To the veterans for entrusting me with their stories,

And to my wife, for making me part of her story
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YOU CAN’T STOP THE WAVES, BUT YOU CAN LEARN TO SURF

Jon Kabat-Zinn
Abstract

In this PhD thesis, the lives and experiences of a group of combat veterans who began surfing following their return from war are explored. Having encountered life changing traumatic events and experienced much suffering (with many becoming diagnosed with post-traumatic stress disorder), these veterans joined an ex-services charity called Surf Action where they were introduced to surfing alongside other veterans who shared their suffering. The purpose of this research is to explore the effects of surfing – and, more broadly, of participation in the charity Surf Action – in the veterans’ lives and on their well-being. It is the first in-depth qualitative investigation of surfing in the lives of combat veterans. Using a combination of life history interviews and participant observation, I collected and analysed stories from the veterans about their lived experiences. Through rigorously applying the innovative analytical approach of dialogical narrative analysis (Frank, 2010, 2012), also inspired by phenomenology, the effects of the veterans’ stories both on and for their lives and well-being are examined. The analysis first demonstrates that stories of surfing were focused on the veterans’ physical and sensory interactions with the ocean environment, and helped to cultivate the notion of embodied respite from suffering. It is then suggested that by telling and enacting a collective story, the veterans at Surf Action (the “Combat Surfers”) created a therapeutic community through which they accessed mutual support, recreated positive military identities associated with camaraderie, and legitimised their struggles with PTSD. Next, the masculine performances which shaped the veterans’ actions and narratives around help-seeking and dealing with PTSD are highlighted. Furthermore, the analysis reveals the meanings associated with moving beyond the chaotic influence of trauma in the veterans’ lives and suggests ways of “keeping well” following trauma and PTSD. The thesis also incorporates an ethnographic creative non-fiction as a way of enhancing knowledge translation and facilitating wider impact and dissemination of the findings. Finally, the thesis concludes with empirical, theoretical, methodological, and practical implications of the research, with an emphasis throughout on what to the study adds to knowledge. The potential of surfing to contribute to veterans’ healthcare is discussed alongside recommendations for the charity Surf Action and future possibilities for expanding this research.
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Conference presentations arising from this thesis

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CHAPTER ONE

INTRODUCTION

1.0 What is this PhD about?

This PhD is about the role of surfing and the ‘blue gym’ for combat veterans who experience post-traumatic stress disorder (PTSD). It is about the suffering experienced by a group of veterans in the aftermath of war, and the effects that surfing had on their lives in relation to that suffering. It explores, through narrative life history and participant observation, the way in which a group of surfing combat veterans (the ‘Combat Surfers’) engaged with surfing in their everyday lives, along with the unique relationships and gendered interactions that unfolded between the veterans around the common activity of surfing. It is the first research to do all this.

The following is a tale of suffering and surfing; how engaging in a popular form of coastal recreation enabled a group of veterans to “hold their own” (Frank, 2012; p. 33) against a torrent of psychological and emotional distress that crippled their lives and drove many to thinking about or attempting suicide. It is not, as many contemporary stories of healing and combat trauma seem to be, a story about triumph over trauma and the capacity of the human spirit to overcome, even grow from, terrible and horrific events. Rather, my hope is that the reader will learn in the pages of this thesis what makes life worth holding on to following the horrors of war and the collapse of a person’s world.

1.1 Background

PTSD (see next chapter for further details) is the term now commonly used to refer to experiences of intense psychological and emotional distress that some combat veterans experience following traumatic events in war. It most likely goes without saying, but terrible
things happen in wars. As Greenberg et al. (2011) put it, “War not only kills and wounds, it also generates some of the most intense stressors known to man [sic]” (p. 261). In war, people witness and inflict death and injury on others, handle human remains, and experience life-threatening situations on a daily basis (Hotopf et al., 2006). When somebody returns from war damaged by events that they witnessed or took part in, we often say that they have been traumatised, and (for better or worse) we may even suggest that their distress can be understood as post-traumatic stress disorder.

The psychological consequences of combat trauma are a problem for combat veterans in the United Kingdom, for the families of these veterans, for the armed forces, and for society as a whole. Estimates of the scale of the problem among UK veterans vary (Richardson, Frueh & Acierno, 2010), with no figures available to indicate the number of UK veterans actually diagnosed with PTSD. Combat Stress, the UK’s largest third sector provider of care for combat veterans are currently supporting over 5400 veterans in dealing with the consequences of combat trauma. Furthermore, research on the mental health consequences of deployment to the wars in Iraq and Afghanistan for UK troops places the rate of PTSD at 6.9% among individuals who served in combat roles, and 4% among the forces as a whole (Fear et al., 2010). However, given the widely reported influence of stigma in restricting service members, both active and retired, from seeking treatment for PTSD (e.g., Green, Emslie, O’Neill, Hunt, & Walker, 2010; Walker, 2010), these figures likely underestimate the scale of mental health need among UK combat veterans. Moreover, given that since 2001, over 141,640 British troops have been deployed to Iraq and over 140,350 to Afghanistan, even relatively low rates of PTSD (e.g., compared to estimates as high as 31% among US veterans; Tanielian & Jaycox, 2008) may equate to large numbers of individuals experiencing significant post-trauma suffering in the current UK context.

As I discuss in chapter two, there are concerns regarding the capacity of the UK’s National Health Service (NHS) to meet the support needs of the many veterans suffering psychological distress as a result of war, and to deal with the complex personal and social problems caused by combat trauma (Walker, 2010). Set against these concerns, increasing numbers of charities have recently begun providing support to combat veterans using a

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1 A critique of the notion of PTSD will be introduced in the next chapter
2 Figures obtained from www.combatstress.org.uk, accessed 22/09/14
variety of different approaches (Macmanus & Wessely, 2013). Indeed, as Macmanus and Wessely (2013) pointed out:

There has been an explosion of new third sector providers in recent years, alongside more established brands such as the Royal British Legion and Combat Stress, which have endeavoured to fill in the cracks and deliver veteran-specific care and support to the UK veteran community for many years. This has resulted in a plethora of different approaches, interventions, philosophies and governance procedures. (p. 302)

Among the approaches on offer, a number of UK-based charities have begun utilising sport and physical activity to support combat veterans. An overview of possible reasons for turning to sport and physical activity as a means of supporting veterans experiencing PTSD is provided in chapter two (see also Caddick & Smith, 2014; appendix F). This thesis focuses on the work of one ex-forces charity known as Surf Action who utilise surfing and the ‘blue gym’ – an approach to promoting physical and mental well-being through water-based physical activity (Depledge & Bird, 2009) – as a means of supporting combat veterans experiencing PTSD. It explores in detail the lives of 16 members of Surf Action (known within the charity’s subculture as ‘Combat Surfers’) who experienced traumatic events in war (and in one case, the prison service) and who now engage in the activity of surfing.

1.2 Overview of the thesis

This thesis unfolds as follows. Part one (chapters two to four) introduces and contextualises the research, and describes how it was conducted. I begin in chapter two by reviewing key literature pertaining to the research context. This includes prior work in areas related to the topic of study, and an overview of the many theoretical and conceptual ideas relevant to understanding the material covered in this thesis. Chapter three then introduces methodological and paradigmatic underpinnings of the research, alongside the methods used to collect and analyse data, and represent the findings. Chapter four then provides the contextual background against which the rest of the thesis may be understood; that is, a description of the kinds of suffering encountered by the participants in between leaving the military and joining Surf Action. The chapter also includes a brief historical overview of the organisation of Surf Action.

In part two (chapters five through nine), I present the main body of empirical findings that constitutes this thesis. Chapter five concentrates on the activity of surfing itself, and on the effects of surfing on the veterans’ well-being. I focus on my participants’ embodied
experiences of surfing and the natural environment, introducing the core theme of embodied respite as a way of grasping the effects of surfing in the veterans’ lives. The chapter also proposes a ‘phenomenology of storytelling’ in order to weave together participants’ narratives with their immediate, pre-reflective engagement with surfing. Furthermore, surfing was one element of a much broader story about how the veterans in this study dealt with their experiences of PTSD, and **chapter six** begins to expand this story by describing how peer relationships and the telling of a collective story affected the veterans’ health and well-being. **Chapter seven** then continues to expand on relationships by discussing the role that masculine performances played in the veterans’ lives; that is, in shaping their interactions with others and influencing in contradictory and ambivalent ways their thoughts and actions in relation to dealing with PTSD.

In **chapter eight**, I present a case-study of two of the veterans’ lives in order to highlight the meaning of ‘keeping well’ following experiences of combat trauma and PTSD. This chapter aims to show how veterans may begin to move past the destructive influence of trauma and cultivate hope for the future. **Chapter nine** draws together all the themes of the previous chapters in the form of an ethnographic creative non-fiction. The unique story shared in this chapter aims to provide an evocative and emotionally engaging representation of the research in a way that might reach wider audiences and resonate strongly with combat veterans. The sole chapter in part three – **chapter ten** – draws the thesis to a close by pulling together conclusions from the research and summarising its contribution to knowledge. Implications of the research are highlighted in four main areas including empirical, theoretical, methodological, and practical implications.

**1.3 Situating myself in the research: A note on reflexivity**

Throughout this thesis, I strive to produce a reflexive account of my involvement in the research process. I do this in order to situate the research topic, to enhance the reader’s understanding of the research, and to examine my own influence not only on the research process, but also on the interpretation and representation of the findings (Finlay, 2003; Gough, 2003). Throughout the research, I kept a reflexive journal in which I noted down my internal reactions to the topic, developing interpersonal relationships with the participants, and reflections on specific encounters in the field (Etherington, 2004). In each of the empirical chapters that follow, I use my notes from this reflexive journal to produce a series
of critical reflexive comments highlighting my involvement in the research (see also chapter 3).

The reflexive journey I take throughout the chapters is a mixture of introspective analysis and intersubjective reflection (Finlay, 2003), also including the variants of reflexivity described by Wilkinson (1988) as personal and functional reflexivity. The purpose of this is not simply to probe personal experience and relationships for their own sake, but as a springboard for further interpretations about the research topic and to reflect on the co-constituted nature of the research (Finlay, 2003; Randall & Phoenix, 2009). Furthermore, recognising the need to reflect on the inevitably unequal power relationships in the research process, and the need to understand and provide insight into my personal connections and motivations regarding the research topic (Gough, 2003), below I choose to present myself upfront to the reader as part of this introduction.

My subject position as a researcher and my relationship to the participants can be summarised as follows. I am a 26 year old white male and an aspiring academic researcher from a broadly middle-class background. I am much younger than the majority of my participants who were predominantly middle-aged (most were between 40 and 60). I also differed from them in that they were mostly from working-class backgrounds, reflecting the demographic portion of society from which the military typically recruits large numbers of people (Hockey, 1986). By virtue of my occupation and class background, I might thus be considered to occupy a position of power in relation to my participants. This is not something I felt particularly comfortable with, nor did I emphasise my occupation or class background during any of my encounters with the participants. Instead, I sought to position myself throughout the research as a naive student-researcher; as someone who was there to learn from them as the experts in their experiences. Indeed, this is exactly how I felt for much of the research. By virtue of my civilian status, I was/am naive in relation to the veterans’ experiences of combat and of military life. Accordingly, my goal throughout the research was not to compensate for the differences between myself and the participants, but to acknowledge these differences, to reflect on them, and to learn from them.

Furthermore, whilst I have no personal connections to the military, I have experienced a mental health problem which – I believe – drew me to the research topic and fuelled my desire to understand the veterans’ suffering and the role of surfing in their lives. Throughout my teenage years and early adult life, I was intensely troubled by a form of distress that
others might refer to as obsessive compulsive disorder (OCD). By this, I do not mean that I had to keep things excessively tidy or spent too long washing my hands, as per the common misconceptions that I often hear. Rather, my life became increasingly dominated by a series of compulsions and ridiculous ‘rituals’ (e.g., touching everything in my bedroom, walking only in certain places/ways, opening and closing doors numerous times before walking through) which had to be satisfied in order to prevent intense feelings of anxiety building within me and paralysing my actions. Besides the feelings of anxiety, these compulsions caused me much emotional pain, and for many years I wished simply to live a ‘normal’ life. Yet even stronger than the anxious feelings and emotional pain was the fear that others would find out and that I would be exposed as a ‘freak’ and a social outcast. I went to great lengths to try and hide my rituals and compulsions from others. However, as my behaviour became increasing erratic, certain people began to notice, and at age 17 I was taken by my parents (under staunch protest) for a psychiatric consultation. Despite their concerns, I flatly refused to engage in discussion about the problems I was experiencing, and continued to struggle for several months until, somehow, I managed to suppress my compulsions and move past the feelings of anxiety they created. 

Mercifully, the ‘symptoms’ of OCD that I experienced have all but disappeared from my life, and I no longer experience the compulsions. Few people know about the problems I experienced, and I would be hesitant to include these reflections in any published work. I include them here for two reasons. First, I feel it constitutes important contextual information that helps the reader appreciate my personal connection to the research. I do not claim any personal knowledge of the veterans’ suffering, and I do not intend to allow my own voice and past sufferings to overshadow the experiences of my participants, which must remain the focus of this thesis. I do feel, however, that my own experiences created within me a deeply felt empathy for people who experience psychological and emotional suffering in the form of mental health problems. Second, my experiences became highly relevant during one particular moment in the research process, which I discuss in one of the critical reflexive comments in chapter six.

Following this brief introduction in which I outlined the research topic and background, gave an overview of the thesis, and situated myself in the research context, I now present my PhD thesis.
In this section, beginning in chapter two I introduce and contextualise the research by first of all placing the project in the context of previous literature related to the topic of study. In chapter three, I then describe how the study was conducted as well as highlighting the underpinning assumptions that guided and shaped the research process. Chapter four then presents the contextual background regarding the veterans’ experiences of suffering and PTSD, thereby providing a backdrop to the chapters that follow in part two. A brief historical account of Surf Action is also introduced in chapter four.
CHAPTER TWO

LITERATURE REVIEW

2.0 Overview

This PhD thesis cuts across a range of conceptual and theoretical landscapes, traversing the fields of mental health and illness, physical activity, nature and the environment, the body, health and well-being, narrative, and phenomenology. Accordingly, this literature review provides an overview of the many concepts and ideas that will be relevant to an understanding of the research context and the chapters that follow. Key literature pertaining to each of these areas is discussed throughout.

2.1 Post-traumatic stress disorder

The term PTSD denotes the prevailing psychiatric framework for understanding a negative and distressing response to a traumatic experience. This framework, developed by the American Psychiatric Association (APA), conceptualises PTSD as a form of mental illness (i.e., a clinically significant behavioural or psychological syndrome or pattern associated with distress or disability) under the general rubric of ‘trauma and stressor disorders.’ The key criterion for receiving a diagnosis of PTSD is the experience of a trauma. In the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013), the APA defines a traumatic experience (diagnostic criterion A) as follows:

*Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:*

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close
friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s). (APA, 2013; p. 271)

Unlike other disorders (e.g., anxiety, depression, schizophrenia) therefore, PTSD rests on the assumption that distress derives directly from a specific event capable of inducing intense subjective reactions of fear (Rosen & Lilienfield, 2008). In addition to this unique stressor criterion, four classes of symptom criteria (criteria B-E) coalesce to form a description of the various psychological consequences of traumatic experience as follows (adapted from APA, 2013):

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolise or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

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4 The term ‘PTSD’ began its cultural ascendancy in response to political advocacy by Vietnam War veterans seeking recognition of, and compensation for, their suffering (Kienzler, 2008; Young, 2004). Since its introduction in the third edition of the DSM (DSM-III; APA, 1980), the category has provoked a multitude of criticisms, debates, and conceptual revisions (Rosen & Lilienfield, 2008). Not least among the controversies surrounding PTSD is the broadening, over subsequent editions of the DSM, of the criteria for traumatic experience. As Rosen and Lilienfield (2008) observed, the criteria for a trauma are now markedly different from the original basis for conceptualising a traumatic experience as “existence of a recognisable stressor that would evoke significant symptoms of distress in almost everyone” (APA, 1980; p. 238). Accordingly, contemporary traumas can now include being ‘confronted with’ horrific events, beyond having directly experienced or witnessed them first-hand.
1. Avoidance of or efforts to avoid the distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

**D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:**

1. Inability to remember an important aspect of the traumatic event(s).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world.
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state.
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions.

**E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:**

1. Irritable behaviour and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behaviour.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

Finally, in order to be classified as ‘illness’ the symptoms must have been present for over a month, result in impaired functioning in at least one major life domain, and not be attributable to the physiological effects of a substance or other medical condition (criteria F, G, and H).
2.2 PTSD: The great debate

Despite the ostensible clarity with which the APA has demarcated PTSD as a clinical disorder, much debate has encircled the legitimacy of PTSD as a diagnostic category in its own right (see Kienzler, 2008; McHugh & Triesman, 2007; Rosen, 2004). A first point of contention has been the remarkable variability with which symptom patterns manifest themselves in clinical presentations of PTSD (e.g., Rosen & Lilienfield, 2008). Indeed, as several authors have noted (e.g., O’Kearney & Perrott, 2006; Schuettler & Boals, 2011; Summerfield, 2000), there exists no universal response to trauma. Whilst heterogeneity in people’s responses to trauma is not inherently problematic, the clinical PTSD framework sometimes struggles to reconcile ostensibly different experiences under the same diagnostic label. For example, Rosen and Lilienfield (2008) pointed out that since only 6 out of 17 symptom criteria are required for a diagnosis (based on DSM version IV-TR criteria), two very different manifestations of disorder can both be classified as PTSD. According to these authors, such discrepancy between the uniform diagnostic criteria and people’s different experiences of distress hampers attempts to define PTSD as a distinctive disorder. As such, efforts to identify and treat trauma-related mental illness may suffer as a result of an inability to distinguish a specific pattern of distress under the clinical framework of PTSD (McHugh & Triesman, 2007).

Moreover, whilst the debate over the clinical validity of PTSD is relevant from an academic perspective, it is crucially important with regard to its implications on trauma sufferers themselves (for example with regard to treatment options or possibilities for self-understanding). A second issue in the debate over PTSD begins to illustrate some of these implications. This issue relates to the various comorbidities (notably depression and alcoholism) which often exacerbate the psychological suffering related to PTSD (Owens, Steger, Whitesell & Herrera, 2009; Rosen & Lilienfield, 2008). Not everyone who encounters a trauma will go on to experience PTSD. However, those who do more often than not also experience severe forms of anxiety, depression, and/or alcohol problems (Rosen & Lilienfield, 2008). To what extent these comorbidities are separate to, or a part of, PTSD has been hotly debated (Rosen & Lilienfield, 2008). Efforts to identify and treat PTSD as a specific illness have thus been further complicated by the issue of comorbidity. The issue directly influences trauma survivors themselves. For example, many current PTSD therapies require a period of sobriety before treatment can commence (e.g., Trusz, Wagner, Russo, Love, & Zatzick, 2011). Yet if alcoholism is understood by traumatised individuals as part of
their problems, being refused treatment due to an alcohol addiction can be confusing and may perpetuate distress (Spoont et al., 2009).

Third, a great deal of PTSD debate revolves around what Summerfield (2004) has called the medicalisation of human suffering. According to Summerfield, medicalisation “denotes the growth of the use of ideas about illness and disease to make sense of everyday experience” (p. 235). In terms of PTSD, medicalisation entails the appropriation (by clinical experts) of psychological suffering (‘symptoms’) as an illness amenable to medical treatment or intervention (Summerfield, 2001). However, various authors (e.g., McHugh & Triesman, 2007; Shephard, 2000; Summerfield, 2001, 2004; Young, 1995) have expressed concern that medicalisation risks pathologising people’s reactions to trauma. That is, the psychological and emotional suffering people often feel after experiencing a trauma is framed as a ‘disease’ or as something wrong with the person him/herself – as a problem a person has inside them. In turn, having a ‘disease’ or a ‘mental illness’ may affect the way an individual understands their life or situation (Tekin, 2011)\(^5\). The problem with ‘diseases’, Repper and Perkins (2003) suggested, is that medicalisation encourages people to think of themselves in terms of deficit and dysfunction. Moreover, a deficit-focus (e.g., on debilitating illness symptoms), might interfere with a person’s ability to cope with distress or to understand their situation in more positive terms (Repper & Perkins, 2003; Tekin, 2011). Accordingly, it is imperative to find ways of affirming and understanding people’s suffering in ways that avoid the medicalisation of distress whilst offering helpful and humane ways of supporting people in dealing with their problems (Midlands Psychology Group, 2012)\(^6\).

2.3 PTSD and the military

One context in which the above debates and controversies over PTSD have long been at issue is the military (Shephard, 2000). Armed combat is often assumed to be a particularly

\(^5\) According to the philosopher Hacking (1996), people actively respond to the classifications and categories into which they are placed. For example, when an individual receives a diagnosis of PTSD, they also receive information about themselves based on the scientific knowledge already generated regarding their condition. As Tekin (2011) explained, people are not passive in their receipt of this information; they use it as part of their ongoing life narrative that helps them understand who they are as a person. Thus, people interact with their diagnosis in ways that shape their understanding and knowledge of their self-concept. It is therefore important that the diagnosis a person receives is not only an accurate description of their condition, but also offers a useful resource for their self-understanding and development.

\(^6\) While not resolving the issue completely, I aim to problematise the medicalisation of distress throughout this thesis by not referring to ‘veterans with PTSD’ or ‘suffering from PTSD’, opting instead for phrase ‘experiencing PTSD’ to highlight lived experiences of psychological and emotional distress which are named as PTSD by both myself and my participants but are not assumed to reflect a stable underlying entity or disease process.
traumatic experience (Summerfield, 2001). According to Combat Stress – the UK’s leading PTSD charity – the number of combat-veterans seeking help for PTSD has increased dramatically in recent years (Combat Stress, 2010). A great deal of research has sought to understand combat-related PTSD from different angles including (but not limited to) factors associated with the development and severity of PTSD (e.g., Ferrier-Auerbach, Erbes, Polusny, Rath, & Sponheim, 2010; Maguen et al., 2011; Shephard, 2004; Wright et al., 2011), the nature and origin of traumatic memories (e.g., Jones et al., 2003; Rubin, Feldman, & Beckham, 2004; Young, 1995; 2004), efforts to prevent PTSD from occurring (e.g., Cornum, Matthews, & Seligman, 2011; Lewis, 2003), the overall impact of military service upon mental health (e.g., Fear et al., 2010; Iversen et al., 2005; Walker, 2010), and ways of treating and supporting veterans experiencing PTSD (Caddick & Smith, 2014; Cukor, Spitalnick, Difede, Rizzo, & Rothbaum, 2009; Steenkamp & Litz, 2013).

Efforts to understand combat-related PTSD (at least in the Western world) have largely sought definitive categorisations of disorder and have attempted to universalise the diagnosis (Kienzler, 2008). In doing so, a number of ambiguities and inconsistencies have come to light (see above, section 2.2). As noted above, attempts to quantify PTSD as a distinct ‘variable to be measured’ have led to considerable differences in the proposed symptomology of PTSD. Continuing debate over the ‘what’ of PTSD (i.e., ‘what is it?’) has yet to resolve these differences and inconsistencies. However, very little attention has been directed towards the possible sources and contexts of these differences and inconsistencies (cf. Sparkes & Partington, 2003). It could be that differences arise out of the idiosyncratic nature of human suffering itself. An important oversight in the continuing debate over military PTSD is the lack of attention to the stories of combat veterans themselves which might shed light on the subjective qualities of distress. The important question here becomes how is PTSD experienced as a result of time, place, context, and culture?

One exception to the current trend regarding the lack of attention to stories and lived experience is the work of Spoont et al. (2009). In their study of treatment-seeking ex-service men and women, Spoont et al. considered what processes led veterans to conceptualise their post-trauma suffering as PTSD. Their work helps to highlight the impact of the PTSD debate on veterans themselves. On the one hand, receiving a diagnosis of PTSD can sometimes help veterans understand otherwise confusing elements of distress. On the other hand, however, mental sensations (i.e., internal reactions to traumatic events) are often inherently ambiguous; thus the criteria for ‘normalcy’ by which veterans consider themselves symptomatic or not
become blurred (what exactly constitutes a ‘distressing recollection’ or a ‘persistent distorted cognition?’). Furthermore, as Spoont et al. suggested, many veterans also identified their various post-trauma difficulties (i.e., ‘comorbidities’ such as alcoholism, drug abuse, fatigue, sadness, depression, failed marriages, and inability to keep a job) as part of their lay understandings of PTSD. As such, the medical/psychiatric framework of PTSD with its specific symptom criteria can create considerable confusion for veterans in relation to their own self-understanding. In this regard, Spoont et al. suggested:

Although for some veterans receiving the PTSD diagnostic label validated their traumatic experience and gave meaning to their suffering and struggles, for others the lack of clarity regarding the applicability of the PTSD label left them unsure as to how they should proceed (e.g., whether they should pursue treatment or not), and even contributed to the denial of suffering. (p. 1463)

Because of such confusion and ambiguity in relation to the concept of PTSD, the decision of whether or not to pursue treatment (e.g., psychotherapy) for PTSD can therefore be difficult. According to Combat Stress (2010), veterans suffer on average 13 years before pursuing treatment for PTSD. This is simply too long to be suffering in silence (Combat Stress, 2010). Whatever one’s position in the debate over the clinical validity of the PTSD diagnosis, as Rosen and Lilienfeld (2008) noted, it is important to acknowledge the reality of suffering felt by the afflicted, and to engage with veterans’ stories of experiencing distress. However, as Spoont et al. suggested above, the medical PTSD framework may, in some cases, lead to a denial of suffering and a rejection of support and treatment. Receiving a PTSD diagnosis could therefore be a double-edged sword for veterans. On the one hand, it allows them access to support and treatment for their suffering. On the other hand, it forces them to accept a medicalised understanding of themselves as ‘mentally ill’, which may be stigmatising and damaging for their self-concept (Tekin, 2011). Consistent with this medicalised

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7 One reason why veterans sometimes delay treatment-seeking is the stigma often attached to PTSD. Essentially, stigma is a negative and unfounded prejudice or stereotype about a person or an experience such as PTSD (Corrigan & Watson, 2002). Whereas public stigma relates to the perceptions of others regarding mental illness (e.g., the commonly held belief that the sufferer is in some way responsible for their condition), self-stigma occurs when the ideas and stigmatising behaviours (e.g., avoidance/social exclusion) of others are ‘internalised’ by the sufferer themselves (Corrigan & Watson, 2002). The effects of stigma (in addition to the primary suffering and distress experienced) can be damaging and disabling in themselves (Repper & Perkins, 2003). In a military context, veterans often continue to identify with the image of a ‘tough soldier’; part of which is the view of mental illness as ‘weakness’, or the antithesis of a warrior (Greene-Shortridge, Britt, & Castro, 2007; Lorber & Garcia, 2010). In this way, self-stigma sometimes contributes to the reluctance of veterans to seek help for PTSD.
understanding of PTSD, the dominant approach to treating and supporting veterans is currently provided by the medical model (see Foa, Keane, Friedman, & Cohen, 2009; Kudler, Krupnick, Blank, Herman, & Horowitz, 2009; Shah & Mountain, 2007).

### 2.4 Treating ‘disorder’ through the medical model

Beginning with an understanding of PTSD as ‘disorder’ or ‘dysfunction’ (see above), a medical model aims to reduce or cure ‘symptoms’ and psychological suffering through medical/clinical intervention. Interventions typically include treatments such as psychotherapy and psychopharmacology. Of these treatments, a survey conducted by Iversen et al. (2005) indicated that psychopharmacology is the most widespread medical intervention for PTSD among UK veterans. The typical course of drug treatment for PTSD includes antidepressant medication such as selective serotonin reuptake inhibitors (SSRIs), as well as antipsychotic medication (Cukor, et al., 2009; Iversen et al., 2005; Tawa & Murphy, 2013). Researchers have also begun to investigate the use of psychoactive drugs such as MDMA in veteran populations (Cukor et al., 2009). However, evidence for the effectiveness of drug treatments for PTSD is both limited and inconclusive (Cukor et al., 2009; Tawa & Murphy, 2013). In addition, the use of medication to treat mental health problems has been strongly critiqued on the grounds that the effects of such drugs are quite general and do not target specific ‘symptoms’ (Midlands Psychology Group, 2012), that medication often produces long term negative health consequences including weight gain and brain shrinkage (Moncrieff, 2008), and that the drugs can even exacerbate, rather than alleviate, psychological suffering (Moncrieff, 2008). In part, because of the limitations of a psychopharmacological approach, researchers and clinicians working within the medical model often advocate for psychotherapy as a ‘first line’ or ‘gold standard’ treatment for PTSD (McLean & Foa, 2011, 2013; Rauch, Eftekhari, & Ruzek, 2012; Tuerk et al., 2011).

Two highly codified, time-limited brands of psychotherapy have received much attention as ‘front-line’ treatments for PTSD. These include prolonged exposure (PE) and cognitive processing therapy (CPT) (Bomyea & Lang, 2012; Steenkamp & Litz, 2013; Tuerk et al., 2011). PE attempts to help veterans emotionally process their traumatic experiences by repeatedly revisiting the trauma, organising traumatic memories and removing conditioned fear responses (McLean & Foa, 2011, 2013; Steenkamp & Litz, 2013). CPT aims to reconstruct ‘maladaptive’ beliefs and ways of thinking about trauma and is similar to the widely used approach (in mental health generally) of cognitive behavioural therapy.
Both therapies typically consist of between 10 and 12 sessions of intensive psychotherapy lasting between 60 and 90 minutes per session. Both are also considered to be ‘trauma-focused’ talking therapies that attempt to reduce the symptoms of PTSD by helping veterans to gain control over their traumatic memories.

Much research claims to support the efficacy of PE and CPT as treatments for PTSD and considers them to be ‘gold standards’ of evidence-based practice in treating veterans (e.g., Ponniah & Hollon, 2009; Powers, Halpern, Ferenschak, Gillihan, & Foa, 2010; Rauch et al., 2012), espousing their effectiveness in reducing PTSD symptomology (e.g., McLean & Foa, 2011, 2013). However, they have also attracted criticism (Bomyea & Lang, 2012; Steenkamp & Litz, 2013). Indeed, whilst such therapies may bring about ‘symptom improvement’, they rarely lead to full remission of symptoms (Steenkamp & Litz, 2013). Moreover, as Steenkamp and Litz (2013) suggested, “because even minor symptom improvements can lead to a loss of a PTSD diagnosis, no longer meeting diagnostic criteria does not imply that the individual is symptom-free or functioning better” (p. 49). Furthermore, a large proportion of individuals either ‘do not respond’ to psychotherapeutic intervention, or drop out of treatment early, thus limiting the effectiveness of these clinical approaches (Bomyea & Lang, 2012; Cukor et al., 2009). Many are also unwilling, unready, or unsuited to undergo these emotionally challenging therapies that require veterans to relive their most traumatic experiences (Steenkamp & Litz, 2013). Given these limitations of existing treatment approaches, as Cukor et al. (2009) argued “PTSD remains a difficult disorder to treat and identifying alternative treatment options is imperative” (p. 716).

Moreover, the medical model approach to treating psychological distress has been strongly criticised by mental health researchers for some time now (e.g., Caplan, 1995; Carless & Douglas, 2010; Chamberlain, 1978; Midlands Psychology Group, 2012; Repper & Perkins, 2003). Objections to the medical model include that distress is not an ‘illness’ which is amenable to treatment and ‘cure’ (Midlands Psychology Group, 2012), and that the focus on deficit and dysfunction which accompanies the medical model does little to nothing to foster positive psychological health (Carless & Douglas, 2010). In relation to PTSD, such criticisms of the medical model are reinforced by the perceived inadequacy of current approaches (Walker, 2010) and “treatment failures” (Cukor, 2009; p. 724) of the dominant therapies available for PTSD. Accordingly, there have been increasing calls to develop alternative empirically-supported approaches for supporting veterans experiencing PTSD (e.g., Brewin, Garnett, & Andrews, 2011; Carless, Peacock, McKenna, & Cooke, 2013).
Below, I review one alternative approach that is gaining increasing interest as a ‘therapy’ for PTSD: that of sport and physical activity. Yet before I introduce this approach, it is necessary to consider how alternative approaches might understand veterans’ psychological health and well-being outside of a medicalised, deficit-focused approach.

2.5 Veterans’ well-being: Subjective and psychological aspects

One way to understand veterans’ health – and the suffering they experience – without imposing medical perspectives and terminology on them may be to consider the ways in which PTSD might influence well-being. Well-being is a complex and contested construct within psychology (Keyes, Shmotkin & Ryff, 2002). Important differences in conceptualisations of well-being stem from two different psychological traditions (Keyes et al., 2002). The first, hedonic\(^8\) tradition considers subjective well-being (SWB) as a combination of life satisfaction (a subjective evaluation of the quality of one’s life) and affective balance (an indication of happiness based on relative amounts of positive and negative emotion experienced over time) (Diener, 2000; Keyes et al., 2002; Ryan & Deci, 2001). The second, eudaimonic tradition emphasises psychological well-being (PWB) as a key indicator of human potential and flourishing (Ryan & Deci, 2001; Ryff & Keyes, 1995). The concept of PWB consists of six dimensions of human experience thought to be central to a well-lived life including a sense of self-acceptance, positive relationships with others, a sense of purpose in life, living with a degree of self-determination or autonomy, the ability to manage one’s environment effectively, and feeling that one is growing or progressing toward one’s potential (Keyes et al., 2002; Ryff & Keyes, 1995).

Much debate between and within these two traditions has contested which qualities in which combinations lead an individual to a state of positive psychological health (see, e.g., Busseri & Sadava, 2011; Ryff & Singer, 1998). As such, attempts to develop a concise conceptual understanding of well-being have been met with some difficulty. The two research traditions of SWB and PWB continue to vie for our attention, with some authors (e.g., Joseph & Linley, 2005; Keyes et al., 2002) also suggesting that the two may be closely related, yet conceptually distinct phenomena. As is the case with PTSD, researchers have

\(^8\) The principles of hedonic and eudaimonic well-being date back to the teachings of Aristotle. Eudaimonia is a state of being that represents the highest of all human goods; the fulfilment of one’s true potential (Ryff & Singer, 1998). Philosophically speaking, this concept differs from the utilitarian principle of hedonism which defines ‘the good life’ in terms of the attainment of pleasure and avoidance of pain. In part, it is from these ideas that the modern concepts of psychological and subjective well-being are derived.
tended to universalise the concept of well-being while paying scant attention to lived experience and exploring how well-being is experienced differently in different contexts and situations, and among different groups of people.

Emphasising lived experience, a new perspective on well-being has recently been added to the literature by Andrews, Chen and Myers (2014). This perspective, framed by non-representational theory (Thrift, 2007), foregrounds an affective, feelings-based approach to well-being and attempts to “explain the processes through which wellbeing emerges in everyday situations and environments” (Andrews et al., 2014; p. 211). As an affect, Andrews et al. suggested, “wellbeing arises initially as an energy and intensity through the physical interaction of human bodies and non-human objects, and is experienced as a feeling state” (p. 211). Andrews et al.’s approach thus highlights a need to explore the phenomenology of well-being – how it feels – and the processes through which it emerges, in addition to the concepts of SWB and PWB through which it is understood conceptually. In subsequent chapters, I draw upon both understandings – the phenomenological and the conceptual – in order to understand the complexity of well-being. Accordingly, well-being is perhaps most usefully understood as a broad descriptive term referring to a complex and dynamic set of human experiences that relate to positive psychological health and optimal functioning (Ryan & Deci, 2001). Moreover, the language of ‘well-being’ is useful in relation to PTSD because it avoids imposing a medicalised deficit-focus on veterans’ suffering whilst enabling us to understand how meaningful improvements in their psychological health might take place.

2.6 Supporting well-being through sport and physical activity

In recent years, interest has been mounting regarding the use of sport and physical activity as an adjunctive or alternative to medical approaches for supporting veterans experiencing PTSD. I recently reviewed the emerging literature in this area, specifically exploring the impact of sport and physical activity on the well-being of combat veterans (Caddick & Smith, 2014; see appendix F). The studies included in the review were conducted with combat veterans who had been diagnosed with PTSD and were participating in various structured programs of activity designed to support well-being, recovery and rehabilitation post-trauma. Findings from the review highlighted that engaging in different sports and activities promoted veterans’ well-being in several different ways including by reducing PTSD symptoms, providing positive experiences, facilitating a sense of achievement, stimulating motivational
processes, facilitating social interactions, and through therapeutic interaction with the natural environment.

For instance, studies in the review reported that activities such as river running (kayaking), fly fishing, aerobic exercise classes, and outdoor adventure experiences generated positive experiences of fun, relaxation and enjoyment for the veterans who took part (Carless et al., 2013; Dustin, Bricker, Arave, & Wall, 2011; Hyer, Boyd, Scurfield, Smith, & Burke, 1996; Mowatt & Bennett, 2011; Otter & Currie, 2004). Not only this, they countered the negative, depressive tendencies associated with PTSD through energising aerobic activity (Otter & Currie, 2004), felt a sense of accomplishment and achievement through learning new physical skills (Dustin et al., 2011; Hyer et al., 1996), and experienced positive social interactions and emotional ties with other combat veterans (Carless et al., 2013; Dustin et al., 2011; Mowatt & Bennett, 2011). Each of these effects helped strengthen the veterans’ subjective and psychological well-being in ways that improved their health and protected them against the problems associated with PTSD.

Furthermore, the review highlighted an emerging interest in nature-based physical activities. Three studies (Dustin et al., 2011; Hyer et al., 1996; Mowatt & Bennett, 2011) reported that activity in nature was perceived to provide certain therapeutic qualities for veterans experiencing PTSD. For example, the natural environment (especially lakes and rivers) was felt to provide a setting and opportunity for ‘time-out’ from everyday stressors and enabled veterans to enjoy pleasurable activities while immersing themselves in the environment around them (Dustin et al., 2011; Mowatt & Bennett, 2011). These studies referred to the ‘healing power’ of nature as a key component of their approach to promoting well-being through ‘ecotherapeutic’ activity within nature (Dustin et al., 2011; Mowatt & Bennett, 2011). Based on these studies, it is possible that nature-based physical activity could influence veterans’ well-being in previously unknown ways. Yet the subjective quality of such effects on well-being and the mechanisms through which they might occur are not well understood at present. Indeed, as the review concluded, “The exact nature of this mysterious ‘healing power’ and how it impacts upon veterans’ well-being needs to be better specified if its potential is to be fully realised” (Caddick & Smith, 2014; p. 17). Together, this suggests that nature-based physical activity is an area worthy of further exploration in terms of its potential to support well-being in combat veterans experiencing PTSD (Caddick & Smith, 2014; Dustin et al., 2011; Mowatt & Bennett, 2011).
2.7 The natural environment

Interest in the effects of combining physical activity with natural environments builds on the notion that contact with nature might yield benefits for well-being (Hansen-Ketchum & Halpenny, 2010). ‘Nature’ or ‘the natural environment’ generally encompasses any organic outdoor environment or ecosystem where natural elements (such as plants, animals, soil, water, or air) are present (Maller, Townsend, Pryor, Brown, & St Leger, 2005). This can include, for example, parks, woodlands, hills and mountains, open outdoor spaces (non-built), or coastal areas. Recent research has begun to suggest that there may be health benefits to be gained from engaging with or spending time in such places (Brymer, Cuddihy, & Sharma-Brymer, 2010; Hansen-Ketchum & Halpenny, 2010; Hansen-Ketchum, Marck, Reutter, & Halpenny, 2011). Examples of such benefits include relaxation and stress reduction, building stronger communities and increasing physical activity levels (Depledge & Bird, 2009), feelings of overall wellness and vitality (Ryan et al., 2010), and feelings of well-being (Healey-Ogden & Austin, 2011; Nisbet, Zelenski, & Murphy, 2011). However, while research has begun to consider these possible benefits of being in nature, it has yet to explore the mechanisms behind them (Maller et al., 2005).

One line of research that has generated some support for the health benefits of being in nature is based on the idea that natural environments are ‘restorative’ (Hartig, Kaiser, & Bowler, 2001; Hartig & Staats, 2003; Herzog, Maguire, & Nebel, 2003; Korpela, Ylén, Tyrväinen, & Silvennoinen, 2010; White et al., 2010). According to Kaplan’s (1995) attention restoration theory (ART), restorative environments are places which facilitate rest and recuperation following mental fatigue caused by everyday stresses and challenges. An emerging corpus of research suggests that being in nature (for example, in parks or nature reserves, on walking trails, on the beach) can provide this restorative effect (for reviews, see Hansen-Ketchum & Halpenny, 2010; Hansen-Ketchum, Marck, & Reutter, 2009; Maller et al., 2005). Four features (see below, figure 2.1) of natural environments are thought to be responsible for this potential effect (Kaplan, 1995):
Firstly, restorative effects may be experienced through the quality of ‘fascination’. According to Kaplan (1995), the restoration of fatigued attention depends on the ability of a setting to capture one’s attention ‘effortlessly’, for example when one’s interest/attention is captivated by the aesthetic beauty of a particular environment (Herzog et al., 2003; Kaplan, 1995). Kaplan suggested that nature can sometimes be experienced as fascinating in this way by virtue of the objects and processes contained within it (e.g., the motion of the waves, a beautiful sunset, interesting wildlife). Secondly, restorative environments are considered to be rich in ‘extent.’ As Herzog et al. (2003) explained, “A setting has extent if it has sufficient content and structure that it can occupy the mind for a period long enough to allow directed attention to rest” (p. 159-160). An environment with extent is thus thought to be rich and diverse enough to occupy one’s attentional resources simply by being there (Kaplan, 1995). Nature might connect with us in this way due to the diversity of landscapes that natural environments often provide.

The third component of restoration involves a sense of ‘being away.’ Being away refers to a kind of mental detachment that occurs when one is free from activity that causes mental fatigue (Kaplan, 1995). As Herzog et al. (2003) suggested, this is what people seek to experience when they express the desire to ‘get away from it all’ for a while. Nature might facilitate this sense of being away. As Kaplan (1995) put it: “Natural settings are often the preferred destinations for extended restorative opportunities. The seaside, the mountains, lakes, streams, forests, and meadows are all idyllic places for ‘getting away’” (p. 174). Finally, restorative environments are considered to be ‘compatible’ with one’s purposes or inclinations. Compatibility relates to the fit between the environment and the activity one plans to carry out in it. As such, “what one does comfortably and naturally is what is appropriate to the setting” (Kaplan, 1995; p. 173). One purpose that appears to be compatible with natural environments is physical activity (Brown & Bell, 2007; Brymer et al., 2010; Hansen-Ketchum et al., 2009). Nature provides an everyday space for bodies to move about and be active (Brown & Bell, 2007). Moreover, it seems likely that being in nature would

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*Figure 2.1: Four features of restorative environments.*
require at least a minimal degree of activity both to access it and to move through it (e.g., walking or wheeling along a beach). Such compatibility between nature and physical activity might suggest that being active is a primary means to experience the potential restorative effects of natural environments.

Research conducted within the ‘attention restoration’ paradigm has revealed that spending time in natural environments can help people recuperate from everyday stresses and restore fatigued attention (Berman, Jonides & Kaplan, 2008; Hartig & Staats, 2006; Korpela et al., 2010; Korpela, Borodulin, Neuvonen, Paronen & Tyrväinen, 2014). However, there are limitations with this body of research. For example, it is framed exclusively by a cognitive psychology perspective, and as such, has tended to ignore people’s embodied experiences of engaging with the natural environment, whilst also brushing aside stories and the narrative ‘mode of thought’ (Bruner, 2002) through which people understand the world around them. Accordingly, there are gaps in our understanding of how people experience potential health benefits of contact with nature. These gaps are significant, for as Sparkes (2009) explained, the body and the senses are inextricably tied to our phenomenological experience of the world and our ability to make meaning out of this experience through the stories we tell. Furthermore, our understanding of the effects of nature on health is mostly limited to the notion of ‘restoration’, with evidence on how nature may influence well-being remaining sparse (Cervinka, Röderer, & Hefler, 2012).

Nature-based physical activity (e.g., walking, watersport, mountaineering, biking, trail running) may provide a suitable context to explore how people’s embodied experiences of connecting with nature could influence well-being. Being active in nature combines the established effects of physical activity on psychological health (see e.g., Biddle & Mutrie, 2008; Carless & Douglas, 2010; Reed & Buck, 2009) with the potential benefits of contact with nature, and has stimulated researchers’ interest (e.g., Coon et al., 2011; Mitchell, 2013; Pretty, Peacock, Sellens & Griffin, 2005). Recreational nature-based sports and activities provide an ideal opportunity for people to connect with nature by moving through it (Humberstone, 2011). Indeed, as Krein (2008) put it, “nature sports provide one of the most direct ways to access nature and feel its presence” (p. 299, emphasis added). Accordingly, exploring how people experience the natural environment through physical activity – and

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9 For example, research has indicated that physical activity can generate positive emotions and help improve mood, and can also restore a sense of meaning and hope in the lives of people diagnosed with mental illness (e.g., Biddle & Mutrie, 2008; Carless & Douglas, 2010).
how they engage with the elements using all of the senses (Humberstone, 2011) – may help to unravel the potential effects of nature on well-being.

2.7.1 The blue gym

One recently emerging concept which aims to promote health and well-being through nature-based physical activity has been termed ‘the blue gym’ (Depledge & Bird, 2009). The blue gym is about using our natural water environment (e.g., coasts, rivers, inland waterways) as a resource for pursuing human health and well-being through various water-based activities. Activities conceptualised as part of the ‘blue gym’ include (for example) playing or fishing in rivers, walking or wheeling along the beach, and swimming or surfing in the sea (Smith & Sparkes, 2012). As Smith and Sparkes (2012) noted, “This moves traditional notions of the gym as an indoor, machine-filled contained physical place and space to conceptualising it as part of our multi-sensory natural environment, city surroundings or maritime culture” (p. 343). The notion of the blue gym is useful as it denotes a specific environment and range of activities through which people can explore the health of their bodies, thus drawing attention to aquatic environments as a potential ‘space for health’. Furthermore, the blue gym concept may create new opportunities for researching the impact of aquatic environments upon mental health and well-being.

Research by White et al. (2010) has begun to investigate the effects of aquatic environments on psychological health. Their work draws on Kaplan’s attention restoration theory to explore the restorative properties of being in and around water. For example, as White et al. suggested, certain visual properties of water (such as the way it reflects light) may be perceived as attractive and restorative (e.g., a sense of fascination). In addition, the sound of water (such as breaking waves) might be considered relaxing in ways that facilitate restorative experiences (e.g., being away). Finally, being physically immersed in water (such as when swimming or surfing) provides opportunities for direct contact with nature - to feel it surrounding oneself – and thus to experience restoration through one’s body. Furthermore, White et al.’s work resonates with Nichols’ (2014) notion of the ‘blue mind’: “a mildly meditative state characterised by calm, peacefulness, unity, and a sense of general happiness and satisfaction with life in the moment. It is inspired by water and elements associated with water, from the colour blue to the words we use to describe the sensations associated with immersion” (p. 6). However, the ways in which experiencing water through the blue gym
might produce such ‘blue mind’ experiences – and contribute to well-being – among people experiencing mental health problems are not yet known.

In addition, and coinciding with the completion of this thesis, a recent feasibility study suggested that surfing may be an acceptable intervention for combat veterans diagnosed with PTSD (Rogers, Mallinson, & Peppers, 2014). The purpose of Rogers et al.’s (2014) study was to assess veterans’ attendance and retention rates during a 5 week occupational therapy-based surfing program in which veterans were taught surfing alongside key skills for transitioning back into civilian life. Results confirmed that of the 11 veterans who took part, 73% attended at least 3 out of the 5 sessions. Furthermore, Rogers et al. indicated that the veterans’ scores on measures of PTSD and depression decreased from pre- to post intervention. They concluded that surfing shows promise and merits further investigation as a way of helping combat veterans. In particular, research is needed which explores how combat veterans experiencing PTSD might engage with surfing and the blue gym in their everyday lives and what effects this might have upon their well-being.

2.8 A narrative perspective on PTSD, well-being, and the blue gym

Narrative is a form of inquiry particularly suited to exploring the embodied lived experience of others (Smith, 2010). This is because narratives are a key means by which people make sense of their lives and embodied experiences as they unfold sequentially over time. In the context of PTSD, narrative thereby provides a useful method of exploring how veterans themselves make sense of combat-trauma and the events which have since unfolded in their lives. Traumatic life experiences such as war often bring disruption and confusion into people’s lives. As Frank (2013) argued, people need stories to make sense of the confusion. Indeed, narrative inquiry has frequently been used to understand how people bring a sense of order and coherence to a life disrupted by serious illness or trauma (e.g., Carless & Douglas 2008; Paphathomas & Lavallee, 2012; Smith & Sparkes, 2002).

Narrative focuses upon the stories people tell about their lives and experiences. This focus derives from the underlying assumption that humans lead *storied lives* (Smith, 2010). That is, we make sense of our lives and our experiences by telling stories about them. By telling stories, we imbue our experiences with *meaning*. Understanding meaningful experience is a central component of narrative inquiry, deriving from the recognition that as storied beings “we organise our experiences into narratives and assign meaning to them through storytelling” (Smith & Sparkes, 2008a; pp. 87-88). By telling stories about our lives,
we invariably reveal much about ourselves – our thoughts and emotions, hopes and fears, successes and failures, and our views of ourselves and others. Narratives thereby provide a core thread that helps us link together these different facets of ourselves with events that occur in our lives in ways that make them meaningful and intelligible to us (Carless, 2008). Accordingly, by listening to and analysing veterans’ stories we may be able to better understand their experiences of PTSD and any possible effects of ‘blue gym’ activities upon their health and well-being.

So, what is a narrative? As Smith (2007) suggested, providing a definitive account of narrative is problematic since narrative inquiry is a diverse field with many different definitions and understandings of what narrative is and can be. While any final definition will therefore be unable to capture all that narrative might include, broadly speaking narrative is “a complex genre that routinely contains a point and characters along with a plot connecting events that unfold sequentially over time and in space to provide an overarching explanation or consequence” (Smith & Sparkes, 2009; p. 2, emphasis in original). Furthermore, narrative can be thought of as a general template or structure that people use to connect up the experiences of their lives in a meaningful way. By contrast, a story is taken to mean an actual tale told by an individual or group about their lives and experiences. Whereas narratives are the templates by which people construct their stories, stories themselves differ in that they refer to specific acts of telling by a human agent embedded in a social world (Smith & Sparkes, 2009). However, as Frank (2013) suggested, “since narratives only exist in particular stories, and all stories are narratives, the distinction is hard to sustain” (p. 224). Nevertheless, these working definitions of story and narrative provide the necessary foundation for understanding the storied qualities of lived experience.

Stories are thus useful for understanding the subjective meaning of experience. Yet it is important to note that stories not only reflect our experiences, they help create and shape them, too (Frank, 2010). That is, stories have the capacity, not to determine our lives, but to act in such a way that informs and guides our actions and our possibilities (Frank, 2006). As ‘actors’, stories do things that affect us in different and often unpredictable ways. Stories shape what becomes experience and they bring experience into being (Frank, 2010). Stories therefore play an active role in shaping our lives; they sometimes work for us in that they give us a map or destination to follow (i.e., an idea of what our lives are about and where we may be going), but they also work on us in that they prescribe certain actions or interests as important whilst prohibiting others. Frank (2010) put it well:
People do not simply listen to stories. They become caught up, a phrase that can only be explained by another metaphor: stories get under people’s skin. Once stories are under people’s skin, they affect the terms in which people think, know, and perceive. Stories teach people what to look for and what to hold in contempt. (p. 48, emphasis in original)

Stories are powerful in their capacity to influence us in this way. Yet their power derives not simply from the individual telling the story, but also from the culture in which the story is embedded. This is because narratives are social creations; they do not simply spring from the minds of individuals (Smith & Sparkes, 2008a). Society and culture provide a ‘menu’ of narrative forms and contents which actively shape people’s experiences and the stories they tell of them (McAdams, 2006). This is not to suggest that people lack agency in telling their stories or that they feel no sense of ownership over their lives (Smith, 2010). Rather, the individual stories that people tell are taken and adapted from established and recognisable narrative resources that society and culture provide (Smith & Sparkes, 2009). Thus, the narratives which work for and on people in shaping their lives are at once both personal and social (Smith & Sparkes, 2009).

2.8.1 Narrative, the body, and phenomenology

As several authors have suggested (e.g., Charon, 2006; Frank, 2013; Smith & Sparkes, 2008b; Sparkes & Smith, 2011), the act of storytelling is an embodied process. For Frank (2013), people tell stories not only about their bodies, but out of and through them as well. That is, the body itself partly shapes the stories that can be told about it and about its relationship with others and the environment. There exists a continual infolding and outfolding of experience onto and from the body (Frank, 2013). Culture thus inscribes itself onto the material body in the form of narratives which, to some extent, structure its existence (Frank, 2013; Shilling, 2003). At the same time, the biological body imposes itself upon the story being told in ways that shape and limit what can be said about it (Shilling, 2003; Sparkes & Smith, 2011). Therefore, whilst narratives are socially constructed, they are also – always – embodied (Smith, 2007). Bodily experience is deeply embedded in narrative, and as such, narrative is important for understanding how bodily experience is interpreted and given meaning (Smith & Sparkes, 2008a).

Whilst narratives are thus embodied, another scholarly tradition – that of phenomenology – often places greater emphasis on embodied experiences and may also be
useful in understanding how veterans engage with the blue gym. Phenomenology can be described, as Allen-Collinson (2009) put it, as “the study of phenomena, things as they present themselves to, and are perceived in our consciousness” (p. 279). Like narrative, phenomenology seeks highly detailed, in-depth descriptions of subjective human experiences (Allen-Collinson, 2009). Yet whereas narrative seeks to understand the world primarily through the stories people tell, phenomenology exhibits a stronger focus on immediately experienced sensations – on the world as lived through the body and the senses (Allen-Collinson, 2009; Hockey & Allen-Collinson, 2007). There is an underlying assumption in phenomenology – particularly in the work of Merleau-Ponty (1962) – that we know the world through our bodies, and that our embodied point of view on the world is central to our ability to construct meaning from our lived experiences (Hockey & Allen-Collinson, 2007). In relation to sport and physical activity, as Hockey and Allen-Collinson (2007) argued, phenomenology offers a key means of exploring the sensuous sporting body, that is, of understanding “the sensory activity of sports participants as they move, see, hear, feel, touch, and smell in the sporting milieu” (p. 188). Accordingly, phenomenology may be useful in understanding how veterans connect with – and physically immerse themselves in – the natural environment, and is introduced here as an additional/complementary perspective to the primary perspective of narrative adopted in this thesis.

2.9 The PhD project: Surf Action, the research context and aims of the research

This research explores the work of an ex-services charity known as ‘Surf Action.’ Established in 2009, Surf Action have dedicated themselves to supporting combat veterans through surfing. They predominantly work with veterans experiencing PTSD (the focus of this thesis), but also aim to support disabled and amputee veterans by taking them surfing. Based in Cornwall, they operate primarily by holding twice-weekly surfing sessions (called ‘surf clinics’) on Wednesdays and Fridays at local beaches, whereby veterans are invited to meet up, interact with each other, and learn to surf. Free coaching and equipment are provided at the surf clinics, with the aim of making them low cost and accessible. Two or three times a year, the charity also安排s week-long ‘residential camps’ during which a small group of veterans considered to be most in-need within the group are invited to spend the week in a guest house in a remote location and participate in a variety of coastal activities including surfing each day, yoga/relaxation sessions, canoeing, kayaking, fishing, and ‘coasteering.’ The residential camps are intended to give veterans an extended period of relief from their everyday lives, enable them to build relationships with other veterans, and engage in
additional activities considered to be ‘therapeutic’ including meditation and ‘creative awareness’ sessions during which art is used as a means of expressing emotional stories.

Given that surfing is being used as a way of supporting veterans, and the effects of surfing and the natural environment upon veterans’ well-being are empirically unknown at present, it is important to understand how surfing and participating in the charity Surf Action affects the lives of veterans experiencing PTSD. This research is the first in-depth empirical investigation to begin exploring the use of surfing as a potential means of supporting combat veterans. The topic is important because surfing could provide an alternative means of promoting veterans’ well-being that moves beyond the limitations of the medical model/deficit-focused approach to treating veterans experiencing PTSD (see above, section 2.4).

Moreover, efforts to promote the mental health and well-being of combat veterans are currently needed. This is because recent military operations in Iraq and Afghanistan have placed the armed forces under renewed pressure and have fostered concerns over the mental health consequences of deployment to these theatres for British troops (Fear et al., 2010; Walker, 2010). In particular, concern has been raised about the mental health consequences of ‘operational overstretch’ (i.e., the strain on military resources resulting from simultaneous deployment of forces to different conflicts) and the increased length of deployments for troops in recent years (Walker, 2010). In addition to this current strain, many veterans of past conflicts (e.g., the Falklands, the Gulf War, Bosnia, Northern Ireland) are still receiving treatment for a range of problems (including PTSD, alcoholism, anger, depression) as a result of combat experiences. Responsibility for this treatment generally falls to the UK’s National Health Service (NHS). Under the NHS, routine treatment generally follows a medicated approach, with some veterans also gaining access to psychotherapy for depression and PTSD (Iversen et al., 2005). However, as Walker (2010) argued, “there is a feeling that routine NHS treatment for ex-soldiers may not be appropriate for their specific needs” (p. 793). This is to say that a lack of understanding of problems such as PTSD by civilian health services may result in the treatment needs of veterans not being met (Macmanus & Wessely, 2013). Add to these concerns the recent cutbacks in defence funding and support for veterans, and the current situation looks set to create significant problems for the identification and treatment of veterans experiencing PTSD in the coming years. Alternative ways of addressing veterans’ mental health needs are, therefore, sorely needed.
The research begins with an animating interest (Frank, 2012): *There are limitations with the medical treatment of ‘disorder’ and veterans are in need of additional or alternative approaches to dealing with their post-trauma suffering and distress. As one potential alternative, how might surfing and the blue gym influence veterans’ well-being and enable different stories to be told about PTSD?* This interest created the initial focus of inquiry and suggested two major aims for the research. First, the research aims to understand the effects of surfing and the blue gym on veterans’ everyday lives. This first aim of the research draws together the many conceptual ideas (introduced above) regarding PTSD, well-being, physical activity, the natural environment, and the blue gym in order to consider how surfing might make a difference to the post-war sufferings experienced by the veterans. Accordingly, the project called for an understanding of the kinds of problems the veterans faced in relation to PTSD, and how they made sense of their surfing experiences in relation to dealing with such problems.

Second, the research aims to examine the stories that veterans told about their surfing experiences and about their participation in the charity Surf Action. This second aim required a critical engagement with the stories that veterans both told and enacted within the blue gym, and how their everyday experiences were interpreted and given meaning through the stories they gained access to within the group environment of Surf Action. As part of this aim, the research considered more broadly the work of Surf Action and how participation in this group might influence the veterans’ lives in other ways besides surfing (e.g., interactions and relationships with other veterans in the group). Because stories are ‘actors’ in people’s lives that do things which make a difference to them (Smith, 2010), this research aim also involved exploring what effects the veterans’ stories had in shaping their experiences of PTSD and well-being.

### 2.10 Research questions

In line with the above aims, the research addressed the following key questions:

1. What effect does surfing have on the lives and well-being of combat veterans experiencing PTSD?
2. What kinds of stories shape veterans’ experiences of surfing, the blue gym, and Surf Action, how do they do this, and with what effects?
3. How can the knowledge generated inform policy and practice in order to improve the lives of combat veterans experiencing PTSD?
These key questions shaped – but did not determine – the unfolding research design, and oriented the project towards providing a complex and detailed account of veterans’ experiences of surfing and of dealing with PTSD.

2.11 Chapter summary

This PhD is the first major qualitative research project to investigate the potential use of the ‘blue gym’ as a setting in which healthcare promotion might take place among combat veterans experiencing PTSD. It is primarily concerned with the everyday life experiences of veterans who have experienced traumatic events and who now use surfing to try and overcome the problems they face associated with PTSD. The research aims to increase our understanding of these veterans and to learn what we can from their life experiences. The research also aims to advance theoretical understandings in multiple areas of knowledge including PTSD, surfing and mental health, healthcare and the environment, and narrative theory.

As Frank (2006) suggested, the most important ethical task of any narrative research is not to suggest which stories are truer or better than others but to put more stories into circulation – to increase the number of stories that people have access to. With this in mind, this research explores and examines new stories of surfing and the blue gym for people to reflect on, and perhaps, to be affected by.
3.0 Overview

This chapter describes the approach I take toward answering my research questions. I begin by introducing my chosen method of inquiry as qualitative research. The ontological and epistemological assumptions which guide the research are introduced next, along with the methodological underpinnings of the research in narrative inquiry (also inspired by phenomenology). I then introduce my participants and describe procedures for data collection and analysis, before discussing the representational genres I use to communicate the research findings, and ethical concerns related to the conduct of the research. The chapter closes with suggestions for possible criteria that might be used to judge the quality of the research. At each stage, I offer a justification and rationale for my choice of methods.

3.1 Qualitative research: What and why?

Qualitative research is notoriously difficult to define, and often means different things to different researchers (Smith & Caddick, 2012). It has been loosely described as a “fuzzy set” (Madill & Gough, 2008; p. 254), comprised of many different approaches and ways of conducting research. Accordingly, qualitative research may best be defined according to a set of key characteristics (Madill & Gough, 2008; Smith & Caddick, 2012; Sparkes & Smith, 2014). One characteristic is a focus on meaning and interpretation. Practically speaking, qualitative research can be understood as “a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live” (Sparkes & Smith, 2014; p. 14). Another characteristic is an emphasis on textual data; that is, on understanding the qualities of social life, and descriptions of people’s lived experiences. This is valuable because, as Avis (2005) explained, textual data enables people to express
their thoughts, beliefs, actions, and experiences in their own words and on their own terms. Furthermore, qualitative research may be understood according to the paradigmatic assumptions which typically underpin it as a method of inquiry. For instance, qualitative researchers typically espouse a view of ontological relativism and epistemological constructionism (Sparkes & Smith, 2014; see also below, ontology and epistemology), in which there is no subject–object dualism and researchers adopt a critical approach toward reflexivity and their role in the research process (e.g., Etherington, 2004; Finlay & Gough, 2003).

The adoption of qualitative research offers a number of advantages in relation to this project. First, in line with the purpose of this research as understanding the effects of surfing and the blue gym in veterans’ everyday lives, qualitative research provides an opportunity to explore the veterans’ everyday life experiences in great depth and detail. Indeed, a qualitative approach has the capacity to provide a wealth of detailed and rich information about the veterans’ lives and social worlds, thereby enabling me to build up a complex and nuanced picture of surfing and to explore how the veterans feel that surfing affects the lived qualities of feeling and expression that constitute their own understanding and experience of well-being. Moreover, it enables me to answer the qualitatively oriented research questions. The first research question is a ‘what’ question, and demands a descriptive answer (i.e., what effect does surfing have on the lives and well-being of combat veterans?). Furthermore, the second research question explicitly requires a qualitative approach in order to facilitate the telling and hearing of veterans’ stories.

Second, a qualitative approach enables the close exploration and scrutiny of veterans’ lives that is required in order to understand how participation in the charity Surf Action influences the participants (Gubrium & Holstein, 1997). Through engaging with Surf Action and its members over a period of extensive interaction, qualitative research provides the depth of contextual familiarity necessary for producing a detailed and rigorous account of surfing and its effects in relation to PTSD (Charmaz, 2004; Gubrium & Holstein, 1997). It thus facilitates an ‘emic’ perspective; that is, getting to know the phenomenon of interest as much as possible from an insider’s point of view (Sparkes & Smith, 2014). Third, qualitative research facilitates an understanding of process – for example, the processes that might lead to changes in subjective and psychological well-being among veterans taking part in surfing. As Sparkes & Smith (2014) argued, “The ability of qualitative research to get at the processes that lead to various outcomes is a major strength of this approach and is something that
experimental and survey research is often poor at identifying” (p. 17). Accordingly, the ability to illuminate the processes of social life at Surf Action is an additional advantage of the qualitative research approach I adopt in this study.

3.2 Ontology and epistemology

The research is underpinned by the positions of ontological relativism and epistemological constructionism. Ontological relativism, as described by Sparkes and Smith (2014), “conceives of social reality as humanly constructed and shaped in ways that make it fluid and multifaceted. Multiple, subjective realities exist in the form of mental constructions. In this perspective it is accepted that physical things exist out there independent of ourselves” (p. 11; emphasis in original). Moreover:

This does not mean that the mind ‘creates’ the world of objects or what people say or do. Rather, it means that how we give meaning to objects and how we interpret the movements and utterances of other people, in terms of the motivations and meanings we assign to them, are shaped by the determining categories of the mind via, for example, language and cultural symbolism (p. 11)

In addition, epistemological constructionism entails that there is an inter-dependent relationship between the researcher and the knowledge produced through social inquiry. Knowledge is created, not found. From this perspective, “there can be no separation of the researcher and the researched, and values always mediate and shape what is understood. The knower and the known are inter-dependent and fused together in such a way that the ‘findings’ are the creation of a process of interaction between the two” (Sparkes & Smith, 2014; p. 13).

Together, the positions of ontological relativism and epistemological constructionism support an underpinning philosophy for this research of social constructionism. Broadly speaking, social constructionism can be understood as the belief that “the ways in which we collectively think and communicate about the world affect the way that the world is” (Elder-Vass, 2012; p. 4). As Elder-Vass (2012) suggested, there are many different versions of constructionism which may broadly be placed along a continuum of trivial, moderate, and radical constructionisms. In this thesis, I subscribe to what might be called a moderate version of social constructionism. That is, I believe that our ways of collectively thinking and communicating about the world constitute our experience of the world, but that there are real
physical and discursive limits to our ability to construct the world around us or to reimagine the possibilities of being. A moderate social constructionism therefore fully acknowledges the existence of, for example, embodiment, power relations, and a material world existing outside of ourselves (see Cromby & Nightingale, 1999), while also recognising that language and the way we think about the world has great significance for social life (Elder-Vass, 2012).

Accordingly, the notions of PTSD, well-being, relationships and masculinities that I discuss throughout this thesis are not treated as representations of an internal cognitive ‘reality’ but are acknowledged instead as socially understood concepts that structure our thinking about, for example, people’s experiences of mental health and illness. This underpinning philosophy enables me to acknowledge the materiality and immediacy of embodied experience whilst holding firm to the notion that people necessarily construct their experiences and the world around them through language and storytelling.

3.3 Narrative inquiry

Narrative inquiry was introduced in the previous chapter. Its use in this research is oriented toward producing an understanding of the veterans’ experiences of surfing, of their participation in Surf Action, and the meaning of these experiences in the broader context of their lives and experiences of PTSD. A focus on stories enables me to explore how the veterans understand their experiences of surfing and Surf Action in the context of their biographical history – their past, present, and projected future – and how they construct their lives over time in narrative form. Moreover, like qualitative research generally, the approach of narrative inquiry offers advantages in relation to this particular study. For example, it allows me to focus on the veterans’ personal, individualised life stories while at the same time understanding how these stories may be shaped by narrative resources circulating within and beyond Surf Action (Gubrium & Holstein, 2009; Smith & Sparkes, 2009). Accordingly, narrative facilitates an insight into not only personal experiences, but also social life and the context of Surf Action. Furthermore, narrative inquiry – with its emphasis on creating and illuminating meanings – has the capacity to honour the complexities and emotional textures of the veterans’ lives as lived (Smith, 2010; Smith & Sparkes, 2009). The “messiness and complexity” (Smith & Sparkes, 2009, p. 6) of veterans’ lives and emotional experiences of PTSD and surfing can thus be shown and represented through narrative.

3.3.1 A phenomenologically inspired narrative inquiry
In part of this thesis (chapter 5, specifically), I adopt what might be termed a ‘phenomenologically inspired’ narrative inquiry. The purpose of this is to devote analytical attention to the veterans’ embodied experiences of engaging with surfing and the blue gym, and to highlight their immediate physical experiences in a way that narrative – with its emphasis on stories – sometimes struggles to do. The adoption of a phenomenological perspective was unanticipated at the outset of the research, and was introduced as the iterative process of data collection and analysis unfolded (see below). Accordingly, I am not claiming to conduct a phenomenological study, as I do not engage in the traditional techniques of a phenomenological investigation such as the phenomenological reduction, the ‘natural attitude’ or free imaginative variation (see Allen-Collinson, 2009; Berry, Kowalski, Ferguson & McHugh, 2010; Sparkes & Smith, 2014). Rather, I draw upon phenomenological theory and principles (e.g., Allen-Collinson & Hockey, 2010; Finlay, 2006; Hockey & Allen-Collinson, 2007; Merleau-Ponty, 1962) in order to advance and extend the predominantly narrative perspective adopted in this thesis. I therefore characterise the work in chapter 5 as a phenomenologically-inspired narrative inquiry.

The rationale for this type of inquiry is grounded in analytical pluralism (Clarke et al., in press; Coffey & Atkinson, 1996). Analytical pluralism refers to “the application of more than one qualitative analytical method to a single data set” (Clarke et al., in press). The notion of analytical pluralism is a recognition that different analytical perspectives can be used “to explore different facets of our data, explore different kinds of order in them, and construct different versions of the social world” (Coffey & Atkinson, 1996; p. 14), or as Willig (2013) put it, “a data set can tell us about a number of different things, depending on the questions we ask of it” (p. 19). Utilising analytical pluralism has the potential to construct complex, multi-layered understandings of psychological phenomena, and allows research questions to be tackled from multiple perspectives (Clarke et al., in press). Recognising, therefore, that human subjective experience is inherently complex and is not easily theorised using one methodological approach or research tradition alone, I seek to combine narrative and phenomenology as a form of analytical pluralism and as a way of honouring the complexity of the veterans’ subjective experiences of surfing and the blue gym.

3.4 Sampling and participants

After making contact with Surf Action through the founder of the charity who acted as ‘gatekeeper’ (Sparkes & Smith, 2014), I initially approached 6 potential participants...
individually during the first residential week I attended as part of the research and asked if they would be willing to participate in the study. All 6 agreed to take part. This may be described as a purposeful sample of information rich cases whose experiences may be able to speak to the research questions (Sparkes & Smith, 2014). Building on this initial sample, I recruited more participants to the study by approaching them individually during further visits to the charity and participation in the weekly ‘surf clinics’ (described in the next chapter). My primary concern with regard to sampling was to recruit a range of typical cases (Patton, 1990) whose experiences might be representative of veterans’ encounters with Surf Action. This was done in order to illuminate how surfing and Surf Action typically functioned in veterans’ lives, and with what effects on their well-being. Recruitment of participants ended when data saturation was judged to have been reached; that is, when further data collection resulted in little or no new information being gained (Sparkes & Smith, 2014).

Criteria for inclusion in the research were as follows. Participants were required to be a) over the age of 18; b) members of the charity Surf Action, and; c) combat veterans. Following Caddick and Smith (2014), the term combat veteran can be defined as “any current or former member of the military who has previously deployed to a warzone and been exposed to the risks of combat” (p. 16). Apart from one participant (discussed below), all participants met this description of a combat veteran and none were currently serving in the armed forces. All the veterans had been involved in ‘front line’ or combat duties during their military service. Each participant was also a member of Surf Action. The extent of their participation in the charity varied, ranging from weekly attendance at the surf camps and regular visits to the ‘drop-in centre’ (described in the next chapter), to visiting infrequently or attending only the residential weeks (for example, participants who lived further away from Surf Action’s headquarters). In addition, being officially diagnosed with PTSD was not an inclusion criterion for two main reasons. Firstly, the charity itself did not require a diagnosis as a condition of services. Participants either self-referred based on their experiences of distress and perceived need for support, or were referred by a mental health professional, family member or social worker prior to diagnosis. Second, as I discussed in the previous chapter the notion of PTSD itself is based on a medicalised understanding of suffering as ‘illness’ which has been identified in recent years as problematic not only from an epistemological perspective (e.g., Cromby, Harper, & Reavey, 2013) but also as potentially harmful to the self-concept of people suffering from psychological distress (Tekin, 2011).
The participants included 15 male combat veterans and one civilian man who was previously working as a prison officer. A brief biographical description of each of the participants is given in appendix A. Participants were aged between 27 and 60 years old. The veterans who took part in the research had served in a range of conflicts including Northern Ireland, the Falklands, Bosnia, the first Gulf War, and the most recent wars in Iraq and Afghanistan. The one participant who worked as a prison officer was diagnosed with PTSD and was utilising the services of the charity. He was a regular user of the charity and would be considered as integrated into the group’s culture. On hearing of the study, this man also volunteered to participate, bringing the total number of participants to 16. Each participant identified themselves as either ‘suffering with PTSD’ or as experiencing psychological distress as a result of combat and military experiences. Out of the 16 participants, 11 had received an official diagnosis of PTSD. A summary of the participants’ details is provided below (table 3.1).

3.5 Data collection

Data collection for this study spanned a period of 18 months from April 2012 to September 2013. A combination of interview and participant observation methods was used concurrently to collect rich, storied data from the participants about their lives and surfing experiences. This combination of methods was used in order to capture a diversity of ways in which participants might express themselves and reveal their experiences. Indeed, people do not simply tell stories – they live and enact them, too, in everyday life. Across the 18 months of data collection, I thus sought to work with my participants in different ways, at different times, and across several locations in order to understand their perspectives and experiences (Chamberlain, Cain, Sheridan, & Dupuis, 2011). Accordingly, by combining multiple methods over an extended period of data collection, I aimed to develop a richer and more complex understanding of the participants’ experiences (Keats, 2009).
Table 3.1: Participant demographics

<table>
<thead>
<tr>
<th>Codename</th>
<th>Age*</th>
<th>Marital status</th>
<th>Current occupation</th>
<th>Military branch, highest rank achieved</th>
<th>Theatres served in</th>
<th>Years of service</th>
<th>Diagnostic status (+ time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran A</td>
<td>40</td>
<td>Married</td>
<td>Unemployed</td>
<td>Army – Private</td>
<td>Northern Ireland</td>
<td>3</td>
<td>Undiagnosed</td>
</tr>
<tr>
<td>Veteran B</td>
<td>47</td>
<td>Divorced</td>
<td>Unemployed</td>
<td>Army – Lance Corporal</td>
<td>First Gulf War,</td>
<td>16</td>
<td>PTSD – 14 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bosnia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran C</td>
<td>57</td>
<td>Divorced</td>
<td>Unemployed</td>
<td>Army – Corporal</td>
<td>Northern Ireland</td>
<td>11</td>
<td>Undiagnosed</td>
</tr>
<tr>
<td>Veteran D</td>
<td>49</td>
<td>Divorced</td>
<td>Unemployed</td>
<td>Army – Corporal</td>
<td>Northern Ireland</td>
<td>14</td>
<td>PTSD – 6 years</td>
</tr>
<tr>
<td>Veteran E</td>
<td>54</td>
<td>Divorced</td>
<td>Youth worker (part time)</td>
<td>Navy – Petty Officer</td>
<td>Falklands, Bosnia,</td>
<td>23</td>
<td>PTSD – 12 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>First Gulf War</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran F</td>
<td>50</td>
<td>Married</td>
<td>Unemployed</td>
<td>Army - Sergeant</td>
<td>Northern Ireland</td>
<td>19</td>
<td>PTSD – 6 years</td>
</tr>
<tr>
<td>Veteran G</td>
<td>44</td>
<td>Separated</td>
<td>Unemployed</td>
<td>Royal Marines - Marine</td>
<td>Northern Ireland,</td>
<td>12</td>
<td>PTSD – 1 year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>First Gulf War</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officer H</td>
<td>40</td>
<td>Separated</td>
<td>Unemployed</td>
<td>Prison Officer – Senior Officer</td>
<td>N/A</td>
<td>18</td>
<td>PTSD – 2 years</td>
</tr>
<tr>
<td>Veteran I</td>
<td>33</td>
<td>Single</td>
<td>Unemployed</td>
<td>RAF Regiment - Gunner</td>
<td>Iraq</td>
<td>9</td>
<td>Undiagnosed</td>
</tr>
<tr>
<td>Veteran J</td>
<td>60</td>
<td>Widowed</td>
<td>Shop worker (part time)</td>
<td>Army – Private</td>
<td>Northern Ireland</td>
<td>3</td>
<td>PTSD – 12 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Survival instructor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matthew*</td>
<td>39</td>
<td>Single</td>
<td>Unemployed</td>
<td>Army – Private</td>
<td>Northern Ireland</td>
<td>4</td>
<td>PTSD – 12 years</td>
</tr>
<tr>
<td>Veteran K</td>
<td>39</td>
<td>Married</td>
<td>Unemployed</td>
<td>Army – Private</td>
<td>Northern Ireland,</td>
<td>5</td>
<td>PTSD – 8 years</td>
</tr>
<tr>
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<td></td>
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<td></td>
<td>Bosnia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rich Emerson*</td>
<td>47</td>
<td>Divorced</td>
<td>Leader of Surf Action</td>
<td>Army – Lance Corporal</td>
<td>First Gulf War</td>
<td>6</td>
<td>PTSD – 8 years</td>
</tr>
<tr>
<td>Samuel*</td>
<td>45</td>
<td>Divorced</td>
<td>Unemployed</td>
<td>Navy – Leading Hand</td>
<td>Northern Ireland,</td>
<td>10</td>
<td>Undiagnosed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>First Gulf War</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran L</td>
<td>27</td>
<td>Single</td>
<td>Unemployed</td>
<td>Army – Private</td>
<td>Afghanistan</td>
<td>5</td>
<td>Undiagnosed</td>
</tr>
<tr>
<td>Veteran M</td>
<td>47</td>
<td>Married</td>
<td>Postal Worker</td>
<td>Army – Corporal</td>
<td>First Gulf War,</td>
<td>10</td>
<td>PTSD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bosnia, N. Ireland</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Age at time of interview or first interview; #Matthew and Samuel’s pseudonyms are used here given that their stories appear in detail in chapter 8 (see below, under Ethics);
+ Given that Rich’s story is already in the public domain, he has given consent for his real name to be used in this research (see next chapter)
I first conducted semi-structured life-history interviews with each of the participants. The use of interviews allowed me to collect rich, multi-layered stories from the participants about how they had lived their lives over time, and to probe deeper into these stories to fill out the details when necessary. Recognising that interviews are co-constructed between the researcher and participant (Randall & Phoenix, 2009), I seek here to be transparent with the details of how I conducted the interviews. The participants were initially informed that the interview would be about their experiences of surfing and about the psychological effects of surfing in relation to PTSD. I then arranged to meet with the participants face-to-face at a location of their choosing to conduct the interviews. In most cases, we met at Surf Action’s headquarters, in a few cases in the participant’s own home or during a residential week, and in one case, the participant’s local pub. Prior to commencing each interview, I provided the participant with information about the project (see appendix B), and informed the participant of their right to withdraw and gained informed consent (see appendix C). During the interviews, I used a semi-structured interview guide (see appendix E) in a flexible manner to stimulate reflection on important topics. While I approached each encounter with this initial set of questions, the interviews frequently evolved into a more unstructured, conversational style of interviewing. Indeed, throughout each of the interviews, I aimed to encourage the participants simply to tell stories about how they had lived their lives over time, thereby providing a detailed insight into their personal and social lives (Smith & Caddick, 2012; Sparkes & Smith, 2014).

I later conducted follow-up interviews with 8 of the participants when further clarification/elaboration of responses was deemed necessary or desirable; that is, when I wished to further explore unanticipated themes that had arisen during the first interview. I thus conducted a total of 24 interviews, each lasting between 1 and 4 hours, with the majority lasting for approximately 2 hours. The interviews were transcribed verbatim as soon as possible after each interview using a ‘routine’ transcription technique (Sparkes & Smith, 2014). After each interview, I took time to reflect on both the process and the ‘results’ (i.e., the data) of the encounter, recording any noticeable features of the inter-personal dynamics at play during the interview (Smith, Hollway, & Mishler, 2005). When presenting data from the interview transcripts in subsequent chapters, I have attempted to preserve at least some of the interactional features by writing myself into the analysis (Randall & Phoenix, 2009; Smith et al., 2005). Accordingly, when the participants’ words are a direct response to one of my questions, I have included my own voice in the excerpts from the transcripts. When the
participants’ words are taken from the midst of a longer narrative, I have left my voice out as the contextual relevance of my initial question would have diminished (at least in part) by that point.

The second method was participant observation which was used to supplement and extend the data collected in the interviews. Moreover, this additional method enabled me to gain insight into the mundane, the typical and, occasionally, the extraordinary features of the participants’ everyday lives that they might not feel worth commenting on in an interview (Sparkes & Smith, 2014). My role within the group was neither as a ‘complete participant’ nor a ‘complete observer’, yet shifted between the positions of ‘observer as participant’ and ‘participant as observer’ as defined by Gold (1958). That is, I aimed to participate as fully as possible in all of the participants’ activities and daily life as part of Surf Action. For example, I went surfing with them on the weekly surf clinics whenever I was in Cornwall collecting data. I lived amongst them, ate meals with them, and took part in their activities during the residential weeks. I ‘hung out’ with them at the drop-in centre. In short, I immersed myself in the group environment at every available opportunity. Yet by virtue of my status as a civilian researcher, I was never a ‘complete participant’ or true insider. Instead, I sought to integrate myself into the group as much as possible, and to build constructive, open relationships with my research participants while learning as much as possible about their lives.

Immediately following a period of observation, or as soon as possible afterward (often in the evening following a day spent with the group) I recorded my observations in the form of detailed field notes. I noted down anything that struck me as important, useful, or simply typical of life within the context of the group. For example, I recorded the essential features of actions, interactions and conversations that took place on the beach or in the sea, the ways in which veterans talked and related to one another, and the pattern of activities that took place on residential weeks. In total, approximately 90 hours of observational data were recorded in this way. Combining participant observations with the interviews was useful for me to build a more complex account of participants’ lives and to explore not just what they said in the interviews, but what they did in their everyday lives (Smith, 2013a).

3.6 Data analysis

The primary analytical perspective used to make sense of the data was dialogical narrative analysis (DNA). As described by Frank (2010), DNA is “a method for the movement of thought” (p. 72). Indeed, as Frank put it, “Analytic or interpretive thought that is moving is
more likely to allow and recognise movement in the thought being interpreted” (p. 73). This is method as heuristic guide rather than as procedural guidelines. Moreover, Frank described DNA as a “method of questioning” (p. 71), recognising that “Some methods are more useful for the questions they offer than for any procedures they prescribe” (p. 72). The adoption of DNA as a heuristic guide and a method of questioning offers advantages in relation to this study. For example, Smith (forthcoming) suggests that approaching the data with a set of carefully designed questions in mind, and examining the data with the aid of these questions, can help spur imagination and inspiration that, in turn, can lead to insight and understanding. DNA thus enables me to draw upon my own narrative imagination to consider how the participants artfully construct their lives by means of their stories.

The principle analytical concern of DNA is appreciating stories as ‘actors’ in people’s lives (Frank, 2010, 2012). DNA thus examines not only the story told by participants (e.g., a content analysis), but also the work that stories do on, in, for, and to people. As Frank (2010) put it, DNA studies “the mirroring between what is told in the story - the story’s content - and what happens as a result of telling that story - its effects” (pp. 71–72). Furthermore, in DNA stories are understood as artful representations of people’s lives (Frank, 2012). Recognising this, the dialogical analyst attempts to understand the reasons why a person chooses to represent his or her life using a particular story and what the storyteller does by telling that story.

Making sense of the data through DNA was an iterative process that began alongside the period of data collection and continued throughout and after this time. The process began with a period of indwelling (Maykut & Morehouse, 1994) whereby I immersed myself in the data by reading and closely re-reading the interview transcripts and listening back over the audio recordings, attempting to understand the data from an empathetic position. I then proceeded to (loosely) code the data by marking up the transcripts and fieldnotes with conceptual comments which included, for example, notes on the type of stories being told by the participants, how and why the stories were told in this way, and the narrative themes and thematic relationships in the data (Smith, forthcoming). As part of my ongoing efforts to immerse myself in the data and make sense of it through coding, I also began to identify stories in the data. Operating with a working understanding of stories as “one thing happens in consequence of another” (Frank, 2010; p. 25), and recognising that stories are rarely, if ever, articulated as ‘fully formed’ narratives, I set about first trying to get a feel for what stories were being developed across the interview transcripts and fieldnotes as a whole.
Identifying stories for analysis took place over extended periods of analytical attention to the data, through the process of what Flyvberg (2001) called *phronesis*; that is, “the practical wisdom gained through analytic experience” (Frank, 2012; p. 43). For analytical purposes, I understood *stories* both in terms of individual stories (e.g., developed across a few lines or several pages of an interview transcript) and, simultaneously, as the larger stories/narratives I saw being played out within the group and culture of Surf Action.

After identifying stories in the data, I began considering these stories in relation to a set of dialogical questions (Frank, 2012; Smith, *forthcoming*) which were asked in order to illuminate the *effects* that stories were having in the veterans’ lives, and also to understand their embodied, phenomenological experiences of surfing and the blue gym. Drawing on Frank (2012) and Smith (*forthcoming*), these questions can be summarised as follows:

- **Resource questions**: What resources do the veterans draw on to shape their subjective experiences of surfing and participation in Surf Action? What narrative resources shape how their stories are told? What actions do these resources both enable and constrain?
- **Identity questions**: What stories give the veterans a sense of who they are, and how do these stories do this?
- **Circulation/affiliation questions**: Who do the veterans’ stories connect them to? How do the veterans forge connections with others by means of their stories? Who is excluded from the ‘we’ who share the story?
- **Function questions**: As ‘actors’, what do the veterans’ stories do for and on them? What do their stories do for and on others? How do the veterans’ stories shape their actions, affecting what they do and do not do?
- **Stake questions**: What is *at stake* for the veterans in the telling of a particular story? How are the veterans ‘holding their own’ in the act of storytelling? What do the veterans have to gain/loose by narrating their experiences in the way that they do?
- **Phenomenological questions**: Added to the above narrative-focused questions, I also approached the data with the following questions designed to explore the veterans’ lived experience of surfing. For example: How are the veterans’ stories grounded in their embodied and sensory experiences of surfing and the natural environment? How is surfing experienced and *felt* by the veterans in an immediate, pre-reflexive, and embodied manner?
One key way in which I explored answers to these dialogical questions was by using writing as a form of analysis (Frank, 2012; Richardson, 2000). In DNA, analysis happens in writing:

The analysis of the selected stories takes place in attempts to write. The research report is not post hoc to an analysis that is completed before writing. Rather, reports emerge in multiple drafts that progressively discover what is to be included and how those stories hang together. In DNA, stories are first-order representations of life, and writing about stories is a second-order act of narrative representation. (Frank, 2012; p. 43)

My analysis of the veterans’ stories thus evolved gradually and progressively over multiple versions of chapters in which I tested out and revised ideas, developed my interpretations, and eventually produced an account that I felt satisfactorily represented their stories without ‘finalising’ their lives; that is, offering the last word on who or what they may become (Frank, 2012).

3.7 Representation

Empirical chapters four through eight are written in the style of a ‘disrupted realist tale.’ The traditional realist tale is an author-evacuated text that seeks to faithfully represent the participants’ point of view and to convince the reader of the author’s ‘interpretive omnipotence’ (Sparkes, 2002). They are written in traditional academic prose and present data marshalled in accordance with the theories and concepts which the author seeks to draw upon to explain the findings. Sparkes (2002) summarised the strengths of a realist tale as follows:

The realist conventions connect theory to data in a way that creates spaces for participant voices to be heard in a coherent text, and with specific points in mind. When well constructed, data-rich realist tales can provide compelling, detailed, and complex depictions of a social world. (p. 55)

Drawing on these strengths, I construct several realist tales to present empirical data woven throughout with complex theoretical ideas used to explain and interpret the findings. My aim in doing so is to persuade the reader of my interpretations and to demonstrate the social scientific understandings that I both use and create to make sense of the veterans’ experiences. Moreover, as Sparkes (2002) also suggested, it is possible to modify the traditional realist tale to highlight the author’s role in the construction of the text. In order to
illuminate my interpretive role in the research process and construction of the findings, I thus include a series of critical reflexive comments from my reflexive research journal within the first five empirical chapters of this thesis. The purpose of these comments is to highlight my position as a reflexive qualitative researcher and to ‘disrupt’ the authorial absence that traditionally characterises the realist tale.

Chapters four through eight thus draw upon the standpoint of ‘story analyst’ as defined by Smith and Sparkes (2008) and Smith (forthcoming). That is, I conduct an analysis of stories; placing the participants’ stories under my analytical lens in order to scrutinise, think about, and theoretically interpret certain elements of the stories. Chapter nine then shifts analytical gears by using a story as analysis. In this chapter, I draw upon the genre of ethnographic creative non-fiction to represent my findings in a different medium.

Ethnographic creative non-fiction is a genre of representation which uses the techniques of fiction to communicate empirical research data (Smith, McGannon & Williams, in press). The story is fictional in form but factual in content (Smith et al., in press). It is grounded in the veterans’ narratives and the events I witnessed through ‘being there’ in the field whilst seeking to provide a more evocative and emotionally compelling account of their lives through fictional representation. There are several reasons for including this creative non-fiction as part of this thesis. Firstly, it has the capacity to hold together, collectively and coherently, the findings I present in the other empirical chapters (Smith, 2013b). Second, communicating more deeply the drama and urgency of the veterans’ experiences, the creative non-fiction invites the reader to viscerally and emotionally inhabit the lifeworld of the participants (Clayton, 2010). Finally, because it avoids the specialised academic terminology of the realist tale chapters and seeks to provide an emotionally engaging tale, it has the advantage of being accessible to wider audiences and communicating the research more widely (Smith, 2013b; Smith et al., in press).

3.8 Ethics

Ethical conduct in this research was not a static event – something to be ticked off following approval of the project by the research ethics committee; rather, it was conceived as a process that required continued maintenance and reflection throughout the study (Sparkes & Smith, 2014). The following points are worth noting in relation to the ethical conduct of this research. Firstly, as a form of procedural ethics (see Sparkes & Smith, 2014), ethical approval was granted by Loughborough University Research Ethics Committee (proposal
number R12-P64). Second, due to the sensitive nature of my topic of study (i.e., trauma and PTSD), there was the potential need to manage distress arising from participants’ involvement in the research, and in particular, during and after the interviews. Several precautionary steps were taken to help prevent and manage distress arising from participation. For example, I allowed the participants to set the boundaries of what they wanted to divulge during the interviews, and did not ask them about traumatic events they had experienced in war. Participants were also provided with a list of professional contacts and support networks which they could call upon for additional support (see appendix D). In addition, the well-being of all participants was monitored by staff and peers at Surf Action for the duration of their involvement in the study.

Third, throughout this research I aspired to what Lahman et al. (2011) termed ‘relational’ and ‘reflexive’ ethics. This involves first of all respecting the dignity and autonomy of research participants, and balancing the investigator’s commitment to the research with an obligation toward, care for, and connection with the participants. It also involves sensitising oneself to the reactions of others in various research situations and adapting in a responsive, ethical, and moral way (Lahman et al., 2011; Sparkes & Smith, 2014). The critical reflexive comments embedded within the empirical chapters provide some examples of reflexive and relational ethics in action. Moreover, one component of relational ethics was negotiating the boundaries of the research relationship. As I discuss in the next chapter, a key part of being able to do this research was building trusting and open relationships with my participants. Having spent much time with the group on the surf clinics and residential weeks, some of these researcher-participant relationships also morphed into friendships. Maintaining a mutual awareness of my primary position as ‘researcher’ was/is thus an ongoing accomplishment. In addition, whilst some of the participants commented that they experienced the interviews as ‘therapeutic’, it was necessary for me to acknowledge that I lacked any clinical qualifications and to assert my role strictly as a researcher (Bondi, 2013; Sparkes & Smith, 2014).

Fourth, in reporting the research, there is a need to manage the potential for what Kaiser (2009) referred to as deductive disclosure. That is, whilst confidentiality was sought as part of gaining informed consent, there may be potential for individuals within or close to Surf Action to identify the individuals who took part based on my descriptions of the participants (appendix A). Accordingly, while it is a generally accepted requirement for qualitative research to provide rich descriptions of study participants, there is also a need for
this research to avoid the possibility of people being able to trace an individuals’ comments back to them. Therefore, while recognising that anonymisation is a balancing act between maximising identity protection and maintaining the value and integrity of the data (Saunders, Kitzinger & Kitzinger, 2014), in order to manage the risk of deductive disclosure, I present the descriptions of participants in appendix A and in table 1 without a pseudonym attached. Therefore, while pseudonyms are used throughout this thesis to refer to and ‘name’ the participants, removing their pseudonym from the participant descriptions reduces the potential for people within the group to work out who said what. A necessary exception to this occurs in chapter eight whereby I focus in-depth on the stories of Samuel and Matthew as case studies of ‘keeping well’ and moving on following trauma and PTSD. Given the contextual detail required to present their stories in this chapter, I was unable to disguise their identities to the same degree as the other participants, thus reintroducing the possibility of deductive disclosure. As another example of process/relational ethics in action, I therefore contacted Samuel and Matthew and asked their permission to present their stories in chapter eight. Both agreed and were happy for me to focus in detail on their stories in this chapter.

3.9 Possible criteria

In recent years, qualitative researchers have become more reflexive about criteria that might be used to judge the quality of their work (e.g., Barone & Eisner, 2012; Richardson, 2000; Smith & Caddick, 2012; Smith, Sparkes, & Caddick, 2014; Sparkes & Smith, 2014; Tracy, 2010). Recognising that criteria are best understood as lists of ‘characterising traits’ (Smith & Deemer, 2000), the following are some criteria (adapted from the above authors) that guided my thinking throughout this research to ensure the quality of the work, and which might be called upon to judge it:

- **Worthy topic**: The research topic is relevant, timely, significant, interesting, or evocative.
- **Rich rigour and width**: The research uses sufficient and appropriate theoretical constructs, data and time spent in the field, and data collection/analysis processes. There is a comprehensive body of quality evidence on which the interpretations/analyses are based.
- **Sincerity**: The research is characterised by self-reflexivity about subjective values, biases and inclinations of the researcher, and transparency about methods and challenges.
• **Significant contribution:** The research contributes to our understanding of social life and advances knowledge conceptually/theoretically, practically, methodologically, and empirically.

• **Ethical:** The research was conducted in an ethically sound manner and aspired to strong moral codes.

• **Meaningful coherence:** The study achieves what it purports to be about, uses methods and procedures that fit its stated goals, and meaningfully interconnects literature, research questions, findings and interpretations with each other.

In relation to judging the ethnographic creative non-fiction in chapter nine, the following criteria might be used:

• **Aesthetic merit:** Does the story succeed aesthetically? Does it open up the text and invite interpretive responses?

• **Expression of a reality:** Does the story embody a fleshed out, embodied sense of the veterans’ lived experience? Does it seem ‘true’; that is, a credible account of the veterans’ psychological and social worlds?

• **Evocation and illumination:** Does the story emotionally and/or intellectually illuminate the experiences analysed in the previous empirical chapters.

• **Meaningful coherence:** Does the story manage to hold together and show, rather than tell, the findings presented in the previous chapters and introduce new, evocative understandings?

### 3.10 Chapter summary

In this chapter, I set out my approach to conducting this PhD research project, from the type of research and underpinning assumptions, to the mechanics of what I did to collect data and produce the findings (and how I did these), and how I chose to represent the findings. I then described how I conducted the research according to ethical standards and procedures, and suggested how readers might assess the quality of my work. In the next chapter, I finish unpacking the context/background to the research by introducing Surf Action and describing the suffering that my participants encountered following their traumatic experiences; the suffering they hoped to confront through participation in Surf Action.
4.0 Overview

The aim of this opening empirical chapter is to contextualise the thesis by describing what happened to the veterans in between leaving the military and ending up at Surf Action. In order to do this, I firstly outline the veterans’ experiences of transition out of the military and their encounters with the civilian world. Secondly, I describe the psychological and emotional distress that the veterans suffered as a result of traumatic events which took place during their military service, and how 11 of my 16 participants were subsequently diagnosed with PTSD. Thirdly, this chapter includes a brief historical overview of the organisation of Surf Action, including examples of how the veterans in this research came to be involved with the charity.

4.1 Encounters with ‘civvy street’

Just one of the veterans (Hugh) completed the full 23 years’ military service\(^ {10} \) that many of them had anticipated when they signed up. While each of them had their individual reasons for leaving ‘early’, commonly given reasons among the participants were a) leaving to be with a partner; b) leaving because psychological distress had already begun meaning they were unable (or were deemed unfit) to continue effectively in their role, and; c) leaving for a change of career or because they had become “fed-up” with the military lifestyle and bureaucracy. Upon leaving the military, the veterans were all faced with the prospect of ‘reintegration’ (Higate, 2001) into the civilian world (commonly nicknamed ‘civvy street’ by members of the armed forces). Regardless of the length of time they had served or their exact reasons for leaving, all of the veterans reported difficulties in making the transition to civvy

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\(^{10}\) A standard career in the military usually lasts 22-23 years in the non-commissioned ranks
street. Malcolm’s comments below illustrate the kinds of difficulties encountered by the veterans:

**NC**: Can you tell me a little bit more about what it was like to be a civilian again when you left the Army?

**Malcolm**: Well, that’s it – you’re out onto civvy street and “what the fuck am I doing here?” kind of thing - what can you do next? You’re stood there and you’re like – you don’t know - you’re mind’s at a blank. It’s like a cut-off and you don’t know half the time and then you gotta get yourself motivated into it and its hard going. And my first marriage broke up like that as well you see. You just *don’t know* kind of thing, it’s a shock to the system, you don’t know what to do, no-one to turn to. Like I said, they train you to kill people in the Army and things but they don’t train you to live back in civilian life – it’s a shock to the system. No wonder people turn to the drink, smoking and sleeping rough on the roads and everything because they got nothing to turn to. (I2)\(^\text{11}\)

Similarly, Matthew described a lack of structure and a feeling of being alone that caused problems for him upon his exit from the Army:

Your family don’t wanna know, no-one’s gonna give you a job, you’ve got no address, you’ve pretty much got nothing but the clothes you’re standing up in, nowhere to go, nothing to do because the routine’s gone, there’s nobody telling you what to do. It’s like landing on an alien world walking out the Army. I was only in it for four years, but even so I don’t know how civvy street works. (I1)

Having been immersed in the ‘total institution’ of the military (Hockey, 1986), the veterans developed certain embodied habits and ways of being (e.g., eating and sleeping routines, obedience to authority, embodying a ‘hard’ physicality and maintaining a readiness for combat) that enabled them to survive in a military environment yet which complicated their transition to civilian life. As the above comments from Malcolm and Matthew show, this led to a profound sense of bewilderment upon leaving the military and re-entering a civilian environment. They had, in a sense, become ‘institutionalised’ (Higate, 2001). This is evident

\(^{11}\) Numbers in parentheses indicate the interview from which the quote is taken (e.g., I1 or I2)
in Malcolm’s comments whereby he suggests that he was trained how to kill – and how to be a soldier – but not how to be a civilian again. Indeed, as Higate (2001) suggested, because the military have traditionally provided little support for service leavers in terms of adjusting to civilian routines and ways of living, the long term influence of military service upon an individual’s life may be more tenacious than is traditionally believed to be the case.

A useful way of understanding the situation encountered by the veterans in their transition to civvy street is to consider how leaving the military stripped them of the ‘narrative maps’ (Frank, 2013; Pollner & Stein, 1996) they had previously used to understand their place in the world and to guide their future life trajectories. Being in the military provided the veterans with a coherent and convenient narrative of self that constituted their destination and map in life (Frank, 2013). Upon leaving the military, the veterans found there was no story to fall back on. In Frank’s (2013) terms, they had lost the ‘point of view’ that their previous narrations depended upon, and were therefore left struggling to find their way in a world which simply didn’t make sense. The consequences of living in this perpetual state of ‘not knowing what to do’ were often damaging for the veterans, including – as Malcolm and Matthew both alluded to above – joblessness, homelessness, relationship breakdown, and alcohol problems.

Critical reflections: Box 4.1
Researching the ‘other’: Part 1
Throughout this research, I have been aware that as a civilian I am researching something that is ‘other’ to me. That is, I have never been to war and cannot personally comprehend the types of traumas that the veterans have experienced. Prior to conducting the research, I was concerned that because of my civilian status, I might be rejected by the veterans – who might see me as ‘other’ – and who might have questioned my ability or my right to ask questions about their world. I shared these concerns with my supervisor before commencing the research; his advice was to simply “be myself” and be open and honest about my intentions for the research. The advice paid off as I entered the setting and positioned myself (in terms of the questions I asked and the way I talked about myself and my role as a researcher) as an ‘inquisitive newcomer’, and made it clear that I was the one who was there to learn from them – as the experts – about their life experiences. I also accept the fact that I will be unable to fully appreciate or understand their experiences, and do not pretend to ‘know’ their lives no matter how much I might learn about them during the research process. Indeed, I recognise as a principle of ethically conducted research that the other is other and that differences between myself and my participants must be acknowledged and respected (Smith, 2008). I feel that by positioning myself in this way, the veterans accept my presence as a researcher and as an inquirer of their world. I also feel that the veterans appreciate civilians who take the trouble to try and understand their lives, but who respect the uniqueness of their experiences and their suffering.
Compounding the difficulties they experienced in adjusting to civilian life, the veterans felt alienated and disconnected from civilians themselves (including both their friends and family, and the generalised ‘civilian other’ representing the majority of society and the general public). The veterans reported feeling isolated from others and a sense of frustration that no-one could understand their experiences of military life and of combat. Consider, for example, how Eric described various unsuccessful attempts to communicate his experiences to civilians:

*Eric:* It's like [5s pause] unless you've been in the shit, you don't know. And because you don't know, you can't fucking explain it to you. It's – fuck me . . . [shakes head]

*NC:* does that make it harder for people to understand you?

*Eric:* oh, by far – of course it does. Yeah, they [civilians] can't understand me – fucking hell. I'm – right - if I'm talking to a bloke in a pub, right, and he goes “alright mate” . . . “yeah, I'm alright”, whatever – right, there is no connection there. Because he can't understand my world, like I can't understand his. And its – where’s he been in his life? Now does that make him bad for that? No, it just makes him different. He might – I don't know, he might be a hard working bloke – totally sensible, lovely, blah, blah, blah – good, well played, you know - fair enough. But does he understand me, does he understand where I come from? Does he understand where I've been? Does he understand what it’s like to take somebody's life? Of course he doesn't [7s pause]. Is that big, is that clever? No, it’s not really – not really. (I1)

As a result of such problems in communication and understanding, the veterans described feeling “cut-off” from their friends and family. Their stories highlighted the existence of a ‘gap’ or ‘chasm’ of understanding between themselves and civilians; veterans are unable to explain and civilians are unable to understand. They inhabited separate worlds. Combined with the difficulties the veterans experienced in transitioning into civilian life, such experiences of isolation and disconnection created the conditions for psychological and emotional distress to flourish in the wake of traumatic combat experiences.
4.2 Experiencing PTSD and becoming diagnosed

Some of my participants talked during the interviews about the traumatic events they had experienced in combat. Moreover, all of them spoke at length of the psychological and emotional suffering they experienced after (sometimes years after) these events took place. Consistent with the ‘symptoms’ of PTSD (APA, 2013), this suffering typically involved the traumatic reliving of combat events through nightmares and flashbacks, a sense of being constantly anxious or on alert, problems with anger and/or alcohol, and a profound sense of morbid sadness. For the veterans, these symptoms were experienced as an exhausting cycle of suffering that dominated their everyday lives. Triggered by the memories of combat trauma on which they ruminated persistently (Cann et al., 2011, Michael, Halligan, Clark & Ehlers, 2007), this cycle of suffering kept feelings of psychological and emotional distress at the forefront of the veterans’ thoughts and awareness. Exemplifying the lived experience of PTSD, Vince described a time in his life when his distress was at its greatest:

NC: In terms of your thoughts and feelings, how have your experiences of PTSD affected you?

Vince: I was really considering taking me own life. It became very difficult for me to focus and remain focused on anything really, other than just stumbling from one day to the next. It was pretty much an all-consuming mess if that’s the way I can describe it. I just couldn’t see through the fog. It wasn’t even a fog, it was just a fog-bank that – that I was just living in, like only a couple of yards that I could see in any given direction. And it was just making the best that I could do with it. And because I’d lived with it for so long, I just accepted that as the normal way for me, and it was just the shock of suddenly realising that I was prepared to take me own life that made me realise something was wrong – I didn’t know what – all I knew was that something wasn’t right and it was time to sort it out otherwise I wasn’t gonna be around for much longer. It was as simple as that. (I1)

Vince’s story resembles what Frank (2013) described as a chaos narrative, whereby the teller of the story imagines life never getting better. For the person in chaos, life is swallowed up by the hopelessness of chronic suffering, which only death seems able to bring to an end.

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12 For ethical reasons, I did not ask the participants about their experiences of war trauma. Rather, I let them set the boundaries of what they wanted to disclose during the interviews.
Chaos stories are notable by their absence of narrative order and are thus told “as the storyteller experiences life: without sequence or discernable causality” (Frank, 2013; p, 97). Chaos is invoked in Vince’s story by the “all-consuming mess” that his life became following trauma, and the sense of “stumbling from one day to the next” which conveys the absence of sequence or order in his life. Highlighted also is the namelessness of his chaotic suffering, which he did not, at the time, understand as ‘PTSD.’

Mirroring the findings of others (e.g., Spoont et al., 2009), for the veterans in this research the process of coming to terms with and understanding their chaotic suffering was filled with difficulty and uncertainty. Coming to an understanding of their suffering began initially with an awareness of PTSD simply as an embodied reality, rather than a clinical conceptualisation of a ‘problem.’ Consider, for example, how Eric resisted the term and concept of ‘PTSD’ in telling his story (in which chaos is portrayed intensely through dramatic pauses and rhetorical questioning), emphasising instead how distress was manifested as part of his subjective experiences – including the historical (a)significance of his suffering:

NC: How has PTSD changed your life then, since you began to suffer from it?

Eric: I’m fucked . . . I know it [5s pause]. See when you say “PTSD”, you make it, like - clinical. But to me it’s a reality - there’s nothing I can do about it. It is me. I didn’t choose it, I don’t want it. But I can’t fucking get rid of it either. I wish I could. Can you give me a cure, can you? That would be nice wouldn’t it. Can you change my past? No, you can’t [10s pause]. I watch people walking around, you know, and I go [5s pause] they’re walking around in a democracy [7s pause] that they don’t appreciate [7s pause]. I’ve spilt blood for my country - mine and theirs. Who appreciates that? [10s pause]. Old history - that’s what I am isn’t it? I’m old history. I’m not Afghanistan, I’m not Kosovo. I’m the first Gulf and Bosnia - that is my label. It doesn’t mean fuck all to nobody [4s pause]. Just to me and everybody I ever knew. (I1)
Eric’s story conveys the desperation of his situation and of suffering the embodied reality of PTSD. For 6 out of the 16 participants (Eric, Graham, Jonny, Malcolm, Matthew, Vince), it was such feelings of desperation that led them to seek help and eventually become diagnosed with PTSD. Jonny, for example, no longer able to endure his distress first contacted Combat Stress eight years after leaving the Army, and simply pleaded “please help me, I need someone’s help” (I1). In the midst of chaos, these veterans were well aware of the existence of a ‘problem’ but typically had little idea of exactly what was ‘wrong.’ As such, most of them reached out initially to their GP who later referred them to Combat Stress or a psychotherapist who, it was thought, could help them. After being diagnosed with PTSD, these veterans then sought to develop an understanding of the problem and to try and escape from chaos – a task for which they would later turn to Surf Action for help (see below).

For other participants (Paul, Rich, Lee, Hugh, Larry) the path to diagnosis began with other people (i.e., friends/family) detecting the signs of a definite but unknown ‘problem’ and urging them to seek help. For these men, an inability or unwillingness to acknowledge their own suffering led to others seeking help on their behalf or ‘forcing’ them to visit a doctor. Each of them was deeply distressed, yet they were – at least initially – too proud to admit

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13 Combat Stress are a UK charity who provide psychological support to veterans
they had problems (see chapter 8). After consulting with a doctor and later being referred to a psychiatrist, they too were diagnosed with PTSD and, in turn, came to understand their suffering under this diagnostic category. For the remaining participants (Bob, Freddie, Lewis, Samuel and Sid), who not been formally diagnosed, PTSD still provided a conceptual framework through which they were eventually able to understand and make meaning of their suffering. Whilst they had all (except Sid) been in contact with health services for many years, their problems were interpreted through other illness categories such as stress, anxiety, depression and alcoholism, or were informally referred to as ‘probable’ PTSD in Lewis’s case. These men also told stories of chaos, which they linked to traumatic events during their military service. After joining surfing action – and sharing stories with the other veterans (see chapter 7) – they all began to draw upon the notion of PTSD to describe and interpret their suffering and to narrate their personal experiences of trauma.

For all of the veterans in this study, the confusing and alien environment of civvy street, combined with the psychological and emotional distress they experienced in the form of PTSD, led to intense personal problems and suffering after their military careers were over. Indeed, their situation can be described as a ‘double impact’ of suffering due to the combined influence of PTSD and problems readjusting to civilian life, each intensifying and complicating the effects of the other. For many of the veterans, the weight of these problems was simply too much to bear, with some reporting previous experiences of suicidal thoughts (Paul, Rich, Hugh, Bob, Vince) or suicide attempts (Graham, Larry, Jonny, Freddie). After, in some cases, many years of suffering and ‘failed’ treatments\(^\text{14}\) by the National Health Service (NHS) and organisations such as Combat Stress, the veterans became involved with Surf Action (for various reasons, as outlined below), who were identified – either by the veterans themselves or by some other person – as another potential source of treatment and support. Below, I introduce the charity of Surf Action and provide examples of how the veterans came to be involved with them.

4.3 Surf Action

Surf Action was founded in 2009 by Gulf War veteran Rich Emerson\(^\text{15}\). The origins of Surf Action are strongly connected to Rich’s personal PTSD journey.

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14 Such treatments consisting of the traditional medical model approach of medication and/or psychotherapy
15 Rich is the only participant not to be assigned a pseudonym. A version of Rich’s story is available on Surf Action’s website. He has provided consent for his name to be used, given that his story is in the public domain
and he has appeared on television discussing his own history of problems and his work with Surf Action.

16 All images and photographs used with the permission of Surf Action
Figure 4.3: Catching a wave

Figure 4.4: Surf Action group photo
As part of the research, I interviewed Rich in order to find out the story of Surf Action, how it came into being, and how it had developed since it began. Rich left the Army after six years’ service in order to settle down with his young family, who had become tired of being frequently moved around due to Rich’s various postings. Shortly after leaving the Army in 1991, Rich began to suffer a great deal of psychological and emotional distress related to events that took place during the Gulf War. Like the other veterans in this study, he began experiencing the ‘symptoms’ of PTSD. He also found himself becoming increasingly aggressive and quickly fell into drug and alcohol problems. Rich’s problems continued for many years as he went through a divorce, lost several jobs and spent various amounts of time homeless. Finally, in 2005 – fourteen years after leaving the Army – Rich became diagnosed with PTSD when his partner at the time sought help from Combat Stress on his behalf.

Around 1997 (he cannot remember the exact date), and in the midst of his post-war struggles, Rich stumbled across the activity of surfing while visiting Cornwall with a friend. During our interview, Rich recalled a moment of inspiration in which he decided to take up surfing:

NC: Can you tell me how you started surfing – how you came across it?

Rich: I had a good mate and we came down to Cornwall . . . but I wasn’t very good - wasn’t very well. Quite depressed - didn’t know which way to turn. And I remember walking onto - which, looking back it would have been Porthmeor beach in St. Ives, and walking down that little slip, standing on the beach and then seeing this big surf rolling in and these surfers – so amazing, and I just turned round to my friend and said “That’s what I wanna do” . . . There was something new about it, something exciting about it, something fresh, something - natural about it. It was the ocean, it was using the power of the ocean. It looked really exciting coming down the waves, and they were having so much fun that my – I was kind of lifted by looking out thinking “That must be a really good thing to do.” Yeah, then it took years and years of frustration trying to do it! [laughs]. (I1)

As he began learning to surf, Rich felt that surfing was having a positive effect on him in relation to his struggles with PTSD. He described the feeling of learning to surf and the impact that it had upon his life:
Just even now thinking about – I just had the smell of wax then - a smell of the surfboard wax . . . And the early days of waxing the surfboard and learning to surf - that was a special, special time that was. That really gave a positive angle to my life, which then knocked onto – way, way, way – years later, of how I can help out others through the surfing. See how it all kind of connects - in a circle! (I1)

Rich’s problems, though, were far from over. In 2003, as coverage of the second Iraq war filled the newspapers and TV screens, Rich’s suffering began to worsen. After being diagnosed with PTSD in 2005, Rich felt a sense of relief that, at last, he “knew what was going on.” Yet he was frustrated with the lack of help he felt was provided to him on the NHS. Rich continued surfing and eventually felt that things started to improve. His problems are still not over, and to this day he experiences moments of distress and believes that he has been permanently changed by his experiences in the Gulf War. He has, however, reached a point in his life where he is able to deal with his problems more effectively than in the past. He is also able to draw on his experiences to offer support to others. Speaking of his reasons for setting up the charity, Rich stated:

*NC:* What made you feel like you had to set up Surf Action?

*Rich:* I knew there were lots and lots of other people in such a dark space, without that help. And if they were getting any help, most of the organisations they were going to were not really helping. And there was other guys going through exactly the same experiences that I had been through, that it’s just unfair to be going through those experiences. So that was the reason to set it up, is to help other guys go forward in their lives, and not – maybe not have to go through some of the stuff, year after year after year, what I went through – yeah. (I1)

Surf Action began in September 2009 with the first ‘surf clinic’ organised over a weekend for six veterans that Rich met at a local PTSD support group. Feeling that this first clinic was successful and that the veterans had enjoyed it, Rich sought initial funding from Cornwall Works and the European Social Fund to purchase equipment and to build a sustainable charity based around helping veterans through surfing. Surf Action started with Rich and two other volunteer surf instructors (Rich is also a qualified instructor) holding the first regular ‘surf clinics’ every week on Wednesday mornings.
As more veterans started to join the charity (which was registered initially as a Community Interest Company, later gaining registered charity status) and the popularity of the surf clinics increased, Rich took on additional members of staff (as volunteers to begin with) to help him run the blossoming enterprise he had created. One of the surf instructors took on the role of finance and administration, and they began to receive assistance from a psychotherapist who was working in the local area at the time. The therapist – an experienced former NHS psychologist who worked with traumatised patients – developed a keen interest in the work Surf Action were doing and offered his services to the charity in order to support veterans who were not currently receiving treatment elsewhere. Six of the participants in this study had received some therapy sessions from the psychotherapist before he left the charity for health reasons in summer 2012. Later in 2012, two additional staff members were taken on as a finance coordinator and development officer.

Several key milestones mark the development of Surf Action as a charitable organisation. Throughout the years 2010-2011, the bedrock of the charity’s activity was the weekly surf clinics whereby Rich aimed to draw on his personal experiences in order to connect with the veterans and teach them to surf. In December 2011, Surf Action held their first residential week for a small group of veterans who were considered most in-need within the charity. Having received positive feedback from the veterans about their experiences on the residential, Rich and Surf Action resolved to seek more funding to put on future residential weeks for the veterans. In April 2012, the charity opened their first ‘drop-in centre’ for veterans based at a newly developed business complex in Cornwall. The centre was designed as an informal space in which the veterans could meet up prior to going surfing (and share a lift to the beach in the charity’s minibus), visit for tea/coffee and a chat with staff and other veterans, or simply as a place for veterans to ‘hang-out’ if they had nothing else to do. Later in 2012 (in September), a new psychologist replaced Surf Action’s previous therapist and began providing support to some of the veterans who were not being treated elsewhere. Four of the veterans in this study had received some therapy sessions for PTSD from this new psychologist.

Also in 2012, Surf Action received additional funding from the Job Centre Plus (with whom they had established a close working relationship) and the Big Lottery fund to support their ongoing work with combat veterans. This funding enabled them to purchase more boards and wetsuits for veterans, and to hold two further residential weeks in summer/autumn 2012. In July 2012, the charity also increased their number of weekly surf clinics to two per
week (Wednesday and Friday mornings) in order to provide more opportunities for the veterans to go surfing. By early 2013, however, Surf Action were starting to run out of funding. As a consequence of the strain on finances, they were able to organise just one residential week in summer 2013. In September 2013, the charity decided to move their drop-in centre to less expensive rented accommodation at a different location in Cornwall. This new drop-in centre on Cornwall’s south coast is where Surf Action are currently based. At the time of writing this chapter (July 2014), Surf Action are continuing their push for funding and for a sustainable future whilst maintaining their twice weekly surf camps aimed at supporting veterans experiencing PTSD.

4.4 Arriving at Surf Action

Following their encounters with the civilian world and with PTSD, the veterans arrived initially at Surf Action in a number of different ways. Some participants (e.g., Bob, Lee, Lewis, Freddie, Samuel) were referred to the charity by the local Job Centre. As I mentioned above, Surf Action have a close relationship with the Job Centre who often signpost potential new members to the charity if they become aware of their background in the forces. However, these participants were reluctant or hesitant at first to accept the suggested referral, as Samuel said: “It was one of those things I did, just to get someone off me back at first. I thought, ‘oh, its ok - I’ll go along for a couple of weeks, say I’ve been and that will be it’” (I1). For some participants, therefore, the decision to join Surf Action initially was made not in order to seek help for PTSD, but merely to comply with others’ requests that they seek additional support.

Similarly, and mirroring the path taken toward diagnosis with PTSD, some veterans (e.g., Paul, Sid) arrived at Surf Action primarily because their partners had pressured them into seeking additional help. As Paul stated, “She [wife] was the one who sent Rich an email and phoned up Rich and got us together and that sort of stuff, because I won’t do it you know” (I1). For these veterans, who were unwilling to seek help for themselves (see chapter 7), making initial contact with and visits to Surf Action was done as a part of a compromise with their partners who strongly encouraged them to access support for dealing with PTSD. Furthermore, some veterans were recruited to Surf Action through meeting Rich personally at PTSD support groups (e.g., Graham, Vince, Malcolm, Eric), or through friends who were already part of the group (e.g., Larry). Still other participants (Jonny, Hugh) found Surf Action’s details on information leaflets placed in other support groups/networks such as
Combat Stress. As Jonny, for example, recalled, “I was at Combat Stress and saw some adverts for Surf Action, some little pamphlets – and I thought ‘oh, that looks good’” (I1). For Jonny and Hugh, the prospect of learning to surf with a group of other veterans was appealing enough to want to contact the charity and try surfing. Finally, one participant – Matthew – was referred to Surf Action through community mental health services. Being a nature-lover, the prospect of surfing appealed to Matthew also, and so he decided to get in touch with the charity and start surfing.

4.5 Chapter summary

In this introductory chapter, I highlighted the problems which the veterans faced in between leaving the military and joining Surf Action. These included problems readjusting to the civilian world which was experienced as an alien environment, and significant problems with psychological and emotional distress related to traumatic experiences in combat. I also recounted a brief history of the organisation of Surf Action and gave examples of how the participants in my study came to be involved with the charity. This chapter thus provides the contextual background against which the following empirical chapters may be understood. In the next section, the main body of work that constitutes this thesis is introduced.
This section tells the story of the Combat Surfers’ experiences of surfing and of being a member of the charity Surf Action. I begin with the embodied activity of surfing itself, describing the stories that veterans told to make sense of their engagement with the ocean environment. In the second chapter of this section, I describe the relationships which the Combat Surfers constructed around the activity of surfing, before illustrating in the third the masculine performances that structured their interactions and relationships both within and outside the group. Throughout each of these chapters, I focus in particular on the implications of surfing, relationships, and masculinities for the veterans’ subjective and psychological well-being. Moving beyond these three aspects of the veterans’ experiences as Combat Surfers, I then present in chapter eight a case study of how two veterans understood and enacted a process of ‘keeping well’ following trauma and PTSD. The final chapter in this section (chapter nine) then moves beyond telling the reader about the findings to showing the experience of being a Combat Surfer through the genre of ethnographic creative non-fiction.
CHAPTER FIVE

ENTERING THE BLUE GYM: EMBODIED RESPITE AND THE PHENOMENOLOGY OF STORYTELLING

5.0 Overview

This chapter addresses one of the central questions of the thesis: what effect did surfing have on the well-being of combat veterans? Based on the narrative analysis of the data, I focus in particular on how my participants experienced the blue gym and on the embodied feeling states that emerged through their immersion in the natural environment and the activity of surfing. Further, I describe the dominant story of surfing as respite from PTSD that shaped these embodied experiences and feeling states, and which contributed to the emergence of well-being in the veterans’ lives. I also seek to show how narrative and lived phenomenological experience were thoroughly intertwined in producing the meaning of veterans’ experiences of surfing and well-being. In order to do this I propose, following Mattingly (2010), what might be called a ‘phenomenology of storytelling’ in relation to respite.

5.1 Theoretical backdrop to embodied respite

In seeking to combine the analytical frameworks of narrative and phenomenology in this chapter, I follow Frank (2010) in rejecting a purely mimetic understanding of narrative whereby “stories imitate life that has already happened and now is being represented in the story” (p. 21). Rather, stories also shape what becomes experience. At the same time, people’s everyday experience is of a physical world in which their embodied actions – their fleshy, physical, and sentient capabilities – have the capacity to influence their lives. People’s experiences, therefore, also influence the stories they tell to represent those experiences. As Frank put it “mimesis happens, but as a reciprocal process. Life and story imitate each other,
ceaselessly and seamlessly, but neither enjoys temporal or causal precedence” (p. 21). Thus, narrative shapes experience, and experience also shapes narrative, continuously and recursively.

In order to understand the veterans’ surfing experiences as recursively co-constituted by narratives and by their embodied, phenomenological engagement with the world, I draw upon a diverse theoretical vocabulary provided by narrative scholars such as Frank (2010) and Mattingly (2010), and the phenomenological work of Merleau-Ponty (1962) and others who have adapted his ideas in psychological and sociological work on the body (e.g., Allen-Collinson & Hockey, 2010; Finlay, 2006; Hockey & Allen-Collinson, 2007). By drawing together these theoretical strands, I seek to acknowledge the narrative structuring of experience while avoiding the assumption that all lived experience is produced by stories. Concurrently, I aim to recognise people’s agentive capabilities and the fleshy physicality of embodied and sensory experiences without neglecting the ways in which people’s experiences are shaped by stories circulating outside of their individual bodies in culture and society. I thus describe the approach I take in this chapter as a phenomenologically inspired narrative analysis.

Woven throughout this chapter is an approach to well-being that focuses on bodily feelings as the primary constituents of subjective and psychological well-being. This approach to well-being is inspired by recent work on the body and emotions (Burkitt, 2014; Cromby, 2007, 2012) and on well-being (Andrews, Chen & Myers, 2014) that treats feelings as fundamental to our subjective experiences of life and the world. Well-being is thus conceptualised not as a stable and abstract indication of mental health that simply rises or falls in response to internal or external conditions, rather it is constituted in the ongoing relational flow of feelings that orient us in various contexts and give a sense of embodied meaning to situations we experience (Burkitt, 2014). As Cromby (2007) argued, “Feelings give us a constant, ‘automatic’ sense of our embodied relation to the world, and their influence is continuous” (p. 102). Well-being, then, is constantly in process and is situated in our immediate relations with the social and physical environment (Andrews et al., 2014). Furthermore, feelings are simultaneously social and embodied, consisting of embodied meanings that are already socialised as they arise within and between us (Cromby, 2007; 2012). Together, this indicates that my approach to well-being in this chapter is consistent with the above claim that experience is produced through the combined influence of narrative and phenomenology.
With the above theoretical backdrop in place, the analysis of the veterans’ stories of engaging with surfing and the blue gym is now presented. Below, I firstly describe the dominant story told by the veterans about their experiences of surfing as respite from PTSD. I then highlight the effects of surfing as respite on veterans’ well-being, before finally discussing possible mechanisms by which surfing facilitated a sense of respite for the veterans in this study.

**Critical reflections: Box 5.1**

My first meeting with the veterans took place at Sunset Surf café just prior to a surf meet. It was during this meeting that I first became aware of, and began to reflect on, my role as a researcher in the veterans’ lives. I arrived at the café with Rich who began introducing me to some of the guys as “the student from Loughborough” After this, Rich ran off his van to get all the gear ready for going surfing, leaving me to chat amongst the veterans. Another veteran walked over and introduced himself to me before politely asking me “So, where abouts did you serve?” “Sorry?” I replied, probably looking a little bit bemused. As it turned out, the man had mistaken me for a veteran who had come to join the group. Based on my physical build and my short haircut (standard in the army), the man made an assumption that I must have been “a PTI (Physical Training Instructor) or something” in the Army. Reflecting back on this afterwards, I suppose it was a reasonable assumption. Like him, I was also wearing battered old trainers, jeans and a large thick hoodie, and probably looked more like a veteran than a researcher. In a way, I was pleased that this man had mistaken me for one of them, as it meant that I would probably blend in well while conducting the research. I thought it best to correct him, however, and went on to explain where I was from and that I was there to learn about the effects that surfing had on the guys. As he and several others then suggested to me, the best way to learn about surfing was to get in the water with them and find out for myself. Bring it on, I said!

5.2 Experiencing respite from PTSD

As I highlighted in the previous chapter, the veterans experienced PTSD as an exhausting cycle of suffering that dominated their everyday lives and kept distress at the forefront of their thoughts and awareness. There was, however, one activity – surfing – that enabled the veterans to push PTSD into the background and experience a sense of respite from suffering, as exemplified in the following comments by Matthew:

> It frees you up. It’s freedom for those two or three hours, kind of like a bit of respite. It takes your mind off it. Just leave all that away somewhere on the beach and then, we’ll deal with that later. But for now, when we’re surfing, we’re going to have a laugh. And there’s not a lot you can do to not have a laugh; it’s kind of the antidote to PTSD in a way. You know, get your wetsuit
on, go for a paddle, ride a wave and it’s like PTSD doesn’t exist for that short time, which is all good in my book. (11)

Respite, as articulated by the participants, can be described as a positive feeling of release from everyday struggles associated with PTSD. The notion of respite conveys the temporary absence of trauma-related thoughts and feelings, bringing about a much-needed relief from suffering. Respite allowed the veterans to forget about PTSD, or to place it on hold, while they focused on enjoying the surfing experience. The story they told can thus be summarised as follows: “I suffer from PTSD. But when surfing, for these few hours, PTSD is placed in the background and laughter/enjoyment is possible. Surfing provides a break from suffering.” Accordingly, experiencing respite did not mean that veterans expected their problems to disappear forever by going surfing. Rather, surfing provided the veterans with a welcome release or escape from the distressing PTSD symptoms that encompassed their experience of everyday life. Moreover, these stories of surfing as respite provided the veterans with a template – the narrative resources – to articulate the “freeing” feelings associated with surfing. These feelings also did not straightforwardly emerge from within the veterans’ individual bodies but came to be named and experienced as “freedom” through hearing and telling respite stories. As Burkitt (2014) suggested, the feelings themselves are deepened, extended, and restructured by language.

As part of their stories of cultivating respite through surfing, the veterans emphasised the need to surf regularly. Regular surfing was regarded throughout Surf Action’s subculture as necessary for disrupting the cycle of PTSD symptoms that would otherwise remain a continuous or uninterrupted source of suffering. This notion of regularity which characterised the veterans’ stories seemed to lend itself to the telling of what Riessman (1993) termed a habitual narrative. As Riessman suggested, a habitual narrative is where events occur repeatedly over and over and consequently there is no peak in the action. For these veterans, surfing was the repetitive event at the centre of a habitual narrative that organised their experiences temporally around regular periods of respite from PTSD. This said, the veterans also recognised that feelings of respite associated with surfing tended to be temporally bound by the time they spent physically immersed in the ocean environment, meaning that respite generally ‘worked’ only while in the water.

Furthermore, the veterans’ stories gave a sense of the embodied sensations that helped to constitute the experience of respite. Consider, for example, the following exchange which
took place during an interview between myself and Hugh:

**NC:** Can you describe what sort of effect surfing has on you psychologically?

**Hugh:** It’s just a fantastic feeling of forgetting about all my problems, worries, just forget about it and just do it. And it’s just great. I always tell that to others, you know, just get down there and get in there and you’ll know what I’m talking about. Because it’s great.

**NC:** And what do you think it is about surfing that’s so good and makes you feel that way?

**Hugh:** Well, it’s the atmosphere, the surroundings, and also the sound I suppose as well - of the waves - because that be used for relaxation. It calms you, helps calm you down. And the smell - there’s no smell - you know, it’s clean, fresh air. And then you’re just focused on your waves and your board.

As Merleau-Ponty (1962) made clear, we live the world through our bodies. For the veterans, respite from PTSD was grounded in their physical bodies and channelled through the various senses; notably the aural, visual, haptic (touch), and olfactory (smell) senses. Also evident, though mentioned less frequently, was gustatory perception in the salty taste of seawater the veterans occasionally swallowed. These can be thought of as sensory pleasures (Phoenix & Orr, 2014) that the veterans experienced through surfing. The role of the senses in cultivating respite through surfing is illuminated by Merleau-Ponty’s notion of bodily intentionality; that is, the directedness or intentional object of consciousness (i.e., what we are conscious of at any particular moment). For Merleau-Ponty, sensory perception is tied to bodily movement, “and all bodily movement is accompanied by intentionality which lies at the core of perception” (Hockey & Allen-Collinson, 2007; p. 117). As the veterans’ stories suggest, when they moved throughout the seascape with its constantly fluid and shifting modality, the intentionality of their consciousness was no longer dominated by PTSD. Rather, it was directed outwards toward the sensory stimulations of the ocean. Viewed phenomenologically, respite involved a shift in the intentionality of consciousness that disrupted the persistent ruminations that researchers deem responsible for preserving and maintaining PTSD (Cann et al., 2011; Michael, Halligan, Clark, & Ehlers, 2007). Respite from PTSD was thus felt through the body and the senses. Furthermore, embodied respite became part of an ongoing
narrative that shaped how the veterans experienced the blue gym over time.

Drawing together the recursively co-constituted narrative and phenomenological elements of the veterans’ experiences, I propose, following Mattingly (2010), what might be called a ‘phenomenology of storytelling’ in relation to respite. Mattingly’s work on ‘narrative phenomenology’ provides a starting point for this theoretical integration. Her primary argument in setting out this narrative phenomenology is that people tend to “narratively prefigure experiences we have not yet had” (p. 120). Mattingly writes, “As actors, we enter each circumstance armed with foreknowing, as Heidegger puts it. We prefigure and prejudge what we encounter, Gadamer announces, and this is necessary to knowing anything at all” (p. 121). Mattingly goes on to suggest that it is our prior experiences, the totality of which comprises our ‘historical consciousness’, that prepares us to prefigure our experiences in this way. Prior experiences – including stories we have heard – orient us in the present and direct us toward certain actions. As Mattingly puts it, “Because we are, above all, practical beings, immersed in the activities of everyday life, this historical consciousness is primarily directed, not to the past or to passive understanding, but to action, which is necessarily oriented to the future” (p. 121).

Accordingly, through stories of respite, the bodily feelings evoked in the veterans while surfing were shaped by the narrative pre-understandings they brought to their experiences. Developing this further, the narrative prefiguring of which Mattingly writes can be thought of as mediating the veterans’ embodied relationship to others and the world. Following Merleau-Ponty (1962), people experience the world in a pre-reflective, embodied manner; a point which appears to be absent from Mattingly’s theorising. Yet this pre-reflective awareness is itself brought about by the narrative pre-understandings which Mattingly described. In a ‘phenomenology of storytelling’, people’s embodied awareness and understanding of the world is infused with the stories through which they experience life as bodies in the world. That is, people's structures of awareness – the terms in which they attend to the world – develop through hearing and telling stories. Stories are less reports of how the world is than they are a means of making the world available to consciousness, and making consciousness intersubjective. Thus, people engage with the world in a pre-reflective and embodied manner, but such practical engagement with the world is always and already socialised and mediated through narrative and the practice of storytelling. Stories shape how the world appears for us.
In surfing, veterans therefore experience a pre-reflective engagement with the ocean environment which evokes feelings of “freedom” as they surf; feelings which are already socialised as they arise within the veterans’ bodies (Cromby, 2007; Burkitt, 2014), and given meaning through stories of respite. Such feelings are inter-subjective in that they are located in the individual bodies of the veterans, but simultaneously have their origins outside their bodies – in the stories they tell to themselves and to each other about surfing and its effects on them (Shilling, 2005). Practically, this demonstrates that respite is not produced automatically by going surfing, yet depends upon the combination of stories that give meaning to embodied feelings and the veterans’ pre-reflective embodied engagement with the natural environment. Both respite stories and the blue gym are thus implicated in producing embodied respite. In the next section, I explore the effects of surfing and embodied respite upon the veterans’ subjective well-being.

5.3 Effects of surfing on well-being

I understood the effects of surfing as related more to subjective well-being than to psychological well-being. That is, surfing was a vehicle for pursuing pleasure and escaping pain, rather than for loftier notions of psychological growth and development. Surfing did not simply ‘raise’ the veterans’ levels of subjective well-being in a straightforward and linear fashion, but rather it contributed to the flux of feelings by which subjective well-being was felt and experienced in specific situations (e.g., when immersed in the ocean environment). Going surfing and experiencing respite influenced the veterans’ experiences of subjective well-being in two key ways. First, by pushing PTSD into the background of their lives, experiencing respite through surfing protected the veterans’ well-being against some of the more serious problems (e.g., suicide) that can be associated with PTSD. For example, as Paul commented:

NC: What does Surf Action mean to you?

Paul: It’s just that escape isn’t it. Get out of that cycle of all the symptoms for a few hours. And it shows that if you don’t do it - if you don’t go - you end up going back downhill again, everything starts getting worse again. That’s it, if you stop, you don’t know where you’re going to end up. A few guys who haven’t been for a long time have had serious problems. You know, they come back in and they’re alright. They’ve not cured anything, but you can see the difference. (I2)
Veterans’ stories of surfing as respite worked to keep the chaos (Frank, 2013; Smith & Sparkes, 2011) of suffering far enough at bay. As the comments above suggest, regular surfing prevented the veterans from entering a downward spiral in which they felt overwhelmed by their suffering, thus avoiding chaos. Also avoided was a sense of *narrative foreclosure* whereby a person’s life becomes a foregone conclusion and endless suffering is envisaged as their narrative ‘destiny’ (Freeman, 2010). The veterans managed to avoid – or starve off – narrative foreclosure by telling the habitual narrative of surfing as respite from PTSD, which provided them with an alternative to chaos. Moreover, for some of the veterans, forestalling chaos and avoiding narrative foreclosure was a life-saving necessity given that they had previously considered suicide as a way of ending their suffering. The necessity of respite under these circumstances was captured by the words of Hugh who, when asked in an interview what his life might be like if he hadn’t joined Surf Action, responded as follows: “I don’t think I’d have a life. I might not be around.”

In addition to holding off chaos, a second effect of surfing on subjective well-being was the positive emotions it generated for the veterans. Consider, for example, the following fieldnote which I recorded in August 2012 after one of Surf Action’s weekly surf camps:

Great surf session today with the guys. As we left the water and threw our boards down on the beach, I observed two veterans high-five each other while enthusiastically discussing the best waves they caught that day. It was clear from this brief exchange that these veterans had a good time in the water; the broad grins across their faces revealing much about their enjoyment of the experience.

The veterans themselves also testified how the activity of surfing evoked in them feelings of pleasure and joy. In the words of Larry:

The feel good effect it has is fantastic really for me. I mean, I just come out of there [sea], one, I’m pretty knackered, and two, you got that feeling of just like “Ahhhh, God”, you know, “That was so good!” But that feeling of - it’s not just being in the water, it’s like a washing away [of PTSD], you know, with the water. And especially when it gets a bit rough and you get turned over by the waves a few times, it feels like it’s just pummelling it out of you or just washing it out of your system a little bit. (I1)
As the comments above suggest, going surfing and experiencing respite provided the veterans with a positive boost to their subjective well-being. These positive, yet temporary, feelings gave the veterans a sense of subjective well-being that differed markedly from their typical mode of affective engagement with the world as dysphoric and anxiety-ridden. Also evident in the above comments is the way in which being physically immersed in the ocean environment was an intrinsic feature of the emotional benefits derived from surfing. Indeed, the body’s haptic connection with the ocean was strongly emphasised and was portrayed by the veterans as charged with emotion, for example in feeling one’s troubles being “pummelled out” by the force of the waves. Moreover, the positive emotions generated through surfing were not only experienced at the bodily level, but in keeping with the phenomenology of storytelling outlined above, they were also framed by the veterans’ stories of surfing as respite from PTSD. This is evident in the above comments whereby the bodily feelings evoked in Larry by his surfing experiences are couched in respite terms (e.g., in feeling PTSD being “washed out of his system”). Furthermore, this metaphorical way of talking about respite – as feeling PTSD being washed or pummelled out – is not simply a *description* of respite, but how it actually *feels* in their bodies (Burkitt, 2014). As Burkitt (2014) explained, “metaphors do not just describe the feelings we already have, but deepen, extend, and complete the feelings in their articulation; they create them as much as they describe them” (p. 108). As such, going surfing might literally be understood as washing away the feelings associated with PTSD.

Furthermore, the sense of embodied respite that contributed to the veterans’ feelings of subjective well-being in the immediate context of surfing was not always limited solely to the time they spent in the ocean. For instance, Samuel described a more enduring sense of well-being that lasted beyond his experience of surfing:

**NC:** Can you talk me through your experience of surfing – what has it been like?

**Samuel:** I feel better about myself when I’m doing it [surfing]. And I don’t even have to be doing it almost - you know - if I get in, say on a Friday, and that kind of . . . It’s like a freeing kind of feeling that kind of – lasts. And by the time that’s starting to fade, I’m looking forward to the next time, so you kind of never really lose it. (I1)

As Samuel’s comments suggest, the embodied sensations associated with respite could
sometimes remain meaningful for veterans beyond the immediate situation in which they were experienced. These embodied sensations, transitory though they are, may therefore feed into what Burkitt (2014), following Damasio (2000), termed ‘background feelings.’ Such feelings form a background to the immediate situations we experience in everyday life:

... like the feeling of wellbeing we have when we sense that our bodies are fit and healthy, pain-free, relaxed and de-stressed. Such background feelings may not be at the forefront of our consciousness but provide the background, aura, or halo in which other thoughts and feelings are bathed. (Burkitt, 2014; p. 80)

These background feelings may contribute to more enduring notions of well-being that give us a sense of how psychologically well we feel during a given time frame, but are always responsive to the affective textures and valences of the everyday situations we encounter. Accordingly, while the embodied sensation of respite was felt most vividly in the lived moment in which the veterans experienced it, the feelings associated with respite and the story through which these feelings were articulated may also contribute to the emergence of more enduring feelings of subjective well-being over time. Of course, this was not the case for all of the veterans in this study. Indeed, four of the veterans (Paul, Malcolm, Hugh and Bob) were adamant that the benefits of respite were cut off from them as soon as they stepped out of the water. For some veterans, however, the feelings associated with respite seemingly began to leak into their everyday lives and provided an anchor for broader, vaguer feelings of well-being that permeated other contexts and situations they encountered.

The above findings also underscore the connection between the natural environment and veterans’ experiences of subjective well-being, which can be further illuminated by Andrews et al.’s (2014) notion of ‘affective environments.’ Emphasising the relational integration of humans and their environment, Andrews et al. argued that well-being emerges as part of the environment. Affective environments can be thought of as assemblages of people, objects and places in which well-being takes place. Certain environments, moreover, give rise to ‘affective possibilities’ constituted in the relationships that people construct with these environments and the feeling states created by these inter-relationships. Affective possibilities, in turn, derive from the opportunities that people seek for experiencing well-being in certain places that acquire a reputation for facilitating well-being (such as natural landscapes). The blue gym might constitute one such environment, in which the veterans sought to realise certain affective possibilities in relation to respite. Well-being is thus
situated in the embodied relationships that veterans construct with the ocean environment; the positive feelings flowing within and between the veterans’ bodies being intimately interconnected with the blue gym as an affective environment.

Moreover, showing how the ‘affective possibilities’ of the blue gym did not inhere within the environment itself, but were created in the relationships that veterans constructed with the environment, opportunities for experiencing embodied respite were, I argue, linked to the veterans’ prior experiences of being and having an active and physical body. Mirroring the active and physical nature of their former military careers, the veterans embraced the challenge that learning to surf presented them with. In particular, they seemed to engage with the physicality associated with surfing and being in the ocean, re-creating the experience of physical exertion in nature which symbolically characterises much of the activity of ‘soldiering’ (Woodward, 1998). In Mattingly’s (2010) terms, the veterans pre-figured their experiences of the blue gym according to the stories of military life and exertion in nature embedded in their historical consciousness. Such stories mediated their embodied relationship to the environment and predisposed them to affective possibilities for deriving feelings of subjective well-being from the blue gym. Furthermore, that the veterans took to surfing in this way is perhaps not surprising, given that throwing themselves into a physical challenge was a response embedded within their military past and in their embodied history of actions and interactions in a military context (Crossley, 2011). Indeed, as Carless et al. (2013) suggested, stories that revolve around being active align strongly with veterans’ biography, expectations, and ways of being in the world, mapping onto their cultural (i.e., military, masculine) legacy.

Critical reflections: Box 5.2

Five months in . . .

Being back at Gwithian, I realise how much I miss this place when I’m back home in Nottingham. I really enjoy coming down here to do research with the veterans as they are great fun to work with. And going surfing for my PhD is a great bonus! Each time I travel down to Cornwall, I make sure that I have time on a Wednesday and Friday (Surf Action’s surf days) to meet up with the guys and go surfing. I sometimes find it difficult though to adopt the stance of ‘researcher’ or ‘participant observer’ while out surfing – finding myself slipping closer toward the role of ‘complete participant’ (Sparkes & Smith, 2014). This is really because surfing is so utterly absorbing. I can feel how surfing works as respite for the veterans. Not that my need for respite compares with the veterans’ in form or degree, but in surfing I do find myself totally carefree and released from the pressures of academic life and the PhD. Surfing is exhausting yet also, strangely, energising at the same time. Afterwards, that is, I feel drained from the effort of paddling hard against the waves, yet also carefree, relaxed, and with a bit of a “buzz.” This is a sensation I have heard referred to many times in surfing parlance as “stoked” (e.g., Evers 2006), almost as if my whole body has been refreshed by the sea. As one of my participants said, “It’s free and it’s fun and it’s elemental” and it makes me want to keep on doing it.
5.4 How did surfing influence well-being?

The veterans’ stories also revealed two ways in which surfing influenced subjective well-being, and facilitated respite from PTSD. One way in which surfing worked for the participants to facilitate respite was by keeping them focused on the present. Consider how Lee described his experience of surfing:

For me, it’s not just the couple of hours in the water; it kind of starts Monday/Tuesday and sort of, doesn’t really finish till I get home Wednesday. And then Thursday/Friday – fucking hell – I’m still thinking about what I did Wednesday! And then Saturday/Sunday it’s like “Aaaahhhhh, fucking hell.” Yeah, so Saturday I get fucking suicidal. But do you know what I mean, you get to the point where you think “Aaaaahhhhh, fucking hell, Wednesday’s miles away.” And then Monday, you’re thinking “Yay, only two more sleeps and it’s surfing day!” So yeah, it’s really good. In all, I think I’ve probably got more out of this in three months than I’ve had out the NHS in fucking eighteen months. (I1)

Regular surfing facilitated respite by helping the participants stay focused on experiences in the present and avoid dwelling on the traumatic memories hidden in their past. A useful way of conceptualising this finding is through the notion of shifting time tenses (Phoenix, Smith & Sparkes, 2007) that framed the telling of participants’ respite stories. For example, the problems associated with PTSD can be understood in part as a reliving of the past in the present. Regularly experiencing respite through surfing worked for the veterans by keeping the past in the past and the present in the present. That is, going surfing enabled the participants to experience time in the present and keep the traumatic memories of the past from entering their thoughts and narrative consciousness (Sparkes & Smith, 2009). Feelings of subjective well-being were thus cultivated through a more mindful experience of the present, when the veterans became caught up in the respite stories being played out in the blue gym.

The capacity of respite stories to keep veterans caught up in the present was, however, limited by the habitual narrative through which these stories were articulated. Because respite was a regularly occurring – yet temporally bound – phenomenon, the participants could be vulnerable to recurrences of distress in between periods of respite, as Lee’s comments above also indicate. Moreover, some of the participants reported experiencing adverse emotional
consequences after the surfing had finished. Such effects included a sense of longing for respite and an emotionally empty feeling when surfing was over and the positive emotions associated with it disappeared. That is, when surfing was over and the bodily feelings of pleasure evaporated, respite stories began to fade into the background of the veterans’ lives, leaving them feeling empty. Accordingly, it might be that an added consequence of the habitual narrative that veterans used to construct respite stories was that time in-between bouts of respite became a case of simply making it through until surfing day. None of the veterans felt that this was enough of a reason not to go surfing and experience the feelings of well-being it provided. However, it did create a potential dilemma for them. On the one hand, they wanted to escape their suffering and boost their subjective well-being by going surfing. But on the other, they were motivated to avoid a drop in well-being that may follow on from respite.

One possible way out of this dilemma was to use the idea and the image of surfing as a catalyst for engaging in other practices that supported well-being. That is, the veterans often chose to engage in what Mykhalvskiy and McCoy (2002) and McCoy (2005) referred to as ‘health work’ to bolster well-being in between surfing sessions, helping them stay connected with the feeling of respite. Health work involves actively doing things to care for or improve one’s health. In relation to mental health, health work can include engaging in activities to enhance, maintain, or stabilise one’s mood. Several such activities are evident in the following comments by Sid, who described time in between surfing as follows:

You can take the feeling back when you're having shit days and you can go “Yeah, it's shit today, but I'm going surfing in a couple of days, and that's not gonna be shit.” And then you're happier, instantly happier. You go, “Fucking hell, yeah, let’s get on that surf!” And you can almost change your mood immediately. Maybe not reverse it 100%, you know, even just a little bit. A little bit here and there can make such a huge difference when you’re so stressed; even the thought of surfing can get you below that fight/flight line where you kind of go, “Umm, actually yeah, what else do I like doing? Going for walks. Right, come on, go for a walk.” Or play the guitar for an hour and then relax. (I1)

As these comments reveal, surfing gave the veterans something concrete to look forward to that helped prevent them from ruminating over their troubled past in between bouts of respite.
Furthermore, by gaining familiarity with the embodied feelings of surfing and respite, the veterans began to anticipate these feelings and to engage in other activities that helped to focus their thoughts on the present and keep PTSD from intruding into their narrative consciousness (Sparkes & Smith, 2009). Such activities included several forms of health work such as going for walks, relaxing and playing guitar, practicing mindfulness meditation (Keng, Smoski & Robins, 2011) and being in nature (Cervinka et al., 2011). Engaging in these activities enabled the veterans to manage their well-being in between surfing and, to some extent, mitigate the emotional dip that sometimes occurred after the period of respite had ended. Moreover, health work constituted an additional strategy the veterans used to experience time in the present and continue telling and enacting respite stories in between surfing trips.

In addition to keeping veterans focused on the present, a second way in which surfing facilitated respite was through relationships with other veterans (see also, chapter six). Surfing provided a context for veterans to relate to one another in a positive fashion, which in turn helped to facilitate respite from PTSD. Consider, for example, how surfing and relationships are linked as Matthew continues his respite story:

\textit{NC:} Can you talk me through your experiences of surfing itself?

\textit{Matthew:} That buzz you get from "Shit! I'm standing up!" You know, back on the world-wide free-ride, riding waves. And looking across at everyone else riding the same wave and wiping out and flying wetsuits. And just the kind of "Whoop-whooping" and the encouragement you get off everyone else as they're paddling out: it's just a really, really good feeling. And for those moments when you're out there, all your crap and PTSD doesn't exist. You know, just being out by the sea is good in itself, being in it is far better and learning how to ride waves doesn't compare with anything. Especially with a bunch of blokes in the same situation, so there's none of that peer pressure or no-one's looking down at you. All these ex-forces guys, you know they're all there for the same reason. They've all got this PTSD, or whatever, not that we talk about any of that. It's simply about the surfing and just leaving all that emotional stuff behind you and just going out and egging each other on and taking the piss and having a bit of a laugh, as the squaddies do. Yeah, it's good. (I1)
For the veterans in this study, the lived experience of PTSD was characterised by loneliness and social isolation; conditions which, in turn, perpetuated their distress and allowed their PTSD symptoms to spiral out of control, tipping them closer toward chaos (Frank, 2013; Smith & Sparkes, 2011). But, by bringing the veterans together and immersing them in a common activity, surfing helped to overcome social isolation and temporarily relieved the problems associated with PTSD. Indeed, as the comments above indicate, positive social interactions (e.g., encouragement, laughter, support) occurring between veterans while in the water helped to create the feeling of respite. Respite stories were thus enacted on an inter-subjective or relational basis; the embodied feelings of respite being co-created through the “lived trajectories of interaction” (Crossley, 2011; p. 28) occurring between the veterans. In other words, as respite stories were collectively played out by the veterans in the blue gym, the bodily phenomenon of respite itself unfolded through and within these storied interactions, thereby demonstrating the inter-subjectivity of embodied consciousness and feelings of respite (Merleau-Ponty, 1962).

Furthermore, the participants spoke of a sense of security they felt around other veterans. They were able to let their guard down around people who understood and accepted them, which enabled them to relax and enjoy the activity of surfing. An example of this occurred on another of the charity’s surf clinics in February 2013, during which the following fieldnote was recorded:

Two of the veterans, both of whom had recently been diagnosed with PTSD were sat in the beach cafe prior to the surf meet chatting over a coffee. Later, during the surf, the pair both caught the same wave and ended up on a collision course, crashing together and falling on top of each other. Both roared with laughter and pretended to fight over whose wave it was before paddling back out side-by-side to catch another.

The above example also highlights an additional feature of relationships between the veterans which contributed to the emergence of respite through surfing. This was the opportunity that surfing provided for the veterans to engage in traditionally masculine behaviour and relationships (see also, chapter seven). For example, going surfing was associated with opportunities to participate in masculine forms of humour such as “taking the piss” and banter. These styles of humour are part of how masculinities are enacted in certain social

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17 These terms refer to a form of humour often used among British men that involves making fun of each other
contexts (Williams, 2009) and were a common feature of interaction between the veterans at Surf Action. All of the veterans spoke about how they valued the opportunity to engage in laddish banter through surfing and the added social benefits it brought in terms of camaraderie with other veterans. Moreover, engaging in banter can be seen as reproducing masculine identities that were previously cultivated and reinforced during the participants’ military careers (Green, Emslie, O’Neill, Hunt, & Walker, 2010). That is, banter helped the veterans to be themselves and relate to others in ways that were often constrained by the demands of civilian life. Being free to engage in familiar styles of masculine interaction and banter thus facilitated the emergence of respite by contributing to the positive emotions felt by the veterans within the surfing context. The effects of these masculine interactions and banter both on and for the veterans’ well-being will be discussed in greater detail in chapter 7.

Critical reflections: Box 5.3

Two years in . . .

Surfing is great! I can feel my personal involvement with surfing beginning to deepen. What started partly as a way of integrating with my research participants has now become a bit of a passion. I now have my own board, wetsuit, and a roof rack on my car for carrying my board to the beach. I’m getting a little better at surfing too; I can stand up pretty easily and am now learning to turn the board and how to travel along the wave. I still find it very difficult to paddle out when the waves are big, partly because my technique for ‘wave hopping’ needs work and partly due to the immense physical effort required to battle against the breaking waves. It’s well worth the effort though, for the thrilling sensation when the wave catches you and the sense of elation when you have a really good ride. Having learned to surf with the veterans at Surf Action has been great. It’s probably also made me more engaged with my research project than I might have been if I was researching something less fun. It’s certainly made it easier to carry on doing the research when the workload is high and the pressure is on. And it’s given me something personal that I will be able to take well beyond my PhD. I’m feeling quite lucky as I write this . . . not everybody gets the chance to do their PhD on surfing.

5.5 Chapter summary

In this chapter, I described the effects that surfing had on the veterans’ lived experiences of subjective well-being. Specifically, experiencing respite through surfing boosted the veterans’ subjective well-being through positive emotions and bodily feelings, and helped them avoid a sense of embodied chaos and starve off narrative foreclosure (Frank, 2013; Freeman, 2010). As demonstrated through the ‘phenomenology of storytelling’ I developed and oneself in an effort to see who can come up with the wittiest comment or joke.
in this chapter, the effects of surfing upon the veterans’ well-being were bound up with several interconnected factors including respite stories, experiencing a bodily connection with/immersion in the natural environment, and relationships between combat veterans. As such, the effects of surfing on the veterans’ well-being are attributable to a combination of several factors working together to produce certain feelings and meanings that contributed to the emergence of well-being. In the next chapter, I continue to demonstrate how the veterans cultivated well-being through their involvement with Surf Action by exploring the theme of relationships which, as alluded to in this chapter, emerged as one of the key components of their overall experiences of the group.
CHAPTER SIX

THE COLLECTIVE STORY: PEER RELATIONSHIPS AND WELL-BEING AMONG THE VETERANS

6.0 Overview

Building on the previous chapter, this chapter explores how interpersonal relationships among the veterans affected their experiences of subjective and psychological well-being as part of their involvement with Surf Action. Throughout this research, relationships between the veterans emerged as an important component of their overall experiences of Surf Action. That is, not only was it important for the veterans to go surfing and experience a sense of embodied respite from PTSD, but also the opportunities for social interaction with their veteran peers were highly valued by each of the participants in this study. In this chapter, I describe the collective story that shaped the veterans’ involvement with Surf Action and their relationships with other veterans in the group. I then consider how this story – and the relationships it helped to nurture – shaped the veterans’ experiences of subjective and psychological well-being.

6.1 Theoretical backdrop to collective stories

The emphasis on dialogue and the relationality of storytelling in dialogical narrative analysis takes centre stage in this chapter. The dialogical narrative approach (Frank, 2005; 2010; 2012) foregrounded in this chapter builds on themes introduced in the previous chapter concerning the ‘already socialised’ nature of individual embodied experience. Moreover, this chapter moves further than the previous one in the direction of the social by emphasising relationships as the focus of analytical attention (Crossley, 2011; Gergen, 2009). Following Frank’s dialogical narrative approach, people are understood as inherently relational rather than bounded individuals, and storytelling as part of a dialogue between two or more voices.
As Frank (2005) put it, following the dialogical thoughts of Mikhail Bakhtin, “no one person’s voice is ever even his or her own; no one existence is ever clearly bounded. Instead, each voice is always permeated with the voices of others” (p. 968; emphasis original). Thus, storytelling is conceived as a relational as opposed to an individual act, whereby meanings are created through stories in concert with real or imagined others (Smith & Sparkes, 2009).

Also central to the chapter is Richardson’s (1990) notion of collective stories. These are shared stories that groups of people tell about experiences they have in common. Collective stories emotionally bind together people who have shared certain experiences, allowing them to overcome some of the isolation and alienation of contemporary life, and linking separate individuals into a shared consciousness (Richardson, 1990). Collective stories thus enable individuals to align their personal identity with that of a group, and to build closer relationships with people with whom they feel some connection. Indeed, as Frank (2010) argued, “Stories call individuals into groups, and they call on groups to assert common identities” (p. 60). The notion of a collective story thereby offers a practical way of conceptualising a relational approach to narrative inquiry.

Because a collective story was central in the men’s lives and relationships within Surf Action, I will now introduce the story that acted on and for the veterans to powerfully shape their peer relationships, followed by multiple dialogical components of the collective story which further helped to shape and define relationships between the veterans. Next, I describe the effects of the collective story on the veterans’ well-being before discussing the potential therapeutic benefits that veterans also derived from peer relationships and from being part of the collective story.

6.2 Collective story: The ‘band of brothers’

For the veterans in this study, experiencing distress associated with PTSD led to them feeling isolated – and isolating themselves – from significant others in their lives. Their social world shrank leaving them enclosed and vulnerable to intensified feelings of psychological and emotional distress related to PTSD. However, in stark contrast to the social isolation that characterised their everyday lives, the veterans managed to tell a collective story that emphasised social relationships with other veterans. This story is exemplified by Matthew, who, during an interview, described his involvement with Surf Action as follows:
It’s about pulling broken elements of a community together to form a tighter one than the community had in the first place. It’s that bond that we’ve all got that just reinforces that you’re not on your own and there is that support network – the net that’s meant to catch you that you’ve all fallen through so far – you end up here, and it stops you falling any further. And you kind of make new friends which are slightly bonkers in various ways, but nonetheless – they’re still family to me. It’s about bolstering each other up and making sure that we’re all alright, which I don’t think – you know, mainstream societies or communities have got any idea about. It’s only that kind of ex-forces – those guys and girls who have done the trigger time and crawled around and bled and got beaten senseless by stuff - that’s the bond, and that’s what people just recognise instantly, just by kind of – the way they’re holding themselves.

It’s like an impenetrable force-field that once you’re inside, you know you’re alright. Yeah, that’s the kind of binding element to Surf Action - it’s that band of brothers thing - it doesn’t matter, like, when you’re in the Army, you take the piss out the RAF or the Navy or the Marines or whatever, and you still do that here but it really doesn’t matter – because if you’re walking through that door then you’re one of us. (I2)

Matthew’s comments resonate with Richardson’s (1990) description of a collective story; binding the veterans together emotionally and gathering up their individual stories into a shared narrative. The collective story told by the group consists of veterans coming together and supporting each other in dealing with the problems associated with PTSD. The story emphasises a mutual identification with those who share a similar background, and a shared concern for others experiencing the same suffering. The collective story can thus be summarised as follows: “We have all witnessed terrible events and we all experience PTSD. We are all suffering, but now we are no longer alone. We understand and know each other’s suffering and we support each other. We stick together and help each other – just like we did in the forces.” Highlighted also in this story is the intensity of the bonds between veterans, described in terms such as ‘family’ or a ‘band of brothers.’ The story thus creates a strong emotional and ethical commitment to support and protect the well-being of other ‘family’ members in various ways that will be illustrated throughout this chapter. Furthermore, the collective story is juxtaposed with certain aspects of ‘mainstream’ societies or communities which are portrayed as unaware of the issues facing veterans and, potentially, unable to offer
appropriate support. In this way, the collective story connects others who share the status of ‘veteran’ and ‘PTSD sufferer’, and disconnects the generalised ‘civilian other’ who lacks the experience of suffering that binds the veterans together.

Matthew’s articulation of the collective story can be understood as polyphonic on two levels. As Frank (2005; 2012) argued, following Bakhtin (1984), polyphony involves “how one speaker’s voice is always resonant with the voices of specific others – people whom the speaker listens to and whose response she or he anticipates” (p. 35). One way in which Matthew’s story is polyphonic is that it contains the stories of others; other veterans in this research who shared – and helped to create – the same collective story, and the broader cultural narratives of soldiers and veterans who constructed the ‘band of brothers’ narrative as a means of dealing with collective adversity. Second, the collective story Matthew told is polyphonic in that it emphasises connections with others as the primary content of the story. The story is not about his life, but about the collective; about “we” and “us” rather than “I.” Accordingly, the story is not about supporting individual veterans, but about the community of veterans supporting each other, thereby subverting the traditional medical model emphasis on treating only individual veterans’ PTSD symptoms.

The collective story also does the work of narrative identifying (Frank, 2010); it allows personal identities to form within the collective identity. Similar to processes of military socialisation whereby individual identity is derived from one’s place in the organisation (Hockey, 1986), the veterans created and sustained their particular identity as combat veterans through interacting with the group and through enacting the collective story. Moreover, the process by which the veterans were able to identify with the collective story can be described, following Frank (2010), as narrative interpellation (see also Smith, 2013a). This is the process through which people are ‘hailed’ (called) to acknowledge and act on a particular identity and to respond to a story in particular ways. As Frank put it, “the story calls on its characters to be particular sorts of selves” (p. 49). This hailing is evident in the collective story when, for example, Matthew asserts that “if you’re coming through that door then you’re one of us.” The implication of this being that if and when a veteran arrives at Surf Action, they are called to become part of the collective story and automatically assimilated as

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18 For example, ‘Band of Brothers’ was the title of a popular TV series depicting the heroic struggles of elite paratrooper unit ‘Easy Company’ during World War Two. The series, based on the true story of American Easy Company shows how the soldiers survived fierce fighting and the harshest winter conditions by pulling together and fighting for each other. The ‘band of brothers’ narrative may thus be understood as a powerful cultural narrative about the necessity of closeness and camaraderie among soldiers and veterans.
one of their number. The interpellation of the collective story thus calls on the veterans to affirm their identity as ‘ex-military’ and to share in telling and enacting the collective story.

The narrative interpellation of veterans into the collective story is, in turn, made possible by another key component in the process of narrative identifying; that of narrative habitus (Frank, 2010). Adapting Bourdieu’s (1992) work on habitus, Frank described narrative habitus as a person’s embodied disposition toward hearing certain stories as ‘good’ or ‘for me.’ As Frank argued, “Some stories are heard, immediately and intuitively, as belonging under one’s skin. Narrative habitus is a disposition to hear some stories as those that one ought to listen to, ought to repeat on appropriate occasions, and ought to be guided by” (p. 53; emphasis in original). Narrative habitus is thus constituted by a mostly tacit or embodied sense of what stories feel right based on the stories we already know and are comfortable telling and enacting. The following comments made by Sid during an interview appear to show this process in action, as Sid is interpellated into the collective story which for him, simply feels right. The story he tells below depicts his first meeting with Surf Action at the charity’s headquarters, and can be read as the moment when Sid is called to become part of the collective story:

NC: You mentioned, just before, that one of the key things about the residential week is that people understand and you don’t feel like you have to explain anything [Sid: no] What’s – I mean – a lot of people have actually mentioned that and I was just wondering, what’s so key do you think about that?

Sid: I was terrified as I first I walked through that door. But Rich instantly jumped up and introduced himself, knowing who I was automatically – despite the fact that I hadn’t said a word yet. Then he ran off and made me a cup of tea and sat me down where he was sat. And then instantly, my whole body just went “ahhhhhhhhhhh” [sigh of relief]. I felt - like so much had been taken off my shoulders - and I hadn’t even spoken to anyone then. I didn’t know who was ex-forces and who wasn’t, who was ex-combat, the vets – or who had just popped in for a cup of tea . . . it was just – everybody had the right attitude, and it had the right atmosphere. I had an awful image it was gonna be like a doctor’s surgery, where everyone’s sort of sat there, tapping away and scribbling in little, sort of – studios and then you sit in a waiting room with

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other people who are fucking psychos as well, trying not to bite each other. And then you get called through one at a time and then they go “yep, you need to see the shrink, he’s next door”. And then you see the shrink and he goes “yeah, you need to take these tablets.” I didn’t know what to expect at all. But you just go in there, and everyone’s just very, very relaxed and immensely approachable. I don’t know what it’s like for a civvie going in there, it might just feel like any other place. But, you just walk in there and you kind of – it has an aura - ahhh, it sounds awful but it sort of has an aura about it that . . . anything they can do to help, they will - day or night. (I1)

Embedded in the veterans’ narrative habitus was a set of stories about military life and about how serving soldiers should relate to one another. As highlighted in the previous description of the collective story, relationships in the military were characterised by an expectation of mutual support; by sticking together and helping each other. For Sid, this is ‘how things are meant to be’ based on the stories of communal life in the military which he has “grown up on” to use Frank’s (2010; p. 7) terms. The collective story therefore has the ability to interpellate Sid because of his embodied disposition – given to him by his narrative habitus – to view such stories as intrinsically good and worth acting on.

6.3 Dialogical components of the collective story

A number of dialogical components of the collective story shaped how the veterans experienced and made sense of relationships with their peers. These components were dialogical in that they were part of an ongoing dialogue between the veterans that reproduced and reaffirmed the collective story each time the veterans gathered together. As such, the components are not reducible to individual veterans or isolated acts of storytelling. Rather, they emerged between the veterans as they mutually and continually acted out the collective story within the group environment. The following dialogical components shaped how the collective story unfolded.

6.3.1 Acceptance and belonging

Feeling part of the collective story fostered a strong sense of acceptance and belonging, which in turn helped to drive forward the collective story. This sense of acceptance and belonging is evident in the following comments by Bob who described in an interview what happens prior to getting in the water when veterans meet up to go surfing:
NC: If you can think about a typical surfing session then, can you talk me through everything that you experience, what do you like – notice, what do you pay attention to, what are you thinking, all that sort of stuff?

Bob: When we start and we meet up in the car-park, it’s like happy faces straight away and shaking your hand and putting your arm around you, and its just – it’s just brilliant. And you just go into the café and you have a drink and they’re all chatting, and there’s no pressure, and you just feel really comfortable, like you belong there with ‘em. (11)

The veterans all spoke of a sense of acceptance they felt among other veterans that was typically absent during interactions with civilian members of their friends and family. Among veterans, the psychological suffering associated with PTSD was accepted rather than stigmatised, and was simply recognised rather than questioned or examined. The comments above also indicate how the sense of acceptance was derived not from individual perceptions of ‘being accepted’, but from embodied actions taking place within relationships (e.g., shaking hands, embracing another by putting one’s arm round them). Acceptance was thus a ‘we’ or ‘us’ process (we accept each other) rather than ‘I’ one (I feel accepted). The sense of mutual acceptance among the veterans was especially notable in the ‘creative awareness’ sessions that took place during the residential weeks. In the following example, recorded in a fieldnote on 15th April 2012, the session involved producing a ‘self-portrait’ to depict how the veterans saw themselves:

After around 30 minutes of drawing time, Graham went first at sharing his story. Mid-way through describing his picture he began to tear-up as his brutally honest self-portrait became very emotional. The rest of the room fell completely silent in a way that seemed to convey the gravity of the moment. Afterwards, Larry got up and hugged Graham whilst the others thanked him for sharing and congratulated him for his honesty.
The creative awareness sessions were part of how the collective story was enacted through the dialogical component of acceptance. That is, the veterans demonstrated acceptance of others through their response to emotional disclosures in these sessions. Furthermore, the sessions worked in a similar way to ‘art therapy’ in which art is used as a means of expressing traumatic events and feelings (Nanda, Gaydos, Hathorn, & Watkins, 2010; Spiegel, Malchiodi, Backos, & Collie, 2006). During group sessions, others act as supportive witnesses to each other’s stories in a way that fosters non-judgemental acceptance and support (Spiegel et al., 2006). This act of witnessing each other’s stories (Frank, 2013) then worked to strengthen the interpersonal bonds between the veterans that formed a key part of the collective story.

Similarly, the veterans’ stories revealed a sense of belonging or a feeling that they were ‘at home’ in the company of other veterans. Being around other veterans enabled the participants to enact a social ‘self’ that felt to them more authentic than did relations in civilian life. In part, the collective story thus involved an embodied performance of identity.
whereby the veterans were able to enact a military identity. For example, the sense of belonging felt by the veterans mirrored the feeling of being part of a close-knit team that they were used to in the military (Carless et al., 2013). After seemingly having lost this sense of belonging for good when they left the military, the veterans re-kindled this valued aspect of their identities through interaction with other veterans. Indeed, as Vince commented in an interview, “It’s that team thing, that sense of belonging to a group – which has been missing since I left the armed forces really” (I1).

6.3.2 Camaraderie

Another dialogical component was camaraderie. This consisted of strong interpersonal bonds between the veterans that mirrored relationships they held with comrades in the military (Carless et al., 2013; Green et al., 2010). For the veterans, these relationships were based on trust, friendship, and mutual rapport. They were often considered deeper than relationships with civilians in their lives. Such bonding with other veterans seemed to satisfy a desire for camaraderie that civilian life had been unable to fulfil. For example, Matthew described how he interacted with other veterans at the charity’s HQ:

\[\text{NC: ... Okay, and you say you get a lot personally from just hanging out here [Matthew: yeah, just hanging out here], and making cups of tea and things like that – what exactly do you get out of it do you think?}
\]

\[\text{Matthew: It's that camaraderie again - the thing that you miss the most when you're on de-mob [de-mobilisation]. And just to walk in here and have . . . not that we kind of bang on about why we're all here – we know why we're here – but it's just that kind of building rapport and getting closer, you know. Making better friends each time you come in. Yeah - in a nutshell. (I2)}\]

Rather than dwelling on PTSD as the reason for their participation in the group, as the comments above show, the veterans chose to emphasise the camaraderie that emerged between them as part of the collective story. Furthermore, camaraderie was developed through the use of ‘black humour.’ This was a style of humour – common among members of the forces (Hockey, 1986) – that the veterans used to make light of their predicament. An example of this occurred during a residential week on 16th April 2012 and was recorded in the following fieldnote:
This afternoon I was standing on the beach with the guys waiting to go surfing. With our boards, we formed a half-circle round the instructor who was about to lead us through some warm-up drills. “Any injuries I should know about?” the instructor called out before we began. “Yeah”, replied one of the guys, “injured minds!”, sending everybody into fits of laughter. Shortly afterwards the guys laughed and joked their way toward the waters’ edge, ready for surfing and in high spirits.

As this observation shows, ‘black humour’ was part of what bonded the veterans and contributed to the camaraderie they felt with one another. Indeed, humour has been described as a vehicle for establishing solidarity and connectedness amongst men in general (Williams, 2009) and combat veterans in particular (Carless et al., 2013) whereby shared cultural conditions facilitated the use of humour as a means of connecting with others. Moreover, this shared style of humour may provide the seeds for telling certain ‘counter-narratives’ (Nelson, 2001; Phoenix & Smith, 2011) in relation to PTSD. Counter-narratives are stories people tell that help them to resist dominant cultural stories (Phoenix & Smith, 2011). By emphasising black humour as a means of connection, the veterans may begin to counter a ‘negative’ story about PTSD that might otherwise overshadow their participation in the group. That is, rather than focusing on problems and suffering as the main purpose of the group, the veterans emphasised humour as a way of constructing more ‘positive’ stories about their participation. When told collectively – for example, as part of the collective story – such counter-narratives “present the possibility for both individual behavioural and social change” (Phoenix & Smith, 2011; p. 630).

6.3.3 Not having to explain, yet being understood

The collective story also consisted of a tacit or embodied connection the veterans shared based on a mutual understanding of combat trauma. This was a connection that did not need articulating, yet formed a powerful bond between them. Consider, for example, the story told by Sid during an interview about his current circumstances and about being invited onto a residential week with the charity:

I’m sort of in limbo at the moment, not really knowing where my life’s going – with a mountain of shit piling up on top of me. But then you come to somewhere like this and you’re surrounded by people who understand, or care – and then you go surfing to keep your mind off it, which has been
absolutely brilliant. I was a bit skeptical to be honest - about the residential - I didn’t think a group of squaddies suffering with various levels of PTSD in a house together…is this gonna work? But you know, you don’t have to sit down and say ‘so, tell me about your life.’ You just have a mutual understanding and a respect for each other. You don’t have to say anything, but you understand that everyone else understands – and that is a massive thing. (I1)

This tacit, unspoken connection based on mutual understanding and respect for each other’s traumatic experiences was one of the most commonly stated aspects of the collective story that the veterans told during the interviews. Within Surf Action, unlike other settings such as clinical or medical ones, the veterans were not required to explain either their current problems or their history of trauma. Instead, they felt understood simply by being among other veterans. As Sid continued to explain, “it’s not your military history; it’s the fact that you have a history in the military” (I1). In other words, as an unarticulated dialogical component of the collective story, this connection occurred primarily through an inner dialogue with the imagined and anticipated responses of the other (Bakhtin, 1984; Frank, 2005). Moreover, the data suggest that this dialogical component of mutual understanding and respect was also sustained through an embodied connection. The following comments by Eric describe the embodied basis of this connection:

NC: What is it about them that you recognise?

Eric: I know somebody who’s been in combat – spot ‘em a mile off. Ask me to explain it and I can’t, it’s just something you recognise. I can spot if they’ve been in the shit, and relatively, how much they’ve been in the shit. And it doesn’t take them to have one leg or a blown-off arm, it’s the look in their eye. I can recognise it – any veteran can. (I2)

For the participants in this study, having other veterans with whom they were able to connect so effortlessly formed a powerful bond between them, further reinforcing the collective story. There seemed to be a deeply embodied and tacit form of recognition or communication among them; something akin to what Shotter (1993) has termed ‘knowing of the third kind.’ Following Shotter, this involves the tacit and corporeal levels of understanding and commonalities of feeling and meaning that allow people to relate to one another (Burkitt, 1999). It constitutes a ‘knowing from within’ that occurs during specific interactions between
embodied actors (e.g., between veterans as they surf together on a residential week). For the veterans, this translated into an instinctual knowledge that they seemed to share regarding each other’s problems.

6.3.4 Looking out for each other

Part of the collective story emphasised a mutual expectation that support would be offered to those who needed it. This did not mean simply that support was available for those who wished to take advantage of it, but that group members would actively offer and provide support to those who appeared to be struggling. As Samuel said during an interview:

I don’t think there’s any expectations that people are gonna be alright, or that someone should be dealing with this in a certain way, or you should be able to cope with things. You know, if someone’s not coping with something, it’s like “well, alright, you’re not coping with it, give ‘em a hand.” I don’t know whether that’s a healthy thing, but I think that’s what we’ve always done - when we were in whatever service we were in, you had people around you that you knew were there, you didn’t have to arrange for them to be there, they were just there. And that kinda happens here naturally. (l2)

In his study of ‘sqauddie’ subculture, Hockey (1986) identified the overriding concern of serving soldiers as “looking out for their mates” (p. 124). The above comments show this concern being reproduced as a key feature of the collective story. The veterans often described a sense of being there for others and supporting them in their efforts at dealing with PTSD. Likewise, the necessity of looking out for each other sometimes called upon veterans to take certain actions to help safeguard the well-being of others. Consider the following fieldnote recorded on 17th August 2012 following one of Surf Action’s weekly surf clinics.

On the way back from the beach, I joined Rich as he stopped by the home of one guys to check up on him. This veteran had gone ‘under the radar’. This means he is not answering his phone and no-one has seen him for a while. Waiting at his door, I asked Rich “Is this what you do when someone goes under the radar?” . . . “It’s what we have to do”, he replied, “We have to do this to make sure they’re ok.”

The emphasis on looking out for each other within the group resonates with the findings of others in relation to veterans’ experiences of combat-acquired disability (e.g., Burke & Utley,
2013; Carless et al., 2013) whereby social support was found to be an important and valued component of veterans’ experiences of using sport and physical activity for rehabilitation from physical injury and also for dealing with PTSD. For the veterans at Surf Action, a mutual expectation of support formed a key component of the collective story that helped to emphasise the importance of supportive relationships for protecting each other’s well-being. Furthermore, this aspect of the collective story chimed with the men’s narrative habitus, whereby stories about sticking together and “bolstering each other up”, to use Matthew’s phrase (quoted earlier), resonated with stories of military life and were viewed as ‘right’, ‘good’, and ‘how it should be.’

6.3.5 Normalising and legitimising suffering

The veterans frequently articulated their previously held views that they were both alone in suffering distressing feelings, and that their distress was a sign of weakness. Indeed, as the veterans themselves pointed out, they had been part of a military culture in which the notion of emotional distress as ‘weakness’ was deeply embedded (Green et al., 2010). As a result of their complicity within this cultural system, many of the veterans had for a long time resisted the notion that there was ‘something the matter’ and refused to seek help. However, when the veterans eventually did reach out (or were forced to by their partners), they were able to re-interpret their suffering through the lens of the collective story. As Sid suggested during an interview:

   Coming here made me realise that I’m not the only one. That’s the biggest thing, realising that you’re not the only one, and asking for help isn’t frowned upon – they’re the two biggest shockers. I was almost in tears when I realised I wasn’t the only asshole in the same situation with those feelings. It tore me up inside – which made me realise that there’s an awful lot of people out there that need help. When they realise they’re not alone, everything changes [clicks fingers], almost instantly. And its gut-wrenching when it happens because you realise what a sad fool you’ve been to yourself. (I1)
Being surrounded by other veterans who shared the collective story enabled the participants to understand that they were not simply ‘going crazy’ as many of them had previously anticipated. In other words, it helped to normalise the experience of psychological and emotional distress and reassured them that it was ‘ok’ to experience distress as they did. Furthermore, it reassured them that seeking help did not have to damage their social identity as strong and resilient ex-soldiers. That is, being around other veterans who were not afraid to ask for support helped legitimate the process of help seeking and allowed the veterans to reach out for support without damaging their self-concept and masculine identity (more will be said about this in the next chapter).
6.4 Well-being and the collective story

The collective story had a number of implications for the veterans’ experiences of subjective and psychological well-being. Firstly, the story acted for the veterans to bolster their subjective well-being. By fostering camaraderie with other veterans, the veterans experienced a renewed sense of pleasure in life that contrasted markedly with their day-to-day suffering and countered the negative effects of PTSD. For example, laughter was seen as ‘good medicine’ for the veterans’ feelings of anguish and despair, helping to lift their well-being as the following comments from Lewis demonstrate:

NC: . . . Yeah – and you mentioned the camaraderie and the characters that are there as well, what’s so important about that for you?

Lewis: It takes the concentration off meself and stops me feeling sorry for meself. I think it's important to have a laugh and enjoy yourself because if you don't then the depression’s gonna beat you. But with everyone mucking around having a laugh, the depression ain't gonna get anywhere. (I1)

By enacting the collective story and experiencing camaraderie, the veterans were able to boost their well-being through what Simmel (1971) termed sociability; that is, interacting sociably for the pleasure of interaction itself. Moreover, such pleasurable interactions were enabled by the sense of belonging and connection the veterans felt toward other members of the group. Outside the group, the veterans felt they could not interact with civilians in quite the same way, thereby reinforcing the importance of other veterans for bolstering subjective well-being through camaraderie and sociable interaction.

Second, the collective story helped the veterans to cultivate psychological well-being by drawing them together as part of a close-knit ‘family.’ Through each of the dialogical components of the collective story, the veterans developed strong interpersonal relationships with each other, which helped nurture their psychological well-being. In particular, the tacit and embodied connection fostered by the sense of not having to explain, yet being understood enabled the veterans to experience a deeper sense of connection to others; something which forms a key element of psychological well-being (Ryff & Singer, 1998). Furthermore, the ethical ideal of a robust social support network created by the mutual obligation to look out for each other helped protect the veterans’ well-being from the problems of suffering and isolation related to PTSD. As Eric suggested, “If it wasn’t for Surf Action and the people that
I know from there, I don't know how well I’d get on to tell you the truth, because they are just – dependable” (I1).

Third, and linked with the above points, the collective story helped define what was at stake for the veterans in telling and enacting their shared narrative (Frank, 2012). That is, in Frank’s (2012; p. 33) terms, the collective story helped the veterans understand how to ‘hold their own’ against PTSD. By ‘holding one’s own’, Frank means “seeking to sustain the value of one’s self or identity in response to whatever threatens to diminish that self or identity” (p. 33). Holding one’s own by way of a story involves first of all hearing that story and then allowing it to shape one’s actions in accordance with the values it proposes. For the veterans, the collective story identified close relationships with other veterans as particularly valuable and constitutive of well-being. Connecting with others thus became an important priority for the veterans in terms of drawing support for their own well-being while simultaneously providing support for other members of the group. As such, the story offered the veterans a compelling means of collectively holding their own against the suffering and despair of PTSD.

Fourth, whereas telling and enacting the collective story positively influenced the veterans’ well-being in many ways as outlined above, it also created some possible dangers or relational tensions, too. Specifically, the story could also disconnect the veterans from the ‘civilian other’ who was placed outside the story. For example, the veterans’ collective story often emphasised a boundary between ‘us’ and ‘them’; with veterans on the one side who understood each other’s problems and were able to empathise - who ‘got it’ - and civilians on the other side who ‘just didn’t get it.’ This is understandable, given that civilians have not shared the experiences of combat trauma that veterans have been through. However, rather than seeking to reconcile or overcome the differences between veterans and civilians, the collective story appeared to highlight these differences as a further source of connection between the veterans. As a result, social relations and possibilities for dialogue and understanding between veterans and civilians (including, for example, family, friends, and healthcare professionals) were closed off.

Fifth, the influence of the collective story on the veterans’ subjective and psychological well-being can be described in terms of ‘patterns of relationship’ (Burkitt, 2014) that helped to generate the embodied feelings that constituted well-being. Building on the embodied, feelings-based approach to well-being introduced in the previous chapter, the
veterans’ well-being can be understood as constituted by the ongoing relational flow of feelings that emerged through their mutual enactment of the collective story. That is, feelings of well-being were oriented toward the interactions and relationships that veterans experienced as part of the collective story. Accordingly, whilst feelings of well-being are known in and through the body, they are also *inter-subjective*; they are not to be understood as independent of relationships, but take shape and meaning through “complex, fluid, dialogical social relations” (Burkitt, 2014; p. 20). For the veterans, the bodily feelings and emotions that made up their experiences of subjective and psychological well-being were thus intimately connected to the interactions and unfolding relationships they engaged in by means of the collective story.

6.5 **The collective story as ‘therapeutic’**

In addition to promoting feelings of subjective and psychological well-being, the collective story can also be understood as ‘therapeutic’ for the veterans in the context of their efforts at tackling and reducing the effects of PTSD. This use of the word therapeutic does not indicate an alignment with clinical or medical model approaches to the treatment of distress. Rather, in addition to the effects on well-being outlined above, this term is used to denote a possible healing effect on the veterans’ lives in the context of their experiences of PTSD. These therapeutic healing effects may primarily be conceptualised in terms of Smail’s (2001) ingredients of ‘therapy.’ Smail’s critical take on psychotherapy suggests that the majority of approaches to therapy have at their core the same three ingredients of comfort, clarification, and encouragement/support. It is these three non-technical, basically personal, aspects of the therapist-client relationship that Smail suggests can help people in distress, rather than any ‘cognitive readjustments’ or other manipulations that a therapist might perform. Moreover, the three ingredients are not specific to psychotherapeutic encounters, and were present among the veterans, embedded in the collective story.

For example, the veterans derived a sense of *comfort* from the dialogical components of ‘acceptance and belonging’ and ‘not having to explain yet being understood.’ As Smail (2001) suggested, comfort may be achieved through “acknowledgement of our condition and affirmation of our experience” (p. 170). For the veterans in this study, being accepted and welcomed into a new ‘family’ of combat veterans provided such affirmation and helped to relieve the pervasive social isolation in their lives. Furthermore, being understood without needing to explain their predicament brought about a comforting sense of relief for the
veterans. This comforting feeling of relief was for many veterans even more pronounced given their previous frustrations at trying without success to explain themselves to civilian doctors and therapists. In addition, clarification involved de-mystifying the reasons for, or ‘causes’ of, the veterans’ psychological and emotional distress (Smail, 2001). For the veterans, the normalisation and legitimisation of their distress was also a clarification that their suffering was not caused by personal weakness, but was instead a reasonable reaction to the traumatic events they had encountered in combat. Clarification also took place when veterans realised that their suffering was not a bizarre or abnormal reaction to trauma and that others too were suffering just as they were.

Furthermore, the veterans benefited from being encouraged and supported by others to cultivate personal and social resources to help deal with or confront their problems (Smail, 2001). Several resources aligned with the multidimensional concept of social support (Cutrona & Russell, 1990) were cultivated through the collective story in which the veterans were caught up. For example, the availability of emotional support through camaraderie and through identification with the collective story ensured that the veterans did not have to ‘suffer in silence.’ It also provided them with a source of solidarity especially during times of intense stress or desperation. Similarly, the dialogical component of ‘looking out for each other’ included a wide potential range of supportive actions. For instance, looking out for another veteran could at times involve tangible support such as offering a hot meal and a bed to someone who needed a place to stay. At other times, it could involve informational support in terms of advice on how to deal with certain PTSD ‘symptoms.’ As such, peer relationships not only influence the veterans’ lived experience of well-being, they may also be important from a ‘therapeutic’ perspective, as explicated by Smail (2001). Indeed, while veterans are unlikely to enter into peer relationships for the purpose of ‘therapy’, the above therapeutic effects may be an important by-product of these relationships that mimic certain aspects of a traditional therapist-client relationship.

6.6 Chapter summary

In this chapter, I described the collective story that acted to shape and define how the veterans experienced peer relationships within Surf Action. The collective story worked powerfully to connect the veterans as a community in which solidarity and ties to other veterans were greatly emphasised. The story was able to exert this powerful influence on the veterans because it resonated firmly with their narrative habitus and stories of communal life.
in the military. Furthermore, the story was composed of five dialogical components through which it was mutually and continually enacted within the group environment. These dialogical components each had a number of positive effects on the veterans’ lives and contributed to the emergence of subjective and psychological well-being. In addition, the collective story as lived through the various dialogical components also potentially created relational tensions by disconnecting civilians and others placed outside the story. Finally, this chapter highlighted some potential therapeutic benefits of telling and enacting the collective story in terms of the veterans’ efforts at dealing with PTSD. In the next chapter, I continue to explore how relationships unfolded between the veterans through masculine performances and patterns of interaction, and what effects these performances and interactions had both on and for the veterans’ well-being.
CHAPTER SEVEN

PERFORMING MASCULINITIES IN THE NARRATIVE ENVIRONMENT OF SURF ACTION

7.0 Overview

Continuing the relational theme introduced in the previous chapter, this chapter explores how relationships between the veterans were structured according to gendered patterns of interaction. In particular, I focus on performances of masculinity through which the veterans continually acted to uphold their masculine identities in the context of dealing with PTSD, and in terms of their relationships with others. I also identify the effects of these masculine performances on and for the veterans’ subjective and psychological well-being. A focus on masculinities is important within this thesis because, as identified throughout the analysis, the veterans’ stories were powerfully shaped by masculine “conventions of reporting” (Sparkes & Smith, 2008; p. 683). That is, the dialogical narrative analysis of the data revealed that the stories the veterans told of their lives and of their involvement with Surf Action were both enabled and constrained by cultural gender norms and by social pressure to present an acceptable version of themselves as ‘masculine.’ Following Ahlsen, Bondevik, Mengshoel, and Solbrække (2013), then, the veterans’ stories call out to be understood as enactments of cultural norms of masculinity. Furthermore, this chapter describes how these enactments of masculinity took place within a ‘narrative environment’ (Gubrium & Holstein, 2009) that valued particular ways of being masculine while marginalising others.

7.1 Theoretical backdrop to masculine performances

Before turning to the analysis itself, some theoretical background is in order. Connell’s social relational theory of gender (e.g., Connell, 1995; Connell & Messerschmidt, 2005) has proved
influential in shaping how researchers conceptualise the notion of masculinities (in the plural), and in understanding how relationships between men are structured according to culturally recognised modes of ‘doing’ manliness. Emphasising the relational construction of masculinities, Connell and Messerschmidt (2005) argued that:

Masculinity is not a fixed entity embedded in the body or personality traits of individuals. Masculinities are configurations of practice that are accomplished in social action and, therefore, can differ according to the gender relations in a particular social setting. (p. 836)

Masculinity can therefore be understood as a situational and contextual performance; it is something men do as opposed to something they inherently are. Also central to Connell’s theory is the notion of hegemonic masculinity. Hegemonic masculinity refers to dominant notions of gendered identities that are constituted in opposition to subordinated masculinities and behaviours associated with femininity (Connell 1995). Furthermore, hegemonic masculinity represents the “currently most honored way of being a man” in a given social context (Connell & Messerschmidt, 2005; p. 832).

Research on ‘military masculinities’ (e.g., Higate, 2003; Hockey, 2003) has applied Connell’s theories on masculinity to the study of gender relations within the military, and provides a useful backdrop to this chapter. For example, Hockey (2003) argued that military socialisation demands service members to adopt a hegemonic form of masculinity that defines what ‘real men’ in the military are like and what they can (and cannot) do. Exemplars of hegemonic masculinity emphasised during military socialisation include displaying physical and emotional toughness, stoicism, self-reliance, putting up with hardship, and being ‘action-oriented’ (Higate, 2003; Hockey, 2003). Recruits who fail to measure up to this image of military manhood are typically disparaged and denigrated for being ‘feminine’ (Hockey, 1986; 2003). In relation to PTSD, research typically indicates that subscribing to a hegemonic masculinity exerts a negative influence on the mental health of service and ex-service personnel, preventing them from talking about distress and encouraging alcohol abuse as a way of dealing with problems (e.g., Greene-Shortridge, Britt & Castro, 2007; Lorber and Garcia, 2010). However, the links between PTSD and hegemonic masculine behaviours may be more complex than previously thought, for as Green et al. (2010) suggested, some ex-servicemen can draw upon a sense of closeness and camaraderie associated with military life in order to talk through their emotional distress with others. Despite this, Green at al. also noted that emotional displays were generally only tolerated among those who had previously
established their effectiveness as soldiers and had thus demonstrated their competency in performing hegemonic masculinity.

Against this backdrop, this chapter now explores the veterans’ shifting patterns of masculine performances within Surf Action. Firstly, the veterans’ initial and dominant response to PTSD, shaped by their ‘masculine habitus’ (Brown, 2006), is highlighted. Secondly, I describe how performances of masculinity constituted both a danger and a resource for the veterans’ health and well-being, at different times and in various situations, as they learned how to deal with their experiences of PTSD as men. Thirdly, I then discuss this dual influence of masculine performances – as both danger and resource – as a dynamic tension that resonated throughout the veterans’ stories.

### 7.2 Responding and ‘non-responding’ to PTSD: Masculine habitus as a danger to well-being

Through their military service, the veterans developed what Brown (2006) following Bourdieu (2001, 2005) termed a ‘masculine habitus’ which, in turn, shaped how they responded to PTSD. This masculine habitus comprised various ways of being masculine, learned through military life, which became embodied by the veterans as relatively durable “structures of perception, conception and action” (Bourdieu, 2005; p. 43). There is some conceptual overlap or similarity here with the notion of narrative habitus introduced in the previous chapter. Rather than emphasising the stories that one feels, intuitively, as belong under one’s skin (Frank, 2010) though, the masculine habitus emphasises the masculine ways of acting and being that form the background to all of the veterans’ stories, and which are learned from one’s social context and constantly practiced through interaction with others and the world. For example, the veterans experienced traditional military socialisation (e.g., Hockey, 2003) in which they learned to embody a hegemonic masculinity by being strong and self-reliant, displaying stoicism in the face of physical and emotional hardship, emphasising ‘homosociability’ (i.e., heterosexual male bonding and friendship), and being action-oriented. Over time, these ways of being masculine became inscribed in the veterans’ bodies, operating pre-reflectively and ‘naturally’ to shape how they experienced the world (Brown, 2006), and how later they handled the emotional distress associated with PTSD. Consider, for example, the reasons that Lewis gave for denying his suffering for a long period of time following his return from war:
NC: so why do you think it maybe took a while to admit to yourself then that things were going wrong?

Lewis: erm – you’re a bloke and you’re stubborn and you got like, male pride. And also the fact that I feel like I was . . . I was very lucky compared to other people out in Iraq. I thought you had to see your mate get blown up or something like that before you had PTSD. But then other people I’ve spoken to that have had PTSD in the past have said you don’t have to sort of be … having your mates blown up or anything, it can just be the pure stress of going out on patrol, getting shot at. The adrenaline’s up and down and your fear-factor’s up and down and just the pure fact that you’re scared or whatever and just – doing it all the time. So with all that, yeah – ok, you might have a problem. But it’s just the pure fact that I just thought I hadn’t had as much action as some of the other people that have got PTSD. I was lucky compared to some of the other people and so I just tried to ignore it. It’s like the old military sort of ways; just man-up and get on with it. (1)

Embedded within their masculine habitus, the exhortation to “man-up and get on with it” constituted the veterans’ dominant response to dealing with problems in life, including PTSD. This type of response had implications for the veterans’ subjective well-being. That is, by forcing themselves to “get on with it”, the veterans silently endured painful feelings of suffering, sadness, depression and anxiety which damaged feelings of subjective well-being. Moreover, such strong-willed denial of PTSD may be said to constitute a non-response to the problem. For instance, for the veterans to view themselves as suffering from emotional distress or ‘weakness’ in the form of PTSD would be costly to their sense of themselves as masculine and to their identity as combat veterans. Experiencing the symptoms of PTSD including nightmares, flashbacks, sadness, anxiety and hypervigilance, was deeply uncomfortable for them, jarring with their masculine habitus and presenting them with evidence that they were not simply getting on with it. Consequently, they often allowed their experiences of PTSD to linger, unrecognised or denied, with increasing damage being done both to their own well-being and that of the family members they lived with. Furthermore, the threshold (Biddle, Donovan, Sharp & Gunnell, 2007) for what the veterans would acknowledge as ‘real distress’ and damage to their well-being in relation to PTSD was consistently deferred as they sought – sometimes desperately – to maintain the masculine image of themselves as “getting on with it.”
7.3 ‘Fighting’ PTSD: Enacting masculinity as a resource for well-being

Performances of masculinity within Surf Action also aroused the veterans’ embodied disposition to get on with it, yet as a resource for improving subjective well-being, rather than simply a reason for denying PTSD. This was possible because of the way masculine behaviours were valued differently by other veterans within Surf Action. Linked to the masculine habitus, the veterans cultivated ‘masculine capital’ (De Visser & McDonnell, 2013) by embodying an approach for dealing with PTSD that was valued by the other veterans. As De Visser and McDonnell (2013) suggested, men accumulate ‘capital’ by displaying typically masculine behaviours and using masculine idioms and signifiers in the stories they tell to others. Such capital can act as a vital source of authority and power in the social world. It can also be used to accommodate certain ‘non-masculine’ experiences or behaviours within an overall masculine identity. For the veterans, masculine capital was accrued by telling stories of ‘fighting against’ PTSD and actively dealing with its effects upon their well-being. As Jonny commented during an interview:

I’m trying not to be a slave to PTSD. The real trick is firstly accepting that you have a problem, secondly getting the correct advice and support, and thirdly learning how to live with PTSD. It’s too easy to fall into that thought process of just [child’s crying voice] “the world hates me and I’ve got nothing going for me!” I don’t feel that – I feel very strongly that we can all make differences, but you’ve got to want to make those differences. Some people don’t – that’s their choice. But the thing with, especially the guys I meet here, is that - in all our different ways, we’re all not willing to sit back and just accept the situation. We’re all trying to do things to improve - not just our quality of life - but ourselves as well. When I was finally diagnosed with PTSD, one of the things I said and I’m sticking to is that I am gonna come out the other end of this a better man – hopefully a nice man. Because again, when I get in my really dark moments, I don’t think I’m a nice or a worthwhile person at all. I see really black things about myself. But what I’m not prepared to do is just sit back and let that take over – I’m gonna fight it to my dying day. To my last breath I will still be fighting this. And I think that’s a mentality that has come about because of the army. And I’ve noticed that with all the guys here – every single one of them is fighting against letting PTSD take over. (I1)
Illustrating the dynamism and complexity of military masculinities (Higate 2003), getting on with it could be reconstructed as a resource for dealing with PTSD and improving subjective well-being, for example by doing things to combat PTSD rather than passively denying PTSD or ‘giving in’ to it. Within the social field of Surf Action, maintaining a denial of one’s suffering as simply getting on with it could be construed as a refusal to come to terms with one’s suffering, and hence, paradoxically, not getting on with it. Amongst the veterans, masculine capital was gained not by denying suffering and remaining stoic, but through actively dealing with PTSD; through fighting it. Highlighting the situational construction and performance of masculinities, the meaning of getting on with it within the group thus shifted from denying one’s suffering to fighting it and facing it head on, like a man. For the veterans, this meant actively doing things to cultivate well-being, such as attending surf camps and residential weeks, talking to other veterans, and engaging in meditation and relaxation sessions. In particular, the veterans’ stories of actively dealing with PTSD often centred on their surfing experiences as a way of building masculine capital and boosting their subjective well-being. Jonny continued his story as follows:

I’m determined to stand on that surfboard. You know, one of the things that the military does - it throws challenges at you. And my civilian counterparts would most likely say “Well, we’re not sure we can do this”, whereas the military attitude is “Yeah, get on with it”, and then cope with what comes up at the time - not look for the problems first, deal with the problems as they arise. I’ve got to stand on that bloody thing! I’ve got to and it’s an immediate short term goal that I can achieve and I’m going to achieve it. And that in itself then helps with the PTSD because you’ve done something. You haven’t sat back sucking your thumb, crying into your beer, pissing and moaning about how bad life is, you’ve gone out and you’ve done something. And in my case, something completely different to what I’ve ever done before. And you can see I’m grinning when I talk about it – it says it all really. You go away with a grin, a good belly laugh! (I1)

By telling stories about surfing as a way of positively dealing with PTSD, the veterans managed to rebuild some of the masculine capital they had ‘lost’ through appearing vulnerable due to suffering and being diagnosed with PTSD. Surfing thus provided the veterans with an opportunity to enact a positive, ‘proactive’ version of masculinity in relation to PTSD that was valued by the other veterans. Moreover, they boosted their subjective well-
being through the positive emotions generated by surfing and the sense of respite they gained (see chapter 5). Stories of ‘fighting’ PTSD through surfing also made the veterans’ suffering meaningful – as something to be contested – helping them rebuild a sense of purpose or meaning in life and thereby contributing to psychological well-being. Accordingly, surfing enabled the veterans to care for their mental health and well-being in a way that aligned with their masculine habitus, i.e., by taking a proactive approach to well-being and by ‘fighting’ the effects of PTSD.

7.4 Banter and the narrative environment as a resource for well-being

According to Gubrium and Holstein (2009), stories do not exist in isolation, but rather they circulate within narrative environments that support and value certain stories while inhibiting or marginalising others. Within the narrative environment of Surf Action, stories were valued in which the teller presented a positive outlook on life, and demonstrated a proactive approach to dealing with PTSD. Such stories were viewed by the veterans as taking control of well-being, and helping to minimise the negative effects of PTSD upon their lives. A core component of positive storytelling within this narrative environment was ‘banter.’ This involved communicating with each other using primarily humour, making fun of one another and oneself in an effort to see who could come up with the wittiest comment or joke. Consider, for example, the following fieldnote which I recorded during a residential week in May 2013:

A consistent feature of life on the residential is banter between the veterans. They are constantly ‘ripping into each other’ and laughing with and at each other. A prime example occurred this evening at the dinner table. The guys were in high spirits and throwing friendly jibes and mock insults at each other, often of a sexual nature. Afterwards, Sid explained to me that “Whenever you’ve got a group of squaddies together, it automatically turns to cock and ass jokes that civvies just don’t find funny.” Notably, no-one left the table for half an hour after dinner was over as the banter and laughter continued.

Hyper-masculine banter has been described as an important component of how men in the military do masculinity (e.g., Green et al. 2010). For the veterans, banter operated as a resource for bolstering subjective well-being by re-establishing the camaraderie that for many of them had been the most enjoyable aspect of life in the forces (see chapter 6). That is, banter produced mutual feelings of enjoyment and laughter which were reminiscent of their
days in the forces, whereby banter constituted a principal means of relating to others. Moreover, emphasising masculine banter enabled the veterans to enact ‘positive’ stories within the shared narrative environment of the Surf Action, promoting counter-narratives and keeping ‘negative’ stories about PTSD firmly in the background. For example, Matthew described his experiences of surfing with the group as follows:

There’s something about boys and water! Especially big boys out in the ocean, riding around on bits of plastic, just having a laugh - where else would you wanna be? . . . Just being out by the sea is good in itself, being in it is far better, and learning how to ride waves doesn’t compare with anything. Especially with a bunch of blokes in the same situation, so there’s none of that peer pressure or no-one’s looking down at you. All these ex-forces guys, you know they’re all there for the same reason. They’ve all got this PTSD, or whatever – not that we talk about any of that – it’s simply about the surfing and just leaving all that emotional stuff behind you and just going out and egging each other on and taking the piss and having a bit of a laugh as the squaddies do. Yeah, it’s good. (I1)

The narrative environment shared by the veterans was dominated by positive stories like the one above. Through telling these positive stories and emphasising ‘banter’, the veterans substituted one performance of hegemonic masculinity (i.e., remaining stoic) for another, more helpful, performance in the context of PTSD (i.e., emphasising homosociability and male bonding). The veterans were thus able to ‘trade on’ their masculine capital to minimise the (potentially stigmatising) emphasis on PTSD within the group (De Visser, Smith, & McDonnell, 2009). As De Visser et al. (2009) argued, men can trade masculine capital to compensate for experiences that other men might regard as ‘non-masculine’, such as suffering emotional distress. Of course, this also suggests that outside this narrative environment (e.g., when surrounded by civilians or veterans who do not experience PTSD), opportunities for reframing masculinities may be limited. Indeed, as De Visser et al. (2009) suggested “While men may acquire and trade masculine capital, the capacity to trade it is limited because different masculine and non-masculine behaviours are valued differentially by other men” (p.1055). Within the group, however, emphasising masculine banter rather than PTSD as the focus of group interaction and storytelling traded successfully on the veterans’ masculine identities as ‘squaddies’ or ‘lads’ in order to offset the potentially negative consequences of PTSD for masculinity.
Moreover, the banter and positive-focused stories worked for the veterans as a resource for subjective well-being by enabling them to care about their mental well-being and to support each other while at the same time upholding masculine identities and preserving masculine capital. The narrative environment that veterans had access to within the Surf Action thus operated as a resource for psychological well-being by facilitating a caring and sensitive approach toward dealing with PTSD. Within this narrative environment, the veterans were not expected to deal with PTSD by themselves, alone, stoically and silently. Rather, a genuine sense of care and concern for the well-being of others took precedence over any pressure to conform to hegemonic masculine ideals that emphasised self-reliance and stoicism. This finding echoes Green et al. (2010) who suggested that masculine performances can protect well-being through camaraderie and a sense of belonging that provides emotional support to veterans experiencing distress. Extending this work further, the above findings illustrate that veterans can trade masculine capital in order to legitimate caring relationships with each other and provide mutual care for psychological well-being.

In addition, while the narrative environment promoted well-being in veterans whose stories were seen as ‘positive’, there could be consequences for those who felt unable or unwilling to fully engage in the banter and whose stories did not align with the dominant emphasis on positivity. Indeed, stories that did not ‘fit’ the prevailing narrative tone were in danger of being marginalised or silenced. Consider how Freddie recalled his experience of a residential week during a later interview:

*Freddie:* I’m a bit of a loner, I don’t mix with anyone anyway. I don’t know if you noticed that while we were there, I was a bit more stand-offish. I had the odd word to say, but most of the time I’d just stand back and watch and listen. And apparently, it turned out I were being negative. When they [staff] gave everybody a debrief on the last day, I was told I was being negative.

*NC:* That’s how it was seen maybe, was it?

*Freddie:* mmmm - because I didn’t stop at the dinner table after I’d eaten my meal and chat like everybody else - I had my meal, and sat there for a little while and then I’d bugger off, go off into my own little world and sit in the bedroom or whatever. I mean that’s me, that’s the way I am, even now that’s the way I am . . . If I wanna be negative, I’ll be negative - that is part and
parcel of PTSD. But because I voiced my negativity, it didn’t go down very well. (I1)

As the comments above show, the narrative environment did not operate equally for all veterans as a resource for well-being, but rather its effects could depend on the veterans’ ability or willingness to demonstrate masculine capital by engaging in banter, and by conforming to the prevailing narrative tone of the group. Indeed, the banter may be seen as a narrative style or ‘speech genre’ (Bakhtin, 1986) that some people may find dull or even offensive. Accordingly, while the banter helped to bolster positive emotions and subjective well-being for the majority of the veterans, this may not have been the case for all participants in the research.

Critical reflections: Box 7.1

Carrying out this research requires me to situate myself within the veterans’ narrative environment. That is, in order to participate fully in their activities, to adopt an ‘emic perspective’ (Sparkes & Smith, 2014) and to successfully negotiate my place within the veterans’ social lives on an ongoing basis, I need to integrate myself with their ways of interacting and communicating. I suggest that my ability to do this successfully is based on my being able to embody the type of masculine capital that is valued in the narrative environment of Surf Action. My own masculine performances are thus a part of what enables me to ‘survive’ within this environment. For example, I consider being ‘action-oriented’, as the veterans are, part of my own masculine identity which I strive to embody in my participation in the veterans’ surfing sessions. I am also aware that, if I were to shy away from the challenge of learning to surf, my masculine capital would likely be damaged within the narrative environment and might compromise my ability to communicate with the veterans.

In addition, I feel the need to integrate myself into the veterans’ dominant interaction style of humour/banter. Having previously participated in a ‘masculine’ environment whereby banter was highly valued (i.e., my undergraduate university basketball team), I have some idea of how to conduct myself among the veterans. For example, I strive to show that I am comfortable being ‘taken the mick’ out of, and that I am capable of joining in with the banter myself. Were I not willing to participate in the friendly banter, I might potentially become marginalised by the veterans or a degree of social awkwardness may well result. Indeed, were I to foreground my ‘researcher self’ and isolate myself as a ‘dispassionate observer’, it is doubtful that the veterans would share their stories with me as openly as they have done or that I would have been able to record the details of their social lives in my fieldnotes. Accordingly, my ability and willingness to participate in the veterans’ narrative environment I feel is an important part of the research process.

7.5 Contradictions of help-seeking: Upholding masculinity as both danger to, and resource for, well-being
The dynamic tension between masculine performances as both danger to and resource for well-being re-emerged strongly in relation to help-seeking. Asking for and receiving help from others was difficult from a gendered perspective, and had to be carefully negotiated in order to uphold masculinities. Indeed, despite being members of a charity dedicated to supporting veterans, the participants often experienced great difficulty asking for help when they were struggling. Eric, for example, described going through a psychological ‘meltdown’ as follows:

I just sort of disappeared off the map. My girlfriend contacted Surf Action and said “What the fuck is going on? He’s disappeared, I don’t know whether he’s alive or dead, he’s in a state – get in touch.” And then I had missed calls from several of the guys and – it’s hard to explain, but as much as I knew they cared, I didn’t want them to know me as a wreck – as somebody who couldn’t cope. So I ignored ‘em – it was the only way I could deal with it, because I didn’t know how to explain what was going on. And it was like, I’d get the call and I’d look at it and I’d go “Alls you got to do is say hello.” But I physically couldn’t even do that. Me mind wouldn’t let me. I know it’s a strange thing to say, but as much as I wanted to at times, I just went “I can’t do it.” Because I don’t like being in a position of weakness. (I2)

As the comments above reveal, the process of help-seeking was filled with dangerous implications for masculinity and for well-being. The notion of distress as ‘weakness’ was so deeply embedded in the veterans’ masculine habitus that they would often force themselves to stoically get on with it by themselves, even at great cost to their own subjective well-being and that of their partners. However, in some situations facilitated by the narrative environment of Surf Action, it was possible for the veterans to accept help from others without damaging their masculine identities or forfeiting masculine capital. Consider, for example, how Samuel described a situation in which he needed help:

I’ve got a safety net in some ways by having people around me here. I don’t think I’d be able to just chuck everything in, which almost happened a while back. I had – my benefits – I had a load of hassle with that, cut me money off. And my instant reaction was just to say “Sod it, I’m off.” And literally, I was just gonna pack a bag and disappear. And that to me was the most sensible thing to do. I didn’t even speak directly to anyone about it, except – I said enough to
two of the guys who know me well enough that they guessed what was going on. And that was enough to make me face it and sort it out and get it sorted out with help. And I’m still here – I’m not off living on the street somewhere, which to me was where I was headed. (11)

While the veterans often could not ask for help directly, they could receive help if others compelled them to act on their situation. Indeed, as the above comments show, help-seeking was more compatible with performances of masculinity when it was framed as ‘making’ the veteran ‘face up to his problems’, and when it was initiated by others. This can be viewed as a strategy for preserving masculine capital while enabling others to provide support for one’s mental health and well-being. In this instance, masculinity became a resource for promoting well-being, but a passive one; it relied on others to accurately read the situation and provide the necessary support. There is thus the danger that things could have turned out differently, for example, Samuel could have been more determined in his avoidance of support, or others might have failed to recognise him struggling, possibly leading to a crisis in well-being and a decline into chaos (Frank, 2013; Smith & Sparkes, 2011).

As a final twist in the dynamic performance of masculinities by the veterans, directly asking others for help and opening up about PTSD could also be reconstructed as a form of getting on with it. Having already proven their masculinity through military service, the veterans were able to trade on their masculine capital to turn asking for help into a resource for safeguarding their subjective and psychological well-being, rather than a threat to their masculinity. For example, Samuel also told the following story in which help-seeking is portrayed in a positive fashion and is seen as bolstering, rather than undermining masculinity:

I spent a lot of time feeling sorry for myself and blaming everyone else. So I think what Surf Action’s done is given me a lot of self-confidence back. And I think the knock-on effect of that is I can take responsibility for myself, responsibility for how I feel. And taking responsibility for how I feel is actually being able to say “Actually, I need help.” Which I don’t always do, but I never even realised I could ask for help, I think, in the past. So that’s kind of – In a way turning my thinking round 180 degrees – everything I kind of believed was true maybe wasn’t. I can remember you used to hear a lot about it on TV, about people making claims for PTSD and stuff like that – I didn’t even know
what it was. And then I think I got in that frame of mind where I used to think all this kind of ‘claim culture’ and people claiming for stuff – that’s what I thought it was – just some scam that people had come up with to make a claim for something that they’d bloody signed up for anyway. So I can understand where that kind of stigma comes from, because I was exactly the same. I was like “oh, for Christ’s sake – you signed up for it, stop whinging!” And I think I applied that to myself, and that’s something I’ve had to get through and I think I wouldn’t have done that without these guys around me – guys that are willing to stand up and talk about it. Well, I know I wouldn’t have done. (I2)

Within the shared narrative environment that promoted taking action in relation to well-being, asking for help could be reconstructed as an affirmation of masculinity, working for the veterans by enabling them to access support for their well-being. Indeed, because the veterans at Surf Action valued help-seeking as a masculine act requiring the courage to risk one’s own vulnerability, asking others for help became seen as positive action and a form of getting on with it in relation to dealing with PTSD, rather than a ‘non-masculine’ admission of struggle or ‘failure.’ The veterans thus accumulated masculine capital not by struggling alone, but by demonstrating a willingness to open up and talk freely about PTSD. This was most evident on residential weeks when the veterans took part in the creative awareness sessions to help them reflect upon PTSD, connect, and share highly emotional stories with the group. Such disclosures were typically met with a great deal of empathy and support. In addition, the veterans were not afraid to engage in spontaneous conversations with each other about PTSD while ‘hanging out’ together during the residential weeks. However, due to the tenacious hold of hegemonic masculinities upon the veterans’ masculine habitus, some participants could not always be open about their problems, and several commented that they still found it difficult to ask for help (even though they may have been more open to receiving help than they had previously been in the past).

7.6 Chapter summary

In this chapter, I described how masculinities were enacted as shifting and contextual performances within the narrative environment of Surf Action, and how these masculine performances affected the veterans’ subjective and psychological well-being.
In particular, masculine performances worked on the veterans in relation to health and well-being by obscuring their awareness/acceptance of PTSD in the first place, and then by complicating the process of seeking and receiving help from others. Masculine performances were not fixed, however, and could be reconstructed to work for the veterans by encouraging a ‘proactive’ approach to dealing with PTSD, by emphasising positive interaction and masculine banter, and sometimes, by enabling help-seeking as a masculine act of taking responsibility and control. This chapter thus emphasised the dynamic yet ambivalent performance of masculinities within Surf Action, and highlighted tensions between the traditional form of hegemonic masculinity embedded in the veterans’ masculine habitus and the ‘proactive’ version whereby they sought to deal with suffering and distress. In the next chapter, I consider how two of the veterans attempted to move on from their suffering by engaging in actions that supported their well-being and enabled them to manage PTSD on a day-to-day basis.
CHAPTER EIGHT

‘KEEPING WELL’: HEALTH WORK, EMERGENT NARRATIVES, INTRANSITIVE HOPE, AND THE NARRATIVE TASK OF SELF-UNDERSTANDING

8.0 Overview

Focusing on the stories of two veterans, Samuel and Matthew, this chapter describes how veterans might understand and experience the process of moving on and keeping psychologically well following PTSD. Many competing voices in the academic and social world claim to tell ‘what counts’ (Frank, 2006) in relation to moving on or getting better following experiences of mental health problems. For example, the medical model emphasises treatment, symptom remission, and – ultimately – cure as the primary goal while ‘psychiatric survivor’ movements and mental health ‘consumers’ have espoused a ‘recovery model’ whereby what counts includes reasserting meaning and value in life and the restoration of social identity (e.g., Carless & Douglas, 2010; Davidson, 2003; Davidson, Tondora & Ridgway, 2010; Fullagar, 2008; Fullagar & O’Brien, 2013; Kokanovic et al., 2013; Veseth, Binder, Borg, & Davidson, 2012). As I indicate below (Box 8.1) I had to resist these voices (in particular those espousing the recovery model) and focus on Samuel and Matthew’s own accounts of life following trauma and PTSD.

My aim in this chapter is therefore to sketch out a vision of ‘keeping well’ in the context of PTSD, and also to highlight how an ‘emergent’ narrative and a new form of hope as ‘intransitive’ (Frank, 2013) can be used to understand life beyond trauma as an ongoing and evolving process – without an ending or outcome implied. This chapter also extends the argument of the previous three chapters by describing how veterans’ health and well-being could improve beyond the effects of respite, relationships, and masculinities. As Frank (2013; p. 219) argued, quoting Walter Benjamin, “There is no story for which the question ‘How
does it continue?’ would not be legitimate” (Benjamin, 1936; p. 155). This chapter can thus be understood as how the stories presented in the previous three chapters might continue.

8.1 Introducing Samuel and Matthew

The stories of Samuel and Matthew were chosen because, unlike 12 of the veterans I encountered during this research, their storied revealed an orientation to the future that moved beyond the next bout of respite. Both Samuel and Matthew had managed to achieve some

Critical reflections: Box 8.1

For a long time, I wanted to call this chapter “Recovery.” It seemed clear to me that Samuel and Matthew’s stories were about positive change – about moving on, getting better, and ‘healing’ – and that they were best conceptualised using the notion of ‘recovery.’ I still understand their stories as about positive change, and they have certainly moved on from the turmoil and chaos that characterised their earlier experiences of PTSD and alcoholism. But the word recovery was not right. There are two reasons I feel it was right to jettison this term in relation to Samuel and Matthew’s stories. Firstly, the term and concept of recovery has become increasingly problematic in recent years among critical scholars of mental health and illness (e.g., Harper & Speed, 2012). Principal objections to the concept include that it individualises both the ‘problem’ of mental illness and the responsibility for recovery (O’Brien, 2012), and that it remains trapped in a medicalised, deficit-focused model of treatment and cure. Critics also suggest that the concept of recovery de-emphasises the structural causes (e.g., poverty, inequality, trauma) of distress and sidelines collective responses (such as the telling of collective stories) to such issues/causes (Harper & Speed, 2012).

But the main reason that I eventually decided against the use of ‘recovery’ to describe Samuel and Matthew’s stories was that I came to realise that it was my term, not theirs. It would, perhaps, have been possible to make a theoretical argument for my continued use of the recovery concept, given that various authors (e.g., Adame & Knudson, 2008; Davidson, Tondora & Ridgeway, 2010) have outlined its strengths and have suggested appropriate ways of reformulating it (Davidson, O’Connell, Tondora, Lawless, & Evans, 2005). Through the doctoral supervision process, however, I began to appreciate the possibility that I had been too immersed in the academic literature on recovery to view Samuel and Matthew’s experiences outside of this conceptual framework. Indeed, they had never used the notion of recovery to describe their own experiences, despite certain similarities that could perhaps be observed between their stories and certain models or descriptions of recovery (e.g., Fullagar, 2008). Rather, their stories about their changing life circumstances and gradual movement away from chaos towards something better were more about keeping themselves well, learning about PTSD, and managing it on a day-to-day basis. Accordingly, I made a late decision in the final months of my PhD to reframe this chapter around ‘keeping well’ rather than ‘recovery’, to more appropriately represent Samuel and Matthew’s stories on their own terms.

19 Vince and Graham’s stories also began to move beyond respite and consider what the future might hold, yet
measure of temporal distance from the chaos (Frank, 2013) of PTSD which enabled them to become more reflective about their lives and where they might be headed. This is not to suggest that either of these men had ‘recovered’ from their experiences of PTSD, for suffering and distress still encroached on and in their lives from time to time. Rather, they both told stories in which they had found ways to ‘manage’ the impact of PTSD and to live full and productive lives despite their continuing experiences of distress. Below, I present a brief biographical description of Samuel and Matthew (see appendix A for further details) to contextualise this chapter before proceeding to retell and interpret their stories of ‘keeping well’ following PTSD.

Samuel and Matthew’s stories shared several similarities. For instance, they were both of broadly similar age (45 and 39, respectively) and generation of military service, having joined the military as teenagers shortly after leaving school with few qualifications. Both had served in Northern Ireland and reported this conflict as the source of many of their troubles. Furthermore, they both presented a similar outlook on life and well-being in the stories they told. Yet there were also important differences between them. Samuel left the Navy in 1995 having “had enough” of military life after ten years’ service and wanting to do something different. He had never been diagnosed with PTSD and reported his struggles with alcoholism as a major source of his difficulties. Because he was never diagnosed, he did not refer to himself explicitly as a ‘PTSD sufferer’, although he often described elements of his suffering as related to PTSD. His story was also influenced in various ways by his experiences in rehab for alcoholism with Alcoholics Anonymous (AA). Such experiences provided narrative resources (e.g., the ‘Twelve Steps’) that, in part, shaped the way his story unfolded (Gubrium & Holstein, 2009).

By contrast, Matthew’s exit from the Army after just three years’ service was rather more abrupt. Having already begun showing signs of distress, Matthew’s Army career effectively ended after he ‘snapped’ and threatened to shoot one of his superiors while on duty in Northern Ireland. The incident triggered a series of psychiatric consultations and disciplinary proceedings following which Matthew was forcibly discharged from the Army in 1994 aged just 21. He then spent six turbulent years fighting, getting into trouble, finding and losing jobs and girlfriends, and moving from place to place until he eventually sought help and became diagnosed with PTSD aged 27. Since then, Matthew has been gradually

Samuel and Matthew’s stories were chosen because they were more developed and portrayed greater details of their efforts toward “keeping well” and managing PTSD in their daily lives.
understanding and getting to grips with PTSD whilst “clawing his life back” partly on his own and partly with the help of other veterans at Surf Action. With these biographical details in mind, I now examine the meaning and experience of ‘keeping well’ through the stories of Samuel and Matthew.

8.2 ‘Keeping well’ through health work and wellness-oriented practices

Both Samuel and Matthew rejected what they saw as the illusory treatment aims of the medical model and its focus on ‘curing’ PTSD through the treatment of symptoms. Each of them believed they had been permanently changed by their experiences in war, and that they would always be haunted by the memories of trauma. They were thus deeply sceptical about notions of ‘recovery’ embedded within the medical model as a removal of symptoms and a return to normal functioning; in short, as restitution (Frank, 2013). Instead, their stories of life beyond trauma and PTSD were about ‘keeping themselves well.’ For Samuel and Matthew, this meant maintaining their subjective and psychological well-being and learning how to live with PTSD on a day-to-day basis. To do this, they engaged in what Mykhalovskiy and McCoy (2002) and McCoy (2005) referred to as ‘health work.’ According to Mykhalovskiy & McCoy, health work involves “the wide range of practices that people engage in around their health, without defining in advance what that work might or should involve” (p. 24). I briefly introduced the notion of health work in chapter 5 when I described the practices that veterans sometimes engaged in to bolster their well-being in between bouts of respite. In terms of ‘keeping well’ and managing PTSD on a day-to-day basis, health work involved a more sustained engagement in what I refer to below as ‘wellness-oriented practices’ that helped to nurture subjective and psychological well-being.

Well-being was experienced by Samuel and Matthew as situational and often transitory, and was only maintained as long as they were regularly engaged in ‘wellness-oriented practices’ that supported well-being. The notion of wellness-oriented practices extends the idea of health work as a general orientation toward self-care through a set of undefined practices to understanding the specific practices that people engage in to care for – and manage – their subjective and psychological well-being. For example, Samuel explained what was needed for ‘keeping himself well’:

I have to keep doing the stuff: being around people, talking about stuff, keeping myself well really. And that’s the thing, it’s having a bit of discipline with the meditation and stuff, which to me is really important. And I know if I
don’t do it for a while, my head really gets messy and suddenly everything seems challenging. Even the washing up is enough to freak me out - it could get to the point where that would all end up in the garden basically, ‘cause I’ll just lose it. And I suppose that’s a limitation – throwing all your crockery in the garden! That’s not normal is it?! (11)

For Samuel, the notion of ‘keeping well’ was organised around a set of ‘practices’ (Schatzki, 2001) that were designed to support well-being and that enabled him to get on with living his life. Following Schatzki (2001), such practices can be understood as “embodied, materially mediated arrays of human activity centrally organised around shared practical understanding” (p. 2). The activities that Samuel engaged in as part of maintaining his well-being (including meditation, relating to others, and talking to others about his problems) were all informed by the shared practical understanding that these activities supported well-being. Such understandings were derived first and foremost from the narrative environments (Gubrium & Holstein, 2009) of which Samuel was a part, in particular AA and Surf Action. For instance, relating to others and talking about problems were described in the previous two chapters as activities that were promoted within the narrative environment of Surf Action as supportive of subjective and psychological well-being. In addition, Samuel’s comments reflect the broader cultural and neoliberal idea (also prevalent within AA groups; Yeung, 2007) that a purposeful and disciplined engagement in one’s health is necessary in order remain psychologically well (O’Brien, 2012; Veseth et al., 2012). Bringing the above thoughts on ‘practices’ in well-being together, wellness-oriented practices can thus be considered as specific, purposeful actions designed to maintain health and well-being and to protect the person against the recurrence of psychological distress. Furthermore, given the effort and ‘discipline’ required to sustain such practices, they might also be thought of as a forms of ‘care of the self’ (Foucault, 1986; Frank, 1998).

One wellness-oriented practice that was important for Samuel and Matthew was surfing. Consider, for example, how Samuel described the role that surfing played in his life:

NC: If you could sort of summarise the surfing then, what role would you say that surfing plays in your life?

Samuel: I think more and more really. I’ve got a board now that I borrow, so I kind of go out on my own. But I think I do that as much for a kind of a – I suppose for a kind of a spiritual thing as well. I think, you know, a lot of the AA
kind of stuff – although, I think a lot of people confuse AA with being like a religious organisation whereas it’s not, it’s kind of your own, whatever you conceive of your spirituality if you know what I mean – it can be whatever you want really. And I think surfing fits in really well with that for me, you know. So I quite like just going out on the surfboard and just paddling around out the back, just relaxing and being out there, you know – watching other people and stuff like that. I think you have a connection with other people that are out there, and that’s kind of – that’s cool. And again, I think I use it as a kind of meditation thing, it slows everything down, sorts the junk out in my head. And I miss it when I don’t do it as well. (I1)

As the above comments show, surfing occupied an important place in Samuel’s story of ‘keeping well’. As a wellness-oriented practice and a form of health work, surfing was a way of boosting positive feelings of subjective well-being that enabled Samuel to enjoy a more fulfilled and hopeful life. Similar to meanings of surfing as respite from PTSD, surfing helped Samuel to gain some perspective on the world and restore mental clarity (“it sorts the junk out in my head”). Moreover, Samuel used this story of the place of surfing in his life to construct a broader meaning than respite, borrowing narrative resources from surfing subculture to embellish the narrative and situate it within his ongoing story of ‘keeping well’ following PTSD and alcoholism. For instance, his narrative linkage (Gubrium & Holstein, 2009) of surfing with spirituality draws on the subcultural notion of the ‘soul surfer’ defined by Ford and Brown (2006) as embodying “values of spirituality, aesthetics and the quest for inner peace and authenticity” (p. 30). In making this narrative linkage, Samuel establishes the role of surfing as deeply connected to psychological well-being through aspirations toward purpose and meaning. He also reveals the shared understandings (e.g., the spiritual nature of surfing) that inform his use of surfing as a wellness-oriented practice.

Like Samuel, Matthew also constructed surfing as a wellness-oriented practice, although with a different emphasis in meaning. Consider the following comments by Matthew in the middle of a dialogue about how he manages PTSD on a day-to-day basis:

I’ve got PTSD and that’s that. But it gets easier the more you do it. I quite often lose track of days so it’s a good thing Rich sends out his surf clinic texts otherwise I really wouldn’t know where I was supposed to be! And just thinking – “Yeah, we’ll go surfing!” All the kits here, all that’s required is me
rocking up and being prepared to put on a wet, possibly freezing cold wetsuit. So even that – even those little things are kind of little way-points to aim for when you’re strutting around with not a lot to do and a bit too much time on your hands. You think “Well, right – there’s you know, something that’s structured…”, coffee, go surfing, have a chin-wag, “whoop-whoop” each other, run each other over with surfboards, and take the piss out of everyone’s mum, which is perfectly legal as far as we’re concerned! (I2)

Rather than focusing on the spiritual aspects of surfing, Matthew’s story connected him to more practical meanings of surfing as a wellness-oriented practice. For Matthew, surfing was a structured activity that formed part of his ongoing strategy for managing PTSD on a day-to-day basis. Accordingly, surfing (and all that it entailed including relationships and enacting masculinities) enabled Matthew to keep feelings of subjective well-being ‘ticking over’ and made it easier to live with PTSD: “It gets easier the more you do it.” Moreover, for Matthew, surfing was one element of a broader connection to the natural environment that helped bolster his well-being and constituted his own way of ‘keeping well’ on an ongoing basis:

It’s that connection with nature again, especially now we’ve got a bit of sunshine the last few days – sunshine, palm trees, blue sky. You can be you know, imagining you’re anywhere and just sitting there watching helicopters and planes go by, just on the bed not really thinking about anything. It’s a weird kind of mechanism just to distract yourself from spiraling round in circles about something that you’re probably not going to deal with that day, or you’re not 100% sure the source of why you’re having this blip or emotional, err - spiritual emergency. Yeah, so you just kind of switch off and just let things settle, just trying to get out of that – almost like you’re arguing with yourself; you want to understand why but there’s something in there that won’t let you. So you just think “Well, I’m getting nowhere with myself, I’m probably no use to anyone else, so – stare out the window, or go and sit on the beach.” Or, if I can be bothered and that wetsuit fitted properly, I’d slip that on – ‘cause he’s [son] quite happy knocking around on the beach. We were down there the other day and he kind of ran off with a few of his mates, so I did get a couple of waves in. But yeah, it’s just distractions. (I2)
Experiencing a connection with nature and immersing himself in the natural environment was for Matthew a purposeful action that supported his subjective well-being. It was a strategy he used to handle distress and that enabled him to counter the effects of PTSD on a day-to-day basis (Fullagar, 2008). Matthew’s strategy is supported by recent empirical evidence which suggests that contact with nature can promote well-being (Bowler, Buyung-Ali, Knight, & Pullin, 2010; Cervinka, Röderer, & Hefler, 2011; Dustin, Bricker, Arave, & Wall, 2011; Hansen-Ketchum & Halpenny, 2010; Hansen-Ketchum, Marck, & Reutter, 2009; Mowatt & Bennett, 2011; Nisbet, Zelenski, & Murhpy, 2011). Moreover, his story reveals that nature and the blue gym may be incorporated within a set of other wellness-oriented practices (e.g., meditation, social relations, enacting masculinities) that bolster subjective well-being and may be helpful for veterans in finding ways to manage, and live with, PTSD.

For both Samuel and Matthew, keeping well was about living as happy and ‘normal’ a life as possible whilst accepting and acknowledging the influence of PTSD. As I have shown, wellness-oriented practices were important in enabling them to do this. Both men also recognised that well-being was only maintained as long as these practices were engaged in. For instance, they both felt that when they allowed life and other activities to take over and when they began to fall behind in their ongoing health work, they also began “sliding backwards” in terms of PTSD, and started experiencing greater psychological and emotional distress. Samuel and Matthew thus felt the need to maintain an awareness of their mental and emotional condition, and to continue engaging in health work and specific wellness-oriented practices in order to uphold their health and well-being (Veseth et al., 2012).

8.3 Emergent narratives and intransitive hope

For Samuel and Matthew, health work and wellness-oriented practices facilitated the telling of an ‘emergent’ narrative (Smith, 2013a). This was a story in which the main concern was living well in the present, with the future left open to emerge. Consider, for example, how Samuel narrated his outlook on the future:

NC: So what sort of hopes do you have about the future then?

Samuel: It’s almost like I’ve been given another opportunity . . . “Well, here you are, have another opportunity, see if you can do it better this time somewhere else.” So yeah, that for me in a practical sense is what I want to keep doing. I’m single at the minute - I’m quite happy single at the minute - I
think that’s a probably good place to be, but I don’t particularly want to be single for the rest of my life. Yeah, and I think just kind of taking each day as it comes really helps for me. If I start looking too far ahead I think I kind of freak myself out sometimes, or I get ideas that are impossible to achieve, or I’m not happy. I mean, that’s what often happens; I’ll be looking so far ahead that I’m not appreciating what I’m doing right now, and I’ve done that a lot I think. And I think the surfing ties in with that as well, you can connect that kind of like – right there on the surf board as what you’ve got. You know, I’ve heard other people say that and I’ve kind of related to it, yeah - that kind of makes sense. And if I can translate that into everyday life, I can’t enjoy what hasn’t happened so I might as well make the most of what’s happening now. But I think, with a lot of things for me, that’s about just keeping practicing it until it starts to mean something.

NC: So where do you think your life is going at the moment?

Samuel: Forwards, probably. Yeah, I mean it all just seems really positive at the moment. I know I’ve got friends around me. I’ve got more friends down in Cornwall in a couple of years than I had back home in a lifetime. You know, what I’d count as real friends, alright it might be ten, but I think ten good friends is quite a lot to be honest. Yeah, it’s moving forward, but it’s not moving forwards too fast. I’m just taking things steady, enjoying what’s happening. But also, I think, learning stuff. I thought there was nothing you could tell me about anything and now I realise that I actually knew sod all. So I’ve just opened my ears a bit and kind of learnt a bit and I’m just enjoying it and it feels like an adventure at the minute, of life. And I feel quite lucky that I’ve got a second chance at it, ‘cause I think a couple of years ago, I might not have had – It might have been very different. (11)

Samuel’s story of keeping well in the present was framed by an emergent narrative which suggests that he is open to whatever life brings, including the possibility of ongoing psychological distress. As Smith (2013a) explained, an emergent narrative is constituted by a series of embodied actions that anticipate a narrative. An emergent narrative is thus “a mode of narration that lacks a plot. It has little sequence orientated toward the future, only (or mainly) a concern with the immediate present” (p. 112). Accordingly, as Smith suggested,
“The person telling an emergent narrative does not want to specify too much of that narrative. They leave it open to emerge” (p. 112). By telling an emergent narrative, Samuel focused upon cultivating happiness and well-being through engaging more fully with his experiences in the present, without feeling rushed into planning for any particular future. His story was thus full of productive desire (Frank, 2013), wanting to learn new things and to “slow time down” and enjoy it.

The emergent narratives told by Samuel and Matthew were enabled by their approach to keeping well that focused them on the present. Concurrently with this immersion in the present, their stories were fortified by a form of hope for the future that Frank (2013) termed ‘intransitive.’ Intransitive hope is hope that is not tied to any specified object or objective; it is hope that leaves the future open. This form of hope is similar to the notion of ‘transcendent hope’ discussed by Smith and Sparkes (2005) in relation to a quest narrative, whereby what is hoped for is left open through a belief that life will yet disclose presently unknown sources of meaning and value (Barnard, 1995). Rather than speaking of ‘transcending’ their struggles with PTSD, however, Samuel and Matthew talked about accepting and “working with” PTSD whilst remaining open and hopeful about the future. Their emergent narratives might therefore be understood as anticipating a quest narrative, as defined by Frank (2013), yet they appeared more closely aligned with the notion of ‘intransitive’ hope. Intransitive hope is evident in the following story told by Matthew in response to a question I asked him during our first interview:

**NC:** So where is your life headed then?

**Matthew:** Straight up. Up into - wherever, I don't know – somewhere really good. Somewhere I wouldn't have expected it to be a few years ago. But yeah, it's on the up. Every week seems to just get better and better and PTSD seems a shade fainter each week. But I know it’s still there and it’s not going to take much for it to come back. But I’m enjoying myself right now, and that’s the main thing. I’m not worried about where my life’s going. And that's the thing, it's not trying to have too much control over where my life’s going. Not that I'm not ambitious and I want things for myself and my family. But I'm just going to – it's since I've learned to kind of let go and let nature take its course that things seem to have improved, you know, many-fold. And I suppose that's kind of me letting go of trying to control it and steer it in a certain direction and
just let nature take over and just go with it, not fight it. And just, you know, obviously you make choices – choose to be happy, choose to be free instead of choosing to sit at home filling out paperwork and just missing out on things like surfing just because you kind of got your blinkers on, or in that agoraphobia stage, or you know, kind of - not knowing what's wrong with you. But yeah, let go. Strive to be happy and don't sweat the small stuff. (11)

The incorporation of intransitive hope as part of Samuel and Matthew’s stories was, in part, what distinguished them from the stories told by other veterans in this study. Indeed, whilst none of the veterans articulated a clear vision for their future, Matthew and Samuel could envisage a future but were willing to let that future – what they wanted out of life and where they were heading – take care of itself. They were hopeful, in general, about the future but did not want to specify or circumscribe their future lives. This is in contrast to the stories told by the other veterans who appeared unable or unwilling to contemplate a future in which suffering was prolonged and PTSD continued indefinitely. For these veterans, thoughts about the future were too frightening to entertain. Accordingly, they told respite stories to keep them focused on the present. For Samuel and Matthew, however, focusing on the present emerged from a desire to experience that present in its fullest, accompanied by the hope that a positive future would eventually emerge.

8.4 The narrative task of self-understanding

For Samuel and Matthew, a great deal of narrative ‘work’ was required in order to understand their suffering and to lay the foundation for keeping well and telling an emergent narrative. This work primarily involved reformulating their understanding of the past in ways that helped liberate them from the destructive focus on trauma and PTSD, and that helped them to envisage a future worth living. In Freeman’s (2010) terms, they engaged in the work of hindsight. Freeman’s (2010) work on hindsight provides a useful framework for theorising the process that Samuel and Matthew undertook as part of their journey toward narrative self-understanding and being able to engage productively in health work. Hindsight can be considered a process of looking backward over one’s life in order to discern the meaning and significance of past experiences, as viewed from vantage point of the present (Freeman, 2010). It is a process of creating and recreating a sense of autobiographical or ‘self’ understanding. As Freeman suggested, autobiographical understanding emerges primarily in hindsight, via narrative reflection.
Hindsight was integral to Samuel and Matthew’s ability to engage in the ongoing work of ‘keeping themselves well’ following PTSD and alcoholism. Both men had to spend time reflecting on their stories and their past sufferings in order to figure out what kind of story they had been caught up in and what kind of story they now wanted to tell. Matthew described this process as “pulling himself to bits and working on what he had to.” Moreover, consider how Samuel was able to re-interpret his time in the Navy when viewed from the vantage point of the present:

NC: If you could sort of summarise it, how have your experiences in the forces affected your life as a whole?

Samuel: Um - again, I think my views have changed on it. I think up until – and that's something else I've got really, out of contact with all the guys at Surf Action – 'cause I think up until then, I'd put that whole ten years into a box, and that box was shit really. It was all crap and that was why everything had gone crap afterwards. I think I was so focused on blaming all that for what was going on now that I didn't even want to look at the good parts of it. And I've kind of got that back by talking to the guys really. You know, and it is like isolated incidents, that probably in timescale add up to – you know – If you're talking about isolated incidents, then they’re like that [clicks fingers]. There’s a lot of good stuff went on in between, and I'd kind of shut all that off, I'd kind of lost it. So in a way it’s [Surf Action] kind of given me that all back, that sort of connection that I’d lost really. It's like I had a gap of ten years in my life that I didn’t even want to discuss. It's weird, I didn’t want to talk about it, but I used to think about it all the time. (I1)

As these comments reveal, Samuel had previously cultivated a rather toxic view of his past; a past he could not forget and which plagued his present life, locking him into a story of continued suffering. Indeed, as Freeman (2010) suggested, following Levi (1989), “A memory ‘evoked too often’ frequently leads to the formation of stories that grow stereotypical, becoming ever more schematised and conventionalised over the course of time” (p. 71). For Samuel, this situation was characterised by a sense of narrative foreclosure (Freeman, 2010); that is, in view of his past and in the midst of his present suffering, there was no way of moving creatively into the future. In order to “break the spell”, as Freeman put
it (p. 146), of narrative foreclosure, Samuel had to engage in a process of *demystification*\(^{20}\) of his troubled past through the imaginative reworkings of hindsight. This demystification involved becoming more consciously aware of the story he had been telling about his past and its consequences for his present life. In other words, for a sustained and productive engagement in health work to begin, his previous story had to be ‘undone’ as a precursor to telling a different one. Samuel’s comments here suggest that he was able to demystify his past and bring alternative understandings to bear on his Naval career as a whole by collaboratively reworking his story with help from the other veterans at Surf Action. Through hindsight, he was able to understand his past experiences – including alcoholism and PTSD – as just one aspect of an otherwise good and happy life, thus enabling him to move on with life in the aftermath of trauma. Moreover, engaging in hindsight enabled Samuel to cultivate a sense of self-acceptance, thereby helping to nurture his psychological well-being.

Despite the benefits that hindsight yielded for psychological well-being and for self-understanding, both Samuel and Matthew acknowledged the process of narrative reflection as a difficult and sometimes painful one. Indeed, Freeman (2010) appropriately wrote of the *work* of hindsight and the imaginative *labor* of narrative reflection, signifying the effort required to explore and dissect one’s past experience. Moreover, Freeman suggested that hindsight can be an arduous and often painful process, leading one perilously through the battered terrain of the past and possibly demanding one to accept uncomfortable truths. Ultimately, however, engaging in hindsight was viewed by Samuel and Matthew as necessary for gaining insight into their personal pasts and beginning the task of keeping themselves well.

Helping them to engage in the demanding process of hindsight, both Samuel and Matthew seemed to experience a measure of temporal distance from the traumatic events of the past which enabled them to adopt a more reflective attitude toward PTSD. As Freeman (2010) put it, “through the distant perch of hindsight, one can free themselves from the oblivion of the chaotic moment” (p. 124). For Samuel and Matthew, this distance was not experienced merely as a result of the passage of time, as this would suggest that one can simply wait passively for self-understanding to happen upon them. Rather, it was cultivated partly by *distancing themselves* from the traumas of the past; by considering the variety of experiences they had lived through since trauma that helped to separate them experientially.

\(^{20}\) See also Smail (2001, 2005)
from the distant, yet still troublesome, memories. Developing this temporal distance from trauma and from the immediate chaos (Frank, 2013) of suffering helped, to a certain extent, to ‘take the sting’ out of PTSD and even enabled Samuel and Matthew to accept or even ‘make a friend’ of it. Consider, for example, the following dialogue between Matthew and myself which demonstrates Matthew’s reflective stance toward PTSD, developed through hindsight after 18 years of experiencing PTSD:

Matthew: Once you know what it is and you’ve got it, there’s kind of no – it’s like an incurable disease; it never goes away. And it’s been 18 years I’ve been running around with it. It never goes away and it’s always there, you just got to learn to recognise it and if at all possible, kind of, make a friend of it

NC: Right - and what does that mean?

Matthew: Just trying to understand it more, understand how it affects you in very subtle – it’s very subtle things that remind you, and it’s kind of recognising that these subtleties are going on, and kind of managing them, or being aware of them before it turns into - like, you going bonkers and levelling a pub on your own

NC: Can you give me like, maybe one or two examples of those subtle things, sort of?

Matthew: Watching the news is a bloody prime example, because it’s just rife. And all these documentaries that you see – even though it’s trying to raise awareness for people that don’t know – for people that do, it’s kind of a hard thing to stomach. You’re watching it and you kind of feel yourself going into this kind of daydream: you’re watching all these images and the narrator kind of fades away into insignificance and it’s just the images that kind of – yeah, clam you up, your mouth goes dry, sweaty palms – and then you really have to make the effort to stay in the now rather than slipping backwards into your own analytical kind of daydream – I don’t know – for want of a better word. I’m probably not explaining it overly well

NC: No, I can see what you mean
Matthew: Yeah, it’s just recognising that it’s still there. It doesn’t matter how much work you put in, there will be times – if everything’s going alright in your life, it just seems to be bubbling away under the surface. As soon as something goes wrong it kind of wants to take over . . . You’ve really got to be mindful and kind of have your head screwed on. (11)

For Matthew, temporally distancing himself from trauma was balanced by the recognition that PTSD would always “be there.” In order to tell an emergent narrative – to let the future unfold in a positive yet unknown direction – he therefore had to figure out how to live with PTSD in the present. Hindsight was important in this regard; for in understanding how PTSD had affected his past, he was better prepared to “manage it” in the present. Indeed, as Freeman (2010) argued, “Coming to an understanding of oneself necessitates an interpretive process wherein past and present are disentangled and ‘disimplicated’ from one another” (p. 152). From the vantage point of the present, where Matthew is fully engaged in the task of keeping himself well, the past could thus be understood and PTSD could be accepted.

Moreover, Matthew’s process of hindsight and coming to an understanding of himself had implications for his ongoing efforts to maintain his subjective and psychological well-being. For example, he was able to understand the place of PTSD in his present life in a manner comparable to a shifting Gestalt figure of foreground/background (Edgar, Edgar & Pike, 2006). That is, following the Gestalt psychology metaphor of perception as attending alternately to objects as either figure or ground, Matthew mostly experienced PTSD as ground – as part of his life, but kept out of focus, in the background. When things went wrong in his life, as they did from time to time, PTSD would then become figure – shifting to the forefront of his awareness bringing with it disruption and the need to manage distress (Davidson et al., 2005). Accordingly, Matthew’s experience of PTSD did not dominate his life, as it had in the past. Rather, it was managed and contained, with the occasional resurgence of distress simply accepted as part of life. He thus demonstrated a rather “pragmatic” (in Matthew’s own terms) approach to PTSD; not needing to solve it, but just going along with it and focusing on maintaining well-being. This pragmatic approach enabled him to enjoy the present as much as possible, and kept him open to telling an emergent narrative.
Coupled with the temporal distance from trauma, Matthew’s perspective on the present was colored by the ‘tools’ he had developed, through hindsight, for dealing with PTSD:

*NC*: One thing we talked about last time was about having the right tools to manage PTSD in a way [Matthew: mmmm]. If we could talk in a little bit more detail about that maybe – so what are the tools and what role do they play in the bigger picture of your life?

*Matthew*: The tools basically are knowledge and the recognising of your own – it’s having an awareness of your own kind of mental and physical reactions. And – kind of, remembering. Not so much remembering but trying to track it back to the source – ‘cause the more you try and block these things out, it’ll just manifest itself in another way and come back and bite you in the ass. So it’s a case of trying not to fight it – just let it wash over you – enough so you can understand what it is that’s going on. And then start thinking about where it all began and going back and just kind of – it’s like having two kids in the playground having a fight and you’re the dinner lady, but all three of these people are you – so you’ve got to be the mediator or the diplomat, the aggressor and the defender all at the same time – and out of all of that, try and make a bit of sense out of it and get everyone to shake hands and run off and play again. It’s that underlying knowledge, you know. ‘Cause we’re all trained up to go and do this, that and the other, but the real fight starts when you get out, years later. ‘Cause it was five years after my discharge before I was diagnosed – that’s when my learning curve started. (I2)

For Matthew, learning about PTSD and gaining insight into how it affected him provided a set of ‘tools’ for managing the effects of ongoing suffering. His “toolkit”, as he later referred to it, for dealing with PTSD consisted primarily of the ability to recognise and interpret signs of distress, and knowing how to safeguard his subjective well-being from further distress by engaging in wellness-oriented practices. Matthew developed his tools through the process of hindsight as he learned, over time, how distress typically manifested itself in his thoughts and actions. Furthermore, his process of learning and reflection was reinforced by the help he received over the years in PTSD treatment settings, from other veterans, and more recently, from sharing stories with others at Surf Action.
Furthermore, as Matthew’s comments about his tools reveal, it was through hindsight, rather than in the midst of a distressing ‘episode’ that he was able to understand his experiences of PTSD. Likewise, for Samuel, insight was typically gained following a period of distress, through the temporal distance afforded by hindsight. They thus tapped into what Freeman (2010) referred to as the revelatory power of hindsight; that is, its capacity to yield insight and understanding “of a sort that cannot occur in the immediacy of the present moment” (p. 173; emphasis original). Through narrative reflection, Matthew and Samuel continually strove to develop an understanding of PTSD and alcoholism that would better prepare them for managing future experiences of distress. Having experienced the ‘flare-up’, that is, they sought the wisdom of hindsight to show them how to manage the next episode of distress more effectively.

Samuel and Matthew thus took up the task of narrative self-understanding to help them engage in health work and to assist them in finding ways to live well despite the ongoing presence of distress in their lives. Their efforts at self-understanding speak to what Freeman (2010) described as the one of the foremost challenges of hindsight; that is, “to live mindfully enough of the present, and of the limits of one’s perspective, to allow more adequate or comprehensive perspectives into view” (p. 220). In other words, their challenge in keeping themselves well was to heed the lessons of hindsight in order to live better in the present, and to avoid PTSD ‘taking over’ and dominating their perspective on life once more. By living mindfully enough of the present, they therefore kept themselves open to an emergent narrative. Not only this, Samuel and Matthew were able to understand and accept their suffering, and cultivate a form of hope for the future that did not rely on any particular outcome such as becoming ‘PTSD-free’, but was instead ‘intransitive’, oriented toward a positive yet unspecified future existence.

8.5 Chapter summary

In this chapter, I described how two of the veterans attempted to ‘keep themselves well’ following PTSD by managing the effects of their suffering and engaging in actions that supported their subjective and psychological well-being. I drew upon the prior notion of health work to suggest that sustaining a sense of subjective and psychological well-being required the continual maintenance of health through deliberately engaging in wellness-oriented practices. By engaging in such practices, the veterans kept themselves focused on the present whilst remaining open to the telling of an emergent narrative in which the future
is left to unfold in positive yet unknown directions. In turn, the telling of emergent narratives was facilitated by a process of hindsight (Freeman, 2010) in which Samuel and Matthew sought to understand their past sufferings and create a sense of temporal distance from their experiences in combat. This process resulted in Samuel and Matthew being able to ‘move on’ from the chaos (Frank, 2013) of trauma and PTSD and to focus on living as good and happy a life as possible. The next chapter draws the empirical section of this thesis to a close by showing the data in the form of an ethnographic creative non-fiction depicting the veterans’ overall experiences of Surf Action.
CHAPTER NINE

AN ETHNOGRAPHIC CREATIVE NON-FICTION OF SURFING, SURF ACTION AND PTSD

9.0 Overview

In this chapter, I move from telling the reader about the research and representing my findings through a series of realist tales, to showing how the veterans experienced life through the genre of ethnographic creative non-fiction. Building on the rationale developed in the methodology chapter, the purpose of this chapter is to evoke the veterans’ lived realities and experience of the world in an emotionally engaging way (Clayton, 2010). This is important because as Smith, Tomasone, Latimer-Cheung and Martin-Ginis (2014) suggested, emotionally engaging and credible stories can be highly accessible, move people, and constitute a form of action. The purpose is not only to show theory and research findings in a coherent yet evocative manner, but also to offer a deeply embodied, sensorial and relational account of the veterans’ lives (Smith et al., in press). Moreover, the purpose of this chapter is to represent the findings of this research in a more memorable and impactful way that may help to share the knowledge created in this thesis with wider audiences. In other words, my purpose is to tell a story that the veterans who took part in this research (and others who did not) can strongly relate to, connect with, and be moved by.

9.1 Constructing the story

The story was constructed using data collected for this research. It includes people’s real words, phrases, sentences, and interactions documented in the fieldnotes. This is done in order to enhance the credibility, rigour, and naturalistic generalisability of the story being developed (Smith, 2013b; Sparkes & Smith, 2014). Thus, while recognising that the
boundaries between fact and fiction can be difficult to draw, the story being told is ‘real’ and not ‘imagined’ (Smith, 2013b). This said, as Smith (2013b) put it:

While the events that unfold in the story are “real”, they do not follow in the precise order in which they were told or enacted in the data collected. Time is telescoped, and events are selected from the data to best represent the themes, plots, and theoretical points generated from the analysis of the data.

Furthermore, the dialogue between the characters, while mirroring interactions that took place in the field and incorporating participants’ real words and phrases, is largely created by me. The aim of this is to create a coherent narrative that is ‘true to life’ without claiming to replicate exact conversations. The characters, including Pete – the story’s protagonist – are also composite characters, designed to represent a collective impression of the veterans’ experiences of Surf Action. These characters are animated throughout the story using a variety of fiction-writing techniques (e.g., contextualised, vernacular language; dialogue; metaphor; allusions; flashbacks and flash forward; tone shifts and so on) to communicate the veterans’ experiences in compelling and emotionally vibrant ways (Smith, 2013b). The overall aim is to create a text that rings true with the veterans’ lives, and speaks to the complex and multi-layered ‘truth’ of their experiences as felt and viscerally embodied.

With the above points in mind, I now present a short story showing one veteran’s emotional experiences of PTSD, surfing, and Surf Action.

9.2 **Telling the tale**

*“Peace amidst the chaos”*

Pete slouches behind the steering wheel of his car as a groggy, tired haze enshrouds his body. As he passes the familiar sign that reads “Beach Car Park – 2 Miles” he quickly rubs his blood-shot eyes. Blinking twice, he returns his gaze to the road and carries on rolling toward the beach . . . BANG! . . . The vivid images from Pete’s nightmares return to ambush his consciousness . . . He’s back at war . . . Terror fills the arid Afghan desert. Pete watches helplessly as a huge plume of black smoke and dust engulfs the armoured Landrover in front of him. “Shit!” thinks Pete, “IED.” He throws himself out of his truck and clambers to the aid of his comrades. Ricky – dead; Sammy – dead; Jonno – in pieces. Wide-eyed, Pete stands there helplessly paralysed by the carnage in front him. His ringing ears amplify the sense of panic, his racing heart thudding out of his chest. In that awful moment, a feeling of pure horror was etched on Pete’s soul. The memories now festering in dark corners of his mind
torture him with the ludicrous idea that he’d seen the device moments before it went off, yet had been unable to warn his friends. In the world of his nightmares, the mental wounds of war are reopened.

Pete begs the memory of his nightmares to leave him as he carries on down the road. His thoughts drift warily to the argument he’d had with Tracy the previous night.

“Aren’t you gonna say anything?” asks Tracy with more than a hint of frustration.

“What is there to say?”

“Just say something, Pete. Anything. It’s been months and months like this – you barely say a word to me anymore. It’s like you’ve just lost interest.”

“Tracy, give it a rest will ya?”

“NO!” Tracy snapped back impatiently, slamming her coffee mug down on the table. “Pete, we need to talk about this. This isn’t normal. I want my husband back.”

“What do you mean?! I’m right fuckin’ here!”

“No, Pete, you’re not. You’re clearly still there – in Afghan.”

“Ohhhhh, not this shit again.”

“Well, what then?! What’s wrong, Pete? Talk to me!”

Pete stares blankly back at Tracy as she stands in front of him, gesturing toward him with her palms facing upward, arms locked rigidly, hoping for some glimmer of insight from Pete. A brief silence hangs tensely in the space between them.

“I thought things would get better once you saw that doctor and got diagnosed last year. But nothing’s changed. You’re not dealing with this”, says Tracy, exasperated.

“I AM dealing with this. Don’t you see me going surfing every week? What do you think I’m doing there, eh?”

“And that’s great Pete, I’m really happy for you that you’ve found surfing and that there are guys there who can support you. But its three months you’ve been going to Surf Action now and you’re still having these nightmares – waking up screaming in the middle of
the night . . . And you’re still dragging yourself around this house like a zombie on the days when you’re not surfing. *AND,* you still won’t talk to me about any of it.”

“Like I said, I’m dealing with it. I’m getting on with it. The guys at Surf Action all know that – they can see it – they understand. Why can’t you understand?”

“How can I when you won’t fucking talk to me?!” Tracy shouts as she bangs on the table and storms out the room.

Returning his thoughts to the present, Pete eases his way over the bumpy gravel driveway and into the beach car park. He switches off the engine and opens the car door to feel the crisp sea breeze and the warm late-June sunlight on his face. Thoughts of the argument with Tracy flicker further away from him as he goes to feed the parking meter, listening to the quiet rumble of the waves in the distance. “Not long till I’ll be down there, in that lovely water” he thinks. Retrieving his over-priced ticket from the machine, Pete strides back to his car and slaps the ticket on the windscreen before making his way up the steps to the beach cafe.

“Heeeeeey, Pete!” Ben calls cheerily from the table across the cafe where he was sitting with Jonesy and Colin enjoying a coffee and a bacon sarnie. Ben rises to his feet, turns around, and embraces Pete with a firm, manly hug. Pete and Ben had formed a strong connection in the short time that they’d been going surfing together. This was funny, Pete thought, as they barely knew each other, and yet they seemed to share so much. All Pete knew of Ben was that he’d been in Bosnia, and before that, the Gulf, and that now he worked as a joiner – when he could. They’d never spoken a word about what each of them had been through in the forces, and never needed to, it seemed. Feelings pass easily through the tough exteriors as they embrace each other in the hug.

“Looks nice out there for a change” Ben says as he releases Pete from the hug.

“Yeah bout time we had some good waves” Pete replies, pulling a chair out from under the table. “Alright guys” he says as he sits down.

“Yeah, alright mate” Jonesy says, offering a handshake.

“Yeah, not too bad today thanks” says Colin, following Jonesy’s lead with the handshake. “Jesus, Pete, you looking fuckin’ shattered, bro”, he adds in a half-humorous kind of way.
“Yeah, coffee would be great, cheers”, Pete replies, wittily turning Colin’s remark into an offer of a pick-me-up.

“Ha! Cheeky sod! What d’you want, pal? I was heading up there anyway”

“Cappuccino, ta” Pete replies as Colin gets up and joins the queue.

“How’s the Missus, Pete?” asks Jonesy.

“Pffft, don’t ask, please!” Pete says, shaking his head.

“Still rough between you both, eh?”

“Yeah mate. She don’t understand that us squaddies don’t wanna talk about shit all the time, we just wanna get on with it.”

“Yeah talking sucks ass. What I’ve found with my Vicky though, right, is that sometimes I just have to open myself up to her just a little bit, just so she has an idea what’s going on and that makes things a bit easier then”

“Yeah, I hear what you’re saying mate . . . I’m just shit at talking about feelings though, especially with Tracy. I mean what fuckin’ hope does she have to understand the shit that I’m dealing with?”

“Well, none if you don’t fucking talk about it!”

“Shit, you sound just like Tracy”, Pete says, grumbling a little.

“He’s bloody wise, though isn’t he!” Ben adds jokingly, leaning forward a little onto the table. “Tell you what mate, it’s no use trying to bury all the shit deep down inside you and pretend like you’re alright ‘cause it’ll just come out of you in other ways. Better to just lay your balls on the table and be honest with her if you’re struggling.”

“Yeah, fair point I s’pose”, Pete says with a sigh.

“Fuck it. . .we’ll deal with that later though mate” says Ben. “Today it’s all about those glassy, peeling left handers! . . . I wanna see you hanging ten today, right Pete?!?”

“Ha! You’ll be lucky! I’ll probably spend most of the time on me ass again!” Pete jokes back.
Just then, Robbie pokes his head round the door of the café and calls out to the guys: “Hey guys, kit’s ready – let’s go get wet shall we?!”

“Yeah, let’s get in there!” Ben calls back as he quickly rises from the table and shoves his chair back under it.

“Typical!” Colin shrugs his shoulders as he reaches the front of the queue for coffee. “Coffee afterwards, Pete?”

“Yeah, why not Col”, replies Pete as he pats him on the shoulder on the way out the café. “Surf first, coffee later.” The four men walk out the café and over to the minibus to get changed.

* * *

Pete stares out at the glistening water as he straps the Velcro leash around his ankle. Gently peeling waves march toward him from the horizon, calling him forwards into the sea. With a deep inward sigh, he allows all thoughts from dry land to drift away slowly as he takes another moment to survey the conditions. Four foot high glassy waves coming in in clean, evenly spaced sets . . . perfect! Pete picks up his surfboard and steps forward to feel the chilly Atlantic waters lapping around his ankles. Wading in deeper, he pushes his way through small broken waves while feeling the soft sand shifting underneath his toes. As the water rises to meet his waist, he flops down onto the big fiberglass surfboard and begins to paddle out. An oncoming wave rushes over Pete, sending swathes of cold water trickling down the back of his wetsuit. “Refreshing!” he thinks, refusing even in his mind to squirm or squeal at the cold rush down his spine. Pete shakes his head to whip away salty droplets from his eyes and carries on paddling. With big broad strokes, he propels himself forward, gliding over the surface of the water. Gripping steadfast to the board and arching his body upwards like a cobra, Pete wrests his way over several rumbling waves, trying each time not to get dragged too far backwards toward the beach. He paddles fervently, using much energy, aiming to make it past the break and into the sacred region of ‘out back.’

Seeing that there are no waves tumbling ahead of him, Pete stops paddling and allows the board to glide to a gentle rest, not far from the spot where Ben, Colin and Jonesy are already sitting with their boards half in and half out the water, as surfers do. He lifts up his torso and drags his backside up the board, carefully balancing his weight by perching himself in the middle of the board. Pete simply sits there a moment, drinking in the satisfaction of
having made it ‘out back.’ This was a space that Pete had come to appreciate greatly since he began surfing a few months ago. Beyond the rough and tumble of the breaking waves, out back was a peaceful space where Pete could float around and allow his senses to melt into the ocean surrounding him. Drawing deeply the salty aroma while gazing out to where the royal blue of the ocean meets the pale blue sky makes out back the perfect place to just sit and chill. Pete’s thoughts are stilled in this space. His inner voice falls silent and allows him simply to be. Enjoying the sensation of being out back, Pete lays flat on his board and bobs up and down as several small undulating waves pass gently underneath him. He traces his hand across the surface of the water, feeling its cool, silky texture flowing over his rough-skinned hand. A blissful, quiet stillness envelopes his body.

After several minutes of floating around, the buoyancy of Pete’s body mirroring the lightness of his thoughts, Pete spies the hint of some larger waves building in the distance. “Sets coming in!” calls Jonesy from nearby, confirming the arrival of some good potential rides. Pete swings his board around to face the shore. Aligning the board with the oncoming wave, he begins to paddle. Left arm – pull, right arm – pull . . . too slow . . . Pete rises up then quickly down as the wave passes underneath before breaking ahead of him with a loud CRASSSSSSSSHHH. He glances over his shoulder to reveal the next wave almost on top of him. Perfect position! Pete paddles swiftly as the wave catches up to him, surging him forwards with a burst of raw elemental power. He slowly clambers to his feet as the wave begins to tumble around him, angling his board in the direction of the peeling left-hander. Pete shoots out of the pocket of the wave and glides across its glassy face. The freshly waxed board provides the perfect grip as he feels his way across every slight bump and turn in the wave. Images of the beach and the surrounding cliffs brush by rapidly in the periphery as Pete stays locked on course, focused on the ride. Caught up in a brief moment of wonder, he lets the wave unfold beneath his feet, absorbing its powerful energy. As the wave finally whittles itself away, Pete launches himself off the board and splashes sideways into the water. A warm, zesty buzz radiates throughout his body as he begins to paddle back out.

An hour drifts by, feeling like ten minutes. Pete relishes his playtime in the waves. With each crest of white water that topples over him, rolling his body around like a sock in a washing machine, Pete is rinsed clean of all that irks and ails him. Each rushing, foaming wave caught and ridden is a moment he instinctively treasures as though it might never reoccur. Each time he paddles out, droplets of spray peeling back off the waves gently shower exposed skin on his face and hands as he listens to the nose of the board tap-tapping
up and down on the surface of the water. His body attunes to this watery world. Robbie – the instructor – darting around expertly on the waves offers Pete the occasional word of advice; “Head up, Pete!” . . . “Knees bent!” Cheers and shouts of encouragement from Colin, Ben and Jonesy are interspersed with moments of soulful seclusion out back in the lull between sets. Another ten minutes drift by in an instant. The sight of Robbie standing on the beach, waving the guys in catches Pete’s eye as he disembarks from a wave. “Never long enough”, thinks Pete as he wades slowly through the shallow water and back onto dry land, sensing in the back of his mind that the smiles and laughter would soon be over for another week.

* * *

“Manage to mow down any tourists with your board today, Pete?!” Colin jests, handing Pete a cappuccino.

“Nah, they stayed well clear of me today. Word must have got round after I accidently clouted that one bloke last week. Poor bugger!” Pete replies. “Thanks, by the way” he adds, lifting up his cup of coffee.

“No probs mate.”

“What’s this I hear about clouting?” Jonesy asks with a smirk as he pulls a chair out and sits down with the guys.

“Haha! You should have seen it!” Colin giggles. “So last week, captain bloody careless over here is hurtling along at top speed, you know – thinking he’s Kelly Slater, when all of a sudden – BOOM! . . . Ploughs his surfboard straight into this northern bloke – down here on holiday – and then falls right on top of him.”

“You should have seen the bruise he came away with!” Ben adds. “Nearly dislocated his bloody shoulder too!”

“Oh, I felt awful. He claimed he was alright but he looked bloody traumatised by it to be honest” says Pete.

“Well, he probably ended up with fuckin’ P-T-S-D!” Ben says, throwing back his head and cackling loudly as laughter collectively erupts around the table.

“Still, even he was doing better than Jonesy, here”, says Colin, “How many times you fall off today Jonesy? I hope you like the taste of sea water!”
Further giggling ensues. “Hey – we can’t all be born with webbed feet and gills like you Colin, fuckin’ Navy boy!” Jonesy retorts.

“Oooooohhhooooooooohhhhhho00oo!!!”, cry Ben and Pete together, signalling that the stakes in this exchange of mock insults had just been raised.

“Better gills and webbed feet than a fat ass tankie who can’t fuckin’ float!” quips Colin as the others burst into laughter once more.

The banter continues back and forth between the guys as they drink their coffee. Pete smiles as he is reminded of the good old times with his buddies from the regiment, quietly wishing to himself that every day could be like today. After several more minutes, the guys finish their coffee and wrap up the conversation. Pete shakes each of his friends’ hands in turn as he bids them farewell for another week. Heading back to his car, a certain anxiousness – a feeling of foreboding – gnaws in the pit of his stomach. “Back to the dreaded reality” he thinks. As he switches on the engine and makes his way out the car park, darkness creeps back in at the edges of his thoughts.

* * *

EIGHT MONTHS LATER

“So, what do you wanna do today?” asks Tracy, handing Pete a cup of tea before slumping down next to him on the sofa.

“Dunno”, Pete replies, taking a sip of his tea.

“Come ooommmnnn, you can’t just sit around all day. We both know that’s a recipe for trouble. You’re not surfing till Wednesday so you’ve got to keep yourself busy this weekend, like we talked about.”

“Yeah I s’pose you’re right. So . . . what then? I s’pose you had something in mind?”

“How about we go for a walk? Start at Marazion and walk the coastal path till we get to Porthleven. You like it there, don’t you?”

“Yeah it’s alright . . . S’pose it might do me some good, help to blow the cobwebs away.”
“Great. I’ll pack us a lunch then and we’ll drive up there in half an hour or so. How about you finish your tea and then go fetch the jackets and walking boots.”

“Yeah, alright love.”

During their 20 minute drive to the coast, Pete’s thoughts carry him reflectively back through memories of the past 11 or so months. It had been almost a year since he began surfing with a group of other combat veterans at Surf Action. In truth, he didn’t feel any different now to how he did back then, although the nightmares had become less frequent, and that was good – very good. He had, though, become more attuned to dealing with PTSD, learning to manage the periods of despair and to keep the awful memories of the Afghan desert at bay. Walking helped, as did being outdoors, although nothing quite compared to frolicking around in the waves with a great bunch of other ex-squaddies every week. He’d also been on two residential weeks where he’d spent time with the guys and gotten to know them and their stories. They’d talked openly during these weeks about this ‘PTSD’ and how it affected their lives. Feelings, he found, were not so difficult and it was O.k. to stand up and talk about problems with others. All of this didn’t make the memories any less painful, but at least he was beginning to discover ways of living with the suffering they caused.

Pete and Tracy arrive in the empty-looking car park at Marazion. Stepping out of the car, they pull on their thick coats and woollen hats to shield them from the cold February winds blowing in from the West. After walking quickly through the town, the route opens out onto their favourite stretch of the Cornish coastal path. Linking arms, they stroll leisurely along, side by side.

“It is good to get out the house” admits Pete as they head down the path with the mild, gusty wind slicing across them.

“You see what I mean?!” Tracy replies, hoping to encourage more of this activity. “It’s no use you moping around at home. I know exactly what’ll happen to you if you do – I see it; you start to wander off into those dark places.”

“Yes, well – let’s not talk about that shall we, eh?”

“Sorry, you’re right . . . Cor, it is blowy out here today in’t it?!”

“Bracing, I think you’ll find!”

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“Ha! You’d be sat in the middle of a bloody hurricane saying ‘Oh, don’t worry – it’s bracing!’”

“There’s no such thing as bad weather – only inappropriate clothing. And we’re fine, so button your chops, missus!”

“You are a cheeky sod, Pete!” says Tracy as say playfully slaps him on the arm.

“Typical bloody squaddie!”

Pete doesn’t reply, but simply smiles. He pauses a minute, savouring the good times, and wondering if life could be like this more often.

9.3 Reflections

In sharing the ethnographic creative non-fiction as part of this thesis, I am faced with the dilemma of offering an ‘autopsy’ of the story, contextualising it with my own analytical reflections and dissections (Ellis & Bochner, 2006), or letting the story itself perform the analysis, operating in Barone’s (1995) terms as the artfully persuasive storyteller, relinquishing control of the analysis and allowing the reader to interpret the story from his or her own unique vantage point. While I appreciate the value in allowing the story to speak for itself, following Smith, Papatthomas, Martin-Ginis and Latimer-Cheung (2013), I also recognise the need to highlight the implications of the story as part of this thesis, and to demonstrate its theoretical and practical contribution to knowledge. Given this, a number of points are worth noting in relation to the story just shared.

First, it is important to reflect on my role in the creation of the text. Just as in the realist tale chapters, I am the voice behind the creation of the text, which both carries my interpretations of lived experience and helps define the possibilities of the reader’s interpretations (Diversi, 1998; Sparkes, 2002). Yet beyond the previous chapters, I utilised my own creative faculties in this chapter to transform lived experience into an emotionally compelling account of the veterans’ lives. Moreover, I drew upon my own embodied knowledge of surfing, which became entangled with the stories the veterans told me, shaping the story that was produced. For example, had I not been surfing with the veterans, I would lack the embodied and sensory experience of surfing that enabled me to provide a rich and evocative depiction in the middle part of the story. During fieldwork and data collection, my own experiences of surfing thus became mixed up with those of the veterans through the stories they told me in the interviews, and the stories I witnessed being played out in the
group environment. Their stories got under my skin (Frank, 2010), shaping the way I came to understand and experience my own involvement in surfing, and shaping, in turn, the way I was able to represent their experiences in the above story. While the story above is therefore primarily about the veterans’ lives, it also (inevitably) includes my own experiences too. Following Sparkes and Smith (2012), then, producing the story called for an embodied engagement in the lives of the veterans; that is, to place myself in the story and feel my way into and out of the analysis via the fullness of my own sensory corporeality.

Second, beyond the fragmentation and analytical separation of themes in the previous chapters, the ethnographic creative non-fiction has the capacity to show several themes at once and to create a multi-layered picture of the veterans’ lived experience that preserves its messiness and complexity. Everyday life is inherently messy and complex, characterised by a stream of consciousness (James, 1890/1950) which may at times be experienced as random and chaotic; thoughts, feelings and memories blend into one another and move quickly from one event, experience, or recollection to another, all the while the individual is crafting and re-crafting a self-story to make sense of their lived experiences. Indeed, as Burkitt (2014) put it:

The self is a temporal social construction: it is a matter of the person I am in this moment looking back on the person I was a moment ago (or longer as the case may be) and assuming a slightly different role – the listener instead of the speaker, the one reflecting on what was thought or felt instead of being the thinker or feeler. But then in the next moment this same self can assume another role, plunged back into engagement with the immediate moment of experience, thinking, feeling and responding to self or others. In this way what we think and feel is not just a matter of the stream of consciousness, as James pointed out, but also of the stream of experience that is going on as we interact with others. All the time the self is subtly changing as it moves through these moments of experience: unifying and dividing, talking and listening, feeling and empathising with the feelings of others, thinking and imagining, then thinking about those thoughts and feelings (reflecting). (p. 108)

Following Burkitt, the ethnographic creative non-fiction attempted to show an example of what might constitute the complex trail of thoughts and feelings that characterised the veterans’ stream of experience. The ethnographic creative non-fiction is thus able to hold together a coherent account of the messiness and complexity of the veterans’ everyday lives.
(Smith, 2013b). As part of this complexity, several key themes from previous chapters are shown together and conveyed powerfully and evocatively within the story. For instance, the story’s key motif of “peace amidst the chaos” along with the rich portrayal of Pete’s surfing experiences shows the experience of respite. The storyline of respite is conjured up initially when Pete looks forward to “getting in that lovely water”, and then reinforced when Ben encourages Pete to “deal with that later”, leaving his problems behind and enjoying the surfing experience. The phenomenological experience of respite is then described in depth in the middle portion of the story as Pete’s stream of experience unfolds throughout the activity of surfing.

Another key theme evoked in the ethnographic creative non-fiction is the collective story that existed and developed between Pete and the other veterans. This is introduced initially in the first interaction between Pete and Ben (i.e., the manly hug) and developed throughout the initial pre-surfing conversation in the café (e.g., when Pete’s friends offer him emotional support and solidarity in dealing with marital problems and communication difficulties). In addition, this interaction shows the influence of masculine performances at work in terms of facing up to one’s problems and talking about them as emblematic of masculinity within the group environment. Both the collective story (e.g., camaraderie) and masculinities (e.g., banter) are further shown in the post-surfing conversation back in the café. This interaction includes the elements of ‘black humour’ and friendly inter-forces rivalry that were prevalent features of interaction between the veterans within the context of Surf Action.

Moreover, the positive and negative effects of surfing, relationships and masculinities upon the veterans’ well-being are shown throughout the ethnographic creative non-fiction. For example, the positive effects of respite are shown when Pete experiences the complete absence of trauma-related thoughts and feelings, and the positive emotions that help to counter his distressing recollections and feelings of sadness, withdrawal, and isolation. Potential dangers and relational tensions are then highlighted when Pete is initially locked into a masculine story of ‘dealing with PTSD’ by being stoic and silent in his relationship to Tracy, and when feelings of respite begin to disappear after the surfing and pleasant interactions have finished, leaving in their wake a return to suffering and distress. The story then shows (in the ‘fast forward’ scene eight months later) Pete’s efforts toward engaging in health work (McCoy, 2005; Mykhalovskiy & McCoy, 2002) as a way of bolstering well-being and finding ways to live with PTSD. There is also a hint of an emergent narrative
(Smith, 2013a) when Pete begins to wonder in the final sentence what the future might hold and whether he might begin to distance himself from the traumas of the past.

Furthermore, while the above findings are clearly contained within the ethnographic creative non-fiction, the story retains an element of interpretive openness (Frank, 2010) that enables the reader to relate to it from a variety of perspectives. The characters and situations represented in the story are open, not fixed and finalised, and could potentially be interpreted in multiple different ways. For example, Pete’s character is revealed throughout the story as a tough ex-soldier, committed to a vision of himself as strong and courageous. Yet the changing interactions with Tracy reveal that this aspect of his character might evolve and change in subtle but important ways. It is also unclear how this aspect of his character will influence his ongoing struggles with PTSD, or how it will affect his well-being and future development. The story thus preserves the ambiguity that characterises life-in-flux (Carless, Sparkes, Douglas, & Cooke, 2014; Frank, 2010). I also hope it leaves the characters’ motivations and relationships with others partly unclear, and as such, they may potentially be read differently by different readers. Indeed, interpretations of Pete may vary depending on whether the reader is a veteran, partner, doctor, mental health worker, surfer, student, or member of the general public. Pete’s story of “Peace amidst the chaos” therefore necessarily remains unfinalised (Frank, 2012).

Third, the ethnographic creative non-fiction communicated something more that was not evident in the previous chapters (Carless, et al., 2014). For instance, the story aimed to communicate a felt sense of life as lived by the veterans, beyond what was possible to convey in the realist tale chapters. Moreover, this something more also includes themes not covered explicitly in the previous empirical chapters but which were, nonetheless, evident in the data I collected. For example, the story evokes a sense of relational difficulties that some of the veterans reported experiencing with their partners. (Dekel, Goldblatt, Keidar, Soloman, & Polliack, 2005; Miller et al., 2013; Ray & Vanstone, 2009). Such difficulties included communication problems and problems discussing the experience of PTSD, which strained relationships and caused further harm to the well-being of veterans and that of their partners (Ray & Vanstone, 2009).

Also highlighted in the story was the sensation of flow (Csikszentmihalyi, 2002) that the veterans sometimes alluded to in their descriptions of surfing. The sensation of flow typically refers to a state of intense focus on, and absorption in, a certain activity to the exclusion of all other thoughts and emotions, and which is experienced as deeply rewarding.
This was evident, for example, in the way in which Pete was thoroughly immersed and caught up in the experience of riding waves, and in the “soulful seclusion” and “blissful, quiet stillness” he experienced while spending time out back. Furthermore, the ethnographic creative non-fiction revealed flow not as a clearly defined psychological state that the story’s protagonist entered into through surfing, but as an embodied feeling or intuition that was evoked through connecting with the ocean environment and shaped by culturally available descriptions of peak experience through surfing (Sparkes & Partington, 2003). For instance, flow in the above story includes the “warm, zesty buzz” that is typically recognised and referred to among surfers as the specific feeling of ‘being stoked’ (Evers, 2006). In addition, the “soulful seclusion” of being out back evokes a possible spiritual dimension of flow which Humberstone (2011) has suggested may be part of experiencing connection with the environment through nature-based recreation, and which some of the veterans alluded to in their narratives. Together with the communication difficulties highlighted above, the notion of flow represents an additional interpretive possibility and area for further exploration opened up by the ethnographic creative non-fiction.

9.4 Chapter summary

In this chapter, I utilised the genre of ethnographic creative non-fiction to represent the veterans’ lived experiences in, I hope, a unique and emotionally compelling way. The story shared above described how one veteran (a composite of my participants’ experiences) emotionally experienced his participation in Surf Action, relationships with other veterans, and the activity of surfing itself. It highlighted the messiness and complexity of the veterans’ everyday lives by showing the complex stream of experience that characterises life as lived. It also revealed aspects of the veterans’ experiences that were not explicitly evident in the previous empirical chapters. The chapter offers a story for consideration by combat veterans, and aims to reach out to wider audiences beyond the academic community. In the next and final chapter, I draw together conclusions from the thesis as a whole and highlight future possibilities that arise from this research.
PART THREE

An unfinalised ending . . .

While recognising that there is always more that could be said about this research, and that the story of Surf Action and of the veterans’ lives continues after this thesis is printed and bound, this section draws together some conclusions from the research.
CHAPTER TEN

CONCLUSIONS

10.0 Overview

In this thesis, I uniquely demonstrated how going surfing and, more broadly, participation in
the charity Surf Action influenced combat veterans’ well-being in multiple different ways.
These included facilitating a sense of respite from PTSD, creating connections among the
veterans in the form of ‘therapeutic’ peer relationships, providing the veterans with new and
potentially contradictory ways of performing masculinities in relation to PTSD, and
encouraging health work as a way of learning to manage the problems associated with PTSD
on an ongoing basis. In addition, I identified and rigorously analysed the stories which shaped
the veterans’ experiences within the charity, highlighting how these stories worked both for
and on the veterans in relation to their efforts at dealing with PTSD. These stories included
stories of respite, collective stories, stories of ‘proactive’ masculinity and emergent narratives
through which two of the veterans generated a form of intransitive hope for the future. I then
showed how each of the above findings impacted on the veterans’ lives through the under-
utilised genre of ethnographic creative non-fiction. In this closing chapter, I answer the ‘so
what?’ question (so what is the point of this research?) by detailing the implications of the
research in four main areas: empirical, theoretical, methodological, and practical
implications.

10.1 Empirical implications

This research is the first to empirically demonstrate the effects of surfing on the subjective
and psychological well-being of combat veterans. In addition, it significantly extends the
findings of a recent feasibility study (Rogers et al., 2014) which indicated that surfing may
help reduce symptoms of PTSD and depression. Indeed, this research moves beyond the
findings of Rogers et al.’s (2014) simultaneously published study by describing in detail the effects of surfing, and more broadly, participation in Surf Action on veterans’ everyday lives. For example, the findings reported in chapter 5 showed how the veterans experienced surfing as a source of positive emotions that helped to counter the negative feelings associated with PTSD. Surfing provided crucial respite from PTSD and facilitated a renewed sense of subjective well-being which differed markedly from the veterans’ typical emotional engagement with the world as dysphoric and anxiety-ridden. Moreover, regular surfing gave the veterans something *positive* to look forward to, helping to keep PTSD at bay and preventing them from entering a downward spiral into depression, despair, chaos and suicide. Accordingly, this research adds to the literature on treating and supporting veterans experiencing PTSD by demonstrating that surfing can be effective in promoting subjective well-being, relieving suffering, and protecting against serious consequences associated with PTSD such as suicide.

That surfing can have such positive effects on veterans is an important finding given that PTSD is associated with diminished well-being, poorer mental and physical health functioning, and increased risk of suicide (e.g., Jakupcak et al., 2009; Vasterling et al., 2008). Indeed, research has confirmed the value of positive experiences for people experiencing mental health problems (e.g., Carless & Douglas, 2010; Davidson, Shahar, Lawless, Sells, & Tondora, 2006), and has suggested that experiencing positive emotions can help ‘undo’ lingering negative emotions (Fredrickson, 2001). Yet despite these benefits to health and well-being, for some veterans, there was a potential darker side to surfing that needed to be managed in order to prevent unintended negative consequences associated with using surfing as a way of dealing with PTSD. These consequences involved a sense of ‘emptiness’ in the absence of surfing, and the disappointment of being thrust back into the ‘cycle of symptoms’ that dominated their everyday lives. As such, the research also identified a need to manage these potential negative consequences that may follow on from surfing through, for example, engaging in health work (McCoy, 2005; Mykhalovskiy & McCoy, 2002) to help bolster well-being and protect against PTSD (see below; theoretical implications).

The research also provided empirical evidence regarding the health effects of the ‘blue gym’ (Depledge & Bird, 2009; White et al., 2010). I showed how being active in the ocean environment was associated with *sensory pleasures* (Phoenix & Orr, 2014) that were perceived as important for generating feelings of subjective well-being among the veterans. These sensory pleasures included (for example) the relaxing sensations afforded by the sound
of the waves, the clean and fresh smell of sea air, and the more energising kinasethetic sense of tumbling around in the waves and experiencing the feeling of one’s troubles being “pummelled out” of one’s system (Burkitt, 2014). The research thus demonstrates that the proposed health benefits of the blue gym (Depledge & Bird, 2009; White et al., 2010), including stress reduction and restoration, also include important sensory pleasures and feelings of subjective well-being, and further suggests that the blue gym may constitute an ‘affective environment’ (Andrews et al., 2014) through which well-being might emerge in connection with one’s surroundings. Moreover, these findings reveal that the blue gym may represent a novel and useful form of ‘exercise is medicine’ (Perrier, Smith & Latimer-Cheung, 2013; Sallis, 2009; Smith, 2013a; Smith & Perrier, 2014). That is, being active in the blue gym might be considered a cost-effective form of ‘medicine’ that helps minimise psychological suffering and distress and promote positive health and well-being (Smith & Perrier, 2014).

While emphasising the benefits of the blue gym as a form of ‘exercise is medicine’, it is also important to be mindful of the potential risks and challenges involved in promoting surfing. Firstly, promoting surfing and the blue gym as a form of ‘medicine’ for PTSD, while vastly different to traditional forms of medicine such as pharmacological and psychotherapeutic treatments, risks drawing these activities into a medicalised understanding of the benefits associated with participation in them. That is, there is the potential risk that surfing could be drawn into a deficit-focused approach of removing dysfunction rather than promoting positive health and well-being. Second, there is the danger that focusing on exercise as medicine could obscure other areas of veterans’ lives (e.g., work, family relationships) that may also be important for ensuring stability and mental well-being (Caddick & Smith, 2014). Accordingly, it is necessary to consider other aspects of veterans’ lives whereby making improvements could lead to increases in well-being and help secure a future that is not dominated by PTSD. For example, promoting career development and the transfer of skills learned in the military to a civilian context can also provide meaningful benefits in terms of reintegration post-trauma (Messinger, 2010).

Finally, when promoting surfing and the blue gym, it is important not to jettison completely traditional medical approaches to treating veterans which can help relieve suffering, improve lives, and keep people alive. Pharmacological and psychotherapeutic treatments can have their place, and should not be simply abandoned in favour of surfing as a therapy for PTSD. Surfing should not be seen as a ‘cure’, nor is it a panacea for treating the
problems associated with PTSD. This said, it did have an important and largely positive influence on veterans’ lives and may therefore be considered alongside traditional treatment approaches.

Another empirical implication of this research is concerned with the notion of ‘collective stories’ introduced in chapter 6. By telling and enacting collective stories, the veterans in this study developed deeper connections with others, helped support each other’s subjective and psychological well-being, and countered the feelings of social isolation that often accompany PTSD (Demers, 2011). Collective stories might thus be understood as a form of narrative care (Bohlmeijer, Kenyon, & Randall, 2011; Ubels, 2011). Narrative care involves the empathic use of stories in healthcare settings. As Frank (2007) argued, stories themselves have the capacity to take care of people, for example by affirming what is valuable and by sharing one’s pain and suffering with others. The collective story may be taking good care of the veterans by affirming the value of peer relationships for health and well-being and by making the support of others readily available. Moreover, the story may help care for veterans by helping them overcome the widely reported influence of stigma in preventing veterans experiencing PTSD from seeking support for their health and well-being (Walker, 2010). Indeed, by normalising and legitimising their suffering, collective stories such as the ‘band of brothers’ narrative could help foster solidarity among groups of combat veterans, reduce stigma, and increase the availability of support. The research thus advances the field of narrative health psychology by empirically demonstrating the importance of collective stories as a form of narrative care.

Two final empirical contributions are worth noting. Firstly, I have provided the first empirical definition of a ‘combat veteran’ as “any current or former member of the military who has previously deployed to a warzone and been exposed to the risks of combat” (Caddick & Smith, 2014; p. 16; see appendix F). The definition is intended to enable researchers working with veterans to give clearer descriptions of their research participants and to assist conceptual clarity. Second, the research highlights the role of narrative environments (Gubrium & Holstein, 2009) in shaping veterans’ masculine performances in relation to health and well-being. By participating in a supportive narrative environment that valued banter and positive storytelling as a ‘proactive’ way of dealing with PTSD, the veterans were able to reframe traditional notions of being concerned about mental health as ‘feminine’ and thus opened up space for talking about, and acting on, mental health. Their stories of positively and proactively dealing with PTSD provided an important counter-narrative
against negative portrayals of veterans as damaged and damage doing (cf. Lomas, Ridge, Cartwright, & Edington, 2014; Mac an Ghaill & Haywood, 2012) and against the stigmatised identity of being a ‘PTSD sufferer.’ However, the research also found that the veterans’ ability to fully escape this stigma was limited and that they often struggled to break ties with their masculine habitus (Brown, 2006), which emphasised performances of hegemonic masculinity as being stoic and self-reliant in dealing with PTSD. These findings advance the field of critical men’s health studies by showing empirically the contradictory and ambivalent masculine performances of veterans in relation to their mental health.

### Critical reflections: Box 10.1

“The ending of a dialogical narrative analysis need not be tentative, but given the commitment to unfinalisability, any ending is necessarily provisional” (Frank, 2012; p. 49).

A comment on how the reader may wish to interpret my conclusions, given my reflexive positioning throughout this thesis, seems warranted. I first of all acknowledge the dilemma of concluding an analysis that, in principle, rejects last words (Frank, 2012). My interpretation of the veterans’ lives is not the only one that could be offered, and my findings must therefore be seen as part of an ongoing dialogue regarding veterans and their care. Second, as I reflect on my conclusions in this chapter, I notice that I present a largely ‘positive’ message. Indeed, I cannot escape my wish to portray surfing in a positive light given that I have gotten so much out of it personally and – more importantly – my participants were extremely grateful to surfing for the positive effects it had in their post-trauma lives. Furthermore, while I am not an advocate for Surf Action, I am a empathiser with the ‘cause’ of the veterans who took part in my research, and I do hope that my findings will ultimately lead to more veterans being able to realise the positive health benefits that surfing can provide. At the same time, a nagging feeling in my gut warns me against singing the praises of surfing as therapy for PTSD. The feeling warns me that the veterans’ suffering still exists and that for many of them, it is unlikely to disappear any time soon. Surfing, therefore, is not the answer. The feeling also tells me that the veterans’ suffering is an important issue that demands acknowledgement and reflection. In many cases, their suffering was entirely avoidable – caused by wars and conflicts that our country did not necessarily have to fight, or at least could have fought differently. Accordingly, I think my message from this thesis should be recorded as follows: that surfing may well do great things for suffering veterans, but that suffering itself is still a problem – personally, socially, and politically. This suffering too needs to be talked about, confronted, challenged, and prevented from happening to other veterans in the future.

### 10.2 Theoretical implications

The theorisation of respite is a new development in the PTSD literature. The notion of respite was presented as an absence of trauma-related thoughts and feelings, combined with a fully embodied feeling of ‘release’ or ‘freedom’ from suffering. Respite was theorised in relation
to both narrative theory (as a habitual narrative that shaped the veterans’ experiences of surfing and structured their lives temporally around regular periods of respite from PTSD) and phenomenology (as an embodied feeling that was subjectively known through the body and the senses). Respite offers a new way of thinking about the support and treatment of veterans experiencing PTSD that differs from the traditional medical model focus on symptom reduction and cure; which may also help to overcome some of the limitations of the medical approach. For example, the telling of respite stories facilitates talking about one’s efforts at dealing with PTSD in terms of ‘freedom’ from suffering – albeit temporarily – which contrasts with the dominant medical model narrative of restitution (Frank, 2013). As Frank (2013; p. 77) put it, the medical restitution narrative follows the basic storyline of “Yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again.” But, like the medical model that spawned it, the restitution narrative becomes problematic when a cure is not forthcoming.

The veterans in this study were sceptical about the possibility of restitution; they believed their memories could not be wiped and therefore the shadow of combat trauma was always likely to remain with them in one form or another. They saw their task as trying to ‘live with’ PTSD as best they could. Respite may thus be considered an important narrative for countering the negative effects of PTSD and promoting well-being in veterans’ everyday lives. Moreover, respite stories might increase the narrative options available to veterans who become locked into a medical restitution narrative that no longer works for them. That is, should medical treatments fail to make a difference to their suffering, there is another type of story to fall back on. Furthermore, the theoretical rationale for respite is strengthened by the phenomenological notion of respite as an embodied feeling that helped to disrupt the persistent traumatic ruminations associated with the development and maintenance of PTSD. Drawing on the notion of bodily intentionality (Merleau-Ponty, 1962), I suggested that respite involves a shift in consciousness whereby perceptual awareness is directed outwards toward the sensory stimulations of the environment rather than inwardly dwelling on trauma and distress. Respite thus provides a new way of understanding how PTSD therapies might influence the embodied lived experiences of veterans dealing with their suffering.

Building on the notion of respite, I also suggested how veterans might begin to further improve their health and well-being through the notion of health work (Mykhalovskiy & McCoy, 2002; McCoy, 2005). I was able to theoretically advance the notion of health work by describing the wellness-oriented practices that two of the veterans engaged in as part of
their efforts at keeping themselves well and managing the effects of suffering and distress in their lives. Drawing on Schatzki’s (2001) notion of practices as embodied and materially mediated arrays of activity organised around shared practical understandings, I suggested that wellness-oriented practices could be important for veterans in moving beyond the chaos and turmoil of PTSD and living happier, more productive lives. Moreover, engaging in health work and wellness-oriented practices may lead on to the telling of emergent narratives and the cultivation of an alternative, ‘intransitive’ form of hope that leaves the future open (Frank, 2013). I also suggested that undertaking the challenging task of narrative self-understanding through hindsight (Freeman, 2010) may facilitate the telling of emergent narratives and lay the foundation for engaging in health work. Along with respite, this orientation toward managing PTSD, engaging in hindsight and telling emergent narratives develops theoretical understandings of PTSD treatment and support by decentring the medical model and its focus on symptom remission as the dominant mode of helping veterans.

Finally, my theorisation of the ‘therapeutic’ effects of peer relationships among veterans constitutes a new theoretical development in the PTSD literature. Drawing on the work of Smail (2001, 2005), I suggested that the primary benefits one might receive from therapy – those of comfort, clarification and support – may also be cultivated through peer relationships between groups of veterans experiencing PTSD. Groups such as Surf Action might therefore be considered to constitute ‘therapeutic communities’ (Manning, 1989); whereby therapeutic change is collectively promoted through sustained supportive interaction between people suffering a common form of psychological distress. Accordingly, the research highlights the value of peer relationships and the potential for therapeutic gains by having informal spaces where veterans can interact, build relationships, and share stories with one another as part of the treatment process. It also indicates a need for a shift in emphasis away from individual-focused modes of support and the treatment of individual veterans’ PTSD symptoms toward more collaborative forms of helping whereby veterans support each other in their efforts at dealing with PTSD.

10.3 Methodological implications

This thesis contains two methodological implications for the field of qualitative research. First, this thesis advances methodological understandings through the empirical application of a sophisticated dialogical narrative approach (Frank, 2010, 2012). With rare exceptions (e.g., Blix, Hamran, & Normann, 2013; Smith, 2013a) dialogical narrative analysis has yet to
be drawn upon by qualitative researchers, and, as such, its potential as a method of social inquiry has yet to be fully explored. This thesis demonstrated how this innovative methodological approach may be useful and may lead to novel findings. For instance, the dialogical approach I utilised demonstrated that a person’s story is never his or her own in a possessive, individualist sense (Frank, 2005). Rather, following Frank (2005) and Bakhtin (1984), individual stories are formed in an ongoing process of anticipation and response to others’ stories (whether this anticipation and response takes place in inner dialogue or external talk). As an example of this, I showed that veterans’ individual stories are formed only in relation to the collective story of veterans supporting veterans as they deal with PTSD. Telling this story required veterans to listen and respond to the stories of others as they interacted with each other in the group environment. Such responses also took the form of actions, as the veterans acted out elements of the collective story in response to the prior actions of another - and so the story continues. Narratives might thus be fruitfully acknowledged as dialogically performed and responsive to others – as emphasising the social and relational construction of narratives in everyday life (Frank, 2010).

Furthermore, using a dialogic narrative approach which treats stories as ‘actors’ in people’s lives can help identify the effects that stories have upon people – how they work both for and on them in good and potentially dangerous ways. I showed this through the good and potentially dangerous ways in which respite stories shaped the veterans’ experiences of everyday life, how collective stories created strong emotional ties between veterans yet also had the potential to disconnect them from civilians, and how masculine performances and stories of dealing with PTSD could help veterans reframe their actions around mental health as ‘proactive’ or alternatively could reinforce entrenched habits of showing stoicism and self-reliance in the face of distress. Analysing stories as ‘actors’ in people’s lives moves away from a purely mimetic or representational understanding of stories toward understanding what stories do in people’s everyday lives. While this point has been argued theoretically on a number of occasions (e.g., Frank, 2006, 2010, 2012), it has been demonstrated empirically comparatively few times (e.g., Phoenix & Smith, 2011; Smith & Sparkes, 2011, Smith, 2013a). Accordingly, this research helps push forward the case for understanding the performative capacities of stories as ‘actors’ in people’s lives.

The second methodological implication concerns the development of a ‘phenomenology of storytelling’ as a theoretical integration of narrative and phenomenology. Drawing on the notion that analytical pluralism (i.e., the application of more than one
analytical method to a data set) can be used to highlight the multidimensional nature of phenomena (Clarke et al., *in press*), I proposed the phenomenology of storytelling to show how the veterans’ surfing experiences were *recursively co-constituted* by narrative and phenomenology. This theoretical integration provides resources for researchers who may wish to combine these two qualitative approaches in order to draw out additional meaning from their empirical data. It too provides a novel and useful way of grasping the complexity of human experience and helps avoid the reduction of meaning to that which can be discerned by rigidly employing one qualitative analytical lens alone. Accordingly, this thesis contributes to the emerging literature on pluralism in qualitative research (see Clarke et al., *in press*) by demonstrating how different analytical approaches may be combined to produce new and complex understandings of research participants.

### 10.4 Practical implications

There are several practical implications of this research for veterans, healthcare workers, and others interested in supporting veterans experiencing PTSD. These include practical recommendations for Surf Action and for other initiatives who may wish to use surfing or other sports and physical activities as a means of supporting veterans. First, surfing has demonstrable benefits on veterans’ lives and may reasonably be considered as an approach to supporting the well-being of combat veterans experiencing PTSD. Surfing is not simply a ‘nice activity’ or a ‘promising alternative’ to traditional approaches, but provides significant health benefits for suffering veterans, and therefore needs to be taken seriously by healthcare workers, policy makers, and NHS professionals as a way of helping combat veterans. Accordingly, the findings of this research support calls to reconsider how routine care for veterans experiencing PTSD is approached (Caddick & Smith, 2014; Carless et al., 2013; Walker, 2010). Medical approaches including psychotherapy and psychopharmacology should no longer be considered the ‘default option’ or the only means of helping veterans. Taking into account the potential limitations of the approach, surfing and the blue gym demand attention as a viable treatment option and a productive and useful form of ‘exercise is medicine’ for combat veterans experiencing PTSD.

Second, the research emphasises the need to acknowledge positive, health-promoting ways of performing masculinity in relation to PTSD, while continuing to be mindful of the ways in which upholding traditional military masculinities can damage well-being and potentially undermine efforts to provide support and treatment (Lorber & Garcia, 2010).
Rather than reinforcing traditional gendered stereotypes of veterans as stoic and self-reliant, this research showed that veterans are willing and able to engage with mental health problems by ‘being proactive’ in dealing with them and by ‘taking responsibility and control’ over their well-being (Emslie, et al., 2006; Farrimond, 2012). This is not to suggest that this ‘proactive’ approach toward dealing with PTSD can or should be promoted in all cases, for doing so may isolate and further damage veterans who feel unable to fully demonstrate this positive approach or who are locked into a chaos narrative of unending gloom and despair (Frank, 2013). Worse still, encouraging veterans to ‘take responsibility and control’ over their mental health could introduce a neoliberal ideology of self-blame for veterans who ‘fail’ to get better or help themselves, or to show the desired attitude toward dealing with PTSD (O’Brien, 2012). Rather, healthcare workers might be well advised to listen carefully to the gendered ways in which veterans talk about mental health, and to support them in reconstructing hegemonic military masculinities in positive ways wherever possible.

Furthermore, encouraging wellness-oriented practices as a form of health work has the added advantage of representing a ‘proactive’ and ‘positive’ approach to dealing with mental health problems which could resonate with veterans’ need to perform an acceptably ‘masculine’ self in their social encounters with others. Healthcare workers might therefore also be advised to work with veterans individually to consider ‘what works’ for them as wellness-oriented practices that help to manage the effects of PTSD on a day-to-day basis, and may help to improve well-being beyond the influence of respite. Examples of wellness-oriented practices that may appeal to veterans were identified in this thesis and include being in nature, interacting regularly with other veterans and sharing one’s problems with them, surfing, and practicing mindfulness meditation. Moreover, other practices can and should be further explored as ways of helping veterans ‘live with’ PTSD and ‘keep themselves well’ following experiences of trauma and distress.

Third, this thesis offered a story for consideration by other combat veterans. The story – which shows the knowledge generated in this thesis through the genre of ethnographic creative non-fiction – has the advantage of being highly accessible to larger audiences outside academia, including – significantly – veterans themselves (Smith, 2013b; Smith, McGannon & Williams, in press). One key practical implication of this story is that it has greater potential to connect with other combat veterans emotionally, encourage reflection, and stir imagination (e.g., on who one is, who one might be, and what stories one is living by and might be guided by in the future) (Smith, 2013b). Other veterans reading the story might thus
identify with the characters portrayed by relating their own experiences, and placing themselves in the story. They may even be ‘hailed’ or ‘interpellated’ (Frank, 2010; Griffin, 2010; Smith, 2013a) by the story and called to try surfing or to spend time being active in the blue gym. The inclusion of the ethnographic creative non-fiction as part of this thesis therefore enhances the process of knowledge translation and dissemination. Indeed, as Smith et al. (in press) suggested, the practical impact of ethnographic creative non-fiction can be wide and significant.

10.4.1 Recommendations for Surf Action

The first practical recommendation for Surf Action (and, potentially, for similar initiatives starting up) is for both staff and the veterans themselves to become more aware of, and attuned to, the narrative environment that gets promoted within the organisation. The stories that circulate within the group and culture of Surf Action can powerfully influence how veterans who use the charity understand their participation in the group, and their own efforts at dealing with PTSD. These stories can affect the veterans in both positive and potentially dangerous ways. Accordingly, it is important for staff at Surf Action to know what story their veterans are telling about PTSD and about their lives, and also to become increasingly reflexive about what story they are telling and promoting to their members. For example, which stories are promoted and celebrated at the possible expense of which other stories? Indeed, are some stories (e.g., ‘negative’ stories) marginalised or crowded out by other stories (e.g., ‘positive’ stories), and if so how can all stories be given a voice within the organisation? Promoting ‘good’ stories that positively influence veterans’ lives while also allowing all stories to be heard equally constitutes an important ethical task for organisations such as Surf Action.

Related to the above, Surf Action should continue to foster collective stories that encourage connections and supportive relationships among veterans, but also be mindful of the ways in which collective stories can potentially reinforce ‘us and them’ thinking in terms of relating to civilians. Whereas the collective story and ‘band of brothers’ narrative undoubtedly has positive consequences for the veterans’ lives and well-being, it also has the potential to set up boundaries between veterans – who understand war, trauma, and PTSD – and civilians who ‘simply cannot’ understand. Such boundaries close down dialogue with civilians and may further isolate veterans from civilian members of their families, friends, and communities. These boundaries risk promoting a monological account when it comes to
thinking about civilians. Accordingly, Surf Action might wish to consider how they could facilitate opportunities for developing connections with civilians, building trust, and breaking down barriers between veterans and civilians. One creative way to do this may be to develop links with civilian mental health services and to occasionally provide ‘mixed’ surfing sessions whereby veterans learn surfing alongside members of the community dealing with mental health problems. Such occasions may help to promote a sense of community and understanding between veterans and civilians, and help to integrate civilians into veterans’ lives and ways of understanding things by swapping stories with them before, during, and after surfing, thereby promoting a more dialogical, communal environment.

Finally, it may be useful for Surf Action to consider what can be done to protect and promote veterans’ well-being in between periods of respite. As the research identified (see above; empirical implications), there was potential for veterans to experience a decline in well-being following surfing. Some veterans might thus benefit from additional support on non-surfing days to help care for their subjective and psychological well-being. For example, Surf Action might work with veterans to encourage health work and discover wellness-oriented practices that help to keep PTSD at bay in the absence of surfing. Additionally, they might consider how supporting veterans in other areas of their lives (e.g., family relationships, employment, training) could help to improve well-being (Caddick & Smith, 2014). Ultimately, supporting veterans’ well-being requires more than surfing alone, and, as such, any additional means by which Surf Action can help veterans would likely be well received.

10.5 Concluding thoughts and future possibilities

In this chapter, I summarised the implications of the research I have conducted under four main areas: empirical, theoretical, methodological, and practical implications. I now conclude by discussing possible ways of expanding this thesis, and my plans for developing in future the program of research I have initiated by undertaking this thesis.

One potential area of expansion is to examine the narratives of other combat veterans. It should be noted that in choosing to focus on the stories told by the 16 participants in my research, other people’s stories are necessarily omitted. For instance, there are no female veterans represented in this research. This was not by design. No female combat veterans were members of the charity, which is at least in part due to the fact that the vast majority of combat veterans are male. Furthermore, it would perhaps have been useful and worthwhile to
study the experiences of disabled and amputee veterans in the blue gym. Indeed, as Caddick and Smith (2014) suggested, “It is unclear at present what opportunities might exist for disabled combat veterans to access the potential benefits of being active in nature” (p. 17). Whereas Surf Action also provides support to injured and disabled veterans, this support is typically infrequent at present and therefore access to disabled veteran participants would have been limited in terms of the PhD. Moreover, given the need to focus in-depth on one specific topic for my PhD, I decided to limit my analysis to veterans experiencing PTSD; the experience of disabled veterans is, perhaps, another story – and another PhD altogether.

Perhaps the most important omission from this research is the stories of veterans’ families; their wives, partners and children. During the course of this three-year project, I learned that wives and partners especially experience significant distress when their husbands suffer from problems associated with PTSD. Previous research has also confirmed this to be the case (e.g., Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005; Ray & Vanstone, 2009; Yambo & Johnson, 2014). Having realised the importance of partners’ experiences, I resolved to collect interview data from the partners of 6 of the veterans concerning their experiences of living with a veteran who was experiencing PTSD. However, given the limitations of space and time in terms of the PhD, I was unable to write up this data as part of my thesis. To do so would have detoured from the primary purpose of the research and would have meant that I was unable to finish analysing, interpreting, and retelling the veterans’ stories in each of the empirical chapters. Analysing, writing up, and publishing the data I collected from these partners represents a personally important future project, and one that I intend to commence after my PhD is complete.

Another issue I was unable to take up in this study is how veterans become, as Frank (2010) put it, ‘caught up’ in the stories they told and enacted. That is, how are stories (e.g., stories of respite, collective stories) communicated and shared between people so that others can hear and become part of the story if they so choose? This question has wide potential implications because in order for a story to affect someone, that story first needs to be heard and taken seriously as worth listening to and acting on. Understanding how the communication of stories takes place represents another potentially fruitful topic that I intend to take up post-PhD. My research and data collection has provided me with a wealth of information and knowledge, which has not been exhausted by the material covered in this thesis or in the research papers I have published based on this work. Accordingly, I aim to
carry the veterans’ stories with me into my future work and to build on the knowledge I have helped to create by writing this thesis.

This thesis has answered questions regarding how surfing can help improve the well-being of combat veterans experiencing PTSD. It has also provided answers to questions unanticipated at the outset of the research regarding how relationships and masculine performances may both enhance well-being and create tensions in veterans’ lives. Further, the research has stimulated new questions for future inquiry. My hope is that this research will inform and contribute to the ongoing dialogue regarding the care of combat veterans who serve their country; a dialogue that is currently vibrant, relevant, often passionate and occasionally contested, and in which there is much at stake. To paraphrase Arthur Frank, may the stories of the men in this study – unfinished and out-of-control as they necessarily are – compel being heard and retold in ways that work for the good of our veterans.
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APPENDICES
APPENDIX A

Participant descriptions: The Combat Surfers

Below, I present a brief biographical description of each of the participants. These descriptions should not be read as finalising the participants (Frank, 2012), but can be considered as an interpretation of their history and present circumstances that is necessarily open to revision as times and conditions change. Furthermore, as discussed in chapter 3, these descriptions are uncoupled from the participants’ pseudonyms in order to manage the potential for “deductive disclosure” within the group (Kaiser, 2009; Saunders et al., 2014). Three exceptions to this procedure include Samuel and Matthew, whose stories are shared in greater detail in chapter eight, and Rich Emerson, the founder of Surf Action whose story and description are already in the public domain.

Veteran A. Veteran A joined the Army at age 19, following his in the footsteps of his older brother. He joined initially in order to escape his troubled childhood and abusive step-father. Having served for three years, during which time he saw active service in Northern Ireland, Veteran A left the Army for a woman he wanted to pursue a relationship with. The relationship quickly dissolved, however, and Veteran A describes his decision to leave the Army as his “biggest mistake” given that he loved his job and enjoyed the work he was doing. After leaving the Army, he reportedly began to experience severe mental health difficulties. Although he has never been diagnosed with PTSD, he often used this term to refer to the problems he experiences. He is also on strong medication to stabilise his moods which he dislikes and which he says makes him often feel drowsy and very “up and down.” Veteran A enjoys going surfing regularly and describes surfing as “like a drug . . . an adrenaline rush.” He is married with one young child and is currently unemployed.

Veteran B. Veteran B joined the Army at age 16 feeling that there was “nowhere else to go” and wanting to get away from a broken home. He went on to train as a nurse and served for sixteen years in the Medical Corps. During his service, he went to Iraq as part of the first Gulf War and served in the United Nations peacekeeping mission in Bosnia. He was profoundly affected by his experiences in both these conflicts and reports that the traumatic events in Bosnia in particular “changed his DNA forever.” Veteran B left the Army in 1998, stating simply that he “couldn’t wear the uniform anymore.” After twelve years of suffering, troubled greatly by his memories from Bosnia and the Gulf, he eventually became diagnosed with PTSD in 2000 along with a friend whom he was supporting through his own
consultation and diagnosis. He is divorced twice with three teenage children by first marriage and one young child from the second. He is currently unemployed, in receipt of a 100% war pension for problems encountered as a result of military service. He is not a Cornish resident and therefore does not attend Surf Action regularly, tending to be involved mainly in the residential weeks. He says that surfing makes him feel free.

**Veteran C.** Veteran C joined the Army at age 16, fulfilling his childhood ambition to become a soldier and escaping a violent upbringing at the hands of his father and older brother. He spoke of enjoying life in the Army and loved his job as a soldier, despite experiencing severe verbal and physical bullying. He served 11 years in total, during which time he rose to the rank of Corporal before later being demoted because of fighting with other soldiers. He served in Northern Ireland and described several traumatic events that took place on operations there. His problems continued after leaving the Army as he struggled to fit in with civilian life and hold down a job long term. He is divorced with two children. Whilst he has never been diagnosed with PTSD, he described his current suffering in terms of PTSD and depression relating to his experiences of being bullied “for 90% of his life” and of traumatic events witnessed on active service. He is currently unemployed and used to enjoy surfing with Surf Action before moving away from Cornwall when his relationship with his partner broke down.

**Veteran D.** Veteran D joined the Army aged 16 to escape following years of abuse from a violent step-father. He served for 14 years in the Army, rising to the rank of Corporal and serving on operations in Northern Ireland. According to Veteran D, he “spent his entire career fighting” and mostly hated life in the Army. He left early in order to avoid being demoted from the rank of Corporal due to fighting. Since leaving the Army in 1993, he spent many turbulent years in which lost 12 jobs through fighting with staff and bosses. Troubled greatly by his problems and his traumatic memories, he eventually sought help from Combat Stress and became diagnosed with PTSD in 2008. Veteran D is divorced twice (although now remarried) with two children and is currently unemployed. He describes himself as not naturally aggressive and has reportedly mellowed a great deal since joining Surf Action. He was one of the original members of Surf Action when the charity began in 2009 and enjoys the feeling of relaxation that surfing generates for him both during and after being in the sea.

**Veteran E.** Veteran E joined the Navy aged 18 with a desire to “see the world” and following somewhat in the footsteps of his father who was a ship worker. He completed a full 23 years’
service during which time he went to war in the Falklands and the first Gulf War, and served in the UN mission in Bosnia. He received a commendation for bravery for his service in the Gulf. He also described many traumatic events which he witnessed in each of the campaigns he fought in. Veteran D left the Navy in 1998 and later began to experience many distressing ‘symptoms’ related to PTSD which other people initially began pointing out to him around 2000. A year later he sought help from Combat Stress and was diagnosed with PTSD. He reportedly suffers a great deal with feelings of anxiety and traumatic memories from the wars he fought in. He lives alone and is divorced with two children and currently working part time as a youth worker. For health reasons, he is not a regular surfer (especially during the winter) but enjoys surfing in warmer weather and experiencing the “lovely buzz” that surfing generates.

**Veteran F.** Veteran F joined the Army aged 16 after his ambition to fly in the RAF was thwarted by a lack of achievement in his ‘O-level’ exams. He served for 19 years during which time he saw active service in Northern Ireland and graduated eventually to the rank of Sergeant. He began to experience problems toward the end of his 19 years’ service while under the command of a demanding and difficult Warrant Officer. According to Veteran F, the stress he was under caused him to suffer a breakdown and began “lifting the lid” on the memory of traumatic events from Northern Ireland that he had been suppressing. He then left the Army having been medically discharged as suffering with stress, anxiety and depression. In a state of desperation, he contacted Combat Stress for help in 2007 and was diagnosed with PTSD the following year. Living outside Cornwall, he mainly surfs only on the residential weeks he attends with Surf Action. He is married with two stepsons and describes himself as medically retired from the civil service.

**Veteran G.** Veteran G joined the Royal Marines at age 16 to escape from an unhappy and abusive childhood. He served 12 years as a Marine with tours of duty in Northern Ireland and deployment to the First Gulf War. He reportedly enjoyed military life and found he was very good at his job. However, he was medically discharged in 1997 after a severe bout of encephalitis and mounting chronic injuries to joints in his knees, back and neck. He describes himself as having suffered from severe bouts of depression since 1993. Upon leaving the military, Veteran G entered a stressful, highly pressured job as a project manager. After several years, he started having nightmares which he now understands as related to his experiences in combat. As the stress of his job increased, he described feeling “absolutely suicidal.” In 2011, as the UK’s financial crisis worsened, Veteran G was forced to take a
voluntary redundancy, following which he reportedly experienced a “breakdown.” Later that year, he was diagnosed with PTSD. He lives alone, is divorced with two children and currently unemployed. He is a regular surfer and describes surfing as an “amazing feeling” and something he “gets shitloads out of.”

Officer H. Officer H “stumbled into the prison service” whilst trying to find a career that prevent him from ending up “stacking shelves” in the local supermarket. He served as a prison officer for 18 years, and described the majority of his appointments in various prisons as “shocking” and “awful” in terms of the level of violence within the prisons and tensions between staff and prisoners. He described an incident that occurred in 1995 in which he and another officer were attacked by a violent inmate wielding a knife. Together with other violent episodes and a stressful appointment in a women’s prison, Officer H described the traumatic memories of this earlier incident as a cause of his later breakdown. He described experiencing flashbacks coupled with anger and depression, and was diagnosed with PTSD in 2010. At the time of the interview, he was separated from his partner and unemployed having been medically discharged from his job in the prison service. He enjoys surfing regularly with the veterans at Surf Action and has been welcomed into the group as one of their own.

Veteran I. Veteran I joined the RAF Regiment (the ground fighting force of the RAF) at age 17 having always had an ambition to join the military. He was among the first troops to be sent to Iraq when the UK invaded the country in 2003. He enjoyed the military lifestyle to begin with but later tired of being constantly on the move and described himself as “soldiered out.” Having served for nine years, he left the military in 2007. Upon leaving, he described encountering problems with alcohol and depression. He experienced nightmares and severe mood swings which he initially resisted acknowledging as related to PTSD. Prompted by his mother and partner, he later sought help but was never diagnosed with PTSD. He surfs regularly and enjoys the sense of peace and tranquility it generates for him along with the challenge of learning to surf. He lives alone and is currently unemployed.

Veteran J. Veteran J joined the Army aged 19 following in his father’s footsteps. He served for three years before coming out due to problems he was experiencing in the aftermath of his service in Northern Ireland, during which he experienced many traumatic events and witnessed several explosions. Following his exit from the Army in 1974, Veteran J suffered from gambling and alcohol addictions, as well as anger issues and dissociative experiences that he would later interpret as “flashbacks.” After his wife’s death, his suffering began to
deteriorate and he moved down to Cornwall to be cared for by his sister. He was diagnosed with PTSD in 2000. He enjoys surfing when in good health and says it “puts his mind at ease.” He lives alone and currently works part-time in a local supermarket.

Matthew. (See also, chapter 8). Matthew joined the Army at 17 having left school without any qualifications and a lifelong desire to be a soldier. He served for four years during which time he completed three operational tours of Northern Ireland. Ten years after initially joining the Army, and following a string of failed jobs, relationships, and struggles with alcohol, Matthew became diagnosed with PTSD relating to traumatic events he encountered in Northern Ireland. He is a regular surfer and describes an intense “buzz” and a feeling of freedom that keeps him wanting to go surfing. He has a young son for whom he shares custody with his ex-partner, and is currently employed as an instructor in a survival school.

Veteran K. Veteran K joined the Army aged 16 aiming to carry on the military tradition of family in which his father and grandfather both served. He served for five years, completing operational tours of Bosnia and Northern Ireland, both of which confronted him with traumatic experiences. After these tours, he reportedly lost interest in military life and abandoned his ambitions for promotion to the SAS. Upon exiting the Army, he began to suffer from highly distressing nightmares along with problems with anger, aggression, alcohol. In 2004, eight years after leaving the Army, things started to get worse for Veteran K and he was coerced by his family into seeking help from Combat Stress where he was quickly diagnosed with PTSD. He later began surfing with Surf Action which he enjoys as a “break” from his constant suffering, but maintains that eight years after diagnosis, his problems have not improved. He is married and currently unemployed with two young children.

Rich Emerson. (see also, chapter four). Rich is the founder and director of Surf Action. He joined the Army aged 16 aiming to satisfy a yearning for military life and to follow in the footsteps of his father who was a Royal Marine. He served for six years in the Queens Royal Irish Hussars during which time he fought in the First Gulf War which he describes as the origin of his struggles with PTSD. Rich’s life quickly unravelled following his exit from the Army. He started experiencing nightmares related to experiences in the Gulf, struggling for many years with drug and alcohol problems and feelings of anger and guilt. Rich was eventually diagnosed with PTSD in 2005 after his situation deteriorated and he was encouraged by his partner at the time to seek help from Combat Stress. Having been a surfer
for many years, Rich set up Surf Action in 2009 to help support other combat veterans experiencing PTSD. He currently lives alone and is divorced twice with four adult children.

**Samuel.** (see also, chapter eight). Samuel joined the Navy at age 18 wanting to “do something” with his life and spurred on by a lack of employment opportunity in his hometown. During his ten years’ service in the Navy, Samuel rose to the rank of Leading Hand (equivalent of a Corporal in the Army) and served in both Northern Ireland and the First Gulf War. He left the Navy in 1995 having “had enough” of military life, following which his life deteriorated into apathy, depression, and a severe alcohol addiction. He went through a divorce and several periods of rehab for alcoholism before managing to achieve a two year period of sobriety prior to being interviewed for this research. He has not been diagnosed with PTSD but often described elements of his suffering as related to PTSD. He is a regular surfer and describes surfing as a peaceful, meditative experience. He is currently unemployed and lives alone.

**Veteran L.** Veteran L joined the Army at age 21 after completing his A Levels and trying several other jobs. He had always had an interest in military life. He served for five years and completed two tours of Afghanistan. He left the Army feeling fed up with the “bureaucracy” and also that he had “done his duty”; that he had little else to contribute to the Army and it had little left to offer him. After leaving the Army, he began to be troubled by the distressing traumatic memories of his experiences in Afghanistan. Whilst he has not been diagnosed with PTSD, he began “showing signs of PTSD, anxiety and depression” according to his girlfriend at the time. He sought help directly from Surf Action after his girlfriend got in touch with the charity and suggested that he go and see them. He is now a regular surfer, stating that he finds it fun and that “all his worries disappear.” He lives with his new partner and is currently working at a restaurant.

**Veteran M.** Veteran M joined the Army aged 18 after leaving school with no qualifications and finding a lack of employment opportunities elsewhere. He served for 10 years, rising to the rank of Corporal and completing operational tours in Bosnia and Northern Ireland. He decided to leave the Army in 1994 after losing interest in military life. Having struggled greatly to adjust to civilian life, Veteran M received counselling for anger and self-esteem issues, and reported experiencing severe depression. In 2009 he was diagnosed with PTSD after a friend put him in contact with Combat Stress. He understands his problems as related to the suffering and ethnic cleansing he witnessed in Bosnia. He surfs infrequently with Surf
Action but reportedly enjoys the camaraderie associated with participation in the group. He is married without children and is currently employed as a postal worker.
APPENDIX B

Exploring the impact of surfing upon the health and well-being of combat-veterans experiencing Post-Traumatic Stress Disorder: A qualitative study

Participant Information Sheet

Chief investigator

Name: Brett Smith  
Address: School of Sport, Exercise & Health Sciences, Loughborough University, Loughborough, LE11 3TU.  
Email address: B.M.Smith@lboro.ac.uk  
Contact number: 01509 226367

What is the purpose of the study?

The broad purpose of this study is to examine combat veterans’ experiences of surfing. It aims to find out 1) how PTSD affects veterans’ health and psychological well-being, 2) why people engage in surfing, and 3) what is the impact of surfing upon psychological health and wellbeing.

Who is doing this research?

This research is led by Dr Brett Smith (Loughborough University). Nick Caddick (PhD student) is a collaborating researcher who conducts the interviews and participant observations.

Once I take part, can I change my mind?

Yes! After you have read this information and asked any questions you may have, we will ask you to complete an Informed Consent Form. However if at any time, before, during or after the research you wish to withdraw from the study please just contact the main investigator. You can withdraw at any time, for any reason and you will not be asked to explain your reasons for withdrawing.

How long will it take?

The interview is expected to last between one to two hours.

What personal information will be required from me?

During the interview, you will be asked a series of questions that focus on: (a) your experiences of PTSD  
(b) your experiences of surfing  
(c) your reasons for engaging in surfing, and
(d) the impact of surfing upon your psychological health and well-being in the context of PTSD

**Are there any risks in participating?**

Due to the nature of interviews and the purpose of the study, there is the possibility that you may experience some distress, (for example in recalling unpleasant experiences). If you do please note that at any time you do not have to answer any question and you can command the tape recording to be stopped. You may also terminate the interview when you wish. If you do experience distress, a number of professional support networks that, if you so wish, and without any questioning from the researcher, are available.

Our previous experience of interviewing has found that it is pleasurable experience however. We have also found that previous participants found it useful because they were providing knowledge that would help others struggling with similar experiences.

**Will my taking part in this study be kept confidential?**

The use of personal data in Loughborough University conforms to data protection guidelines and all efforts will be taken to maintain your confidentiality throughout the research. For example, the focus group will be tape-recorded and transcribed. Your real name will not though be used in these transcripts or thereafter in any public document or talk. Places (e.g. where you live), names of family members, members of mental health organisations, doctors, health professionals, etc you may talk about will also be changed. All data will be transcribed into a password protected computer. Recordings and transcripts will be kept in a locked cabinet in Loughborough University. Only the people involved in the project will have access to the information. All information, including tapes and transcripts, will be destroyed within ten years of the completion of the investigation.

**What will happen to the results of the study?**

The results of the study will be published in public documents. These include professional journal articles and newspapers. The results will also be used in conference presentations. In addition, Surf Action will be provided with a full report of the research findings, which will be made available to the charity and its members.

**If I have some more questions who should I contact?**

Dr Brett Smith

**What if I am not happy with how the research was conducted?**

*The University has a policy relating to Research Misconduct and Whistle Blowing which is available online at [http://www.lboro.ac.uk/admin/committees/ethical/Whistleblowing(2).htm](http://www.lboro.ac.uk/admin/committees/ethical/Whistleblowing(2).htm). Please ensure that this link is included on the Participant Information Sheet.*
APPENDIX C

Exploring the impact of surfing upon the health and well-being of combat-veterans suffering from Post-Traumatic Stress Disorder: A qualitative study

INFORMED CONSENT FORM
(to be completed after Participant Information Sheet has been read)

The purpose and details of this study have been explained to me. I understand that this study is designed to further scientific knowledge and that all procedures have been approved by the Loughborough University Ethical Advisory Committee.

I have read and understood the information sheet and this consent form.

I have had an opportunity to ask questions about my participation.

I understand that I am under no obligation to take part in the study.

I understand that I have the right to withdraw from this study at any stage for any reason, and that I will not be required to explain my reasons for withdrawing.

I understand that all the information I provide will be treated in strict confidence and will be kept anonymous and confidential to the researchers unless (under the statutory obligations of the agencies which the researchers are working with), it is judged that confidentiality will have to be breached for the safety of the participant or others.

By saying yes, I am indicating that I agree to participate in this study and agree to allow Mr. Caddick and Dr. Smith to utilize the data as described above.

☐ Yes, I give my consent  ☐ No, I do not consent

By saying yes, I am indicating that I agree to be audio-taped during the interview

☐ Yes, I give my consent  ☐ No, I do not consent
Your name……………………………………………………………………

Your signature……………………………………………………………………

Signature of investigator…………………………………………………………

Date………………………………………………………………………………
APPENDIX D

Professional Support Networks

Combat Stress

24 hour helpline: 0800 138 1619

Email: contactus@combatstress.org.uk

Info: Charitable organisation providing support and treatment to veterans experiencing post-traumatic stress and other forms of psychological distress.

NHS Cornwall Community Veterans Service and PTSD Support Group

Telephone: 01579 335226

Email: veteran.assistance@cornwall.nhs.uk

Info: Treatment provider for veterans experiencing post-traumatic stress and convener of monthly PTSD support groups.

Surf Action

Telephone: 01736 365645

Email: info@surfaction.co.uk

Info: Charitable organisation using surfing to support veterans.

PTSD Resolution

Telephone: 0845 021 7873

Email: coord@ptsdresolution.org

Info: Charitable organisation providing treatment for veterans experiencing post-traumatic stress and supporting veterans struggling to reintegrate into civilian life.
APPENDIX E

Surf Action Interview Guide

‘Grand tour question’

Can you tell me something about your life?

Life before PTSD

- Can you tell me about your life before you started experiencing PTSD? (Probe: quality of life, well-being, identity)
- Can you tell me about life in the army? (Probes: Why did you join? How long did you serve? What was your rank? What were your duties?)
- Can you tell me about the lifestyle you used to lead prior to experiencing PTSD? (Probe: family, friends, activities)

PTSD

- How has life been since you left the army? Why did you leave?
- How have your experiences in the army affected your life as a whole?
- When and how did you first start to realise that you may be experiencing PTSD?
- What made you decide to seek help for PTSD?
- Was it a difficult decision to make to seek help? (Probe: stigma?)
- Was anyone else involved in your decision to seek help?

Impact of PTSD

- Can you explain how PTSD effects your psychological health and well-being? (Probe: thoughts, feelings, behaviour….)
- What sort of challenges do you face in your everyday life as a consequence of PTSD? (Probe: family life, employment, welfare, mental health and well-being, medication)
- How has PTSD changed your life? (What has changed the most for you? What work has been involved in adjusting to PTSD?)
- What has been your greatest loss? What is your greatest fear?
- Can you describe what a good day/bad day is like for you?
- How have you coped with your experiences of PTSD?
- What has it been like for your family? (Probe: impact on their health and well-being?)
- How does PTSD affect your quality of life? (Probe: health, relationships, activities)
- What overall impact has PTSD had on your life?

Surfing

- Why did you come to Surf Action? (Probe: how was initial contact made, was anyone else involved?)
- What do you hope to gain from being with Surf Action?
- Talk me through a typical surf session for you. What do you notice? What do you pay attention to? How are you feeling?
- What has your experience of surfing been like?
• What sort of impact does surfing have on you psychologically? (How does surfing make you feel?)
• What draws you to surfing/why go surfing?
• What sort of impact does being in the beach environment have on you psychologically? (Probe: how do you feel when you’re in the sea/on the beach/walking along the coast? Is this different to the way you normally feel?)
• Does surfing/the beach environment influence the way you think or feel about PTSD? (Probe: if yes, how?)
• Have you noticed any changes in yourself since you’ve been coming to Surf Action?
• What do you think your life would be like right now if you hadn’t joined Surf Action?
• What role does surfing play in your life?

Future

• Do you have any hopes about your future? (Probe: employment, mental health and well-being)
• Where is your life going?
• What is now your biggest challenge in life?
• How do you think your experiences of PTSD will impact on your future?
• How do you think your experiences of surfing will impact on your future?
• What does “recovery” from PTSD mean to you personally?
• How do you see yourself/your life at the moment?
• What advice would you give to someone who thinks they might be suffering from PTSD?

Closing

• Who would understand your story?
• Who would not understand your story or maybe even deny it in some way?
• How might things have been different for you?
• Is there anything else you would like to tell me about your experiences?
APPENDIX F

Caddick, N.

&

Smith, B.

(2014)

The impact of sport and physical activity on the well-being of combat veterans: A systematic review

*Psychology of Sport and Exercise, 15, 9-18*
Abstract

Objectives: This review examined the potential impact of sport and physical activity upon the subjective and psychological well-being of combat veterans in the aftermath of physical or psychological combat trauma.

Design: A systematic review was conducted. The question guiding this review was ‘what is the impact of sport and physical activity on the well-being of combat veterans?’

Methods: Key databases were searched for articles relating to the use of sport and/or physical activity in supporting combat veterans. 11 studies were identified as relevant for inclusion. Data from these studies were extracted by means of a directed content analysis, the results of which were reported in a narrative synthesis.

Results: Sport and physical activity enhances subjective well-being in veterans through active coping and doing things again, PTSD symptom reduction, positive affective experience, activity in nature/ecotherapy, and quality of life. Impact on psychological well-being includes determination and inner strength, focus on ability and broadening of horizons, identity and self-concept, activity in nature/ecotherapy, sense of achievement/accomplishment, and social well-being. Participating in sport and/or physical activity can also enhance motivation for living.

Conclusions: The review advances knowledge by producing a synthesis of evidence that highlights the value of sport and physical activity for supporting the well-being and rehabilitation of disabled combat veterans and combat veterans diagnosed with Post-Traumatic Stress Disorder. It also develops knowledge by identifying the type of sports and physical activities used to promote well-being, offering the first definition of combat veterans in the sport literature, taking a critical approach, and highlighting the under researched role of nature-based physical activity.

Keywords: sport; physical activity; combat veterans; well-being; rehabilitation; PTSD
In recent years, research has attested to the value of both sport (i.e., competitive, rule-bound, structured activity) and physical activity (a broad term that encompasses many different forms of energy-expenditure, including ‘exercise’ and ‘recreation’) for enhancing the psycho-social health and well-being of disabled people (e.g., Day, 2013; Martin Ginis, Jörgensen & Stapleton, 2012; Smith, 2013; Yazicioglu, Yavuz, Goktepe & Tan, 2012) and people diagnosed with mental illness (e.g., Carless & Douglas, 2010; Hefferon, Mallery, Gay & Elliot, 2013). One population in which there is mounting interest surrounding the potential impact of sport and physical activity on well-being is that of combat veterans.

Recent military operations in Iraq and Afghanistan, for instance, have thrust the issue of combat veterans’ well-being into the public consciousness and onto political agendas. Serving in these and other theatres of war can incur heavy costs to the health and well-being of military personnel, and cause much suffering both before and after leaving the military. For example, as of August 2013, the number of US and UK troops listed as ‘wounded in action’ in Afghanistan was 19,141 and 2146 respectively (DOD, 2013; MOD, 2013). These ‘wounds’ include physical injuries, such as amputations, traumatic brain injuries (TBI) and spinal cord injuries (SCI), all of which may damage well-being. In addition, the number of veterans being diagnosed with Post-traumatic Stress Disorder (PTSD) is increasing. In the US, estimates place the prevalence of PTSD among soldiers returning from Iraq and Afghanistan as high as 31% (Tanielian & Jaycox, 2008). In the UK, data collected in a military context suggest that the rate of PTSD among combat-deployed troops is around 6.9% (Fear et al., 2010). Whilst this figure may appear low, given the on-going military presence in Afghanistan, the total number of veterans seeking support for PTSD is likely to rise. Besides PTSD, the incidence of other common mental health problems such as anxiety (20.6%) and alcohol misuse (22.5%) among combat-deployed British troops is of concern (Fear et al., 2010). As a consequence of not only the physical disabilities, but also the psychological traumas sustained in war, there currently exists among combat veterans a high level of need for treatment and support (Walker, 2010).

One way of addressing this need might potentially be through sport and physical activity. There are several reasons to believe that sport and physical activity might influence the well-being of combat veterans seeking support for PTSD and/or who have crossed the border from able-bodied to disabled as a result of war. First, sport is now routinely used in the rehabilitation of disabled combat veterans in the US (Messinger, 2010). A core assumption embedded in this use of sport is that it helps veterans refashion their lives and identities as disabled individuals (Messinger, 2010). Second, in relation to PTSD, research by
Leardmann et al. (2011) indicates that higher levels of physical activity are associated with decreased odds of PTSD symptoms among US service members. These authors further suggest that physical activity may be a valuable component of treatment programs for PTSD. Third, previous research (highlighted above) indicates that both sport and physical activity have the potential to influence psycho-social health and well-being among disabled people or individuals diagnosed with mental illness. Finally, there is a growing international literature exploring the impact of sport and physical activity upon various aspects of well-being in both disabled veterans and veterans diagnosed with PTSD (e.g., Brittain & Green, 2013; Hawkins, Cory & Crowe, 2011; Otter & Currie, 2004). However, no attempts have yet been made to review this literature and to draw conclusions regarding the impact of sport and/or physical activity upon the well-being of combat veterans.

The purpose of this study was to evaluate the current evidence base surrounding the impact of sport and physical activity upon the well-being of combat veterans. In order to achieve this aim, the systematic review method was chosen. Systematic reviews allow researchers to evaluate and interpret all the available research evidence relevant to a particular question (Glasziou, Irwig, Bain, & Colditz, 2001). The question guiding this review was ‘what is the impact of sport and physical activity on the well-being of combat veterans?’ Having defined the question, systematic reviews follow a set process for finding relevant studies, appraising and selecting studies, and summarising and synthesising the studies (Glasziou et al., 2001). Procedural guidelines (e.g., Glasziou et al., 2001; Jackson & Waters, 2005) are followed for searching, selecting, and appraising studies in order to ensure that the methods are transparent and the conclusions reproducible (Grant & Booth, 2009; Swann, Keegan, Piggott & Crust, 2012). One key strength of this review type is it enables researchers to draw together all the knowledge on a topic area (Grant & Booth, 2009). Systematic reviews are thus valuable for condensing scientific findings from multiple studies and generating comprehensive evidence.

Focus of the review: Well-being

Well-being is important to focus on since it is a key indicator of psychological functioning and positive human health (Ryan & Deci, 2001). There are two kinds of well-being associated with the literature on positive human health. The first is termed Subjective Well-Being (SWB). SWB is purportedly comprised of a person’s subjectively perceived satisfaction with their life and the balance of positive and negative emotions they feel. As
Diener (2000) suggests, the experience of SWB is characterised by feeling many pleasant and few unpleasant emotions, being engaged in interesting activities, and being satisfied with one’s life. According to Ryan and Deci (2001), the SWB concept derives from the hedonic tradition of philosophical thought on what constitutes well-being, which suggests that happiness or pleasure are the primary goals of life. Summarising research on SWB, Lundqvist (2011) notes that objective “goods” such as health, wealth and social advantage do not always determine people’s happiness and SWB. Thus, SWB is emphasised as a subjective evaluation of one’s life (Diener, 2000).

The second type of well-being is Psychological Well-Being (PWB). Contrary to SWB, PWB derives from the eudaimonic tradition of philosophical thought which considers well-being in terms of personal flourishing and the fulfilment of human potential (Ryan & Deci, 2001). PWB is thought to consist of six dimensions including a sense of self-acceptance, positive relationships with others, a sense of purpose in life, living with a degree of self-determination or autonomy, the ability to manage one’s environment effectively, and feeling that one is growing or progressing toward one’s potential (Keyes, Shmotkin & Ryff, 2002). Ryff (1989) argued that PWB be distinguished from SWB on the basis that happiness and pleasure do not necessarily equate with positive psychological health. Thus, she proposed that well-being may be cultivated by experiences and relationships that bring meaning and fulfillment to life, and that may result in personal growth as opposed to, predominantly, in pleasure.

Method

Search strategy

Key databases were searched including SPORTDiscus, PsychARTICLES, PsychINFO, Web of Science, Scopus, and Medline. These databases are similar to those used for other systematic reviews in sport and exercise (e.g., Jefferies, Gallagher, & Dunne, 2012; Swann et al., 2012). The primary search was supplemented by hand searching of relevant journals, citation searching of all articles accepted at abstract, and by contacting lead authors in the field in order to identify articles that may not have been indexed in the above databases. This additional searching was deemed necessary because research literature is often widely dispersed and relevant studies might not be indexed in all databases (Jackson & Waters, 2005). Five articles were added through this process. The primary search was conducted using the following search strings in combination with each other:
• String 1: Veteran* OR Military OR Soldier* OR Combat
• String 2: Trauma* OR PTSD OR Posttraumatic* OR Post-traumatic* OR Disab* OR Amput* OR injur* OR wound*
• String 3: “Leisure Time Physical Activity” OR Training OR Recreation OR Fitness OR Sport* OR Exercise OR “Physically Active” OR “Physical Activit*”

String one was used to identify articles relating to the target population (i.e., combat veterans). The term ‘veteran’ can have different meanings (Burdett et al., 2012). None of the studies eventually included in the review provided a definition of a ‘combat veteran’. However, a number of assumptions appear to be embedded in this term. For instance, ‘veteran’ implies that the individual has previously served in the military, while ‘combat’ may conceivably include all who are deployed to a warzone and exposed to the risks of combat (whether or not they occupied a fighting role). These assumptions guided our search strategy and helped us focus on the population of interest. The strategy was inclusive at this stage (including the terms ‘military’ and ‘soldier’) so as not to exclude potentially relevant articles. String two was used to narrow the target population to veterans who were identified as impacted by combat in the form of acquired disability and/or psychological trauma.

In this study, we were interested in all the various types of sport and/or physical activity that might be used to influence well-being in combat veterans. We therefore incorporated a broad range of terms in string three in an attempt to capture the diversity of activities and approaches that might be utilised with veterans. The combined search yielded an initial corpus of 7464 articles. From there, 58 studies were deemed relevant for further review, whilst 11 studies were eventually considered suitable for inclusion in the review.

Inclusion/exclusion criteria

As per the systematic review method (Smith, 2010), criteria were used to select studies suitable for inclusion in the review. These criteria included: (a) the study must be published in full in the English language, (b) the study must be based on empirical data published in a peer reviewed journal (i.e., excluding reviews, magazine articles and book chapters), (c) published no earlier than 1990, (d) centre on combat veterans as the target population (i.e., studies specifically relating to recruits or non-deployed personnel were excluded), (e) the study must relate specifically to some form of psychological trauma or acquired disability (i.e., prospective studies and those not investigating the impact of trauma...
or disability were excluded), and (f) the substantive content of the article must relate specifically to some variation of sport or physical activity in veterans following combat trauma. These criteria were employed to ensure that only the most relevant, up-to-date, and ‘reliable’ sources of knowledge were included as part of the review.

Data extraction and synthesis

The studies included at the final stage of the review were read repeatedly in full by the first author in order to ensure familiarity with the data. Following these initial readings it was necessary to extract and synthesise findings from the studies reviewed (CRD, 2009; Smith, 2010). Systematic reviews in sport often use a variant of thematic analysis for extracting and synthesising findings (e.g., Jefferies et al., 2012; Swann et al., 2012). For this review, however, it was decided that a form of directed content analysis (Hsieh & Shannon, 2005) would be most appropriate for extracting relevant themes from the studies. This decision was made following the repeated readings of the studies, when it became clear that this form of analysis would be useful in parsing out the studies’ findings according to impact on well-being. A directed content analysis uses existing concepts or theoretical frameworks (e.g., well-being) to focus the research question and acts as the basis for initial coding categories. Data that cannot be categorised within the initial categories is assigned a new code. Applying this process, findings were divided up into two broad categories depending on whether these findings related more to subjective or psychological well-being. A third category was created for themes pertaining to ‘motivation’, which could not be reasonably classified under subjective or psychological well-being and was deemed to warrant a separate category.

Methodologically, the studies were composed of seven qualitative and four quantitative papers. Further characteristics of the studies included in the review are presented below (table 1). Due to the heterogeneous nature of methods used and the way findings were reported in the studies it was decided that a narrative synthesis was most appropriate for reviewing the findings (Jackson & Waters, 2005). Following Swann et al. (2012) and Pope, Mays and Popay (2007), this constitutes an interpretive/integrative process of constructing a textual summary to explain the findings of multiple studies. An element of narrative synthesis is present in all systematic reviews and ‘should not be confused with broader terms like ‘narrative review’, which are sometimes used to describe reviews that are not systematic’ (CRD, 2009; p. 48). The narrative synthesis summarises the results of the directed content analysis (Hsieh & Shannon, 2005).
Results

Following the process of gathering and analysing the literature, it was found that the majority of findings (except for the additional category of motivation) fell into the domain of either subjective or psychological well-being. Accordingly, study findings are presented and reviewed below under the two broad categories of SWB and PWB. That said, it is acknowledged that there is likely to be overlap between these two categories, with well-being in one domain affecting well-being in the other. By presenting the findings for each ‘type’ of well-being separately, we are therefore adopting the position of Keyes et al. (2002) who treat SWB and PWB as ‘related but distinct’. Where relevant, we also distinguish between the different types of activities (e.g., sport, physical activity, recreation, exercise, 'challenge events’) that were used with veterans in order to point out the different ways these activities might impact upon well-being.

Subjective well-being

As indicated above, SWB involves an individual’s balance of positive and negative emotions over time and their satisfaction with life. Sport and physical activity influenced veterans’ SWB in a number of ways:

Active coping and doing things again

Findings from two studies revealed that different activities can help injured or disabled veterans to better manage the stresses and problems they faced in relation to combat-acquired disability (Brittain & Green, 2012; Burke & Utley, 2013). For instance, Burke and Utley (2013) described the psychosocial responses of four injured male veterans to a nine-day climbing challenge on Mt. Kilimanjaro. Each of the veterans were recovering from serious injuries (e.g., multiple limb amputations and broken/shattered joints) sustained in combat. As Burke and Utley suggested, these men responded to the climb as a form of active coping, that is, they were proactive and took responsibility for doing things to enhance their own well-being. Alternatively, in an elite sport context, Brittain and Green (2012) reported that participation in the Paralympics enabled veterans to better manage their physical injuries and to deal with the psychological impact of combat-acquired disability. These authors analysed media coverage of combat veterans competing in a variety of elite sports, suggesting that being involved in the Paralympic Games assisted disabled veterans in cultivating an optimistic outlook on life post-injury.
With similar implications, Carless, Peacock, McKenna and Cooke (2013) discussed the psychosocial outcomes of an inclusive adapted sport and adventurous training (AT) course for 11 male military personnel with physical disabilities and/or mental health problems sustained while on deployment. These men were participating in sports such as wheelchair badminton and basketball, and AT activities such as caving, rock climbing and kayaking as part of their rehabilitation. Carless et al. suggested that participants in these activities relished the physicality of, in their words, *doing things again*, which contrasted markedly with their experiences of extreme (often enforced) inactivity in the months or years following injury and/or trauma.

*PTSD symptom reduction*

Three studies considered the impact of various activities including exercise (Otter & Currie, 2004), outdoor adventure pursuits (Hyer et al., 1996), and therapeutic recreation (Dustin, Bricker, Arave & Wall, 2011) upon ‘symptoms’ in veterans diagnosed with PTSD. For example, Dustin et al. (2011) reported the positive, symptom-reducing effects of a four day ‘river running’ (kayaking) trip upon three classes of symptoms commonly associated with PTSD. The trip involved ten male and three female veterans paddling down the Green River in Colorado, US, and camping out overnight. A key component of the trip, Dustin et al. suggested, was the opportunity for veterans to ‘experience the healing effects of nature’. The trip reportedly allowed veterans to feel engaged in a pleasant and positive activity, experience a ‘greater engagement with the here and now’, and achieve a sense of peace and relaxation; all of which led to reductions in symptoms of hyper-arousal, less reliving of trauma through nightmares and flashbacks, and relief from the usual numbing of emotional responsiveness that characterised their daily lives.

In a different study, Otter and Currie (2004) suggested that participation in a veterans-only exercise programme once a week for 40 weeks helped Australian Vietnam veterans to feel more in control and to be less dependent on medication to manage symptoms. These authors also highlighted that these supervised exercise classes were perceived to help veterans ease the ‘adrenaline levels’ that kept them locked in a state of tension and high-anxiety, thereby allowing them to relax. Finally, Hyer et al. (1996) reported the impact of a five day Outward Bound Experience (OBE) upon 219 male veterans in treatment for PTSD. The OBE, similar to Carless et al.’s (2013) research, involved the veterans participating in adventurous outdoor activities such as rock climbing, hiking, and white-water rafting.
However, Hyer et al. observed no discernible impact of the OBE upon PTSD symptomology, and concluded that it performed no differently to standard clinical treatments for PTSD when symptom reduction was taken as the primary outcome of interest.

Positive affective experience

Three studies (Brittain & Green, 2012; Mowatt & Bennett, 2011; Otter & Currie, 2004) described how engaging in various sports and/or physical activities helped combat veterans to ‘feel good’ in different ways. For example, veterans in Mowatt and Bennett’s (2011) study reported feeling that their pervasive sense of regret (surrounding their post-war ‘failings’ in life) had been replaced by fun, enjoyment, and relaxation during a two day fly-fishing trip. For these veterans, who were in treatment for PTSD, going fishing was an opportunity to relax and enjoy learning a new activity with other veterans.

Whereas fishing was experienced as positive in a relaxing sense (e.g., a low positive state of activation), other activities such as exercise were perceived as energizing (e.g., a high positive state of activation; Reed & Buck, 2009), with both types of activity having differently positive implications for veterans diagnosed with PTSD. For example, findings from Otter and Currie (2004) revealed that, countering the dampening and depressive tendencies associated with PTSD, participating in regular exercise classes helped veterans increase their energy levels and allowed them to manage their daily activities much better. These veterans became much more mentally alert and reported feeling an intense ‘buzz’ from exercise, indicating a stimulating effect and an enhancement of positive affect.

Furthermore, in an elite sport context, Brittain and Green (2012) highlighted enjoyment as a key component of disabled veterans’ participation in sporting activities. These authors discussed the restorative power of sport, in that participation enabled disabled veterans to enjoy life once again (i.e., post-injury when other outlets for enjoyment may have been lacking). Collectively, and with a reduction in unpleasant symptoms highlighted, these findings point to a positive shift in the hedonic balance of affect that constitutes (in part) veterans’ lived experiences of SWB.

Ecotherapeutic impact of activity in nature

Findings from three studies (Dustin et al., 2011; Hyer et al., 1996; Mowatt & Bennett, 2011) reported that being active in the natural environment was perceived to have therapeutic qualities. Dustin et al. (2011) termed this impact ‘ecotherapeutic’ and discussed the ‘healing
powers of nature’ experienced by the veterans as they floated down the Green River. Aspects of this finding are also discussed below in relation to PWB. In terms of SWB however, it was felt (by the veterans diagnosed with PTSD) that nature provided a setting and opportunity for ‘time-out’ from everyday stressors. Relatedly, these veterans reportedly experienced the natural outdoor world as a more appealing alternative to clinical or medical treatment settings and thus helped facilitate a comforting sense of ‘normalcy’ in veterans’ lives (Dustin et al., 2011). For Hyer et al. (1996), whilst participation in outdoor adventure pursuits in the OBE led to no reductions in veterans’ PTSD symptoms, other effects were recorded in terms of enjoyment of the natural outdoor world. These veterans described their feelings of appreciation for the beauty of nature around them, and the sense of peace and happiness they experienced while surrounded by the natural world. Similarly, Mowatt and Bennett’s (2011) findings revealed that participating in a pleasurable activity (i.e., fishing) combined with enjoyment of the outdoors led to fun and relaxing experiences for veterans diagnosed with PTSD. Collectively, these studies suggest that enjoyment of nature was made possible through participation in ‘therapeutic activities’ (e.g., river running, fishing) that allowed veterans to immerse themselves in the environment around them.

Quality of life

The World Health Organisation defines Quality of Life (QoL) as ‘individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns’ (WHOQOL, 1997; p. 1). QoL is therefore closely related to SWB and is often considered equivalent to or constitutive of SWB (e.g., Dijkers, 2005). Three studies discussed the potential benefits of adaptive multi-sports camps for disabled veterans’ QoL (Hawkins et al., 2011; Lundberg, Bennett & Smith, 2011; Sporner et al., 2009). Several domains of QoL (including physical, psychological, social, and environmental) are relevant to these studies’ findings. For instance, findings from Sporner et al. (2009) indicated that participation in the National Veterans Wheelchair Games (NVWG) and Winter Sports Clinic (WSC) was felt to impact greatly on mobility skills (an important component of physical QoL), as well as overall perceived QoL. These authors conducted a survey of participants in these multi-sport events, highlighting that 84% felt their mobility skills improved as a direct result of participation and that ‘the majority of participants stated that the NVWG/WSC improved their life’ (p. 410).

Another study by Lundberg et al. (2011) evaluated the impact of a 5-day adaptive sports programme (including water-skiing, snowboarding, fishing, ice-skating and kayaking)
upon the QoL of veterans with various disabilities including amputations, TBI, and SCI. However, Lundberg et al. found that no significant improvements in QoL were made following participation. The authors suggested that one possible reason for this is the short duration of the camp; that meaningful improvements in QoL may take more time to materialise. Despite this lack of impact on QoL, Lundberg et al. did observe a reduction in mood disturbance over the 5-day camp, and suggested that improved mood may over time lead to changes in QoL.

A further study by Hawkins et al. (2011) explored the psychosocial effects of participation in a US Paralympic Military Sports Camp (PMSC) upon 10 injured combat veterans. Such camps introduce injured and disabled veterans to a wide range of Paralympic sports, as well as existing Paralympic athletes and coaches who can assist them with participation in adapted sport. In addition to motivational effects of the camp (discussed below), participants reported their participation as a catalyst for improving other areas of their lifestyle (e.g., eating habits, smoking cessation, general exercise habits) that can potentially influence QoL in injured and disabled combat veterans.

**Psychological well-being**

Psychological well-being (PWB) relates to growth and development of the person. Sport and physical activity influenced PWB in combat veterans in the following ways:

*Determination and inner strength*

Burke and Utley (2013) explored how injured combat veterans responded to the challenge of climbing Mt. Kilimanjaro in terms of their rehabilitation and recovery. These authors reported that the climb facilitated the experience of determination and inner strength by providing injured veterans with a valued goal to strive for. It was suggested that aspects of the climb (e.g., long trekking over harsh terrain and the necessity of withstanding serious physical discomfort) shared relevant features of the veterans’ military experiences and thus allowed them to draw upon pre-existing personal resources and experiences to help them reach their goal. Being able to experience these feelings of inner strength was considered by the veterans as highly significant in terms of recovery (e.g., in developing the determination to return to active duty or to move on with overcoming the ‘challenge of disability’).

*Focus on ability and broadening of horizons*
Three studies emphasised the power of sport for helping injured or disabled veterans to focus on ability as opposed to limitations or impairment (Brittain & Green, 2012; Hawkins et al., 2011; Sporner et al., 2009). Focusing on ability involved veterans being able to see beyond their injuries and understand what they could still achieve (Brittain & Green, 2012; Hawkins et al., 2011). For example, participating in a Paralympic sports camp was seen by veterans as valuable for ‘normalising’ the experience of becoming disabled (Hawkins et al., 2011). For these veterans, sport enabled them to re-construct a positive self-image post-injury; one that was consonant with their prior image of themselves as active as ‘physical’ beings. In addition to sport, participating in a physical challenge such as climbing Mt. Kilimanjaro facilitated a process of discovering and accepting the individual nature of impairment and working out what one’s capabilities were (Burke & Utley, 2013). Taking part in the climb reportedly enabled combat veterans to adapt to disability by focusing on ability – on what they were able to accomplish. Collectively, these studies suggest that sport and rigorous ‘physical challenges’ such as mountain climbing can be valuable for developing the ‘self-acceptance’ component of PWB at least in injured or disabled combat veterans.

In a related sense, Carless et al. (2013) described a ‘broadening of horizons’ that veterans underwent as a result of their experiences on a 5 day inclusive sport and adventurous training (AT) course. The authors referred to this theme as opening up ‘new rooms to explore’ in life following injury and/or trauma. Similar to a focus on ability, the notion of new rooms to explore captures the sense that sport and AT helped veterans to re-think what was possible in the aftermath of combat trauma. In this sense, Carless et al. suggested that participating in new or different activities offered individuals new possibilities and/or psychological resources to help them move forward in meaningful ways.

**Identity and self-concept**

In addition to the above findings, participation in elite sport (Brittain & Green, 2012), physical challenge (Burke & Utley, 2013) and inclusive sport and AT (Carless et al., 2013) were considered useful in cultivating a positive sense of self-identity in veterans. Burke and Utley (2013) argued that undertaking the challenge of climbing Mt. Kilimanjaro despite enduring great pain from their injuries enabled veterans to re-shape their understanding of what it meant to be an injured war veteran and thus who they might become. In a similar manner,Brittain and Green (2012) suggested that elite/Paralympic sport helped disabled veterans to negotiate their post-injury status and place within society. For Brittain and Green,
participation in elite sport thus provided veterans with a renewed sense of direction in life and became a useful tool to aid transition to disability and re-integration into society. Further, Carless et al.’s (2013) theme of ‘bringing me back to myself’ highlights the way in which inclusive sport and AT helped participants to reconnect with aspects of their previous identity and sense of self that were highly valued in a military context (for example, *doing things again* by using their bodies and sharing laughter and ‘banter’ with their peers).

In addition, Cordova et al. (1998) emphasised the positive impact of participation in the National Disabled Veterans’ Winter Sports Clinic upon veterans’ self-concept (i.e., an individual’s emotional evaluation of their personal worth in various domains). Cordova et al. suggested that in order to accept the presence of a disability, a person needs to adapt some aspects of their self-concept. Their findings revealed an elevated self-concept in veterans following participation in the Winter Sports Clinic, thereby providing further evidence that sport can help disabled veterans adapt to disability and re-constitute their self-concept in a positive way.

*Ecotherapeutic impact of activity in nature*

The ecotherapeutic properties of activity in nature discussed above in relation to SWB also extend into the realm of PWB. For example, Dustin et al. (2011) suggested that interacting with the “bigness” of nature helped veterans diagnosed with PTSD to put their own lives and problems into perspective as they became immersed in the world around them. As part of the ‘therapeutic recreation’ orientation of Dustin et al.’s study, veterans were encouraged to see themselves as part of a bigger whole and develop a ‘spiritual awareness’ of their connection to the natural world. Furthermore, both Dustin et al. and Mowatt and Bennett (2011) suggested that immersion in nature provided a space for introspection and quiet reflection that was perceived by veterans diagnosed with PTSD as ‘therapeutic’ in nature (Dustin et al., 2011; Mowatt & Bennett, 2011). Such “ecotherapeutic considerations” as Dustin et al. referred to them, bear potential relevance for dimensions of PWB such as meaning and purpose in life (e.g., place within the world and sense of perspective) and positive relations with others (where ‘other’ in this case is conceptualised as the natural world rather than a human other).
Involvement in sport and/or physical activity also provided a sense of achievement or accomplishment for both disabled veterans (Brittain & Green, 2012; Hawkins et al., 2011) and veterans diagnosed with PTSD (Dustin et al., 2011; Hyer et al., 1996). In the context of PTSD, Hyer et al. (1996) reported that simply engaging in recreational outdoor activities and learning new skills was viewed by veterans with a sense of accomplishment. This sense of accomplishment was linked thematically to enhancements in self-confidence. Indeed, both Dustin et al. (2011) and Hyer et al. (1996) noted that being active and developing physical skills in a novel setting (i.e., river running and outdoor adventure, respectively) cultivated feelings of self-efficacy and confidence in veterans diagnosed with PTSD. Alternatively, for disabled veterans, the realm of elite sport appeared to satisfy their need for achievement in a publically recognised domain. For example, as Brittain and Green (2012) suggested, playing elite disability sport provided veterans with a strong sense of achievement; one in which they were able to continue their affiliation with the military by representing their country albeit in a different capacity (i.e., on the sports field as opposed to the battlefield). Moreover, a consistent theme across the media sources analysed by Brittain and Green was that striving for and achieving valued goals through sport was an important aspect of rehabilitation and recovery for recently injured or disabled veterans. This finding has relevance for veterans’ sense of PWB, as through this process of striving for meaningful sporting goals veterans may begin to cultivate a sense of purpose in life and the feeling of progressing towards their potential.

Social well-being

The PWB concept may also be taken to include the sub-component of Social Well-Being (Social WB). This refers to an individual’s social function and perceived flourishing in social life (Keyes, 1998). Eight out of the eleven studies indicated that sport and physical activity provides a context for the enhancement of Social WB in combat veterans. For instance, Burke and Utley (2013) identified social support as a vital component of injured veterans’ experiences of climbing Mt. Kilimanjaro. These authors emphasised the degree to which veterans worked together, offering practical and emotional support to each other, to ensure that all four of them achieved their goal of summiting the mountain.
In many cases, social support took the form of camaraderie with other veterans (e.g., Carless et al., 2013; Dustin et al., 2011; Mowatt & Bennett, 2011; Sporner et al., 2009). Camaraderie here refers to positive social interactions and emotional ties between combat veterans. Mowatt and Bennett (2011) discussed the necessity of this form of relationship in the lives of veterans diagnosed with PTSD. For these authors, as well as Otter and Currie (2004), such relationships were perceived as crucial for helping veterans overcome a pervasive sense of social isolation associated with PTSD. Moreover, in four of the studies, camaraderie and connections between veterans reportedly developed on the basis of their shared experiences (Carless et al., 2013; Hawkins et al., 2011; Mowatt & Bennett, 2011; Sporner et al., 2009). Having endured similar traumas and a shared military background, veterans were able to understand and communicate with each other easily, facilitating supportive relationships. For example, having a ‘shared’ injury or disability enabled some of the veterans in Carless et al.’s (2013) study to connect with, and draw inspiration from, each other. Witnessing both the physical progress and positive outlook of a similarly disabled veteran reportedly provided a resource that influenced the kind of future veterans were able to envisage for themselves post-injury (Carless et al., 2013). Furthermore, such shared experiences and the connections forged through them were considered by Burke and Utley (2013) and Hawkins et al. (2011) to be highly significant in terms of recovery. This finding concurs with previous research which suggests that ‘being understood is an important component of recovery’ (Carless & Sparkes, 2008; p. 194).

**Source of motivation**

In addition to well-being, participation in sport and/or physical activity was reported to have an impact on motivation in combat veterans. Whilst elements of motivation overlap with those of well-being (e.g., purpose in life), it was deemed that a separate section was needed to capture the specific impact upon motivation. This impact involved both a general increase in motivation to be active and do things, and specific motivational processes that influenced how veterans responded to their involvement in sport and/or physical activity:

*Motivation for living*

Otter and Currie (2004) expressed the impact of an exercise program in terms of its impact on veterans’ desire to do things outside the ‘normal’ and repetitive daily routine. Contrary to the lack of interest in meaningful or interesting activities often felt by veterans
diagnosed with PTSD, exercise was perceived to exert a positive influence upon daily habits and lifestyle such that veterans were motivated to do more than simply work, eat, sleep and watch television. Exercise was credited as helping them overcome a pervasive lack of motivation and with injecting energy into their daily lives. For example, the veterans in Otter and Currie’s study reported feeling motivated to increase the amount of walking they do and spend more time participating in enjoyable activities. In this sense, increased motivation for living may be seen as complimentary to (and perhaps also constitutive of) enhanced well-being in combat veterans undertaking sport and exercise.

**Motivational processes**

In addition to general motivation for living, specific motivational processes through which veterans sustained their desire to participate in sport and/or physical activity were identified as social comparison and self-determination. For example, in Hawkins et al.’s (2011) research, injured veterans were able to sustain an increased desire to participate and compete in Paralympic or adapted sport through downward social comparison (i.e., comparing their limitations and abilities with those perceived to be worse off). Seeing and being around those who were more physically impaired prompted veterans to feel content with their capabilities and to maximise them through commitment to participation.

In relation to self-determination, Burke and Utley (2013) argued that participation in a physical challenge helped satisfy veterans’ basic psychological needs for competence, autonomy and relatedness (Deci & Ryan, 1985). As these authors suggested, climbing Mt. Kilimanjaro helped veterans ‘take command over their lives, feel capable of achieving difficult goals and feel connected to others’ (p. 738). The studies by Hawkins et al. (2011) and Carless et al. (2013) also present similar findings with regard to the psychological needs of competence and relatedness. However, both of these studies indicated that autonomy was less evident in the accounts of their interviewees. Autonomy concerns the degree to which individuals feel that they are ‘causal agents’ in determining their own lives. The authors suggested reasons why autonomy may have been less prevalent in veterans’ accounts. Hawkins et al. noted that many of the injured veterans may have been ‘strongly encouraged’ by their superiors within the military to attend the sports camp as part of their rehabilitation. Alternatively, Carless et al. suggested that autonomy may have been a less salient need for participants at this moment in their lives. As they noted, autonomy was delayed until such a time that the person felt able to enact personal control in an empowered and meaningful
manner. Depending upon the context, it may be that involvement in sport and/or physical activity could have mixed implications for veterans’ psychological needs associated with competence, autonomy and relatedness.

**Discussion**

This review evaluated the impact of different sports and physical activities upon the subjective and psychological well-being of disabled combat veterans and veterans diagnosed with PTSD. Findings from the 11 studies reviewed revealed that participating in these various activities can have a positive influence on many facets of life related to both SWB and PWB in veterans. That is, sport and/or physical activity has the potential not only to provide enjoyable and pleasurable experiences for combat veterans, but also to help shape their personal growth and development in the aftermath of combat-acquired disability and/or psychological trauma. This review contributes to knowledge on combat veterans and well-being in two significant ways. First, it provides the first empirical synthesis of evidence on the role of sport and/or physical activity in supporting the well-being of combat veterans. Second, the review extends previous knowledge in the area of sport and/or physical activity for health and well-being by highlighting the specific consequences of engaging in such activities on the lives of injured veterans and veterans diagnosed with PTSD.

Based on our review of the studies, a number of observations are worth highlighting. A first observation concerns the *type* of sports and physical activities that were used to promote well-being in veterans. There may be crucial differences between the use of elite/competitive sport, ‘physical challenge’ activities, and therapeutic recreation activities depending upon the particular group of veterans. For instance, all of the studies specifically targeting veterans diagnosed with PTSD opted for various ‘non-competitive’ activities, several of which may be associated with ‘therapeutic’ qualities, such as fly-fishing, river-running or even aerobic exercise. In contrast, injured or disabled veterans were more likely to be involved in competitive or elite sports, including at Paralympic level. It may be that researchers sought to draw on specific properties associated with these various activities (e.g., relaxing qualities vs. achievement-oriented) depending on the ‘problems’ they attempted to address in the participants’ lives. Differences between the use of *sport* (at different levels including recreational or elite competition), and various forms of *physical activity*, (including exercise and recreation) should thus be taken into account when considering both future research and the use of any such activities to promote well-being in combat veterans.
Also related to the type of activities provided for veterans was the potential exclusivity of some of these activities. For example, given the numbers of veterans becoming injured and disabled, it is highly unlikely that all or even many of them will be offered the opportunity to engage in costly or specialist activities such as climbing Mt. Kilimanjaro. Indeed, Sporner et al. (2009) acknowledge that their sample of veterans taking part in the National Veterans Wheelchair Games and Winter Sports Clinic may have been limited to those veterans who were financially able to participate in these events. All of the studies reviewed here reported on interventions and activities that were specifically organised for, and/or provided cost-free to veterans. One potential barrier to the promotion of well-being through sport and physical activity might thus be a lack of such opportunities or the financial cost of participating in specialist pursuits that are not subsidised for veterans. In part, the challenge of overcoming this barrier may call on governments to make good on the “moral obligations” they have set out for supporting the needs of veterans (for example, in the UK government’s ‘Armed Forces Covenant’) by funding various activities and thereby enabling more veterans to access the benefits of sport and physical activity outlined in this review.

A second observation is concerned with the population(s) being studied in this corpus of research. Many different terms (none of which were defined) were used to describe the participants in these studies (including ‘veteran’, ‘combat veteran’, ‘war veteran’, ‘injured service member’, ‘military personnel’, and ‘ex-military personnel’). Broadly speaking, the term ‘veteran’ may be used to describe former serving members of the armed forces. It may also refer to active military personnel who have previously deployed to a warzone (e.g., a ‘veteran’ of the war in Afghanistan). However, the notion of who qualifies as a ‘veteran’ differs between countries and governments, and may not even be clear to veterans themselves (Burdett et al., 2012). In the UK, for example, whereas veteran status is conferred upon anyone who serves but a single day in the military, members of the ex-service community themselves may view such status as earned through deployment experiences (Burdett et al., 2012). In this review, we were interested in anyone who had previously deployed to a warzone and who’s life had been influenced by combat either in the form of injury/disability and/or psychological trauma (whether or not they had served in a fighting role or were still officially classed as ‘active duty’). This ensured that our review was limited to those who had the most potential to gain through involvement in sport and/or physical activity.
In light of the above issues concerning access to opportunities, the specifics of who qualifies as a combat veteran has major implications for who is granted access to activities and opportunities that may enhance well-being. Of all the studies reviewed, Carless et al. (2013) appeared to provide the most inclusive description of participants, describing them broadly as ‘military personnel’, all of whom were experiencing a form of disability as a result of either physical injuries sustained during deployment, non-battle related injuries, mental health problems, or chronic illness. Their description covers a wide range of potential beneficiaries who were identified as ‘in need’ in some way. However, just who these ‘military personnel’ were, and whether or not they had been discharged from the military, remains unclear. Future research on sport and physical activity for combat veterans should provide clearer definitions of the population being studied in order to identify who is, and is not, benefitting from opportunities to engage in life-enhancing sport and physical activity. In order to guide future research and assist conceptual clarity, we propose the following definition of a combat veteran as: any current or former member of the military who has previously deployed to a warzone and been exposed to the risks of combat. This definition offered, we recognise that not all deployed personnel will become ‘damaged’ as a result of combat. Rather, this definition is intended to encompass a particular sub-group of military personnel (active or retired) whose lives may have been impacted as a result of their deployment experiences.

Third, whereas the majority of studies seemed to uncritically promote sport and/or physical activity as a vehicle for enhancing well-being, it is necessary to guard against viewing such activities as a panacea for improving veterans’ lives in general. For example, focusing too heavily on sport and physical activity as part of rehabilitation may deter veterans from other important areas such as employment. Accordingly, a more balanced model of rehabilitation may be required which incorporates such things as employment skills and planning for the future (Messinger, 2010). Equally, when promoting sport and/or physical activity it is important to foreground the social, cultural, and material forces that can restrict activities and oppress people. For example, in addition to financial barriers noted earlier, engaging in sport or physical activity can be restricted due to inaccessible environments, problems with travel, and negative societal attitudes to disability or mental health problems. Further, it is important to critically consider the language used when talking about sport and physical activity. Language after all is never neutral but constitutes our realities (Smith & Sparkes, 2009). For example, Hyer et al. (1996) found that participating in an adventurous
outdoor pursuits program had no impact on veterans’ PTSD symptoms. This ‘negative’ finding is certainly at odds with the vast majority of findings reported in these studies. Hyer et al. suggested several reasons for the lack of impact, including that the “dose of treatment” received was not sufficient, or that some veterans’ “level of pathology” may have been too severe for them to experience meaningful benefits from the program. However, referring to involvement in sport and/or physical activity with terms such as ‘dose’, ‘treatment’ and ‘pathology’ can position people within a medical model of understanding disability and/or mental health problems.

A medical model treats illness and disability as a sickness to be cured, or as some part of the individual that has broken and requires fixing (Smith & Perrier, in press). There are however major problems with a medical model. As Smith and Sparkes (2012), and Smith and Perrier (in press) highlight, it locates the ‘problem’ of disability or PTSD squarely within the individual. In so doing, the social and cultural construction of illness and disability is ignored. As part of this, the social world that can oppress disabled people and respond negatively to combat veterans with PTSD is overlooked and left unchallenged. There is the danger too that in positioning people within a medical model autonomy is undermined and the various kinds of pleasure that can go with being active, and which help in motivating people, are elided. Likewise, adhering to a medical model may result in defining any positive outcomes that can go with playing sport or being physically active simply according to whether or not symptoms can be reduced or impairments lessened. Whilst these certainly are worthwhile aims for some, a more positive approach to recovery or rehabilitation may be to consider what sport and physical activity can add to life, in the form of positive experiences, rather than simply what they might take away in the form of problems (Carless & Douglas, 2010).

A fourth observation is that, whilst indoor sport and physical activity can undoubtedly be very useful, there seems to be an emerging interest in exploring the role of nature-based physical activity in supporting the well-being of combat veterans (e.g., Dustin et al., 2011; Hyer et al., 1996; Mowatt & Bennett, 2011). These studies connect with a broader literature which is beginning to examine the role of engaging with nature for human health and well-being (e.g., Nisbet, Zelenski, & Murphy, 2011). Moreover, the studies reviewed here point to the possibilities of combining the already-established well-being benefits of physical activity with the potential ‘therapeutic’ effects of exposure to natural environments. However, there are some concerns that may need to be addressed before the potential use of natural environments to promote veterans’ well-being can be maximised. For instance, two studies
(Dustin et al., 2011; Mowatt & Bennett, 2011) make rather vague references to ‘nature’s healing power’ as a component of their approach to supporting veterans diagnosed with PTSD. The exact nature of this mysterious ‘healing power’ and how it impacts upon veterans’ well-being needs to be better specified if its potential is to be fully realised. In addition, it is unclear at present what opportunities might exist for disabled combat veterans to access the potential benefits of being active in nature. More research needs to consider how disabled combat veterans might negotiate access to and use of various natural environments in order to enhance well-being. As part of this, future research might consider how notions of the “green gym” or “blue gym” (Depledge & Bird, 2009; Smith & Sparkes, 2012) could provide unique ways of supporting the well-being of both disabled combat veterans, and veterans diagnosed with PTSD. Such concepts suggest appealing ways of interacting with nature for health benefits and call for further work to investigate the psychological and embodied processes at play here in relation to well-being. As part of this work, and other work within the psychology of sport and exercise more generally, experimental designs are required. Further, qualitative research methods are needed which go beyond the ‘one-shot/drive-by’ interview, that is, a single and short interview. Such methods might include longitudinal interviewing (i.e., interviewing people over time), mobile interviews, relational mapping, vignettes, and visual methods like autophotography and timelining (see Smith & Caddick, 2012; and Sparkes & Smith, 2013). Further, such methodological development requires researchers to use appropriate criteria to judge the quality of work in this area (see Sparkes & Smith, 2009).

**Conclusion**

This review provides the first synthesis of empirical evidence on the impact of sport and physical activity upon the well-being of combat veterans. As such, it offers a key resource for evidence based practice and for informing policy and decision making in this area (Grant & Booth, 2009). Findings identified multiple positive affects upon the subjective and psychological well-being of combat veterans, as well as on motivation. We also identified several areas of caution that researchers and practitioners should keep in mind when seeking to utilise sport and/or physical activity to promote well-being in veterans. The review adds to previous knowledge by highlighting the specific impact of sport and physical activity upon the well-being of combat veterans in the aftermath of combat-acquired disability and/or psychological trauma. Future work should continue to explore how sport and
physical activity can contribute to long-term recovery and rehabilitation, particularly through programmes that support the enhancement of well-being over time.
References

Brittain, I., & Green, S. (2012). Disability sport is going back to its roots: Rehabilitation of military personnel receiving sudden traumatic disabilities in the twenty-first century. *Qualitative Research in Sport, Exercise and Health, 4*, 244-264.


<table>
<thead>
<tr>
<th>Study</th>
<th>Participants</th>
<th>Design</th>
<th>Methods</th>
<th>Type of sport or physical activity</th>
<th>Main findings</th>
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</thead>
<tbody>
<tr>
<td>Brittain &amp; Green</td>
<td>Injured or disabled veterans reported on in the media (ages and gender unspecified)</td>
<td>Secondary analysis of qualitative data</td>
<td>Synthesis of media coverage from a life course theory perspective</td>
<td>Elite sport - Paralympics</td>
<td>Participation in elite sport provides a source of inspiration and achievement, fosters self-actualisation and direction in life, and facilitates re-integration and acceptance of disability.</td>
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<tr>
<td>Burke &amp; Utley</td>
<td>4 injured male veterans aged 22-44 years</td>
<td>Descriptive cross-case analysis</td>
<td>Multiple semi-structured interviews and observations</td>
<td>9 day climbing challenge on Mt. Kilimanjaro</td>
<td>Participants approached the challenge with a sense of self-determination and experienced it as a form of active coping. Strong sense of social support evident between the veterans.</td>
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<tr>
<td>Carless et al. (2013)</td>
<td>11 male veterans aged 20-43 with either physical disability, chronic illness or mental health problems</td>
<td>Descriptive qualitative study</td>
<td>Multiple narrative life story interviews and participant observation methods</td>
<td>5 day inclusive adapted sports and adventurous training course</td>
<td>Participants experienced a ‘rekindling’ of things that were previously important to them including doing things again, reconnection to others and sense of purpose. Also experienced a sense of ‘broadened horizons’ in terms of new activities, being valued, respected and cared for, and being inspired by others.</td>
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<td>Cordova et al. (1998)</td>
<td>44 male disabled veterans (aged 19-70)</td>
<td>Repeated measures longitudinal design</td>
<td>Questionnaires addressing self-concept and leisure satisfaction administered one month prior to, during, and one month after a sports clinic</td>
<td>National Disabled Veterans Winter Sports Clinic</td>
<td>Total leisure satisfaction and self-satisfaction scores improved across the three data collection points.</td>
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<td>Dustin et al. (2011)</td>
<td>10 male and 3 female veterans diagnosed with PTSD (ages unspecified)</td>
<td>Pilot intervention study</td>
<td>Journal writing and observational methods</td>
<td>4 day ‘river running’ trip</td>
<td>Reduced PTSD symptomatology, enhanced perceived coping skills, confidence and self-efficacy and ‘ecotherapeutic’ impact of nature.</td>
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<tr>
<td>Hawkins et al.</td>
<td>9 male and 4 female injured combat</td>
<td>Descriptive qualitative study</td>
<td>Interviews (unspecified type and format)</td>
<td>3 day military sports camp</td>
<td>Participation provided a source of motivation, sense of competence,</td>
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<tr>
<td>Year</td>
<td>Study Details</td>
<td>Methodology</td>
<td>Data Collection</td>
<td>Findings</td>
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<td>(2011)</td>
<td>veterans aged 20-40</td>
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<td></td>
<td>autonomy, relatedness, connection with previous interests, general perceived health and fitness benefits, and normalisation of disability</td>
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<tr>
<td>Hyer et al. (1996)</td>
<td>219 male veterans diagnosed with PTSD (mean age = 41)</td>
<td>Mixed methods design with quantitative measures taken at 3 time points and qualitative data collected at 1 time point</td>
<td>Questionnaires addressing PTSD, depression, locus of control, and anxiety. Qualitative ‘self-report data’ (unspecified)</td>
<td>5 day ‘Outward Bound Experience’ (outdoor adventure pursuits) No discernible impact on measures of PTSD symptomatology. Self-report data highlighted benefits of OBE as Improved self-esteem, enjoyment of outdoors, overcoming negative emotions, being more in control, and enhanced relationships</td>
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<td>Lundberg et al. (2011)</td>
<td>18 male veterans (mean age 30-34) with acquired disability and/or PTSD diagnosis</td>
<td>Quasi-experimental pre-post test design</td>
<td>Questionnaires addressing mood, QoL and perceived competence</td>
<td>5 day adaptive sports and recreation program No impact upon QoL. Less mood disturbance and increased vigour post-program. Increase in perceived competence post-program</td>
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<tr>
<td>Otter &amp; Currie (2004)</td>
<td>14 male veterans (mean age = 55) diagnosed with PTSD</td>
<td>Qualitative grounded theory investigation</td>
<td>Series of focus groups conducted at weeks 10, 25, and 40 of the program</td>
<td>40 week community exercise rehabilitation program Participants reported positive impact on work and lifestyle habits, motivation, daily habits and energy levels, social support, and reduced anger</td>
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<tr>
<td>Mowatt &amp; Bennett (2011)</td>
<td>67 veterans (age and gender unspecified) diagnosed with PTSD</td>
<td>Descriptive qualitative study</td>
<td>Narrative analysis of letters written by the veterans to program leaders</td>
<td>2 day therapeutic fly-fishing program Fishing provided a context and location for veterans to experience camaraderie, enjoyment and relaxation, an opportunity for reflection, and positive experience of the outdoors</td>
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<td>Sporner et al. (2009)</td>
<td>132 disabled veterans (87% male, 13% female; mean age = 47.4)</td>
<td>Cross-sectional</td>
<td>Questionnaires addressing self-esteem, QoL, and community participation</td>
<td>National Veterans Wheelchair Games and Winter Sports Clinic Participants rated overall improvements in self-esteem and QoL, interaction with other disabled veterans, acceptance of disability, and mobility skills as important outcomes of participation</td>
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