



City Research Online

City, University of London Institutional Repository

Citation: Grimes, Jayne (2012). The self in conflict: securing a sense of self in military and civilian contexts. (Unpublished Doctoral thesis, City University London)

This is the unspecified version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/2121/>

Link to published version:

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

**The Self in Conflict:
Securing a Sense of Self in Military
and Civilian Contexts**

Jayne Grimes

June 2012

**Submitted in fulfilment of the requirements for
Doctor of Psychology**

**City University
Department of Psychology**

Table of Contents

Tables & Illustrations.....	8
Acknowledgements	9
Declaration.....	10
Section A.....	11
Introduction to the Portfolio.....	11
1. Overview	13
2. Literature Review.....	14
3. Professional Practice.....	15
4. Personal Experience of completing this research.....	16
Section B	19
Research.....	19
The Self in Conflict: How survival strategies evolved in the Services may carry into civilian life and offending behaviour	19
Abstract.....	21
Chapter 1	23
Introduction	23
1. Overview	23
2. Public Profile.....	23
3. Prevalence of the Problem	29
4. Combat Exposure and Offending Behaviour.....	30
5. Post-Traumatic Stress Disorder and Combat Exposure	33
6. Post-Traumatic Stress & Aggressive Offending	37
7. Cognitive Perspective on Anger & Aggression	40
8. Alcohol and Drugs.....	41
9. Role of Pre-Services Experience in PTSD and Offending.....	42
10. Role of Post-Services Experience in Offending.....	44
11. Role of In-Services Experience in Offending.....	45
12. A Narrow Viewfinder. Critique of the Research Focus.....	47
13. Psychological Perspectives on Offending.....	51
13.1 Trait Model.....	51
13.2 Psychodynamic Perspective on Offending in a Veteran Population.....	52

14.	Life-Course Perspectives on Offending	54
15.	Sociological Perspectives on Offending.....	57
16.	Psychosocial Perspective on Offending.....	61
Chapter 2.....		63
Methodology.....		63
1.	Introducing the Methodology	63
2.	Knowing	63
3.	Relating to Knowledge.....	65
4.	Picking Holes.....	67
5.	Introducing Grounded Theory.....	70
6.	Re-Constructing Grounded Theory.....	71
7.	Researching in Context.....	76
8.	Designing the Research Method	80
8.1	Working Ethically.....	80
8.2	Characterising the participants	80
8.3	Recruiting participants	80
8.4	Sampling.....	81
9.	Sharing Results	87
10.	Collecting the Data.....	87
10.1	Setting up	87
10.2	Interviewing.....	88
11	Analysing the Data	100
11.1	Coding	100
11.2	Coding Line by line.....	102
11.3	Coding with Focus.....	107
12	Sampling & Sorting.....	107
13	Making Conclusions Credible.....	113
Chapter 3.....		117
Analysis		117
1.	Securing the Self.....	120
1.1	Securing the Self: Integrating with Others	120

1.2 Securing the Self: Protecting Self Through Others	121
1.3 Securing the Self: Being in the Eyes of Others	123
1.4 Securing the Self: Submerging the Self	124
2 Structuring the Self	129
2.1 Structuring the Self: Dealing with Time	129
2.2 Structuring the Self: Finding Self in Routine.....	131
2.3 Structuring the Self: Being Purposeful.....	133
2.4 Structuring the Self: Locating Self in the Present	134
3 Defining the Self.....	138
3.1 Defining the Self: Denigrating Judgement	138
3.2 Defining the Self: Black and White Thinking.....	140
3.3 Defining the Self: 'Switching On'	143
3.4 Defining the Self: Believing the Self	145
4 Expressing the Self.....	150
4.1 Expressing the Self: Putting on a Brave Face	150
4.2 Expressing the Self: Suppressing Emotion.....	151
4.3 Expressing the Self: Redirecting Emotion.....	156
4.4 Expressing the Self: Emerging Emotion.....	159
Chapter 4.....	163
Discussion	163
1. A Framework and a Theory.....	163
2. Situational Demands and Survival Strategies.....	166
3 Securing the Self.....	169
3.1 Securing the Self: Integrating with Others	169
3.2 Securing the Self: Protecting Self through Others	171
3.3 Securing the Self: Submerging the Self	172
3.4 Securing the Self: Being in the Eyes of Others	173
4 Structuring the Self	176
4.1 Structuring the Self: Finding Self in Routine.....	176
4.2 Structuring the Self: Being Purposeful.....	176
4.3 Structuring the Self: Locating Self in the Present	180

5	Defining the Self.....	182
5.1	Defining the Self: Black and White Thinking.....	182
5.2	Defining the Self: Switching On.....	185
5.3	Defining the Self: Believing the Self	187
6	Expressing the Self.....	188
6.1	Expressing the Self: Putting on a Brave Face	188
6.2	Expressing the Self: Suppressing Emotion	191
6.3	Expressing the Self & Integrating with Others	196
6.4	Expressing the Self: Emerging Emotion.....	197
7	Implications for Counselling Psychology.....	202
8.	Conclusion	204
9.	Research References.....	207
	Section C.....	233
	Literature Review.....	233
	PTSD and Substance Misuse in Combat Veterans	233
1.	Introduction	234
2.	PTSD Treatment efficacy.....	235
3.	PTSD treatment efficacy in veteran population.....	237
4.	Mental Health in the returning Services population	239
5.	Reasons for poor treatment outcomes in veterans	240
6.	Co-morbid PTSD and substance abuse.....	243
7.	Substance Use in military groups	244
8.	Patterns of help-seeking in veteran population.....	247
9.	The challenge of treating co-morbidity.....	248
10.	Treatments for co-morbid presentation	249
10.2	Concurrent Treatment	252
10.3	Integrated Treatment	254
10	Conclusions.....	257
11	Literature Review References.....	261
	Section D.....	270
	Professional Practice	270

Standing in Other Peoples' Shoes: A Tight Squeeze	270
A Study on Social Anxiety	270
1. Context & referral	271
2. Client profile	272
3. Client's initial description of the problem	272
4. Therapist's definition of the problem.....	273
5. The approach taken, rationale and goals.....	274
6. Theoretical orientation	274
7. Case formulation.....	276
8. Externally focused cognition.....	279
9. Internally focused cognition.....	280
10. Therapeutic plan and main techniques used	282
11. Rationale for selection.....	285
12. Lead-in to session	285
13. The therapeutic ending.....	296
14. The therapeutic process and its change over time.....	296
15. Psychotherapeutic practice and theory	298
16. Professional Practice References	300
Appendices	307

Tables & Illustrations

Table 1.	Participant inclusion and exclusion criteria.....	72
Table 2.	Sample Interview Questions November 2009.....	85
Table 3.	Sample Interview Questions June 2010.....	86
Table 4.	Interview Excerpts.....	87
Table 5.	Coding Line by line Example.....	89
Table 6	Cross-checking initial coding with colleague’s coding.....	90
Table 7.	Focused Coding Example.....	93
Table 8.	Developing the subcategory Suppressing Emotion.....	96
Table 9.	Introduction to the participants.....	102
Table 10.	Mapping of current model onto Rhyff’s model.....	180
Figure 1.	Four Core Categories.....	148
Figure 2.	Central role of emotion regulation in four core categories.....	177
Figure 3.	Context and iterative nature of the four core categories.....	178
Figure 4.	Client’s working formulation.....	251
Figure 5	Hofmann (2007) Model of psychological factors that maintain social anxiety disorder.....	254

Acknowledgements

Thank you to all of the men who participated in this study, who gave of their time and sometimes difficult memories. I'd like to thank many friends in particular Sue Mc and Sue K for your constant encouragement and support; Tina for being the straightest straight-talker I know; Carol for the raucous hilarity and Gislene for the reminder that 'Life is Beautiful'. Thanks to my mam and family who are at the end of the phone whenever, whatever. Thanks to my supervisor Heather Sequeira who has helped to instil confidence in my voice within the research process.

Finally, Luis, thanks for your belief in me, the reminder to press the 'pause' button every once in a while and for all the sunshine.

Declaration

I grant powers of discretion to the University Librarian to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

Section A

Introduction to the Portfolio

The Self in Conflict

**Securing a sense of self in military and civilian
contexts**

Jayne Grimes

June 2012

1. Overview

This portfolio presents three pieces of work, firstly a piece of qualitative research, followed by a critical review of literature in a related area and thirdly, a piece of clinical practice in the form of a client study.

This portfolio centres on the strategies we develop to find security for ourselves in an often ambiguous intrapersonal and interpersonal world. The Military Service forms a contextual backdrop to both the research and the literature review. The research looks at offending behaviour in an ex-Services group and at the strategies evolved by the men in order to cope with perceived social, task, cognitive and emotional demands of military life. Within the research the role of alcohol emerged as a vehicle for socially connecting with others and additionally as a strategy by which many Services personnel managed anxiety and other difficult emotions. The literature review explores the prevalence of PTSD in the veteran population and reasons for poor treatment outcomes, one of which is this aforementioned strategy of substance use, and subsequent misuse. It undertakes a critical review of a range of studies on treatment programmes claiming to tackle co-morbid presentations. The client study steps away from the military into a civilian context, but maintains an emphasis on social relationships and perceived expectations in this regard. It explores a client's presentation of social anxiety, a form of anxiety concerned with social integration with others. It explores her assumptions and habits used to monitor and manage her social impact and describes how she incorporated new cognitive and behavioural strategies to achieve a more secure sense of self in relation to others.

Increasing numbers of Services personnel are returning from on-going conflicts in the Middle East and there are rising concerns for the mental health of this group as they return to civilian life. A proportion of ex-Services personnel go on to offend and serve prison sentences. A recent study by NAPO (2008) suggested that up to 10% of the prison population is composed of ex-Services personnel. These are a group whose needs are particularly under-addressed in research and practice.

Research on the mental health of Service personnel has tended to centre on the effects of combat exposure and the development and treatment of Post Traumatic Stress Disorder. Exploration of offending in this group has been quite limited and has tended to be of a quantitative nature, which in my view narrows the scope to develop new understanding of the issues. This research sets out with the aim of exploring how the Military Service experience impacted on a group of men and their subsequent offending behaviour. Ten ex-Service members participated in this study and a qualitative methodology, grounded theory was used to analyse their interviews. To my knowledge this study is unique in its treatment of the research question. A theory is proposed to describe the challenges encountered by the men and the strategies they evolved to deal with them, some of which I propose they may have carried with them into civilian life and potentially into their offending behaviour.

2. Literature Review

In the early part of my training I completed a literature review examining treatment efficacy for PTSD with a particular focus on Trauma Focused Cognitive Behavioural Therapy and Eye Movement Desensitisation Reprocessing. This work was originally undertaken in 2008 and I set about updating the literature, interested as to where the debate had moved on to.

I couldn't fail to notice that while many treatment trials suggested significant reductions in symptoms of PTSD, many of them observed - often tucked at the end of paragraphs pronouncing positive treatment outcomes - much lower treatment success with combat trauma groups. Some writers went on to offer explanations for this, stating that amongst other possible reasons, poor treatment results were down to high co-morbidity of substance abuse and PTSD in this population. I became curious about this. From my review of the literature and research interviews, it seemed that frequent alcohol use was quite common in the Services and to my mind, couldn't just be dismissed as a 'confounding' factor for poor symptom reduction and used as an excluding factor in efficacy studies with the veteran population. It was part of the character of their experience. In addition, I was aware from my thesis research that substance misuse in Service members (including alcohol and drugs) is a poorly researched area (Fossey, 2010). This literature review as a consequence looks at how co-morbid PTSD and Substance Misuse is understood and clinically treated in combat veterans. I hope that I have produced a literature review which has practical relevance for Counselling Psychologists working with the ex-Services population in mental health settings.

3. Professional Practice

The client study introduces Lily, a young woman who sought through therapy to reduce her symptoms of social anxiety. I have chosen to present this client study because of its emphasis on the social nature of some anxiety and because I have tried to conceptualise the client's difficulties within a holistic framework "*in terms of temperament and history along with current social contexts and values*" (Gilbert, 2006, p104), of relevance given the research emphasis on the individual and their context. Finally it acknowledges how the therapist is part of the same social sphere and shares many of the same social concerns as the client. It considers how my own

concern for my reflection in the eyes of another came into play in the therapeutic process as much as the client's.

There are different epistemological standpoints taken at different stages of this portfolio. Contemporary literature is presented from a positivistic stance while the research study is presented from a relativist position. I believe that they are compatible with each other in one portfolio as the former gives the reader a sense of where the current discussion is at this point in time while the latter encourages the reader not to take statistics and data at face value as the 'truth'. I have tried to adopt a tentative style to my language when reporting research outcomes to reflect what I believe to be 'ideas', rather than 'fact'. I have been stimulated by questions around the nature of knowledge and have become aware of how through identifying an epistemological research position, I have begun to 'live' it and seen it affect how I consume and evaluate information in day to day life. Fish (2011) describes how an idea "*can generate a call to action*". I have come to believe that the value of an idea or theory is in the contribution it can make to the discussion around a topic, professional consensus and ultimately practice, the emphasis on practice being a key element in this practising Doctoral portfolio.

4. Personal Experience of completing this research

I approached this research with some trepidation, not having entered a prison before nor had very much contact with military personnel. I was going to be visiting a high category prison where many prisoners' offences were of a serious nature. Prior to meeting with the participants I wondered what kind of men I would encounter along the way. From the first interview I was struck by the degree and diversity of challenge many of the men had faced during their time in the Services and their sense of isolation

on leaving. Many expressed hesitation around talking to someone about their experiences, fearing that they might be judged and wary that difficult memories might return, and some of them began their interviews with quite a guarded manner. Many of these men had a profound impact upon me and their words have stayed with me over a year after we met. All of the men presented here, I think, spoke honestly and openly, and many of them expressed the hope that while this was a difficult process to undertake, if it helped even one person, it would have been worthwhile. I hope that you, the reader will find their and my efforts worthwhile.

Fish, S. (2011, May 2nd). *Ideas and Theory: The Political Difference* (May 2nd 2011). The New York Times. Retrieved May 16th 2011, from www.opinionator.blogs.nytimes.com/

Fossey, M. (2010). *Across the wire: Veterans, mental health and vulnerability*. Centre for Mental Health. London.

Gilbert, P. (2006). A biopsychosocial and evolutionary approach to formulation with a special focus on shame. In N. Tarrow (Ed.) *Case formulation in cognitive behaviour therapy The treatment of challenging and complex cases* (pp. 81-112). East Sussex: Routledge.

NAPO (2008). *Ex-Armed Forces Personnel and the Criminal Justice System* London: National Association of Probation Officers. Available at: <http://www.napo.org.uk/about/veteransincjs.cfm>. Retrieved December 1, 2010.

Section B

Research

The Self in Conflict:

**How survival strategies evolved in the Services
may carry into civilian life and offending
behaviour**

Jayne Grimes

June 2012

Abstract

The ex-Services population is estimated to make up between 3.5% to 10% of the prison population according to the Defence Analytic Services Agency (DASA, 2010) and National Association for Probation Officers (NAPO, 2008). Soldiers are believed to make up the largest occupational group in the prison system, numbering at least 8,500 (NAPO). Many ambiguities exist around how the Services experience may impact upon personnel and potentially on subsequent offending behaviour. In my view there is limited research which addresses the issue directly and discussions have tended to focus on the same constructs, generally considered through quantitative methodologies. Given the high numbers of personnel returning from ongoing conflicts in the Middle East it is important that a new perspective be offered to the conversation. In my view this population themselves are best placed to do this. Ten male ex-Services personnel have been interviewed, within a qualitative research design and a grounded theory methodology has been used with the aim of giving a 'voice' to the men themselves.

Drawing from a situational interactionist influence a theoretical framework is proposed which addresses the interaction between these men and their context, situational demands they perceived and the strategies they evolved to meet them. Challenges are addressed and strategies developed in the realms of interpersonal relationships, time and space, military action and emotions which helped them to survive on a number of levels. These are represented by four core categories: Securing the Self, Structuring the Self, Defining the Self and Expressing the Self. I propose that the men evolved these adaptive strategies over time in the Services and to varying degrees carried them into civilian life and in some cases into their offending behaviour. The proposed ideas are discussed with regards to how they

complement existing theory and a case study is presented to suggest how they might be applied in clinical practice.

Chapter 1

Introduction

1. Overview

Each year approximately 24,000 men and women leave the British Army (Fear, 2009). The majority of people experience successful transitions back into civilian life (Van Staden, 2007; Iversen et al., 2005). 87.5% of a cohort of 8,000 Service personnel who served in the Armed Forces in 1991 were in full time employment six years post-return (Iversen et al., 2005) and it was only a minority who fared badly. This research looks at a specific subgroup of this minority, men who went on to serve prison sentences for offences committed after leaving the Services. Ex-Services personnel in prison are receiving increased professional, government and media attention in recent years and there are many questions around how their Services experiences may impact upon their reintegration back into civilian life and on their offending behaviour.

2. Public Profile

The support of ex-Services personnel appears to be high on the current Coalition government's agenda. This government has promised to follow through on commitments made by the previous Labour government to improve mental health services for veterans and serving personnel in the MOD's Service Personnel Command Paper (SPCP, 2008). Included in this is a pledge to examine the MoD's current systems of mental health assessment and evaluation; an increase in mental health professionals providing

outreach work for veterans; the introduction of a Veteran's Information Service (VIS) and the trial of an online early intervention service for serving personnel and veterans (Murrison, 2010). New services are to be supported by a three way partnership between the charity Combat Stress, the NHS and the MOD. The Confederation of British Service and Ex-service Organisations (COBSEO), was given the green light to push ahead with the formation of the £35 million lottery-funded Forces in Mind Trust at the end of 2010.

The Prime Minister David Cameron stated that:

"It is a priority to do more to help the mental health issues that veterans in our country have"

(BBC News, Oct, 2010)

However, ex-Commanding Officer in Iraq, Tim Collins responded that

*"Announcements like this have come thick and fast in the last ten years. At the end of the day-"*he says, *"its actions that count."*

(BBC Panorama, 9th February 2011).

Let's have a look at some of the practical actions that have been taken to enhance support services for the ex-Forces group. Within the NHS, the Improving Access to Psychological Therapies (IAPT) programme has established a Veterans Mental Health Special Interest Group (DoH, 2009) and guidance has been produced to support GPs in identifying and meeting the health care needs of veterans more effectively. More recently, in May 2011, the government announced that the military covenant, a commitment to provide support for ex-Servicemen and their families, would be enshrined in law. Support includes priority NHS treatment for forces personnel and their families; council tax rebates for personnel serving abroad; a guarantee of places at schools of choice for forces children; a promise to pay forces' widows a pension for life and families

receiving priority consideration in allocating council houses (*the Guardian*, 16th May, 2011).

Two of the largest support organisations for ex-Services personnel in the UK are the Soldiers, Sailors, Airmen and Families Association Forces Help (SSAFA) and the Royal British Legion (RBL). SSAFA describe their mission as to provide practical help and assistance to anyone who is currently serving or has ever served, even if it was only for a single day. They are one of the oldest Services charities, established over 125 years ago. For over 90 years the Royal British Legion has helped veterans to stay in touch with fellow ex-Forces members along with offering practical support and undertaking nationally spotlighted fundraising campaigns including the annual Poppy Appeal, which coincides with Remembrance Day.

There is a great deal of energy and a commendable range and number of charities in the UK working to support the ex-Services group, however there is a somewhat disparate nature to the co-ordination and communication of services which may be overwhelming for returning Services personnel. One charity which seems to be overcoming many of the obstacles of a new enterprise is *Help for Heroes*, which in its first four years has raised both a strong profile and over £100 million along with setting up a rehabilitation centre. Alongside realisation of ambitious targets they have strong links with both the military and charity sector, working in conjunction with the MOD, Combat Stress and the Royal British Legion on the Defence Recovery Capability project.

One of the challenges faced by those serving prison sentences is that while they may benefit from the support of these charities, many of them can only be accessed once they have served their time and are back in civilian life again. At which point they may find less productive habits easier to connect with than new contacts are to make. Prison In-Reach (PIR) is an

initiative which tries to counter this by making themselves known to prospective clients while they're still in prison. It aims to ensure all Veterans, either in prison or on probation orders or licences, their families and resettlement services are fully aware of the forms and levels of support available to them from the Service and Personnel and Veterans Agency (SPVA) or the ex-Service charities. Importantly, support may be accessed pre or post release. The group is co-ordinated by the Ministry of Justice (MOJ) which brings together Government departments including the MOD, the MOJ's National Offender Management Service NOMS, the Prison Services and voluntary and community sector organisations. Their website, which can be accessed within the prison service, highlights the help provided to all veterans on pensions, compensation, access to Service records, medical entitlements, and welfare advice/support and the services and support available from many other service providers including ex-Service organisations. Importantly, they can co-ordinate with The Royal British Legion, SSAFA and the mental health charity Combat Stress who all provide welfare visits to veterans in prison and to their families.

One charity directing their efforts specifically at the ex-Services in prison population is the Veterans in Prison Association (VIPA). They describe their core aim as to reduce re-offending and in turn the number of victims, by rehabilitating veterans who are currently in the Criminal Justice System. They co-ordinate regular meetings amongst their members and put them in touch with a range of relevant external service providers and agencies to address any issues that may need resolving. One of their strengths is their network, linked as they are to a wide range of accommodation and employment agencies including Shelter, Aftermath PTSD, Soldiers off the Streets and a range of others.

Historical and political context are important factors in the generation of veteran research and support. The war in Vietnam prompted a lot of the

early enquiry into post-combat psychological health outcomes and American writers have paved the way in this area. The field of military psychology has been expanding in recent years in the UK firstly on the back of large numbers of British soldiers returning from conflict in the Falklands in the early 1980s and later the Gulf War in the early 1990s and subsequent conflicts in Afghanistan and Iraq. Along with academic research, these conflicts have spawned many books by those who served, for example *After the Falklands* (Walters, 2007) and *Hidden Wounds* (Renwick, 1999) on the return to Civvy Street after serving in Northern Ireland. The British Psychological Society is currently establishing an online military psychology forum for psychologists and others who want to share research, ideas and best practice.

In Australia research has been prompted by conflict in Korea, Vietnam, and East Timor amongst others. The government's Department of Veteran Affairs provides a wide range of services related to benefits, physical and psychological rehabilitation. They publish a range of free health and well-being factsheets for veterans, offer counselling services and have a network of professionals including psychologists, social workers and medical specialists on hand. They have linked up with the Centre for Military and Veterans' Health (CMVH) for research purposes with the ethos of seeking solutions to military and veterans' health issues through research, post-graduate education and public debate. The centre brings together three universities, The University of Queensland, University of Adelaide and Charles Darwin University. Recent publications have included a review of PTSD mental health group treatment programs (2011) and an examination of the risk of adverse health outcomes associated with frequency and duration of deployment with the Australian Defence Force (2011). In the charity sector, Veterans Supporting Veterans from All Conflicts (VSASA) has been set up and is staffed by a group of Veterans who provide their services on a voluntary basis. In Canada there has been a slow but steadily

expanding body of research over the last 20 years, looking at psychosocial implications for veterans who served in the war in Vietnam and more recently examining the implications of peace-keeping duties for Canadian soldiers. Most of the work into offending in the ex-Services population has so far emerged from the US the Vietnam era and more recently from the UK.

There is less in the way of detailed understanding of the needs of those in the Prison Service and UK research in this area still in its infancy. In recognition of this, the Howard League for Penal Reform was commissioned to investigate the needs of veterans in the criminal justice system and they reported back in November 2011. Following an extensive review of the literature looking at health and social outcomes of UK military veterans, Fear and colleagues at the King's Centre for Military Health concluded that there is a need for further qualitative work to explore questions currently not well enough understood. She suggests that qualitative studies could

"be used to examine the transition from military to civilian life..." Fear, (2009, pV)

Through a qualitative investigation this research sets out to explore how the Services experience impacted upon a group of ex-Services personnel who made this transition and their subsequent offending behaviour.

This research is particularly well placed within the Counselling Psychology arena. Counselling Psychology, as a distinct discipline itself emerged out of a need to provide better support for war veterans. The profession was developed and supported through efforts of the American Veterans Affairs department (VA) in the early 1950s (Munley et al., 2004). In fact, Munley notes that the VA was one of the biggest employers of psychologists in America at this time and they were actively working with the American Psychological Association to formalise training in Clinical Psychology. As a

consequence of this alliance, the Boulder Conference was established in 1949, and it was here that the job title 'Counselling Psychologist' was created and the name of the division changed from "Counseling and Guidance" to "Counseling Psychology" (Blocher, 2000, cited in Baker (2001).

3. Prevalence of the Problem

Estimates indicate that the ex-Services population makes up anywhere between 3.5% to 10% of the prison population according to the Defence Analytic Services Agency (DASA, 2010) and National Association for Probation Officers (NAPO, 2008) respectively. NAPO suggests that soldiers make up the largest occupational group in the prison system, numbering at least 8,500 and potentially up to 20,000 when those on parole or community supervision are included. They reviewed 74 case studies from probation officers in England and Wales in 2009 and found that the majority were convicted of offences that were violent, occurred in a domestic setting and many were either drug or alcohol related. Mental health problems were commonplace amongst this group and the majority had suffered at some point with Post Traumatic Stress Disorder (PTSD), with a similar pattern shown by personnel under community supervision (NAPO, 2009). Few had received any counselling or support after discharge and their ex-Service status was rarely identified at the point of arrest or admission to custody. Most of those convicted reported problems adjusting to civilian life and many referred to a culture of heavy drinking in the Forces and the negative impact it had on them.

DASA and the Ministry of Defence (MOD, 2010) provided a breakdown of the most common offences of veterans in prison in a survey conducted at the end of 2009 and stated that violence against the person (33%) was the most common offence category followed by sexual offences (25%) and drug

offences (11%). Comparisons suggested a higher proportion of veterans had been imprisoned for committing violent offences against the person and sexual offences than in the general population of prisoners. In the US Noonan and Mumola (2007) found that military veterans in prison were more likely to be incarcerated for violent offences than were other prisoners. DASA reported that 6% began their current prison sentence within a year of being discharged, 22% within 5 years and 41% within 10 years of leaving the Armed Forces.

4. Combat Exposure and Offending Behaviour

“First Lieutenant Jimmy Cross carried letters from a girl named Martha...Dave Jensen who practiced field hygiene, carried a toothbrush, dental floss, and several hotel sized bars of soap he’d stolen on R & R in Sydney....Ted Lavender carried tranquilizers, Norman Bowker carried a diary...Kiowa, a devout Baptist, carried an illustrated New Testament that had been presented to him by his father...almost everyone humped photographs”

Tim O’Brien, (1991, p 3) *The Things They Carried*

O’Brien’s book, based around his experiences in Vietnam opens with a description of the various necessities and mementos which he and his unit carried into War. What is striking, alongside his fluency in bringing to life the day-to-day monotony of the mission, is the unique approach that each member of the unit takes; their individual expectations, fears and morale boosting strategies. While they experienced many events as a group, what they each brought to the Services experience, how it impacted upon them, what they took strength in and what they each carried with them from it, the experience remained always a very individual one.

This section provides a review of research on offending behaviour in ex-Services personnel (the term 'offending behaviour' used interchangeably with 'antisocial behaviour' as was used more prevalently in earlier research). An offence or crime may be defined as a 'violation of the rules that are set by the state, persons, groups or organisations' (Timmerman & Emmelkamp, 2005). Special attention is given to aggressive behaviour due to its frequency as a feature of ex-Services' offending.

One of the most widely researched topics within Military Psychology has been combat exposure and its effects and it is this experience that has been most frequently examined in relation to offending behaviour. Early reports on 'shell-shock' paved the way for the current conceptualisation of military related trauma. Intensive combat exposure has been significantly associated with post-military antisocial behaviour (Fontana & Rosenheck, 2005; McFall et al., 1999; Resnick et al., 1989; Yeasavage, 1983) and higher combat exposure was linked with convictions for violent and nonviolent offence convictions even after pre-service antisocial behaviour was controlled for (Yager et al., 1984). On the other hand Boman (1987) suggested that no evidence existed for an association between service in Vietnam and subsequent violent aggression. Contradictory findings abound. Elder & Clipp (1988; 1989) strike a balance stating that while there are often negative psychological consequences of combat, there are also numerous references to increased camaraderie and resilience. Barrett et al., (1996) carried the focus on combat exposure into the 1990s and reported that ex-forces who experienced high levels of combat were twice as likely to report anti-social behaviour than those with low to no combat experience. In general the research seems to conclude, veterans who see combat seem to suffer worse physical and mental health than those who don't (Elder et al. 1994). The majority of research exploring combat exposure and offending behaviour has been conducted in relation to the war in Vietnam with very

little contemporary UK based research. Although this is changing recently, it has also tended to be largely of a quantitative nature.

A particular aspect of offending behaviour that has received attention of late is a potential relationship with risk-taking behaviour, noted as being a component in certain categories of offending (risk-taking behaviour includes increased verbal and physical aggression towards others, Kilgore et al, 2008). Soldiers returning to the UK from Iraq have been suggested to show more willingness to engage in risk-taking behaviour on their return from combat (Hooper, 2006) and Kang & Bullman, (1996) found that Gulf War deployed veterans showed a 31% higher risk of death due to motor vehicle collision compared to non-deployed veterans. Adolescents with more exposure to terrorist attacks in Israel reported more risk-taking behaviours than adolescents with no such exposure (Pat-Horenczyk et al., 2007). Kilgore et al., (2008) suggest that specific characteristics of combat experiences were predictive of greater risk-taking propensity after return from conflict and of actual behaviour in the preceding month, including high levels of exposure to violent combat, killing another person, and contact with high levels of human trauma. The research seems to point to a higher prevalence of risk-taking behaviours in combat exposed ex-Services personnel.

5. Post-Traumatic Stress Disorder and Combat Exposure

One of the issues most frequently cited in conjunction with returning Service personnel, in particular in the context of offending, is PTSD. Beal (1997) describes how the origins of the term can be found in the American War in Vietnam.

Psychological problems, she indicates, experienced by veterans of the war provided a key catalyst for the inclusion of PTSD in the nomenclature of the DSM-III. Early references to 'post-event trauma' first appeared in war-time, during the First World War. Shepherd (2002) writes a fascinating and comprehensive history of psychiatry during the world wars and traverses conflicts through the 20th century. He described how a precursor to PTSD, the term 'shell-shock,' emerged in 1915 to describe the physical and psychological after effects of being in close proximity to exploding shells. It was on the physical symptoms and their physical cause that doctors first focused, however physicians working at battle field medical centres began to shift the emphasis as they were seeing soldiers suffering symptoms without ever having been close to exploding shells, while many of those who had been, remained cheerful and unaffected. While the term shell-shock was discarded amongst the medical profession, the emphasis for doctors and psychologists on the 'psychic' or psychological implications of the war experience on soldiers remained. Many years later, discussion once again arose, as many soldiers in the early 1970s were returning to America highly affected by their war experiences in Vietnam. The public climate was changing, from initial distaste towards the conflict and its soldiers to concern for their unwilling participation in the war and potentially harmful exposure to atrocity. The terms of the day to describe these symptoms were empathic towards their experiences and now included 'Post-Vietnam Syndrome' (Shatan, 1984). The scope of the term was widening as it was

used to describe symptoms developing months after a range of traumatic experiences (which included road accidents, kidnapping and other things, along with war experiences). Many psychologists and writers of the time (including Horowitz, 1979 and Shatan) pushed hard for the creation of a category which could be used to inform diagnosis of the disorder. Beal (1997) writes how in the first edition of the *Diagnostic and Statistical Manual*, published in 1952, a stress response syndrome was listed under the heading of "gross stress reactions" while in the second edition in 1968 it became conceptualised as one of a number of 'situational disorders'. More recently she notes how the *DSM-III* has listed PTSD as a subcategory of anxiety disorders (this edition published very soon after the war in Vietnam in 1980). In the current edition of *DSM-IV* (2004) PTSD is classified as a new stress response category.

Military personnel are considered among the most at-risk populations for exposure to traumatic events and the development of PTSD (Prigerson, Maciejewski, & Rosenheck, 2001; Schlenger et al., 2002). PTSD is described in the *DSM-IV* (APA, 2000) as a syndrome of three symptom clusters, re-experiencing, avoidance and numbing, and hyper-arousal, caused by exposure to a traumatic event. In order to meet the diagnosis the disturbance must last at least one month and cause clinically significant distress or impairment.

Rona et al (2009) found that experiences which brought people close to death, more so than simply deployment status, were linked to an increase in PTSD. Seeing personnel wounded or killed, coming under small arms fire and being in close contact with the enemy were associated with a higher PTSD prevalence than other types of exposure. They found that having a sense of comradeship with others was negatively associated with PTSD. Other research has found that most veterans with high exposure to such stressors did not develop war-related PTSD (Engelhard, 2007).

Exploration of further processes emerging from this research as relevant to the development of PTSD, beyond combat exposure, is undertaken in the Discussion chapter (see section 6.2). Estimates for the prevalence of PTSD in the UK ex-Services population vary. A recent study of almost 10,000 veterans found a prevalence rate of 4% for probable PTSD (Fear et al., 2010), while the UK Medical Assessment Programme diagnosed PTSD in 13% of 3,000 UK veterans who served in the Gulf War (Palmer, 2010). Compared with other types of trauma, the experience of combat has been shown to be related to increased aggressive behaviour and distinct PTSD symptom profiles (Beckham et al., 1997; Kilgore et al., 2008; McNair, 2002; Orth, 2006; Laufer et al., 1985).

Combat veterans have been found to suffer from mental disorders such as anxiety and depression as well as PTSD (Hoge et al., 2004) with a reported 19.7% prevalence for symptoms of common mental health problems and 13% for alcohol misuse (Fear et al., 2010). Depression has also been associated with aggression (Painuly, Sharan, & Mattoo, 2004) and is proposed to play a part in moderating the relationship between response to trauma and physical and verbal aggression (O'Donnell, 2000). Other reports suggest that mental health remains quite static after leaving the Services (Fear, 2009) however recent thinking suggests that this trend may be related to help-seeking behaviour in this population rather than an indication of an unchanging nature to their psychological health (Scheiner, 2008; Hoge et al, 2004). Help-seeking patterns in the veteran population are further considered in the literature review in Part C, section 7.

In as much as there has been a wealth of research looking at the prevalence of PTSD in ex-Service personnel exposed to combat, with equal force there has been a volley of critical voices calling into question the value of this focus, debating the accuracy of reporting on combat exposure in Services personnel and the genesis of the PTSD diagnostic taxonomy. This section

addresses the first of these issues and gives a platform to some of the most vocal critics. The second issue will be addressed in part 12 of the Introduction.

The first and largest investigation into post-Services outcomes in the US, the National Vietnam Veterans Readjustment Study (Kulka et al., 1990) reported that 31% of all men developed PTSD while another 22.5% developed partial symptoms. McNally (2005, p 209) however queries how over half who served in any capacity had gone on to develop at least a subclinical form of the disorder even though only 15% who served in Vietnam were actually in combat units *“respondents including cooks and clerks as well as infantrymen.”*

Frueh et al., (2005) queries how reliable the data on combat exposure is, questioning the degree to which personnel have actually seen combat. They carried out an investigation into the personnel records of 100 men seeking Veterans Affairs specialty care for combat-related PTSD following the war in Vietnam and found that although 93% had documentation of Vietnam war-zone service, only 41% had objective evidence of combat exposure documented in their military record. There have also been suggestions of a less than static nature to reports of combat exposure with self-reports of combat histories subject to change over time (Southwick et al., 1997; Wessely et al., 2003). These critiques raise methodological concerns around assuming that all those who've been on tour have seen conflict and whether it is of much real value to use such broad categories as 'combat exposed' when evaluating the impact of military experience.

Significant Experiences

At the outset, 'exposure to combat' was a participant inclusion criteria based on my somewhat naive acceptance of the prevalent clinical discourse. However, I have come to believe that this may have narrowed the scope of research and development of new approaches to clinical treatment. When combat exposed personnel in the current study were asked to describe their significant in-Services experience, some but not all referred to combat exposure. This has led me to try to be cautious and open to the potential for a wider range of potentially unanticipated experiences to emerge as being of individual significance and to minimise the risk of doing the population a disservice by assuming degrees of significance on their behalf. There are a range of aspects of the men's experience which are relevant to successful reintegration back into civilian life as will be shown in later parts of this study.

October 2010

6. Post-Traumatic Stress & Aggressive Offending

"PTSD can be linked to criminal behaviour in two primary ways: symptoms of PTSD can incidentally lead to criminal behaviour and secondly offences can be directly connected to the specific trauma that an individual experienced..."

Baker (2010)

Baker asserts the above unequivocally in a fact sheet produced by the National Centre for PTSD in the US. However a review of the literature cited does not leave the current author with these same firm conclusions. As we saw earlier, offences against the person are the most common

category in the ex-Services group with offences of a sexual nature also common. While some authors emphasise the aggressive nature of sexual offending (Timmerman & Emmelkamp, 2005) there are a number of other specific considerations with regard to this offence category. In the interest of space and a desire to offer a comprehensive exploration of the topic of aggression there will be limited reference made to the literature on sexual offending within the current study.

The prevalence of aggression in this group appears to be high with one study reporting that approximately 75% of male veterans with PTSD had engaged in physical aggression over the previous year compared to 17% of non-PTSD veterans (Beckham et al., 1997). Within a military context, anger and aggression in particular are common manifestations of trauma (Novaco & Chemtob, 1998). Male veterans with PTSD show higher rates of violent outbursts and aggressive behaviour, express more hostility and exhibit poorer anger control relative to those without the disorder (McFall, 1999; Taft, 2007) a pattern which seems to be more prevalent in men who have experienced combat related trauma as distinct from other trauma. Lakso (1994) concludes that increased aggression in war veterans is more appropriately regarded as a property of PTSD rather than a direct consequence of military combat. In line with this he reported that the severity of aggressive behaviour positively correlated with PTSD symptom severity (Byrne & Riggs, 1996; Glenn et al., 2002; Taft, Kaloupek et al., 2007; Taft, Street, Marshall, Dowdall, & Riggs, 2007). Conversely, data is not readily available to suggest the proportion of ex-Services personnel with a diagnosis of PTSD who did not go on to offend.

Various theories have been proposed to explain how PTSD may relate to aggression. Hyper-arousal, one of the four symptom clusters in PTSD in particular has been related to aggressive behaviour and abuse in relationships (Monson et al, 2009). The link has been hypothesised due to

residual arousal being attributed to provocative situations, increasing anger and aggressive impulses (Zillmann, 1971). Heightened reactivity is suggested to reduce ability to engage in self-monitoring that would otherwise restrain the expression of aggressive behaviour (Chemtob et al (1994; 1997).

Sayers et al (2009) investigated family reintegration problems in recently returned US military veterans and found that 75% of married or cohabiting veterans reported some type of family problem in the past week (including 54% who reported conflicts involving shouting, pushing, or shoving). More anecdotal evidence comes from the letters and recorded experiences of war brides (Litoff, Smith, Taylor, & Taylor, 1990) which provides documentation of the strains of family separation and the risk of divorce (Elder et al., 1994).

In recent years a strong association has been found between the symptom clusters of avoidance and numbing and overall relationship satisfaction (Monson et al, 2009). More specifically, male veterans with chronic PTSD have been found to be less self-disclosing and emotionally expressive with their partners (Carroll, Rueger, Foy, & Donahoe, 1985) and to have greater anxiety around intimacy (Riggs, Byrne, Weathers, & Litz, 1998) in comparison to veterans without PTSD.

7. Cognitive Perspective on Anger & Aggression

Chemtob et al (1994) suggest that a link between PTSD and violent and aggressive behaviour is mediated by anger, a proposition which leans strongly on a psychological model. Here an event is given meaning as a 'threat' by an individual evaluating their self-perceived capacity to cope, and they behave accordingly. The idea that our unique history and perception of the world significantly shapes our experience paves the way for an individual differences model and forms the basis of the constructivist epistemology adopted within this study. Beck (1999) proposed a cognitive perspective on the process of anger and aggression and how it may play out which we will consider in more detail.

Beck (1999, p 30) asserts that we interpret and misinterpret signals from others according to our values, rules and beliefs. He describes how anger often follows hot on the heels of a knock to our self-esteem as we rationalise our situation to locate fault in the other person's character, rather than the situation - and so become angry at them. Mobilising ourselves to attack, be it physical, verbal or imagined enables us to take back a sense of power and control over the situation. He describes how in a combat context "*We kill enemy soldiers because they are bad, not because they happen to have been drafted into the Army just as we were.*"

Beck proposes that this interpersonal process works similarly between groups. He described how soldiers and those in conflict construct an image of their adversary as dangerous, malicious and evil and this is backed up by selective memories of past wrongs and malevolent attributions which may not be entirely realistic. This image is one that he suggests is strengthened in Services training as a way to mobilise personnel to carry out operational instructions against the Enemy. Other writers in Australia have also

described how a pairing of stress and anger is often rehearsed in military training in order to increase the likelihood of responding to threat with anger or aggression, rather than with fear and vulnerability (e.g. Creamer & Forbes, 2004.) Beck proposed that a construal of a situation which may be adaptive in one context may create challenges when applied in another and suggested that we often make cognitive errors such as over-generalisations and dichotomous thinking, or fix on 'single-cause' explanations. Categorical dichotomous thinking can be adaptive when soldiers as a group are engaged in a fight to destroy a real enemy but may cause problems for individuals in everyday civilian disagreements. We will return to Beck's ideas later in the Discussion chapter with regard to thinking patterns shown by some of the participants.

8. Alcohol and Drugs

Alcohol problems have been found to serve as an additional risk factor for aggression in veteran samples (Savarese, Suvak, King, & King, 2001) and its role receives attention both in the main research section and in the literature in Part C. A review of charges tried by the Army Courts Martial between 1960 and 1980 showed that 90% of violent offenders had been drinking heavily at the time of the offence and only 10% had a previous history of offending (Blueglass, 1988). High alcohol use has been speculated to lead to aggressive behaviour on the basis of a relationship between impaired attention, cognitive processing and inhibitory control (Eckhardt & Jamison, 2002; Gross, 1998). Alcohol is proposed to be a way to self-medicate and reduce distress and heightened anxiety that accompany PTSD (Khantzian, 1985; Stewart, 1996; Ullman, Filipas, Townsend, & Starzynski, 2005). Backing this view, in a recent study veterans who screened positive for PTSD or depression were twice as likely to report alcohol misuse compared to veterans without these disorders. An examination of PTSD symptom

clusters indicated emotional numbing symptoms were most strongly associated with alcohol misuse (Jakupcak et al., 2010). Fossey (2009, p14) surmises that the average Services person still consumes far more alcohol than their civilian equivalent however he concludes that UK studies on alcohol use have not yet drawn any clear conclusions. The role of alcohol emerged as a topic of importance to many of the men in this study and we can see the function it served for them in the Analysis Chapter (part 6.2). In my view this is a good example of how qualitative research can be very useful in taking us further into new understanding on an issue.

The incidence of drug related discharges for Marines has been found to increase with the existence of PTSD (Highfill-McRoy et al., 2010). Individuals with co-morbid PTSD and substance abuse problems are at an increased risk for interpersonal violence, imprisonment, and homelessness (Cuffel, 1994; Swanson et al., 1990; Tessler, 1989). Theories posited to explain the relationship between PTSD and drug related charges include again, the self-medication hypothesis along with a sensation-seeking hypothesis, and a susceptibility hypothesis (Koenen 2003; Brady et al. 2004; McFarlane, 2004). Fontana & Rosenheck, (2005) propose that substance abuse has a role in veteran's offending behaviour and argue that this is due to the impact intoxication has on judgements of the appropriateness of certain behaviour. Less reference was made by participants in this study to drug use, however as with alcohol, the role of drugs in the offending behaviour of this group requires further exploration as understanding is limited.

9. Role of Pre-Services Experience in PTSD and Offending

We've looked at the relevance of exposure to a traumatic combat related event on the likelihood of later developing PTSD, however many authors

(e.g. Rona, 2009) indicate that only a minority of persons exposed to a traumatic experience actually go on to develop psychological symptoms (Hoge et al., 2004; Wessely, 2005; Yehuda & McFarlane, 1995). Thus, many people may experience the same incident and only a proportion of them go on to develop a stress response. There is obviously a complex nature to the development of any mental health illness. Early experiences are an important factor and while a full evaluation of the research is outside of the scope of this study, a brief introduction follows.

A relationship between childhood physical abuse and combat related PTSD in Vietnam veterans has been found by a number of authors (e.g. Engel et al. 1993; Lewis et al., 2006) and many believe that childhood vulnerability is an important modulator of later risk of psychological problems, including PTSD (Engel et al, 1993; Zaidi & Foy, 1994). Stepping back to incorporate pre-Services experiences, adversity in childhood is associated with increased risk of PTSD, self-harming behaviour, general psychological ill-health, heavy drinking and smoking after exposure to subsequent trauma (Ozer, 2003).

A relationship has been suggested between child physical abuse (e.g. sexual abuse and familial instability) and severity of PTSD, with 45% of combat veterans diagnosed with PTSD found to have a history of childhood physical abuse (Zaidi & Foy, 1994; Solomon et al (2008). In addition, veterans with PTSD were found to have higher rates of childhood physical abuse, after controlling for combat exposure (26% vs. 7%) (Bremner et al., 1993). Other studies have mixed findings (e.g. Solkoff, Gray, & Keil, 1986) and Barrett et al., (1996) suggest that a pattern of childhood maladaptive behaviour while very relevant is not a prerequisite for developing adult antisocial behaviour.

10. Role of Post-Services Experience in Offending

What happens after leaving the Services has a part in the lead up to offending behaviour. There seem to be a range of milestones to reintegrating back into day to day life after the Services.

Research suggests that the social context to which Services personnel return is of potential significance to mental health. Combat veterans appeared to be less negatively affected by wartime trauma if they encountered greater social support when they returned home (Fontana et al. 1997a; Johnson et al. 1997).

A significant contextual circumstance post discharge is lack of permanent accommodation to return to (Van Staden et al., 2007). She found that temporary accommodation created upheaval in the resettlement process and concluded that this has a detrimental impact on individuals' ability to plan for the future. Lemons & Dirkacz (2005, p 23) conducted a qualitative study on homelessness in ex-Services personnel and cite the then Chief Executive of Combat Stress, Tony Elliot, who observed how overwhelming it can be to readjust to civilian life: *"Post-traumatic stress disorder, alcohol misuse and other problems may have been handled while in service due to having a structured, regimented life"*. He suggests that the development of mental health issues within service may be contained by the boundaried lifestyle. Life on leaving contains much ambiguity which some struggle with. Elliot's comments give an insight into the complex interaction between the individual and environment and suggest how the transition into civilian life may create instability in one's life due to its unstructured nature. This is something to which we will return in the Analysis chapter. Lemos & Dirkacz (2005, p viii) conclude from their study that *"Alcohol, mental health problems and relationship breakdown were all key features. They were often intertwined, pushing the individual towards homelessness."*

11. Role of In-Services Experience in Offending

Although combat exposure is often considered the paramount stressor in war, more recently researchers have begun to emphasise the importance of non-combatant deployment stressors (Bartone et al., 1998; King et al., 1995; Litz et al., 1997a). Booth-Kewley et al., (2010) found a positive association between deployment-related stressors and a higher incidence of antisocial behaviour. Deployment-stressors have been suggested to have a more powerful impact on military personnel than was previously thought (Engelhard & Van den Hout, 2007; Vogt et al., 2005). Within their study they asked participants to rate their experience of specific stressors including concerns about family members at home and lack of privacy and they offer deployment related recommendations to minimise their impact such as shortening deployments and improving communication with home during service.

The experience of deployment has been found to greatly differ for personnel according to the length of deployment, degree of security, boredom and interruption of future plans, all of which are part of present day deployment (McCarroll et al., 2003). Van Staden et al., (2007) note the importance of in-Service factors which may have an impact on personnel including institutionalization due to the close knit community and a culture of drinking. A number of respondents mentioned boredom, 'downtime' and being given seemingly pointless tasks as downsides to their time in the Armed Forces (Lemos & Durkacz, 2005). Several studies have found that subjective indicators of stressor severity are actually superior in predicting the presence and degree of PTSD relative to objective indicators (Engelhard, 2007). We will return to some of these issues in the Analysis and Discussion chapters, as many of the participants placed emphasis here.

More recently some authors have taken on the challenge of integrating pre, in and post-Services factors into multi-factor models, two of which in particular do a good job of mapping the complexity of the relationship in my view. Fontana & Rosenheck (2005) put forward a multi-factor model of antisocial behaviour and propose that it is not exposure to trauma per se that has the biggest influence, rather it is when in the presence of PTSD that its role becomes noteworthy. They propose that PTSD plays a crucial mediational role between war-zone exposure and post- military antisocial behaviour. They also argue for a mediational role of substance abuse in increasing the likelihood of antisocial behaviour in the ex-Services population. Fontana & Rosenheck believe that pre-military experiences (including childhood physical or sexual abuse) and disruptive behaviour exert the largest effects on post-military antisocial behaviour. Booth-Kewley et al., (2010) also put forward a multi-factor model of antisocial behaviour and propose influential factors to include PTSD symptoms, deployment-related stressors, combat exposure, younger age and divorce. The complexity of these multi-factor models suggests that a unique interplay of factors is involved in an individual's offending behaviour; one size does not fit all.

In both the Engelhard & Van den Hout (2007) and Vogt (2005) studies mentioned above participants were asked to confirm whether they had experienced any of a predetermined list of 'stressful' experiences rather than being asked to identify experiences they perceived as stressful. This current research goes a step further and explores the in-Service experiences deemed of significance to the participants, by the participants and considers their perspective on how they may have factored into their offending behaviour. This approach mirrors the development of thinking around 'stress' over the last 30 years when stressful life event scales such as the Life Events Scale of Holmes and Rahe (1967) were critiqued as being too prescriptive and failing to capture the personal nature of stress. More

constructivist approaches began to come into favour (such as Beck's cognitive model) which allow for an individual construction of stress. The men in this study refer to experiences that are both psychological and contextual in nature. Their descriptions shape the broad parameters of the term 'Services experience', combat being a significant but not the sole component.

The idea that Services experience affects everyone in a unique way is also supported by research exploring gender differences. Vogt et al (2005) found that women reported more interpersonal stressors and men more mission-related stressors following the same deployment. They also observed similarities in the ways that mission-related stressors impacted on men and women's mental health. Much of the relevant work so far, this study included, has been undertaken with male dominated participant groups which again will have led to a restricted view of the topic. This is an important area which I suggest is worthy of further exploration in future research, however is outside the bounds of the current study.

12. A Narrow Viewfinder. Critique of the Research Focus

So far we have reviewed available research on the impact of Services experience and offending from a psychological perspective. Much recent research published has been of an experimental rather than theoretical nature and PTSD has been given a starring role in the production, seemingly moderating the relationship between military experiences and offending behaviour, particularly aggression related offences. The research outlined proposes a higher propensity to offend given the presence of a miscellany of risk factors but gives no indication as to what percentage of people demonstrating these risk factors don't go on to offend. What distinguishes those individuals who commit an act which could be

categorised as an 'offence' from those who don't? Research up to now has repeatedly examined links between exposure to combat, PTSD and aggression in a reductionist, linear fashion, seemingly quite one-dimensional in view, rather than allowing for interplay between individual values and attitudes, temporal experience and social context.

Engelhard (2007) describes how PTSD is one of the few psychiatric disorders for which the DSM-IV classification implicates an etiologic factor: the traumatic experience. Herein lies a tentative explanation both for the popularity and potential trouble with the diagnostic taxonomy for researchers and clinicians.

Summerfield (2001, p98) argues that the origins of problems with the category can be seen in its name, the term "post-traumatic" assuming a proven direct aetiological link between the present state and an index event in the past that excludes other factors. He states that this is "*scientifically and clinically dubious*". In my view, given the vast number of studies on the topic of PTSD in the military literature, researchers seem to have developed an attentional bias, enthusiastically 'trauma chasing' and on sighting of a traumatic event, concluding that indeed the signs of destruction must be as a direct consequence. It seems that the early conceptualisation of shell-shock (coined during World War I) paved the way for this way of framing PTSD. Shepherd (2002, p28) recalls how the early medical model of shell-shock was dominated by the image of the shell itself, as having arrived out of the heavens and left the soldier a shattered gibbering wreck, his nerves destroyed and his special senses, like eyesight and hearing impaired.

Finding what you're looking for

I'm reminded of a story told by a friend of mine who returned home to find her front door open and her flat in disarray. Only as she recounted the drama in response to police questioning, expressing relief that she herself had not been at home when burglars broke in did it dawn on her that it was just possible that she had left her door open in her rush to work that morning. While her home was chaotic, nothing was actually missing, that the mess was of her own making now seemed entirely feasible! So convinced was she that the event had been a burglary that she failed to consider possible alternatives until questions put to her enabled her to stand back and take a different viewpoint.

December, 2010

This may also be problematic in terms of the provision of clinical support for the ex-Services group as while some may have experienced one or more traumatic events, they may in reality be more distressed by other aspects of their life (e.g. lack of future plans) and might find this more imperative to work on in a clinical context. Given the sparse resources within the NHS, ex-Services personnel who are not displaying highly distressing symptoms associated with PTSD could potentially be sidelined yet may greatly benefit from a small degree of clinical support to help them deal with the ambiguities they may encounter back in civilian life. I propose that a broader perspective on the range of issues which may affect the ex-Services group could allow for more agile and relevant treatment approaches.

Summerfield expresses disbelief at a community survey carried out in a war-torn region of Sierra Leone where 99% of a group of 245 randomly selected adults were diagnosed with PTSD. He claims that the diagnosis of post-traumatic stress disorder lacks specificity and fails to adequately distinguish between the physiology of normal and pathological distress. He critiques the DSM-IV criteria as subjective and worries that the diagnosis can be made in the absence of significant objective dysfunction. McNally (2005) questioned whether early advocates of the PTSD diagnostic category had discovered a disease entity in nature or whether they had cobbled together a cluster of symptoms. PTSD first appeared in the DSM-III in 1980 and he proposes that its origins can be clearly traced back to the war in Vietnam, a proposition backed by Summerfield, who believes that the diagnosis is a product of the post-war fortunes of the conscripted men who served there. McNally states that their returning to an unwelcome reception as public opinion began to turn against American involvement served to enhance the difficulties they experienced in settling back to civilian life and factored into antisocial behaviour they demonstrated, which would agree with research mentioned earlier by Fontana et al. (1997) and Johnson et al. (1997). He suggests that many initially seen by psychiatrists were diagnosed as having a range of mental health illnesses, diagnoses which were later supplanted by PTSD and he asserts that the development of a compensation culture around the diagnosis served to strengthen its power in legal and medical fields. He goes as far as citing how payments awarded for loss of body parts can be easily surpassed by awards for psychological damages. A number of authors have drawn attention to symptom over-reporting patterns associated with PTSD (Frueh et al., 2003; McNally, 2003; Burkett & Whitley, 1998).

Within the current study I have decided not to utilise a measure of PTSD, not wanting to inflate the possibility that participants' responses might be symptom related. This is not to say that symptoms were not referred to by

some of the men, they themselves made reference to the label in some cases, rather than they would not lead our exploration of their experience and the lead up to their offending behaviour. I believe that this approach widens the lens through which to view offending behaviour and moves us towards a more comprehensive understanding of the Services experience rather than assuming factors of significance a priori.

Before we join the participants to hear their perspectives we will step back momentarily to consider how offending has been conceptualised up until now, staying initially within a psychological perspective and then moving to consider influences from the sociological research terrain.

13. Psychological Perspectives on Offending

I have endeavoured to provide a contemporary perspective on current clinical research, however for the purpose of thoroughness some earlier theoretical models of offending will be briefly considered which give an insight into how the topic has been conceptualised through the years. From my review there seem to be few models which directly address offending in an ex-Services population however I hope to show that the following have relevance to this study's participants. I will now consider perspectives from trait theory, psycho-dynamic theory, life course analysis, sociological and psychosocial models.

13.1 Trait Model

Early attempts to understand offending from a psychological perspective were of a somewhat reductionist nature. Eysenck (1964; 2003, p105) suggested that "*personality and anti-social behaviour are reasonably intimately*

correlated." He proposed that extroverts are more likely to engage in impulsive, risky and thrilling acts which increase cortical stimulation. He also suggested those scoring high on psychoticism were more likely to be involved in crime (2003, p92). However Gadd & Jefferson (2007) critique his theory as being too reductive, distilling personality and behaviour down to biology. Eysenck's influence can be still seen in the writing of contemporary academics such as Booth-Kewley et al., (2010, p 330) who distinguish between 'externalising' behaviours such as antisocial behaviour, aggression and illegal activities and 'internalising' behaviours such as anxiety and depression.

13.2 Psychodynamic Perspective on Offending in a Veteran Population

Wilson & Krauss (1982) constructed a typology of stress response 'syndromes' specific to the combat veteran and explored how these syndromes relate to the veteran's disposition to engage in criminal behaviour. They built on the work of Horowitz (1979) who proposed that the persistence of emotionally distressing trauma-related thoughts indicated that the event had not been fully processed and so remained a potential determinant of behaviour.

Wilson & Zigelbaum (1983) described a 'survivor mode' of functioning in Vietnam veterans characterized by an altered state of consciousness, hyper-vigilance, autonomic nervous system arousal and the use of survival skills and cognitive capacities learned in combat. They proposed that if the individual is in a situation they perceive as threatening which creates conflict with their self-concept, sense of morality, role obligations and commitments to significant others, a dissociative reaction may occur as a response. In this state they suggest that the veteran is likely to function in the survivor mode by behaving as he did in combat. According to Wilson

& Zigelbaum (1983, p73), this syndrome is often associated with assaultive and violent actions. They refer to a number of legal cases of their day to exemplify their ideas, for example that of Heads (The State of Louisiana vs. Charles Heads, 1981) who 'in a dissociative state killed his brother-in-law using search and destroy and ambush tactics and without much conscious recollection of what happened.'

They proposed a second way in which the survivor mode may affect the veteran's disposition to criminal action which they called a 'sensation seeking syndrome'. Drawing from the work of Zuckerman (1979) they suggest that men gain a sense of control over intrusive imagery by seeking out situations which provide a level of arousal similar to that experienced in combat activity (e.g., parachute jumping, flying, diving, gambling, motorcycle riding, etc.). This enables an individual to feel fully alive and animated by 'living on the edge' and performs a defensive function (Freud, 1959) which blocks the onset of intrusive experiences. If the veteran is prevented from engaging in action-oriented enterprise, then they suggest they become fully symptomatic. In their view, the sensation seeking syndrome re-creates the psychological elements experienced in combat and enables the person to *"continue striving to master unconscious trauma by responding with self-initiated competencies that lead to successful outcomes."* The veteran is *"compulsively repeating life-death encounters in this syndrome and mastering them with survival skills"*. They suggest that *"at the deepest levels of consciousness many of these men fear that to cease behaving in this mode will mean actual or symbolic death"* (Wilson & Zigelbaum, 1983, p74). They offer a fascinating description on the potential transition from combat exposure to aggressive antisocial behaviour, however fail to suggest how this may occur and why for one individual and not another?

They indicate a third way that the survivor mode may motivate criminal behaviour in the depression-suicide syndrome of PTSD whereby the

individual feels trapped in the trauma, flooded with painful intrusive imagery, hopeless, despondent, and often reports that he is "*a walking shell of his former self that died in Vietnam.*" They may, according to the authors, believe that they are the 'victims of fate' and pawns of the government who caused their psychological and physical wounds which may give rise to criminal action if they act out their anger. Wilson & Zigelbaum proposed that functioning in the survivor mode relates most often to assaultive actions since combat in the Vietnam War nearly always demanded combat assault operations (e.g., search and destroy, ambush attacks, helicopter assault, etc;). They asserted that certain aspects of experience were related to 'combat-like' offending behaviours (giving examples of manslaughter, assault and disorderly conduct) such as the number of weeks in combat, number and stressfulness of combat roles and exposure to stressors in Vietnam. We will return to this 'survivor mode' later in the Discussion chapter as their ideas have particular relevance for certain participants. Psycho-dynamically oriented writers continue to produce interesting theoretical perspectives around trauma responses (Pat-Horenczyk et al., 2007; De Zulueta, 2006; Van der Kolk, 1989; Brom et al., 1989), which unfortunately due to space limitations are beyond the scope of this study.

14. Life-Course Perspectives on Offending

Whether an individual offended for the first time after the Services or as a continuation of a pre-Services pattern is an important issue when considering the role of Services experience. Fontana & Rosenheck (2005) suggest that post-Services antisocial behaviour generally represents a manifestation of a life-history of antisocial behaviour. Fossey (2009) describes how the Army has a history of recruiting school leavers with poor educational attainment from areas of social deprivation and Houchin (2005) suggests that these same socio-economic factors are linked to high levels of criminal behaviour, giving support to the assertion that propensity to

offend is largely a product of one's context and lack of opportunities. DASA (2010a) indicated that in November 2009 only 21 of the male veterans in prison were officers, and 2,036 were from other ranks, statistics which are in line with the above assertions in my view. Longitudinal research adopting a life-course perspective is helpful in addressing issues raised here however there are contradictory conclusions. Some studies find that military service led veterans to experience worse outcomes than they would otherwise have experienced while others argue that the military provides a bridging environment by which some veterans experience more positive outcomes than they would have had otherwise (MacLean, 2007).

Data from the Second World War suggests that the Services provided men with a 'positive turning point' which changed their life course trajectories for the better (Elder & Shanahan 2006) with better qualifications and higher employment rates achieved (Elder & Clipp, 1988; 1989). Bouffard (2003) found that Vietnam era military service reduced later offending in general and there was no significant effect of service on later violent behaviour. Other research from this period suggests that people returning from the Vietnam War did worse than those who stayed at home in terms of earnings, jobs and educational attainment (Rosen et al., 1982; Angrist et al., 1990). Sampson & Laub (1993) surmise from extensive studies that it is not the occurrence of the event itself that's important in predicting behaviour, rather it is the social bonds that develop as a result of that event that produces behavioural change. Gadd & Jefferson (2007) critique Sampson & Laub's theory pointing out that when the pair later returned to re-interview a number of the original participants they found people who were more troubled than the initial analyses had suggested, undermining their original conclusions to some degree. Gadd & Jefferson assert that there was a component of individual emotion and psychological change involved which was not adequately described in their conclusions which place such emphasis on social bonds.

Iversen (2005) concludes that *“the marked differences between World War II– and Vietnam-era outcomes suggest that the effects of military service on criminal careers and more broadly, on social inequality, depend on historical time and place as well as on the timing of service in lives.”*

15. Sociological Perspectives on Offending

Merton (1958, p30) saw crime and offending "*as a normal response to pressures within which people were having to live.*" He explained offending as an outcome of the strain between one's means and ends. He reacted strongly against the psychological theories of the time and believed that it was wrong to assume that all deviance was a symptom of psychological abnormality and alleged that whether people turned to crime depended on their social position in relation to widely held cultural aspirations and the institutional means of achieving them. Gadd & Jefferson suggest that while Merton came from a sociological perspective he borrowed from psychology nonetheless based on his idea that whether an individual was liable to assimilate a culture's materialistic ideal and act on it was determined by their personality and socialisation.

This thesis is essentially an exploration of the interaction between the individual and their situation. Ideas on offending which take stock of both the individual and those they interact with be they individuals, groups or institutions are of relevance here. For this reason an Interactionist perspective on offending is of value, which assumes that actions cannot be understood in isolation and that the meaning of behaviour can only be understood in terms of interacting subjects. Within this framework, crime is viewed as the product of interactions between antecedent situations (Timmerman & Emmelkamp, 2005). The dynamics of the immediate situation are linked to social roles, meanings and behaviours and how personality is socially re-constituted in interactions in a 'situational theory of action' an idea which underpins the grounded theory methodology used within this study (Matsueda & Heimer, 1997, p166).

Mead (1934) developed symbolic interactionism as a theory that supposes that human interaction and communication is facilitated by words, gestures, and other symbols that have come to acquire conventionalized meanings. His starting point was with the social "*We must regard mind...as arising and developing within the social process within the empirical matrix of social interactions*" and he believed that meaning arises out of these gesture-based conversations (Mead, 1934 p78). A guiding principle of symbolic interactionism is that in our social world "*each must be able to take the attitude of the other*" encapsulated in the notion of the 'looking glass self' (Cooley, 1922) which refers to the idea of being able to view our self as the mirror does. Mead speculated that uncontrolled behaviour such as aggression arises when opportunities to take the attitude of the other are restricted however he didn't develop these concepts in relation to offending to any degree unfortunately so it was down to other writers to shape and build on his initial principles.

Influenced by the notion of meaning being constructed in the response of the other, Becker (1963) proposed a theory of offending known as 'labelling theory' proposing that whether an act is deviant depends on how other people react to it. According to this idea the causes of crime are not to be found in the behaviour of individuals but in the interaction between the agents of social control and individual actors. His ideas enable an interesting conceptualisation of the struggle faced by several of this study's participants when actions carried out in civilian life were considered an 'offence' for which they were arrested yet in the military context these behaviours were encouraged within the parameters of achieving specific military aims. Many struggled for years with social shame and psychological guilt as a consequence of the inconsistency between what was deemed appropriate in different contexts as we will see.

Matsueda & Heimer (2007) develop the symbolic interactionist perspective in relation to offending proposing a theory of role-transitions, role-commitments and crime. They describe how social transactions are built up by peoples' adjustments to each other and their situations. When these adjustments are temporarily blocked they suggest individuals engage in role-taking, solving the situation by taking the role of others and this 'me' is then incorporated into the self in memory. When problematic situations are solved repeatedly in similar ways they become less problematic, and behaviour becomes more habitual, non-reflective and scripted (Matsueda 1992; Heimer & Matsueda, 1994). Situations which are routine are proposed not to trigger deep cognitive processing and behaviour can unfold in a scripted fashion (Shrifin & Schneider, 1977; Langer, 1989). These ideas share interesting parallels with Wilson's 'survivor mode' described earlier. Heimer & Matsueda stress the importance of social connections and context saying that "*role commitments constitute the structure of social networks and imply expectations and norms.*" They suggest that the greater the rational or emotional cost of jeopardizing a role, the greater one's commitment is likely to be. A 'role-person merger' can arise when a person becomes so identified with a specific role that they seek to enact the role even when it may be inappropriate (Turner, 1978). We will return to these ideas later in the Discussion chapter.

Framing the Research

In setting out to review the relevant literature on offending it was a challenge for me to decide how to frame it. Even though I had initially set out with more constructivist assumptions within my research methodology-which I wrote before commencing a review of the literature, I realised that while engaging with these varied ideas I had unwittingly become enveloped into a more positivist research ontology operating within much of clinical research which sets out to 'discover' how things 'are'. This repositioning of my perspective on ideas was something which I had to do throughout the research process right up until the end point where I debated how the outcomes of the study should be defined. Was I producing findings or an analysis? Was I constructing a model, theory or idea?

This moment was my first experience of 'catching myself' falling into the language of positivism.

I stepped back from the numerous conundrums I was grappling with as I realised through wider reading that these issues formed part of a significant and ongoing debate in criminal theory. Psychologists with a more individual orientation have long proposed intra-psychic explanations while sociologists have answered with group based ideas of the person who exists in an interaction with others in the frame of a wider society. The Psychosocial perspective on criminal theory put forward by Gadd & Jefferson (2007) helped me to frame these sometimes contradictory perspectives. It also fits well with a grounded theory methodology which is useful for constructing processes which play out as the individual interacts with and acts on their context.

October 2010

Framing the Research cont.

I believe that I have presented a literature review using the language of positivism (reporting many statistics and assertions of authors reporting experimental findings of relevance). I hope that I have however done this in a tentative way which suggests a conversation and stokes a debate between conclusions as ideas. In my view none of the ideas presented are 'fact', all must be interpreted on the basis of their intention and context, as seems to be the nature of things within a symbolic interactionist paradigm.

March 2011

16. Psychosocial Perspective on Offending

Gadd & Jefferson (2007, p4) critique the schism between individual psychological and sociological paradigms in research saying "*We are offered a view of the individual shorn of their social context or who acts purely on the basis of reason or 'choice' based maximum utility. Or individuals who are purely a product of their social circumstances not beset by conflicts in the inner or outer world.*" They propose that a psychosocial paradigm best fits an exploration of offending as it emphasises the need to understand human subjects simultaneously as the products of their own psychic worlds and a shared social world quoting Frosh (2003) who states that "*The social is always psychically invested and the psychological is socially formed, neither has an essence apart from the other.*" There are few models which marry psychological and social ideas of offending behaviour however Gadd & Jefferson attempt to create a model which gives equal value to individual and social factors, an intention which has also been a guiding principle of this research. They provide a comprehensive review of psychological and social thinking

borrowing from a range of ideas (leaning heavily on psychoanalytic and life-course theories). However, in my view, they don't construct a new psychosocial model, rather they do a good job of framing and integrating diverse established theory in a coherent and intelligent way. I hope to offer a model which pays respect both to the contextual and psychological aspects of participants' transition back to civilian life and path to offending. Within this chapter I have attempted to provide a comprehensive theoretical review and set in place a framework within which to position the current analysis. Let us now move to consider the methodological underpinnings of this research design, before joining the participants in their world.

Chapter 2

Methodology

1. Introducing the Methodology

In the first week of my undergraduate degree I tried out a philosophy module. Along with 200 other students I considered the question thrown at us by the lecturer as he slammed his hand on the table on which he was perched *“But how do we KNOW this is a table?!”* My mind raced-How did I know? How did I know that what I was seeing was the same as the people who sat on either side of me? What was white? How was a table? Assuming we could articulate our answers, would there be coherence in our responses and did that matter anyway? I have been reminded of that week many times while considering my beliefs around the nature of knowledge, the purpose of this research and the role I play in its construction. Curiosity about the world and the other people who inhabit it has been a driving force behind our progress and wrapped up in this is an enquiry into the nature of knowledge, what and how do we know what we know?

2. Knowing

In the 19th and early 20th century the prevailing enquiry was into what could be proven to exist and therefore ‘known’. The purpose of science was to offer causal explanations of social, behavioural and physical phenomena. A realist paradigm emerged with an assumption of a verifiable means to study the natural world. Scientists endeavoured to provide bare descriptions of their experience of the ‘real’ world ‘out there’ and claimed it

was possible to describe the world without bias using a theoretically neutral 'observation language'. Two important principles underpinned this conceptualisation of knowledge: verification, whether a statement could be compared with directly observed facts and a 'correspondence theory of truth' which suggested that statements in the observation language have a direct match with observed phenomena (Hughes, 1997, p47). At the core of this modern programme of discovery was a belief in a knowable world and with that, a knowable self (Gergen, 1992).

Debate began to challenge this realist assumption of knowledge towards the end of the 19th century. Questions such as how one could describe mental states such as 'political ambiguity' or 'falling in love' generated passionate discussions. Facts weren't just "*lying around waiting to be picked by some wandering scientist*" (Hughes, 1997, p 47). They had to be discovered, assembled and made informative. Kant challenged the 'objectivity' of the observer stating that "*human claims about nature cannot be independent of inside-the-head processes of the knowing subject*" (Ponterotto, 2005). The idea of the 'invisible researcher' was challenged particularly in the field of the human sciences. Dilthey (1976) argued that the study of human nature was fundamentally different from the natural sciences. Culture, he believed was a product of the human mind, thus subjective and emotional as well as intellectual and as a result it required a different method of study. He proposed that the goal of the natural sciences was scientific explanation, whereas the goal of human sciences was to understand the 'meaning' of social phenomena (Schwandt, 2000). To the present day this distinction remains unsettled.

Ideas around how knowledge is conceptualised broadened and shifted over the twentieth century from objective positivist paradigms through to subjective paradigms including post-positivism, critical theory and relativism (Lincoln & Guba, 2003). These transitions are better understood

when situated in the context of political change, social and technological development, for example, the creation of the internet giving voice to independent 'citizen journalists' as well as established publicists. Attention to subjectivist methods of enquiry increased, with a passing glance developing into clear recognition and appreciation since the 60s seen by the increase in qualitative research in sociology and mental health fields. Interpretivist researchers set out to understand individual's responses and experiences within their own lives rather than in artificial lab-based environments. Denzin & Lincoln (2003) capture this in their description of qualitative research as a situated activity that locates the observer in the world which aims to describe and interpret the experiences of research participants in a context-specific setting. Pike (1954) took the issue on from another angle. A linguist, he proposed that the question posed should be a methodological rather than epistemological one, discounting the possibility of a truly objective description. He proposed a dichotomy between an 'etic' and 'emic' description of behaviour or process, referring to an account produced by one observing the culture or an account that comes from a person within the culture respectively- in my view this research falls into the latter category. This study also falls into the category of an idiographic study, which is a study which emphasises the unique process of each individual.

3. Relating to Knowledge

So where does the researcher sit in a world where reality is context and perspective dependent, where 'truth' is in the eye of the beholder? As a 'would be knower' I believe that one cannot portray oneself as separate from an objective reality but, to use Denzin & Lincoln's description, may be cast as an unaware actor in this historical reality (Denzin & Lincoln, 2003).

For the qualitative researcher who aligns themselves with a relativist perspective, reality is understood as an interpretation, constructed in the mind of the individual, rather than being an externally singular entity (Hansen, 2004). Our reality is influenced by our experience and perceptions, the social environment and the interaction between the two (Ponterotto, 2005). We create or 'construct' our realities (Morgan & Smircich, 1980). People construct these realities through social interactions in which they use shared symbols (e.g., words, clothing, gestures) to communicate meaning (Fassinger, 2005), a perspective based in symbolic interactionism. This leads to a variety of diverse realities in various societal, familial and individual contexts (Neimeyer & Mahoney, 1995). Individuals are active, creative, and reflective and social life consists of processes (Charmaz, 2006, p189). Symbolic interactionism has remained a solid theoretical foundation on which grounded theory stands to the present day and on which this research is based. Bringing this worldview into a research focus, facts and values are inextricably linked, truth is provisional and social life is processual (Charmaz, 2006). Ponterotto (2005) cautions that one's axiology, referring to the values and biases of the researcher influencing the study, may lead to the study becoming flawed, thus the researcher's values and lived experience cannot be divorced from the research process.

Constructivists would not claim to live by an 'anything goes' philosophy, otherwise there would be little chance of any coherence in our understanding of actions and events within the world. A relativist-constructivist paradigm operates on the principle of a 'coherence theory of truth' knowledge is deemed viable through a process of internal consistency and social consensus (Neimeyer & Mahoney, 1995). They propose that a person "attunes his or her ear to recurrent themes" to punctuate the unending flow of experience. A writer connects their words to make meaning of their lived experience as a musician composes notes to

create a musical score. Pragmatists believe that some knowledge is cumulative and provides the basis for progression and evolution of thought and society as it can be useful in practical affairs and lead to useful action, the outcome of which can generate further plausible knowledge. The current research draws on a pragmatist influence in terms of its perspective on the construction of knowledge. Consensus on a body of knowledge at a particular point in time allows us to operate with some shared assumptions for the 'time being' however these assumptions may at a later stage be considered through discussion and consensus to be partly or wholly wrong, a view similar to that of Corbin & Strauss (2008) two important writers in grounded theory which we introduce shortly.

4. Picking Holes

The majority of the research which has been undertaken in this area to my knowledge has been conducted within a positivist paradigm. Two noteworthy studies previously mentioned will be further explored. As we saw, Kilgore et al., (2008) examined the effects of combat on risk-taking behaviour and found that specific combat experiences with higher levels of exposure to violent combat, killing another person and contact with high levels of human trauma were predictive of greater risk-taking propensity and behaviour post conflict. Kilgore's study looked at participants' behaviour within the month preceding the study which enabled an illuminated 'snapshot in time' but in my view provided limited insight into the process occurring over time and space for the participants.

Barrett et al. (2006) reported that ex-forces who experienced high levels of combat were twice as likely to report antisocial behaviour in comparison to ex-forces with low levels of combat. Their study was an extensive one investigating the relationship between combat exposure and adult

antisocial behaviour in a sample of 2,490 male Army veterans. Let's take a closer look at their conclusions. Barrett and colleagues state that after 'controlling' for a history of childhood behaviour problems, posttraumatic stress disorder diagnosis, and demographic and military characteristics they found that veterans who had experienced high levels of combat were twice as likely to report adult antisocial behaviour. The study suggests the complexity of the interaction between life experiences and individual responses, however also suggests potential problems of adopting a quantitative methodology as they attempted to understand patterns of experience by loading factors or events in a linear, cumulative way. They assert that

"as expected, a history of childhood behaviour problems was a significant correlate of adult antisocial behaviour" however also note "...more surprising was our finding that 20% of the veterans with no pattern of childhood behaviour problems reported four or more adult antisocial behaviours."

That their conclusions do not appear to describe the experience of one fifth of their population does not diminish their confident assertions. They surmised that

"when we compared very high levels of anti-social behaviour with no or low levels of combat exposure, the magnitude of the difference in the prevalence estimates for violence was 28%"

(Barrett et al, 1996, p577).

There is a clear magnitude of difference across the group in the degree to which combat exposure was proposed to account for anti-social behaviour. In my view this highlights a challenge of seeking to discover a normative and generalisable pattern which also pertains to the individual in a meaningful way. Given the high prevalence of 'exceptions' to the norm the reader is left with more questions, such as how experiences actually shaped participants' responses, how might this process have played out and how

well would participants find their experience mirrored by the research? The concept of anti-social behaviour itself remains undefined in Barrett's study. Viewing anti-social behaviour in context, might there have been adaptive and useful reasons for the individual's behaviour which carried greater benefits than risks to their health and living conditions at that point in time? In my opinion, this research area has developed in quite a narrow direction with the same constructs receiving attention and frequently addressed using similar methodologies.

Given the high numbers of personnel returning from ongoing conflicts in the Middle East and the increasing profile given to anti-social behaviour in this population to my mind it is important that the scope of research be widened to incorporate constructs offered by this population themselves. A qualitative methodology enables the researcher to get closer to the real experience of the participants and gives a 'voice' to the individual men rather than conflated summaries. Interpretive approaches and well conducted qualitative studies allow for indeterminacy rather than seeking causality and give priority to showing patterns and connections rather than to linear reasoning (Charmaz, 2006). I wanted to choose an opening question which would help to explore what seemed to be some kind of 'process' as I believed there was a dynamic nature to things which most likely shifted over time. I moved back and forth on phraseology, aware of an internal struggle to untangle myself from positivistic debates (e.g. nature vs. nurture?) consumed during my undergraduate studies. The question I settled on but revisited a number of times was:

'How have the Services experiences of a group of men impacted them and their subsequent offending behaviour?'

5. Introducing Grounded Theory

The aim of grounded theory is

“the investigation of the context within which the day to day lives of people are occurring – their interactions, their behaviours, their constructions of reality which are further reconstructed through the researcher’s frame of reference”

(Grbich, 2007, p71).

Grounded theory is a method which is suited to trying to understand the process by which actors construct meaning out of inter-subjective experience (Suddaby, 2006). Grounded theory researchers are less focused on the experiences of individuals, in contrast to phenomenological researchers who attempt to capture the rich detail of participants’ lived experiences and are more attentive to how such subjective experiences can be abstracted into theoretical statements about causal relations between individuals. Given that the current research question relates to challenges encountered in a particular context and individuals’ understanding of the meaning of this experience in their lives today, in my view grounded theory was a methodology of much value. Grounded theory is best used when no explicit hypotheses exist to be tested, or when such hypotheses do exist but are too abstract to be tested in a logical, deductive manner (Martin and Turner, 1986). Given this study’s emphasis on drawing ideas directly from the participants rather than being bound to existing constructs, grounded theory provides a means to step away from existing terminology and explore the data itself.

6. Re-Constructing Grounded Theory

There have been a range of versions of grounded theory put forward since the early days of Glaser & Strauss (1967), the originators of the method and 'diverse sects' dominate the literature (Grekhamer & Koro-Ljungberg, 2006). Glaser and Strauss started out by adopting a post-positivist ontology where one set of data was considered to produce one theory grounded in these data. Strauss & Corbin (1994) later defined themselves as relativist pragmatists, embedding individual experiences within a historical era, while a relativist ontology with a constructivist epistemology such as proposed by Charmaz (2000) leads to a theory developed which is grounded in the process of meaning-making on the part of the researcher (Grekhamer & Koro-Ljungberg, 2006).

Constructivist grounded theory reshapes the interaction between researcher and participant and brings the notion of the researcher as author to the fore (Mills, 2006). Data "*are reconstructions of experience; they are not the experience itself*" (Charmaz 2006, p130). When a participant tells their story they are "*recasting events for our consumption*", and that data remains a reconstruction (Charmaz, 2000, p. 514).

Grekhamer & Koro-Ljungberg (2006) take issue with Charmaz's 'constructivist' signature as they believe it is not a clearly constructivist perspective as if this were so, then the data would be actively co-constructed by interviewer and interviewee rather than re-constructed in the social situation of the interview (Holstein & Gubrium, 1995). To my mind they are critiquing a constructivist epistemology with an argument more suited to social constructionism. I take the view that a re-construction best describes what emerges from the interview process. An interviewee will have constructed their experience and its personal meaning prior to the

interview and will proceed to shape their story with an audience in mind. The interactive nature of the interview, style of questions posed and degree of space provided by the interviewer will encourage more or less reflection and re-construction by the interviewee. We will look further at the interview process itself later in this chapter.

Charmaz believes that the logical extension of the constructivist approach is to explore how the studied experience is embedded in larger and often hidden positions, networks, situations and relationships. In this vein, Clarke's (2005) situational analysis has been a useful starting point for the current analysis. She aligns herself with Denzin (1989) as deeply committed to 'situating interpretation'. She proposed that we need to go beyond the 'knowing subject' and be fully on the situation of enquiry. "Action" she says, "is not enough" (2005, p xxvii), referring to Strauss & Corbin's (1990) emphasis. She strides confidently beyond Strauss and Corbin's tentative steps and positions the situation of inquiry as the key unit of analysis. Her influence can be seen in this research in the use of the 'situational demands' construct in the ideas presented in the Discussion. Clarke suggests the creation of three kinds of maps as analytic exercises: situational maps (including the major human and non-human elements), social worlds/ arenas maps bringing in organisational and institutional elements and positional maps which set out the various positions and controversy. Her work sits within a paradigm that all knowledge is 'situated knowledge' and in order to explore any shifting process methodological attention needs to be paid to objects in including cultural objects, media, all the nonhuman, animate and inanimate things that also constitute the situations in which we live (Clarke, 2005, *Prologue* p xxx). Representation of the situation, like that of the participants is also a situated perspective (Clarke, 2005, p8). In the early stages of this research I constructed such maps to try and identify contexts participants may be situated within. The goal of a situational map is to lay out the most

important human and non-human elements in the situation of concern of the research. She depicts how she intends to specify all the key elements in a given situation and understands them as “co-constitutive”-as in part constituting each other (Clarke, 2005, p 66). In order to begin to get a handle on the key elements, she suggests drawing out a messy situational map at the outset and following this with what she calls an ordered or working version. This enables the researcher to employ divergent thinking and jot down element without need for structure, while the second map enables the researcher to start to group elements together and prompts one to come up with potentially more situational factors. Following this she advocates carrying out a relational analysis between the elements on the first map, whereby one focuses on each element in turn and draws lines between it and many of the others and specifies the nature of the relationship. This is then undertaken for each element on the map between it and all other elements on the map. A messy and ordered map for this research may be found in Appendix B & C. The ‘messy’ map also contains one example of a relational analysis carried out between one element and others on the map. A further mapping exercise of value influenced by Clarke was to draw a social worlds map (see Appendix D). She asserts that the meaning of the actions in an arena may be understood by developing an understanding of the perspectives taken by all the collective actors, the social worlds involved. What are the meaningful commitments of the social world and how are these collectively acted upon in the situation? What is happening between particular worlds? She surmises that

“Structure is action and action is structure and everything is perspectival”

(Clarke, 2005, p 113).

As I moved through coding to creating categories I became particularly interested in the perceptions and meanings the men constructed as they interacted with their situation and I became more influenced by Strauss’

early emphasis on 'action'. Clarke's situational analysis was useful as a way to understand the context while the latter was more instrumental towards understanding the process between the men and their unique situation. The memo below presents an early reflection on situating the research within the current discourse.

Situating the Research

The Military Service is a historical, political, cultural and social institution. In the UK a vocal national media is often armed with a political message which helps shape public opinion. People join the Services with expectations of the military world already in mind. The Prison Service too has a strong political and social presence and a range of societal assumptions exist about what it means to be a 'prisoner' which both glamorise and stigmatize. These same situational actors will exert influence on me as a researcher too. Taking a prompt from Langridge (2007, p59) I considered the question

How might the outside world influence the presentation of findings?

There is a lot of attention on the topic in the three years since I have commenced this research. I have become aware of a strong level of public support for returning personnel, particularly soldiers leaving the Army. The media seems to be presenting the forces group as one in need of support, as 'victims' of their service. T.V. programmes such as Channel 4's *Dispatches* and the BBC's online mental health awareness campaign *Headroom* both examine the high prevalence of PTSD and depression in ex-soldiers and the ripple effect on their families. NAPO's (2008) statistics on ex-forces in prison came about as I was completing the research proposal. On the plus side, I hope that there may be a wider audience interested in this study however the heightened media and professional interest in the area also raises my anxiety around ensuring that I do a credible job of interpreting the data and writing up the work.

12th September, 2009

7. Researching in Context

The researcher, by virtue of their very presence, brings something to bear on the research process, an effect known in psychological research as the observer effect. How the researcher's prior values, beliefs and interests may play into their perceptions of the data is a critical issue to consider within qualitative research as their influence may have as much of an impact as the participants' on the outcome.

An important opening assumption promoted by Glaser & Strauss is that researchers should defer reading existing theory until the data are collected and analysed and so commence with a mind-set akin to a 'blank slate'. This line divides researchers. Morrow (2005) argues that bias is inevitable; she believes that researchers always believe something about the phenomenon in question and a greater grounding in the literature actually cautions against bias as it expands the researcher's understanding of multiple ways of viewing the phenomenon. Suddaby (2006, p634) critiques Glaser & Strauss' original position stating that "*the idea that reasonable research can be conducted without a clear research question and absent theory simply defies logic*". He suggests that the real threat of prior knowledge in grounded theory is that it may force the researcher into testing hypotheses rather than directly observing what comes from the interview. Suddaby advises to be continuously aware of the potential that you are being influenced by pre-existing conceptualizations within your research field and to try and retain the capacity to 'make the familiar strange' (Spindler & Spindler, 1982).

In recognition of the impact the researcher's assumptions may have on the re-construction of the data, a tradition which has become a standard in qualitative research is that of attempting to make one's assumptions and biases overt. In phenomenological research, the term bracketing has been

coined to describe the process of becoming aware of one's implicit assumptions and predispositions and the process of setting them aside to avoid their undue influence on the research (Husserl, 1931). This suggests that by naming our values and assumptions, they cease to exert influence and consequently we can isolate and remove them from the process, which seems quite a feat to pull off. Charmaz (2006) adopts a more realistic approach in my view. She proposes that grounded theorists often begin their studies with guiding interests, however these are 'points of departure' to form interview questions, examine and think analytically about the data.

We cannot help but have these guiding interests, to my mind they come hand in hand with curiosity. Certain constructs help us in our efforts to make sense of our world, thus it is likely that they may emerge in some shape or form in what we perceive to be 'valuable' data. Detailed reading undertaken around a topic will undoubtedly more strongly colour and narrow our perceptions. I decided not to undertake an extensive review of the literature at the outset of the research process. While composing the initial research proposal I reviewed recent literature in brief to do my best to ascertain that this research was not similar to any other, returning in depth only when I'd written the Analysis chapter.

The most important part of this process according to Charmaz is to be aware of bringing these interests into play. She suggests that we should engage in frequent reflexivity and evaluation of the fit between our initial research interests and our emerging data so that we are not 'forcing' the data into our sensitising concepts, but are instead being led by it.

Reflexivity is the process of reflecting critically on the self as the researcher, the 'human as instrument' (Guba & Lincoln, 1989). It is one of the most important tools in the Counselling Psychologist's practice and in the constructivist researcher's efforts to draw credible findings from the data. In an attempt to raise awareness of constructs I might deem valuable, at the

outset I began a self-reflective journal in which I explored my assumptions around the topic. I carried out a reflexive interview with a colleague drawing on questions from Langdrige (2007) and the interactive nature created space where my assumptions could be verbalised and made more concrete.

I also kept memos throughout the coding process so that I might remain alert to the appearance of my own interests. I tried to tune into the accent I was hearing in the narrative, listening out for my own in the mix of participants' competing voices. One of the significant extensions that Charmaz brought to grounded theory was to bring participants' voices to the fore through the use of direct quotes, as she advocated that this will help evoke the experiences of the participants. I have tried to follow her advice around adopting a more literary style which I hope invites participants into a narrator role. Charmaz asserts that the author's voice also commands a presence and describes this process as the author 're-envisaging' participants' experience, "*reflecting, witnessing, wondering, accepting - all at once*" (Charmaz & Mitchell, 1996, p. 299).

Guiding Interests

Prior to my Doctoral training I had an interest in the area of trauma. When thinking about potential research topics I had been drawn to exploring how traumatic events may impact upon people in what I perceived to be a catalyzing way. I was curious about how an individual may experience this change process. But what was my interest in trauma grounded in? I have long been a fan of horror films and books, and can recall at the age of about 9 overhearing a librarian asking my mother if she was aware I was making my way through the adult horror section-I loved the thrill of being scared but yet having the ability to step back and take comfort in safety. I can remember noticing this feeling in myself and observing how the protagonists handled the experience of fear and ambiguity both in the moment and later. Over the years that followed as I became interested in psychology I remained curious of how people deal with frightening events-what aspects of ourselves do we draw on? Does the experience remain with us? How may it affect us?

Through my clinical training I became interested in the construct of 'self' in relation to this process. One of my therapeutic clients was an ex-soldier who had been referred with symptoms of PTSD and our work made a big impact upon me. Here was someone who had stepped confidently and resiliently into his work as a medic, however after four years in the Army his emotions felt 'out of his control' in his words. I became interested in how he described the impact that a series of accidents had on him where he had been confronted with the death of close colleagues. He referred to a sense at the time of 'losing himself'. This idea of 'losing one's self' evoked my curiosity. What was this sense of 'self' that he spoke of? What aspects of self can be 'lost' and yet 'our self' remain? Is there a tipping point after which we are no longer the 'self' we knew? Questions of this nature were a 'guiding interest' in the background as I constructed my initial questions and began to explore participants' experiences.

February 2009

8. Designing the Research Method

8.1 Working Ethically

Prior to commencing the study, the research objectives, design and proposed procedure were reviewed and approved by the ethical standards committees both as part of City University's Ethics procedure and HMP Grendon's Research Advisory Group (GRAG). The BPS Ethical Principles for Conducting Research with Human Participants was consulted at a number of stages throughout the study particularly during the research proposal, participant sampling and recruitment and the interview phase.

8.2 Characterising the participants

The group was composed of ten men aged between 34 and 50. They were all ex-forces personnel who had served in the Army, Navy or RAF for between 3.5 and 22 years and were serving prison sentences for various offences in HMPs Grendon, Springhill and Bullingdon. The majority of the men were British and one was Israeli. Further background details are provided in the Analysis section in order to introduce the participants however given the sensitive nature of the topic, for ethical reasons around confidentiality, detailed demographics are not provided (Lee, 1993).

8.3 Recruiting participants

Recruitment posters advertising the study and setting out basic inclusion criteria were placed in prison communal areas. Interested men were invited to contact their unit psychologist and on meeting the criteria were

provided with further information on the research study, practicalities of participating and a consent form. Interviews were set up by the Forensic Psychology Service and all arrangements and requests went through them. The recruitment poster information for participant and consent form are provided in the Appendices. 11 men were interviewed in total however one of the participant's interviews was not used in the final data set for two reasons. Firstly the man did not meet the minimum inclusion criteria presented later in this chapter. He had left the Navy over 30 years prior and with over 20 years between his Navy career and index offence the period was much beyond the specified timeframe. This was not the main reason for his exclusion however as another three participants who remained in the study had served in the mid-80s. More significantly, during the interview he side-stepped the presented questions to bring the discussion back to his assertion of innocence in relation to his index offence, attempting to use the interview for his own agenda thus following discussion with my supervisor I decided not to use him in the final group (see Reflection box, page 79, for further thoughts on this case).

8.4 Sampling

I didn't have an optimum number of participants in mind however was guided by a number of writers. Morrow (2005) suggests that there is tentative understanding that the 'magic number 12' is adequate, however within grounded theory and qualitative research generally there isn't an optimum number of participants sought. Instead the researcher interviews participants and in parallel analyses the data to the point that the data becomes 'saturated', indicated when no further conceptual categories are emerging to describe what is happening. Patton (1990, p 185) concludes that

“validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researcher than with sample size.”

Decision to exclude an interview

One of the interviews was a challenging one for me and I had many feelings about whether to include it, before deciding not to. The interviewee answered questions to some degree (albeit in general terms and briefly). In my view he was using much of the interview as a platform for assertion of his innocence, describing his conviction as a set-up, the poor way that the investigation was carried out and the quality of the judge. He had a lot of anger towards what had happened to him and the fact that he was serving a three year sentence unjustly in his view. I had some sympathy for him however encouraged him to stay with the topic, impressing upon him that our focus and my interest was on his military experience. I felt uncomfortable at times with the interview boundaries (e.g. him asking me whether the lead singer of the Irish band the Dubliners was still alive?! making reference to my nationality and then to my age in saying that I was probably too young to remember them, then guessing how many years older he was than I). I listened to the interview afterwards and wondered how he had perceived the participant recruitment poster-had he seen it as a potential platform from which to air his case? I felt that this was the purpose which the meeting served for him, he told me about a book he had written his case and his intent to have it published. I was reminded how before carrying out the interviews I had been concerned that the men would immediately make a causal link between their military experience and their offending by the very nature of the research topic. Might the men try and use their Services experience as a 'get out of jail' card, literally? Contrary to my presumption none of them made this direct link, while some of them did specify links between *aspects* of their military work and their offending behaviour. Certainly, they each brought a personal motive to taking part in the interviews. Many of them referred to wanting to help others in the same position as they had been in. In retrospect it would have been illuminating to ask them what had made them want to take part in the interview and what did they hope to get out of the experience?

February 2012

Morrow (2005) states that the two most important sampling principles within qualitative research are purposeful and criterion-based sampling, the former used to ensure that data gathered is as 'information-rich' as possible and the latter to identify participants who have experienced the particular process under exploration. Expanding on the latter point, inclusion criteria were organised into two categories, 'A' representing the ideal participant group while criteria from 'B' were utilised if difficulties arose in recruiting to the first list. In addition a short list of exclusion criteria applied. The final group of ten participants met criteria from lists A and B which in retrospect enabled a wide and hopefully more comprehensive exploration of the research question.

Table 1. Participant inclusion and exclusion criteria

A Inclusion Criteria	B Inclusion Criteria	C Exclusion criteria
Participant...		
is serving time for a first offence, committed within one year of return from service	has been deployed to serve in conflict, but has not been personally exposed to combat (e.g. was working in a unit in the vicinity of fighting but did not engage in direct combat)	has sustained head injury through fighting which has resulted in significant memory loss, or permanent reduction in mental reasoning ability
has no previous history of offending	has previous history of abuse/ trauma prior to the forces]	has a learning disability which impairs mental functioning ability
has been in direct combat		has impending trial or parole board review

is willing to share details of the offence category		
has no previous history of trauma (in the form of abuse or other kinds of trauma)		

8.5 Protecting the Participant

A number of steps were taken to try to ensure participants' confidentiality within the bounds of the Prison Service. Participants were advised that the researcher was working independently of the Prison Service in conjunction with City University and pseudonyms were used from the point of filing to protect anonymity. Additional guidance was agreed in advance by the researcher and the prison's Senior Forensic Psychologist and given to the men within the information for participant form with a view to protecting the confidentiality of their responses:

- they could provide as much detail as they saw fit on offences for which they had been tried and sentenced
- they might refer to additional untried illegal activity on the basis that they did not make specific identifying information known (such as date, time, location or individuals present)
- if they did make identifying information known, this would be shared with the appropriate Prison Service authorities
- should they divulge intent to harm themselves or anyone else this would be passed on to the Senior Forensic Psychologist
- no information could be used in any way to substantiate claims by participants in relation to their offence

In any event where any of the above was unclear, advice was sought from the research supervisor. All the men gave their written consent prior to their interview. They were advised that they might leave the study at any time or defer from answering questions without explanation. My aim was to treat the men with sensitivity throughout the interview process and be alert to any signs of discomfort with the questions. Nobody declined to answer questions however one of the men recalling a difficult time he had been through said that he'd like to move on to another topic, which we did. At the end of each interview we discussed whether the men were attending counselling within the prison and how they might use this to discuss any memories which might have surfaced for them. For these men and those not working with a counsellor, we considered who else might be a good source of support should it be needed. I drew on the notion of containment from my practice as a Counselling Psychologist and suggested the men make some time following the interview to reflect on the experience of the interview and advised them that their experiences may be in mind over the coming days, so this would not come as a surprise if it were the case. We reviewed a list of support Services available within the prison and in partnership with the Prison Service from a list prepared in advance (list is included in the Appendix) and a copy was left with each participant.

Complete interview recordings or transcripts were not shared with anyone beyond the supervisor and the researcher alone had access to personal data. Files containing personal information, details of Services occupation, unit and offence were saved on computer using a coding system and password protected documents. Paper based files were kept in a locked filing cabinet. Identifying information will be destroyed on the completion of the current thesis, as will original audio-tapes and transcripts (and within a maximum of 12 months following this date).

9. Sharing Results

Interviews were audio-taped and transcribed by the main researcher. Brief transcript excerpts and coding were reviewed by the research supervisor and two colleagues for the purposes of quality checking. The results are contained within the Doctoral thesis of Jayne Grimes, who will have final ownership of the thesis and material. Jayne Grimes and her supervisor will seek to publish the results in the appropriate peer reviewed journal(s) in the Psychology, Counselling Psychology and Military Psychology fields. Findings and excerpts from the study may be disseminated to relevant members of the prison system (e.g. staff and therapists and other relevant parties). Participating prisons will be authorised to obtain copies of the completed work, along with certain other services such the Police Service and charities in order to help improve their service provision to this group. Results of the study may be communicated to the participants in a format which presents summary findings, taking care to exclude information which could be linked with any participant directly.

10. Collecting the Data

10.1 Setting up

Permission to meet participants was gained from the Psychology Service, wing officers and participants themselves in advance of the interviews. Rooms were made available which ensured privacy for the participant and safety for the researcher. The interviews were recorded using an Olympus digital recorder placed between the participant and researcher. The content of the participant information form was discussed with each man, questions answered and both participant and researcher signed the consent form in each other's presence. Each interview lasted between 75 and 90 minutes

with interview start and finish times noted. I met with two of the men twice, the first as he sought to have some preliminary questions answered around confidentiality before he made up his mind about participating. At the end of the first meeting he confirmed that he would like to go ahead and set up an interview. I met with another participant twice as cell lock up occurred earlier than arranged on the day we met due to staff shortages.

10.2 Interviewing

The constructivist position espouses a hermeneutical approach to data gathering and understanding which maintains that meaning is hidden and must be brought to the surface through reflection (Schwandt, 2000; Sciarra, 1999). Within qualitative research the most common way this is achieved is through the interview. Interviews take a variety of forms including structured, semi-structured and unstructured. They differ in purpose and outcome and are a regular feature in our lives. Our career may depend on our 'potential' ascertained within a recruitment interview, a house purchase may rely on the mortgage advisor judging our reliability to return borrowed credit and our continued freedom may rest on the defence of our innocence in a police interview.

Kvale (2008) defines an 'inter-view' as an interchange of views between two people conversing about a common theme. This suggests parity in participation and disclosure which isn't the reality of most interviews. The interviewer is driven by very different motives than the respondent and these are important to acknowledge in examining what is built on the 'construction site of knowledge' (Kvale, 2008, p21). The reality is that the dialogue is more of a 'directed conversation' (Lofland & Lofland, 1984). One person has more awareness of the topics for discussion and information flows in one direction. At the heart of the dialogue is the active nature of the process which leads to a contextually bound and mutually

created story (Gubrium and Holstein, 1995). I was aware of multiple contexts in which these interviews were bound including the authority of the judicial system, the protocol of prison procedure and the political backdrop of the military tours. These were very present for me during the interview process, e.g. in the 20 minute security clearance on entering the prison and the geographical locations and reference to certain 'enemy' groups which formed a backdrop to the men's narration of their deployment experiences. Here follows a selection of reflective memos prompted by my experience of interviewing within a prison context and a consideration of how my own demographics may have impacted upon the process.

Going to prison

I had never been inside a prison before completing these research interviews and had images only from TV and books. I was curious, excited and nervous before going-what would it be really like? On my first visit I met with the psychologist to go through the interview structure and I remember asking him about confidentiality parameters and being particularly concerned about my responsibility if participants were to divulge something which the prison authorities would need to be made aware of. This seemed vague and therefore potentially dangerous ground to me in advance of the interview however we were able to clarify criteria which I then included (see below) in the Information for Participants form in a section headed

Would my taking part in this study be kept confidential?

“The only circumstances in which confidentiality would be breached would be in the rare situation in which it was judged that you or someone else was at risk of serious harm. In addition if you were to reveal identifying information related to an incident for which you or anyone known to you has not been tried. In these circumstances we would endeavour to discuss the matter with you and would disclose only information of immediate relevance to the prison authorities.”

These were important boundaries to have in place, both for the men and for me. In retrospect I also think it was part of my process of preparing to meet with men who had committed all manner of crimes. I had fleeting moments of nerves before going to the prison and meeting the first participants. Might I be in danger in any way? I thought of other students interviewing participants in rooms at City University and reflected on how much easier that would have been! Experiencing nerves also had the effect of stoking my curiosity and interest in the people with whom I would meet and the stories they would share.

The first interviews were with two men in HMP Springhill and were set up in a prefab room. Within seconds of entering the building, I was alone with the first man (cont.).

I felt pretty vulnerable at this point. Inside the prison there was much less communication around what was happening, when the guys would be there, why they were delayed etc; in contrast to the timely communication which had taken place in advance by phone and email with the prison staff. In the prisons I felt that I waited around a lot more, unsure of what might be happening next, my lack of control reflective of that of the men in this environment.

The first participant was a big and broad, tattooed, shaved headed man who had served in the Army and in the Specialist Services. However my perceptions of toughness were immediately challenged-he seemed more nervous than I. I moved from feeling nerves to taking on a role of putting him at ease. I explained things carefully, provided background information on the project, giving him a heads up as to the kind of questions I would be asking him, reminded him that he could decline to answer or could leave the interview at any time. And this pattern was to repeat itself. I became conscious that for these men meeting with a stranger to talk about their Services experiences was by no means an easy thing to do, probably bringing back memories of things which they had struggled to leave behind. They had no idea how I might be as a person, as an interviewer and what the process might be like for them, both during the interview and afterwards. I hadn't expected this, and I began to relax as I realised that the process was equally nerve-wracking for us both!

Interviews took place in small meeting rooms off the main wing corridors, prefab buildings, group therapy rooms, legal visits rooms. I always made sure that the guards knew what time I expected to conclude the interview so they would come by the room. Over time I felt more at ease there, but was often reminded of my position as a visitor.

On the wings, when it wasn't lock-up time, men walked freely around, sat in groups together. One day I was standing in the corridor waiting at the guard's office.

At the end of the corridor sat a small group of men chatting. I was wearing a pair of boots, with a small heel which I was reminded of when I heard one of the guys in this group say something about boots and the others laughed and became involved in a conversation.

I couldn't help but wonder if my boots had prompted this conversation. In that moment I was very aware of being from *outside*, of my gender, the infrequency of women visitors inside the prison etc; Just my being there in the corridor for that short moment had an impact on the behaviour of those around me.

February 2012

In the early stages of the interview process I began to think about the influence of some of my own demographics. A memo written at this time follows.

Researcher Demographics

As a female researcher interviewing participants in an all-male prison, my gender is immediately relevant. I begin to suspect that I'm hearing quite a censored version of the men's experience when I hear apologies for their cursing early in the interviews- I suspect this would not be so forthcoming if I were male. If they feel they need to protect me from their words, what else of their experience may they be shielding me from? I grew up in Dublin, a city where words such as 'fuck' thread their way through everyday language. So far, I have responded by extending a few curses in my early exchanges which I hoped would signal, superficially at least that they need not be so formal. My civilian status and lack of military experience probably means that I am getting a 'cleaner' version of their experience. One of the men reinforced my speculation around this by describing how it would be easier to discuss his experience with an ex-Army person as they would "*understand where he was coming from, rather than a student.*" I was interested to hear that an ex-Army student colleague was feeling baffled by the number of acronyms being thrown at him in his research interviews with an ex-military population. I was not baffled. I was not getting many of them, possibly decisions being made that I needed to have things explained or clarified. I interpreted this to mean that events were probably being 'de-militarised' for my civilian ears. I wondered what else was being 'de-militarised' of their experience?

Aside from demographics, my status as a 'free' citizen seems relevant. How might the fact that only one of us has the freedom to walk out the door affect the men's openness in our interview? What power was imbued on me by my interaction with the prison staff as a primary point of contact? Two of the men spent a lot of time at the outset of the process ascertaining who would have access to the data. All of these issues played in my mind through the interview process and emphasised that the participant, researcher and context *all* shape the emerging construction.

18th October, 2009

As I began to conduct the interviews I wondered what the process might evoke for the participants. Prior to this interview many had already contributed to numerous others. Police interviews on arrest, a battery of psychological assessments on arrival to prison, therapeutic assessments, parole board interviews and other research interviews to name a few. This came across to some extent in the response style of some of the men. Those who had been in prison for some time demonstrated a fluid style and were inclined to speak for longer with minimal prompting while others remained more tentative. As a comparison, within one interview I made 58 interventions while in another I made only 22. Some of the men were reflective in style while others spoke in more of an 'off the bat' manner with this distinction seemingly falling in line with whether or not the men had attended counselling. This was particularly evident in participants from HMP Grendon, built on a therapeutic community model and requiring participation in group therapy three times per week. One of these men told his story in a way I experienced as akin to a 'reprint' edition- he knew what he wanted to get across and required little in the way of prompting, while for others the version seemed more like a first edition, 'hot off the press', with ideas articulated into concrete terms within the interview, a truer process of construction.

My Irish nationality

Growing up in Dublin, Ireland, the presence of British Army was a longstanding storyline for me. They were first deployed to Northern Ireland in 1969, 8 years before I was born. I grew up hearing about the 'Troubles', frequent news headlines reporting retaliatory bombings from the IRA, the UVF and other breakaway groups. The faces of those involved in the politics of Ulster were familiar to me, featuring as they did on the national news on a regular basis. I recalled going through British Army checkpoints as a child visiting my aunt in County Antrim and seeing British Soldiers patrolling the street with guns, which as a kid added a touch of excitement to our visit, however later I began to be aware of my growing resentment for their presence and what they symbolised.

I reflected on this in advance of meeting with the men. Northern Ireland as a proximate conflict zone is very much in the culture and history of the British military. These men also would have grown up hearing about the long history of fighting there. During their Army training they would have watched videos about the nature of combat characteristic of the area, guerrilla warfare often amongst civilians. Some of them might have served in Northern Ireland, and they would be personalising the scary faceless soldiers of my childhood in some way. They were doing their job I reasoned, they did not have a personal grudge against civilians in the areas they patrolled. This rational approach I tried to adopt was challenged with a jolt by Ray as he described the kind of exchange he would have with civilians in Catholic areas where he was posted in the early 80s as a young soldier.

"you wouldn't say, 'Excuse me, I'm going to search you now, can you just put your back'-you know, it's Get against the fucking wall!-they were shouting You fucking British bastard!, and you were hostile back, but in a way it was alright because you didn't relax, if you relaxed you was vulnerable..."(cont.).

(cont.)

During this exchange and some others in our interview I was really aware of my own memories and views coming to the surface. This British man was talking to local Catholics, who had a right, in my view, not to want him in their street. Ray had been trained to be wary of Catholics. I had been brought up Catholic, and while not religious as an adult, I felt myself empathising with them and angry on their behalf. I had been socialised to be wary of the British Army. How dare this British soldier approach these people like this? Yet, at the same time I could hear how driven by fear for his safety Ray's approach was. Ray himself called our attention to my thoughts, saying

"I mean, I understand that you're from Dublin so I understand you could be Catholic, so I understand that, but what I'm saying is you have to, listen the IRA is the enemy and when you went into the Falls Road they were IRA sympathisers so really and truly, the area is your enemy"

His naming my position reminded me in that moment to do my best to stay neutral, to listen to his experience and to stay with his experience on the streets in Northern Ireland.

February 2012

Charmaz (2006) advises trimming the list of questions to as few as possible however I brought many more questions to the early interviews than I'd have time to use (26 questions in the first interview schedule vs. 10 in the later schedule!). I had designed an initial set of research questions for advance approval by the Prison's Ethics Board and tried to be expansive to ensure breadth at the outset. In hindsight I was probably also trying to manage my concern that the interview might go 'off track'. I worked as an Occupational Psychologist for many years and was used to having a sense of control in interviews. Some of my anxiety may have come from ambiguity as to how things might unfold in a more explorative interview. Questions were piloted on colleagues and in consequence some amended to enhance clarity and relevance. The earlier interview schedule covered a broad scope of questions from early motivations for joining the Army right up to index offence. As I moved through the later interviews I narrowed the range of interview topics, something particular to grounded theory interviewing, with the aim of moving towards the development of a theoretical framework. Grounded theory interviewers must remain active in the interview and alert to interesting leads (Gubrium & Holstein, 2001). I put the same opening question to all of the men What made you decide to join the Services? which I intended to be a positive question to situate us at the beginning of their Services experience, provide a sense of their initial expectations and act as a starting point from which to consider their actual experience. An excerpt from the interview schedule used in the first two interviews is presented below.

Table 2. Sample Interview Questions November 2009

Interview questions November 2009
2. Tell me about your deployment experience?
4. If a friend of the family was considering joining the Services what would you tell them?
5. What was the Army like for you?
11. How did this experience (combat) affect you?
12. What was it about this experience that affected you?
20. How would you describe the person you were before the Army/combat experience and the person you are now?

The focus in the early interview schedule was on how the men had interpreted their Services experience. If they had had direct combat experience they were asked further questions around this. However, many of the men had not experienced combat, or importantly, even if they had, it was not necessarily this experience which they highlighted as having significance for them. In consequence I began to challenge my assumption of the central role of combat experience and instead tried to listen to the experiences the men identified as important and follow up these instead, exploring their short and long term impact. A copy of a full interview schedule is included in the Appendix I. I decided not to include an example of a full interview transcript in the Appendices in view of the sensitive nature of the interview content and I sought to keep the protection of participants at the forefront of the interview and write-up process. The following excerpt from the interview schedule moving into the final three interviews shows how the questions became more focused as I began to tailor them to particular processes.

Table 3. Sample Interview Questions June 2010

Interview Questions June 2010
<p>Events and emotions</p> <p>How did you recharge your batteries when you felt you needed to?</p> <p>How did you deal with your reaction to difficult events while in the Army?</p> <p>How do you deal with these emotions now?</p>

I used prompting questions to draw out the men's thoughts about their experience. Examples follow from two of the men, Dave and Rhymer, on the topic of emotion.

Table 4. Interview Excerpts

Interview Excerpts
<p>Dave</p> <p>R*: Did you talk about it with the others? (feeling upset after witnessing a scene of destruction in Kosovo)</p> <p>P*: No, you don't do that with other soldiers (sounded emphatic)</p> <p>R: So something that was a real shock to you...</p> <p>P: No, it's not the done thing in the Army, no, no</p> <p>R: And why is that?</p> <p>P: You're showing that you got some kind of fear there- a weakness in your armour isn't it?</p> <p>R: And do you agree with that?</p> <p>P: Yes, to be honest,</p>

If you're in a combat situation and you have a chink-or if you ever get caught, that's the other thing you have to remember, if we ever got caught, we could be taken prisoner, you can't afford to have a chink in your armour. You can't afford to let anyone know that you got a weakness there anyway.

Rhymer

R: So that was if you got bad news, you were saying you were encouraged to go and drink it out of you and fight it out of you...

P: Yeah, not just bad news, if you're in a situation that was bad, if you fired on someone and you felt bad for it, or if you lost a friend or if you split up with your girlfriend, or if you got a Dear John or if your friend fucked your girlfriend or whatever, you were encouraged to fucking get pissed, let it all out, have a fucking scrap and then crack on with the job man.

R: What you think about that?

P: Bollox. Innit. Sitting in therapy-we're in my group room-and you're saying to me, why do I say that now? Well actually, at first I found it very weird, but it did used to work, I did used to get pissed and fight someone and get my aggression out and shout off my mouth quite a bit and get that out, whatever I wanted to say and the next day, alright, crack on with the job...

*Key: R-Researcher P-Participant

The interviews were recorded and transcribed by the researcher using audio-typing software (Express Scribe, v 5.01) and coding using Charmaz's (2006) approach as guidance.

11 Analysing the Data

11.1 Coding

The coding process involves breaking down data in order to classify it and the concepts we create or employ in classifying the data along with the connections we make between these concepts, provide the basis of a fresh description (Dey, 1993, p30). Within grounded theory, coding generally begins after the first interview and continues throughout in order to enable

theoretical sampling, to which we will return shortly. Practical considerations meant that I began coding after the second interview, and generally coded interviews after every subsequent two. Participants had volunteered from a number of prisons and there were large geographical distances between the prisons and the researcher thus we tried to be efficient in setting up interviews with at least two men from the same prison scheduled each day.

- Charmaz presents coding prompts which were very useful at the outset:
 - What process(es) is at issue here? How can I define it?
 - How does this process develop?
 - How does the participant act while involved in this process?
 - What does the participant profess to think and feel while involved in this process?
 - When, why and how does the process change?
 - What are the consequences of the process?

(Charmaz, 2006, p 51)

Through line by line coding initial descriptions of the activity or process taking place were generated. Staying close to the data, Glaser's suggestion that coding with 'gerunds' (referring to a verb which functions as a noun, e.g. 'Laughing became a way to avoid her emotions'). This helps to detect which process was influential throughout each coding stage according to Charmaz (p 49, 2006). I was particularly interested in the idea of the situation as starting point; how had the men acted towards their situation and how had it impacted upon them? On average 200 codes were generated for each interview. Cross checking of initial coding was undertaken by peers who were also using grounded theory methodologies. They were asked to code data excerpts and later review coding generated by the current researcher. This was useful as they identified similar

processes, using different language to describe what was happening and additional processes prompting review of initial coding (an example of this can be seen on page 90). The research supervisor also reviewed and agreed with coding excerpts. The following table illustrates an example of line by line coding.

11.2 Coding Line by line

Table 5. Coding Line by line Example

Line by line coding	Statement
Ray, sharing his response to the news of a friend's death	
<p>Not wanting to stand out from others</p> <p>Knowing the rules around emotions</p> <p>Needing to project a strong persona</p> <p>Drinking to suppress emotion</p> <p>Being aware of acceptability of certain emotions</p>	<p>Everything was a laugh. What it does is, coz you're all together, you're all in the same boat, no-one individual stands out, everybody knows, so it's a taboo subject. You don't want to be out on the town and you're all there and you start thinking I miss him and you all start crying, Fuck you know, that's taboo, you have to be, it's a macho thing isn't it. Come on boys, let's go and get pissed up, let's get in a fight or whatever, no problem. Every emotion is suppressed by alcohol. The only emotion they want is for you to be angry when they say be angry.</p>
Lenny, describing his early days in the Army	
<p>Feeling security through the rules and regulations</p> <p>Being part of a family</p> <p>Comparing the term 'family' with 'Army'</p> <p>Adjusting to Army life over time</p> <p>Starting to like that the Army was making my decisions</p>	<p>The feeling of security through the rules and regulations of the Army, they become your family, you no longer, when I first came into the family-into the family! Into the Army-Freudian slip-eh, into the Army, I was very negative towards the military experience, but as time went on I became more and more akin to the military decisions and the</p>

<p>Becoming 'militarised'</p> <p>Doing things the way the military wanted me to do them</p> <p>Being able to predict what each person was going to do</p> <p>Protecting your buddy</p>	<p>military rules and regulations, and I started to like it, because somebody else was making the decisions.</p> <p>By the end of my basic training I was militarised, which basically means I was a robot, so I did things according to the way the military wanted me to do things. So when I went into combat situation, I knew that the person next to me was going to do x, y and z and he knew that I was going to do the same set of things which was going to protect him.</p>
--	--

Table 6. Cross-checking initial coding with colleague's coding of same segment

Initial Coding

Changes in behaviour and thinking/Becoming a person he didn't want to be
 Changing perceptions of self/Feeling ashamed of earlier actions
 Changing perceptions of self/Losing faith and respect for self
 Changes in behaviour and thinking/Acting contrary to beliefs
 Changing perceptions of self/Recognising that he didn't want to be like that
 Motivation to be in the army/Deciding to leave the army
 Changing perceptions of self /Leaving to save his 'self'
 Expressing and experiencing emotion/Becoming moody and withdrawn
 Expressing and experiencing emotion/Exploding with anger
 Expressing and experiencing emotion/Feeling necessity of holding back emotions
 Changes in behaviour and thinking/Condemning mankind he once prayed for
 Changing perceptions of self/Valuing life more
 Expressing and experiencing emotion/ Seeing life like a video game, bereft of emotion

Colleague's Coding

Old Me \ That person doesn't feel like me
 Old Me \ I became numb.
 Old Me \ I just became twisted.
 How old me was created \ It was, on different levels \ I wrongly start to accept that
 How old me was created \ a neanderthal, that they created
 Old Me \ How old me was created \ It happened over a period of
 How old me was created \ I began to disregard others
 How old me was created \ I realised that I was no longer
 How old me was created \ and then I did let go
 New Me \ Life was fun
 An internal process of questioning
 Experiencing a shift in perspective \ I was terrified of what I was
 Realising that I have to get out
 New me was Created \ Losing Myself \ The choice: Get out or lose myself
 Losing Myself \ I'm going to lose everything
 Losing Myself \ "what little is left of him" couldn't go back to conflict

These tables above show descriptions generated by myself and my colleague during coding of the same segment, an example of one of the numerous pieces of cross-checking I carried out within the coding stage of the analysis. I believe it to be a good example of where colleague's feedback helped me to 'see more' in the data as my thinking around my coding was consolidated and stretched to incorporate further descriptions of what was occurring. I had been noting the processes of change around Rhymer's behaviour and thoughts, a perception of 'losing' his self and his reference to his emotions in this segment. My colleague also highlighted this transition and a process around his losing of his self. She also brought something more, making an interesting distinction between an old and new self and she identified a process of creation of this new self. I incorporated this distinction into further focused coding and later made direct reference to an 'old' and 'new' self within the third subcategory Believing the Self, also referencing it in relation to another subcategory Black and White Thinking (as can be seen on page 138, paragraph 2, lines 3-7).

Glaser & Strauss (1967) advocate that at the heart of grounded theory is the use of the constant comparative method in order to establish analytic distinctions. I compared data across different stages of single interviews, for example comparing how the men referred to the expression of emotion within their unit in the Services and later in their relationships in civilian life and how different men described the expression of emotion across interviews (for e.g. see Appendix). I compared statements and incidents across interviews, comparing how each man experienced the first few weeks after they were discharged from the Services and I made sequential comparisons by looking back to earlier interviews in the light of coding from later interviews. The constant comparative method implies an intimate and enduring relationship between researcher and site (Suddaby, p 640). I tried to follow the philosophy of Spindler & Spindler (1982) and make the familiar

strange asking myself how I would describe the action taking place if I had to use totally different words to those of the interviewee? A number of what Charmaz (2006, p55) calls 'in vivo' codes were used referring to codes which use participant's specialised terms as a way to help preserve their meanings. Most notable is the phrase 'switching on' used by one of the participants, Doug, which was elevated from an in vivo code to form one of the sub-category labels.

The next stage was focused coding, used to synthesise and explain larger chunks of data which involves using the most significant and/or frequent earlier codes to sift the data (Charmaz, p 57). In my experience this was a particularly important part of the analytical process as these decisions were instrumental in beginning to shape the data. According to Charmaz, "*You act upon the data rather than passively read them*" and it's this position which encouraged me to align myself to her perspective rather than Strauss & Corbin, Glaser or other writers. It's at this point of shaping and giving value to some concepts over others that I see that we act on the data, our guiding interests entering into the process, possibly slipping in unannounced or their arrival spotlighted with the help of the reflexivity process. I used a qualitative data management programme MAX QDA (2007) which was helpful to enable me to carry out focused coding and examine data I had organised under the same coding category.

11.3 Coding with Focus

Table 7. Focused Coding Example

Focused Coding	Statement
Lenny	
Becoming numb to experiencing emotion	Whatever happened, I dealt with it on a very superficial level. So no emotional response. It was different to the first time I started, on the second and the third and the fourth time I lost somebody, you start to become numb, it becomes part of, it becomes the norm. You know that the people you've gone into combat with are not going to be the same people you come out with (long silence).
Doug	
	The strongest memories were of me, keeping him alive, while everything else was going on around me like white noise. It's within my view, it's dulled, I'm wrapped in cotton wool, it's there but it's not there, there's my concentration, but I think that comes back down to the point before, don't think about these things, just get on and do it and everything else just fades to grey. You're not experiencing.

12 Sampling & Sorting

Next I considered how these codes might relate to each other and began to integrate them into categories and under theoretical codes. I like Glaser's description of attempting to 'weave the fractured story together' which depicts my experience of this stage of the process. I did this in two ways, firstly sorting and resorting lists of codes into groups and creating overarching codes or categories to describe the process contained within. In order to bring movement into the exercise and loosen myself from the constraints of a list format I also began drawing, tearing up and re-drafting

diagrams, lines darting and arching to connect various levels of codes, within and between interviews.

An important part of weaving the story together was to undertake theoretical sampling, which involves constructing initial hypotheses about the data using the vocabulary of categories and returning to the data to discover if these categories help to describe what was happening in other parts of the data. Theoretical sampling is a process of data collection whereby the researcher simultaneously collects, codes, and analyses the data to decide what data to collect next (Glaser, 1978). How much of the data was described by constructed categories? If the categories were like a flashlight, how full was the beam? How much of the data became illuminated? I found that some of the data could be encapsulated by these categories whilst it was also necessary to construct new categories which better organised the codes. The power of grounded theory is down to its capacity to fold data back in on itself as a way to ensure that organising categories which emerge represent the critical actions and processes occurring (Charmaz, 2006). Moving back and forth between the data, memo writing and the emerging system of categories I began to make crucial decisions about which categories would be focused and elaborated on, the meaning of each category, the characteristics and variation contained within them and where gaps existed between them. This deliberate theoretical sampling allows the researcher to develop the theory based on emerging concepts (Strauss & Corbin, 1990). The processes of constant comparison and theoretical sampling have been described by Suddaby (2006) as the 'core analytic tenets' of grounded theory.

Charmaz (2006, p72) proposes that memo-writing is an integral part of grounded theory because it encourages an analysis of data and codes in the early stages of the research. Memos help capture thinking around the comparisons you make between data and codes and move you from codes

to theoretical categories, the building blocks of theory. Memos I had penned during line by line coding became important as I moved to characterise the properties of particular categories. The memos I created were organised into theoretical, methodological and personal reflection categories. The following is an example of a theoretical memo written in the early stages of the analytic process which helped me explore characteristics of what would later become the subcategory 'Suppressing Emotion'.

Losing a Sense of Self

Progressively closing down or isolating oneself from emotion is described by some of the men who also go on to talk about 'losing a sense of self' or no longer recognising themselves. Does one recognise oneself better when in touch with one's emotion? Might experiencing emotion at the appropriate time of an event or soon afterwards enable one to understand and accept one's feelings and sense of self to a greater extent during and after that event? Many of the men's experience suggest this might be so. Conversely, does suppressing one's emotion mean it's harder to accept how one feels? Might a consequence of this somehow be a reduction in one's acceptance of how and who one is? If I can define my feelings and response over time can I use this description to help 'define' me? If I can't describe or say anything about how I feel is it more difficult to define who I am? Might cutting oneself off from one's emotions be related to a gradual loss of one's 'sense of self'? What is the relationship between emotion and 'self'?

December, 2009

Defining the properties of the categories through further sampling, coding, memo writing and creation of new categories continued until I believed I had saturated the categories. Saturation is proposed to be achieved when gathering new data no longer prompts new theoretical insights and when no further characteristics of the core category emerge (Charmaz, p 113) although Dey (1999) prefers the idea of theoretical sufficiency as more realistic than 'saturation' something which seems to be a more plausible outcome. I tried to sort these theoretical categories and codes in a meaningful way - as a representation of participants' experience, to me the researcher and the reader. I put pen to paper to map out the categories and their relationships to each other for each participant. This was an exciting stage of the analysis as the categories really came alive into coherent processes and I could also more visually gauge how well each diagram seemed to represent the interview data and where gaps still existed. Two examples of these diagrams can be found in Appendix K. Through diagrams I further characterised the categories. The table below shows an example of the outcome for one subcategory, Suppressing Emotion. The development of one core category, Expressing the Self is mapped out from initial coding to core category in Appendix M.

Table 8. Developing the subcategory Suppressing Emotion

Characteristics of subcategory Suppressing Emotion

Codes (participant #)

Boxing feelings away (7)

Blotting out (drinking to) (7)

Switching emotions off (1)

Restraining emotions (3)

Blocking out emotions as a way to get through experiences

"Showing emotions was against my rules to survive" (10)

Suppressing emotions to see job through to the end (6)

Using humour as "a way to deal with it" (9)

"Taking situations in your stride"(7)

Feeling was an obstacle to carrying out orders (regretting this later-"causing me problems") (10)

Successfully isolating self or isolating my brain (10) by "Disappearing into a bottle" (10)

Individuals with feelings is subdued (10) and one who can cope on a very deep level emerges (10)

Drinking emotions away (4); drinking to mask emotions (3)

Being incongruent with/ pushing own emotions away (8)

Being numb to danger; being numb to emotions (6)

Self-harming as a way to cope; block out the thoughts (7)

Losing identity; losing own sense of who he was as alcohol/ drugs took him "out of his head" and blocked thoughts and emotions (10)

I made an initial attempt to integrate the subcategories together into core, substantive categories. Four core categories seemed to best capture the process emerging and again through diagramming I considered different ways to link them. A diagram of the proposed theory is contained on page 164 of the Discussion chapter while an earlier version can be found on page 197.

How did the participants respond to me?

All of the men were friendly at the outset of the interviews; they all went to effort to build some rapport with me. Some of them wanted to know what would happen with their interview afterwards, speaking quite tentatively at first, talking about things in a matter of fact way, giving little of themselves and feelings away.

During my meeting with Dave I was prompted to speculate how he might be measuring the impact of the things he was telling me. Talking about his time in Bosnia and conducting Serbian air-strikes he says *"I'm not going to lie to you about it. We thought that we were getting one back on people."* I wonder does he consider holding back on this detail around 'getting one back'? I imagine that the men are gauging how their actions may sound to my civilian ears. Later in the analysis process I began to consider again the relevance of my civilian position. Many of the men described how their difficulty settling back into civilian life given how their military actions might be judged by family and others. Maybe they anticipated a lack of understanding from me as from other civilians when they had tried to talk about troubling times in the military? The majority of the men seemed to open up to me a lot.

I sensed that two of the men seemed to protect their experience more than others, didn't want to go into a lot of personal detail. Billy and Rosso tended to talk in more general terms, telling me how it was in their unit, describing the culture, leadership or lack of it, the atmosphere, what they did on a day to day basis- furnishing answers in blocks, but sometimes talking more about the others around them than themselves and their real feelings. They were both very angry about their perception of bad management and lack of support when times had been hard for them during their Service. Billy for example, reverted to much shorter answers when we were talking about difficult issues such as his discharge from the Army, in contrast to other parts of the interview where he talked unprompted for longer periods.

Feedback from some of them was that they had found the interview experience to be better than they had imagined and that while it had not always been easy, it had been good to talk about their Services time.

13 Making Conclusions Credible

Lincoln & Guba (2003) make a distinction between method and interpretation in examining validity in qualitative research. Initial efforts to define rigour and validity of method borrowed from positivism and suggested criteria that sat in parallel to those used for quantitative criteria. These parallel criteria are intended to very loosely achieve the same purposes as internal validity, external validity, reliability, and objectivity in quantitative research (Lincoln, 1995). Credibility in qualitative research is said to correspond to internal validity in quantitative approaches. I have tried to achieve credibility by trying to work in a transparent way throughout the research process, keeping an audit trail including a project plan and record of research activities along with a reflective diary. Through this I hope to open up the project so that it may be examined by my supervisor, academic peers and other stakeholders. Transferability is proposed to correspond to some degree to external validity or generalisability and this I hope to achieve by doing three things, firstly making reference to how the proposed model might be applied in practice with an ex-Services client (see Discussion chapter). Through this I hope to make a transition from a theoretical model to an applied and transferable one. I have sought to show how the proposed theory relates to other relevant theories in the field on returning Services personnel (see Discussion chapter). Dependability is suggested to correspond to reliability and I have tried to meet this by taking care to provide a clear step by step description of the methodology used so that another researcher would be able to replicate the study using the same process. Confirmability is suggested to be related to objectivity, which runs counter to the constructivist ontology behind this research. However, through the continued practice of reflexivity I hope that I have been able to come to an

understanding of my role in the research and how both participant and researcher construct the outcome.

Maxwell (2006) similarly defines validity in qualitative research as the credibility of a description, conclusion, explanation, interpretation or any kind of account. It is important to recognise that the construct of validity is a more tenuous and complex one in qualitative research than quantitative thus while I have endeavoured to show how this research meets validity criteria above, in my view this is not the full picture-the issue deserves further examination. Maxwell describes validity as a goal, rather than a product and importantly, given that this work is framed by a constructivist ontology, validity is relative, depending on the circumstances and purposes of the research-the question of validity cannot be removed from its context. Durkheim (1966) grappled with the paradox of how to make meaning socially representative. He asserted that society is not a mere sum of individuals, a statement which for me captures a central challenge for qualitative research. When considering knowledge from a relativist perspective, the question is not of social wholes or a reality of individuals. In response to this challenge, Lincoln (1995) proposes that truth and any agreement on what is 'valid knowledge' arise from the relationship between stake-holding members of the community and their negotiations or dialogue; this is ongoing and conclusions are never fixed or unvarying. Lincoln & Guba propose that over time a 'crystallisation' of these realities takes place as a virtual reality shaped by social, political, cultural, economic, ethnic and gender values emerges with many angles and dimensions. So my question now is not so much about how relevant this group's perspective is to a wider population, but how I might interpret and disseminate the findings so that they become part of the discussion of the Counselling and Clinical Psychology population and become meaningful to them and the wider professional community. With this in mind I have actively forged links with a number of relevant groups and organisations in

order to raise the profile of this piece of research including ex-Services working parties, research institutes and charities who are all working directly with the ex-Services in prison population.

Also relevant to qualitative research are ideas proposed by Lincoln around intrinsic criteria (Lincoln & Guba, 2003). Lincoln (1995) developed a number of considerations under the banner of authenticity which include fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity. Fairness relates to a quality of balance from all stakeholders involved which should be heard through the text, thus I have tried to ensure that all participants have an equal voice in the analysis. The reality was however that some participants had much more to say and articulated their thoughts and feelings to greater depth than others (offering 'information-richness' as Patton (1980) described earlier). With ontological authenticity participants' individual constructions are improved, matured, expanded, and elaborated by taking part. Prison staff advised me that many members of the ex-forces population remain reluctant to identify themselves as ex-Services and to discuss their experiences with others. For some of the men this interview was the first time they had talked about what they had encountered and how their experiences may have stayed with them, even though many years might have passed since they left the Services. I hoped that through participating in this study they might be encouraged to continue speaking about their experience and potentially become aware of other ex-Services personnel in the prison. Through this, educative authenticity might be achieved, whereby participants' awareness around the psychological constructions of others is raised. Catalytic authenticity speaks of the extent to which action is stimulated. Lincoln's leanings towards critical theory are clear within his validity criteria. His ideas have helped me consider the message and audience of my research and propelled me to consider how

best I can communicate the outcome back to the men who gave their time and commitment to this research.

Throughout this research I have tried to work in an authentic and credible way and I hope that I have been able to present the research methodology with openness and transparency. Authenticity and credibility are judged not just by the researcher's intention, but equally by the sensibility of the reader to the work. Now that I have set the framework for this thesis, let's move on to hear the men's experience. I invite you, the reader, to judge the credibility and authenticity of the work for yourself.

Chapter 3

Analysis

1. Introducing the Participants

The following men took part in these research interviews. Brief information is provided to give the reader a sense of their age, occupation and length of Service. Pseudonyms have been used for all participants and anyone to whom they refer within this chapter.

Table 9. Introduction to the participants

Name	Age (at interview)	Service	Duration in Service (years)	Age on joining Service
Billy	32	Army-Soldier	6.5	18
Cliff	35	Army-Soldier (pre) Army Cadets	4	16
Dave	38	Army-Soldier	16	17
Doug	54	Army-Soldier (post) French Foreign Legion	3	17
Johnny	27	RAF (pre) Air Cadets	5	13
Lenny	50	Army-Soldier	4	17
Martin	37	Navy	8	18
Ray	52	Army-Soldier (pre) Junior Soldiers	9	15
Rosso	50	Army-Officer	12	22
Rhymer	35	Army-Soldier (pre) Junior Leaders	4	16

I decided to make reference to the men's index offences only when I perceived it relevant to a particular point, rather than presenting them as standard. This decision came about after numerous discussions with my research supervisor and colleagues. My intention was to give the participants as direct a voice as possible within this research. In my view presenting their index offence at the outset may lead the reader to identify the men with their offences and potentially be less open to hearing their full experience. I tried to remain open to their experience within the interview, asking them about their index offence only towards the end of the interview schedule after all questions related to their Services experience had been addressed. The Analysis chapter which follows presents the four core categories and four subcategories contained within this thesis. This chapter makes reference to the data and its construction by the participants and researcher. These ideas will be further considered in the light of relevant literature in the Discussion chapter.

Section One: Securing the Self

- I. Integrating with others
- II. Protecting self through others
- III. Being in the eyes of others
- IV. Submerging the self

Section Two: Structuring the Self

- I. Dealing with time
- II. Finding self in routine
- III. Being purposeful
- IV. Locating self in the present

Section Three: Defining the Self

- I. Denigrating judgement
- II. Black and white thinking

- III. Switching On
- IV. Believing the self

Section Four: Expressing the Self

- I. Putting on a brave face
- II. Suppressing emotion
- III. Redirecting emotion
- IV. Emerging emotion

1. Securing the Self

1.1 Securing the Self: Integrating with Others

Integration into the Services began for all of the men with a social process. From the outset assimilation into the unit and acclimatisation to the perpetual proximity of colleagues was paramount. Integrating with others was the first significant milestone which every man had to negotiate. It was made more complex by the overt and covert hierarchies of rank and clique. How they managed this critical early stage paved the foundation for the road ahead to military life and onward into civilian life. Lenny depicts the nature of the relationship echoed by at least a third of the men in this study saying *“When I first came into the Family-into the family! into the Army-Freudian slip-eh into the Army...”* Lenny served as soldier in the Israeli Army during which time he was posted to the Lebanon. He regarded the Army as his family both in service and continuing into civilian life. This definitive process leads as the first of four core subcategories of **Securing the Self**.

Doug described what he carried of this social process into civilian life *“the feeling of brotherhood is what remains when you leave, I think a lot of people...tend to think that the loss of that is the loss of their family and...”* he goes on to say *“that can play quite a pivotal part in how they interact with society.”* Ray reflects back on his experience of friendship in the Army with a sense of longing *“The thing I’ve craved that I’ve never found since is the comradeship, the friendship, it’s more like drugs than friends. I search for that in civilian life but I’ve never found it.”* His use of words like drugs and craving bring to my mind the phrase ‘chasing the dragon’ used to describe the relentless pursuit by the addict of the initial heroin high never again caught. His words capture something of the unique nature and intensity of relationships developed within the Services.

1.2 Securing the Self: Protecting Self Through Others

Many of the men described their socialisation into the Services as all encompassing, reaching a point where *“my life belonged to them and their life belonged to me.”* At least four of the men used this phrase (including Lenny, Doug, Dave and Martin who we will meet along the way). They described a sense of responsibility towards their ‘buddy’ and their ‘unit’ and this deep sense was honoured even at the expense of their own life.

Doug described how *“you become a member of the group, or a member of a pair and during that training...that pair is placed upon you as being of greatest importance and then the pair become two pairs and the four pairs become...and so on, so there is a pyramid of trust and mutual protection and you live that.”* In return for their commitment to their unit Doug and others stated that they developed trust in the reciprocal physical and psychological safety offered and received. Faith in the military system and their self-confidence became intertwined. Explicitly they placed emphasis on protecting the physical safety of others and in so doing implicitly protected their sense of belonging and acceptance. I observed that this sense of being protected seemed to become even more cemented as they undertook more tours and were increasingly exposed to threat. Supporting and relying on your buddy in real and immediate danger appeared to advance ethos into practice.

Martin illustrated the nature and his degree of faith in colleagues *“you can have a best pal outside, but in the Services that goes a lot further, your life is in their hands and their life is in your hands, regardless of what job or Service you’re in”* and for many this trust remained long after they left. Dave said *“You know if you get in a mess that they’re going to be there, they’re going to stand by you,”* interestingly stated in the present tense. For Dave, the men in his unit

remain trusted by him even though 10 years have passed since he left. For some of the men it was their first experience of real friendship. Dave sees himself as remaining outside of the civilian social world as the Army bond forged a bridge that his social confidence couldn't cross *"I think they're the only friends I ever-I'm not a very good at m-I've got a few friends here, I'm not, I don't think I'm very good at socialising to be honest. There's not the bond there. In the Army there's a bond."*

Comradeship and loyalty to another remained a significant characteristic of many of the men's offences, some of their actions involving an extreme show of loyalty. Following the Services Doug became involved in a job largely out of loyalty to childhood friend. Rhymer described how he went beyond the necessary in order to show his gratitude to a man who he felt had looked out for him and protected him. He spent almost a year after the Army living alone, afraid to connect with others for fear that he might lose them. He recalled *"The family bit around the table, I didn't relate to any of that shit. I couldn't relate to that."* Gradually however he developed a sense of *"comradeship"* with a man who showed him care and respect and Rhymer began to open up to this social world. When this man asked for his help to move stolen goods Rhymer responded to a growing sense of loyalty, his actions escalating into more serious jobs eventually culminating in his index offence. He describes how *"I slowly got introduced into the criminal life and I then kind of took, got a buzz from it, coz it was a family again, it was a unit again."* Conversely, some of the men experienced the Services as a very isolating experience and describe how their isolation was part of the process leading up to their offences. Johnny, Cliff and Rosso felt isolated and poorly connected with others for long periods of time in the Services. Their sexual offences to some extent enabled them to counter poor social connections within the Services by connecting with others.

This sense of comradeship in general however was one of the most positive aspects of many of the men's Services experience, friendships of a depth never again reached in civilian life. Unquestioning loyalty offered and received in return. This is seen from Ray as he depicts how *"the person behind relies on the person in front, you eat, sleep, breathe together, everything is done together you know, and it's a fantastic feeling."*

1.3 Securing the Self: Being in the Eyes of Others

In contrast to the above experiences, for three of the men I construed a waning and crumbling of their confidence in the hands of others as over time they felt they were pushed too hard, unsupported and excluded by the group. They developed a sense of themselves as expendable, became weighed down by paranoia and shame as they felt judged as lacking and unable to cope. I developed the subcategory **being in the eyes of others** to describe how the men's continued sense of confidence rested on being positively evaluated by others. Johnny highlighted this, describing the difficult nature of career progression in the RAF. He explained how frequent movement occurred between units for operational purposes with members often selected by existing teams. Life was perceived as a constant competition *"no matter how much you try...there will always be someone there who's got better experience than you, so you feel inferior to everybody else"* saying of his experience *"every time it was like being the last kid on the football team that got picked in school, you know I'd be always the one sat there."* Billy described how *"they try to cocoon you, I try to progress, they try and keep you down all the time, you're so expendable."* Anger was evident in these two men as they recollected their Services experience. I heard how feeling held back by the competitive and political nature of the system was exacerbated by the very public platform of their successes and failures.

The subcategory **being in the eyes of others** introduced the importance of being able to disconnect from others as well as connect with them. Cliff gave a sense of being trapped in a social system, albeit in a different way; unable to find space and solace away from others. There were signs of how this close proximity could create an oppressive environment. Cliff described how his struggle to cope with increasing feelings of anxiety and low mood was exacerbated by his sensation of being evaluated by a wall of eyes around him which evoked feelings of anger for him *“like Chinese whispers, they were saying ‘He’s on nutty tablets’... and I started being bullied.”* Being able to spend time and space away from others when required seemed to be as important as time spent in company however this space appeared difficult to find in this highly social context. Feelings associated with being excluded in years following the Services were responded to with anger and aggression by some of the men. The experience of being shunned and undermined was pivotal in Cliff, Billy and Ray’s index offences, the three of them reacting violently to trigger events. Many years later I hear a sense of disconnect in how some of the men position themselves in relation to the military, they use more ‘I’ and less ‘we’ vocabulary. Hearing not just what they said but *how* they spoke and the emotion with which they expressed their story underscored for me how crucial the process of **Integrating with Others** was in securing an overall sense of well-being in oneself, unit and Service and how a struggle to build and sustain connections with others on leaving the Services was relevant in understanding the lead up to their offending.

1.4 Securing the Self: Submerging the Self

Cohesion with one’s unit was actively sought by the men at least in the early stages of service and a sense of having a shared goal came through from them all. Reaching a point where one had full assurance and confidence in the other as described by Lenny took time *“I knew that the person next to me*

was going to do x, y and z and he knew that I was going to do the same set of things which was going to protect him...and you look at the next person down the line and the next person down the line, each had a specific job to do, each was part of the whole." Many of the men referred to how their individual ambition to accomplish became realised through the success of their teams rather than their individual efforts. How did this impact upon their sense of individuality? Doug explained how he felt he had to submerge his sense of being unique, describing how Army training *"strips you of your individuality"*. This experience forms the third subcategory **submerging the self**.

Alongside the more formal training there appears to be a social conforming process mentioned by everyone and seemingly facilitated according to the men by a prevalent drinking culture across the tri-Services. The use of alcohol was referred to by all men and it seemed to serve many functions, one of which was to facilitate social bonding. Many of the men also referred to fighting with civilians as a means to demonstrate physical strength and allegiance to each other. Doug described a transitional experience which drew his attention to an invisible line between his individual and group identity. On a night out with his unit he directly challenged the level of violence being meted out by a peer during a civilian fight which culminated in his unit turning against him and physically 'laying into him' shortly afterwards. While he quickly recovered from the physical attack, psychologically he learned more painfully there were longer lasting negative consequences of expressing his personal values. *"I just felt outside the circle... the lowest point I've ever been"* he said, questioning whether his individual beliefs were *"strong enough to be held up above the group's?"* Many of the men echoed this struggle of being stripped of individual values and morals in exchange for the group's collective one. Doug used a psychological term 'classical conditioning' to describe the process of being *"stripped of those individual morals and...then you have a collective one and that collective one is you defend him because he's your buddy and because he's part of your unit and that's how you're taken forward."* He experienced a shift in his membership status *"I*

wasn't in the inner circle" which carried such a sense of exclusion for him that he concluded *"I should have just done what the others done, coz that was what was expected of me."* This experience not only affected Doug's sense of individualism but was relevant to his later offending behaviour.

A sense of living in a disconnected space was a common one portrayed by all the men. Ray described how the sense of security he had achieved through his unit could no longer be found on his return to civilian life and *"once again you go back into this cocoon and you keep yourself safe."* Many years after the Army he clung to a failing relationship, fearful of being alone again *"I desperately didn't want to be on my own."* Fear of being rejected and alone again was an important aspect to his offence. His wife announcing that she was leaving him evoked overwhelming reminders of his childhood isolation and feelings of rejection, which, among other things were a trigger to his violent attack on her.

Many of the men described how they found it difficult to reconnect with partners after returning from the Services. Doug describes his feelings after the Army and how they affected his relationship: *"Deflated. It's hard to describe. I was disappointed, I felt let down, unrecognised for really what I'd achieved and the things I'd witnessed I couldn't then relay to my girlfriend at the time, it sort of shut down that relationship."* Rhymer illustrates the lack of connection he felt on his return saying of his immediate family *"You've known me all my life and I feel like I don't know ya and you don't know me, and I couldn't relate to them on anything"* and... *"I just feel like I was left on my own."* Doug and Ray both describe their counteractive wish to connect in partner relationships whilst at the same time feeling unable to share their experiences. Doug conveys this saying that *"there was no development in the relationship, trust, openness, intimacy...knowledge of your partner and vice versa... if only one side is able to give and the other isn't, it falls by the wayside."*

To me they appeared less able to assert their individual needs to their partners as before. I believe that this might in part be a consequence of putting aside individual goals and merit for the success of the unit. On leaving the Services they faced the challenge of countering this earlier process to 'resurface' the self, bringing their wishes and goals to the surface again. Martin shared this sentiment. He found that when in a relationship he was suspicious and untrusting of his partner and he thought that *"some of this may stem from my Services experience."* He speculated that his work in a highly secure communications team in the Navy led him to be suspicious of people, which carried through into his way of **integrating with others** after his Services career. Finding it a struggle to cope with being around people, Cliff recalled being unable to talk about his feelings with his new wife, was anxious and ashamed but unable to explain. He used to *"storm out of the house, take the car and...just disappear."* He *"couldn't cope with being around people."* I think that the experience of being evaluated by others carried for Cliff into civilian life-he expected others to be critical of him and question his mental well-being, thus self-enforced isolation was preferred.

The four subcategories of **Securing the Self** may be part of an iterative and dynamic social process occurring during transitional periods and appeared relevant for the men as they moved initially from civilian life into the Services and back into civilian life again.

Many of the men countered a vacuum experienced in social relationships by maintaining links with military networks. Billy bluntly asserts his rationale for interacting only with Army mates while on leave *"Civvies, can't be bothered with ye! Their problems, they hadn't done the stuff I've done at that age, it was trivial."* Maintaining Services connections was a way to remain part of the unit or family in a world where many had difficulty connecting with others, and for some these links were important in the lead up to their offence. Doug described how *"the group that we had in that local pub stretched*

the generational gap and they were all ex-paras, same unit as I'd been in... so they knew" and many ex-Army men he knew joined associations such as the Foreign Legion. Dave worked in security in the Middle East after the Army and later got involved in drug-smuggling and he observes parallels with his Army experience noting that *"you're not part of the Army anymore, but you're still working with ex-soldiers, with people that you trust."* Doug describes why maintaining Army connections through the Legion was so important *"those who've been in the Army and think they've made a mistake and want to go back can't get back in, so there is only one way to tell, to feel that bond, to have that family again...to keep the active sense of belonging of soldiering and the comradeship."* This sense of re-creating a familial attachment, of being part of a unit again was, for some of the men, an important factor in the lead up to their offence as we will see in the next section.

Doug described some of the factors which influenced his involvement in his offence. His earlier struggle of going against Army loyalties and **submerging the self** was evoked when, on his new wife's insistence, he declined to let a longstanding friend move into his home. His guilt over this remained and when this friend, with whom he had grown up in a children's home, asked for his help in carrying out a job, this time he felt he could not refuse *"I think that carries on that when he led me into this offence, that when he asked me, the thought of actually saying no to him again and letting him down...and I went yes without thinking about it and what it truly involved."* He went on to emphasise the conflict he experienced at the idea of letting his friend down saying *"I made that mistake once before, going against the group's wishes, going against loyalty and once bitten, twice shy."* He believes that he submerges himself to the group even today *"I think I carry that over with me now, I'm quite prepared to put my differences aside for the group, same with the group here"* referring to the community he's part of.

2 Structuring the Self

2.1 Structuring the Self: Dealing with Time

The men's narratives are interspersed with frequent references to time and emphasise the impact of being idle & busy, time either unfolding like seemingly endless space to be filled or so saturated with activity it swept them up leaving them unable to catch their breath. All of the men referred to '**dealing' with time**, either navigating their way through free time or adapting to it being structured and mapped out. Time was depicted as a commodity of which there was often too much or too little and the men used expressions such as bored, restless, slow and 'time on my hands' to describe their experience of it.

Perception of time changed across career and character. The romanticism of Cliff's childhood dream of driving tanks gave way to a relentless monotony which was more a chore than his responsibilities. The disparity between his dream and reality came as a shock to him as he describes his first six week training exercise "*that's when totally reality hit,*" endless days of being "*sat there in the turret for hours and hours.*" His description of being in the tank is literal and also symbolic of his claustrophobic experience and lack of control "*there's not much visibility in the tank- the commander has the majority of that. I've just got a little square hatch.*" Johnny describes the crawling quality which time held for him in the RAF "*sometimes it was a tedious trawl through the day.*" Johnny believes that being physically and socially isolated at an RAF base and having so much time to fill, created the context for his offending, in his words "*led me on to my offending.*"

Cliff's experience of time contracted as he moved to the cavalry regiment and found himself physically stretched beyond his endurance "*Two hours on, four off, you'd never get a proper sleep, and in the end I couldn't cope with it*" to the point that it had a detrimental impact on his psychological health. It

seems that Cliff was unable to 'come up for air' between this cramped monotony and frantic vigour "coz on the battlefield you can't pop your head out for a bit of air can you?" An excess of time again characterised life for Cliff as he tried to settle into married life. Time that had been stretched taut with his workload now hung empty and slack "Basically I was just plonked in... I'm out here on my own, nothing to do and got all this time on me hands. I'm used to being run off my feet and not enough hours in the day. I was quite agitated and frustrated." He goes on "I didn't know how to deal with the time, I had no structure in life anymore and I sort of fell apart. I can't explain, I used to just run off, sit somewhere and just look at the sea." Time was experienced by many of the men as something to be 'filled' or 'dealt with', depending on whether an excess was perceived as innocuous or threatening.

Many of the men referred to the role alcohol played for them in filling time, Dave commenting "You tend to have a lot of time on your hands, and that's when the drinking culture came in." The demanding nature of Services life had positive aspects for some of the men as it meant that they were distracted from painful memories. Martin explained "the Services helped me in a sense because I was always busy, I didn't have to sit and think about them (difficult childhood experiences). I boxed it away and stuck it in the back of my mind and... I was constantly distracted" Drinking to deal with time was a strategy that continued for him into civilian life, "basically because I wasn't employed or out I had a lot of time just sat doing nothing and it started to rear its head. In the beginning I was more effective at suppressing it than in the later stages and the way I started to deal with that was to drink." On leaving, with little to fill his days, time took on a menacing quality "when I left the Services that distraction was no longer there... over a period of time that sort of came into it as well", referring to the lead up to his offence.

Cliff observed how his drinking escalated in the Army after he witnessed a horrific road crash and its aftermath, images returning to him even up to the

present day. When Dave was working, he was busy and distracted and didn't think about the scenes of destruction he had witnessed in Kosovo. However now in prison with little to occupy him, many of these images are returning *"I forgot about it when I was in the situation, like when I was in security work I mean things like that never came up. Think it's when I've got something occupying me. Think that's where being in prison doesn't help either, coz there's nothing."* He refers to being caught with alcohol in his prison cell recently saying *"that's probably why I had a drink the other night, coz there's nothing to occupy me, when I'm doing nothing, I can't sit still."*

2.2 Structuring the Self: Finding Self in Routine

Cliff referred earlier to no longer having structure in his life anymore after the Services. Many of the men recalled Services life as structured and regimented, relative to their life before. Getting up at the same time each day and following a sequence of tasks through, while some struggled to adapt, their Forces routine remained ingrained. Dave described his daily routine in the present tense *"I still lived and breathed it. I still get up in the morning every day and go for a run. I still iron my shirts the way you do in the Army."* Looking back, Lenny speaks wistfully of the lifestyle *"the Army can be a wonderful life, it's very disciplined, it gives you routine, it gives you order, it almost feels as if you no longer have responsibility or control."* Being provided with structure gave the men a sense of where and who they were in life, a sense of safety and security in the day to day routine. It was a way of them **structuring their self** and removed the need for decision making around their life. Dave expresses his confusion on leaving the Army *"they didn't teach you about money handling. That was my beer tokens, my clothes, my car and that was it. So, you got no idea of real life as such, you got your food three times a day, you got fed there, you had your room, you had your TV... they don't really*

prepare you." Billy describes his response to all that he had to get his head around when he left the Army *"It took me 3 years to- P45-what's that? Hadn't a clue! I was 22. Somebody said rent money and council tax- what you talking about?"* Returning into civilian life involved letting go of the learned routines and taking ownership, not just of the intricacies of day to day life but more significantly the content and direction of their days, lives and their post forces identity. How they dealt with an absence of structure was an important factor for some of the men in becoming involved in their offending behaviour, which we will consider later in this chapter.

The structured life to which the men adjusted served the purpose of the Service, cascading down to objectives for their unit. Adapting to this life meant the men put aside their own priorities to a large extent in order to take on their Service's goals. In making reference to purpose and goals while in the Services however the men tended to refer to more personal goals rather than strategic goals of the military undertaking. They each emphasised aspects of the operation which seemed to give them a more personal sense of purpose. Dave described his purpose as 'to protect the victims' (of Serbian attacks), and 'undertake a mission.' Ray's purpose was to 'protect my buddy and unit' and Doug was driven by 'loyalty to his unit', each of them finding something personally meaningful for themselves. Lenny distinguishes starkly between his military and civilian life *"In the Army you had a reason for living, to do what you're told to do, whereas in civilian life, you don't have reasons to do that, you don't have reasons to live."* The frequency with which this topic arose for the men led me to create the subcategory **being purposeful**.

2.3 Structuring the Self: Being Purposeful

The sense of being 'without purpose' was one of the most difficult things Dave struggled with after leaving the Army and now again as he contemplates leaving prison. *"I don't really feel like I have a purpose in life if you want the truth. I don't know if it's coz I'm used to the adrenaline rush, but now I don't feel like there's any purpose for me. There's nothing that can match what I've done. I find it very difficult, I get very agitated, I find it difficult to settle at one, at a mundane thing and just do a mundane thing."* Lenny depicts the shock of leaving the Army *"one day you were in the military and the next you were in civvy street, it blew my mind, I couldn't cope with it."*

Dave reflected back on how it had been to undertake a mission full of purpose *"We'd ...done what we'd been asked to do. You gotta remember a clear mission is the objective set out to you, your job is to achieve that mission. And then when you get decorated for it when you get back, it's like you've been rewarded for what you've done."* His sense of achievement was consolidated by the external validation he received for carrying out the mission and he was rewarded for acting with a clear purpose. There is neither praise nor reward from others for goals he now tries to set in place for himself. He expresses worry now *"I've not got a plan for what I'm going to do when I get out and there's no way I can see forward to making a plan coz there's...nothing for me, and normally I've got a strategy or plan for things like that...I can't see a purpose anymore for my life to be honest."*

Following the Army, like many other ex-forces personnel, Dave went into private security *"You're still getting shot at, people still getting blown up and things but at least you think there's a purpose, out here there's no purpose."* He got involved in work leading up to his offence when his security company in the Middle East lost their contract and he returned to the UK *"and that's when I*

started getting into trouble. Came back and...felt like I didn't have any purpose, didn't have no belonging." He goes on to say *"I met some people involved with smuggling drugs into the country. My job was to make sure it got from A to B without anybody robbing it. It felt like...uh stupid really...like looking after something, which I was used to doing, and there was an element of risk involved and I thought it was some kind of purpose."* The language Dave uses around his offending behaviour and reference he makes to 'looking after something' and 'purpose' strikes me as important as they are the same actions he emphasised when talking about his Services life. They are actions around which he seems to experience pride. Doug similarly associates clarity of purpose with his offence *"I never went through the whole of this offence thinking I was a criminal. That job involved a mission and that's how I went about it."* Cliff sees characteristics of his Army life in the lead-up to his offence likening what he was doing to a *"military operation"* and noting the draw of once again being in possession of a clear purpose. He recollects how he began to stalk women saying *"there was times I went out, it was like a little secret mission, I'd go and stalk women...eh....probably similar to the...doing a runner and hiding, a secret military mission wasn't it?"* Many of the men appear to have developed motivation and focus and experienced great adrenaline through carrying out a clear and certain military operation. Leaving the Services left many of them bereft of goals to aim for or a clear strategy to follow. It seems that a number of the men recovered this sense of purpose for themselves through their offences. Once again they had a clear mission to undertake in which they could invest themselves entirely, and with it the potential to feel the satisfaction of a mission successfully accomplished.

2.4 Structuring the Self: Locating Self in the Present

When the men were busy and engaged in their Services role it seemed that they tended to focus on the operation at hand, their attention remaining in the here and now. As some of the men prepare to leave prison and return

again to civilian life they appear caught up with future oriented questions. Rosso who is due to leave prison next year expresses his current struggle *"You don't know what's coming next. Half way through the process I'm a bit more sanguine about what's coming up, it's the last thing you think about before you go to bed, you got all this hanging over you, and the first thing you think about when you wake up."* Preparing to leave the Army appeared to bring attention for some of the men to questions of a teleological nature while others were concerned with getting by in the here and now. When I looked back on the interviews I began to ask what location in time the men seemed to exist in while they were in the Services and civilian life. I wanted to understand more about the temporal position they assumed and its relevance to their offending.

For Ray, this focus on the present day was a conscious one as it meant that he did not have to share anything of his childhood with colleagues. In his experience, others in the Army *"only wanted to know about the present, not the past. So that suited me."* Attending to life in the present tense gave him freedom from harsh early memories in a children's home. For Lenny focusing on the lived moment was a necessary precaution both when serving in the Israeli Army and in civilian life *"Everything is done as if it's the last thing you're going to do. I mean for example, if you walk out in the road in this country and kick an empty box of cigarettes, you don't expect it to blow your leg off- but in Israel you don't kick rubbish"*. There could be unexpected threat to one's life in everyday situations, requiring attention to remain with one's immediate sensory experience.

Lenny draws attention to threat of a different variety which came in the form of bad news about the injury or death of colleagues. He describes his strategy for handling the death of a friend *"At the time I think I was very very upset, but that upset didn't last very long because you didn't have time to be upset. You'd go back into your position."* Finding security in routine actions and

locating (one) self in the present, back in your 'position' was a way of dealing with difficult feelings around current events, their past or a possible future. Rhymer illustrates this idea of locating himself in the present as he describes his concentrated attention on getting by day to day after leaving the Army. He squat in abandoned houses, stole to eat and made minimal social contact. He describes how he broke into a bakery, recalling *"I aint going to go for no money, actually I want cream-cakes, that kind of illusion in my head that I was living normally but actually I wasn't, because somebody who was in that position through no choice of their own would probably steal something in a shop that they could sell, put a deposit on a decent house, buy some decent clothes, and better their life, but I didn't, I would just take to live."* He reflects on living for that moment, a hand to mouth existence, not because there was no potential for more but because a focus on the here and now meant that he could avoid contemplating what he had seen in Kosovo and how it had affected him.

Rosso presents a different characteristic of **locating self in the present** as he attempts to make sense of the lead up to his offence. He hypothesised that after a highly stressful period of time in the Army he wanted to live in the present moment *"I think there was a large element of doing it while I can, I think that's it, there are only so many summers on the planet and I don't believe in God, this is it as far as I'm concerned, I've got bloody close to being killed several times and I was thinking it might be tomorrow."* Looking forward evoked uncertainty and anxiety, back, regret and anger whereas in the present tense he could simply enjoy his immediate experience without concern for any time other than now.

Others make reference to finding it hard to settle and sustain anything for any period of time. Cliff illustrates this *"quite quickly I got promoted to department supervisor, I was a keen hard worker... I just couldn't maintain it, couldn't settle..."* Dave describes his tendency to move around from one job

to another *"I tried proper jobs, didn't really settle into any of them and obviously I went out and did what I did."* I see shared commonalities between military operations, Dave's drug smuggling and Cliff's description of stalking 'missions' - all being of a short-term nature, having a tangible goal, a clear sequence of steps and calling for a focus on the here and now. I wonder if working on short-term military operations for many years created a familiarity and preference for work of the same nature for these men? Add to the equation a degree of excitement, risk and adrenaline and hear Dave's comments on the nature of work he did in civilian life *"I got offered a sales rep job...but I only lasted a couple of days. It was just mundane, you had people turning you away who didn't want to speak to you. You got a car and an excellent salary and stuff, but it just wasn't..."* I am left with a sense of the challenge of retiring into day to day life after the Services and believe that for some of the men their offences offered them a chance in the short-term at least, to be fully engaged in and to live entirely in that moment.

3 Defining the Self

3.1 Defining the Self: Denigrating Judgement

Along with a social process, there appeared to be a cognitive transition experienced by many of the group. Ray starkly puts across his perception of the Army's attitude towards the exercise of individual judgement *"The Army does not want you to think, it thinks for you. If you think too much in the Army you're going to go wrong."* Johnny found *"the thing that wound me up, not blowing me own trumpet, but...I was quite clever, and if I didn't think something made sense I found it very hard to just keep my mouth shut and get on with it."* He continues *"It was always about following rank and authority...and that was the whole thing behind basic training... where you get told to do something, you don't ask, you don't question it, you just get on with it. I couldn't handle it."* Many of the men found this a difficult adjustment to make. Doug was aware of his resistance in the early days of training. He explains it as *"resistance against the conditioning, to doing without being told, as though there was some kind of dissonance between what I was doing and what I felt."* In my view, he seemed to be **denigrating** his own **judgement** as he became part of a collective unit *"Killing was wrong, sort of, doing that was wrong, it's not fair. Everything that I was used to was fair, now things aren't fair anymore."* He appeared to experience a cognitive dissonance between what he was being tasked with and his own morals and asserted this through *"sarcasm and general disobedience in my training."* He got into trouble with senior ranks as he was perceived to be *"questioning... rather than doing what I'm being told without thinking about it."* Johnny remembers how he questioned *"Why do we need to do things again?"* and recalled *"if I knew a better way, I was doing it different to everybody else and that's not what being part of a team is, everyone singing from the same hymn-sheet, not one person singing higher and fancier."* Social convergence was a natural disciplinarian. Doug *"finally got through it"*

reaching an understanding that *"you're just a cog in the machine, this is what you become."* Johnny makes sense of his training by concluding *"that ...part of basic training, 'Bullshit Baffles Brains'"* was necessary repetition to learn to efficiently follow orders, put aside one's own way of doing things and carry out one's role, each one just as the next soldier.

Lenny suggests beyond social assimilation there was a further personal payback *"If I did things the way the Army wanted me to do things, things went ok. If I did things my way, things didn't go ok."* He illustrates *"There's a route to take. When you dismantle an M16, if you disassemble it in the correct manner when you go to put it back together again it's going to work."* In following instruction he got an assurance that things would work as he expected. Over time he noticed how he adapted his thinking *"as time went on I became more and more akin to the military decisions and the military rules and regulations"* and in parting with his judicial independence *"I started to like it, because somebody else was making the decisions,"* he gained freedom from the responsibility of making decisions and concluded *"That's a very good example of the way that the Army life changed me."*

Recognition of a cognitive shift came about for many of the men only with later reflection. Day to day many of the men experienced tasks as exhilarating, exciting and daunting with a real buzz evident in their descriptions. There's great energy in Rosso's description of moving on to specialist training. He *"learned to drive every big vehicle that we could get our hands on"* and had a chance to *"make all our stupid mistakes, well it never really mattered, we were all soldiers, and that was good fun as well, we were like apprentice leaders."*

A combination of excitement and surprise were crucial to developing reliance in safety procedures as summed up by Rosso *"it is a fine line, you've got to train realistically otherwise when you get to war time people aren't prepared."*

Doug reflected on how the disparity between following his own judgement and instruction became less jarring as he undertook more tours. *"I think it became less obvious as the situation was jacked up, so the more involved in what soldiering was about, which was combat, the less it comes (one's resistance). I suppose that in combat it didn't at all. When I was told to stop firing I stopped."* As the men undertook more tours and had to rely more on their training they began to accept and value its significance over and above their own judgement. It appeared that the men adapted to the expectation that they follow directives within the Services, challenged their superiors less and became more accommodating of procedures. This is particularly so in Rhymer, Billy, Dave, Doug and Cliff's index offences where there was a sense that the establishment and execution of a plan superseded the exercise of their own judgement and their tendency to question themselves or their behaviour. We will explore this further in the subcategory 'switching on' later in this chapter.

3.2 Defining the Self: Black and White Thinking

Many of the men experienced a subtle change in their thinking over time which seemed prompted by the emphasis on a right and wrong way of doing things as mentioned in the previous section. Some of this seemed to come from a growing awareness that the consequences of making the wrong decision could be a colleague's peril. Lenny explained *"Your decisions had catastrophic results if you didn't do it the right way. We're not talking about going to the supermarket and you see some fish marked down and you get food poisoning... in the combat or military situation it's a matter of life and death so it's very polarised, it's the black and white situation. There was no maybes, maybes got you killed. There was no middle ground."* Lenny reflected that *"every situation is really black and white, there's no grey, it either happens or it doesn't happen, so you're either happy with it or not happy with it."* Polarisation of his thinking is

still evident for him years later *"I find that still today I deal with things unconsciously on a black and white level, and I hadn't realised that"* the latter part of this comment referring to discovering this through the course of our interview. He went on to say that he was excited about speaking with his Psychologist about this new observation.

Doug became uncomfortably aware of a dichotomy to his thinking whilst moving bodies after a battle during the Falklands War. He reflected on the impact this job had on him *"Unfortunately it split my way of thinking in two. Those I'd served with were treated with reverence and respect and those in Argentinean uniform, I wasn't spitting, I wasn't kicking them or anything like that, but I was dropping bodies and chucking them into pits...and that felt sort of strange, having the attitude that that's just a stranger, a body, these are my buddies, these are not."* This way of thinking featured for him in Army life and beyond *"some time has passed, but I can still clearly recall how I thought, the way I thought, the logical process, if this goes wrong, there's two options to take, right I can prepare for that...this is exactly what you do before you go into battle."* Dave suggests a polarisation to his thinking as he recalls *"not to sound like we're evil, but it was either us or them. One of our guys, he ran a bayonet through him, he'd run out of ammunition, but it was either him or the other guy."* I can hear a similar process in how Ray perceives civilians in Northern Ireland *"the IRA is the enemy and when you went into the Falls Road they were IRA sympathisers so really and truly, the area is your enemy"* they were either 'with me or against me', on-side or positioned as the enemy. He goes on to describe the purpose and consequence of viewing things in this way. Perceiving people and events in a black and white manner seemed to reassure him and precluded him from having to constantly think about how to respond *"you didn't relax, if you relaxed you was vulnerable, if you were alert you were ok, so in a way they kept you alert because you knew that that was a hostile area."* A consequence of this was his interaction style with civilians *"if you know someone's hostile against you, it's only human nature that you'd be hostile against them... we was*

sometimes very abrupt in the way we did things...you wouldn't say, 'Excuse me, I'm going to search you now...,' it's 'Get against the fucking wall!' they were shouting 'You fucking British bastard!' and you were hostile back." When Ray's wife announced that she was intending to leave him, in that moment, I believe, Ray slipped back into black and white thinking, the default position when under threat in a military situation. I propose that she became the 'enemy' and he responded accordingly, stabbing her multiple times.

Rhymer illustrates the necessity of dichotomous thinking as a way to retain confidence in his sense of himself. He describes how towards the end of his Army career the distinction between himself and the enemy had begun to blur and the clarity of his palette began to muddy. In his mind his enemy was defined as *"anyone who could commit such acts on other people"* a definition which had remained clear through many tours. However on one occasion he remembered *"opening fire on any position that opened fire on us and...after that skirmish... thinking to myself, oh my God, what have I just done? I'd been in that situation before and opened fire and never thought about anything. Basically when you're firing a bullet at somebody you're trying to kill them and they're trying to kill you and I remember the time when I actually realised 'Oh shit, I'm no better than these people.'"* Adopting black and white thinking as a cognitive strategy removed the need to think deeply about one's actions and what the consequences meant to him and about him- but the above shows that boundaries were not impermeable. Rhymer reflects on this moment as a catalyst after which he was never the same soldier or man again. He went on to experience a crisis of confidence in who he was, distinguishing between an 'old' and 'new' me. Managing the bleed when a black and white distinction no longer held, led Rhymer to reassess his whole perception of himself. This will be further explored in the fourth subcategory **believing in the self**.

3.3 Defining the Self: 'Switching On'

The development in one's thinking proposed in the two previous sub-categories appeared to progress into a mode of operating which I call 'switched on', borrowing a phrase from Doug. Switching on was described by him as *"a way to get the job done, to do what I had to do, to know the details, to be able to perform the task, rather than switching on as a person, as an individual."* Dave gives me a sense of 'switching on' during combat *"you don't realise all the bullets are flying until all the adrenaline is gone, all you're making sure you're doing is not getting clipped or wounded. Sometimes you'd be absolutely shattered... it's when you come back and everything's settled and you think, 'I could have been dead.'" 'Switching on' enabled him to see a job through to the end without being mentally overcome "I've seen guys that have been clipped or wounded but they carry on 'til the end and all of a sudden they fall down in a heap. I think you learn to switch off."*

Doug observed that for years after leaving the Army he was *"Doing without thinking, without the consequences...going through like an automaton, going through the actions, that problem once it's been dealt with, the next one comes up. Generally that's how I dealt with problems in life. I think life in general."*

Switching on as a way of operating was apparent to him in his offence *"I'm not there doing something illegal, I'm in a job doing something which involves weapons, it involves me doing something and I go through the same process, this is what I'm expecting, this is what I'm going to do, bang bang bang, right gain entry, I'm going to do my search, I come back down, I complete my sweep, nothing's going wrong, next step, next step, next step."* He saw himself as *"Switched up, switched in. I'm in a role, I'm a soldier again."* There was a sense of safety for him in this role and in following it through just as in the Army *"when those problems arise you don't have to think about (them) and stop you can still carry on, it's a momentum that still carries on. If you come to a full stop like that in warfare, no-one knows what the other person's doing and that's where it all goes up in the air."*

He sees this way of thinking weave into his offending behaviour concluding *"that's exactly what I did in my offence."* When something occurred outside of Doug's plan, he was jolted and thrown off course. He describes what happened while carrying out the job which he is serving time for *"There's someone here who shouldn't be here, you think 'Ok stop, do we have a problem? Do we have an eventuality to cover for it? Ok where are we? That's not good. Where do we go from here?' and that's where the decisions come."* He marks this thinking point as the space where he began to question himself and his part in the job *"when you stop at a point and have to start to think about it, you start to question yourself about what is going on and you realise, where am I, what am I doing? And although you know all along you're there, you're not...you're in a role, you're not yourself, you're caught up playing a role and suddenly you're left without the role there and you think, what am I doing? What the hell am I doing?"* This was a frightening moment where he was forced to think about what he was doing. No longer was he responsible to a plan but now, down to his own judgement was the fate of a young girl who was at home, contrary to their preparation. Once again he was forced to weigh up his own moral judgement against loyalty to his partner.

Dave is aware that planning ahead for all eventualities is now part and parcel of his approach to life *"I always find I'm working out things, 'what if this happened, what would you do?' which is the famous thing in the Army, 'what if this happened?'"* Billy sees similarities between his Army and civilian approach to fighting (he was serving time for GBH), echoing the idea of 'being in role' *"Going into attack and going into an assault, it's the same, I can adapt that and take it out on civvy street. See a target, take him out, neutralise him, treat the casualties after, I know it sounds bizarre, but that's the mix of it."* Doug spoke about this ability to switch into a role and carry out a complex operation with a tone of pride. He noted that on leaving the Army, another reason beyond camaraderie which prompted men to join groups like the Foreign Legion was to test oneself and keep oneself 'switched on'. *"Have I still got it*

mentally, can I still perform? Am I up to the task? Can I physically still do it? " evoking questions asked by many of his peers in the ex-forces community.

3.4 Defining the Self: Believing the Self

Denigrating judgement, black & white thinking and 'switching on' seemed to be cognitive strategies which the men evolved to deal with demands of the situation they encountered. This subcategory explores a transition in the men's beliefs about themselves, as their actions challenged their previously held notions of self. In Rhymer's words below can be traced the process presented thus far. His words suggest a sequence from denigrating his own judgement, polarising the other as the 'enemy' and 'switching on' to carrying out a mission to kill "*How can a man kill another man? Before you know it you're in the Army and it's like 'You must kill the enemy.' They train you, every day, kill kill kill, and eventually, you accept it. That's the hard bit. That's the heart-breaking bit, for any human-being I think when anybody is willing to kill or die for a country.*" The closing words of his sentence point to a fourth stage in the process, relating to trying to make sense of one's actions in relation to one's beliefs, a process I've called **believing the self** possibly the most difficult adjustment made, based on the emotion with which the men expressed the following sentiments.

Lenny struggled to make sense of his actions and tried to reconcile how different rules could apply in diverse contexts "*I started to realise that there was a situation where it's ok to kill, a necessity to kill, yet in civilian life you'd be in prison. That really messed with my head...I couldn't quite compute that if you know what I mean... and even to this day, I find it very difficult to come to terms with.*" He tried to make sense of his actions by rationalising that he was 'following orders' however says that "*hasn't been able to cut the mustard*" as he brings his own moral judgement to bear on his actions. Doug reflects "*Over the years*

I've thought about it and I think there was a difference between what I was made to be, or do and what my core beliefs are and that stretches over into my offending behaviour. " He defines what he perceives to be the toughest struggle for anyone leaving the military *"you're in there 24/7 and when you come out it's detaching yourself from what you've become to getting back to what you was, and it's therein lies the difficulty...coming back from what they've made you into, back into what you was before... that's even harder for a soldier who's been through combat."* I have called this category **Defining the Self** because I think at the heart of things was a struggle to redefine oneself experienced by the men as they were no longer in service to nor served by their soldier identity. Who had they become as they stepped into civilian life? How might they marry their actions carried out in a military context with the diverse norms and moral standards of this new life?

At the closing paragraph of **black and white thinking** Rhymer was struggling with the realisation that *"what I was becoming I didn't want to be."* He saw himself as no better than the 'enemy' *"I was terrified of what I was becoming and I knew that I couldn't become worse than that...I saw myself as a bad person."* Part of the difficulty for him was trying to frame his actions within the bounds of his spiritual beliefs *"that was the conflict, religion and war."* He described a long process of evaluating his own spiritual beliefs and the systems that called on him to act against them and he attempted this in part by personifying these systems *"I felt angry at England, my religious counsellors from young coz they never prepared me for this. They told me about the sanctity of the 10 commandments and all that, but when you have an official body of men who can sit down at a table with a woman, the Queen and say, you know what, "Thou shalt not kill, but if you kill for me, it's OK" that whole parody just destroyed me spiritually."* He added *"I lost faith in mankind due to those experiences. I.lost.faith.in.mankind. I realised that man actually deserved to be hurt."*

His perception of the world changed as he tried to deal with his inner conflict *"I seemed to value life a lot more. The mundane was no longer mundane. It was like fun... like thank God for sunlight, or breath or air...thank God for life."* *"Over a period of time"* he felt that *"something happened in my head...I just became twisted...I became cold. I became numb"* and he recalled how *"even though I was happy for life, I think selfishly, it was my own life I was happy for and I began to disregard others."* He dealt with the discrepancy between his beliefs and actions by employing black and white thinking to portray others as bereft of feeling in contrast himself. Gradually he seemed to let go of elements of his 'self' *"at some point I had to let go... and I realised that I was no longer how I thought, I was no longer affected by what I was seeing or what I was doing..."* He existed, be as it was in a numb bubble, however reached a threshold *"I was still seeing the same shit and being reminded of the imperfections of men and myself and I wrongly started to accept that this is how men are and that's when I suppose I realised that you know what- I have to get out, or I'm going to lose myself, I'm going to lose everything I am, I'm going to lose everything and if I leave now there might be chance of some kind of salvation...."* He didn't think that he could *"hold on to what little is left of me by going through another conflict."* There appeared to be a threshold beyond which Rhymer felt his 'self' could be 'lost' and the prospect was so threatening that he chose to 'get out' of the Army rather than experience this. It's painful for him even to call to mind the person he was and he shares his hesitancy about taking part in this interview *"I didn't really want to go back there coz that person to me was a bit of a Neanderthal."* He realises *"That person doesn't feel like me anymore."* Lenny also refers to a sense of losing his self and depicts his efforts to cope *"I lost my own self within trying to cope with the situation, so by isolating myself and the feelings and the trauma I became a unit rather than a person... I did lose my identity."*

Some of the men appeared to cope with this inner conflict by rationalising their actions as being necessary within that context and they seemed to

avoid becoming caught up in personal crisis. Others managed to move on only by reconstructing a new identity or sense of who they were. Rhymer makes reference to an 'old me' vs. a 'new me' dichotomy (showing elements of **black and white thinking**) while others returned with a sense of being older than their years and peers. Doug noted that the *"person I was when I left the Army was much older than his years and more in tune with the older generation. The young just didn't get the sense of triviality of life, religion was gone and all that had gone out the window, the way I was as a kid had gone, I'd now become an OAP in a 20 year old body."* Dave shares this outlook *"I've changed, seen more in my lifetime than others, than a generation sees in their lifetime. I've seen things that would make most people ill I would have thought...I've got a different perspective on life."* Martin describes how he went into the Navy *"as a child and came out as a quite an aggressive man."*

The subcategory **believing the self** deserves further elaboration. Living to one's espoused beliefs seemed to contribute to a sense of self or identity for the men. Acting against those beliefs appeared to lead to efforts to rationalise one's actions in that context apparently enabling one to retain a sense of 'self'. For others this wasn't adequate, their actions couldn't be rationalised and brought them to the boundaries of their previously known 'self.' This began in the Army for some, or commenced for other when they returned to civilian life as they began to reflect on their actions. It seems that a process of dismantling and reconstructing of one's beliefs began.

Describing the experiences which had a significant impact on him Rhymer explains *"Death. Everywhere. The taste of it in the air. The experience of it. The finality of it. Death. Which is something I struggle with now to this day."* Many of the men experienced turmoil after playing a part in another's injury or death or encountering their own mortality, turmoil in which they struggled for a long time after leaving the Services. Their descriptions were characterised by efforts to create new meaning. For Lenny, being close to so many who lost their own lives had a conversely positive impact on who he

became. For many years in the Army he had, in his words, a 'death-wish'. He said of surviving while many around him didn't "*Them dying and me talking about it in the present has changed my idea of my own life. I wasn't meant to die, I've got something to do, I don't know what, but I've got something to do, there's rhyme and reason to living, it's not just 'is'*" this realisation of his has in part come from talking about things in the present within therapeutic work with his Psychologist.

4 Expressing the Self

4.1 Expressing the Self: Putting on a Brave Face

All of the men referred to rules around expressing emotion. There was a lot of coherence from the men in their description how and explanation as to why emotions such as fear and anxiety should be reserved from display. A show of strength and resilience was the order of the day across the tri-Services. Rhymer says emphatically *"You can't have pussies defending your country! "How can the military say...'We can send out troops to Helmand and we can win' if your boys are wearing pink, sucking bunnies, asking each other how they feel, hugging and crying with each other?!"* Cliff was painfully attuned to others' responses and spoke of the stigma he perceived around suggesting that you weren't coping *"People didn't talk about it coz it's a macho thing, you can't show weakness."* Expressing emotions implying 'weakness' might lead to them losing face. **Putting on a Brave Face** forms the first subcategory in this section. Cultural expectations in relation to emotion were apparent to Johnny in the Air-Force through the tone of everyday conversation. Spare time would be filled by talk about others' difficulties *"if I spoke to the wrong person, hello gossip, I'm going to get the piss taken out of me. That was a sign of being soft."* Dave considers discussing experiences with his unit *"you don't do that with other soldiers!"* He added *"it's not the done thing in the Army, no, no. You're showing that you got some kind of fear there."* He describes the very real and necessary rationale for such cultural treatment of emotion *"if you're in a combat situation or if you ever get caught-we could be taken prisoner-you can't afford to have a chink in your armour"* thus the cultural 'stigma' of showing emotions such as fear, worry or guilt helped protect one's physical and psychological safety in the short-term. However this also seemed to contribute to confusion for some of the men when they were unable to express real feelings of distress and get the support they needed.

Cliff witnessed a horrific road crash on a training exercise when a civilian car drove at speed directly into a turning tank with all passengers immediately killed. Images from the event played over and over in his mind and he felt traumatised and wracked with guilt *“I didn’t know what to think of it. People were getting hurt all the time around me and I didn’t feel safe and...frustration at being unable to understand it. There were a few lads who were in tears after it. Obviously it’s not the manly thing to do and they all had the piss taken out of them.”* He was very conscious of a stigma around showing his feelings and the need to maintain a brave face *“I couldn’t show emotion and that it was bothering me, so my thing was to go and get pissed, obviously it would disappear then and I’d become violent and angry.”* Further attention will be given to the role of alcohol in the next subcategory.

4.2 Expressing the Self: Suppressing Emotion

Rosso led a high profile operation leading multiple troops and began to feel increasingly under equipped with resources to meet the objectives set by his superiors. He became frustrated and angry and tried to *“distract myself by doing, spending hours in the gym every day, I was on the road a lot and that’s as best as I could do to cope with it.”* I’m interested in his use of the word distract, to divert attention elsewhere rather than experience mounting frustration and anger-get on the road and on with the job. I began to listen out for examples of how other men experienced their emotions when faced with challenging experiences. Dave describes why looking away was his strategy. He witnessed scenes of terrible brutality in Kosovo and considered talking to members of his unit *“we’re all close, but you’re not going to sit there and discuss it coz you don’t want to bugger yourself up or mess yourself up for the next thing...you don’t want to be behind a pack of ammunition boxes, you want to*

be out there in the thick of it." Lenny highlighted the benefits of suppressing emotions *"if I didn't block things out I wasn't going to be able to do what I needed to do. I could not follow orders. I could not achieve my goals...or the goals of the platoon or division."* Dwelling on rising emotions could make the job more personally challenging. **Putting on a brave face** was also done for the protection of others so that one's anxiety would not provoke the same in them. All of the men referred to the strategy of **suppressing emotion** and it appeared to be a constructive choice with benefits for individual and unit, certainly in the short-term. Later we'll explore the longer-term nature of this process.

Humour was also a tactic for dealing with difficult events *"You joked about death - you even joked about the people that had died. I think through humour, black humour...I became... able to deal with things"* although Lenny adds the caveat *"theoretically, because years after that, I'm still dealing with the same situations."* Rosso makes reference to using this strategy even now. His cell neighbour commit suicide a couple of weeks prior to our interview and he recalled how *"a) you make a joke of it and b) you resort to practical things, not necessarily in that order. Joking and flippancy as a way of dealing with it and practical because you've got to be."*

In the short term suppressing emotions enabled one to carry on with the job without being overwhelmed, however Rhymer observed *"I realise now, the long-term damage of suppressing feeling which was what we were doing... suppressing fears and anxieties...it's not the right thing to do."* Lenny felt that refusing to let things he had seen hurt him *"was a big mistake as it caused me problems later on in life. I didn't deal with the situations I thought I'd dealt with. Laughter and humour was a plaster, and I'm afraid that the wound was way too big to have a plaster on it, so even up to today I'm still dealing with the same situations, I'm still trying to accept the situations, I'm still trying to understand what went on*

and how I reacted." I wanted to understand more about the consequences of suppressing one's emotions over time.

Lenny still remembers the shock of first losing a friend in combat. The first time he pushed emotions of grief for a friend's death away however sadly he went on to lose more friends in Lebanon and suppressed his emotions over time to the point that he *"isolated myself, or isolated my feelings, and didn't allow myself to feel. No emotional response. It was different to the first time, on the second and the third and the fourth time I lost somebody, you start to become numb, it becomes the norm."* He stopped making friends for fear of losing them *"...and you stop getting close to people."* He described how he handled emotions arising in relation to his involvement in the shooting of a young soldier *"With my emotions, I was a bad person, without my emotions, I had done something right"* his narrative suggesting to me that applying a 'black and white' outlook to his emotional experience may also have enabled him to suppress his emotions. He explains *"the moment you bring humanity into it, you're going to question your actions, or I did (and) that's bad during war, because you become unable to fight."* Emotion and humanity were intertwined. Suppressing feeling appeared to be an integral part of the process of 'switching on' explored in section three, rather than grappling with the reality of having harmed another human being. *"In hindsight"* Lenny believes *"what happened was, the mind can only take so much and then it starts to protect itself so it brings into the mix plausible acceptance of a situation."* He strikingly depicts the internal struggle to account for his actions *"my brain was telling me that was the right thing to do, my emotions told me you'll never be able to live with that. So my individuality had to disappear, I no longer could be, allow my feelings and emotions to run riot, I had to isolate them. If I didn't isolate them I was not going to be able to cope- with emotions I would have gone nuts."* In retrospect, Lenny reflects on the process of his actions and emotions becoming disentangled and 'mechanised' as *"quite an operation to do, considering it was just a natural process"*. He recalls how *"it was just something*

that happened... it was almost like an evolutionary path, that to keep myself sane and...in one piece...I wasn't going to be able to get through what I was experiencing without blocking out those emotions and feelings."

Alcohol was a critical weapon to facilitate the suppression of emotion. Ray proposed that in practice *"everything in the Army is either geared towards being a soldier or getting pissed."* He explained how *"every emotion is suppressed by alcohol"* and was particularly aware of this when casualties occurred *"when a person gets shot, first thing they do is take you off the streets for 24 hours, you're not asked how you feel about it, you get pissed, you get that out of your system...you take a kip and then you go back out. That's the only time when you're allowed to get pissed is when someone gets fucking shot or blown up or whatever."*

Rhymer became aware of the message around alcohol early in the Services *"I remember seeing those above who would train us, seeing their reaction to stress...and you kind of keep that in your head, you think, alright, when I'm stressed out that's what I'll do, that's what he does and I look up to him."* He became accustomed to using alcohol as a way to deal with his emotions *"at first I found it very weird, but it used to work, I used to get pissed and fight someone and get my aggression out and shout off my mouth quite a bit."* Alcohol was prescribed as the standard antidote for a multitude of symptoms *"someone would leave or die" or "if you got a Dear John or if your friend fucked your girlfriend or whatever...you were just told 'let's go down the pub, let's have a drink, fucking get it out of you, have a couple of fights with someone, amongst yourselves usually and fucking sober up tomorrow and..."* using a frequently uttered phrase which expressed the onward motion encouraged *"crack on with the job man."* Cliff recalled how after witnessing the road accident, drinking *"became a way to deal with me emotions."* The majority of the men saw alcohol as an accepted means to cope with emotions. Ray surmised that *"Alcohol is the military's way of therapy"*

Leaving the Army and connecting back with family and friends, learned strategies of suppressing emotions remained in place for some. Doug experienced difficulty switching feelings back on again. He believes *"it's hard to right twenty years of non-feeling and get those feelings back again, that's the problem, you switch off the bad things and you switch off the good as well."* He felt that his emotions remained 'switched off' when he left the Army up until very recently which had a detrimental effect on his relationships with his children and then partner

For Ray, who had been brought up in a children's home, suppressing emotion in the Army consolidated a childhood strategy. When he left the Army and met his partner he reflected how *"everything was strange and I think eventually she got a sense of it; 'What's up with Ray, he's not always there?'"* reminding me of Lenny's notion of 'disappearing' self. Ray carries on *"I'd never give her the answer...was afraid to coz it would mean opening up. I'd been a can all my life, an unopened can, like a can of corned beef that would stay fresh, and you... open it and it would go stale. So I would never open this can. I loved her dearly and I wouldn't say I didn't trust her, but I didn't trust myself."* Joining the Army placed Ray in a cultural context where suppressing emotions was valued and allowed his natural tendency to become more sedimented. He was also offered a new tactic in alcohol as a means to deal with his feelings, which he carried into his life after the Army *"when something used to come up inside I used to think...I'm uncomfortable with this, so I go down the pub and have a couple of beers and that would relax me."* I propose that keeping emotions suppressed and being removed from one's own emotions and those of others may have hardened the men to the human impact of their actions. This most likely had a functional value in the Services but when carried into post Services life may have permitted behaviour of a more detached and aggressive nature. This may shed some light on why there is a greater prevalence of aggressive offences against the person in the ex-Services group

when compared to the general offending population, as we saw in the Introduction.

Rhymer believes that suppressing grief in the Army led to an inability for him to grieve. He sees men in prison grieving for their victims for years *“even though you didn’t know them, you still as a human being need to grieve for them, but what if you’re not encouraged to? What if you’re told not to grieve? What if you’re encouraged to have a beer and shut the fuck up and crack on...?”* After he left the Army he lost a number of close family and friends yet found himself numb to these events and unable to react. Eventually the sudden death of his grandmother triggered a well of grief to flow. He recalled how his world came down around him and how he *“could not cope with the death of my grandmother in any other way than what I’d been taught, which was get pissed out of your fucking head and then fall asleep and you’ll be alright”* and he suppressed his emotion with months of heavy drinking. However he found that this did not help him make sense of what had happened or get over things. He asserts that it must be a conscious choice to experience the full range of one’s emotions *“you have to- it’s the decision you’ve got to think of.”*

4.3 Expressing the Self: Redirecting Emotion

Rosso was able to cope with a range of emotions with the exception of his time in Kosovo, the tour preceding his offending period *“it was my last (Army) experience and it was a bad one”* he stated. He felt isolated and unsupported but rather than express this directly to his superiors instead he was *“physically stomping around ... very angry a lot of the time.”* Johnny released his feelings of isolation and frustration through music *“if I’d had a bad day, I’d hire out the studio and sit on the drum-kit for hours and beat my heart out.”* His metaphor uses language of battle as he ‘beats his emotions out’. Anger and

aggression were more culturally accepted ways of **redirecting emotions** such as grief and guilt which we focused upon briefly in Suppressing Emotion. Rhymer felt encouraged to 'fight' troubling emotions 'out of his system' and he recollected how if *"you get yourself in a bad space, you fucking work your way out of it. Some people would fight to get out of it...or show aggression on the battlefield openly, some people would get pissed and then fight, coz that's the hard bit, the hard bit is letting the rage out, you know, if you lose a friend or if your partner is cheating, they encourage that rage."*

Soon after witnessing the car accident mentioned previously Cliff recalled how his behaviour began to change. He *"became moody, violent, non-compliant...withdrawn"* increasingly angry and frustrated and drank as a way to 'mask the anger' because he didn't know how to deal with what he'd witnessed. He *"started... having explosions of temper, smashing things, breaking things, it was never towards a person but it was always smashing... windows....I wouldn't have any control over that anger, I'd just go into one and next thing I know I'd look and see the damage I'd done."* He couldn't *"put my finger on why I get that angry."* Many of the men noticed changes in their moods and emotions, particularly those who had been in combat. Cliff uses the expression 'seeing red' to describe his anger which occurred during his offence and culminated in his accidentally taking the life of a woman he had followed late one night with an intent to sexually attack. He struggles to comprehend what happened in that moment recalling memories of himself as a child *"normal kid, happy go lucky, from a big family"* saying *"that's the bit I can't...I think that was that anger, seeing red, and that stemmed back from where I developed that temper in the Army, and that's gone on now, when I see red I just go overboard with me anger..."*

Suppressing emotion seems to be a conscious choice whilst anger and aggression seemed to 'erupt' as one lost control. Lenny adds more to this construction of emotional control. He described after combat *"it's almost as if*

you become a slave to your memories, you're controlled by them, your actions are not just at that time, but further on in the future directly affected by your memories. Anger was a big thing for me...I snapped very quickly, I'd a short fuse."

Many of the men recall incidents of reacting violently to situations in civilian life. A violent over-reaction on Billy's part resulted in his arrest and current prison sentence *"Three guys...said comments about my girlfriend, they were drunk and even though I was sober...basically I went down to challenge them, and it escalated from there and I lost the plot."* In that moment he recalled imagery of a frightening incident in Bosnia where he had been surrounded by scores of angry men threatening him with bayonets and Kalashnikovs out of which he narrowly escaped *"...every time I'm surrounded by guys I go berserk."* Cliff describes his reaction to an event shortly before his arrest. He heard a car screeching and *"looked up and it smashed into the back of a car."* He *"over-reacted, went over to the driver's window and smashed and literally dragged the driver out coz I thought they were going to get crushed"* details such as the 'goldy' colour of the car instantaneously bringing him back to the earlier road accident. He said *"I scared the young lads in the car coz I was literally dragging them through the windows. I just felt that need, I had to get them out,"* succeeding this time in doing what he had been unable to do at the earlier scene.

When Ray's relationship began to fail, he initially drew on a trusted strategy *"I bottled things up, and I would drink at the weekends and if I was down."* However when his partner told him she was leaving he felt that *"eventually, something's got to give and of course it came out on the wrong person."* He believes that this rejection had echoes of childhood dismissal and he thought *"I don't want this now, why is another person throwing me away?"* He continued *"I never addressed it. So when it comes up for me, it comes up like a fucking volcano-I'm not having this! I'm never having this!"* His emotion was diverted into aggression against her, accepted tactics which I propose he learned in

the Army as a way to express emotion when suppression wasn't an adequate shield. It appeared to me that as with suppressing emotion, the strategy of re-directing emotion evolved and utilised within the Services context tended to remain with the men as they adjusted back into civilian life. Discouraged to show any emotion suggesting vulnerability or weakness, they were used to squaring up to reality with haste and portraying 'powerful', free to express emotions such as anger and rage. I believe that many of the men in this study left the Services well practiced in drinking and fighting their emotions out, and were inclined to fall into this pattern again when faced with uncomfortable feelings such as anxiety and confusion. Thus, in my view, both of these strategies of suppression and re-direction of emotion played a sometimes significant role in many of their offences, in particular those of an aggressive nature.

4.4 Expressing the Self: Emerging Emotion

Lenny controlled emotions with alcohol and drugs but when he no longer tried to assume charge he started to "*come apart at the seams.*" He became aware of a transition in his emotional state "*Over a period of a few months after I came out of the Army, my emotions started to evolve, to come out.*" He recalls his first flashback "*I didn't know what the hell it was in those days.*" He draws on the metaphor of Pandora's Box¹ to explain "*Most people have a box that they put things away in, the only trouble with mine was that the locks came off.*" This process of **emerging emotion** is one referred to by many of the men, to describe how emotions previously suppressed began to be experienced, often out of their conscious control. Most of them use imagery related ideas to describe this. Twelve weeks prior to our meeting Lenny felt he was "*no*

¹ In classical mythology Zeus gave Pandora, the first woman a box with instructions not to open it. Pandora's curiosity soon got the better of her, and she opened the box and in so doing released the evils and miseries of the world which flew out to afflict all humankind

longer coping, I was having difficulty differentiating between reality and dream world or flashbacks” and he sought help from the mental health prison in-reach team. In the months after leaving the Navy Martin became aware of his emotions emerging “it started to rear its head and in the beginning I was more effective at suppressing it than in the later stages.” He still experiences flashbacks of a scene where his ship was threatened with attack; images of him interrogating ambiguous radar movements evoking fear to this day.

Rhymer described the frightening images which came unbidden to his mind after the Army “It affected me in ways I couldn’t imagine... I’ll see a baby in the street and picture a baby I’d seen without realising I’d seen a baby. I would get a picture flashing in my head of a baby I’d seen in amongst the hundreds of bodies at times that you would see, their burnt features or their bloated... it was fucking horrible you know...” Many of the men experienced recurring dreams and disorientating flashbacks and some of them were working with psychologists at the time of interview, assessments being done of symptoms potentially indicating Post-traumatic stress reactions. Dave reflected that the things that he and his colleagues had seen “leave an imprint, I don’t care who you are or how good a soldier you are, it’s still there in the back of your mind.”

Rhymer described how soon after leaving the Army and for many years to follow he was brought back to horrific scenes by a range of sensory triggers “I could not stand being in phone boxes or lifts, I think that was the smell of piss that used to do my head in.” He recalled being overly sensitive to potential threats “you find that you can’t switch off when you need to, you might be on a date and you’re examining packages that people are carrying past the window or you’re trying to sniff out smells and I can’t really explain it...you just can’t really relax.” Dave needed to sit facing the bar when out “If you’ve got your back to the bar anyone could come and take you out couldn’t they? So if you’re sitting facing it you can see who’s coming and going.” Cliff’s efforts to suppress recurrent flashbacks were becoming less successful to the point that “I wasn’t

concentrating on what I was doing... I was having panic attacks, my heart would start thumping, I'd start hyperventilating, sweat, feel a bit dizzy and faint and my fingers would start tingling." He worked as a coach driver and would need to stop the coach on the hard shoulder to wait for these feelings to pass. In the time leading up to his offence Cliff was going off sick, his symptoms rendering him unable to work.

Doug had *"nightmares, reoccurrences, heightened awareness to noises....bangs, people coming across your periphery, you're so there, all the time"* for many years after leaving the Army. This process of emotional subsidence has spanned over twenty years for him. *"Immediately afterwards (recurrent images) were stronger and more disturbing and the period that I've served now in prison they have grown to a remembrance rather than an intrusion."* Doug was in the Army for 2.5 years. He briefly did some 'focal therapy' in the Army which was useful but which he didn't see through to the end. At the time of our interview he was about to start group therapy, only the second time he will have received psychological support since he was medically discharged 17 years ago. Uncertainty around how to help himself meant that it has taken him ten times longer to recover from the psychological impact of his military experience than the time he actually served. He speaks nervously yet optimistically of how he hopes participation in a therapeutic group will help facilitate his emotions to emerge in a controlled way in a supported environment. Ray speaks proudly of the work he's done in prison based therapy *"I stripped myself naked as such, took all the armour off."* Lenny reflects on the effort it takes to suppress or restrain emotions and how in suppressing we still attend in order to deny their significance. The process of therapy has facilitated a controlled emergence of his emotions to himself and others *"Not having secrets is a wonderful thing, because you no longer need a memory. If you tell untruths, you need to remember who you told them to, so if you have no secrets, then you don't have to have a memory, hence I don't need to*

remember things." He leaves me with a sense of the freedom he finally experiences from his memories through his committed therapeutic work.

Chapter 4

Discussion

1. A Framework and a Theory

There were many differences in how the men experienced the military context, in what they perceived was expected of them and in how they acted upon their situation. Yet there were also shared expectations around what it meant to be part of a unit and to behave according to its cultural rules and rituals. The focus of the processes outlined here is on in-Service experiences. We saw in the Introduction that much of the research focus on antisocial behaviour has been on combat exposure and pre-Service risk factors however from these research participants comes through an emphasis on their time within the military, thus agreeing with and building on burgeoning work considered in the Introduction on the impact of in-Service factors on psychological well-being, by Engelhard & Van den Hout (2007) and on anti-social behaviour by Booth-Kewley et al., (2010). Vogt et al., (2005) finding of gender difference in stress rating of in-Service factors also gives weight to the individualised nature of this impact.

The ideas proposed within this thesis lean on a social interactionist framework which asserts that we possess a unique construction of our situational goals, while living together with others in a shared physical and symbolic environment (Efrat, 1973). In the proposed theory the physical and symbolic environment is described as a series of four 'Situational Demands.' These four demands describe what the men perceived was expected of them in a particular space, time and social

context. Drawing once again on Clarke's construction of the situation, this is not to say that situational demands are static (nor causal, intervening and contextual as according to Strauss, 1979) but instead that elements (both human and non-human) are co-constitutive. Thus in setting out a set of situational demands I intend to depict participants' perception of what they deemed as challenging and interpret their responses on an intrapersonal and interpersonal level. Their actions seemed to serve the aim of reducing contextual ambiguity and inner conflict and gaining them back a sense of control. Their responses are described under the heading 'Survival Strategies' which I propose they evolved to protect their sense of self or identity.

Breakwell (1986, p23) asserts that two important principles predict the operation of processes in any theory of identity, assimilation and accommodation and evaluation. She describes assimilation as the absorption of new components (or situational demands in this case) into the identity structure and accommodation refers to the adjustment (or survival strategy) which occurs in the existing structure so as to find a place into which to fit the new elements. Evaluation entails the allocation of meaning and value to identity content both new and old. Evaluation, she describes, will influence what is assimilated and the form of accommodation. These two processes interact and act simultaneously to change the content and value dimensions of identity. She proposes that these two identity processes work to produce uniqueness or distinctiveness for the person; continuity across time and the situation; and a feeling of personal worth or social value. The processes themselves do not change across time while their outcomes may (Breakwell, 1986, p24). In my view, Breakwell provides a plausible sense of the nature of the constant thinking process taking place for us at each moment in time which is pivotal to how we perceive and respond to our environment. Thus the theory presented here explicitly outlines two elements related to

the men's perception of situational demands and the intrapersonal and interpersonal responses they enact along with possessing an implicit underlying assumption that they employ cognitive processes as described by Breakwell to make this possible.

Goffman (1959) describes people as social actors who strategise how to control their encounters. In my view the men were responding to situational expectations they perceived and were acting with the intention of gaining a sense of control, reducing the ambiguity of their situation and minimising internal conflict or anxiety through securing their sense of self, be that socially, in time and space, in relation to their military actions and/or in the regulation of their emotional experience. All of the men made reference to these four situational demands in some shape or form, while the meaning they attributed and the action they chose remained unique to them.

I suggest that the men carried strategies into civilian life which they evolved during their time in the Services. Resick, (2001, p4) proposes that *“when the stressful situation abates, the behavioural reactions lessen but poor coping styles and rigid or faulty thinking patterns may have evolved that will be used and abused in future stressful situations.”*

She asserts that someone who develops new and healthy coping strategies may be left much stronger and more resilient to face future stressors.

Threat to our survival is a strong reinforcer and plays a crucial part in the indoctrination and preservation of rules, habits, attitudes and behaviours that are perceived as helpful for coping with threat, which are integrated into the identity and endure over a life-time (Sturgeon-Clegg, 2008, p123). She makes use of Breakwell's (1986) definition of a coping strategy as *“any activity, in thought or deed, which has as its goal the removal or modification of a*

threat to identity" (Breakwell 1986, p79), which fits well with the concept of a survival strategy used here.

Thus to summarise, two important notions underpin the theory presented here. Firstly, Goffman's notion of individuals as actors operating with intent towards their situation. The intention espoused here is to reduce ambiguity and internal conflict experienced in response to situational expectations and to enhance the security of one's sense of self. Secondly, resting on Resick's assumption, adaptive intrapersonal and interpersonal strategies are proposed to evolve over time in the Services and may be carried into civilian life to be drawn upon once again when the individual is faced with situational ambiguity. In my view this can be described as a Psychosocial theory as it attempts to capture symbolically the interaction between the individual and their perceived situation, the psychological and the social.

2. Situational Demands and Survival Strategies

The following section provides an overview of four categories of situational demands and strategies chosen in relation to them (see diagram).

The situational demands are proposed to be experienced by the men generally in the sequence depicted. They may attribute meaning to events after a period of evaluation soon after the event or much time later, thus their chosen action isn't presumed to follow in this order.

Securing the Self refers to the social expectation placed on the men to become part of the group, their adjustment to being constantly in the company of others, their self-perception through the eyes of others and their chosen response.

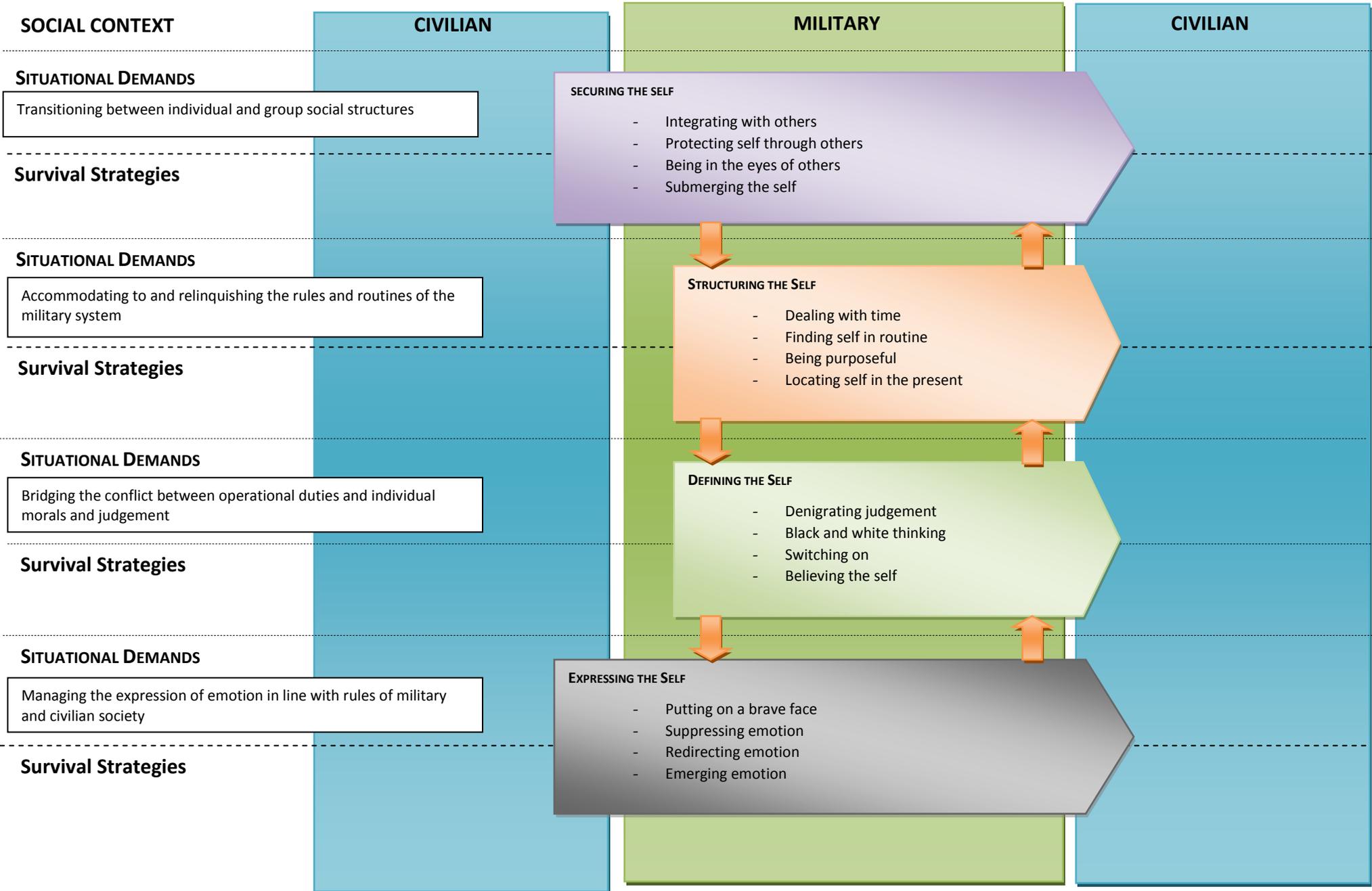
Structuring the Self refers to the assimilation of the unit's goals with one's personal goals. The model describes how the men adapted to the structure and routine of the Services and later adjusted to their absence in civilian life.

Defining the Self describes the expectations the men encountered in relation to their military duties. This category explores the conflict experienced between operational demands and individual beliefs and values and considers how the men struggled to re-define a sense of themselves during and after their time in the Services.

Expressing the Self relates to the cultural expectations around the expression of emotion in the Services, describes how in the short term they were accommodated to by the men and the impact of these strategies on their dealing with emotion in the longer-term.

In the following section we will explore the four categories in the light of existing literature. Links will be made to ideas presented in the Introduction and new material of relevance to these categories also introduced. This chapter aims to show how the four emerging categories complement existing theory, how they relate to each other and where they diverge to suggest new perspectives on offending in the ex-Services population.

Figure 1. Four Core Categories



3 Securing the Self

3.1 Securing the Self: Integrating with Others

As we saw in the previous chapter, the Services was initially about a social experience for the majority of the men. Social integration has already been suggested as important in the transition into and out of the Services. Research on homecoming experiences emphasises the positive effects of social support on the readjustment process and on helping to overcome traumatic experiences (Fontana et al. 1997a; Johnson et al. 1997). So *how* might social integration be an important part of the adjustment and readjustment process?

Group cohesion is one of the earliest topics addressed in military psychology, generally considered from a performance perspective with which it is positively correlated, as with psychological well-being, while negatively correlated with psychological distress (Bliese & Halverson, 1996; Hoyle & Crawford, 1994; Oliver et al., 1999). All of the men placed great significance on how they integrated with others in their unit and for many of the men it was a positive part of their Services experience. Ray for example, embraced a social identity of 'soldier' and unit member and in so doing experienced confidence as never before.

Social identity theory brings an interesting perspective which helps to conceptualise the process of integrating with others. Our social identity has been defined as:

"that part of our self-concept which derives from knowledge of one's membership of a social group (or groups) together with the value and emotional significance attached to that membership"

(Tajfel, 1981, p255).

Social identity theory posits that simply categorising oneself as a group member has been sufficient to lead people to display in-group favouritism (Turner and Tajfel, 1986). One reason for this may be down to the idea that we derive a sense of psychological well-being from assuming a social identity (Cameron, 1999). The in-group may become part of our self and acquires social and emotional significance for us (E. R. Smith & Henry, 1996; Tajfel, 1981). Turner and Tajfel describe how the quest for positive distinctiveness from the out-group means that people's sense of who they are becomes defined in terms of 'we' rather than 'I'. The majority of the men in this study used the pronoun 'we' to a much greater extent than 'I' when sharing their positive memories while 'I' was more commonly used by those who felt socially excluded. I noticed that the nomenclature changed from 'I' to 'we' and back to 'I' for several of the men as they described their transition into and out of the Services group which I believe signalled a declining degree of identification.

Along with drawing confidence from their membership of a military unit the men also seemed to derive a sense of agency. Remember Dave's assured sense of purpose and agency while acting as part of a unit, yet frustrated aimlessness after the Services? Ahronson (2007) offers a sense of how the subcategory **integrating with others** may relate to **being purposeful**. He suggests that if people perceive that their team shares closeness during a task, these cohesive beliefs may bolster their confidence in regards to the agency of their actions.

3.2 Securing the Self: Protecting Self through Others

Many of the men suggested that while it was initially presented as an external directive to 'protect your buddy,' gradually they seemed to take this on as a personal responsibility and in so doing, found physical and emotional protection for themselves. Through the act of protecting others they appeared to become more integrated and connected to the group. Having identified with others, individuals are more likely to make sacrifices for them (Bartone, 2010). People who feel more social connectedness with others have been found to be more likely to engage in pro-social behaviour (Lee, 1998). This notion of social connectedness is one to which we will return in the next section.

I would argue that protecting others may be an example of pro-social behaviour in people who already have a bond, however, in addition, through the act of protecting others, one may also become connected to them and begin to trust and feel physically and emotionally protected in turn. Perhaps this comes about because in assuming an obligation towards others, one focuses on them rather than on one's own feelings? Ray's vocabulary suggests that it was only on leaving the Army that he began to be concerned with protecting himself, words such as 'wary' and 'safety' becoming apparent in his lexicon in his description of the period immediately after the Army. It seems that for him vigilance was also required in civilian life and his words suggest a sense of danger more concretely than that experienced on tour. A majority of the men stated that they feared their buddy's injury more than their own, thus in this context I would propose that protecting others served an anxiety management function. The majority of the men referred to high levels of loyalty and trust which existed with their unit colleagues surpassing that engendered in previous and subsequent friendships in civilian life, loyalty that remained strong years after their unit had disbanded. The development of

relationships of enduring strength with those with whom you have shared threatening experiences has been seen with other groups. Sturgeon-Clegg (2008) identified a similar process taking place in adults who had been evacuated from London as children during the Second World War where some of them referred to developing a life-long relationship with those people on whom they had relied during those unsafe times.

3.3 Securing the Self: Submerging the Self

Integration into the group entailed assimilating it's beliefs, ideals, attitudes, prejudices, and ways of viewing and valuing the world. For some men, this evoked personal conflict as they grappled with how to merge a previously individual identity with a social one. This process of assimilating the group's ideals was an important transitional one.

Assimilation may be experienced as 'tension' (Crandall et al, 2002), but Sherif and Sherif (1953) asserted that *"eventually concepts and ideas concerning social relations become one's own concepts and ideas, part of one's personal identity."* Doug's experience suggests otherwise. He was aware that his ideals remained strongly in situ throughout his training. Assimilating the group's ideals was a difficult process for him, whereby he felt like an aspect of his self was being "stripped away." Concepts and ideas were 'tried on' by him, but not entirely bought. There was something distinctly 'his' which remained throughout his training, which he continued to experience as discrete from the group. He was conscious of an intractable character to some of his personal ideals evident during literal and symbolic clashes with his unit. After carrying out a number of challenging tours in Afghanistan and Kosovo, Rhymer began to reflect on his actions and realised that they went against his ideals and beliefs about who he was. He began to identify more with a previously held individual notion of his self which seemed to have remained distinct in his memory and to dis-identify with his more

recent group identity of 'soldier'. I wanted to explore relevant ideas as to how this might come about.

Contemporary cognitive theories of identity view the self as comprised of many divergent, identities of which only a subset, known as the working self-concept (Markus & Kunda, 1986) is accessible in memory at any given time (Stryker, 1980). This idea seems to complement the notion within social identity theory of our having a capacity to 'try on' identities based on what we perceive to be appropriate to the demands of our context, and that we may later revert to a previous self-concept. In my view this helps to understand Doug and Rhymer's experience to some extent. They appeared to submerge their self for periods of time depending on how coherent their individual idea of self remained with the group's ideals. They seemed to engage in an ongoing process of self-monitoring of their actions against their accepted values and ideals. This is backed up by Gilbert's (2005, p264) observation that the brain sends and receives signals that are social and reciprocally role forming. This proposition seems more reflective of these men's experience than the ideas offered by Sherif and Sherif; however it fails to capture the emotional conflict which accompanied this process, something to which we will return later.

3.4 Securing the Self: Being in the Eyes of Others

The perceptions of others seemed very much in mind for the men as they described the complex social hierarchies and rules they had to navigate their way through. Cliff, Billy and Johnny spoke with anger and frustration of colleagues who ridiculed them for appearing unable to cope or managers who cloistered them and blocked their career progression. How we are seen by and reacted to by others constructs much of our social experience (akin to Cooley's notion of the 'looking glass self' presented in the

Introduction). Integrating less than smoothly and being ill-thought of by colleagues could significantly shape one's experience of military life and sense of well-being.

What are the implications of believing one's self to be positively viewed by others? In my opinion, these men appeared to more fully embrace the group identity and seemed more connected to others in their units. Lee & Robbins (1995) use the term 'social connectedness' to describe the subjective awareness of being in close relationship with the social world and propose that we seek to be socially connected with others in order to feel a sense of belonging. Our level of connection with others appears to have numerous implications. People with high levels of connectedness have been found better able to manage their own needs and emotions (Tesser, 1991). Low levels of connectedness may be related to a reduced ability to manage one's needs and proneness to low self-esteem, anxiety, and depression (Kohut, 1984). Those with a weak sense of connectedness may display low levels of trust and are more likely to retreat from social opportunities and experience daily life as more stressful (Lee, 1998). Cliff was shocked and scared by the experience of witnessing a traumatic road accident. His distress was enhanced by his anxiety that others thought him to be coping badly and he felt ashamed and withdrew socially while outwardly trying to maintain a brave face. His drinking escalated and he began to react increasingly aggressively to his workload and emotions, which served to further distance him from others. Later in the portfolio within the Client Study we visit Gilbert's (2006) ideas around shame, which he describes as a social emotion which involves a complex interaction between self-experience and 'self in the mind of the other' experience.

Social exclusion has been found to have a number of important consequences. Conversely to social connectedness, the likelihood of altruistic, pro-social behaviours seems to decrease as a consequence of

social exclusion and rejection (Baumeister & Tice, 2001). People who have been excluded tend to show increased levels of aggression and antisocial tendencies and respond more aggressively to both provocative and neutral encounters. Excluded people are more likely to break rules and engage in risky, unorthodox behaviours (Twenge et al., 2001) even in the absence of any mental health diagnosis. From my understanding, little research has been undertaken on how social integration may link with aggression and antisocial behaviour. I believe it is worth further exploration with regards to the ex-Services group. There are implications for clinical work. Psychologists need to ask questions of how well socially integrated clients were both during their time in the Services and currently in civilian life. Difficulties experienced in this area should be discussed, with specific enquiry into challenges experienced integrating with others, the impact on the person and strategies they used for dealing with possible isolation. Within the military, social integration needs to be attended to and concrete efforts made to help assimilate all personnel into the unit and wider social system.

Emily White (2010, p91) wrote a fascinating exposition on the nature of loneliness and reflected on her experience of protracted loneliness. During what she describes as more socially 'embedded' times of her life she recalled having a robust attention span. She described how as her loneliness began to span out, her attention 'fractured'. She cites research by Perlman (1989) who reported that lonelier people were more distractable and seemed to have a reduced capacity to control their attention (Cacioppo et al., 2000). Her ideas lead me to speculate on potential links between poor integration with others and a reduced capacity to remain focused on and attentive to one's goals, thus also related to characteristics of the category **structuring the self**, to which we will move next.

4 Structuring the Self

How the men adjusted to a lifestyle ordered and ordained by the unit's duties began to evoke my curiosity. I wondered how did they later adapt to the unstructured nature of civilian life where once more they were 'masters of their own environment'? What implications, if any, did this have for their offending behaviour?

4.1 Structuring the Self: Finding Self in Routine

In the Services day to day life was highly structured; the unit's military goals were translated into a daily plan for each of them. While this reduced some of their sense of control over things, the routine and order also absolved them from the responsibility of having to make their own plans. Transitioning back into civilian life, it was now down to them to take charge, to secure accommodation and employment and construct ways to fill their time. Many of the men who had joined the Services as teenagers returned home to be treated as adults. Civilian life calls for a multiplicity of decisions to be made which seemed to have been quite overwhelming for some. Finding ways to shape time back in civilian life was one of the biggest challenges for all of the men.

4.2 Structuring the Self: Being Purposeful

Some of the men dealt with the ordered nature and frequently frenetic pace by finding a personal sense of purpose in military goals, Dave and Doug sought to protect others, each focusing on situational goals, one task at a time.

Frankl (1963) believed that we are driven to find meaning or purpose in life. He argued that frustration in relation to this 'force' leads to a feeling of 'existential vacuum'. People without structural frameworks to integrate and organize goals have been found to display lower levels of health and well-being (Donahue, Robins, Roberts, & John, 1993; R. A. Emmons, 1991). Life goals or purpose may be important but, according to Shek (1992), also need to be accompanied by a subjective feeling that life is meaningful in order to be a determinant of psychological well-being.

Developing and living in accordance with a purpose (through pursuit of goals and day to day tasks) seemed to have become particularly important for the men as a way to structure time in the Services. Living in alignment with a purpose may have been a positive means to deal with the risk, ambiguity and anxiety of a stressful context. Giving some credence to this idea, purpose has been proposed to serve as one potential variable in resilience for dealing with dangerous situations (McKnight & Kashdan, 2009). Operating in accord with a purpose has been proposed to increase endurance during mentally and physically challenging activities and sustain vitality in the aftermath (e.g., Moller, Deci, & Ryan, 2006; Muraven, Gagn, & Rosman, 2008). In my view a sense of purpose played a role in maintaining well-being for the men. It may also have operated as a mediator for emotional experience and emotional expression. When Dave returned to a day to day life he perceived as mundane, associated memories seemed to slowly surface which, in the thick of action, he had been able to keep at bay. A sense of purpose and the ensuing plan diverted his attention from his feelings, however returning home absent of purpose and devoid of distraction, his emotions came to the fore. The challenge of finding purpose for oneself demands ongoing effort. As Weixel-Dixon & Strasser (2005, p229) point out

“we are not allowed the luxury of making significant and difficult choices around purpose in living just once: we have to consider and re-consider these possibilities again and again.”

Research supports the converse proposition that the absence of purpose may have negative consequences for well-being thus may suggest why the absence of purpose in civilian life can be a struggle to cope with. For example, an absence of purpose in the lives of able individuals is one factor in elevated rates of depression, feelings of emptiness and suicide in the elderly (Richman, 1993; Ruckebauer, Yazdani, & Ravaglia, 2007). Several of the men turned to alcohol as a way to fill downtime in the Services and carried this tactic with them into civilian life. A number of studies suggest that purpose in life is negatively related to alcohol use (e.g., Jacobson, Ritter, & Mueller, 1977) and general drug involvement (Padelford, 1974).

Aligning oneself with a clear sense of purpose may have served to consolidate a belief in a rightful cause and inherent in this, one's approval of one's actions. Bandura (1999) found that we can morally justify our behaviour to some extent by depicting it as serving a valued or righteous social purpose (e.g., defending freedom). Training seems to have played an important role in accentuating this process. Many of the men described how their training bolstered their belief in and adherence to the military's goals. Research suggests that training which invests harmful conduct with high moral purpose has been found to eliminate self-censure and engage self-approval in the service of destructive exploits (Kelman & Hamilton, 1989) which indicates how training may have enabled the men to carry out certain aggressive acts. Over time, when the men's actions conflicted with their sense of purpose and meaning I propose that this had a destabilising effect on the men's beliefs about themselves and the world, as seemed to have occurred for Rhymer and Lenny amongst others. Purpose and

meaning in one's life need to be validated by personal experiences (Nygren, 2005) in order to serve to maintain self-approval.

These men had been used to possessing a strong sense of purpose in the Services and its initial absence in civilian life seemed to have presented a challenge for them. Several of them discovered a renewed sense of purpose and a reassertion of goals and structure through criminal contexts. I propose that the criminal context enabled some of the men to regain a sense of purpose which reinvigorated their agency and confidence. Rhymer for example, began to integrate back into society through the support of a man who later introduced him to a criminal lifestyle. Loyalty to his new friend and 'family' prompted him to begin to undertake burglary jobs and gradually through this he began to develop a sense of agency, purpose and structure in his life. Doug, Dave and Cliff, drew parallels between the clarity of purpose and sense of a plan involved in a military mission and in their offences.

It seems that a renewed sense of purpose was sought and attained, certainly in the short-term by many of the men through activities related to their offending behaviour. I propose that this is an important issue which needs to be highlighted in clinical work. While issues of employment and accommodation are tackled on a practical level by many Services charities, more consideration should be given to how ex-Services personnel regain a sense of purpose, through supporting them to take back responsibility for constructing short to medium term goals and a daily structure as a matter of course.

4.3 Structuring the Self: Locating Self in the Present

Several of the men seemed to live their life solely in the present tense in the Services, their focus on activity in the here and now. Civilian life however demands a present and future orientation in order to make and carry out decisions. Signing up to a tenancy, employment or phone contract, all of these require some degree of future orientation and commitment to that imagined future. This may require a shift in mind-set, situating decision-making in relation to one's intentions both now and in subsequent months. Zaleski, Cycon, & Kurc (2001) found that future time perspective, and especially possession of long-term goals, positively correlated with virtually all aspects of well-being, meaningful life, social self-efficacy, and persistence. Remember how Rhymer lived for over a year after the Army in squats, removed from other people, existing day to day? I believe that by locating himself within the present tense he could maintain the psychological mind-set he had developed in the Army. In my view, making decisions requires one to construct and attach one's hopes to a plan and to other people. People, in his experience could be lost at any moment; no body and nothing could be relied on to remain. There was less for him to lose if his hopes and emotions were not attached to people or events in the future. The here and now was a safer place to be.

The notion of 'detemporalisation' has relevance here, describing how someone may detach from the present moment and become alienated in time (Beere, 1995) the word alienated striking a chord for me in relation to Rhymer. Potentially, attending to the present to the exclusion of past and future may have enabled the men to remain at a distance from their feelings. By living in the present tense Rhymer seems to have protected himself from past memories and the potential that he might evaluate himself unfavourably in later light. Sar & Ozturk (2007) assert that experiences are not conceived of as traumatic while the event is happening,

but become psychologically traumatic only after it is over. In this static existence perhaps he shielded himself from having to integrate his 'soldier' experiences into his sense of self in civilian life and the difficult emotions this process might provoke.

5 Defining the Self

A number of internal cognitive processes seemed to be taking place for the men as they struggled to overcome conflict between their self-definition and the actions they were expected to carry out as part of military operational requirements.

5.1 Defining the Self: Black and White Thinking

Many of the men referred to a cognitive shift they made as they realised that they needed to hand over trust to the system and colleagues for their safety and in turn relinquish faith in their own authority. Downplaying or denigrating one's own judgement served benefits for military life however I believe created challenges when suddenly the men were required to exercise autonomy again in civilian life. Transferring faith in oneself to faith in the system occurred as a gradual process over six months of basic training, however the requirement to be self-reliant once more arose over just days, commencing on disembarkation from the plane as they stepped back onto home soil and into civilian life.

Adopting a black and white approach to decision making appeared to be a naturally occurring cognitive strategy for many of the men, potentially propelled by a number of factors. I believe that thinking in black and white terms may have helped them to assimilate and follow protocol.

Identification with the group combined with this cognitive strategy appears to have culminated in positioning the other as the 'enemy' and one's own group as 'good.' Beck (1999) proposes some relevant ideas around the cognitive adaptations people make in response to perceived threat. In the Introduction we considered his term 'dichotomous thinking' in his

conceptualisation of anger and aggression. He describes how in place of a normal tendency to judge other people across a broad spectrum ranging from good to bad, aroused people make extreme categorical judgements based on the notion of 'totally good us' and 'totally bad them'. In consequence, the other becomes the 'enemy' and their actions are rationalised as 'wrong' while my behaviour and those of my counterparts is 'right.' Robert Lifton illustrates this, describing a soldier's contradiction in weighing up his responsibility in the My Lai massacre in Vietnam in 1968 when a unit of the US Army massacred a small village in what was perceived to be a revenge attack:

"If evil has been done, he cannot have done it; if he did it, it cannot be evil."

(Beck, 1999, p222)

Beck suggests that holding a global image of the Enemy as bad extinguishes empathy and concerns regarding the taking of human life. According to the men in this study, their basic training appeared to expedite a naturally occurring cognitive process as soldiers are taught to depersonalise and kill the enemy. From my perception of this data, it seemed that the faster a decision could be made and operationalised, the less time there was for potential human implications to come to mind or difficult emotions to rise to the surface. Decision-making made expedient. Beck proposes if the enemy is perceived by the soldier as a real, similar human being, the desire to kill is inhibited and replaced by a feeling of guilt if he decides to fire his gun. Adoption of this cognitive strategy seemed to protect the men from troubling, self-conflicting emotions, at least in the short-term.

Beck (1999, p221) also emphasises loyalty to the group. He describes how having ties with others "*gives the group cohesiveness, definition and boundaries*" and these ties help to strengthen the distinction between 'us' and 'them.' Ties and loyalty to the group conveyed a suggestion of protection to the men in this study; they came to believe that their safety was associated with

belonging to the group which served to consolidate their position against the enemy. In my view, a plausible relationship may exist between the processes of 'integrating with others' and the adoption of 'black and white thinking.' As the number of deployments increased and further experience in combat gained, solidarity with one's group and loyalty to the cause may have strengthened and thinking became further polarised and rigid in nature. This shift may have been a temporary one or signalled the beginning of a longer term transition. As we saw in the Analysis chapter, Doug believes that this cognitive shift was apparent in his thinking after the Army and significantly, during his offence. Thirty years after leaving the Army the shift is still evident for Lenny as he observes how he "still deals with things unconsciously on a black and white level."

Black & White Thinking

I was aware of adopting a degree of black and white thinking as Ray described his experiences in Northern Ireland. I grew up in Ireland, was raised Catholic and had a view on the conflict and involvement of the British Army in the North. I was mindful of my preconceptions and attempted to bracket these in the interview however in the moment when he spoke with vehement hatred towards the Catholics and demonstrated disregard for their safety I experienced a strong internal reaction against 'them'-the British Army. He showed insight into his own previously polarised perspective within the interview by acknowledging that given my accent I might be Catholic. In parallel, I too tried to remain aware of and challenge my own dichotomous thinking so that I might remain genuinely open to hearing his experience.

December, 2010

5.2 Defining the Self: Switching On

Doug described switching on as *“a way to get the job done, to do what I had to do, to know the details, to be able to perform the task rather than switching on as a person, as an individual.”* Switching on appeared to involve being in a role, comprised of one’s identity and actions. It seemed to involve two factors, commitment to one’s unit or buddy and the plan from which one derived purpose and focus. Being switched on seemed to enable absolution from responsibility and protection from troubling emotions such as guilt or uncertainty while absorbed in that moment. Categories are intricately connected within the model. The process of securing the self relates to the process of defining the self.

Commitment to the unit was important in order to sustain a switched on mode. In his ‘soldier’ identity Doug was one of a pair, and he later described himself as being one of a pair during his offence. Loyalty to another was necessary in order to carry out his job in the Army and like Rhymer, important in his offence. I propose that a deep level of loyalty to his partner, which originated in their growing up together in a children’s home, strong identification with him during their offence and the employment of black and white thinking all served to distance him from his victim and enabled him to carry out his offence. Coming face to face with the victim’s daughter however suddenly Doug was no longer dealing with an abstract other and he was jolted out of his switched on mode. He was overcome with uncertainty, confusion and shame.

Commitment to the plan was also essential. It enabled a clear focus on the goal without the distraction of conflicting intentions. Doug knew what he was expected to do at each step, no margin for uncertainty. His own judgement was denigrated, superseded by his commitment to their plan. Switching on to carrying out a plan appeared to situate the person in the present tense, precluding them from evaluating future consequences or past

experiences, thus maintaining a sense of congruence between one's actions and beliefs. However when something unexpected took place, suddenly personal judgement was required. In this moment the full human reality struck Doug, future implications rushed to mind. The plan was inadequate, was superseded by a need for further decisions. His judgement was called on which heralded the arrival of emotion and with that he could no longer remain in switched on mode.

Some other writers have presented ideas of relevance here around a 'survivor mode'. Resick (2001) describes how at the moment we perceive serious 'danger' our body and mind immediately shift into 'survival mode' and a range of physiological responses kick into action preparing us to fight or flee. Earlier in the Introduction we considered Wilson & Zigelbaum's (1983) 'survivor mode.' I was struck by similarities between the combat related behaviours of their 'survivor mode' and the process of becoming 'switched on' as described by a number of the men here.

Wilson & Zigelbaum suggest that this survivor mode can come into play if the individual perceives a situation to be threatening and their expectations of themselves in that moment create conflict between their self-concept, sense of morality, role obligations and commitments to significant others. They suggested that in response, a dissociative reaction may occur and proposed that the veteran is likely to function in the survivor mode by behaving as he did in combat in Vietnam. I believe that their model suffers from a gap in that they don't explain how these conflicts above may instigate this survivor mode of behaviour however I propose that the processes described within this current model could potentially complement and enhance their ideas.

5.3 Defining the Self: Believing the Self

Through Rhymer's quote on p 143 we can chart a course through the three core categories presented so far. After a series of close contact battles he began to experience internal conflict and questioned just how different the 'other' was from him and whether his actions against a seemingly similar other could indeed be justified by the overall military goal. He began to believe that he was acting against his own personal purpose, of greater meaning to him than military goals, his spirituality and the humanity espoused within this. What happens if we can no longer recognise the person we believe ourselves to be in our actions? The subcategory Believing the Self describes the personal conflict which emerged for several of the men as their actions clashed with their beliefs about themselves as individuals. Kelman and Baron (1974) propose an idea of 'moral dissonance' which they state occurs when we perform an action which violates a moral precept or value. They assert that this has direct implications for our self-concept and frequently arouses feelings of guilt. They suggest that we tend to be motivated to make reparations for the act, but if this isn't possible then we attempt to adjust the relevant attitude to justify our behaviour. The extent to which the individual takes responsibility or blame for what happened and how far they regard the event as within their control may be a mediating factor in the development of PTSD symptoms (Farrants, 2001) and may be relevant in the process of moral dissonance. Many of the men were able to rationalise their actions in the context of operational goals. For some, this was not enough to reduce the internal conflict they experienced around their self-concept. In Rhymer and Lenny's cases along with personalising the enemy they also began to recognise the degree of control of their actions they had and experienced further guilt.

Several of the men went through a turbulent process of self-questioning and began to recognise that their individual beliefs about their actions were in contrast to the expressed beliefs of their unit. Self redefinition through adaptation of their attitudes towards their actions was not enough to reduce their self-conflict it appeared that eventually they enacted behavioural change, dis-identifying from the group and leaving the Army before their term had been served either requesting to leave, obtaining medical discharge or behaving counter to Army rules bringing about their enforced discharge.

6 Expressing the Self

6.1 Expressing the Self: Putting on a Brave Face

Emotions arise in social contexts, are sparked by interpersonal interaction and are generally about another person, as in love or hate, anger or pity (Solomon, 1993a, p. 129). This research explores the emotion regulation strategies which appear to have evolved through time in the Services and considers how they may have carried into civilian life. It assumes that early learning sets in place a critical foundation for one's future emotional experience and builds on this by exploring how experience in a particular context may prompt the evolution of new strategies.

All of the men made reference to cultural rules around expressing emotion and a perceived expectation for them to show strength at all times. Rules around emotional display have been noted across cultures and occupations. Ekman and Friesen (1975) suggest that unwritten codes or "display rules" govern the manner in which emotions may be expressed and different rules may be internalised as a function of an individual's culture, gender or family

background. Hochschild (1979) made the distinction between emotion management at a surface and deep level, where at one level we control the expression of our emotion by presenting a situationally acceptable face (as depicted in this subcategory) while at another level we suppress our emotion and try to control our actual experience. Using her conceptualisation, one may '**put on a brave face**' and present a facade of calm yet internally be experiencing stronger or even contradictory emotions.

Involvement in military operations offers a multiplicity of intense experiences, for example in training, poor conditions during operations and returning from operational theatre can evoke strong emotions such as euphoria, regret, grief, anger, or disgust (Blascovich, 2008). In the military culture, expressing these emotions is suggested to be in contrast to men's masculine military identity, which includes expectations of strength, independence, and invulnerability to the stressors of combat (Arkin & Dobrofsky, 1978). Scheiner (2008) cites a number of writers, describing how for those in combat roles, the ideal extends to include courage, autonomy, and risk-taking (Barrett, 2001; Sasson-Levy, 2003). These descriptions fit with how many of the men portrayed their experience as they made frequent reference to the encouragement of displays of strength and aggression.

Military training instils a value on emotional control because it is believed that the ability to regulate emotion under duress promotes survival and mission completion (Arkin & Dobrofsky, 1978) a belief imparted by many of the men. The downside of this is that it may create avoidance, rigid emotional control and make veterans reluctant or unwilling to experience the emotions they learned to 'turn off' (Lorber & Garcia, 2010). We will pick up on this later in this section.

How do group norms and expectations affect an individual's experience of their emotions? Smith et al., (2007) provide an interesting perspective on

this. They assert that people experience group oriented emotions that may actually be distinct from their own individual emotions. They cite research which found that people experience group emotions in response to events that affect other in-group members but not themselves personally (Gordijn, Wigboldus, & Yzerbyt, 2001; Mackie et al., 2004). They propose that

“when group membership is salient, the group functions as a part of the self, and therefore . . . situations appraised as self relevant trigger emotions”

(Smith et al., 1993, p303).

This suggests that committing to membership of the group may lead to people experiencing the emotions of the group even if the sentiment is not congruent with theirs.

This process may also be involved in **denigrating judgement** which we considered earlier. Smith et al., propose that socially shared group emotions, as compared to individual emotions, are likely to be seen as true, objective, and externally driven in a social construction of emotional reality. Just as belief consensus increases certainty, reduces anxiety, and motivates action (Kelley, 1972; Milgram, 1992; Turner, 1991), emotional consensus may also have implications for emotional well-being and social action.

People who identify more strongly with a group, experience and express group emotions to a greater extent than those who are more weakly identified. This was found to be particularly so for positive group emotions (e.g. pride, bravery) (Kessler & Hollbach, 2005). Kessler & Hollbach found that the experience of anger towards the out-group was positively related to group identification, meaning that expressing anger against a common enemy served to make people feel more identified with their group. Negative group emotions (besides anger) were negatively related to identification. Thus, negative emotions may motivate dis-identification with the group (Smith et al., 2007). The above points have particular

relevance for understanding the importance of creating and maintaining group cohesion in military training. They also suggest further explanation as to why the expression of negative emotion is discouraged among Services personnel, as it may reduce group cohesion. This is relevant for several of the men in the current study. As the distinction between their group identity and the enemy began to blur for them, they began to demarcate their individual identity from their group identity and to pull away from the group. The same process became relevant for them once again as they connected with new social groups and began to identify with their position towards other groups (which had criminal consequences for some e.g. Rhymer and Doug).

Richards (1999) suggests that when we suppress emotion during social interactions, we potentially reduce the amount of information we can draw upon later to form subsequent judgments and decisions about these encounters. If this is the case he hypothesises, emotion suppression might be relevant to enhanced stereotypical thinking (e.g., Devine, 1989; Macrae, Bodenhausen, Milne, & Ford, 1997), stereotype vulnerability (e.g., Steele, 1997) and inaccurate social inferences (e.g., Gilbert, Krull, & Pelham, 1988) and I would add, the cognitive strategy of black and white thinking. Thus quite possibly, group identification and affiliation may not only shape expressed and experienced emotion, but also direct attention and memory for new information in a way that biases us towards information confirming our group's beliefs and moral position.

6.2 Expressing the Self: Suppressing Emotion

A deeper level effort at managing emotions was also attempted by many of the men. Expressive suppression is a form of response modulation that

involves inhibiting ongoing emotion-expressive behaviour (Gross, 1998). Making a decision to not communicate one's affect is described as a *"defence employed with the aim of preserving one's private self and private space"* (Modell, 2003, p82).

The ability to regulate emotions on a day to day level is proposed to be central to well-being and is defined as the automatic and intentional means by which people influence the emotions they have, when they are experienced, and how they are experienced and expressed (Gross, 1989). There's good reason for emotion regulation, both in day to day and military life. Effective emotion regulation enables us to cope with a wide range of environmental events, particularly within social interactions and increases our capacity to cope in the moment. Avoiding unpleasant thoughts, emotions and memories is one factor that has been associated with resilience in the face of extreme adverse events (Bonanno, 2004).

What may be adaptive during high stress events doesn't necessarily make for good in the long-term however. While a majority of these men referred to benefits of suppressing emotions such as grief, sadness and guilt to enable them to get on with the job, it didn't necessarily translate into an effective longer-term coping strategy. Emotional processing of previously suppressed emotions continues for several of them even up to the present day, particularly so for Lenny, Martin, Cliff, Dave and Doug. The following research is interesting in suggesting why this might be the case.

Suppressing emotions has been proposed to lead to an increased amount of negative rumination (Gross and John, 2003) and potentially can become a development or maintenance factor in mental or physical ill health (e.g. Berenbaum, Raghavan, Le, Vernon, & Gomez, 2003; Gross & Levenson, 1997; Pennebaker, 1997). People who tend to suppress their emotions have been found to actually feel more negative emotion, ruminate more, cope less effectively and have less social support, all factors known to increase

risk for depressive symptoms (Nolen-Hoeksema & Morrow, 1991). Thus conversely in the longer term, efforts to suppress emotion may in fact lead to longer term experience of negative affect. One reason as to why this may occur is the cognitive load theory.

Regulating emotional experience and emotional expression has been found to simultaneously degrade performance of subsequent cognitive tasks (e.g. Baumeister, Bratslavsky, Muraven, & Tice, 1998). Individuals must remind themselves to suppress and self-monitor for signs of unwanted emotional impulses (Pyszczynski & Greenberg, 1987). The considerable cognitive load of this process, by several of the men's accounts, appears to be draining, as Lenny suggests in his use of the word 'enslaved' to describe the hold his memories had on him.

It's questionable as to whether efforts to suppress emotion are successful even in the short-term. Studies have shown that while reducing the external expression of emotion, suppression didn't actually reduce negative emotional experience and led to increased physiological responsiveness and impaired memory for emotion-eliciting material (e.g. Gross, 1998a, 1998b; Gross & Levenson, 1993). There are some studies which even suggest that emotional suppression may actually enhance emotional experience. When asked to suppress their negative feelings while writing about a distressing personal memory, participants experiencing high negative affect ironically exhibited greater increase in negative emotions compared with a no-instruction condition (Dagleish, 2009). This is particularly important in understanding long term implications for Services personnel of the military's cultural norms around emotion regulation. Let's consider why this might be the case.

It has been suggested that emotion suppression results in a paradoxical rebound effect (Wegner, 1994) increasing physiological responses to

emotional material and impairing social functioning and memory (e.g. Gross, 1998b, 2007), similar to the effect seen with thought suppression. Dunn et al., (2009) describe how *"intentionally pushing thoughts out of mind results in a paradoxical increase in their frequency either at the time of suppression or subsequently."* Thought suppression has been implicated in the acquisition and maintenance of PTSD symptoms (Shipherd & Beck, 2005). Dunn et al, (2009) asserts that it's viable that the rebound effect operating with emotions may be involved in the avoidance/numbing and re-experiencing clusters of PTSD. Lorber (2010) suggests that the more that negative emotions are suppressed and memories avoided, the more they intensify in the form of re-experiencing symptoms, particularly intrusive memories, flashbacks and nightmares.

The majority of the men in this study who referred to continued efforts to suppress negative emotions also experienced flashbacks and nightmares beginning in the months after they left the Services. Remember Lenny describing how over time he "isolated" himself from his feelings and his sense of becoming "mechanised"? He still experiences flashbacks and nightmares and it had been recently suggested to him by his Psychologist that he may be experiencing PTSD, even now, 30 years on. The presence of images, in the form of intrusions, flashbacks and nightmares is among the diagnostic criteria for PTSD and these are hallmark symptoms of the problem (Grey, 2009). At a less intrusive level, imagery has been found to play a role in a range of mental health presentations (e.g. Hirsch & Holmes, 2007) and while awake and dreaming is a common way for our mind to process events and emotions. In my view it seems plausible that sustained efforts to regulate one's emotion by effortful suppression are of relevance to the origins of certain mental health problems, particularly PTSD, which contains a specific avoidance/ numbing category of symptoms along with those with a high anxiety component. There has been surprisingly little well controlled laboratory work on the consequences of emotion suppression

(Campbell-Sills, Barlow, Brown, & Hofmann, 2006) and given the significance of this process to the mental health of these ex-Service personnel it would be a valuable area for further research exploration.

Alcohol appeared to play a significant role for these men in facilitating emotional suppression. Most of them started drinking only on joining the Services and some learned of its utility for coping through social modelling, seeing their leaders turn to alcohol under heightened stress. According to some, while the expression of certain emotions such as fear or grief was discouraged, anger and physical aggression were accepted and often encouraged. These strong cultural messages around dealing with emotion were, I propose, significant in the development of emotion regulation strategies to deal with ambiguity and risk in Services life. Listening to how the men described their responses to difficult emotions after the Services, I propose that these strategies were carried with them back into civilian life. This idea has particular relevance for those whose offending behaviour was of an aggressive nature. Some of the men described how they had responded with anger and aggression to emotions such as rejection, confusion and fear which in some cases led to the significant injury or death of another person, as was the case in Billy, Ray and Cliff's index offences. Essentially, when it came to a choice between experiencing distressing emotions such as anxiety, fear and grief or anger accompanied by drinking and fighting, it was an easy one because as Rhymer reflected, weird as it was, in the short-term, it used to work. Ray's closing words on the matter are insightful "*alcohol is the military's way of therapy.*" Here we can see an important covert function of alcohol in the Services. Like therapy alcohol served to facilitate the processes of experiencing and expressing emotion, however unlike therapy, the expression of emotion encouraged and demonstrated was not necessarily a true reflection of the emotion experienced. This is likely, in my view, to have had long term negative implications for the men's psychological well-being.

6.3 Expressing the Self & Integrating with Others

In the Introduction we considered literature suggesting that interpersonal relationships often suffered after the Services, particularly so in those diagnosed with PTSD. I would conclude that interpersonal difficulties are not necessarily limited to those who have developed PTSD symptoms, but may arise as a consequence of prolonged emotion suppression. In my view, it is plausible that difficulties in fostering relationships may be a potential consequence of sustained emotion suppression developed in the Services and carried into civilian life. I suggest that the degree to which one sustains a restrained approach towards emotions after the Services may depend on factors including the extent to which one identifies and integrates with civilian groups again and the level to which emotional suppression has become a necessary coping strategy. Individuals habitually using suppression were found to be less likely to share their negative and positive emotions with others and also reported substantially more avoidance in close relationships (Gross & John, 2003). Emotional suppression was found to have consequences including poor interpersonal coordination, decreased feelings of rapport and affiliation and increased negative feelings about the interaction (Butler et al., 2003). Interacting with individuals who are suppressing their emotional expression is also rated as more stressful (Butler et al., 2003), all of this research adding further strength to the proposition that emotional suppression has long term implications for social integration and psychological health. I believe that this area is a critical one for clinicians to focus on in their work with ex-Services personnel.

Strategies of emotion management that have been learned over many years may require unlearning or counteractive 'effortful expression' of emotion.

Some Psychologists have recently begun to apply these ideas with early success indicated with a programme placing emotion regulation strategies at its foundation (Wadlinger & Isaacowitz, 2011). I am not suggesting that Services personnel be encouraged to express all emotions in the moment in which they experience them. As we saw earlier, there are numerous short-term benefits to emotion regulation which far outweigh the negative consequences of short-term emotional suppression. These strategies help personnel to deal with the risk and ambiguity of military operations and enable them to carry out their role in that moment in time. To support Services personnel in the transition back to civilian and family life and to help them cope with emerging emotions in the longer-term I propose that training in emotion regulation strategies potentially before and certainly after tours could have important benefits and could slot into the cognitive therapeutic framework which is already commonly used to treat symptoms of PTSD and a range of other mental health problems in the NHS and by other charity services supporting the ex-Services group. This training could raise awareness of the emotion rules of military and civilian culture to encourage personnel to counter efforts to suppress emotions within the Services when they return to civilian life by actively working to express their emotions in an authentic way.

6.4 Expressing the Self: Emerging Emotion

So how might suppressing emotions have negative implications for an individual's psychological health and their relationships with others? One way is that it may create a sense of incongruence between inner experience and outer expression (Rogers, 1951). This sense of not being true to oneself, of being inauthentic rather than honest with others (Sheldon, Ryan, Rawsthorne, & Ilardi, 1997) may well lead to negative feelings about the self and alienate the individual not only from others but also from themselves.

Suppression was found to be related to in-authenticity while cognitive reappraisal, another strategy for dealing with emotion, was not (Gross and John, 2003). They concluded that individuals who chronically use suppression are keenly aware of their lack of authenticity and are conscious of deceiving others. Experiencing incongruence between self and experience has been linked to distress and depressive symptoms (Sheldon et al., 1997) whereas individuals who habitually use reappraisal showed fewer symptoms of depression.

Gross & John (2003) looked at the relationship between various emotion regulation strategies and indices of 'well-being' as described by Ryff, (1989). They compared people who tended to use suppression as an emotion regulation strategy to others who used cognitive re-appraisal strategies and found that suppression was negatively correlated to relations with others, self-esteem, self-acceptance, purpose in life, environmental mastery and autonomy. Reappraisers they reported had higher levels of environmental mastery, personal growth, self-acceptance and a clearer purpose in life compared to those who tended to suppress their emotions. Gross and John (2003, p359) found the most significant positive relationship was between appraisal and environmental mastery and they conclude that "*the way reappraisers take charge of their emotional reactions appears connected to a more global sense that they are in charge of their environments.*" This suggests that re-appraisal as a specific emotion regulation strategy could also be a useful feature of training proposed above.

Gross & John's research has interesting implications for the current study. It gives credence to a potential link between a person's capacity to authentically experience their emotions and integrate with others as has been suggested in this study. In addition their research also suggests that emotion regulation may be related to possession of a sense of purpose and how one takes charge of or structures their environment, something which

was not explored in depth in this research but which would be something which could be further explored. Finally, Gross and John's study suggests that emotion regulation may be related to autonomy, again something which was not directly explored within this study however is feasible and worthy of further exploration as it would have important clinical implications for this group.

Gross and John's study suggests that there may be a range of potential negative consequences of suppressing or being inauthentic to one's emotions in the long-term and backs up the notion proposed in the current study of a central role of emotion regulation in well-being and the way we relate to ourselves, others and the world. It also suggests that emotion regulation may play an important role within all four categories of the model proposed (see Figure. 1 for a proposed diagram of this relationship). Given the potential impact of Services experience on these men's emotion regulation strategies the above constructs would be worthy of further investigation and consideration as to how they could be applied to clinical work.

Counselling Psychology has a very important role to play in facilitating ex-Services personnel to experience and express emotions in an authentic way and diminish the potential long-term consequences associated with emotional suppression.

The idea of authenticity has emerged in work which aims to foster acceptance of our thoughts and emotions (Teasdale et al., 2002). Differing from more classical cognitive approaches which look to challenge beliefs and change the ensuing emotional experience, the focus of this acceptance oriented perspective is on helping clients to adopt a position of non-judgemental awareness and curiosity in relation to their mind's content. Dunn (2009) surmises that acceptance effectively involves relinquishing effortful emotion regulation. Gilbert (2009) proposes a social basis for the

experience of shame. He has written widely on the significance of developing a compassionate mind as an attitude towards oneself which encourages compassion for oneself and the full spectrum of one's emotions. In my view his work may also serve as a useful framework for clinical work with the ex-Services group.

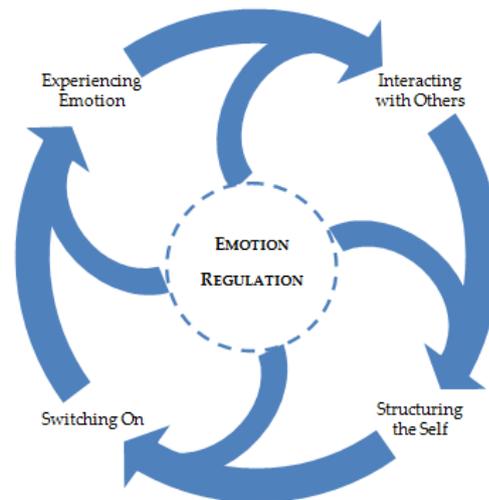


Figure 2. Central role of emotion regulation in four core categories

6.5 Integrated Model

The diagram below is presented with the aim of integrating all four categories of strategies and noting how they are situated within the military and civilian context. The four perceived situational demands arose loosely in this order and possessed an iterative nature, in that the military experience for most was firstly about a social process and secondly about adapting to a lifestyle, while the latter two processes appeared to become significant for the men as they spent more time in the military system, went through their training and carried out operational duties. This sequence was not necessarily followed by all of the men as they adjusted to the military and later back into civilian life but was more dependent on their individually perceived challenges. Each category was very much related to the other. Strategies for socially securing oneself and managing one's emotional expression had clearly been developed from childhood onwards and for this reason the categories sit across the two situational contexts in the diagram, while the other two categories relate to strategies evolved as a consequence of military specific demands, thus are positioned within the military context box.

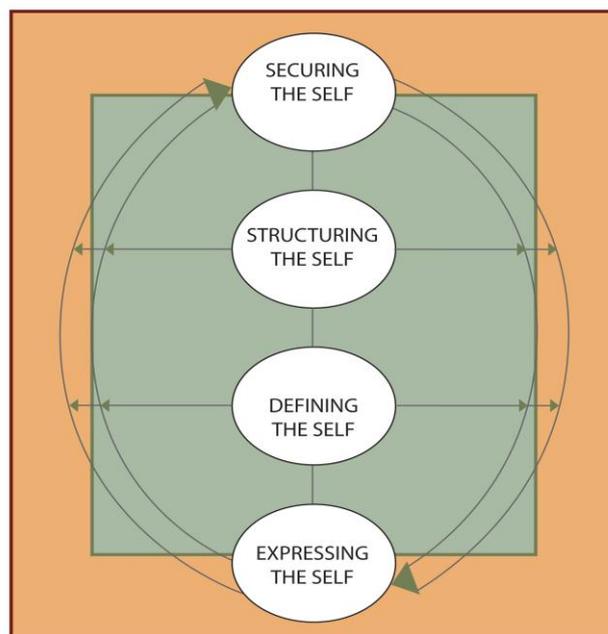


Figure 3. Context and iterative nature of the four core categories



7 Implications for Counselling Psychology

The theory presented in the current study identifies the situational demands perceived and acted upon by this group of men and suggests how intrapersonal and interpersonal strategies evolved may have carried into civilian life and potentially into their offending behaviour. I propose that all of the processes outlined here were encountered by all of the men to varying degrees however specific elements factored into the trajectory of offending for each individual in a unique way. The categories defined in the model are proposed to account for some important challenges faced by people during and after the Services however it is not claimed to be a comprehensive model of all plausible challenges and ways of responding. Beech & Ward (2006) assert that the strength of a proposed theory is in its ability to extend the scope of existing perspectives and to integrate competing or diverse approaches to the study of the relevant phenomena. This point will be addressed in the following section. They also propose that it should account for research findings and survive hypothesis testing in order to be fit for scientific acceptance. In order to address the latter point, the model will be applied in a case study of one of the participants to demonstrate its potential as a working model in clinical practice (see Appendix N).

We have already considered how the model may extend previous work by Wilson & Zigelbaum around a 'survivor mode' and how it appears to complement the research findings of Gross and John (2003). Some of the strategies evolved by the men are similar to those noted in World War II evacuees who developed cognitive strategies such as living for the day and not looking too far into the future and developing humour about the threat, along with feeling protected by a sense of comradeship (Sturgeon Clegg, 2008, p 125). Ryff (1989) proposed a six factor model of well-being which

includes the dimensions of self-acceptance, purpose in life, autonomy, positive relations with others, environmental mastery and personal growth and she has subsequently further validated these constructs (Ryff & Keyes, 1995). A number of the categories presented in the current model show potential to map onto Ryff's constructs, set out in Table 10.

Table 10. Mapping of current model onto Rhyff's model

Current Model	Psychological Model of Well-being Ryff (1989; 1995)
Integrating with Others	Positive relations with others
Being Purposeful Structuring the Self	Purpose in life Environmental mastery
Denigrating Judgement Believing the Self	Autonomy
Suppressing Emotion Experiencing Emotion	Self-acceptance

It is worth emphasising that the researcher came across this model only after the Analysis chapter had been fully completed. The comparison above gives some support to the categories generated in the current model, while suggests that it also brings something new to the literature. Comparing and contrasting the models, they differ in perspective and in the processes they set out to explore. The current model suggests how strategies evolved in a military setting may carry through into civilian life while the earlier model explores the nature of well-being. The current model also attempts to explore the demands of changing contexts as perceived by those within them and their intentions and actions towards them, while Rhyff's model presents static psychological constructs. Ryff's model has received varied feedback, one critique being levelled that there is inadequate distinction

between the six factors with overlap suggested across personal growth, purpose in life, self-acceptance, and environmental mastery (Springer et al, 2006). This critique may well have implications for the current model's categories Being Purposeful and Finding self in routine, indeed while separate, the two categories have already been suggested to work together to a degree and have been treated together in this Discussion section. The topics of purpose and time have also been considered in concert by existential writers such as Heidegger (1962).

8. Conclusion

This research rests on the assumption that a range of issues are involved in the trajectory towards offending and Services experience is just one consideration. The current research focus was on deployment related experiences. Other important factors are likely to have affected the degree of challenge the men perceived certain situational demands presented for them and potentially created areas of vulnerability however these were outside the research scope. Previous research has emphasised risk factors for offending behaviour such as early life experiences, socio-economic context and mental health problems. While illuminating the bigger picture issues involved and significant in terms of implications for practical support around housing, legal and professional help which may be required by the ex-Services population, large scale quantitative studies derive less benefit for those undertaking clinical work with veterans on a one to one level.

This research advocates that Counselling Psychologists working with veterans in the Prison Services and in general should be aware of the potential challenges they may encounter and strategies they may have developed in the Services which may carry into civilian life. The outcomes from this study indicate that it would be of benefit to anticipate potential challenges specifically around integrating back into civilian life and

reasserting one's social identity as a civilian once more; taking back responsibility for one's decision making and setting short-medium term goals; assimilation of one's military actions in relation to one's personal beliefs and values and learning to experience and express emotions in an authentic way with trusted others.

This study is comprised of an all-male participant group. There is very little research looking at the mental health outcomes of military deployment in women and given gender differences in reporting on a range of issues (e.g. diagnosis and treatment of PTSD, Kessler et al., 2005; Hoge et al., 2004; reporting of unwanted sexual contact, Lipari & Lancaster, 2003) I propose that their experience merits a separate piece of research with urgency to examine both mental health outcomes post-deployment and Services experience and offending.

The immediate next step would be to comprehensively explore with the current research participants how the proposed categories mirror their experience and how adequately they conceptualise the challenges they faced. Further qualitative research with a larger sample could be undertaken to investigate how categories stand alone and relative to each other and implications for clinical therapeutic work. Findings from this study may have implications for other projects being undertaken currently in this area thus a further priority is communication of these findings to the wider professional network.

Postscript

I have taken initial steps in this through meeting with two participants at a recent visit to one of the prisons. Following a presentation to prison staff I met with the men one to one and presented the research outcomes to them. They considered the four main categories and subcategories and provided

their feedback. Both men felt that the categories really described their experiences adjusting to military and civilian life. Rhymer commented that he had reflected for a long time on his experiences and that the categories and process descriptions helped him to put words to feelings previously neither named nor articulated. Doug expressed that he could really see how the four categories captured and made sense of his experience. They both provided examples to further consolidate the categories and illustrate how they linked together. Meeting with them again after all this time and hearing their feedback was an incredibly humbling experience which has really encouraged and given me new momentum to communicate research outcomes to people working hard to support this group, in clinical practice, rehabilitation, the charity sector and beyond.

9. Research References

Ahronson, A. & Cameron, J.E. (2007). The Nature and Consequences of Group Cohesion in a Military Sample, *Military Psychology*, 19, 1, 9 – 25.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: American Psychiatric Association.

Angrist J. & Krueger, A. (1990). Lifetime Earnings and the Vietnam Era Draft Lottery: Evidence from Social Security Administrative Records. *American Economic Review*, 80, 313–6.

APA (1980). *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. American Psychiatric Association.

Arkin, W. & Dobrofsky, L.R. (1978). Military Socialization and Masculinity. *Journal of Social Issues*, 34, 1, 151–168.

Baker, D.B. (2001). Counseling Psychology in Time and Place. *The Counselling Psychologist*, 29 3, 404-412

Baker, C. & Alfonso, C. (2010). *PTSD and Criminal Behavior*. US Department of Veterans Affairs. <http://www.ptsd.va.gov/public/pages/ptsd-criminal-behavior.asp>. Retrieved January 21, 2011.

Bandura, A. (1999). Moral disengagement in the perpetration of inhumanities. *Personality and Social Psychology Review*, 3, 193-209.

Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: a case of the tail wagging the dog? *British Medical Journal*. 322, 1115-1117.

Barrett, D. H., Gray, G. C., Doebbeling, B. N., Clauw, D. J., & Reeves, W. C. (2002). Prevalence of symptoms and symptoms based conditions among Gulf War veterans: Current status of research findings. *Epidemiological Reviews*, 42, 218–227.

Barrett, D.H., Resnick, H.S., Foy, D.W. & Dansky, B.S. (1996) Combat Exposure and Adult Psychosocial Adjustment Among U.S. Army Veterans Serving in Vietnam, 1965-1971. *Journal of Abnormal Psychology*, 105, 4, 575-581

Barrett, D.H., Resnick, H.S., Foy, D.W. & Dansky, B.S. (1996). Combat Exposure and Adult Psychosocial Adjustment Among U.S. Army Veterans Serving in Vietnam, 1965-1971. *Journal of Abnormal Psychology* 105, 4, 575-581.

Barrett, F.J. (2001) *The organizational construction of hegemonic masculinity: The case of the U.S. Navy*. In S.M. Whitehead & F.J. Barrett (Eds.). *The masculinities reader*. Cambridge: Polity Press.

Bartone, P. T., Johnsen, B.H., Eid, J. & Violanti, J. M. (2010). *Enhancing Human Performance in Security Operations: International and Law Enforcement Perspectives*. Charles C Thomas Pub Ltd.

Bartone, P.T., Vaitkus, M.A., Adler, A.B. (1998). Dimensions of Psychological Stress in peacekeeping operations. *Military Medicine*, 163, 587-593

Baumeister, R. F. & Tice, D. M. (1990). Anxiety and social exclusion. *Journal of Social and Clinical Psychology*, 9, 2, 165-195.

Baumeister, R. F., Bratslavsky, E., Muraven, M., & Tice, D. (1998). Ego depletion: Is the active self a limited resource? *Journal of Personality and Social Psychology*, 74, 1252-1265.

Beck, A.T. (1999). *Prisoners of Hate: The Cognitive basis of Anger, Hostility and Violence*. New York: Harper Collins

Becker, H.S. (1963). *Outsiders*. New York: Free Press

Beckham J.C., Feldman M.E., Kirby A.C., Hertzberg M.A, Moore S.D (1997). Interpersonal violence and its correlates in Vietnam veterans with chronic posttraumatic stress disorder. *Journal of Clinical Psychology*, 53, 859-69.

Beech, A. & Ward, T. (2006). An integrated theory of sexual offending. *Aggression and Violent Behavior*, 11, 1, 44-63.

Beere, D. (1995). Loss of 'background': A perceptual theory of dissociation. *Dissociation*, 8, 165-174.

Berenbaum, H., Raghavan, C. Le, H-N., Vernon, L. & Gomez, J.J. (2003). A Taxonomy of Emotional Disturbances. *Clinical Psychology: Science and Practice*, 10, 2, 206–226

Blascovich, J.J. & Hartel, C.R. (2008). *Human Behavior in Military Contexts by Committee on Opportunities in Basic Research*, National Research Council.

Bleier, J., McFarlane, A., McGuire, A/, Treloar, S., Waller, M. and Dobson, A. (2011). Risk of adverse health outcomes associated with frequency and duration of deployment with the Australian Defence Force. *Military Medicine*, 176, 2, pp. 139-146

Bliese, P. D., & Halverson, R. R. (1996). Individual and nomothetic models of job stress: An examination of work hours, cohesion, and well-being. *Journal of Applied Social Psychology*, 26, 1171–1189.

Blueglass R (1988) *The forensic aspects of psychiatry in the Armed Forces*. In: The Principles and Practice of Forensic Psychiatry. Edited by Blueglass R, Bowden P. London, Churchill Livingstone.

Boman, B. (1986). Combat stress, post-traumatic stress disorder, and associated psychiatric disturbance. *Psychosomatics*, 27, 567-73.

Bonanno G.A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events. *American Psychologist*, 59, 20–28.

Booth-Kewley, S., Larson, G.E., Highfill-McRoy, R. M. Garland, C.F. and Gaskin, T.A. (2010). Factors Associated with Antisocial Behaviour in Combat Veterans. *Aggressive Behaviour*, 36, 330-337.

Bouffard, L.A. (2003). Examining the relationship between military service and criminal behaviour during the Vietnam era: A research note. *Criminology*, 41, 491-510.

Bremner, J. D., Southwick, S. M., Johnson, D. R., Yehuda, R., & Charney, D. S. (1993). Childhood physical abuse and combat-related posttraumatic stress disorder in Vietnam veterans. *American Journal of Psychiatry*, 150, 235–239.

Burkett B.G., Wbitley, G., (1998). *Stolen Valor: How the Vietnam generation was robbed of its heroes and its history*, Dallas. Verity Press.

Butler, E. A., Egloff, B., Wilhelm, F. H., Smith, N. C., Erickson, E. A., & Gross, J. J. (2003). The

social consequences of expressive suppression. *Emotion*, 3, 48–67.

Byrne, C. A., & Riggs, D. S. (1996). The cycle of trauma: Relationship aggression in male Vietnam veterans with symptoms of posttraumatic stress disorder. *Violence and Victims*, 11, 213–225.

Cacioppo J.T., Ernst J.M., Burleson M.H., McClintock M.K., Malarkey W.B., Hawkley L.C. Kowalewski R.B., Paulsen, A., J. Hobson A., Hugdahl K., Spiegel D and Berntson G.G. (2000). Lonely traits and concomitant physiological processes: the MacArthur social neuroscience studies. *International Journal of Psychophysiology*, 35, 2-3, 143-154.

Cameron, J, E. (1999). Social identity and the pursuit of possible selves: Implications for the psychological well-being of university students. *Group Dynamics: Theory, Research, and Practice*, 3, 3, 179-189.

Campbell-Sills, L., Barlow, D. H., Brown, T.A. & Hofmann, S.G. (2006). Effects of suppression and acceptance on emotional responses of individuals with anxiety and mood disorders. *Behaviour Research and Therapy*, 44, 9, 1251-1263.

Carroll, E. M., Rueger, D. B., Foy, D. W., & Donahoe, C. P. (1985). Vietnam combat veterans with posttraumatic stress disorder: Analysis of marital and cohabitating adjustment. *Journal of Abnormal Psychology*, 94, 329-337.

Charmaz, K. (2000) *Grounded theory: objectivist and constructionist methods*, in: N. K. Denzin & Y. S. Lincoln (Eds) *Handbook of qualitative research* (Thousand Oaks, CA, Sage Publications), 509–535.

Charmaz, K. (2006). *Constructing Grounded Theory. A practical guide through qualitative analysis*. London: Sage.

Charmaz, K., & Mitchell, R. (1996). The myth of silent authorship: Self, substance, and style in ethnographic writing. *Symbolic Interaction*, 19, 4, 285-302.

Chemtob, C. M., Hamada, R. S., Roitblat, H. L., & Muraoka, M. Y. (1994). Anger, impulsivity, and anger control in combat-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 62, 827–832.

Chemtob, C. M., Novaco, R. W., Hamada, R. S., & Gross, D. M. (1997). Cognitive– behavioral

treatment for severe anger in posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 65, 184–189.

Chemtob, C. M., Novaco, R. W., Hamada, R. S., Gross, D. M., & Smith, G. (1997). Anger regulation deficits in combat-related posttraumatic stress disorder. *Journal of Traumatic Stress*, 10, 17-36.

Clarke, A. E. (2005). *Situational Analysis. Grounded Theory after the post-modern turn*. London: Sage.

Collins, T. (2011, February 9). Forgotten Heroes. Producer Sarah Hey. *Panorama*. BBC London.

Cooley, C.H. (1922). *Human Nature and the Social Order, revised edition*. New York: Charles Scribner.

Crandall, C.S., Eslaman, A. & O'Brien, L.T. (2002). Social norms and the expression and suppression of prejudice: The struggle for internalisation. *Journal of Personality and Social Psychology*, 82, 359-378.

Cuffel, B.J., Shumway, M., Chouljian, T.L., & Macdonald, T. (1994). A longitudinal study of substance use and community violence in schizophrenia. *Journal of Nervous and Mental Disease*, 182, 12,704-8.

Cutcliffe, J. R. (2000). Methodological issues in grounded theory. *Journal of Advanced Nursing*, 31, 6, 1476–1485.

Dagleish, T., Yiend, J., Schweizer, S. & Dunn, B.D. (2009). Ironic Effects of Emotion Suppression When Recounting Distressing Memories. *Emotion*, 9, 5, 744–749.

Dandeker, C., Ross, J. and Wessely, S. (2005a). 'Goodbye and good luck': the mental health needs and treatment experiences of British ex-service personnel. *British Journal of Psychiatry*, 186, 480-486.

DASA (2010d). *Estimating the proportion of prisoners in England and Wales who are ex-Armed Forces; a data matching exercise carried out by the MOD in collaboration with the MoJ* Available at: <http://www.dasa.mod.uk/> Retrieved December 2, 2010.

De Zulueta, F. (2006). *From Pain to Violence: The traumatic roots of destructiveness*. West Sussex: Whurr Publishers (John Wiley).

Dekel, R., Solomon, Z., Ginzburg, K. & Neria, Y. (2003). Combat Exposure, Wartime Performance, and Long-Term Adjustment Among Combatants. *Military Psychology*, 15, 2, 117-131.

Denzin, N. (1989). *Interpretative Interactionism*. Newbury Park. CA: Sage.

Devine, P. G. (1989). Stereotypes and prejudice: Their automatic and controlled components. *Journal of Personality and Social Psychology*, 56, 5-18.

DH (2009). *Improving Access to Psychological Therapies – Veterans: Positive Practice Guide*
Available at: <http://www.iapt.nhs.uk/wp-content/uploads/2009/04/veteranspositive-practice-guide.pdf>. Retrieved December 13, 2010.

Dilthey, W. (1976). *Selected Writings*. Ed. & Trans. H. P. Rickman. Cambridge: Cambridge University Press.

Docherty, L. (2011). A military covenant law recognises our forces' sacrifice. *the guardian*:
<http://www.guardian.co.uk/commentisfree/2011/may/16/military-covenant-law>.
Downloaded 22.09.11

Dunn, B. D., Billotti, D., Murphy, V., & Dalgleish, T. (2009). The consequences of effortful emotion regulation when processing distressing material: A comparison of suppression and acceptance. *Behaviour Research and Therapy*, 47, 761–773.

Earnshaw M, Greenberg N, Hacker-Hughes J, Tate R, Dandeker C, Rona R, Wessely S (2006). The health of UK military personnel who deployed to the 2003 Iraq War: a cohort study. *Lancet*, 367, 1731-1741.

Eckhardt, C., & Jamison, T. R. (2002). Articulated thoughts of male dating violence perpetrators during anger arousal. *Cognitive Therapy and Research*, 26, 289–308.

Effrat, A. (1973). *Perspectives in political sociology*. MacMillan Publishing Company.

Ekman, P. & Friesen, W.V. (1975). *Unmasking the Face*. Prentice Hall

Elder, G.H. & Clipp, E. (1988). Wartime losses and social bonding: influences across 40 years

in men's lives. *Psychiatry*, 51,177–98.

Elder, G.H., Clipp, E.C. (1989). Combat experience and emotional health: impairment and resilience in later life. *Journal of Personality*, 57, 311–41.

Elder, G.H., Shanahan, M.J., Clipp, E. (1994). When War comes to men's lives: life-course patterns in family, work, and health. *Psychology Aging*, 9, 5–16.

Elder, G & Shanahan, M. J. (2006). The Life course and Human Development. In *Handbook of Child Psychology: Theoretical models of human development*. William Damon, Richard M. Lerner (Eds.). 665-715. New Jersey: Wiley.

Engel, C. C., Jr., Engel, A. L., Campbell, S. J., McFall, M. E., Russo, J., & Katon, W. (1993). Posttraumatic stress disorder symptoms and pre-combat sexual and physical abuse in Desert Storm veterans. *Journal of Nervous and Mental Disease*, 181, 683–688.

Engelhard, I.M. & van den Hout, M. (2007). Pre-existing Neuroticism, Subjective Stressor Severity, and Posttraumatic Stress in Soldiers Deployed to Iraq. *Canadian Journal of Psychiatry*, 52, 505-509.

Express Scribe v 5.01, (2009). NCH Software.

Farrants, J. (2001). Working with Trauma: Interpersonal and process issues in therapy for people suffering from the effects of traumatic experience. Doctoral Thesis. *City University London*: Department of Psychology.

Fassinger, R. E (2005). Paradigms, Praxis, Problems, and Promise: Grounded Theory in Counselling Psychology Research. *Journal of Counselling Psychology*, 52, 2, 156–166.

Fear, N., Jones, M., Murphy, D., Hull, L., Iversen, A., Coker, B., Machell, L., Sundin, J., Woodhead, C., Jones, N. et al. (2010). What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. *The Lancet*, 375, 1783-1797.

Fear, N., Wood, D. and Wessely, S. (2009). *Health and Social Outcomes and Health Service Experiences of UK Military Veterans. A summary of the evidence*. ACDMH/KCMHR, King's College, London. for Department of Health.

Fontana, A., Rosenheck, R., & Horvath, T. (1997a). Social support and psychopathology in the war zone. *Journal of Nervous and Mental. Disease.* 185, 675–81.

Fontana, A. and Rosenheck, R. (2005). The Role of war-zone trauma and PTSD in the etiology of antisocial behaviour. *Journal of Nervous and Mental Disease,* 193, 3, 203-209.

Forgas, J.P. & Williams, K.D. (2003). *The Social Self: Cognitive, Interpersonal and Intergroup Perspectives (Sydney Symposium in Social Psychology)*. Psychology Press Inc. Taylor Francis. East Sussex.

Fossey, M. (2010) *Across the wire: Veterans, mental health and vulnerability*. Centre for Mental Health. London.

Frankl (1963). *Man's search for meaning: an introduction to logotherapy*. Beacon Press

Freud, S. (1959). Inhibitions, symptoms and anxiety. In J. Stackey (Ed.), *The complete psychological works* (Vol. 20). London: Hogarth.

Friel, A., White, T & Hull, A (2008). Posttraumatic stress disorder and criminal responsibility. *The Journal of Forensic Psychiatry & Psychology,* 19, 1, 64–85.

Frueh BC, Elhai JD, Gnibaugb AL, Monnier J, Kasbdan TB, Sauvageot JA, and others (2005). Documented combat exposure of US veterans seeking treatment for combat-related post-traumatic stress disorder, *British Journal of Psychiatry,* 186, 467-2.

Gadd, D. And Jefferson, T. (2007). *Psychosocial Criminology: An Introduction*. Sage: London.

Geertz, C. (1973) *The interpretation of cultures: selected essays*. New York: Basic Books.

Geertz, C. (1983). *Local knowledge: Further essays in interpretive anthropology*. New York: Basic Books.

Gergen, K. J. (1992). Towards a postmodern psychology. In S. Kvale (Ed.). *Psychology and Postmodernism* (pp.17-30). Newbury Park, CA: Sage.

Gilbert, D. T., Krull, D. S., & Pelham, B.W. (1988). Of thoughts unspoken: Social inference and the self-regulation of behavior. *Journal of Personality and Social Psychology,* 55, 685-694.

Gilbert, P. (2009). *The Compassionate Mind*. London: Constable.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.

Goffman, E. (1959). *The presentation of self in everyday life*. Garden City, NY: Doubleday Anchor Books.

Gordijn, E. H., Wigboldus, D., & Yzerbyt, V. (2001). Emotional consequences of categorizing victims of negative outgroup behavior as ingroup or outgroup. *Group Processes and Intergroup Relations*, 4, 317–326.

Greckhamer, T. & Koro-Ljungberg, M. (2005). The erosion of a method: examples from grounded theory. *International Journal of Qualitative Studies in Education*. 18, 6, pp. 729–750.

Grey, N. (2009). Imagery and psychological threat to the self in PTSD. In *Imagery and the Threatened Self*. L. Stopa (Ed.) Routledge: East Sussex.

Gross J. (1989). Emotional expression in cancer onset and progression. *Social Science & Medicine*, 28, 1239–1248.

Gross J.J. John O.P. (2003). Individual differences in two emotion regulation processes: implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85, 348–362.

Gross J.J. & Levenson R.W. (1993). Emotional suppression: physiology, self-report, and expressive behaviour. *Journal of Personality and Social Psychology*, 64, 970–986.

Gross J.J. & Levenson R.W. (1997). Hiding feelings: the acute effects of inhibiting negative and positive emotion. *Journal of Abnormal Psychology*, 106, 95–103.

Gross, J. J. (1998). Antecedent and response focused emotion regulation: Divergent consequences for experience, expression, and physiology. *Journal of Personality and Social Psychology*, 74, 224-237.

Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2, 271–299.

Gross, J. J., (Ed.). (2007). *Handbook of emotion regulation*. New York, NY: Guilford Press.

- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage.
- Gubrium, J. F. & Holstein, J. A. (1997) *The new language of qualitative method* (New York, Oxford University Press).
- Gubrium, J. F. & Holstein, J. A. (2002) From the individual interview to the interview society, in: J. F. Gubrium & J. A. Holstein (Eds) *Handbook of interview research: context & method*, 3–32. Thousand Oaks, CA, Sage Publications.
- Hansen, J. T. (2004). Thoughts on knowing: Epistemic implications of counseling practice. *Journal of Counseling & Development*, 82, 131–138.
- Heidegger, M. (1962). *Being and Time*. Trans. J. Macquarrie and E.S. Robinson. Oxford: Blackwell.
- Heimer, J. & Matsueda, R.L.. (1994). Role-taking, Role commitment and Delinquency: A Theory of Differential Social Control. *American Sociological Review*, 59, 3, 365-390.
- Highfill-McRoy, R.M., , Larson, G.E., , Booth-Kewley, S, Garland, C.F. (2010). Psychiatric diagnoses and punishment for misconduct: the effects of PTSD in combat-deployed Marines. *BMC Psychiatry*, 10, 88.
- Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counselling Psychologist*, 25, 517–572.
- Hirsch, C.R. & Holmes, E.A. (2007). Mental imagery in anxiety disorders, *Psychiatry*, 6, 4, 161-165.
- Hochschild, A. R. (1979). Emotion Work, Feeling Rules and Social Structure. *American Journal of Sociology*, 85:551-575.
- Hoge, C. W., & Castro, C. A. (2006). Post-traumatic stress disorder in UK and US forces deployed in Iraq. *Lancet*, 368, 837.
- Hoge, C.W. (2008). Post combat invincibility: Violent combat exposures are associated with greater risk taking propensity following deployment. *Journal of Psychiatric Research*, 41, 1112-1121.
- Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I. and Koffman, R.L. (2004). Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care. *New England*

Journal of Medicine, 351, 13-22.

Holstein, J. A. & Gubrium, J. F. (1995) *The active interview* (Thousand Oaks, CA, Sage Publications).

Horowitz, M.J. (1979). *Stress response syndromes*. New York. Jason Aronson, Inc.

Hotopf, M., Hull, L., Fear, N. T., Horn, O., Iversen, A., Jones, M., et al. (2006). The health of UK military personnel who deployed to the 2003 Iraq war: A cohort study. *Lancet*, 367, 1731–1741.

Houchin, R. (2005). *Social Exclusion and Imprisonment in Scotland: A Report*

Available at: <http://www.sps.gov.uk/multimedialogallery/c1d3fbfb-e123-4643-8d83-ab0f622e7755.pdf>
<http://www.dinarte.es/saludmental/pdfs/DSummerfieldThe%20invention%20of%20PTSD.pdf>. Retrieved January, 23, 2010.

Hoyle, R. H., & Crawford, A. A. (1994). Use of individual-level data to investigate group phenomena: Issues and strategies. *Small Group Research*, 25, 464–485.

Hughes, J. A (1997). *The philosophy of social research*. London : Longman, 1997.

Husserl, E. (1931). *Ideas: General introduction to pure phenomenology* (D. Carr, Trans.). Evanston, IL: Northwestern University Press.

Iversen A., Fear N.T., Ehlers A, Hacker Hughes J, Hull L, Earnshaw M, Greenburg N, Rona R, Wessely S, Hotopf (2008). Risk factors for post-traumatic stress disorder among UK Armed Forces personnel. *Psychological Medicine*, 38, 511-22.

Iversen, A., Nikolaou, V., Greenberg, N., Unwin, C., Hull, L. Hotopf, M., Dandeker, C., Ross, J. and Wessely, S. (2005). What happens to British veterans when they leave the armed forces? *European Journal of Public Health*, 15, 2, 175–184.

Jacsonson, G. R., Ritter, D. P., A Mueller, L. (1977). Purpose in life and personal values among adult alcoholics. *Journal of Clinical Psychology*. 33, 314-316.

Jakupcak, M., Conybeare, D., Phelps, L., Hunt, S., Holmes, H. A., Felker, B., et al. (2007).

Anger, hostility, and aggression among Iraq and Afghanistan war veterans reporting PTSD and subthreshold PTSD. *Journal of Traumatic Stress*, 20, 945-954.

- Johnson, D.R., Lubin, H, Rosenheck, R, Fontana, A, Southwick, S, and Charney, D. (1997). The impact of the homecoming reception on the development of posttraumatic stress disorder: The West Haven Homecoming Stress Scale (WHHSS). *Journal of Traumatic Stress*, 10, 259-277.
- Jordan, B. K., Marmar, C. R., Fairbank, J. A., Schlenger, W. E., Kulka, R. A., Hough, R. L., et al. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 60, 916-926.
- Kang, H.K., Bullman, T.A., (1996). Mortality among US veterans of the Persian Gulf War. *N. England Journal of Medicine*. 335, 20, 1498–1504.
- Kelley, H. H. (1972). Attribution in social interaction. In E. E. Jones, D. E. Kanouse, H. H. Kelley, R. E. Nisbet, S. Valins, & B. Weiner (Eds.) *Attribution: Perceiving the causes of behavior* (pp. 1–26). Morristown, NJ: General Learning Press.
- Kelly, G. (1955). *The Psychology of personal constructs*. New York: Norton
- Kelman, H. C., & Hamilton, V. L. (1989). *Crimes of obedience: Toward a social psychology of authority and responsibility*. New Haven, CT: Yale University Press.
- Kelman, H.C. & Baron, R.M. (1974). Hedonic and moral dissonance: A functional analysis of the relationship between discrepant action and attitude change. In *The handbook of attitudes*. By Dolores Albarracín, Blair T. Johnson, Mark P. Zanna (2005). Psychology Press.
- Kessler, T., & Hollbach, S. (2005). Group-based emotions as determinants of ingroup identification. *Journal of Experimental Social Psychology*, 41, 677–685.
- Khantzian, E. J. (1985). The self-medication hypothesis of addictive disorders: Focus on heroin and cocaine dependence. *American Journal of Psychiatry*, 142, 1259–1264.
- Kilgore, W.D.S.; Cotting, D.I., Thomas, J.L., Cox, A.L., McGurk, D., Vo, A., Castro, C.A. & Hoge, C.W. (2008). Post combat invincibility: Violent combat exposures are associated with greater risk taking propensity following deployment. *Journal of Psychiatric Research*, 41, 1112-1121.
- King, D.W, King, L.A, Gudanwski, D.M. Vreven, D.L. (1995). Alternative representations of war zone stressors: Relationships to posttraumatic stress disorder in male and female Vietnams veterans, *Journal of Abnormal Psychology*, 104, 184-196.

- Kohut, H. (1984). *How does analysis cure?* New York: International Universities Press.
- Kuhn, T. (1990) The historical structure of scientific discovery, in: D. Bartholomae & A. Petrosky (Eds) *Ways of reading: a anthology for writers* (Boston: St Martin's Press), 385–394.
- Kulka, R., Kilgore, W.D.S.; Cotting, D.I., Thomas, J.L., Cox, A.L., McGurk, D., Vo, A., Castro, C.A. (1990) Trauma and the Vietnam War Generation: Report of Findings From the National Vietnam Veterans Readjustment Study. *Brunner-Mazel Psychosocial Stress Series*, No. 18. New York: Brunner/Mazel.
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Kvale, S. (2008). *Doing Interviews*. London: Sage.
- Langdridge, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. Harlow: Pearson Education.
- Langer, E.J. (1989). Minding Matters: The consequences of Mindless-Mindfulness. 137-173 in *Advances in Experimental Social Psychology*, 22, L. Berkowitz (Ed.) San Diego, CA: Academic
- Lasko, N. B., Gurvits, T. V., Kuhne, A. A., Orr, S. P., & Pitman, R. K. (1994). Aggression and its correlates in Vietnam veterans with and without chronic posttraumatic stress disorder. *Comprehensive Psychiatry*, 35, 373–381.
- Laub, J.H. and Sampson, R.J. (2006). *Shared Beginnings, Divergent Lives*. London: Harvard University Press.
- Laufer, R.S., Brett, E., Gallops, M. (1985). Symptom patterns associated with posttraumatic stress disorder among Vietnam veterans exposed to war trauma. *American Journal of Psychiatry*, 142, 1304-1311.
- Lee, R. M., & Robbins, S. B. (1995). Measuring belongingness: The Social Connectedness and Social Assurance Scales. *Journal of Counseling Psychology*, 42, 232-241.
- Lee, R.M. & Robbins, S.B.(1998). The Relationship Between Social Connectedness and Anxiety, Self-Esteem, and Social Identity. *Journal of Counseling Psychology*, 45, 3, 338-345.

Lemos, G. and Durkacz, S. (2005). *Military History The experiences of people who become homeless after military service*. Lemos & Crane. London.

Levav, I., Greenfeld, H., & Baruch, E. (1979). Psychiatric combat reactions during the Yom Kippur War. *American Journal of Psychiatry*, 136, 637–641.

Lewis, D. O., Lovely, R., Yeager, C., et al (1989) Toward a theory of the genesis of violence: a follow-up study of delinquents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 431 -436.

Lincoln, Y. S. (1995). Emerging criteria for quality in qualitative and interpretative research. *Qualitative Inquiry*, 1, 275-289.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. In D. D. Williams (Ed.), *Naturalistic evaluation* (pp. 73–84). San Francisco: Jossey-Bass.

Lincoln, Y. S., & Guba, E. G. (2003). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Landscape of qualitative research* (p. 163–188). London: Sage.

Lipari, R.N. & Lancaster, A.R.(2003). Armed Forces Sexual Harassment Survey. <http://www.defense.gov/news/Feb2004/d20040227shs1.pdf>. Retrieved May 15, 2011.

Litoff, J. B., Smith, D. C., Taylor, B. W., & Taylor, C. E. (1990). *Miss you: The World War II letters of Barbara Wooddall Taylor and Charles E. Taylor*. Athens: University of Georgia Press.

Litz B. et al., (1997). Posttraumatic stress disorder associated with peacekeeping duty in Somalia for US military personnel. *American Journal of Psychiatry*, 154, 178-184.

Litz, B.T., King, L.A., King, D.Q., Orsillo, S.M. and Friedman, M.J. (1997a). Warriors as Peacekeepers: Features of the Somalia experiences and PTSD. *Journal of Consulting and Clinical Psychology*, 65, 1001-1010.

Lofland, J. & L.H. (1984). *Analysing Social Settings*. Belmont. CA: Wadsworth.

Longino, H. (1993b). Subjects, power and knowledge: Description and prescription in feminist philosophies of science. In L. A. Antony & C. Witt (Eds.). *A mind of one's own: Feminist essays on reason and objectivity*. (p257-272). Boulder, CO: Westview

Lorber, W. & Garcia, H.A. (2010). Not Supposed to Feel This: Traditional Masculinity In Psychotherapy With Male Veterans Returning From Afghanistan and Iraq. *Psychotherapy, Theory, Research, Practice, Training*, 47, 3, 296–305.

Mackie, D. M., Silver, L. A., & Smith, E. R. (2004). Intergroup emotions: Emotion as an intergroup phenomenon. In L. Z. Tiedens & C. W. Leach (Eds.), *The social life of emotions* (pp. 227–245). Cambridge, England: Cambridge University Press.

MacNair, R. M. (2002). Brief report: Perpetration-Induced Traumatic Stress in combat veterans. *Peace and Conflict: Journal of Peace Psychology*, 8, 63-72.

Macrae, C. N., Bodenhausen, G. V., Milne, A. B., & Ford, R. L. (1997). On regulation of recollection: The intentional forgetting of stereotypical memories. *Journal of Personality and Social Psychology*, 72,709-719

Markus, H & Kunda, Z. (1986). Stability and malleability of the self-concept. *Journal of Personality and Social Psychology*, 51, 4, 858-866.

Martin, P. Y., & Turner, B. A. (1986). Grounded theory and organizational research. *Journal of Applied Behavioral Science*, 22, 2, 141-157

Matsueda, R.L., Ross, L., Gartner, R., Piliavin, I. and Polakowski, M. (1992). The Prestige of Criminal and Conventional Occupations. *American Sociological Review*, 57, 752-770.

Matsueda, Ross L., and Karen Heimer. 1997. "A Symbolic Interactionist Theory of Role Transitions, Role Commitments, and Delinquency." Pp. 163-213 in *Advances in Criminological Theory*, Vol. 7, *Developmental Theories of Crime and Delinquency*, edited by Terence P. Thornberry. New Brunswick, NJ: Transaction.

MAX QDA., (2007). Udo Kuckartz. Berlin.

Maxwell, J. A. (2005). *Qualitative Research Design. An interactive approach*. London: Sage

- McCarroll, J.E., Hoffman, K.J., Grieger, T.A. & Holloway, H.C. (2003). Psychological Aspects of Deployment and Reunion. *Military Preventative Medicine: Mobilisation and Deployment*, 2, 1393-1423.
- McFall, M., Fontana, A., Raskind, M. & Rosenheck, R. (1999). Analysis of Violent Behavior in Vietnam Combat Veteran Psychiatric Inpatients with *Posttraumatic Stress Disorder Mental Disorders*. Washington, DC: American Psychiatric Association; Fourth 2000, Text Revision.
- McGuire, A., Bredhauer, K., Anderson, R. & Warf, P. (2011). Review of PTSD Group Treatment Programmes: Final Report. *Centre for Military and Veterans' Health*.
- McKnight, P.E. & Kashdan, T.B. (2009). Purpose in Life as a System That Creates and Sustains Health and Well-Being: An Integrative, Testable Theory. *Review of General Psychology*, 13, 3, 242–251.
- Merton, R.H. (1958). *Social Theory and Social Structure*. Toronto: Collier Macmillan.
- Milgram, S. (1992). *The individual in a social world*. New York: McGraw- Hill.
- Mills, J., Bonner, A., & Francis, K. (2006). The Development of Constructivist Grounded Theory. *International Journal of Qualitative Methods*, 5, 1-10.
- Modell, A. (2003). *The Private Self*. Harvard University Press.
- Moller, A. C., Deci, E. L., & Ryan, R. M. (2006). Choice and ego depletion: The moderating role of autonomy. *Personal and Social Psychology Bulletin*, 32, 1024–1036.
- Monson, C.M., Taft, C.T. and Fredman, S.J. (2009). Military-related PTSD and Intimate Relationships: From Description to Theory-Driven Research and Intervention Development. *Clinical Psychology Review*, 29, 8, 707-714.
- Morgan, G., & Smircich, L. 1980. The case for qualitative research. *Academy of Management Review*, 5, 491–500.
- Morrow, S. (2005). Quality and Trustworthiness in Qualitative Research in Counseling Psychology. *Journal of Counseling Psychology*, 52, 2, 250–260.
- Morrow, S. L., & Smith, M. L. (2000). Qualitative research for counselling psychology. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counselling psychology* (3rd ed., pp. 199–230).

New York: Wiley.

Munley, P.H. Duncan, L., McDonnell, K.A. & Sauer, E.M. (2004). Counseling Psychology in the United States of America. *Counselling Psychology Quarterly*, 17, 3, 247–271

Muraven, M., Gagn, M., & Rosman, H. (2008). Helpful self-control: Autonomy support, vitality, and depletion. *Journal of Experimental Social Psychology*, 44, 573–585.

Murrison, A. (2010). *Fighting Fit: A mental health plan for veterans and servicemen*. Available at: http://www.mod.uk/NR/rdonlyres/DF9DAC72-C196-4967-BBE9-4D8A6580E7F3/0/20101006_mental_health_Report.pdf. Retrieved January 4, 2011.

NAPO (2008). *Ex-Armed Forces Personnel and the Criminal Justice System London: National Association of Probation Officers*. Available at: <http://www.napo.org.uk/about/veteransincjs.cfm>. Retrieved December 1, 2010.

NAPO (2009). *Armed Forces and the Criminal Justice System London: National Association of Probation Officers*. Available at: <http://www.napo.org.uk/about/veteransincjs.cfm>. Retrieved December 1, 2010.

Neimeyer, R. A., & Mahoney, M.J. (1995). *Constructivism in Psychotherapy*. American Psychological Association: Washington.

Nolen-Hoeksema, S., & Morrow, J. (1991). A prospective study of depression and distress following a natural disaster: The 1989 Loma Prieta earthquake. *Journal of Personality and Social Psychology*, 61, 105–121.

Noonan ME, Mumola CJ (2004). *Veterans in state and federal prison*. Bureau of Justice Statistics: Special Report. Rockville, MD: U.S. Department of Justice.

Novaco, R.W., & Chemtob, C.M. (1998). Anger and trauma: Conceptualization, assessment, and treatment. In V. M. Follette, J. I. Ruzek, & F. R. Abueg (Eds.), *Cognitive Behavioral Therapies for trauma* (pp.162–190). New York: Guilford Press.

Nygren, B., Alex, L., Jonsen, E., Gustafson, Y., Norberg, A., & Lundman, B. (2005). Resilience, sense of coherence, purpose in life and self-transcendence in relation to perceived physical and mental health among the oldest old. *Aging & Mental Health*, 9, 4, 354–362.

O'Brien, T. (1991). *The Things They Carried*. Flamingo: London.

- O'Donnell, J. (2000). Military service and mental health in later life. *Military Medicine*, 165, 219-222.
- Oliver, L.W., Harman, J., Hoover, E., Hayes, S. M., & Pandhi, N. A. (1999).
A quantitative integration of the military cohesion literature. *Military Psychology*, 11, 57-83.
- Orcutt, H. K., Erickson, D. J., & Wolfe, J. (2004). The course of PTSD symptoms among
Gulf War veterans: A growth mixture modelling approach. *Journal of Traumatic Stress*, 17, 195-202.
- Orth U, & Wiland E. (2006). Anger, hostility, and posttraumatic stress disorder in trauma-exposed
adults: a meta-analysis. *Journal of Consulting and Clinical Psychology*, 74, 4, 698-706.
- Padelford, B. L. (1974). Relationship between drug involvement and purpose in life.
Journal of Clinical Psychology, 30, 303-305.
- Painuly, N., Sharan, P., & Mattoo, S. K. (2004). Relationship of anger and anger attacks with depression:
A brief review. *European Archives of Psychiatry and Clinical Neuroscience*, 255, 215-222.
- Palmer, I. (2010) Discussion on UK Medical Assessment Programme, cited in Matt Fossey
Across the wire: Veterans, mental health and vulnerability. Centre for Mental Health. London.
- Pat-Horenczyk, R., Peled, O., Miron, T., Brom, D., Villa, Y. & Chemtob, C.M. (2007). Risk-Taking
Behaviors Among Israeli Adolescents Exposed to Recurrent Terrorism: Provoking Danger Under
Continuous Threat? *American Journal of Psychiatry*, 164, 66-72
- Patton, M. Q. (1990). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Peirce, C. S. (1903). *The essential Pierce: Selected philosophical writings*, Vol 2. Bloomington:
Indiana University Press.
- Pennebaker, J.W. (1997). *Opening up: the healing power of expressing emotions*. Guilford Press.
- Perlman, D. & Peplau, L.A.(1982). *Loneliness: a sourcebook of current theory, research, and therapy*.
John Wiley & Sons.
- Pike, Kenneth Lee (ed.) (1967), *Language in Relation to a Unified Theory of Structure of Human Behavior*
(2nd ed.), The Hague, Netherlands: Mouton.

- Polkinghorne, D. E. (1992). Postmodern epistemology of practice. In S. Kvale (Ed.), *Psychology and postmodernism*. Newbury Park, CA: Sage.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*, 126–136.
- Prigerson, H.G., Maciejewski, P.K, & Rosenheck, R.A. (2001). Combat trauma: trauma with highest risk of delayed onset and unresolved posttraumatic stress disorder symptoms, unemployment, and abuse among men. *Journal of Nervous and Mental Disease, 189*, 2, 99-108.
- Pyszczynski, T., & Greenberg, J. (1987). Self-regulatory perseveration and the depressive self-focusing style: A self-awareness theory of reactive depression. *Psychological Bulletin, 102*, 122-138.
- Royal College of General Practitioners & Combat Stress (2010). *Meeting the Healthcare Needs of Veterans: A guide for general practitioners* [online]
Available at: http://www.rcgp.org.uk/news/news_2010/veterans_healthcare_needs.aspx.
Retrieved December 13, 2010.
- Resick, P.A. (2001). *Stress and Trauma*. Psychology Press.
- Resnick, H., Foy, D., Donahoe, C., Miller, E.N. (1989). Antisocial behaviour and posttraumatic stress disorder in Vietnam veterans. *Journal of Clinical Psychology, 45*, 860-67.
- Renwick, A. (1999). *Hidden Wounds. The Problems of Northern Ireland veterans on civvy street*. Barbed Wire Group. UK
- Rhyff, C.D. & Keyes, C.L.M. (1995). The Structure of Psychological Well-Being Revisited. *Journal of Personality and Social Psychology, 69*, 4,719-727.
- Richards, J.M. & Gross, J.J. (1999) . Composure at Any Cost? The Cognitive Consequences of Emotion Suppression. *Personality & Social Psychology Bulletin, 25*, 1033.
- Richardson, L. (1997). *Fields of play: constructing an academic life*. New Brunswick, NJ: Rutgers University Press.
- Richman, J. (1993). *Preventing elderly suicide: Overcoming personal despair, professional neglect, and social bias*. New York: Springer.
- Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston: Houghton

Mifflin.

Rona, R.J., Hooper, R., Jones, M., Hull, L., Browne, T., Horn, O., Murphy, D., Hotopf, M., & Wessely, S. (2006). Mental health screening in Armed Forces before the Iraq war and prevention of subsequent psychological morbidity: follow-up study. *British Medical Journal*, 333, 7576, 991.

Rona, R.J., Hooper, R., Jones, M., Iversen, A.C., Hull, L., Murphy, D., Hotopf, M. and Wessely, S. (2009). The Contribution of Prior Psychological Symptoms and Combat Exposure to Post Iraq Deployment Mental Health in the UK Military. *Journal of Traumatic Stress*, 22, 11–19.

Rosen S, Taubman P. (1982). Changes in Life Cycle Earnings: What do Social Security Data Show? *Journal of Human Resources*, 17, 321–38.

Ruckenbauer, G., Yazdani, F., & Ravaglia, G. (2007). Suicide in old age: Illness or autonomous decision of the will? *Archives of Gerontology and Geriatrics*, 44, 1, 355–358.

Ryff, C. D. (1989b). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069-1081.

Sampson RJ, Laub JH. (1993). *Crime in the Making: Pathways and Turning Points through Life*. Cambridge, MA: Harvard Univ. Press.

Sampson, R.J. & Laub, J.H. (1993) *Crime in the Making: Pathways and Turning Points Through Life*. Harvard University Press, Cambridge, MA.

Sar, V. & Ozturk, E. (2007). Functional dissociation of the self: A socio-cognitive approach to trauma and dissociation. *Journal of Trauma and Dissociation*, 8, 4, 69-89.

Sasson-Levy, O. (2003). Military, masculinity, and citizenship: Tensions and contradictions in the experience of blue-collar soldiers. *Identities: Global Studies in Culture and Power*, 10, 319-345.

Savarese, V. W., Suvak, M. K., King, L. A., & King, D. W. (2001). Relationships among alcohol use, hyperarousal, and marital abuse and violence in Vietnam veterans. *Journal of Traumatic Stress*, 14, 717–732.

Sayers, S.L., Farrow, V.A., Ross, J., Oslin, D.W. (2009) Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry*, 70, 2, 163-170.

Scheiner, N.S. (2008) Not 'at ease': UK Veterans' perceptions of the level of understanding of their

psychological difficulties, shown by the National Health Service. Doctoral Thesis. *City University*
London: Department of Psychology.

Schwandt, T. A. (2003). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Landscape of qualitative research*. London: Sage.

Sciarra, D. (1999). *The role of the qualitative researcher*. In M. Kopala & L. A. Suzuki (Eds.), *Using qualitative methods in psychology* (pp. 37–48). Thousand Oaks, CA: Sage. *Science*, 22: 141–157.

Shatan, C.F. (1974). Through the membrane of reality: Impacted grief and perceptual dissonance in Vietnam combat veterans. *Psychiatric Opinion*, 6-15.

Shatan, C. (1984). 'Grief' *idem* Stress Disorders; H. Glover 'Survivor guilt and the Vietnam veteran' *JMND* 172, 393-397

Shek, D.T. (1992). Meaning in life and psychological well-being: an empirical study using the Chinese version of the Purpose in Life questionnaire. *Journal of Genetic Psychology*, 153, 2, 185-200.

Sheldon, K. M., Ryan, R. M., Rawsthorne, L. J., & Ilardi, B. (1997). Trait self and true self: Cross-role variation in the Big-Five personality traits and its relations with psychological authenticity and subjective wellbeing. *Journal of Personality and Social Psychology*, 73, 1380–1393.

Shepherd, B. (2002). *A War of Nerves: Soldiers and Psychiatrists, 1914-1994*

Sherif, M. & Sherif, C.W. (1953). *Groups in harmony and tension; an integration of studies of intergroup relations*. Oxford, England: Harper & Brothers.

Shpherd, J. C., & Beck, J. G. (2005). The role of thought suppression in posttraumatic stress disorder. *Behavior Therapy*, 36, 277–287.

Shriffin, R.M and Schneider, W. (1977). Controlled and Automatic Human Information Processing II: Perceptual Learning, Automatic Attending and General Learning. *Psychology Review*, 84, 127-190.

Smith, E. R. (1993). Social identity and social emotions: Toward new conceptualizations of prejudice. In D. M. Mackie & D. L. Hamilton (Eds.), *Affect, cognition, and stereotyping: Interactive processes in group perception* (pp. 297–315). San Diego, CA: Academic Press.

- Smith, E. R., & Henry, S. (1996). An in-group becomes part of the self: Response time evidence. *Personality and Social Psychology Bulletin*, 22, 635–642.
- Smith, E.R., Seger, C.R. & Mackie, D.M. (2007). Can Emotions Be Truly Group Level? Evidence Regarding Four Conceptual Criteria. *Journal of Personality and Social Psychology*, 93, 3, 431–446.
- Solkoff, N., Gray, P., & Keill, S. (1986) Which Vietnam veterans develop posttraumatic stress disorders? *Journal of Clinical Psychology*, 42, 687-698.
- Solomon, R. C. (1976/1993a). *The Passions: Emotions and the Meaning of Life*. Indianapolis: Hackett Publishing Company.
- Solomon, Zur-Noah, S, Horesh, D, Zerach, G. and Keinan, G (2008). The Contribution of Stressful Life Events Throughout the Life Cycle to Combat-Induced Psychopathology. *Journal of Traumatic Stress*, 21, 3, 318–325.
- Southwick, S., Morgan, C.A., Nicolaou, A. L. & Charney, D.S. (1997). Consistency of memory for combat-related traumatic events in veterans of Operation Desert Storm. *American Journal of Psychiatry*, 154, 173-177.
- Spindler, G., & Spindler, L. 1982. Roger Harker and 2006 Suddaby 641 Schonhausen: From the familiar to the strange and (2nd ed., pp. 189–213). Thousand Oaks, CA: Sage. back. In G. Spindler (Ed.), *Doing the anthropology of schooling*, 21–46. New York: Holt & Rinehart.
- Springer, K.W. & Hauser, R.M. (2006). An assessment of the construct validity of Ryff's Scales of Psychological Well-Being: Method, mode, and measurement effects. *Social Science Research*, 1080-1102.
- Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist*, 52, 613-629.
- Stopa, L. (2009). *Imagery and the Threatened Self. Perspectives on Mental Imagery and the self in Cognitive Therapy*. London: Routledge.
- Strauss, A. L., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*.

Thousand Oaks, CA: Sage.

Stryker, S. (1980). *Symbolic Interactionism: A social structural version*. Menlo Park, CA: Benjamin Cummings.

Sturgeon-Clegg (2008). Long-Term Effects of Living Through Both Evacuation and the Bombing of London during the Second World War as Perceived by Those Who Experienced Them: A Qualitative Study. Doctoral Thesis. *City University*, London: Department of Psychology.

Suddaby, R. (2006). What grounded theory is not. *Academy of Management Journal*, 49, 4, 633–642.

Summerfield, D (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *British Medical Journal*, 322. 10-18.

Swanson, J.W., Holzer, C.E., Ganju, V.K., & Jono, R.T. (1990). Violence and psychiatric disorder in the community: evidence from the Epidemiologic Catchment Area surveys. *Hosp Community Psychiatry*, 41, 7, 761-70.

Taft C.T., Kaloupek, D.G., Schumm, J.A., Marshall, A.D., Panuzio, J., King, D.W. & Keane, T.M. (2007). Posttraumatic Stress Disorder Symptoms, Physiological Reactivity, Alcohol Problems, and Aggression Among Military Veterans. *Journal of Abnormal Psychology*. 116, 3, 498–507.

Taft, C. T., Street, A. E., Marshall, A. D., Dowdall, D. J., & Riggs, D. S. (2007). Posttraumatic stress disorder, anger, and partner abuse among Vietnam combat veterans. *Journal of Family Psychology*, 21, 270-277.

Tajfel, H. & Turner, J. C. (1986). The Social Identity Theory of Inter-group Behavior. In S. Worchel & L. W. Austin (Eds.), *Psychology of Intergroup Relations*. Chicago: Nelson-Hall.

Tajfel, H. (1981). *Human groups and social categories: Studies in social psychology*. Cambridge, England: Cambridge University Press.

Teasdale, J. D., Moore, R.G., Hayhurst, H., Pope, M. Williams, S. & Segal, Z. V. (2002). Metacognitive awareness and prevention of relapse in depression: Empirical evidence. *Journal of Consulting and Clinical Psychology*, 70, 2, 275-287.

Tesser, A. (1991). Social versus clinical approaches to self psychology: The self-evaluation maintenance model and Kohutian object relations theory. In R. C. Curtis (Ed.), *The relational self: Theoretical convergences in psychoanalysis and social psychology*. (pp. 257-281). New York: Guilford Press.

Tessler, R., & Dennis, D. (1989). *A synthesis of NIMH-funded research concerning persons who are homeless and mentally ill*. Washington, DC: US Department of Health and Human Services.

Teten, A. L., Miller, L. A., Bailey, S. D., Dunn, N. J., & Kent, T. A. (2008). Empathic deficits and alexithymia in trauma-related impulsive aggression. *Behavioral Sciences and the Law*, 26, 823-832.

Teten, A., Schumacher, J., Taft, C., Stanley, M., Kent, T., Bailey, S., Dunn, N and White, D. (2010). Intimate Partner Aggression Perpetrated and Sustained by Male Afghanistan, Iraq, and Vietnam Veterans With and Without Posttraumatic Stress Disorder. *Journal of Interpersonal Violence*, 25, 9, 1612–1630.

Thase, M. E. (2005). Correlates and consequences of chronic insomnia. *General Hospital Psychiatry*, 27, 100–112.

Timmerman, I. And Emmelkamp, P. (2005). An Integrated cognitive-behavioural approach to aetiology and treatment of violence. *Clinical Psychology and Psychotherapy*, 12, 167-176.

Turner, J. C. (1991). *Social influence*. Pacific Grove, CA: Brooks/Cole.

Turner, R. H. (1978). The Role and the Person. *American Journal of Sociology*. 84, 1-23.

Twenge, J. M., Baumeister, R. F., Tice, D. M. & Stucke, T. S. (2001). If you can't join them, beat them: Effects of social exclusion on aggressive behavior. *Journal of Personality and Social Psychology*, 81, 6, 1058-1069.

Ullman, S. E., Filipas, H. H., Townsend, S. M., & Starzynski, L. L. (2005). Trauma exposure, posttraumatic stress disorder and problem drinking in sexual assault survivors. *Journal of Studies on Alcohol*, 66, 610–619.

Unwin, C., Blatchley, N., Coker, W., Ferry, S., Hotopf, M., Hull, L., et al. (1999). Health of UK servicemen who served in Persian Gulf War. *Lancet*, 353, 169–178.

Van der Kolk, B.A. (1989) The psychological processing of traumatic experience: Rorschach patterns in PTSD. *Journal of Traumatic Stress*, 2, 259–274.

Van Staden, L., Fear, N., Iversen, A., French, C., Dandeker, C. and Wessely, S. (2007). Transition Back into Civilian Life: A Study of Personnel Leaving the U.K. Armed Forces via "Military Prison". *Military Medicine*, 172, 925-930.

Vogt, D., Pless, A., King, L. and King, D. (2005). Deployment Stressors, Gender, and Mental Health Outcomes Among Gulf War I Veterans. *Journal of Traumatic Stress*, 18, 2, 115-127.

Wadlinger, H.A. & Isaacowitz, D.M. (2011). Fixing Our Focus: Training Attention to Regulate Emotion. *Personality & Social Psychology Review*, 15, 1, 75-102.

Walters, D. (2007). *After the Falklands: Finally overcoming the nightmare of PTSD*. Eacademy Press. UK

Wegner, D. M. (1994). Ironic processes of mental control. *Psychological Review*, 101, 34–52.

Weixel-Dixon, K. & Strasser, F. (2005). Time and Purpose. p 227-235. In *Existential Perspectives on Human Issues: A Handbook for Therapeutic Practice*. E. Deurzen & C. Arnold-Baker (Eds.). Palgrave Macmillan.

Wessely, S., Unwin, C., Hotopf, M., Hull, L., Ismail, K., Nicolaou, V., & David, A. (2003). Stability of recall of military hazards over time. Evidence from the Persian Gulf War of 1991. *British Journal of Psychiatry*, 183, 314-322.

White, E. (2010). *Lonely. A memoir*. Harper

White, M., & Epson, D. (1990). *Narrative means to therapeutic ends*. New York: Norton Winston.

Wilson J.P., & Zigelbaum, S.D. (1983). The Vietnam Veteran on trial: The relation of Post Traumatic Stress Disorder to criminal behaviour. *Behavioural Sciences and the Law*, 1, 69-83.

Wilson, J. P. & Krauss, G.E. (1982). *Predicting post-traumatic stress syndromes among Vietnam veterans*. Paper presented at the 25th Neuropsychiatric Institute, VA Medical Center, Coatsville, PA.

Wolfe, J., Keane, T.M., Kaloupek, D.G. & Mora, C.A. (1993). Patterns of positive readjustment in Vietnam combat veterans. *Journal of Traumatic Stress*, 6, 2, 179-193.

www.wordreference.com/definition/gerund, downloaded 20th September, 2011

Yager, T., Laufer, R., & Gallops, M. (1984). Some problems associated with war experience in men of the Vietnam generation. *Archives of General Psychiatry*, 41,327–33.

Yeasavage, J.A. (1983). Differential effects of Vietnam combat experiences vs. criminality on dangerous behaviour by Vietnam veterans with schizophrenia. *Journal of Nervous and Mental Disease*, 171, 382-384.

Yehuda, R., & McFarlane, A. C. (1995). Conflict between current knowledge about posttraumatic stress disorder and its original conceptual basis. *American Journal of Psychiatry*, 152, 1705–1712.

Zaidi, L. Y. & Foy, D.W. (1994). Childhood abuse experiences and combat-related PTSD. *Journal of Traumatic Stress*, 7, 33–42.

Zaleski, Z., Cycon, A. & Kurc, A. (2001). Future time perspective and subjective well-being in adolescent samples. In P. Schmuck, & K. M. Sheldon (Eds.), *Life goals and well-being: Towards a positive psychology of human striving* (pp. 58-67). Goettingen, Germany: Hogrefe & Huber Publishers.

Section C

Literature Review

Creating Coherence in Co-morbidity

PTSD and Substance Misuse in Combat Veterans

Jayne Grimes

June 2012

1. Introduction

In the early part of my Counselling Psychology training I completed a critical investigation of treatment efficacy for PTSD. I compared treatment outcomes for a range of treatments and found that trauma focused cognitive treatments and EMDR appeared to have been subject to the most trials and were purported to demonstrate the greatest effect size in terms of symptom reduction. Cut to two years later, in 2011, I returned to the literature to see what was emerging in more recent research on treatment efficacy and was really struck by an anomaly in outcomes in the veteran population. Studies suggesting good responses to treatment in the general population were finding lower symptom reduction in veterans. This really grabbed my attention, having spent so much time immersed in the world of military mental health in my thesis on military experience and offending behaviour. I wondered why it might be that there were poorer treatment outcomes in the combat veteran group? As I began to investigate this question I found that there were a number of reasons being discussed including help-seeking behaviour, the nuances of working with combat based trauma and the prevalence of substance use (alcohol in particular) in this group. This last factor struck a chord with me given that the use of alcohol featured in almost all research interviews I had carried out.

I was curious as to how well trauma treatment programmes and efficacy studies with the veteran population factored in the realities of the apparent norms around alcohol (and to a lesser extent drug) use? This literature review is an attempt to explore this question. We begin by looking at the research around treatment of PTSD in general and move in to focus on treatment efficacy in the veteran population. Next we will step back to consider the wider mental health profile of returning Services personnel to gain an understanding as to other presentations which commonly arise in

addition to PTSD. As we move into the central part of this literature review we explore potential reasons for poor PTSD treatment outcomes in veterans, one of which is co-morbid substance misuse. Given the prevalence of co-morbidity in this population, how is co-morbidity factored into practical treatment strategies? In response to this question we consider various treatment approaches to co-morbid PTSD and substance misuse and review efficacy studies in this area. The review concludes with implications for Counselling Psychologists' training and practice.

2. PTSD Treatment efficacy

PTSD is proposed to arise from a psychological trauma involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's own or another's physical integrity (DSM-IV, 2000). Symptoms include the involuntary re-experiencing of the trauma in flashbacks and nightmares, distress on exposure to memory triggers, active avoidance of triggers and a general numbing of feelings. Mood and impulse control disturbance may be evident in the form of hyper-vigilance and aggressiveness. It is characterised to arise due to severe difficulties in adequately processing an experienced trauma (Foa et al., 1989). The impact on social, interpersonal, and occupational functioning can be marked and enduring for those who develop chronic symptoms (Litz & Grary, 2004). There is a consensus that combat-related PTSD, if left untreated can become increasingly difficult to treat (Scheiner, 2008) and untreated can last a lifetime (Kinchin, 2004).

In the UK the NICE guidelines (2005) for the treatment of PTSD recommends that people should be offered a course of trauma-focused psychological treatment (TF-CBT) or Eye Movement, Desensitisation Reprocessing (EMDR). Within the Introduction of the research in Section A we considered the debate around the construct of PTSD and challenged

how it seems to have captured the imagination and research focus of many working on mental health issues in the ex-Services population. This current review will take a different tack and will explore instead the relevant body of research generated on the back of the PTSD construct as a diagnostic category.

Studies upon which these guidelines are based suggest reasonable treatment responses for these trauma focused treatments. Bradley et al., within their meta-analysis (2005) reported that 67% of patients who complete trauma-focused treatments (including cognitive therapy, prolonged exposure (PE) and EMDR) no longer met diagnostic criteria for PTSD compared to 39% for supportive therapy. Bisson et al., (2007) conducted a thorough large scale meta-analysis and also concluded that Trauma Focused CBT (TF-CBT) and EMDR did significantly better at reducing PTSD symptoms than other treatments including stress management and wait-list conditions. These results appear to be in line with earlier efficacy studies which concluded that EMDR and Cognitive-Behavioural methods were superior to other therapies (van Etten & Taylor, 1998) and direct comparisons of EMDR and CBT treatment methods didn't appear to reveal any significant advantages of one over the other, with respect to either treatment outcome or speed of therapeutic change (Taylor et al., 2003).

Cognitive-behaviourally based therapies for PTSD have received research support (e.g. Foa, Friedman & Keane, 2000; Ehlers et al., 2005) notably Cognitive-Processing Therapy (Resick et al., 2002). EMDR has also received support in terms of its treatment efficacy (e.g. Silver et al., 2008; Ironson et al., 2002, Lee et al., 2002; Carlson et al., 1998), however, there has been more controversy around EMDR with some challenging its impact (e.g. Albright & Thyer, 2010; Devilly & Spence, 1999). In the US where the debate around EMDR as a recommended treatment is ongoing (the

Department of Veterans Affairs recommends Cognitive Processing Therapy and Prolonged Exposure *only* for the treatment of PTSD), Shapiro (2011), the creator of EMDR and colleagues at the EMDR International Association are advocating a letter writing campaign to the US government in support of EMDR treatment for soldiers and veterans.

3. PTSD treatment efficacy in veteran population

The meta-analyses undertaken by Bradley et al., (2005) and Bisson et al., (2007) mentioned above concur on an important point around treatment efficacy rates. Both studies conclude that treatment effect size was not matched across all groups and categories of trauma equally- effect size for combat trauma appeared to be consistently lower than for other trauma categories. This finding, mentioned in passing, a caveat in small print, drew my attention. Having become really immersed in the research on the prevalence of PTSD in returning Services personnel and the debates surrounding the topic within my thesis (see Introduction) I was concerned as to what this means for mental health outcomes for those who went on to develop trauma responses.

Bradley et al., (2005) examined treatment efficacy in a number of studies with combat veteran groups (5 out of 26 of referenced studies focused on this population) and found symptom reduction of between 4-22% lower than rates reported for civilian populations. Jensen et al., (1994) found that EMDR treatment showed less symptom reduction vs. a waiting-list in 25 combat veterans compared to non-veteran trials. Keane et al., (1989) also reported less evidence favouring TF-CBT for 24 Vietnam veterans over a waiting-list, in comparison to civilian based studies. Positive results have been obtained in reducing symptoms of combat related PTSD using Prolonged Exposure (e.g. Boudewyns et al., (1990) with a sample of 20

Vietnam veterans) however again treatment effects were observed to be smaller than in studies with civilian populations.

Lower treatment effects for combat veteran groups have been reported from the mid-90s (Fontana & Rosenheck, 1998; Ford et al., 1997; Rosenheck et al., 1996; Johnson et al., 1996). Creamer & Forbes (2004) concluded that most treatment-outcome trials with veteran populations, both pharmacological and psychological, have shown lower efficacy rates than trials with nonveterans whose PTSD was related to other traumatic experiences such as sexual assaults, accidents, and natural disasters (Foa et al., 2000a; Shalev, Bonne, & Eth, 1996). The Australian Centre for Posttraumatic Mental Health report that around one-third of veterans fail to respond to treatment (Creamer & Singh, 2003). Typically in civilian samples Monson et al., (2006) report that all symptom clusters are generally found to improve (e.g., Foa et al., 1991; Nishith, Resick, & Griffin, 2002; Taylor et al., 2003) while in veteran samples, the emotional numbing/avoidance symptoms tended to be less treatment responsive (e.g., Glynn et al., 1999). The majority of relevant studies are limited however by very small sample sizes. The NICE guidelines promote TF-CBT and EMDR as the most effective treatments for all populations; however Bisson & Roberts et al., (2009) recently concluded that there's no evidence that a generalised multiple-session intervention aimed at everyone, irrespective of their symptoms following a traumatic event is effective. There appears to be an absence of good research which explores treatment effects specifically in this group in a comprehensive manner.

4. Mental Health in the returning Services population

The next section takes a step back to examine mental health in the returning Services personnel group more broadly, looking at prevalence of PTSD and other presentations. The mental health profile suggests a rate of mental health problems, specifically PTSD, of approximately 30%. Milliken et al., (2007) recently reported 20% of active and 42% of reserve soldiers as requiring mental health treatment out of almost 90,000 US soldiers returning from Iraq. In one of the first studies into the mental health of veterans in the US, Kulka et al., (1990) concluded that lifetime prevalence of Post Traumatic Stress Disorder (PTSD) in Vietnam veterans was 30.9%. More recently PTSD and acute stress disorder in US troops deployed to Iraq or Afghanistan has been observed at 15–17% (Hoge et al., 2004). Across 19 UK studies Sundin et al., (2009) found the prevalence of PTSD in personnel varied between 1.4% and 31% after deployment to Iraq. The ex-Services charity Combat Stress (2006) recently concluded that the rate of admission from Iraq is much faster than previous conflicts, reporting an increase of 25% in referrals on the previous year alone. Short et al., (2007) also suggest mental health problems are likely to be on the rise in current conflicts.

Caution is encouraged in interpreting and acting on these PTSD statistics by Murphy et al., (2008). They state that whilst the media focuses on Post Traumatic Stress Disorder, in reality the most frequent mental health problems for veterans are alcohol problems, depression and anxiety disorders. A UK based study by Jones et al., (2006) found that psychological distress (measured by the post-traumatic stress disorder checklist and the General Health Questionnaire and excessive alcohol consumption were between four and eight times more prevalent than PTSD. These recent findings pointing to high prevalence of reported

alcohol problems in this group is important in my view, and something we will return to shortly.

5. Reasons for poor treatment outcomes in veterans

There have been a range of reasons put forward to explain the observed weaker PTSD treatment effects with combat trauma groups. Engagement in treatment and the development of a therapeutic relationship is often a significant problem for veterans and serving military personnel with PTSD (Flack et al., 1998). Building on this, Creamer & Forbes (2004) assert that prior trauma history, psychiatric history (Hourani & Yuan, 1999), military training, and the personality style of “typical” military recruits may interfere with engagement and the therapeutic relationship or with other aspects of the treatment process.

Creamer & Forbes advance the notion that the nature of military deployments may result in a specific form of “treatment resistant PTSD” (Foa, Keane, & Friedman, 2000b) and speculate that the extended duration of deployments may result in persistent changes to fundamental biological mechanisms associated with threat (potentially, they suggest, related to sustained periods of hyper-vigilance) that are difficult to reverse. They also look to the environmental context. Experience of a “malevolent environment” has been shown to be a powerful predictor of subsequent adjustment among Vietnam veterans (King et al, 1995). Specific types of combat exposure have been purported to affect the onset of symptoms of PTSD after deployment (Smith et al., 2008; Barrett et al., 2006). Thus, it may be that characteristics of the context or traumatic exposure may make treatment more challenging.

Another angle on this issue has been put forward in the U.S. Veterans, it has been suggested, may over-report trauma exposure and symptoms and

under report treatment benefits (Frueh et al., 2003) and legal differences mean a more prevalent compensation-seeking culture exists there in comparison to the UK. However indicators of this are not clear-cut. Fontana & Rosenheck (1998) found that compensation seeking veterans in outpatient programmes improved more than non-compensation seeking veterans while conversely those in in-patient programmes either improved to a lesser degree or deteriorated in comparison to those not seeking compensation. While some veterans may downplay treatment benefits in order to claim financial compensation for injury from the US Military, this is unlikely to account for all the reported differences.

A further perspective in attempting to shed light on poor efficacy statistics in the combat trauma group is around clinical practice. Content of traumatic experiences for those returning from combat may frequently be of a very distressing nature and clients may potentially engage in avoidance strategies to minimise the resurgence of difficult memories. Therapists may serve to maintain and reinforce these avoidance strategies (Farrant, 2001) as they can be cautious about coming face to face with very distressing material. In fact, Farrant (2001, p 161) found that the therapist initiates much of the avoidance during sessions. She described how therapists use a range of discursive strategies to move away from their clients' emotional material, including focusing on the positive, changing the subject away from feelings and referring indirectly to the traumatic experience. So a client's inclination towards avoidance may be compounded by therapist anxiety around hearing about their client's distressing experience, out of concern for themselves as much as their clients. This may also have implications for critique levelled by some authors of high attrition rates due to avoidance of exposure in exposure based therapies (Gulliver & Stefan, 2010) as it may be that the therapist as much as the client cultivates an attitude of avoidance.

Forbes & Creamer (2003) suggest that pre-treatment anger has the potential to interfere with the engagement of the client in the therapeutic alliance. They propose that this may result in a negative impact on PTSD symptom change or, indeed, in premature termination of treatment (Stevenson and Chemtob, 2000). They conducted a PTSD treatment study with 134 veterans with a cognitive-behaviourally based programme consisting of group and individual components. They found that pre-treatment depression and anger scores accounted for 8.7 and 2.8% of the variance respectively in PTSD scores following treatment. They raise concern with regards to the negative impact of anger on symptom change after treatment, particularly given that anger has been identified as a prominent feature of combat related PTSD (Novaco and Chemtob, 2002), as we saw in the thesis Introduction, and potentially central to its development (Andrews et al., 2000; Feeny et al., 2000). Forbes & Creamer (2003) conclude that anger has the potential to be a common obstacle to treatment response for combat veterans with PTSD and may, in part, account for the modest recovery rates quoted elsewhere in the literature (Shalev, 1997).

Finally, we will consider a potential factor of significance around the observed co-morbidity of PTSD and other presentations, namely substance misuse, prevalent within the combat veteran group. While undertaking initial research related to my thesis I had observed the high rates of substance use ('substance' referring to both alcohol and drugs) in the military population. Stirman (2008) adds credence to my concern, pointing to the high rate of co-morbidity as being a particular complicating factor among those with PTSD (Kulka et al., 1990; Bradley et al., 2005).

What does treatment efficacy research tell us on this note? A number of studies were of interest in my consideration of this question. Treatment outcomes and prognosis for patients presenting with PTSD and substance misuse are asserted to be worse than for patients with only one or other

disorder or other dually diagnosed patients (Ouimette et al., 1998; Ouimette, Finney, & Moos, 1999). On the other hand, Forbes & Creamer (2003) found that pre-treatment alcohol use accounted for only 2.3% of the change in PTSD scores following treatment. Substance abuse treatment patients with PTSD tend to report significantly more drug use at admission, have poorer treatment adherence, and exhibit more substance use at 3-month follow-up (Hien et al., 2000).

Stirman (2008) questions how applicable treatments studied using randomized controlled trials may be to individuals who present with more complicated symptom profiles, an important question in my view. The prevalence of co-morbidity between PTSD and substance abuse in the ex-Services population is an important issue which I believe has not been adequately considered in the trauma treatment literature. This literature review aims to focus on this topic and will consider how co-morbid PTSD and substance misuse is treated in clinical practice with a view to informing Counselling Psychologists working with the veteran population of current perspectives.

6. Co-morbid PTSD and substance abuse

Conceptually, a number of causal pathways have been proposed for PTSD and substance abuse including a self-medication hypothesis, common vulnerability or susceptibility and the notion that the presence of one disorder may confer high risk for the other (Gulliver & Steffen, 2010). In attempting to ascertain the prevalence of co-morbidity of PTSD and substance misuse the following estimates give us some indication. Busuttill (2009) cites co-morbidity rates of PTSD and alcohol abuse of 6 - 55% and drug abuse of 25% from the National Vietnam Veterans Readjustment Survey undertaken by Kulka and colleagues (1990). Estimates of the percentage of Veterans seeking PTSD treatment, who also have some

history of substance abuse have been put at between 60% to 80% (Kofoed et al., 1993).

Conversely, there has also been a lot of literature proposing high rates of PTSD among male veterans seeking substance abuse treatment (e.g. Hyer et al., 1991; McFall et al., 1991 and Triffleman et al., 1995). Out of 750 veterans returning from 'Operation Enduring Freedom' in Afghanistan (OEF) and 'Operation Iraq Freedom' (OIF) tours screened at a Veterans Affairs Medical Centre for mental health problems 59% screened positive for depression, 50% for PTSD, 46% for high risk alcohol abuse, and 19% were positive for all three (Seal et al., 2008). Co-morbid PTSD/Substance Use Disorder (SUD) was observed at a rate of 17.4% in a recent study of OEF/OIF Veterans Affairs patients (Baker et al., in press). Alongside data confirming the high incidence with which these two disorders co-occur, Back et al. (2006) state that patients themselves frequently report a functional relationship between their substance abuse and PTSD symptoms. There is not a lot of information on co-morbidity of PTSD and Substance Abuse from the UK, which needs to be addressed before more detailed data may be reliably gathered on treatment efficacy in this group. Stirman (2008, p2) asserts that the "failure of many researchers to report rates of co-morbidity among study participants makes it particularly difficult to determine whether results of a study can be generalized to a particular patient population."

7. Substance Use in military groups

Earlier in the research portfolio (Section A) we saw how the role of alcohol emerged as a topic of importance to many of the men in the study. For many of the participants it served initially as a social lubricant, as a way to fill time and later as a way to distance oneself from and re-direct energy away from painful emotions. As one of the participants, Ray put it "*alcohol*

is the military's way of therapy." We also heard from Fossey (2009, p14) writing for the Centre for Mental Health, who concluded that UK studies on alcohol use have not yet drawn any clear conclusions, and there is a need for further research in this area. Fear et al., (2009, p47) report that the current generation of UK military personnel, both serving and ex-serving show higher rates of heavy drinking than the general population. 67% per cent of men and 49% of women in the UK Armed Forces drank to a level defined as 'hazardous' compared to 38% of men and 16% of women in the general population according to an earlier study by Fear and colleagues (2007). In another study of significance, 12% of soldiers returning from Iraq and Afghanistan described themselves as 'misusing' alcohol (Milliken et al., 2007). Jacobson et al., (2008) suggest an interesting correlation, reporting that personnel who had been exposed to combat in Iraq or Afghanistan were significantly more likely to experience "new onset" heavy weekly drinking, binge-drinking, and alcohol-related problems (9%, 53%, and 15 %, respectively) compared with "new onset" rates for non-deployed personnel (6%, 26.6%, and 4.8%, respectively). These findings suggest that high alcohol consumption may be quite prevalent in military culture, emphasising the likelihood that Services veterans who develop PTSD symptoms in response to traumatic events may develop these symptoms in the context of already high alcohol consumption patterns.

Hooper et al., (2008) carried out one of the first studies to investigate the association between traumatic combat exposure and substance use in a prospective military based study. 1,382 members of the UK Armed Forces were surveyed and followed up 3 years later. They found that alcohol consumption and binge-drinking increased over the 3 year period and the increase in alcohol consumption was greater in those subjects who had been deployed, in particular in those who thought they might be killed or who experienced hostility from civilians while on deployment. Fossey (2010) suggests that there is a high prevalence of drinking in the Services

because alcohol remains very affordable and drinking, often to excess, is socially acceptable and encouraged, particularly among lower ranks. As we saw earlier, he concludes that despite the high co-morbidity between high rates of drinking and mental health problems, very little academic research has been undertaken on the consumption of alcohol in the veteran population.

Statistics on the use of drugs in the UK military are harder to come by. The House of Commons Defence Committee (2008) stated that the estimated lifetime prevalence of drug use or dependence among male combat veterans is 5.7% and the estimate for current drug use or dependence is 1.8%. Last year, *The Independent* newspaper reported that more than 6,000 soldiers have failed drugs tests over the past decade (Savage, 2010). In an extensive review of the literature on UK military veterans Fear et al., (2009) reported that they were not aware of any systematic studies of drug use among UK Service personnel. Most of the contemporary data appears to be from the US. There seems to be a dearth of research examining drug use among UK Service personnel, research examining co-morbidity of PTSD and substance misuse in this population, along with specific recommendations for clinical practice.

8. Patterns of help-seeking in veteran population

We've considered possible reasons why combat veterans may demonstrate lower symptom reduction rates than civilian groups. However challenges in clinical treatment with this group begin to appear well before treatment issues are factored in, at the point of veteran engagement with mental health services. Stigma associated with seeking help has been acknowledged as a significant barrier to veterans obtaining the mental health care they need (Hoge et al., 2004). Hoge and colleagues in the US reported that out of OEF/OIF soldiers who met strict criteria for a mental disorder 81% acknowledged a mental health problem, between 38-43% indicated an interest in receiving help yet only 13-27% of that group had actually sought and received professional mental health care in the previous year. This guarded help-seeking behaviour seems particularly pronounced in those with concerns around alcohol consumption.

In a study of mental health service utilisation and treatment receipt in a UK military sample comprised of regulars, reservists and veterans, Iversen et al., (2010) reported that 64% of those with PTSD and 50% of those with depression or anxiety sought professional help compared with only 23% of those with alcohol problems. The same pattern was true for informal help-seeking (reporting of problems with alcohol was at 73% compared to 82% for depression and 85% for PTSD). The rate of help-seeking for alcohol problems in comparison with depression and PTSD is reported elsewhere to be especially low in military populations (Erbes et al., 2007). Iversen et al., (2010) observed that co-morbidity was common in the group however they investigated service utilisation for the single 'most significant problem' as defined by the participant and didn't consider treatment-seeking behaviour on the basis of co-morbid mental health and substance use problems. It would have been very useful if they had addressed co-

morbidity, as to my mind, looking at only one diagnosis may have blunted their conclusions. It seems plausible to hypothesise that given these figures above, there may have been some under-reporting of mental health problems, including PTSD in those identifying themselves primarily as misusing alcohol. Their results suggest that veterans with PTSD co-morbid with alcohol or substance use problems may be significantly less inclined to seek mental health support than veterans suffering from PTSD alone.

9. The challenge of treating co-morbidity

Currently NICE Guidelines (2005) recommend that in PTSD sufferers with drug or alcohol dependence, the drug or alcohol problem should be treated first.

Where substance dependence has developed, they state that this should be treated before the patient can benefit from trauma-focused psychological treatments. In cases where dependence is severe, the suggestion is to work collaboratively with specialist substance misuse services. There is some clinical debate around this order of treatment however. On the one hand, treating the substance abuse first runs the risk that untreated PTSD symptoms may precipitate a relapse, however on the other hand, veterans who self-medicate for their PTSD symptoms with drugs or alcohol may find it difficult to give this up to participate in a substance abuse program when they haven't received help to deal with their PTSD symptoms (Bernhardt, 2009), thus creating a challenging catch-22 scenario.

Recent research strengthens the hypothesis of a relationship between PTSD symptoms and substance use. Ouimette et al., (2010) explored the interrelated fluctuations of symptoms in the co-occurring conditions over time, following 35 substance misuse patients with PTSD symptoms for 26 weeks. They found that change from subclinical to full-blown PTSD was

associated with an 11% relative increase in probability of alcohol dependence symptoms, a 29% relative increase in probability of cocaine dependence symptoms, and a 94% relative increase in the probability of opioid dependence symptoms in the following week. Findings from an earlier study consistently suggested that the onset of alcohol and substance abuse was associated with the onset of PTSD symptoms and the increase in use paralleled the increase of symptoms (Bremner et al., 1996). Ouimette et al., (2010) conclude that PTSD and SUD symptoms may co-vary concurrently. Hien et al., (2010) and Back et al., (2006) propose that declining substance use in parallel with reducing PTSD symptomology following treatment begs the question of whether it is even necessary to set out to target substance misuse in the first place? In my view, research needs to explore treatment effects and concurrent substance use in groups differentiated according to longer and shorter term alcohol and drug problems. More recent approaches have argued for concurrent treatment models that address both substance use and PTSD symptoms as part of an integrated approach (Najavits, 2003; Ouimette & Brown, 2003). A search of the literature by the current author produced only one treatment programme described as 'integrated' which had been formally trialled, a programme called 'Seeking Safety' (Najavits, 2003) which we will consider shortly.

10. Treatments for co-morbid presentation

There are three different approaches to the sequencing of clinical treatment for co-morbid presentations of PTSD and Substance Abuse; sequential, concurrent and integrated treatments. Let's take a look at these three approaches to better understand how they tackle the treatment of co-morbid presentation, their findings around treatment response and the quality of their programme trials. Many of these treatments have been

developed and trialled in the U.S thus much of the research originates there.

10.1 Sequential Treatment

Clients attending specialised PTSD treatments at a Veterans Affairs Medical Centre in the U.S. are often referred to an intensive outpatient substance abuse treatment programme first, with a view to treating their substance abuse and PTSD independently (Bernhardt, 2009).

Psychological components included in co-morbid treatment packages tend to be composed of cognitive and/or behavioural therapies. We saw earlier in this review that in the U.K. EMDR is promoted as equally efficacious as CBT. In the U.S. while there were some early programmes promoting EMDR in the treatment of PTSD and substance abuse (e.g. Omaha et al., 1998) there hasn't been a great deal of research developing and trialling EMDR based integrated treatments (based on the author's extensive searches on *Psychinfo* and *Google Scholar* using keywords 'Substance', 'PTSD' and 'EMDR' and variants of these terms).

One example of a sequential programme is *Transcend* (Donovan et al., 2001) introduced 10 years ago. The programme is a 12-week partial hospitalisation treatment for veterans with PTSD and Substance Abuse diagnoses. Treatment is based on concepts derived from constructivist and dynamic paradigms as well as cognitive-behavioural and 12-step theories (Donovan et al., 2001). The first half of the programme is dedicated towards skills development and the latter half towards trauma processing. 46 male participants completed an addiction treatment programme and were required to be substance free 30 days before beginning the *Transcend* programme within a trial conducted by Donovan and colleagues (2001). For this reason Donovan et al., (2001, p768) acknowledge that "*it's not possible to attribute symptom reduction solely to Transcend programme*

interventions." The outcomes from their initial study suggested a reduction in PTSD symptoms and addictive behaviour which seemed to be sustained at 6- and 12-month follow-up with the exception of the arousal cluster (Donovan et al., 2001). However they acknowledged limitations to their study as they utilised a single group design with no other treatment or wait-list control and a non-randomised population. 10% failed to complete the full programme. There do not appear to have been results from further trials published, thus it is difficult to obtain quality outcome data.

Another sequential programme, Substance Dependence PTSD Therapy (SDPT; Triffleman et al., 1999) is presented as a 5-month, two-phase individual cognitive-behavioural treatment which includes relapse prevention and coping skills training for substance abuse along with psycho-education, stress inoculation training, and in vivo exposure for PTSD. SDPT was described as designed for use in mixed-gendered civilians with varied sources of trauma. Triffleman and colleagues conducted a comparison between this programme and an addiction focused group with 19 participants and reported that patients in both conditions demonstrated reductions in substance use and PTSD severity. However the sequential treatment was not found to be superior to the addiction-focused group. They concluded that their open trial pilot data indicated efficacy in reducing PTSD severity although design limitations (including small sample size and attrition rates) meant further trials were necessary. Published trials of note do not appear to have been forthcoming from the team.

10.2 Concurrent Treatment

McGovern et al., (2009) trialled a concurrent PTSD treatment programme with civilian addictions patients attending group therapy. They reported that the CBT component had a significant impact on PTSD symptoms with 20% of the group displaying symptoms at a 3-month follow-up. In addition, patients who received CBT for PTSD showed a reduction in severity but not frequency of their substance use. There are a number of methodological concerns which limit the capacity to generalise from their findings. Their participant group consisted of only 11 participants and a single group design with no control group which the authors recognise made it difficult to ascertain treatment effects occurring due to 'treatment as usual' for addiction vs. the CBT for PTSD programme. Of significance, they also used a loose estimate of treatment 'completion' of 75% of planned sessions and against this criteria state that 65% of patients completed the therapy. This is a low completion rate which in my view raises concerns regarding the validity of the study. They make no reference to how they linked the substance abuse programme with the PTSD module if at all, however they are not alone in failing to make this explicit as the following study also fail to make this connection.

Brady et al., (2001) trialled a combination therapy called 'Concurrent Treatment of PTSD and Substance Abuse'. The therapy consisted of imaginal and in-vivo exposure techniques for PTSD symptoms and cognitive-behavioural techniques to treat cocaine dependence. They reported that treatment completers demonstrated significant reductions in all PTSD symptom clusters and cocaine use from baseline to treatment end and improvements were maintained over a 6-month follow-up period. The study is limited by the uncontrolled nature of the design, small number of subjects (n=15) and high dropout rate (Brady et al., 2001). From preliminary outcomes they suggested that exposure therapy may be

effective in the treatment of PTSD in some individuals with cocaine dependence.

A concurrent approach was trialled by Back et al., (2006) for PTSD and alcohol dependence. 94 participants (mixed gender group) took part in a double blind placebo controlled medication trial. They reported that following this treatment nearly 50% of participants showed substantial improvement in both PTSD and alcohol-related outcomes. Their study is of note for the proposed correlation observed between PTSD and alcohol consumption patterns more than for the overall treatment effects seen. Significantly more women than men showed no response to treatment (29% vs. 71%) however the authors do not explain this discrepancy nor discuss its significance in relation to their findings. They found that a reduction in hyper-arousal symptoms was related to substantially improved alcohol use. Alcohol symptoms tended to start improving either before or in conjunction with PTSD symptoms. The treatment group underwent a weekly CBT session along with a medication component however they do not report whether psychological therapy, medication or a combination of both components of the concurrent treatment seemed to have the most impact on PTSD and SUD. The study suffers from a lack of detail on symptom outcomes related to the initial treatment trial. Their study was small and participants were from a civilian population thus findings may not be generalisable to combat trauma groups. A similar study with PTSD and cocaine dependence with 23 participants indicated a similar pattern, with improvement in PTSD symptoms found to be associated with a decrease in cocaine use (in 63% of participants). Of note, they also reported that 41% of participants preferred a concurrent model of therapy in which cocaine use and PTSD were treated simultaneously. I believe that there needs to be further exploration of concurrent treatments to consider how best to meet clients' needs through programme content and design. Further trials and dismantling studies undertaken to identify

which aspects of treatment seem to have the most significant impact on reducing co-morbid symptomology.

10.3 Integrated Treatment

The focus in integrated treatment is balanced around education, symptom management, and coping-skills development, with exposure-based interventions introduced only when there has been a cessation of alcohol use or use is stable at low-risk levels for a sustained period (Creamer & Forbes, 2004). There is strong support from some for integrated programs, Bernhardt (2009) proposing that they represent the 'wave of the future' based in his view, on their effectiveness in treating co-morbid PTSD and SUD.

The promoters of the Seeking Safety programme (SS; Najavits, et al., 2008, p83) try to distinguish it from other programmes by describing it as the only model for co-morbid PTSD and SUD that 'meets criteria as an effective therapy' based on the number of randomized controlled trials that have been undertaken with various populations (although it should be noted that not *all* of the programme trials undertaken actually utilised a RCT design in practice, however what is clear is that vastly more trials have been conducted with this programme than other co-morbid treatments). The programme is made up of 25 cognitive-behavioural and interpersonal modules. Early studies were conducted with female clients and recently several more have been conducted with men (Cook et al., 2006; Najavits, et al., 2005; Najavits et al., 2009; Weaver et al., 2007). Bernhardt (2009) suggests that the approach has been empirically validated in numerous studies, including one with veterans (Desai et al., 2008; Desai et al., 2009).

Desai et al., (2009) conducted a study with 359 female homeless veterans who either undertook the full Seeking Safety programme or their case was managed by the Homeless Women Veterans' Service as normal. The SS cohort were reported in the initial findings to have shown significantly better outcomes one year later in employment, general symptoms of psychiatric distress and symptoms of posttraumatic stress disorder compared to 'treatment as normal', a care management programme. Participants in the SS programme along with the control condition both showed significant improvements on drug & alcohol use however there wasn't a significant difference found between treatment conditions. The authors add that following statistical correction SS appears to have been associated with improvements over and above the comparison condition in avoidant behaviour and social support but not in the symptoms on the PTSD checklist (Desai et al., 2009). At 12 months follow up there had been a high level of attrition for both conditions (with only 27% remaining in the SS group and 53% remaining in the treatment as normal condition), which makes it difficult to ascertain long-term impact and validity of results. In my view, the high drop-out rate in itself raises concern with regards to the programme.

Norman et al., (2010) conducted a SS programme trial with veterans presenting with PTSD and either drug or alcohol dependence. 14 participants took part and treatment consisted of 10 weekly sessions. Only nine participants completed treatment and post-treatment assessment and six completed follow-ups at 3 and 6 months. Results appear to have been very variable; 8 showed a reduction in PTSD symptoms while the 9th participant actually *worsened*. Half of those presenting with alcohol abuse indicated a reduction in drinking frequency. The authors acknowledge that there were study limitations, including small sample size, lack of a control condition, poor reporting of all substance use post-intake, inadequate data on study dropouts (which were high at 42%) along with

poor follow-up assessment completion. They conclude that future research is needed to understand how better to engage and retain veterans with concurrent PTSD and SUD in treatment.

While there have been a reasonable number of trials undertaken with the Seeking Safety programme, and the programme appears to have had positive treatment effects on participants, in my view these results have been modest (often not significantly greater than the control condition) and studies have been challenged by high attrition rates. It seems that research findings lag behind the claims made by some supporters of this programme (e.g. Norman et al. 2010) and further research should be carried out to understand more about the specific impact that this programme may have on participants in order to maximise its utility.

Hien et al., (2010) who delivered the SS programme demonstrate thinking in the same direction as Back et al., (2006). They found that subjects who demonstrated improvements in PTSD symptoms were significantly more likely to show subsequent improvements in substance use disorder symptoms, but the reciprocal relationship was not observed. They propose that if a patient with PTSD and a substance use disorder can achieve PTSD symptom reduction, he or she will likely also experience a reduction in substance use disorder symptoms, however, if only substance use symptom reduction is attained, PTSD symptoms may be more likely to remain. This supports the “self-medication” hypothesis that posits that patients with PTSD and a substance use disorder consume alcohol or drugs, in part, to help dampen PTSD symptoms (Back, 2010).

10 Conclusions

We have seen that PTSD trauma focused treatment efficacy is much lower with veteran populations in comparison to effect sizes in the general population. The argument has been made here that whilst there are a number of potential reasons for lower effect sizes one of the most significant contextual factors of relevance is the prevalence of substance use-alcohol in particular (based on emerging findings from this research on the role of alcohol and from others on the prevalence of substance use in general in the military population). Yet despite the high level of co-morbidity of PTSD and substance misuse noted within contemporary studies this literature review finds that there are no specifically designed treatment approaches, various treatments on the market appear only to combine and repackage existing treatments. I believe that clinicians need to start with a comprehensive conceptualisation of the functional nature of co-morbidity and design new tailored programmes on this basis. Unfortunately many of the programmes which have been trialled and reviewed here appear to suffer from problematic research design and questionable efficacy outcomes. More tailored programme design needs to be followed by high quality efficacy trials specifically for the veteran group.

While some innovation is evident in the adaptation of treatment approaches to best tackle symptoms of both co-morbid presentations, trials reviewed here have been characterised by small sample sizes, absence of control groups, non-randomised treatment group assignment, high drop-out rates and low magnitude of difference between specific programme and treatment as usual efficacy rates. As we saw earlier, much of the differential outcome data suggests low levels of success with veteran

populations thus these results above from largely civilian based studies with wide-ranging triggering traumas, while useful in examining co-morbidity cannot be assumed as representative of treatment efficacy in this group.

The majority of the studies which do look at co-morbidity fail to mention whether participants had a long term history of substance abuse or if onset was concurrent with PTSD symptomology. Creamer & Forbes, (2004) advocate the importance of understanding whether substance abuse is best conceptualized as being secondary to the PTSD (as a way of managing the painful symptoms), whether PTSD is secondary to pre-existing substance abuse, or whether the two are co-morbid but independent conditions? They assert that this is a critical issue in determining the optimum sequence for treatment when these co-morbid issues are present.

Through this discussion I wish to encourage Counselling and Clinical Psychologists to work with each person's presentation uniquely and carry out a thorough historical and functional analysis of their substance use before deciding accordingly on a treatment approach and sequence. I would also like to advocate that the significant gap in good research around comorbid PTSD and substance abuse treatment in the general population and specifically in the returning veteran group be bridged. I believe that this needs to be rectified imminently with funding directed towards research and creation of specialised treatment for Services personnel, increasing numbers of whom are returning from conflicts in Iraq and Afghanistan at the current time to prevent long-term mental health problems.

In my view clinical training should reflect the complex reality of the client's experience and offer training in psychopathology which deals with the pattern and progress of symptoms of both discrete and co-morbid

diagnoses. Carruth & Burke (2006) offer an interesting perspective on co-morbidity which is one such example of a more coherent approach, conceptually at least. They believe that where trauma and addiction integrate is the area of control. They assert that psychological trauma is characterised by disruptions in a person's sense of control and that addiction can also be viewed as a disorder of control, or of an inability to control (Carruth & Burke, 2006, p3). They add that people who are concurrently traumatised and addicted are particularly difficult to treat in traditional addiction settings where implicitly or explicitly they are asked to give up control to the treatment programme and other individuals. They believe that understanding the dynamic of control with people who are concurrently impacted by trauma and addiction is essential to successful treatment. Taking just this one example of a conceptualisation of co-morbidity, clinicians could progress to design a programme which features content aiming to build participants' sense of control over their world. There is a critical need to thoroughly review thinking in the area of co-morbidity and design new and effective treatment programmes to tackle it.

Working with diagnostic co-morbidity is often challenging for clinicians. Najavits (2002) found that individuals with co-occurring disorders were perceived by clinicians as more difficult to work with as compared to individuals with either disorder alone. In my view this is as much a problem of multiple diagnoses as of multiple services and clinical expertise ill-matched to meet the reality of co-morbidity. Public services and charities are often set up to deal with either trauma or addiction thus clinicians may be required to specialise in one area or the other rather than gaining experience and expertise in both concurrently. Bernhardt (2009) makes some practical recommendations for veteran services to offer integrated treatments that address PTSD and substance abuse in the same program rather than requiring extended periods of sobriety as a

requirement for entering PTSD treatment. He advocates that there should be an educational component regarding the reciprocal relationship between PTSD and substance abuse for participants. For clinical staff he suggests that cross-training between PTSD and SA services would *“allow the left hand to know what the right hand is doing.”* While this is certainly a step in the right direction of offering a joined-up service for clients, in my view it is still some way from a truly coherent service which I believe needs to start with a more integrated theoretical foundation from which to construct practical clinical strategies. I would advocate that Counselling Psychology is particularly well placed to take on this challenge as we as a profession bring a unique complement of research, clinical and therapeutic skills which can enable us to work with the complexity of the ex-Services client’s needs.

11 Literature Review References

- Australian Centre for Posttraumatic Mental Health (2007). *Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder: Practitioner Guide*.
- Abel, N. & O'Brien, J (2010). EMDR Treatment of Co-morbid PTSD and Alcohol Dependence: A Case Example. *Journal of EMDR Practice and Research*, 4, 2, 50-59.
- Albright, D.L. & Thyer, B. (2010). Does EMDR reduce Post-traumatic Stress in Combat Veterans? *Behavioural Interventions*, 25, 1–19.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: American Psychiatric Association.
- Andrews B, Brewin CR, Rose S, Kirk M (2000) Predicting PTSD symptoms in victims of violent crime: The role of shame, anger, and childhood abuse. *Journal of Abnormal Psychology* 109:69–73.
- Back, S. E., Brady, K. T., Jaanimagi, U., & Jackson, J. L. (2006). Cocaine dependence and PTSD: A pilot study of symptom interplay. *Addictive Behaviours*, 31, 2, 351–354.
- Baker, D.G., Heppner, P., Afari, N., Nunnink, S., Kilmer, M., Simmons, A., Harder, L., Bosse B. (Submitted). *Trauma exposure, branch of service and physical injury in relation to mental health among US veterans returning from Iraq and Afghanistan*.
- Barrett, D.H., Resnick, H.S., Foy, D.W. & Dansky, B.S. (1996) Combat Exposure and Adult Psychosocial Adjustment Among U.S. Army Veterans Serving in Vietnam, 1965-1971. *Journal of Abnormal Psychology*, 105, 4, 575-581.
- Bernhardt, Alan(2009) Rising to the Challenge of Treating OEF/OIF Veterans with Co-occurring PTSD and Substance Abuse, *Smith College Studies in Social Work*, 79, 3, 344 — 367.
- Bisson, J.I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., & Turner, S. (2007). Psychological Treatments for chronic post-traumatic stress disorder: systematic review and meta-analysis. *British Journal of Psychiatry*, 190, 97–104.
- Blanchard, E. B., Hickling, E. J., Devineni, T., Veazey, C. H., Galovski, T. E., Mundy, E. A., et al. (2003). A controlled evaluation of cognitive behavioral therapy for posttraumatic stress in motor vehicle accident survivors. *Behaviour Research and Therapy*, 41, 79–96.
- Brady, K. T., Dansky, G. S., Back, S. E., Foa, E. B., & Carroll, K. M. (2001). Exposure therapy in the treatment of PTSD among cocaine-dependent individual: Preliminary findings. *Journal of Substance Abuse Treatment*, 21, 47–54.
- Bremner, J.D., Southwick, S.M., Darnell, A. & Charney, D.S. (1996). Chronic PTSD in Vietnam combat veterans: course of illness and substance abuse. *American Journal of Psychiatry*, 153, 369-375.

- Bussitil, W. (2009). *Complexities of working with veterans & the role of Combat Stress*. Presentation. [www.http://www.erypct.nhs.uk/upload](http://www.erypct.nhs.uk/upload). Retrieved May 4, 2011.
- Busuttil, W. (2004) Presentation and Management of Post Traumatic Stress Disorder and the elderly: a need for investigation. *International Journal of Geriatric Psychiatry*, 19, 429-439.
- Carlson, J., Chemtob, C. M., Rusnak, K., Hedlund, N. L., & Muraoka, M. Y. (1998). Eye movement desensitization and reprocessing (EMDR): Treatment for combat-related posttraumatic stress disorder. *Journal of Traumatic Stress*, 11, 3–24.
- Carruth, B. & Burke, P.A. (2006). Psychological addiction and trauma treatment. pp 1-14 In B. Carruth (Ed). *Psychological Trauma and Addiction Treatment. Journal of Chemical Dependency Treatment*. Routledge.
- Carruth, B. (2006). *Psychological Trauma and Addiction Treatment. Journal of Chemical Dependency Treatment*. Routledge.
- Chambless, D. L., Baker, M. J., Baucom, D. H., Beutler, L. E., Calhoun, K. S., Crits-Critsoph, P., et al. (1998). Update on empirically validated therapies (Part II). *Clinical Psychologist*, 51, 3–16.
- Cook, J. M., Walser, R. D., Kane, V., Ruzek, J. I., & Woody, G. (2006). Dissemination and Feasibility of a cognitive-behavioural treatment for substance use disorders and posttraumatic stress disorder in the Veterans Administration. *Journal of Psychoactive Drugs*, 38, 89–92.
- Creamer, M. & Forbes, D. (2004). Treatment of Posttraumatic Stress Disorder in Military and Veteran Populations. *Psychotherapy: Theory, Research, Practice, Training*, 41, 4, 388–398.
- Department of Defense Task Force on Mental Health. (2007). *An achievable vision: Report of the Department of Defense Task Force on Mental Health*. Falls Church, VA: Defense Health Board.
- Desai, R., Harpaz-Rotem, I., Rosenheck, R., & Najavits, L. (2009). Treatment of homeless female veterans with psychiatric and substance abuse disorders: Impact of “Seeking Safety” on one-year clinical outcomes. *Psychiatric Services*, 59, 996–1003.
- Desai, R.A. Harpaz-Rotem, I. Najavits, L.M. & Rosenheck, R.A. (2009). Seeking Safety Therapy: Clarification of Results. *Psychiatric Services*, 60, 125
- Devilley, G. J., Spence, S. H., & Rapee, R. M. (1998). Statistical and reliable change with eye movement desensitization and reprocessing: Treating trauma with a veteran population. *Behaviour Therapy*, 29, 435–455.
- Donovan, B., Padin-Rivera, E., & Kowaliw, S. (2001). Transcend: Initial outcomes from a Post-traumatic stress disorder/substance abuse treatment program. *Journal of Traumatic Stress*, 14, 4, 757–772.
- Ehlers A., Clark, D.M., Hackmann, A., McManus, F., & Fennell, M. (2005). Cognitive therapy for PTSD: Development and evaluation. *Behaviour Research & Therapy*, 43, 413-31.

- Ehlers, A., & Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research & Therapy*, 38, 319-45.
- Erbes, C., Westermeyer, J., Engdahl, B., & Johnsen, E.(2007). Post-traumatic stress disorder and service utilization in a sample of service members from Iraq and Afghanistan. *Military Medicine*, 172, 359–63.
- Etherington, K. (2007). *Trauma, Drug Misuse and Transforming Identities: A Life Story Approach*. Jessica Kingsley
- Farrant, J. (2001). *Working with Trauma: Interpersonal and process issues in therapy for people suffering from the effects of traumatic experience*. Doctoral Thesis. City University London: Department of Psychology.
- Fear NT, Iversen A, Meltzer H, Workman L, Hull L, Greenberg N. et al. (2007). Patterns of drinking in the UK Armed Forces. *Addiction*, 102, 1749-1759.
- Fear, N., Wood, D. and Wessely. S. (2009). *Health and Social Outcomes and Health Service Experiences of UK Military Veterans. A summary of the evidence*. ACDMH/KCMHR, King's College, London for Department of Health.
- Feeny NC, Zoellner LA, Foa EB (2000) Anger, dissociation, and posttraumatic stress among female assault victims. *Journal of Traumatic Stress* 13:89–100.
- Flack, W. F., Litz, B. T., & Keane, T. M. (1998). Cognitive-behavioural treatment of war-zone-related Posttraumatic stress disorder: A flexible, hierarchical approach. In V. M. Follote, J. I. Ruzek, & F. R. Abueg (Eds.), *Cognitive-behavioural therapies for trauma* (pp. 77–99). New York: Guilford Press.
- Foa, E. B., Keane, T. M., & Friedman, M. J. (2000b). Introduction. In E. B. Foa, T. M. Keane, & M. J. Friedman (Eds.), *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (pp. 1–18). New York: Guilford Press.
- Foa, E. B., Rothbaum, B. O., Riggs, D. S., & Murdock, T. B. (1991). Treatment of posttraumatic stress disorder in rape victims: A comparison between cognitive-behavioural procedures and counselling. *Journal of Consulting and Clinical Psychology*, 59, 715–723.
- Foa, E.B., Keane, T., and Friedman, M. (2000) (Eds.) *Treatment guidelines for Post Traumatic Stress Disorder*. New York: Guilford Press.
- Fontana, A., & Rosenheck, R. (1998). Psychological benefits and liabilities of traumatic exposure in the war zone. *Journal of Traumatic Stress*, 11, 485–503.
- Fontana, A., & Rosenheck, R. Errera, P. (1997). Inpatient treatment of posttraumatic stress disorder: A 20 year perspective. *Journal of Traumatic Stress*, 10, 3, 407-413.
- Forbes, D., Creamer, M., Hawthorne, G., Allen, N. & McHugh, T. (2003). Comorbidity as a Predictor of Symptom Change After Treatment in Combat-Related Posttraumatic Stress Disorder. *The Journal of Nervous and Mental Disease*, 19, 2, 93-99
- Ford, J.D., Fisher, P., & Larson, L. (1997). Object relations as a predictor of treatment

outcome with chronic posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 65, 547–559.

Fossey, M. (2010). *Across the wire: Veterans, mental health and vulnerability*. Centre for Mental Health. London.

Frappell-Cooke, W., Gulina, M., Green, K., Hacker Hughes, J & Greenberg, N. (2010). Does trauma risk management reduce psychological distress in deployed troops? *Occupational Medicine Advance Access*, 1-6.

Frueh, B. C., Elhai, J. D., Gold, P. B., Monnier, J., Magruder, K. M., Keane, T. M., et al. (2003). Disability compensation seeking among veterans evaluated for posttraumatic stress disorder. *Psychiatric Services*, 54, 84–91.

Glynn, S. M., Eth, S., Randolph, E. T., Foy, D. W., Urbaitis, M., Boxer, L., et al. (1999). A test of behavioral family therapy to augment exposure for combat-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 67, 243–251.

Greenberg N, Iversen A, Hull L, Bland D, Wessely S. (2008). Getting a piece of the action: measures of post traumatic stress in UK military peacekeepers. *Journal of the Royal Society of Medicine*, 101, 78–84.

Gulliver, S.B. & Steffen, L.E. (2010). Towards Integrated Treatments for PTSD and Substance Use Disorders, *PTSD Research Quarterly*, 21, 2, 1-7.

Henderson, A., Langston, V. and Greenberg, N. (2008). *Alcohol misuse in the Royal Navy* *Occupational Medicine*, 59, 1, 25-31.

Hien, D. A., Nunes, E., Levin, F. R., & Fraser, D. (2000). Posttraumatic stress disorder and short-term outcome in early methadone treatment. *Journal of Substance Abuse*, 19, 1, 31–37.

Hill, D.M. & Bussutil, W. (2008). Dual diagnosis in service veterans with post-traumatic stress disorder and co-existing substance misuse. *Advances in Dual Diagnosis*, 1, 1-8.

Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I. and Koffman, R.L. (2004). *Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care*. *New England Journal of Medicine*, 351, 13-22.

Hooper R, Rona R.J., Jones, M., Fear, N.T., Hull, L., Wessely, S. (2008). Cigarette and alcohol use in the UK Armed Forces and their association with combat exposures: a prospective study. *Addictive Behaviours*, 33, 8, 1067-1071.

Hourani, L. L., & Yuan, H. (1999). The mental health status of women in the Navy and Marine Corps: Preliminary findings from the Perceptions of Wellness and Readiness Assessment. *Military Medicine*, 164, 174–181.

Hyer, L., Leach, P., Boudewyns, P. A., & Davis, H. (1991). Hidden PTSD in substance abuse inpatients among Vietnam veterans. *Journal of Substance Abuse Treatment*, 8, 213-219.

- Ironson, G. I., Freund, B., Strauss, J. L., & Williams, J. (2002). Comparison of two treatments for traumatic stress: A community-based study of EMDR and prolonged exposure. *Journal of Clinical Psychology, 58*, 113–128.
- Iversen A.C., van Staden, L., Hacker Hughes, J., Browne, T., Hull, L., Hall, J., Greenberg, N., Rona, R.J., Hotopf, M., Wessely, S., Fear, N.T. (2009). The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study. *BMC Psychiatry, 9*, 68-80.
- Iversen, A.C., van Staden, L., Hacker Hughes, J., Browne, T., Greenberg, N., Hotopf, M., Rona, R.J., Wessely, S., Thornicroft, G. & Fear, N.T. (2010). Help-seeking and receipt of treatment among UK service personnel. *The British Journal of Psychiatry, 197*, 149–155.
- Jacobson, I. G., Ryan, M. A. K., Hooper, T. I., Smith, T. C., Amoroso, P. J., Goyko, E. J., et al. (2008). Alcohol use and alcohol-related problems before and after military combat deployment. *Journal of the American Medical Association, 300*, 6, 663–675.
- Jelinek, J.M. & Williams, T. (1987). In Williams T (Ed). *Post Traumatic Stress Disorders: A Handbook for Clinicians*. Ohio: Disabled American Veterans.
- Jensen, J. A. (1994). An investigation of eye movement desensitization and reprocessing (EMD/R) as a treatment for posttraumatic stress disorder (PTSD) symptoms of Vietnam combat veterans. *Behaviour Therapy, 25*, 2311–2326.
- Johnson, D.R. & Lubin, H. (1997). Treatment preferences of Vietnam veterans with posttraumatic stress disorder. *Journal of Traumatic Stress, 10*, 3, 390-405.
- Johnson, D.R., Rosenheck, R., Fontana, A., Lubin, H., Southwick, S., & Charney, D. (1996). Outcome of intensive inpatient treatment for combat-related posttraumatic stress disorder. *American Journal of Psychiatry, 153*, 771–777.
- Jones, M., Rona, R.J., Hooper, R., & Wessely, S. (2006) The burden of psychological symptoms in the UK Armed Forces. *Occupational Medicine, 56*, 322-328.
- Joseph, S (2002). Emperor's new clothes? *The Psychologist, 15*, 5, 242-243.
- Keane T.M., Fairbank, J.A., Caddell, J.M., & Zimering, R.T. (1989). Implosive (flooding) therapy reduces symptoms of PTSD in Vietnam combat veterans. *Behaviour Therapy, 20*, 245–260.
- Kinchin, D. (2004). *Post Traumatic Stress Disorder. Success Unlimited*.
- King, D. W., King, L. A., Gudanowski, D. M., & Vreven, D. L. (1995). Alternative representations of war zone stressors: Relationships to posttraumatic stress disorder in male and female Vietnam veterans. *Journal of Abnormal Psychology, 104*, 184–196.
- Kofoed, L., Friedman, M. J., & Peck, R. (1993). Alcoholism and drug abuse in patients with PTSD. *Psychiatric Quarterly, 64*, 2, 151–171.
- Litz, B.T., & Gray, M.J. (2004). Early intervention for trauma in adults: a framework for

first aid and secondary prevention, in *Early Intervention for Trauma and Traumatic Loss*. Edited by Litz BT. New York, Guilford.

McFall, M. E., Mackay, P. W., & Donovan, D. M. (1991). Combat-related PTSD and psychosocial Adjustment problems among substance abusing veterans. *Journal of Nervous and Mental Disease*, 197, 33-37.

McGovern, M.P. Lambert-Harris, C., Acquilano, S, Xie, H, Alterman, A & Weiss, R.D. Weiss (2009). A cognitive behavioural therapy for co-occurring substance use and posttraumatic stress disorders. *Addictive Behaviours*, 34, 892-897.

McNally, R (1999). On Eye Movements and Animal Magnetism A Reply to Greenwald's Defense of EMDR. *Journal of Anxiety Disorders*, 13, 6, 617-620.

Milliken C.S., Auchterlonie J.L., & Hoge, C.W.(2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, 298, 2141-8.

Monson, C. M., & Rizvi, S. L. (2007). *Posttraumatic stress disorder*. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders* (4th ed., pp. 65-122). New York: Guilford Press.

Monson, C.M., Schnurr, P.P, Resick, P.A., Friedman, M.J., Young-Xu, Y., & Stevens, S.P. (2006). Cognitive processing therapy for veterans with military related posttraumatic stress disorder, *Journal of Consulting and Clinical Psychology*, 74, 898-907.

Murphy, D, Iversen, A & Greenberg, N. (2008). The Mental Health of Veterans. *Journal of the Army Medical Corps*, 154, 2, 136-139.

Najavits, L. M. (2002). *Seeking Safety: A treatment manual for PTSD and substance abuse*. New York: Guilford Press.

Najavits, L. M. (2003). Seeking safety: A treatment manual for PTSD and substance abuse. *Psychotherapy Research*, 13, 1, 125-126.

Najavits, L. M., Schmitz, M., Gotthardt, S., & Weiss, R. D. (2005). Seeking Safety plus exposure therapy for dual diagnosis men. *Journal of Psychoactive Drugs*, 27, 425-435.

Najavits, L. M., Schmitz, M., Johnson, K. M., Smith, C., North, T., Hamilton, N., et al. (2009). Seeking Safety therapy for men: Clinical and research experiences. In *Challenge of Treating Veterans*. L. J. Kaflin (Ed.) *Men and addictions* (pp. 37-58). Hauppauge, NY: Nova Science Publishers.

Najavits, L.M., Ryngala, D., Back, S.E., Bolton, E., Mueser, K.T., & Brady, K.T. (2008). Treatment for PTSD and comorbid disorders: A review of the literature. In: Foa, E.B., Keane, T.M., Friedman, M.J., & Cohen, J., (Eds). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. 2nd ed. New York: Guilford.

Nishith, P., Resick, P. A., & Griffin, M. G. (2002). Pattern of change in prolonged exposure and cognitive processing therapy for female rape victims with posttraumatic stress disorder. *Journal of Clinical and Consulting Psychology*, 70, 880-886.

Norman, S.B. Wilkins, K.C., Tapert, S.F., Lang, A.J. & Najavits, L.M. (2010). A Pilot Study of Seeking Safety Therapy with OEF/OIF Veterans. *Journal of Psychoactive Drugs*, 42,1, 83–87.

Omaha, J. (1998). *An EMDR treatment protocol based upon a psychodynamic model for chemical dependency*. Paper presented at EMDR International Association Conference "EMDR-Treatment and Transformation," Baltimore, MD.

Ouimette, P., Moos, R.H., & Finney, J.W. (2003). PTSD treatment and 5-year remission among patients with substance use and posttraumatic stress disorders. *Journal of Consulting and Clinical Psychology*, 71, 2, 410-414.

Ouimette, P. C., Ahrens, C., Moos, J. W., & Finney, J. W. (1998). During treatment changes in substance abuse patients with posttraumatic stress disorder. *Journal of Substance Abuse Treatment*, 15, 6, 555–564.

Ouimette, P. C., Finney, J. W., & Moos, R. H. (1999). Two-year post-treatment functioning and coping of substance abuse patients with posttraumatic stress disorder. *Psychology of Addictive Behaviors*, 13, 22, 105–114.

Ouimette, P., & Brown, P. J. (2003). *Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders*. Washington, DC: American Psychological Association.

Ouimette, P., Read, J.P., Wade, M., & Tirone, V. (2010). Modeling associations between posttraumatic stress symptoms and substance use. *Addictive Behaviors*, 35, 64-67.

Resick, P. A. (2001). Cognitive processing therapy for posttraumatic stress disorder. *Journal of Cognitive Psychotherapy*, 15, 4, 321–329.

Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology*, 60, 5, 748–756.

Resick, P. A., Nishith, P., Weaver, T. L., Astin, M. C., & Feuer, C. A. (2002). A comparison of cognitive Processing therapy with prolonged exposure and a waiting condition for the treatment of chronic posttraumatic stress disorder in female rape victims. *Journal of Consulting and Clinical Psychology*, 70, 867–879.

Resick, P.A., Nishith, P., Weaver, T.L., Astin, M.C., & Feuer, C.A. (2002). A comparison of cognitive-processing therapy with prolonged exposure and a waiting condition for the treatment of chronic posttraumatic stress disorder. *Journal of Consulting & Clinical Psychology*, 70, 867-79.

Roberts, N. P., Kitchener, N.J. Kenardy, J. & Bisson, J.I. (2009). Systematic Review and Meta-Analysis of Multiple-Session Early Interventions Following Traumatic Events. *American Journal of Psychiatry*, 166, 293–301.

Rothbaum, B.O., Meadows, E.A., Resick, P., Foy (2000). Cognitive-behavioural therapy. In D. W. Foa, E. B. (Ed); Keane, T. M. (Ed), Friedman, M.J. (Ed) (2000). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*, (pp. 320-325). New York, NY, US: Guilford Press.

Sansone, R. A., Wiederman, M. W., & Sansone, L. A. (2001). Somatic Preoccupation and Its Relationship to Childhood Trauma. *Violence and Victims*, 16, 39-47.

Savage, M. (2010, March 15). Is the Army losing its war against drug abuse? *The Independent*. Retrieved May 4th, 2011, from www.independent.co.uk

Scheiner, N.S. (2008). *Not 'at ease': UK Veterans' perceptions of the level of understanding of their psychological difficulties shown by the National Health Service*. Doctoral Thesis. City University, London. Department of Psychology.

Seal, K. H., Bertenthal, D., Maguen, S., Gima, K., Chhu, A., & Marmar, C. R. (2008). Getting beyond "Don't ask; Don't tell": An evaluation of US Veterans Administration post-deployment mental health screening of veterans returning from Iraq and Afghanistan. *American Journal of Public Health*, 98,714–720.

Silver, S.M., Rogers, S. & Russell, M. (2008). Eye Movement Desensitization and Reprocessing (EMDR) in the Treatment of War Veterans. *Journal of Clinical Psychology: In session*. 64, 8, 947 – 957.

Smith, T.C., Ryan, M.A., Wingard, D.L., Slymen, D.J., Sallis, J.F., Kritz-Silverstein, D., & Millennium Cohort Study Team (2008). New onset and persistent symptoms of post-traumatic stress disorder self reported after deployment and combat exposures: prospective population based US military cohort study. *British Medical Journal* 336, 7640, 366-371.

Stevenson VE, Chemtob CM (2000) Premature treatment termination by angry patients with combat-related Posttraumatic stress disorder. *Mil Med* 165:422–424.

Stirman, S.W. (2008). The Applicability of Randomized Controlled Trials of Psychosocial Treatments for PTSD to a Veteran Population. *Journal of Psychiatric Practice*, 14, 4, 199–208.

Sundin J, Fear NT, Iversen A, Rona RJ, Wessely S (2009) PTSD after deployment to Iraq: conflicting rates, conflicting claims. *Psychological Medicine*, 12, 1-16.

Taylor, S. (2006). *Clinicians Guide to PTSD: A CBT approach*. New York: Guilford.

Taylor, S., Thordarson, D. S., Maxfield, L., Fedoroff, I. C., Lovell, K., & Ogradniczuk, J. (2003). Comparative efficacy, speed, and adverse effects of three PTSD treatments: Exposure therapy, EMDR, and relaxation training. *Journal of Consulting and Clinical Psychology*, 71, 330– 338.

Triffleman, E., Carroll, K., & Kellogg, S. (1999). Substance dependence posttraumatic stress disorder therapy: An integrated cognitive-behavioural approach. *Journal of Substance Abuse Treatment*, 17, 1, 3–14.

Triffleman, E. G., Marmar, C. R., Delucchi, K. L, & Ronfeldt, H. (1995). Childhood trauma and posttraumatic stress disorder in substance abuse inpatients. *Journal of Nervous and Mental Disease*, 183, 172-176.

Van Etten, M.L., & Taylor, S. (1998). Comparative efficacy of treatments for post-traumatic stress disorder: a meta-analysis. *Clinical Psychology and Psychotherapy*, 5, 126–144.

Weaver, C. M., Trafton, J. A., Walser, R. D., & Kimerling, R. E. (2007). Pilot test of Seeking Safety treatment with male veterans. *Psychiatric Services*, 58, 7, 1012–1013.

CORE CATEGORY: Expressing the Self



SUBCATEGORIES

Putting on a Brave Face Emotion



Suppressing Emotion



Redirecting Emotion



Emerging



THEORETICAL CODES

Losing Face (3)
 Culture around emotion
 Fearing feeling emotion (6)
 Showing emotion led to others asking if you could do your job; being perceived as 'lower' (8)
 Being unable to open up to others; putting self on a desert island (8)
 Fearing expressing emotion (4)(6)
 'Showing emotion 'bad'?

Being incongruent with/ pushing own emotions away (8)
 Drinking emotions away (4); drinking to mask emotions (3)
 Being numb to danger; being numb to emotions (6)
 Individuals with feelings is subdued (10) and one who can cope on a very deep level emerges (10)
 Successfully isolating self (10) by "Disappearing into a bottle" (10)
 Switching emotions off
 Suppressing emotions to get job done (6)

Attention turning inwards (9)
 Directing sadness and grief into revenge (1); directing anger into aggression towards the target (5)
 Turning fear into anger towards senior officers (2); fighting back (2)
 'Doing battle' with one's emotions through fighting & drinking (1)
 Transferring internal conflict externally (5) (2)
 Losing control; reacting with anger, exploding, "seeing red" (3)
 Having a short fuse; being quick to anger in civilian life; towards people not doing things the right way in civilian life (10)
 Putting up defences; being suspicious of others; expecting to be tricked by others "What does this person really want from me?" (7)
 Covering emotions with dark humour and bravado (10)

Reliving experiences through images and associated emotions (3)
 Emotions experienced now, blocked out first time round (3) (6)
 Experiencing heightened emotions, movement across his periphery (6)
 Experiencing emotions such as guilt and shame after the event (6)
 Re-emerging of emotions through flashbacks; merging emotions, thoughts and morals (10)
 Coming apart at the seams; no longer being able to clarify reasons or analyse events and actions; losing control (10)
 Emotions emerging like the "locks coming off "Pandora's box" (10)
 Being a slave to memories (10)
 Memories directing how to act; memories directing feeling
 Experiencing emotion in the present tense; dealing with what's thrown at me; "seeing self in an honest way" (10)



Theoretical Sampling
FOCUSED CODES



Masking Feelings	Using bravado to cover up emotions	Expressing and experiencing emotion
Protecting self by isolating emotions	Switching off difficult feelings	Dealing superficially with emotions
Drinking to suppress emotion	Drinking to control emotion	Releasing emotion
Being unable to switch emotion back on	Being unaffected by things	Emotions rising up after leaving the army
Expressing emotion through anger and aggression	Experiencing guilt for actions	Managing feelings through alcohol and drugs



Constant Comparison
LINE BY LINE CODES



'Seeing red' developing temper in army	Showing no chinks in your armour	Feeling alienated and alone and relying only on self
Being afraid to ask for help with problems	Questioning himself on whether he was 'too robust	Reacting to bad news with practical emphasis
Feeling annoyed at self-perceived poor coping	Becoming angrier as inability to cope increased	Memory and effort required to keep emotions away
Defining emotional characteristics of self	Distancing from death through humour	Becoming numb to own emotions
Learning around managing emotions	Isolating or removing self to deal with emotion	Learning about the death of colleagues
Being incongruent with emotions	Being unable to switch off from army	Showing emotion was a weakness
Channeling upset into aggression	Fighting emotions out of one's system	Emotions rising up after leaving the army

Selection of memos related to Experiencing Emoti

Selection of memos related to Expressing the Self

Becoming numb to emotion
17/06/2010

How many of them were able to square up their actions if they killed others? Process of becoming numb to own emotions (in relation to what they were doing, managing own emotions in relation to bad new re others), shielding themselves through drinking and fighting, reacting automatically, reacting according to military training and without thinking, does it make the reaction of being 'switched on' more automatic?

Emotions rising up years later
17/06/2010

Is this an inevitable process that emotions must appear again later to be processed? Is it possible to keep them at bay? Once any emotions are experienced is it likely that all, positive and negative will flood back? Can one be selective with the emotions one chooses to experience and re-experience? Do some people keep all emotions at bay for many years and not become affected by things? If so, how? Is it a case that some objectify situations more than others? Something they have learned to do?

Protecting self by isolating emotions
17/06/2010

Way that the army teaches soldiers to manage emotions so far has been talked about negatively as it blunts emotions and this blunting can remain. However also important to state that this is a protective process, as without this distance between emotions and actions it's possible that few soldiers would/could carry out mission. So part of benefit of being de-humanised through the training may be that one remains 'strong' and can 'steal' oneself against all that is to come.

Selection of memos related to Expressing the Self cont.

Evolution of emotion

17/06/2010

Evolution of emotions where it feels like they are re-emerging again, after having been 'isolated' or hidden away. He describes them as coming out-as if they are there, somewhere and they begin to cautiously emerge. Are they in charge or is he in charge? Probably he can keep them hidden and can allow them out bit by bit but maybe there is a tipping point when they may spill? (reminds me of client x as he was afraid to do the reliving work as reasonably in charge of things now but if he started to undertaking re-living exposure work then they might all spill out)? It was about 6 months later that he began to experience flashbacks. How do flashbacks and nightmares link?

Disclosing emotions; being open and honest

17/07/2010

He appears to be describing how he decided to be open and honest about how he is feeling at all costs - even if the truth upsets someone. He seems to be describing expressing his feelings towards others as a new philosophy of life, rather than keeping things in. This decision feels important as it appears to be an indication of how he has responded to his tendency (learned in the x Service or otherwise) to keep his emotions in check by acting counter to them. How do others later respond to their experience of keeping their emotions in check? Some of them tended to keep emotions in as a way of life, bottle things up and were unable to express themselves, here is an example of someone who is choosing to go the other way and 'free' himself. This also relates to choices around whether to take care of self entirely or whether to accept help from others. Within the A Service this man cut quite a solitary figure and he then went off and handled difficulties in a solitary way. Later he seems to be begin to realise that he can't get by on relying just on himself while in prison as things need to be managed in the outside world too.

Turning anger at your treatment against opposition

20/09/2010

He believes that you are encouraged to turn your anger against the opposition. He suggests that this process begins by being made to feel angry at the officers. When he reflects on the process he identifies a sequence of emotions as part of a process of transition. What is the dynamic process experienced by the men in relation to their emotions?

Humiliation - Upset - Injustice against your treatment - Being given a target to take anger out on - Personalising that target, so they is a real target for one's anger - Encouraged - Anger stoked - Fuelling the fire - Roaring against the target - Release of anger, subsidence of anger

Selection of memos related to Expressing the Self cont.

Becoming numb to emotion
17/06/2010

How many of them were able to square up their actions if they killed others? Process of becoming numb to own emotions (in relation to what they were doing, managing own emotions in relation to bad new re others), shielding themselves through drinking and fighting, reacting automatically, reacting according to military training and without thinking, does it make the reaction of being 'switched on' more automatic?

Emotions rising up years later
17/06/2010

Is this an inevitable process that emotions must appear again later to be processed? Is it possible to keep them at bay? Once any emotions are experienced is it likely that all, positive and negative will flood back? Can one be selective with the emotions one chooses to experience and re-experience? Do some people keep all emotions at bay for many years and not become affected by things? If so, how? Is it a case that some objectify situations more than others? Something they have learned to do?

Protecting self by isolating emotions
17/06/2010

Way that the army teaches soldiers to manage emotions so far has been talked about negatively as it blunts emotions and this blunting can remain. However also important to state that this is a protective process, as without this distance between emotions and actions it's possible that few soldiers would/could carry out mission. So part of benefit of being de-humanised through the training may be that one remains 'strong' and can 'steal' oneself against all that is to come.

Appendix N Clinical Application of Model (with a veteran client)

This section sets out how the proposed model might be used to conceptualise one participant's (Doug) challenges and frame clinical work with him. Two assumptions are made, firstly that this presentation is of an entirely speculative nature and secondly that the work would be undertaken shortly after Doug has left the Services.

Case conceptualisation and Implications for clinical work

Securing the Self

- Doug was finding it difficult to relate to others and had withdrawn from his partner, children and family life.
- Loyalty and the provision of protection had been important to Doug in the Army. In civilian life he sought out ex-Army companions as a way to regain that sense of family.
- An experience of being negatively evaluated and ostracised by the group had created such distress for him that he became very cautious against challenging the consensus and rocking the boat. Reliance on his judgement was superseded by loyalty to the group, and this was a process which continued to play out for him in day to day life.

Implications for clinical work

- Present the current model

Structuring the Self

- He learned to focus on the here and now as a way to maintain focus on his military duties. He found a sense of purpose in the Army through protecting his buddy at all costs.

Implications for clinical work

- Constructing short-medium-long term goals
- Creating structure in his day to day life

Defining the Self

- He questioned how his actions could have been so much in conflict with his core beliefs of fairness and justice.
- He had formed a strategy of black and white thinking to help him make decisions efficiently, depersonalise the 'enemy' and remain focused on each stage of the mission.
- He adopted a mode he called 'switched on' in which he could focus on the goals of the mission, carry out the required plan, one step at a time and attend to life in the here and now to the exclusion of future implications. He carried these cognitive strategies into civilian life which continued to keep emotions at bay.

Implications for clinical work

- Exploring conflict experienced between his beliefs about himself and his actions
- Exploring personal implications of being in 'switched on' mode

Expressing the Self

- He was feeling isolated and believed that his experiences remained unacknowledged. Civilians didn't seem to understand and he felt unable to explain how his experiences had impacted upon him. Memories returned to him without warning through frequent nightmares and flashbacks. He was easily startled and jumpy at loud noises and felt fearful, and equally ashamed and confused. With enough alcohol he didn't have nightmares and he had been drinking on a daily basis as a means to cope.

Implications for clinical work

- Psycho-education: Socialising to the notion that intense experiences tend to lead to intense and varied emotional responses, these are not a sign of weakness. Exploring behavioural and emotional 'rules' in the Services and the implications of these norms for him
- Identifying how he manages his emotions, costs and benefits of his approach and the emotion regulation strategies he carried from the Services into civilian life
- Highlighting the likelihood that suppressing emotions increases cognitive load and rumination
- Encouraging authenticity of emotional expression (e.g. through work around identifying and labelling emotions, emotion regulation skills training including mindfulness based work to raise awareness of emotions in the present moment)

This approach suggested above is based on my understanding of Doug's story on the basis of two meetings with him for the purposes of research rather than therapy. In practice, work with Doug as with every client would be directed by his concerns which would provide the emphasis for our work.

Appendix O Clinical Application of Model (with a non-veteran client)

This is a hypothetical application of the model with a client Lily, as described within the Professional Practice Section D. It is envisaged that this work would take place over approximately 8 sessions.

Securing the Self

- **Integrating with others**
- Lily grew up as an only child and she developed a very close bond with her mother. In adult life she prefers being in small social groups, finding bigger groups to be daunting and draining to integrate with. A recent relationship break-up has led to her withdrawing herself socially, feeling lonely and seeking to connect more/create opportunity to find a new relationship.
- **Protecting self through others**
- She was and continues to be very close to her mother growing up, gaining protection from her and looking out for her welfare in return. Her father on the other hand left when she was only a few months old. Peoples' proximity to her is an important sign for Lily that they love and care for her (presence requiring reminding by meetings, email and phone). She shows her loyalty and concern for others' lives through initiating contact with friends with regularity. Despite these efforts to maintain contact with others she feels this isn't always returned, thus she concludes herself to be unimportant to them (If they valued her they would show this by returning her level of care and interest in them) and she's very disappointed that friends have not been more supportive of her since her break-up.
- Early experiences of being 'left out' of the group began in university.
- **Being in the eyes of others**
- We saw earlier that Social Anxiety is defined as a persistent and marked fear of social or performance situations linked to fears by the individual that they will be embarrassed. Lily is concerned that others judge her to be boring and

'hard work' socially and it's an effort for them to include her. She predicts their discomfort at having to "*drag conversation out of her.*" She experiences a lot of anxiety and engages in rumination and negative self-evaluation about her performance after social events. She holds a number of images of past painful social scenes in mind where she felt excluded and anxious and ruminates on these when feeling low.

- Feels that others are talking *about* her rather than *to* her (e.g. godmother enquires about Lily to her mother rather than to her directly).
- **Submerging the self**
- She feels shy around others and doesn't always feel comfortable in herself. Her own beliefs about her social success seem to be subsumed by her perception of how others see her. Her worth is driven through others' feedback/actions towards her which seem to take precedence over her own self-perception

Implications for clinical work

- This first category is particularly relevant for working with Lily's presentation of social anxiety. Present the current model & relate to client's situation. How does Lily feel it relates to her perspective?
- What social situations provoke anxiety for her? For what reasons? Draw out assumptions and beliefs she holds about herself and her relation to others

Structuring the Self

- **Dealing with time**
- This concern for how she comes across to others is particularly relevant when it comes to how she organises her free time, and social events she seeks to build in to it. She wants to attend social outings however sometimes her anxiety precludes her from feeling comfortable doing so
- **Finding self in routine**

- Creating more regular social meetings enabling her to increase her comfort around different groups of people
- **Being purposeful**
- Her job is not giving her a sense of purpose as she no longer values what she does. She undertook career related work recently to identify a new field of work and create plans to move into this area. This is likely to positively feed into her self-confidence and esteem in the eyes of others
- **Locating self in the present**
- She tends to be living in the past, engaging in a lot of analysis of previous social encounters and in the future through concern around how things might play out badly for her (socially and in the future). Less of her emphasis lies in the here and now

Implications for clinical work

- Identifying a job for which she has passion and through which she may develop a sense of pride and confidence
- Creating a weekly social structure and plans
- Mindfulness based work to enable Lily to focus on experience in the present moment, and to generate the potential to step back and take an observer position on her patterns of thinking

Defining the Self

- **Denigrating judgement**
- Others' judgement of her situation deemed to be more important than her own.
- **Black and white thinking**
- Black and white thinking evident through a sense that she's a social 'failure', while others seem to be socially 'successful' (or uneasy/at ease; capable/incapable)
- **Switching On** (less relevant for Lily's presentation)
- **Believing the self**

- Without social validation her sense of who she is seems to be less certain. Are her self-beliefs reflected by observations of those around her? Social aspect to this subcategory, as others judgement/differences can help validate our actions

Implications for clinical work

- Exploring her sense of her 'self'. Is it the same or different to how others view her? Exercises to obtain feedback from others as to how she comes across in one to one and social encounters.
- What black and white polarities exist in her self-perception? What evidence is there for and against her position on each construct?
- Identifying behaviours in line with her imagined social self and practising these behaviours over time and social interaction

Expressing the Self

- **Putting on a brave face**
- She was finding it difficult to say how she was really feeling to others. Felt that they wouldn't understand and that it was important that she maintain a brave face, an impression that all was well. She believed that being 'shy' was culturally shameful thus she needed to manage this for others, pretending to be more outgoing and less reserved than she really was
- **Suppressing emotion**
- She was ruminating on her social performance but holding back on sharing how she was really feeling, and she then became more depressed. She worried that expressing how she really feels may lead to her being socially ostracised (linking this category with Securing the Self). Here's where therapy serves the expression of her real feelings
- **Redirecting emotion**
- She has a tendency to quickly criticise those who she feels lack loyalty towards her

- **Emerging emotion**
- She feels rejected by others and experiences low mood, a sense of isolation and a lack of hope around her power to change things

Implications for clinical work

- Psycho-education: Socialising to the notion that intense experiences tend to lead to intense and varied emotional responses, these are not a sign of weakness.
- Identifying how she manages her emotions, costs and benefits of her approach Highlighting the likelihood that suppressing emotions increases cognitive load and rumination
- Encouraging authenticity of emotional expression (e.g. through work around identifying and labelling emotions, emotion regulation skills training including mindfulness based work to raise awareness of emotions in the present moment)