where I felt challenged to give ground, to 'give over' power and let them have it. Part of this was anxiety that if I didn't interject to make sure we stayed on topic, I would not get the stories that I wanted. My anxiety was allayed by reading that in narrative research, 'going off on a tangent' is part of the story (e.g. Chase, 2005). This gave me the freedom to let go of my own control and let the participants have theirs, which they so needed, as I now see it, to feel safe. Hinshelwood (1994) emphasises this in his discussion about prisoners and prison officers. He advocates an appreciation of what the institution demands of each group in terms of defending themselves against their own vulnerability. In therapy, there is clearly something important about allowing the client some *agency* in the process, particularly at the outset (Lorber & Garcia 2010). Giving people time to tell their story, and control of how they tell it, has been so important to this study, and has become a central tenet for thinking about practice during early sessions working with ex-military clients.

Reflection: Relinquishing control

Therapists might consider allowing military clients agency at the start of therapy, 'giving ground' if necessary, with the understanding that this taking of control might be a way of managing anxiety. The question might be: Who needs to hold the power, and why?

<u>Bridging the worlds, building trust</u>

I have talked about how polarized the world of the military person is, in terms of the military/ civilian 'divide'. When you are sitting across from a military person as a civilian, this divide is writ large in the therapy room. From the accounts of participants, it seems that one of the principle tasks in therapy

is to find ways to bridge this gulf, form connections, and build a relationship within which therapy can happen. The ease, comfort and openness experienced by participants with their ex-military therapists as against the suspicion, misunderstanding and shutting off from their civilian counterparts are testament to this. I next explore what it is like to sit with this as the member of the 'out-group', and look at *belonging and rejection* from the point of view of the therapist, focussing on the importance of containment. I also advocate *levelling with clients*, and highlight the potential benefits of actively *demystifying therapy*.

Belonging and rejection - containing the undercurrents

The felt sense of the 'them and us' mentality was often difficult to be with. I experienced it mostly with Debbie, Des and Mac, who were very dismissive of civilians. I noticed in myself a desire to protest, to interject, to question the generalizations, particularly with Mac, whose dismissal of civilians was vicious and absolute. Part of this felt quite competitive, combative even, which is interesting to note given the context. Metabolising the rising annoyance was relatively possible as a researcher, but I wondered whether I would have been as contained as a therapist. But patient containment is vital. My sense is that it would take a very, very long time in therapy to be able to protest or question the entrenched worldview of military personnel. To attempt this too soon could be the deathblow to therapy (e.g. Smith Benjamin, 1996).

When Debbie talked about civilians being separate, she said that her experience of talking to me was the same – that there was a kind of barrier she couldn't explain, but was definitely there. It is interesting that this military/ civilian difference overrode the shared experience of being fellow psychotherapists. It was difficult to hear this from her, as I thought of myself as part of the 'us' camp, coming from a forces family. The draw to be included, to be considered part of the 'in group' was strong, and reminded me of that familiar feeling from school that I think we all have, of wanting to belong to the right group. Noticing my response to this kind of rejection was useful. I both felt a kind of inferiority – my inner self jumping up and down and waving, wanting to be recognized, included. But accompanying this was a sense of sorrow that I would never be, and an anger that I was being denied, rejected. These subtle feelings of hurt at not belonging and being denied a place are unsurprising in the intersubjective mix working with any person who believes themselves to be in a special club, organization, or as Debbie suggests, cult. If not recognized, acknowledged and either bracketed or worked with, this kind of powerful countertransference experience could endanger the therapeutic alliance. You can't be an ally with someone you are fighting against. Perhaps this was the kind of dynamic going on with therapies that ended with splitting off of

experience, such as Sarah and Debbie's. Feeling that they too did not belong, did the therapists also feel rejected, and then reject their clients on some level in unconscious retaliation?

Conversely, I felt the warm glow of belonging when participants included me as one of them. Donnie, when he was talking about needing a translator in the military, said 'as we both know'. I noticed my pride in this little moment – 'I am one of you'. Sarah also included me, perhaps because, as a fellow therapist, we were both in another 'in group'. With Sarah, the issue of collusion emerged. It felt in the interview as if I was siding with Sarah against her therapist. There were moments in some of the interviews when I definitely felt I joined in with participants in rejecting their therapists, even if in an unspoken way. I found myself strongly identifying with them and their plight, taking their side, forgetting that what I was hearing was only their version of the situation and there was another 'side' to the story.

That I experienced belonging or not belonging so viscerally was an important piece of learning for me to take with me into my future work with veterans and other clients. Of course, it will chime with my own institutionalized boarding school experience of being in an intense environment where acceptance and rejection by your peers is so unremitting and undiluted by other influences external to the total institution. Interestingly, one of the people I gave an earlier draft of the thesis to read noticed that this belonging/ not belonging seemed to be paralleled in my discussion. She noticed that my stance seemed to oscillate between criticism of the military, and its defence. Unwittingly I had found it difficult to avoid maintaining an objective position.

It will inevitably be that other civilian therapists will have different responses to the 'them and us' dynamic. Understanding and processing this felt experience in ourselves would seem to be key to transcending the gulf that is experienced by military clients between themselves and civilians.

Reflection: 'Them and us'

It is important for therapists to notice the in/ out-group discourse with military clients, and to contain their own responses. How do my own feelings of belonging (or not) impact on therapy, and is there a danger here of retaliation or collusion?

Levelling with clients, demystifying therapy

Bridging the perceived (and real) military/ civilian divide requires finding ways to connect rather than alienate, and to relate rather than reject, which are at the heart of the beginnings of this work.

Participants responded better to therapists who levelled with them, sharing in common humanness. Below I explore why this mattered so much.

I realize that in offering any kind of critique on the work of therapists who featured in the accounts of participants I am on shaky ground. The accounts I have are from the point of view of participants, and their experience of therapy is obviously mediated through their own selves and where they were in their lives at the time of presentation. But I would suggest that the off-putting experiences Debbie and Mac had of therapists leaving them in a void of silence give the sense that a kind of 'blank screen' approach does not lend itself well to therapy with this client group which is reflected in the literature (e.g. Boman, 1985). Used to briefings and instructions in their work, and constant banter in their social interplay, it is likely that military people will be thrown by a situation where there is little exchange.

For most people, going to a therapist entails the projection of some kind of power dynamic. For ex-military people this is exacerbated. In the forces, unless you are at the very top or very bottom, there is someone under you and someone over you. You are embedded in a constant state of hierarchy, your social and professional position imbued with a power differential (Hockey, 1986). One primary way this power is wielded is by withholding information, the 'needs to know basis' Debbie describes. Not being told things makes you the inferior party, the dependent one, the loser. A therapist who gives nothing away is therefore unlikely to keep a military client for long. Conversely, the 'white coat effect' (e.g. Brase & Richmond, 2004) might give an underlying sense of us being the 'experts', and accord us too much power, as with Jim who seemed to believe that his therapist somehow had the power to take away the danger of him attacking her.

Reflection: Power relations

Power is likely to have a greater than usual significance in work with military clients. Therapists might wonder, 'What is the power differential here, and how are we both experiencing it?' 'Who do I represent to the client?' 'What rank did this client hold in the armed forces?'

Things got off to a better start when participants felt they met the *person* of the therapist. The contrast between the first two therapists Debbie saw was striking. The first stayed quiet, the second said 'let's *talk*'. There is something very immediate about this encounter, similar to Donnie's first encounter with his therapist. In their accounts there was a sense of a human being, a three-dimensional character with a life of their own. Mac's therapist Brian felt like a fellow soldier, and their talks akin to sitting in a foxhole, like in the military. He appreciated Brian's sharing of his own experience, which allowed Mac in turn to open up. He said the same about me. He had appreciated

me telling him about myself on the phone, and said that if I hadn't, he mightn't have been willing to talk to me. There is something important about the *sharing* of information, which helps level out the power dynamic, rather than withholding information in the 'needs to know' vein Debbie described. With the participants who were themselves therapists, perhaps there was something in place through our shared values and similar training that facilitated openness in a different way than with other participants.

What I told Mac about myself was simply that I was doing the project as part of the training, had grown up with a dad in the military and was interested in issues faced by ex-servicemen, but I did not give him many other personal details. It was probably the *way* I talked with him that mattered. If anything, my position was deferential. I generally have a lot of respect for armed forces veterans and I was grateful to him for agreeing to participate. Perhaps my deference was part of the dynamic of Mac's feeling of superiority over civilians. But perhaps also it contrasted with some of his experiences of not feeling respected, and having others take power over him, as when he was expelled from the anger management group.

Most of all, I was *friendly*. Basic friendliness puts us on a level with our fellow human beings, and for military clients helps level the power dynamic. When I first met Mac, we engaged in a bit of banter. He was very funny, and during the interview there were times when we laughed together, for example about the irony of being kicked out of an anger management group for being angry. Being real with him, and human, opened the space for him to tell his story. When we finished the interview, he asked me about my dad, which regiment he'd been in and whether I was proud of him. At the time I was quite touched that Mac had remembered the military link, perhaps not appreciating how important this was in Mac's agreeing to meet with me and sharing as much as he did.

The issue of self-disclosure is, and will continue to be much debated in the world of psychotherapy. But with military clients I propose that some degree of sharing ourselves is essential. Not only does it level the power dynamic, it also mirrors their way of being. The military is a profoundly social world, in which being with others is always accompanied by banter, (often bawdy) humour and frank exchange. By connecting in this way with military clients, we increase our chances of 'keeping' them.

Reflection: Use of self disclosure

Military clients are likely to respond well to friendly, relational styles of therapy. Self-disclosure is an area for reflection from therapists working with a client group that comes from a deeply social culture: 'What will we gain or lose from my sharing or withholding?'

Given the accounts of a sense of pointlessness and disorientation amongst participants around embarking on therapy, particularly with less directive forms of therapy, I wonder whether more thought might be given to how the process might be presented to veterans when they come into treatment. One of the reasons therapy can be daunting for this client group is, as Andy highlights, because of its apparent lack of structure and immediate purpose. Are there ways that we can more explicitly structure the process, and lay out its purpose? Jim made good use of his therapy because there was a metaphor of 'rewinding' that he could hook it on. Maybe there are ways that we as therapists can make the abstract appear more concrete for military clients to help bridge the worlds. Lorber and Garcia (2010), for example, talk about the usefulness to military clients of psycho-education as a way of connecting them with what the *point* is of the therapeutic process. Perhaps a little road mapping is warranted.

Reflection: Transparency about the process

Military clients may benefit from a little steering when it comes to psychological therapy and its aims. Abstract and freeform concepts might be conveyed through more concrete means through the use of metaphor. How can I best explain what we're doing here?

<u>Being with military clients – the challenges</u>

The many and various experiences of the participants in this study of psychological therapy throw up much food for thought for therapists working with military clients, particularly in terms of the challenges, which I consider in this section. I begin with the challenge of *withholding judgment and sitting with cultural difference*. I then go on to explore *polarization and splitting* in thinking and relating in this client group, and consider the area of *gender* as one locus of polarity. I end this section by touching on *trauma and the importance of self-care*.

Withholding judgment and sitting with cultural difference

Hockey (1986, p. 2) describes the primary functions of the military as being the 'management and implementation of violence'. Working with servicemen as therapists, we are sitting with people who have been trained to kill, or trained to participate in activities which involve killing other people. As well as witnessing awful things, servicemen also perpetrate awful things. No 'terms of engagement'

or rules of warfare can take away the fact that what is done involves actions naturally abhorrent to human beings (e.g. Herman, 1992). Bracketing our own judgment becomes particularly important in this context (Mearns, 2005).

Debbie and Sarah's accounts show what can happen if there is any sense of negative judgment from their therapist. Parts of themselves ended up outside the room, unprocessed, unintegrated, denied. Splitting off the inconvenient necessity of military violence is what we do as a society – wars happen 'out there', horrors are censored for public media consumption. A few of my participants said that they have not even told their partners about what they have seen and done, because a lot of guilt and shame accompanies acts of violence, even if these are carried out under instruction from the chain of command. The guilt Jim carried was something that remained deeply hidden until he found someone he could trust to tell his story in safety. One of the things he struggled with was his aggression, which he recognised as a problematic part of his military training – problematic, that is, on re-entry to 'civvy street'. The training 'cassette' Jim described, which is never 'taken out', has the potential to play out aggression and violence in inappropriate situations in the civilian world which in combat situations would be considered legitimate. This might account for the high proportion of ex-military people in our criminal justice system for violent offences (Macmanus et al 2013).

Withholding judgment is a very hard thing to do, as every therapist knows, and sometimes impossible. How can we sit with equanimity with someone we know to have committed atrocity, when our professional work is ostensibly all about the preservation and enhancement of human life? The same dilemma is one faced by people working therapeutically with prisoners. For me, the answer, if there is one, is to look at the bigger picture. My belief is that wars will always be happening in the world, and there will always be people to fight them, such is the nature of mankind and its relationship with power and with fear. Those who fight are acting under orders from their superiors, who answer to the politicians, who answer ultimately to the people. In this sense they could be said to 'serve' the nation.

What is my own stance towards, and response to the military in generally, and in terms of war and combat? This is difficult to answer succinctly and continues to be a complex area to grapple with. As someone who has grown up within the world of the armed forces, I was exposed to the enormous positives of the world of the military, which is inhabited by human beings, and not simply a killing machine. In terms of the role of the military in general, I am aware of its value to society. The armed forces play a significant role in humanitarian disasters overseas (e.g. delivering supplies and rebuilding work after the 2004 tsunami) and civilian emergencies at home (such as providing an alternative fire service during the firemen's strikes in the 1970s). The UK's military also play a major role in peacekeeping around the world. While military involvement in all of these activities can be

questioned and criticised, with the loudest argument perhaps being that our sending troops to the four corners of the earth to 'keep peace' is a legacy of our colonial history, the point that I am making is that the intention and remit of the military as I understand it is not solely about taking the nation to war. My position is akin to that of Sarah and Debbie when it comes to outside criticism and judgment by parties who make un-nuanced assumptions such as the idea that soldiers are all 'baby killers'. Debbie says of her experiences in a more 'leftie' groups she now moves in:

> 'Oooh soldiers are bad people' it's almost like a thing to be ashamed of, so I am quite protective of it in that way although I am now a pacifist which is quite strange, but I was a soldier, hmmm, work that one out!

Sarah describes the same sentiment and sense of feeling protective of the military. She lamented the fact that the military is no longer seen as a protective force keeping British society safe, which was her take on the role of the armed forces, and which was the dominant narrative surrounding soldiers following the first and second world wars. This belief in being, as a forces person, the protector, or guardian of society was also reflected in Des's account. When we spoke, the government was making cuts to the welfare budget, and he suggested of his previous colleagues:

> I could imagine the field day they're having about the benefits system, because they think that the whole of society's bunch of fucking scroungers anyway, you know what I mean? And so you can imagine the military's, in a sense, you're the only thing what's keeping Britain afloat

In terms of war itself and the involvement of human beings in combat violence, I find it very difficult to think about because it necessitates a palpable tension between what is real and what is ideal. In an ideal world, we would not have to resort to violence to resolve conflict. But we live in the real world in which 'resorting to violence' is a complex process inextricably linked in our global social nexus with economics and politics. I saw a fascinating documentary recently in which it was observed that the greatest medical advances happen on the battlefield, where traumatic injury is guaranteed to be extreme, and where resources are more available. New techniques and discoveries from the medical field 'tents' are then rolled out across society's civilian medical provision. I am not suggesting that we go to war in order to advance medical knowledge, but the fact that this happens is one demonstration of how linked and complex things are. In another documentary about helicopter pilots in Afghanistan, in commenting on Britain's eventual withdrawal from the region, one officer quipped that the massive infrastructure of Camp Bastion, in effect a small town, would hardly be left there to rust. His point was that the physical and social machinery of war seems to necessitate the creation of more war. The proliferation of the arms trade points to a similar idea.

My own stance, then, could be described as realist. We will always have wars, and a military service to fight them. Men and women will join up for a variety of reasons, often complex, but I believe for the most part because of noble and honourable intentions. These, along with bodies and minds, will inevitably in some cases, but not in all, be crushed, mutilated and killed. And some of them will come to therapy. The key challenge for me is to be able to acknowledge and hold the complexity of all of this when sitting with another human being. When hearing Mark's story, there was a significant moment for me when I was confronted with the reality and horror of violence, and my own take on it. He was describing the one-sided attack of thousands of innocent people by armed gunmen, with no respite and with no means of defense. Something in me shifted, and what had been a kind of naïve, hopeful sentiment that conflict can and should always be resolved peacefully was deeply shaken.

Reflection: Judgment

Therapists should be vigilant about judging their military clients, understanding that the military world operates on different moral and ethical guidelines from civilian life. How do I respond respectfully and supportively, without compromising my own moral code?

These previous statements are contentious, and it felt difficult to lay out my political position that is probably not shared by all in our profession. How hard then must it be for military people to come to therapy when they embody this contentious area of human experience? Fenell (2008) stresses the importance of therapists being able to *join* the worldview of the client. In discussion with my therapist the challenge this idea poses to us, he offered me a parallel situation in which a therapist, working with a victim of sexual abuse, suggested to their client they must be racked with hatred and anger for their abuser. No, said the client, they were the only person who showed they cared. Power relationships are similarly complex in the military where senior officers have a duty of care, but at the same time find themselves in positions of absolute authority where the abuse of power is easily available.

We may inadvertently make scapegoats of military clients, as Sarah experienced in public, and Des within the military itself. I wonder whether Mac's experience of being thrown off an anger management group was symptomatic of the same thing – we'll get rid of the nuisance, the difficulty, the ugliness of the darker side of human nature and put it 'out there'. A way of avoiding this is to get clear in ourselves where we stand on military matters and how we understand this complex area,

and by paying close attention to what is going on in ourselves when sitting with these clients. That way the ugly parts of human nature can be owned and acknowledged and not allowed to run riot, leaking out in other ways in the relationship (e.g. Maroda, 1998).

It is easier to notice (and bracket) our internal responses to the major moral questions around the military because they relate to experiences that are apparently alien to our own (violence, killing, maiming). What are perhaps harder to catch are the milder affronts to our cultural attitudes. Sarah's account of the boss ripping up her work and her therapist's disapproval is a good example of how cultural relativism in therapy can derail the process, even unawares. How do we come alongside somebody and show empathy when we fundamentally disapprove of elements of their world? This is perhaps particularly hard when the socio-political climate is anti-military.

Reflection: Disapproval

Disapproval is a further danger in working with this client group who have engaged in extraordinary activities that would be considered morally reprehensible in civilian life. Therapists should be mindful of this, and monitor their internal reactions and responses.

Polarization and splitting

From the first day of training, military recruits are indoctrinated into a world of binary concepts. The purpose of a military is to fight an enemy, which immediately establishes an 'us and them' principle. This perceived separateness then gets mapped onto other relationships, for example with civilians, as is clear from the above accounts. And within the military hierarchy, there is a strong sense of officers being a separate class from the rank and file, as described in Des's account. This kind of black and white, either/ or thinking not only happens on a social level, but also permeates the operations side of military life. It has to. As Andy points out from his experiences in the RAF, something is 'either wrong or it isn't'. In the split second moment of combat decision making, there is no such thing as 'maybe'. Everything that happens in training is right or wrong, good or bad, black or white. This binary thinking, of which there are many examples in the narratives, is bound to arise in therapy, and might usefully be thought about and worked with.

Andy's account of therapy beautifully illustrates this kind of thinking and how he coped with the woolly, greyness of therapy. His initial dismissiveness of his counsellor was rooted in a strong sense of fundamental difference, which was particularly exacerbated by the 'hippy' appearance of his therapist. He was courageous in that he persisted with the process despite his difficulties, and

fortunate to find a therapist who could understand and support this. Their alliance was strong enough to weather a significant rupture.

But where Andy stayed, other participants did not return. It seems that the first session of therapy with these clients is crucial. It is as if a 'yes/ no' decision is made, without room for seeing how things go. Something needs to happen whereby the deep-rooted, systemic polarization of thinking and relating can be engaged with from the start. As Andy described, his therapist somehow took away any excuse he had not to return. Awareness and ability to work with the reluctance to return is another of the recommendations Lorber and Garcia (2010) highlight to improve engagement with therapy.

For Mac, the polarization of military/ civilian has become so extreme that he no longer associates with civilians at all. Interestingly, Mac's positive experience with his civilian therapist Brian, is lost in his subsequent dismissal of all civilians as not worth his time. The psychoanalytic concept of 'splitting' is a useful theoretical concept to consider here (e.g. Hinshelwood, 1994), with the re-integration of the polarised parts being one of the tasks for therapy.

Jim's experience of his therapist was different, and he let her into his military world. He also let me into his world because of the military link, explaining that he agreed to the interview because my advertisement was in a *military* magazine. Rather than dismissing his therapist and me as outsiders, he appropriated us as belonging to the insider group. This immediate inclusion differs from Mac and Debbie's immediate exclusion of civilians, but seems to come from a similar polarized outlook - either you're in, or you're out.

This tendency was not universal, however. Donnie worked well with his therapist whom he knew to be civilian, but appreciated his experience with the military. He talked about feeling that he himself was a civilian and did not seem to experience the military/ civilian as such a polarised divide. It is interesting to note that Donnie had the benefit of a kind of transitional period where he was part of a unit that worked hand in hand with civilians, with more relaxed codes of conduct akin to the civilian mainstream which perhaps allowed for more shades of grey. It is important to acknowledge that, of course, the difference in the tendency to polarise versus the ability to integrate originates well before military training, in participants' family environments. Donnie, for example, called his mother for support during his breakdown, whereas Mac described the relationship with his mother as 'non-existent'.

Reflection: Polarisation

Military life tends towards polarisation in many areas of life: personal conduct, professional work, relationships with others, and ways of thinking. This is likely to manifest itself in therapy on several levels, so 'How can we go about introducing the shades of grey?'

In all cases, it is important that therapists be aware of a culture of polarized thinking and relating from the very first session with military clients. By joining with the client, both in an appreciation of their world view and relating to them as fellow human beings, the beginnings of bridges might be built to reconnect them with the society they perceive as separate and alien. As Van Manen (2002, p. ii) writes, the experiences of ex forces people 'could be yours or mine, not because we have all lived through them but because we are human and nothing human is alien to us'. Although the experiences of ex-military people are often extreme, other and 'out there', it does not necessarily mean that civilian therapists cannot meet them therapeutically.

Gender

A binary in the military that merits consideration is gender. When Mac described the military experience as inaccessible to a civilian he did so using the heavily gendered metaphor of a man not understanding the experience of a woman having a child. The issue of gender and the military is a substantial one and although it is beyond the scope of this study to give it the full recognition it deserves, it is important to include a few thoughts.

Before I began the interviews, I had coffee with a colleague who was adamant that my participants would not talk about certain things to me as a woman. Like Mac, she took a polarised view of the traditional military male preserve. But this was not my experience. Although a few of the male participants did admit that they had not told their partners what they had experienced, I got the sense that they *had* been able to talk about the 'forbidden' parts of military life with their female therapists. Jim in particular told his therapist everything, and, when I had turned the tape off, shared with me what he had experienced in combat in more detail than I had expected from anyone.

It is of course impossible to know what participants held back from me because of my being female. But I wonder whether in some cases I had more of a look-in to their worlds as a woman. If I had been a male researcher, there might have been other, different barriers to participants sharing, for example, stories of their emotional vulnerability in therapy.

I am over 6 feet tall. Jim talked about the military bearing of his therapist – there was something about her physically which helped him place his trust in her before he had even met her. Did my

height change how he related to me as a woman? I certainly notice the different way I am related to by men compared with petite women. Further, Jim specified that his therapist walked like a 'female army officer'. I am well spoken, clearly the daughter of an army officer as opposed to the rank and file. So was there something that chimed similarly with me and allowed him to open up?

But then with Colin, who texted me after the interview to thank me for a 'special' afternoon, there was a different dynamic going on. For him, female therapists were 'motherly' and the ones who 'looked after him'. The men were the ones who really got things done. Perhaps this was his experience of talking to me, a woman.

Sarah compared the gender roles of herself and her therapist, and clearly felt that the different choices they had made as women played a part in how they related. Perhaps she would have found it easier to work with a male therapist.

These few reflections highlight the issue of gender in the military as a complex area, which warrants further exploration in terms of how this might play out in therapy with military clients.

Reflection: Role of gender

Whether a therapist is male or female, the role of gender merits attention in the therapeutic relationship with military clients from a deeply masculine world. 'What does it mean to this male (or female) client, to me and to our relationship, that I am a man (or woman)?

Trauma and self care

During the interviews I experienced the contagion of trauma (Herman, 1992). I found that in the hours and days following several of the interviews, particularly those whose accounts included traumatic experiences, I felt extremely tired, and had a constant headache. During the months of interviewing I was careful to get extra supervision and pace myself in my other work. I also spent a lot of my therapy time processing what I had heard and experienced with my participants.

For the approval panel of my research proposal, there had been a lot of emphasis on my own self-care during this project, and I did not appreciate why. I now know. Some of the stories I heard were unimaginable. The interviews I did for this study taught me that in seeing military clients, I will be called on to witness extreme experiences that are rarely brought into the light, that are ugly, horrible and terrifying, that are life-destroying and devastating. As with all therapists working with clients who have been traumatised, serious attention and concern must be given to the concept of

'vicarious traumatisation' (McCann & Pearlman, 1990; Etherington, 2000). McCann and Pearlman (1990, p. 145) state:

> Just as PTSD is viewed as a normal reaction to an abnormal event, we view vicarious traumatization as a normal reaction to the stressful and sometimes traumatizing work with victims.

Just as clients who have been traumatised experience disruptions in their sense of safety, independence, power, esteem and the ability to experience intimacy, so do their helpers, vicariously. These writers suggest that for therapists to maintain good psychological health themselves, they must parallel the integrative and transformative work that their clients are doing and look after themselves, mindful of the risks of this kind of work, including ensuring good support from their professional network. Etherington (2000, p. 381) talks about the need to keep oneself 'psychologically fit'. She advocates a high degree of self awareness and scrutiny around responses to clients, and particularly stresses the need for openness in supervision, even when feelings towards clients are negative. I believe that the extra supervision I received during the fieldwork was essential in keeping myself psychologically fit. Talking through the interviews, discussing my responses and experiencing my (often highly emotional) responses to the stories helped me to contain and integrate what I had heard and sat with in speaking with participants. It also helped me to understand and appreciate the ways in which my own experience interwove with participants' narratives.

Lorber and Garcia (2010) advocate that therapists working with trauma with ex military clients need to have a life outside their work. As well as living with the institutionalised part of me which is an obedient, disciplined hard worker (useful for completing a doctorate), I have always had a busy social life and one that is filled with activities which involve other parts of me than my mind (principally socialising, sport and music). I think these have also helped support the process. The area for me that needs attention is the ability to *rest,* to reflect, to stop, to do nothing. Coming from the over-scheduled world of boarding school, where activity, action and achievement guaranteed acceptability and praise, I find *not doing* very hard. This is an area of being human that links in with my institutional past, and which needs to find greater balance. This drivenness chimes with elements of military life, which Des described:

> I put myself into the job 110% and you can't work like that constantly - you're gonna break down at some point regardless what employment you've got and that would be me 110% that's what I'd be working like you know like a bloody steam train going up the hill pulling everything behind you, and that'd be me constantly.

Behind this kind of frantic, avoidant activity is the self-reliance that Andy talked about – if there's a problem, 'I can sort it out myself'. In addition to the isolating effects of trauma (McCann & Pearlman, 1990; Herman, 1992; Etherington, 2000), the resilience and self-sufficiency of military trained people might also contribute to an inability to get adequate support for themselves. This also might be experienced vicariously, particularly for therapists from institutional backgrounds themselves, like me. There might be a danger of overlooking the need to garner extra sources of support, in the belief that 'I can sort it out myself'.

Reflection: Working with trauma

Therapists working with trauma with military clients need to pay special attention to their self-care, including finding the right support for themselves. They should be asking, 'How am I doing?' and 'What can I do to support myself in this work?'

Initial reflections on theory – attachment and the paranoid personality

Until now, the focus of the discussion has reflected the narratives of the participants, concentrating attention on the influence of the *external* world of the military environment on people's lives and on their experiences of psychological therapy. With a few exceptions, I have not given attention to *internal* processes and the influence of early life on participants' experience, and have referred only in passing to theoretical ideas.

I would like to draw attention to an interesting parallel process whereby the focus and layout of this research study reflects the narratives of my participants, and their experiences of psychological therapy. The key elements of the narratives that form the focus of the discussion to this point are largely environmental, and refer to 'outer' realities. As with the military world, the 'inner' life and its parts, as my participants have narrated, are 'tucked deep inside your mind' (Des), 'irrelevant' (Andy) and 'hidden' (Jim). In the world of the total institution, where the organisation is master and commander of your very being, the locus of experience is predominantly *external*. It is not until participants felt they could trust their therapists that they could begin to access and work with the inner parts of themselves. Getting to this point of trust was the major difficulty, complicated by the many cultural factors I lay out above, which often proved to be stumbling blocks, if not deathblows, to therapy. In therapy, the frame, the structure, and the relationship need to be in place for these

clients before they are willing and able to focus inwards. Similarly, the design of this discussion has begun with looking at and beginning to understand the external, environmental influences of the military experience before delving more deeply into internal processes and their possible theoretical underpinnings.

In the next section I offer the beginnings of further reflection and development of ideas around these internal processes, and attempt to integrate some theoretical ideas into several of the themes already presented. I present this section with the acknowledgement that these are but the seeds of ideas that need much further thought and development, which are beyond the scope of this piece of work. Beginning with attachment theory, I first look at the fundamental questions of *separation and abandonment*, *loss and betrayal*, and *trust.* I then lay out some thoughts on the parallels of the military background to the aetiology of *the paranoid personality*.

Separation and abandonment

The 'them and us' mentality is perpetuated by a deep loyalty to the institution. For participants this seemed to accompany the profound sense of the military as *family,* to which some felt they still belonged, even decades after leaving. It is interesting to consider the experiences of forces clients through the lens of Bowlby's (1980) attachment theory, and considering the role the military has played in shaping their 'internal working models' of relationship, attachment and separation (Holmes, 1993: p.78).

I spent a week at a residential treatment centre for veterans, where there seemed to be a consensus amongst the clients who had been traumatized that their relationship with the military was a 'love-hate' one. Some of them had not liked the way they had been treated on leaving, left to fend for themselves and not given the support they felt they needed, given what they had endured. But they did miss the lifestyle and camaraderie, and in this respect remained steadfastly loyal to the military. Even Des, who feels so badly treated by the military, nevertheless still described a deep dedication to his regiment.

Most recruits enter the armed forces as teenagers and come straight from home. Officers join a little later, but come straight out of university. They are still in the process of growing up, and of separating, and it could be argued that this process is arrested as they enter a new 'family' where their agency is severely constricted and their lives externally directed by their superiors. Final separation happens on exit from this family, but years, or even decades later. There is the feel of the latent teenager in Des and Mac's accounts, despite them being fully grown men with families of their

own. The flavour of their personal stories highlight the difficulty of recognising and taking your own responsibility when it has been taken for you by a powerful, total, institution for a long time.

In a recent radio programme, Theo Knell, an ex-forces member and writer, expressed the abandonment many people experience on leaving. He said that in the eyes of the military, 'the minute you walk out that gate you cease to exist'. In some of my participants' accounts there was a profound sense of abandonment and loss that result from breaking the strong attachment to the military on leaving. The happy reuniting with the quasi-military environment of the charity treatment centre experienced by several participants attests to this. There was a strong sense of nostalgia, of homecoming, of safety. For Mac, it is the *only* place he now feels safe.

Loss and betrayal

In deciding that civilians are not to be trusted and cutting them out of his life, Mac discounts the very positive experience he had with his civilian therapist Brian. Looking back over the interview I wondered whether the blanket dismissal might actually have had something to do with Brian ending with him to set up private practice. Perhaps in a sense this final abandonment put the nail in the coffin of the potential for being helped by a civilian. Tying this into Mac's abandonment by his comrades who were all killed, and going back earlier to the first abandonment by his mother with whom he had a 'non-existent' relationship, it is interesting to consider his current situation within a framework of attachment and separation.

Within Mac's story is lodged another important theme which emerges from seeing the military experience in an attachment light. He was abandoned by those closest to him when they were all blown up 40 years ago. He talks about the survivor guilt that haunts him every day. He also talks about the magnitude of his anger, perhaps rooted in this abandonment and loss. But directing his anger at the institution is impossible because it would mean betraying the close bond he had with his friends. Serving and ex-military personnel can find themselves caught in a very difficult double bind, which Sarah alludes to, feeling the need to defend the institution that is ultimately responsible for some of the hurt inflicted. Interestingly, given what Debbie suggests about the military being some kind of 'cult', this dilemma parallels the experiences of cult members being impossibly stuck between loyalty and betrayal (Macdonald, 1988).

Trust

Jim formed an immediate and strong attachment to his therapist, Clare. It was fascinating to hear how he conceptualized her, having been recommended her by his ex-military GP, and how much trust he placed in her even before seeing her. Of course, we all go for professionals we are recommended by people we trust. But Jim said that he had been given *permission* to trust this woman. It was as if somehow the chain of command was in operation, sanctioning the trustworthiness of a third party.

Combined with the military work ethic, and commitment, this ability to trust could make for successful therapy. Donnie and Andy's accounts suggest this. Once the trust was established, when the going got tough, both stuck at the process, making themselves stay because they felt they really had to 'sort themselves out'. Commitment to the task is at play, but is this also to do with obedience? This resonates with my first experience of therapy. I protested for many months about how much it was costing and how little it was helping, but I kept going because I felt that I had made a commitment and would be letting my therapist down, or being disobedient, if I did not see it through. I didn't have a sense that I was going of my own free will and could just leave. I understand this in terms of my institutionalized background – you commit to things, you see them through, you don't give up or drop out. But for some participants this was not a blind faith. As we have seen, if they did not feel they could trust their therapist, they left. Mac says, 'if you haven't got the bloke on board, it's never going to work'.

Reflection: Attachment and the military

Therapists might consider the military experience through the lens of Attachment theory, asking, 'How do the 'internal working models' of this client relate to their military experience?' and, 'How are attachment and separation experienced and handled in this person's life?'

The paranoid personality – aetiological parallels

Writing the last two sections, it dawned on me that some of the traits I was describing chimed with the paranoid personality. Smith Benjamin (1996) describes the aetiology of this character style in terms of family relationships which bears a striking resemblance to the military society, with controlling 'parents', punishment for showing weakness, scapegoating, reward for obedience, wariness of outsiders but with a paradoxical capacity for inordinate trust. There is the potential for a degree of chicken and egg circularity around the question of whether those with a paranoid flavour

to their life experience gravitate towards institutional environments, or whether the environments create this flavour in those that join, but it is an interesting angle to consider with this client group.

From my experience I can identify with what Smith Benjamin suggests, that the paranoid person 'had permission and support to do well, and did. If, however, he or she ventured out of the assigned area, degradation and humiliation awaited' (p.317). Threatened with punishment, someone with this character formation will harbour what Smith Benjamin calls a 'pervasive fear of harm' (1996, p.309). I am reminded of what Debbie said about the 'undercurrent of fear' accompanying the withholding of information in the military, and the not knowing. It is interesting and noteworthy that for a military person, this fear of harm is a very real motivator – after all, when they go to war, they are putting themselves directly in harm's way. When I was reflecting in my research notes on my experience of interviewing Mac, I wrote that I had felt like I was 'treading carefully' with my questions and observations. This struck me as an interesting phrase, given that he and his team had been ambushed on patrol. In the military, on patrol, you need to tread carefully. Hockey (2009, p. 490) explores in detail the highly sensory nature of the military patrol, where 'embodied practices come over time to pervade the infantryman's very flesh'. When considered alongside neurophysiological communication through mirror neurons (e.g. Viamontes & Bietman, 2006), the bodily, countertransferential experiences of therapists working with this client group take on special significance. Working with ex-military clients requires a high degree of sensitivity both to what is going on inside us as therapists, and to the client, as recommended for those with paranoid personalities (Smith Benjamin, 1996).

I have chosen to pull out the paranoid experience from the narratives because it chimes with my own. My experience of rules and regulations was very much persecutory – I internalised a very strong inner critic and arbiter of my behaviour, which I continue to notice, although its tyranny has faded. I understand this as being linked with the fact that as well as growing up with institutions I grew up with a particularly hard line form of Christianity, with right and wrong clearly defined. Harsh punishment awaited wrongdoing from a very young age, and I think I carried this with me to boarding school and then on into later life. For example, during my training course, it took me a while to get used to (and to appreciate) the fact that tutors did not admonish people for being late to group sessions. Like Mac, the link between punctuality and conscientiousness was firmly entrenched.

While the paranoid flavour was evident in some of my participants, it is clear from the narratives that this was not a universal characteristic. Several participants felt nurtured and cared for in the military, some accounts of the structured life did not have a persecutory flavour, and not all felt abandoned on leaving. In aligning the military with one diagnostic category I have of course omitted

others, but an examination of how some other styles might interact with the military experience would be worth further consideration. The overall message seems clear, however, that in working with military clients, we might pay as serious attention to the role of the military in shaping their lives, to that which we pay to people's family background, particularly in understanding their 'ways of being with' (Stern, 2003: p.xv).

Reflection: The military as 'family'

The influence of the military on shaping people's lives might be given as serious consideration as that of their family background. What kind of relationship have clients had with the military 'family'? And what kind of relationships within it, with 'parents' and 'siblings'?

Table 2 – Reflections for therapists working with serving and ex-military clients

1. Therapists might consider allowing military clients agency at the start of therapy, 'giving ground' if necessary, with the understanding that this taking of control might be a way of managing anxiety. The question might be: Who needs to hold the power, and why?

2. It is important for therapists to notice and the in/ out-group discourse with military clients, and to contain their own responses. How do my own feelings of belonging (or not) impact on therapy, and is there a danger here of retaliation or collusion?

3. Power is likely to have a greater than usual significance in work with military clients. Therapists might wonder, 'What is the power differential here, and how are we both experiencing it?' 'Who do I represent to the client?'

4. Military clients are likely to respond well to friendly, relational styles of therapy. Self-disclosure is an area for reflection from therapists working with a client group that comes from a deeply social culture: 'What will we gain or lose from my sharing or withholding?'

5. Military clients may benefit from a little steering when it comes to psychological therapy and its aims. Abstract and freeform concepts might be conveyed through more concrete means through the use of metaphor. How can I best explain what we're doing here?

6. Therapists should be vigilant about judging their military clients, understanding that the military world operates on different moral and ethical guidelines from civilian life. How do I respond respectfully and supportively, without compromising my own moral code?

7. Disapproval is a further danger in working with this client group who have engaged in extraordinary activities that would be considered morally reprehensible in civilian life. Therapists should be mindful of this, and monitor their internal reactions and responses.

8. Military life tends towards polarisation in many areas of life: personal conduct, professional work, relationships with others, and ways of thinking. This is likely to manifest itself in therapy on several levels, so 'How can we go about introducing the shades of grey?'

9. Whether a therapist is male or female, the role of gender merits attention in the therapeutic relationship with military clients from a deeply masculine world. 'What does it mean to this male (or female) client, to me and to our relationship, that I am a man (or woman)?

10. Therapists working with trauma with military clients need to pay special attention to their self-care, including finding the right support for themselves. They should be asking, 'How am I doing?' and 'What can I do to support myself in this work?'

11. Therapists might consider the military experience through the lens of Attachment theory, asking, 'How do the 'internal working models' of this client relate to their military experience?' and, 'How are attachment and separation experienced and handled in this person's life?'

12. The influence of the military on shaping people's lives might be given as serious consideration as that of their family background. What kind of relationship have clients had with the military 'family'? And what kind of relationships within it, with 'parents' and 'siblings'?

REFLECTIONS

Below I reflect on the research process as a whole, focussing on particular points of learning that have come out of writing and submission of this research project, and of being examined.

Participant collaboration: power sharing as anathema

I mention earlier my decision not to send participants their condensed narratives for feedback. This was in part because of the scale of the project (due to the number of participants, which I discuss later on). I felt overwhelmed by the potential exponential increase in the work and complexity I would be adding if I brought in an additional 'layer' of interpretation, and there simply was not the space. But when I think back and probe my own processes deeper, I think that this decision was based on fear. What I had been writing had taken a huge amount of time, concentration and energy. The piece I had produced felt like an important contribution, particularly with my own 'overt bias' (Etherington 2001, p. 6) towards representing the military, institutional aspects of the stories which I (and my participants) feel is overlooked in therapy and in society more generally. At the time I had a limited understanding of what reflexivity and collaboration meant, and I feared that by returning my re-presentations to participants I would be opening myself up to a whole new chapter of redrafting, going back to the transcripts, *undoing* my own contribution. Rather than considering participants'

responses as informing and having something interesting to say about my work, I anticipated that my voice would be shouted down.

I think this exposes something interesting about my own relationship to power as it relates to my institutional history. It is significant to me that what I feared was that I would be giving away utterly my own power to write my research. I was not able to see at the time that power could be shared, and it could be used in a collaborative way that would enhance the process meaningfully, and in a way in which participants could be given a greater voice (Etherington, 2001a; 2007). I did not realize that in making this decision in effect to stop collaboration at this stage, I was actually exercising my own power over my participants and unwittingly, silencing them.

I have mentioned that my experiences of institutional life were about being told what to do and doing it. Power in my family, and later at boarding school was never negotiated, never shared, never thought about. It was *wielded*. I think that on an unseen level this is what happened in this part of the research, which bears interesting parallels to power relations within the hierarchical structures of the military (Hockey 1986). I was calling the shots. I wonder also about the ways in which this was co-created. For example, Mac was deferential when we first spoke, in terms of his participation. He suggested that I was the academic with the brain who would be writing for journals, whereas he had never been very good at this kind of thing. I wonder whether his reluctance to be sent his transcript was not only to do with his visual impairment, but also a sense of handing over power and responsibility to me. Thoughout his narrative it felt as if his own power had been blasted away with the explosion decades ago.

There have been other ways in which this research project has, I believe, been influenced by my relationship with institutions. Douglas (1986) talks about 'the relation between mind and institutions' (p. 7) and 'the hold that institutions have on our processes of classifying and recognising' (p. 3). My personal development has been very much concerned with identifying, thinking about, and questioning the ways in which I relate to institutions, myself and other people both within them and outside, in a process of finding personal autonomy and freedom. But wherever in life there are 'rules', I still find myself bound by them and unconsciously going along with them without question or thought. Perhaps this had an impact on my participants and how they experienced the research process. However, the apparent freedom with which they spoke, and the rich narratives we made together suggest otherwise, perhaps facilitated by the increasing personal freedom I have felt as a relational practitioner which is in many ways 'ahead' of my academic self which finds itself more burdened by some kind of institutional 'protocol'.

Too many stories

One of the biggest difficulties with this research project was the sample size. Normally with narrative research there are only a very small number of participants, to allow reflection at great depth and on many levels. The decision to talk to ten people was in direct obedience to my institution, which had stipulated that my sample consist of 10-12 participants. Because my default relationship with institutions and authority is to obey without question, I went ahead and 'followed orders'. Partly because I was not yet familiar enough with the methodology of narrative inquiry, but for the most part because within an institutional setting I do what I am told, I did not question this stipulation, and it has proved to be a significant problem with this study. With so many participants' stories to accommodate, and with a short word count relative to the scope of the undertaking, I have had to curtail to a large extent what might have been a far richer, more in depth, more multi-layered exploration. Much of the methodology and reflective sections were written as revisions after the viva examination when the word count no longer applied. It is interesting that within these constraints, it was the reflective, discursive parts that I unwittingly squeezed out in favour of more technical, theoretical aspects. Perhaps again, the influence of my own institutional mentality crept in, sacrificing individual nuance in the service of the 'rules'.

Finding freedom: fluidity of form

The above processes parallel my personal experience over the past few years of relaxing my rigidity around the 'rules' and how things should be done. It is almost as if the thesis itself has in some ways embodied my development as a researcher, therapist and person. What began as a highly structured piece with numbered sections and post-positive titles like 'findings' and 'conclusions' is now far more fluid, reflexive, questioning piece of work. I notice in myself how relieved I am to have found the flexibility to write in the freer way advocated by Ellis and Bochner (2000). But there are still ways in which the institutional, the structured, the rigid have crept in. I notice how similarly I have presented each narrative, almost identically laid out, with my sections and the illustrative quotes balanced, ordered, *uniform*. Does this perhaps constrain the individuality of each participant, paralleling what happens in the military when uniforms are put on?

One of the difficulties of research is that it is a *process*, and so inevitably hindsight brings with it painful elements (Ellis & Bochner, 2000). Although fascinating to observe the ways in which my own institutionalization has crept into the creation of this piece, it is difficult to come to the end of it without some regret. Similar to my personal regrets around a childhood and young adulthood of

being good and doing well at the expense of the more spontaneous parts of myself which are now beginning to emerge, the regrets I experience at the end of this piece of work around having been constrained by certain factors, and the 'rules' are accompanied by important pieces of learning. This is not the end, and I still have ten people's stories to reflect on and re-present in other ways without the constraints and formalities I felt, perhaps in co-creation with my institution, was required by this doctoral thesis.

Untold stories

I describe elsewhere that narrative research is interpretive, and necessarily arranged with great influence from the researcher's interests and agenda (Reissman, 1993; Etherington, 2001a). Below I consider a few of the multitude of stories which remain untold which emerged from participants' narratives, as a way of acknowledging my own bias in choosing what to re-present, and as a way of beginning to explore ideas for future pieces of writing.

Family relationships

Because I focused almost exclusively on the *military* experiences of participants and how this related to their therapy, there were inevitably large parts of their narratives that I purposefully left out. These were people who had not, of course, only come into existence as persons at the point of joining the forces, or existed solely as military machines. They were surrounded by families and other external influences, which I might have given more attention in the study. Granted, the number of participants and the word count demanded a ruthless degree of selectivity, but I wonder whether I might have made more of other stories within the story, which were not to do with the military, but which yielded rich exploration and reflection. One of these was participants' relationships with their family, which were often mentioned within the narratives. Family members featured in many instances in ways that would have been interesting to explore. For example, Mac talked about how his comrades, killed in the blast which spared him 40 years ago, would now be godfathers to each other's daughters had they lived. When we had finished speaking, and the tape recorder was turned off, before we parted, Mac asked me about my dad and his military service, and whether I was proud of him. It was a poignant moment in which something happened between us as researcher and participant that felt deeply intimate, and linked with Mac's sense of identity. Did he wonder whether his own daughter, who would be about my age, is proud of him?

Mac chose not to check over his transcript, because due to his injuries, he relies on his wife to read to him, and said he preferred her not to hear some of the things he was telling me. He talked during the interview conversation about wives not wanting to know about combat experiences. This reticence to open up to family members was shared by other participants. When I spoke to Donnie for the first time, I made an assumption that he gets support for his traumatic symptoms from his wife. The resounding silence that came from his end told an interesting story.

It would also be interesting to interview participants again about their experiences of joining the armed forces – the reasons behind joining up, the influence of family (many participants' fathers were in the military) their hopes and aspirations, how their lives might have been different had they not chosen this path. These other potential paths of inquiry are also some of the 'untold' stories, which must have had strong influences on how participants experienced the military, and therapy. Several of them made mention in passing of these influences, but do not in the end feature in my discussion.

Trauma revisited

There are several instances in which I might have expanded on the stories of what happened between me and participants, for example around their traumatic experiences. There remains the possibility of further exploration in new publications, and of future conversations with my participants in an ongoing process (e.g. Etherington, 2006). One area I feel I have not sufficiently explored is where the recalling of traumatic events impacted on me and on the interview conversations. I mentioned above that Donnie had a noticeable startle response to any movement he noticed out of the window. Having toyed with whether to step in, I decided not to, feeling that he could self-regulate sufficiently. He had parked his car in the small parking area outside the place we had arranged to meet. Halfway through the interview conversation, another person in the building needed to get their car out of the driveway, and so we interrupted the session for Donnie to move his car. In actual fact there was probably enough room for the other driver to get out, but Donnie confessed in our 'debriefing' after the interview that he had found the break useful as a way of regulating his distress. I am left wondering whether I ought to have stepped in when I noticed his discomfort, and how, if I had, the conversation would have proceeded.

Mac and I met in a local regimental social club. Because of his physical disability, the meeting was set up by his friend, who drove him there and opened up the club for us to use. I suggested that we would speak for about an hour, during which time his friend, who runs the club, took care of some

cleaning and tidying in a separate room. He returned about an hour later, which happened to be a moment in which Mac was talking about his experiences of anger and violence. He had just said 'I'm sad to say there's been lots of people who are frightened of me' when his friend walked in. The conversation abruptly changed into banter about his friend wanting to go home, and we didn't get the chance to expand on this part of his narrative.

Debbie, in reminiscing about her military experiences, often cut off mid-sentence in a kind of dissociative way, and got lost in her narrative. On one occasion she was remembering a litany of deaths and accidents from her past, and said 'I've forgot what I was saying then I've just gone off somewhere in my head what was I saying?' She had been talking about the barrier she experiences with civilians, and then referred to this moment of disconnection as another kind of barrier. Here was a potential story around traumatic experience being present, and yet not explicit.

The above examples are offered as illustrations of the possible directions in which I might have taken this research in terms of choosing which aspects of the narrative collaborations to re-present. But just because it is the end of the thesis, it need not be the end of the story.

FINAL THOUGHTS

The rich narratives in this study contribute important themes for contemplation by psychological therapists working with the ex-military client group. The ways in which participant narratives interweave with my own have provided me with a greater repertoire of far more sophisticated and nuanced ways of thinking than when the project began. For therapists working with military clients, not only is a basic understanding of military life recommended, but consideration and appreciation of the potential reaches of its influence and legacy in terms of the therapeutic relationship on several levels. I particularly advocate that therapists develop an understanding and appreciation of the differences between military and civilian culture. The fact that they as civilians are likely to be experienced as particularly separate by military members, is likely to have a bearing on the therapeutic relationship and its processes, a possibility which merits significant attention and reflection.

However, despite usefully illuminating the lived experiences of a handful of individuals, because of the size and nature of the study, its findings cannot reliably make any generalisations to larger populations. Further research might be designed based on these findings, to test experiences across a wider and larger cohort of military personnel. The narratives are also, of course, confined to the clients' point of view, and we do not hear anything from their therapists. Further research into

therapists' lived experiences of working with military clients would complement the findings of this study by giving a viewpoint from the 'other chair'. Interestingly, a recent study by Powell (2012) suggests that the strong sense of military clients as belonging to a separate, special category is not shared by therapists working with veterans. More inquiry is needed in this area. Finally, the representation and interpretation of narratives have been mine. Other researchers conducting a similar study with different participants would no doubt produce very different narratives and unearth a range of different themes. More research, particularly with qualitative approaches, and by researchers from a variety of backgrounds is much needed in this field.

This study has touched on areas that warrant closer examination in terms of socio-cultural experience in the military that might influence how therapy is played out. For example, the interplay of gender, class and educational background with the military culture are areas for further exploration. A more focussed study on the retention of military clients in psychological therapy would also be worthwhile, given the rates of attrition attested to by this small sample.

I alluded in the final section to the need for further development of theoretical ideas in relation to military clients. Even the youngest of new recruits to the military arrives to enrol with his own set of already established internal inter- and intrapersonal dynamics, which will have a significant bearing on how he will respond to military life, which adds greater complexity to how he must be understood. While this study provides important findings for understanding the *external* parts of a person's experience of being a military client, more research and theoretical consideration is needed around the relationship between family history and military socialisation in terms of the *internal* world of the client.

Conducting this study has contributed invaluably to my learning as a psychological therapist, particularly in understanding the power and influence of a person's cultural background in shaping their psychology. The importance for therapists of cultural awareness that was a focus of my training has come to the fore through the narratives of my participants. But where cultural difference is often talked about in terms of race and ethnicity, I now understand it to encompass a phenomenon that can also be subtler and less visible.

This research project has coincided for the past few years with my own discovery in therapy of just how powerfully the institutional parts of my own background have influenced me. Alongside this discovery, and the learning that has come with it, has been the realisation that my own journey through these institutional influences and beyond, serve as an important knowledge and experience base for understanding and working with military clients, and with others who have spent significant parts of their lives within total institutions.

I end with a quote from Douglas (1986, p. 4) which captures the powerful influence of institutions on human individuals and society which I feel sums up the solipsistic flavour of my own struggles, and perhaps some of those experienced by my participants, as people who have lived within total institutions. It describes the difficulty of finding autonomy and freedom *outside* of one's own context:

> Who shall be saved and who shall die is settled by institutions… An answer is only seen to be the right one if it sustains the institutional thinking that is already in the minds of individuals as they try to decide.

This piece of research has been part of a long and ongoing personal and professional journey of learning, part of which has been the challenge, but also the freedom, that there may not in fact be such a thing as a 'right answer'.

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