Outside the Military "Bubble": Life After Service for UK ex-Armed Forces Personnel

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The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest

Author contribution statement

KG developed rationale and research method, designed study, collected data, audio recordings and transcription of audio recordings, analysed data and wrote each section of the journal manuscript. KB reviewed and edited original draft and current manuscript introduction, methods, and sections of findings. CW reviewed and edited original draft manuscript introduction, methods, and sections of findings.

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Abstract

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Military personnel who have seen active service can be affected by their experiences. Much of the literature on the mental and physical health battles faced by men and women who leave the Armed Forces is dominated by research in the United States (US) (Iversen, et al., 2008), and is particularly focused on exposure to combat conditions and effects on mental health. Research in the United Kingdom (UK) tends to focus on depression or alcohol misuse and the impact these issues have on currently serving personnel. At present, military research in the UK has increasingly investigated life after service, access to and use of treatment interventions, post-service life and, more recently, impact on the family. Semi-structured interviews explore experiences of 30 participants (27 male, 3 female). Participants ranged in age from 26 to 92 years (M=53.33), and across multiple war cohorts (from WWII to Iraq and Afghanistan). Data were analysed using Thematic Analysis and Narrative Analysis. Experience with mental health service provision differs across military service divisions, length and type of service. Shared experiences across veteran cohorts, focused on themes such as pre-service adversity in childhood, striving despite pre-and post-service challenges, effects on mental health after transition from the Armed Forces, and impact on veterans' families. Expanding clinical research from the experiences of UK serving personnel to include the effects of pre-military adversity, should be considered alongside military deployment experiences of the individual. Interventions designed to address transition into life after service are discussed.

Contribution to the field

In this submission to the Frontiers Psychology: Psychology for Clinical Settings Journal titled: "Outside the Military "Bubble": Life After Service for UK ex-Armed Forces Personnel. this study attempted to highlight the lack of qualitative methodological research in the area of military psychology, particularly in research focused predominantly on personnel diagnosed with combat and non-combat-related experiences, transition into civilian life, and challenges faced by veterans' families. This study also explored potential protective factors of service. A multitude of studies which examine interventions for the veteran population, expand on quantitative evidence-based literature. Very little research takes a detailed approach to examining the particular experiences of UK Armed Forces personnel, their perceptions of experiences pre- during and post-service, links between these transition periods and impact on positive adaption post-service, and their view of the psychological interventions that are administered to them solely dealing with post-service issues. Even fewer studies explore the lives of UK ex-Armed Forces personnel from different war cohorts and specific gendered experiences of military service, for example. The pivotal aims of this study were twofold: to examine the existing literature in the area of experiences specific to UK ex-Armed Forces personnel and related well-being issues, and to analyse findings that have emerged from a qualitative study of veterans' lived experiences and life stories across a broad spectrum of war cohorts and backgrounds. With these original research objectives in mind, the study concluded that qualitative research into narratives of veterans that include pre-service experiences, can provide more information about this population. This information is vital to UK military and mental healthcare professionals who may be interested in applying holistic psychological interventions for specifically British Armed Forces personnel currently serving, Armed Forces veterans, as well as for a wider audience of the interested public.

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Title page: Outside the Military “Bubble”: Life After Service for UK ex-Armed Forces Personnel

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Abstract

Military personnel who have seen active service can be affected by their experiences. Much of the literature on the mental and physical health battles faced by men and women who leave the Armed Forces is dominated by research in the United States (US) (Iversen, et al., 2008), and is particularly focused on exposure to combat conditions and effects on mental health. Research in the United Kingdom (UK) tends to focus on depression or alcohol misuse and the impact these issues have on currently serving personnel. At present, military research in the UK has increasingly investigated life after service, access to and use of treatment interventions, post-service life and, more recently, impact on the family. Semi-structured interviews explore experiences of 30 participants (27 male, 3 female). Participants ranged in age from 26 to 92 years (*M=53.33*), and across multiple war cohorts (from WWII to Iraq and Afghanistan). Data were analysed using Thematic Analysis and Narrative Analysis. Experience with mental health service provision differs across military service divisions, length and type of service. Shared experiences across veteran cohorts, focused on themes such as pre-service adversity in childhood, striving despite pre-and post-service challenges, effects on mental health after transition from the Armed Forces, and impact on veterans’ families. Expanding clinical research from the experiences of UK serving personnel to include the effects of pre-military adversity, should be considered alongside military deployment experiences of the individual. Interventions designed to address transition into life after service are discussed.

Introduction

The effects of service on military personnel is founded on historical research in the United States (US), particularly on Vietnam veterans (Iversen, et al., 2008; Van der Kolk & Fisler, 1995). Current research tends to begin with examinations of the effects of combat exposure and issues arising from mental and physical health battles faced by ex-service personnel, such as depression or alcohol misuse (Coleman, Stevelink, Hatch, Denny & Greenberg, 2017). Examinations of the impact these issues have on currently serving personnel, look at a decrease in quality of life and the use of treatment interventions as a result of service exposure (Sareen, Cox, Afifi, Stein, Belik, et al., 2007), as well as barriers to the access of those interventions (Coleman et al., 2017). Although much was learned about mental health issues in US Vietnam veterans and what challenges present-day veterans face, research on US veterans and the mental and physical effects of service in the most recent conflicts, have presented differently or less frequently in UK veterans (Iversen, van Staden, Hughes, Browne, Hull, et al., 2009).

Studies of UK veterans and help-seeking behaviour among ex-service personnel have examined transition experiences of formerly serving personnel and further studies of the effects of their military experience was recommended (Ministry of Defence [MOD], 2015). Military service personnel have different responses to combat exposure and there are differences between nations, military cohorts, and across conflict conditions. After the most recent conflicts in the Balkans and during the Middle East, 2005 marked a change in the need for specific research on the negative effects of service on members of the UK Armed Forces during and after service (Iversen et al., 2005a; Iversen et al., 2005b; Iversen et al., 2009). Research of potential pre-service impact on veterans' wellbeing appear less frequently (Iversen, Fear, Simonoff, Hull, Horn, et al., 2007).

Factors that may prevent personnel from seeking help as well as predict later mental health issues in personnel, was also of interest to the UK military (Coleman et al., 2017). In 2007, childhood adversity was examined to determine whether issues that preceded joining the Armed Forces, mediated psychological trauma in UK combat servicemen (Iversen et al., 2007). In October 2015, the MOD Armed Forces Covenant stressed the importance of combined agencies working to ensure ex-service personnel and their families were not 'disadvantaged' by their service to country (MOD, 2015). Memories of events during service can return in later life if individuals do not make sense of experience and come to terms with trauma. For instance, traumatic memories become harder to reconcile as a direct result of cognitive, physical and social age-related changes (Settersten & Spiro III, 2012). More detailed accounts of experience may help with understanding how veterans perceive and integrate the influence of pre-service events and quality of life, for instance (Gade, 1991; MacLean & Elder, 2007). As countries have and continue to engage in various types of warfare, the interest in and education about veterans and their physical and psychological wellbeing continues to evolve (Daffey-Moore, 2018; Gordon, 2014; Jones, 2006) and as the characteristics and needs of veterans have changed over time, knowledge about this population across the lifespan (and the social network around UK veterans) must evolve also.

Qualitative research methods for analysing oral histories (narratives) of participants will be used to address the study objectives. The analysis of narratives will consider the physiological, psychological and social aspects of wellbeing where all are contributing factors to the individual narrative, as well as the barriers to care that military veterans perceived to exist (Mellotte, Murphy, Rafferty & Greenberg, 2017).

For an in-depth analysis of participant experiences of mental health, interviewing ex-service personnel provides an opportunity to explore how participants link pre-service experiences, service events and related post-service experiences together.

Materials and Methods

Sample

Participants make sense of events and provide detailed context for behaviour that may not be captured by structured questionnaires (Gubrium & Holstein, 1998; 2001). Essential life stories may assist researchers to assess and understand essential aspects of a person's behaviour (McKeown, Clarke & Repper, 2006). In-depth analysis of participants' storied accounts, then, could provide new insight about what life events mean to them from the beginning, through to the middle of life, and up to the present. This means including and exploration of experiences that exist outside research dominated by service- and combat-related foci and adding to knowledge about the psychosocial needs of veterans (as well as their social circle) from their viewpoint. As a result, 30 ex-service personnel (27 males, 3 females including 1 self-identified as female) from the British Armed Forces between the ages of 26-92, were interviewed about their experiences after leaving the Armed Forces. Interviews took place nationwide between September 2013 and October 2014 and participants had served with the British Army (including Territorial Army WWII), Royal Navy, Royal Marines and Royal Air Force (Participant demographics are included in Table 1). In the United Kingdom, the term *veteran* is attributed to any individual who has served for a minimum of one day in the Armed Forces.

Study Design and Interview Protocol

Participants were recruited via purposive sampling to include as broad a range of experiences as possible (Lewis-Beck, Bryman, & Liao, 2003). Participants may have been discharged or left the services for a variety of reasons including medical discharge or retirement from the military. Additionally, stigma around veterans' mental health issues are both influenced and contextualised by cultural attitudes towards the war in question (Fontana & Rosenheck,1994). Therefore, participants of different rank, gender, age, service length and war cohort were invited to participate.

Potential participants were invited to read about the research after presentations of the research aims at veteran events or meetings with relevant community groups, veteran associations, and through adverts in local newspapers. Flyers were distributed with permission from charitable organisations and online recruitment was promoted through social networking sites and forums. The number of participants was restricted to 30 due to saturation in the breadth of participant characteristics and preliminary analysis of data (Marshall, 1996).

This study explored how ex-service personnel perceived their world and their roles within a broader social culture outside of the military. Semi-structured interviews were selected as the method to collect biographical data (Wengraf, 2001). Interviews were audio recorded and conducted in person as well as over the telephone and using communication software, such as Skype (based on participant preference and geographical location) when in-person interviews could not be arranged. In addition to gathering potentially new information about UK veterans' lives through their narratives, verbatim transcription captured any nuance in language veterans used to recount their life experiences (Halcomb & Davidson, 2006).

Analysis

Experiences were analysed using Thematic Analysis and Narrative Analysis and NViVo 10 software was used to reduce duplication of codes that may occur during qualitative data analysis, particularly with long interviews (Bazeley & Jackson, 2013). Using a thematic approach to access oral or written content, researchers can answer questions about unexplored perceptions and perspectives of a particular group 'in relation to the broader social context' (Braun & Clarke, 2006, p.93). The stories told by participants are complex human accounts of experience and qualitative approaches to collecting and analysing interviews helps to organise and clarify the story (Andrews, Squire, & Tamboukou, 2013).

Combining qualitative methodological approaches to data analysis helps to deepen understanding of participants' interview data, thereby meeting the objectives of this study (Lal, Suto & Ungar, 2012). Lal et. al. (2012) suggest combining analytical methods that complement each other. This allows for a thorough exploration of the construction and adaptation of story significant for explanations or representations of self. The participants' meaning making process is important for the interview (particularly as part of data analysis) and the participant's ability to examine their lives derived from that evaluation. This includes developing positive narratives of post-service life (e.g. participants talked about their achievements in service). The notes made after the interview documented affective moments in the interview which audio devices could not record, and which aided the researchers' interpretation of participant accounts. Higate and Cameron (2006) discussed reflexivity in the researcher's process particularly with regards retrospective participant interviews. Researcher reflections on each individual interview were recorded as each interview progressed to acknowledge and address potential bias in interpretation (Mauthner & Doucet, 2003).

Ethical Considerations

The study proposal, peer reviewed research protocol and ethical application, received a favourable ethical opinion from the University of Portsmouth Science Faculty Ethics Committee. The study did not use deception to recruit or interview participants. Participants received information about the study in a participant research booklet containing a participant information sheet, with details of the research study, inclusion criteria, withdrawal, informed consent and use of participant data for dissemination. 24 audio recorded participant interviews were transcribed by the researcher and six by a transcription service observing The British Psychological Society governance on confidentiality, anonymity and non-disclosure of the content of research participant audio recordings (British Psychological Society [BPS], 2009). Interviews were scheduled at least 24 hours after the participant received the booklet to allow sufficient 'cooling off time'. The study did not involve human tissue use, or groups considered vulnerable by the definitions set out by the relevant authorities (such as the National Health Service, the Social Care Research organisation, or the University of Portsmouth).

Results

The analysis of recorded interviews developed from participants' stories about pathways into and out of the military, and life after service. Themes were categorised as follows: *reasons for leaving the Armed Forces*, *outside the military "bubble"*, and finally *mental health concerns after service.* The ways in which these constructs (and

related sub-themes) contributed to narratives about post-service identity will also be explored, because veterans either avoid narratives of war, or they make meaning from the extraordinary events of those war experiences (Burnell, Hunt & Coleman, 2006; Scannell-Desch & Doherty, 2010; Schok et al., 2010). Both constructs of avoidance and sense-making, have a lifetime impact upon the veterans' identity and on their peer and family networks. Finally, the stories that follow are not only about experiences after service, but also before and during service.

Reasons for Leaving the Armed Forces

The accounts from participants represent key experiences of life outside the Armed Forces. The decision to leave service and return to civilian life also created conflicts in the family. Participants described experiences of being sent into combat, long operational tours away from family (including non-combat experience), or disillusionment with military service life in general in terms of voluntary and involuntary pathways out of service.

Military Experience No Longer Meaningful

Military experience no longer meaningful refers to one of several reasons ex-service personnel cite among their motivations for leaving. First, ex-service personnel discussed feeling underappreciated for their practical experience. Work in the service was reduced to following pointless orders and performing menial tasks. Second, participants also gave accounts of feeling disillusioned with the Armed Forces because they felt devalued by the institution itself. Third, participants expressed beliefs that the civilian population neither understood nor cared about their personal military experiences.

Daryl had talked about the long-term effects of consecutive tours of duty, and the negative impact on his family were central to the participant's motivation for leaving (see Table 1 for brief participant biographies). Not only was the participant relating his experience of being away from his family to a negative impact on the family, but he also compared his own childhood experience in which his father's absence had negatively affected him:

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

Rather than expose their families to the long-term impact of their military careers, participants who shared similar accounts, make conscious decisions to transition out (Forces in Mind Trust [FiMT], 2013). Other participants had not planned a career in the military 'had a plan to leave'… and 'would stop when I stopped enjoying it' (Betty p.19)". This participant enjoyed the uniqueness of working on a project within her field that matched her training and would utilise her skills. Planning a pathway out pre-provided a viable enough rationale to leave the Army and there was 'no reluctance at all to leave…because I had this massive goal- no-one in [my field]…was working on such a Gucci, um, exciting project... so it was a no-brainer' (Betty, p. 9). Of the 30 participants interviewed, there were few ex-servicemen and women who were able to transfer their military skills to a role in the civilian world, or chose to leave voluntarily, or had a plan to leave *at the start* of their service careers.

Changes in the Army itself also caused participants to question the value the Armed Forces placed on service experience. Not being taken seriously for the

experience that they had accumulated, conflicted with what participants wanted out of their service careers. Trivialising exposure to surviving Bosnia, for example, or repeated tours of Northern Ireland and Middle East conflicts, and what learning was gained from these tours, were slowly becoming devalued inside service as well as by civilian employers and non-military colleagues (Elder, Gimbel, & Ivie, 1991; London & Wilmoth, 2006; Riviere, Kendall-Robbins, McGurk, Castro & Hoge, 2011).

Not being utilised properly for one's experiences and skills, lead to questioning one's purpose. Participants experienced feelings of inadequacy, a loss of feeling meaningful, brought on by an uncertainty with one's role (Ahern et al., 2015; Bartone, 2005). The ex-service person organises their worldview from a position of being always available, ready to act under command, and to protect (like 'Supermen', Freddie, p.4). The difficulty of moving on from one role in service with identifiable qualities, to another, less heroic and less defined identity post-service, was frightening. This sense of fear and unfamiliarity of purpose was explicit in the narratives of Jack, Martin, and Matty, and best summarised by Freddie:

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

The Army, and being a soldier and specifically a combat solider, defined part of this veteran's life that he compared with being incarcerated. He likened his experience to repeat offending by individuals who once inside the prison system were scared and did not know how to cope with being outside of the military environment after leaving it.

Developing Identities Through Military Service

Abuse or neglect pre-service are notably higher in veterans who have been exposed to higher levels of childhood adversity than non-service personnel - and may be under reported - which may prompt veterans to leave abusive home lives for the service (Blosnich, Dichter, Cerulli, Batten, & Bossarte 2014; Van Voorhees et al., 2012). Leaving and transitioning are a constant part of many veterans' life stories (Jones, Bhui, & Engelbrecht, 2019). Upon leaving the Armed Forces and becoming veterans, they can no longer access original familial social networks for social support, access to service life is cut off, making navigating civilian networks difficult for veterans and their families (Demers, 2011). The transition from one's childhood family to becoming a military individual, then adopting new civilian identities (in late adulthood for some veterans), brings the researcher closer to the participant's reality and veterans' experience of exclusion (Iversen et al., 2005; Van Voorhees et al., 2012).

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

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

Becoming a veteran means no longer being able to identify with an organisation that rewards unconditional duty and loyal service. However, challenges to one's identity occurs when participants 'fight the transition process' (Morris, p.19) especially when the transition is from a defined, valued and valuable role, into the unknown. The process of change is less disciplined, and far more unpredictable.

'Disabled for Life': The End of the Armed Forces Career

Fighting against or accepting the transition process featured heavily in narratives of participants who were deemed psychologically and/or physically incapable of fulfilling their duty. Leaving as a result of disability in service, is described by Nicholas and the frustration he experienced at not being able to rejoin his Army regiment: 'And in short, that's where I finished up, operated on my spine that was in '45. I have to say I was very upset then I had never got back to my regiment after '44' (Nicholas, p.17). For Nicholas, his service career was finished through injury and not by choice. What he had experienced as a once young and 'fairly fit' young man (p.17) was now gone through a back injury that had kept him in hospital for a year. Nicholas 'never got back' to what he was:

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

Participants shared accounts of how they were coping with physical and psychological disability. After losing mobility in his lower back and shoulders, Freddie eventually went to the hospital in 2010 where he learned he had fractured his back as early as 1996 'to 2010, I was running around with a broken back. Sounds silly, don't it?...That's what it's all about. That's why it's called 'soldiering on'. Soldier on... You just keep going (Freddie, p.29). Despite his body being compromised by the years and hardship of service training and repeated deployment to combat tours in Northern Ireland, Afghanistan and Iraq, Freddie took pride in how he coped with his injuries. He acknowledged that as much as he regrets no longer being able to serve, had he remained in the military, his life might have been much more different: 'so the chances are if I'd have stayed in, I'd probably be paralysed now from the chest down. So gotta you know gotta be grateful for small mercies, haven't ya?' (Freddie, p.32). Freddie had faced his own death and the death of others, survived close encounters with combatants, and yet wanted to continue to serve. He had delayed seeking mental health support while in service and post-service. However, when his body could not fight to overcome his physical injuries, preventing normal physical functioning, had to save his own life by cutting off his connection to the Armed Forces and from being a soldier. He could no longer 'soldier on'.

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

Outside the Military "Bubble"

Some participants had trouble adapting to post-service life. In these participants' stories, specific skills acquired in service (sometimes developed over long periods of

time) were now incompatible with or lacking direct transfer to civilian employment. Leaving was harder for those participants who longed to stay in service and were forced out. For example, involuntary redundancy was cited as either having an immediate or delayed impact on adaption after service. Delays in divestment of service members' transferable skills can be detrimental to overall veterans' sense of self-worth near the end of service life, and reintegration post-service (Elnitsky, Fisher & Blevins, 2017; Swed & Butler, 2015).

Troubled adaption was also linked to involuntary transition out of service when participants reported being disabled out of service through injury sustained in service or on operational tours. For veterans in the study, particularly WWII veteran Nicholas, 'civvy street, for the main part, [was] very difficult' and 'the memory of this time is always there' (Nicholas, p.21). For certain participants, the magnitude of leaving the service created identity crises, resulting in feelings of exclusion and painful separation, or, an unwillingness to connect with the past reminders of one's pre-service life. The Armed Forces is seen and experienced by some, as a family. This type of family offers reassurance and protection in the form of commonality of purpose, unity and togetherness with others (Hall, 2011). Once leaving the Armed Forces, a once protective and omnipresent bubble, bursts.

For Betty, on the other hand, being part of a group outside the service provided valuable informal support during her attempts to start a family from:

> there was an online help group and we used to meet up, well I met them a couple of times, so we knew exactly what I was going through. Brilliant, it was the best thing I did at that time, urm, yeah it was great... because I realised I was sad. (Betty, p.11)

This was perhaps the timeliest kind of help for this participant, needed at a difficult time and provided *outside the military "bubble"*. This participants' narrative pattern she did not fit similar transition pathways into or out of service. Betty's contentment with her childhood environment and service life histories, and preparation to leave despite personal challenges, was a model of a relatively positive transition story compared to other participant narratives of pre- service and post-service life. Stories of thriving outside of or being challenged by post-service life, framed participant accounts on both sides of the military shell (Currie, Day, & Kelloway, 2011).

Thriving in post-service life

Positive adaption was experienced when participants recalled little or no pre-service adversity, who prepared to leave the Armed Forces voluntarily, who had prepared financially for resettling, and/or formed and maintained friendships outside of military service with friends they could go to for support. Participants developed service skills that were easily transferred into civilian employment which aided transition.

Freddie felt that he had a good experience of the civilian world through his employment experience after service. The participant was earning more than he had as a soldier and has been promoted. But his work colleagues were predominantly ex-military personnel: 'I was working as a security guard in London erm there were er I was working for a company that sub-contracted ... erm and it was the most boring job, but they wanted ex-military guys... and I got promoted a couple times quite quickly because they liked me' (Freddie, p.25). Freddie attributed a good working experience and adaption to civilian life to his ability to advance and earn more than he had as a

soldier, transferring his combat skills to corporate security, and within an environment of ex-soldiers. Daryl did not have a difficult transition into civilian life and found employment as soon as he left the Army. His story is shared by few participants (like Paul, Roger, and Betty for instance). As he 'progressed in his career', Daryl found it 'very strange that people find it [civilian life] alien' (p.46).

Curtis had felt unprepared for post-service work. He reflects back on joining the Army as a time when he would have welcomed someone encouraging him to think about leaving and making a transition plan because leaving (for a variety of reasons) was inevitable: 'All I wanted...is someone to say to me: You might leave tomorrow and you've failed. You might get injured, you might leave for personal reasons, you might serve a full career, but you *will* leave' (Curtis, p.6). Curtis may have felt more in control of his future if at some point he had realised that he was not going to be a soldier indefinitely. Putting a plan in place towards making the adaption to civilian life a more positive experience, regardless of how long one's service career was, would aid more positive transition out of service.

Participants also experienced good adaption when it was their choice to leave service either through retiring or by not renewing military service contracts. Stewart made the decision that 'at some point, I was going to have to make a second career. I wasn't gonna necessarily retire age 55 sit down and do nothing' (p.22). For Stewart, preparing to leave made transition a good experience that he looked forward to transition from military to civilian was…an easy transition– for other people it wasn't as easy because they hadn't thought about ever leaving' (Stewart, p.22). Regrets about preparing to leave, was not distinguished by pre-service adversity, mental health challenges in service, or rank upon leaving the Armed Forces.

Barry had formed friendships outside of the military and this, he felt, helped keep him to remain connected to the world outside the Armed Forces. Stewart also associated good adaption with his and his wife's network of friends outside of the military who were sources of support. Support was forthcoming during service and even after the participant left. The individuals who share this narrative struggled with leaving the service at first, but eventually they thrive in civilian life. Few participants reported this pattern. Having a supportive network outside of the Armed Forces in pre-service family life and after service, is a narrative shared by those *thriving outside the military bubble*: who grow from and cope with their experiences once they recognise when support is needed, the type of support required, and that it is available (Hoge, Auchterlonie, & Milliken, 2006; King, King, Foy, Keane, & Fairbank,1999).

Eight participants whose narratives involved feelings of abandonment by family of origin (through neglect or actually leaving the participant), join the Armed Forces which becomes a substitute for family. Curtis' view was that for some 'the Armed Forces, particularly in the early years of someone's career, are *in loco parentis*, particularly w-when the person who's joined, is young' (Curtis, p. 6). Participants' attachment to a substitute military family created a sense of stability, experiences of more secure attachment and coherent narratives in adult relationships after service (Basham, 2008). Seven of those eight participants also shared a re-abandonment narrative: abandoned by family pre-service, abandoned by military post-service. This was consistent even with participants who were not at risk of exposure to service trauma, but experienced abandonment from abusive family, or military family. The influence of childhood trauma experiences such as witnessing the physical assault of a parent affects physical, psychological, social wellbeing after service, and impacts on veterans' help seeking behaviour (Iversen et al., 2007), and over the lifecourse (McCauley, Blosnich, & Dichter, 2015; Van Voorhees et al., 2012). Understanding

narratives of veterans who both strive and struggle, can inform researchers about specific difficulties veterans are experiencing that may not be linked exclusively to the impact of service history

Narrative meaning making and evaluation of life after service

As in positive adaption to post-service life, this theme references the continuation of family heritages, pride in the family, assessing challenges and how they were overcome (pre- during and post-service). Paul talks about his own son, growing respect for his son, and his decision to join the service: '... a lot of people have asked me the question: Well is it because he's joined the Army and he's followed in your footsteps, that you've started to respect him more? And I thought well, yes, there's a lot to be said for that' (Paul, p.48). When participants talked about their achievements in their post-service lives, they talked about the achievements of self through family, which were exemplified by feelings of success or pride in family members making a 'success of their lives'. One's satisfaction in overcoming the hardship of war, or personal obstacles of being considered 'not very bright' (p.24), culminated in a 'brilliant' life for the 92 year-old WWII veteran participant (Nicholas, p. 22-27). Freddie evaluated his life more important after service to be available to one's family which meant being 'emotionally available' when his own children needed, unlike his distant father.

Putting one's family above one's own psychological challenges meant not getting 'stuck' in the consequences of ruminating about early childhood adverse experiences: Yer just gonna end up not being able to look after yer family and look after yerself. And my family's the most important thing to me. Doesn't matter what happens to me as long as they're alright and as long as they're looked after, that's fine' (Nicholas, p.34). The participant wanted to take care of his own family regardless of what might happen to him. Resisting the reflexive process that may occur in the therapeutic setting, also served to meet the needs of putting family first, at the cost of taking care of one's own wellbeing needs (Murphy, Spencer-Harper, Turgoose, 2019). This sub-theme links into the reasons for leaving the armed forces, the challenges encountered, as well as the concerns about mental health which affects the individual as well as the service member and their family networks (Lester & Flake, 2013). Six other participant interviews revealed a similar theme about making sacrifices for family. This feeling was shared by participants regardless of whether they had suffered adversity in childhood, felt disconnected from family, or whether they voluntarily or involuntarily followed family tradition of joining the Armed Forces. Additionally, participants who had experienced difficulties pre-service and in the Armed Forces (e.g John, Terry and Simon), expressed support for their own children joining the military, knowing of the potential challenges and sacrifices.

Freddie reflected positively on the service life he gained from being in the Royal Marines: 'the military made me who I am now and I think I'm a better person for it' (p.32). An integrated sense of self, separate from how one defines self through career, is necessary for a feeling of satisfaction and thinking positively of the future (Walker, 2012). The ability to incorporate a story of one's personal and professional identity, and form a dialogical narrative of self, is a prerequisite for this process (Law, Meijers & Wijers, 2002; McMahon, & Watson, 2013).

Mental health concerns and experiences of mental healthcare and support post-service were explored to understand to what degree (if any) participants linked post-service experiences to their current wellbeing and whether pre- or service events are integral to those perspectives.

Mental Health Concerns After Service

Some veterans experience mental health difficulties while in service, but only report problems some time after they leave service (for example Busuttil, 2010). All research participants were asked if they sought or received some form of psychological help, even if they had not reported experiencing mental health problems while in active service. They discussed mental health challenges, overcoming difficulties after leaving, and issues encountered by family as a result of mental health concerns.

Accessing Health and Wellbeing Services

This theme includes types of mental health concerns, as well as access (and barriers) to psychological and social (practical) services. The lack of formal services or limited knowledge about what formal services are available is experienced by and influences veterans and their families' wellbeing post-service. Participants tended to talk predominantly about their experiences with mental health services, but they also occasionally included accounts of the effects on the family when experiences of mental and other types of wellbeing services were evaluated.

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

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

Participants like Curtis, Aaron, and Lionel, for example, reported troubled sleep. Lionel's involuntary physical tics began after his return from Afghanistan and occurred at night (such as sleepwalking for Curtis). This was perhaps a physical manifestation of trauma, and an analysis of his reactions could be linked to a normal reaction to being exposed to combat, which also affected his partner (Beks & Cairns, 2018). For Aaron, Jack, and Morris, a silence that follows along with inaction and loss of purpose gives way to memories of attack and danger. However, not accessing services and barriers to getting help were experienced among ex-service personnel, when 'sitting in front of a counsellor and the counsellor with the best will in the world and experience – they don't understand what that's soldiers' talking about, they'll get up and walk out, because they'll know that you don't understand what they're talking about" (Paul, p.20). Veterans unwilling to communicate with civilians and/or family members about the psychological and physical struggles they encounter, obfuscates the desire or will to ask for help, occasionally leading to self-harm, such as in studies of Falklands, Gulf and Scottish veterans (Kapur, While, Blatchley, Bray & Harrison, 2009; Bergman, Mackay, Smith, & Pell, 2019). Paul analysed a period in his life where if he had 'attempted [suicide] and woken up and still been in this pain, I would still have attempted it and the only way you could have stopped me then, was to put me somewhere' (Paul, p.30). Witnessing this pattern in other ex-service men and women, according to Daryl (while stationed in Kosovo), points out the barriers and stigma that renders a sense of helplessness: '[W]hen I think back and quite embarrassed to say I

wasn't supportive at all but-but, I don't know if it was the environment and it was expected of you, but it was seen as a weakness' (pp. 43-44).

Asking for help for mental health problems would be seen as a sign of weakness while on active duty. But Daryl's recall was one of regret after service for not offering or being able to provide support to someone in his Army unit who needed his help. A barrier to getting or offering help presents a conflict between diagnosis and military identity (Kapur et al., 2009). Participants realised they were having problems coping, but formal support was thought of as hard to find, not available, not offered or denied to veteran and family members alike. Even, for example practical information about social services. These barriers existed for earlier WWII veteran cohorts. Support, as interpreted by this veteran, was a labyrinthine task: 'Things [resettlement information] are there but they're filed away, squirrelled away down stovepipes and rabbit holes, and the language used isn't helpful and it's all there, but you need a guide and an interpreter. So that-that's clearly wrong' (Curtis, p.6).

Betty's was one of the few veteran stories of positive experiences with mental health care. There are a few stories of ex-service personnel who found their voices and asked for help, and their perceptions of mental health help once received was positive. Betty described accessing formal support from a charity specifically tailored to veterans' needs, 'at any time if we have any issues' and over any length of time ('could be 18 months ago when it was really bad') as and when needed (Betty, p.16).

Rejecting Mental Health Symptoms or Diagnosis

Adding to the issues around access to mental health and wellbeing services, is the theme of *rejecting mental health symptoms or diagnosis*. Participant stories in this theme centred around patterns of noticing a change in their behaviour or self, then concern. Participants who sought help, either thought diagnosis was helpful because the problem was identified, or, they rejected any mental health diagnosis. Participants' own self-diagnosis occurred where they did not see the problem or, not having a concept of good psychological wellbeing, participants were unable to compare good against poor psychological health and avoided care of any kind (Farrand, Jeffs, Bloomfield, Greenberg, & Mullan, 2018; Johnson & Possemato, 2019). In some participants (and consistent with the research literature), there were immediate or delayed reactions to service-related mental health problems complicated by level of avoidance or rejection of symptoms (Busuttil, 2010; Johnson & Possemato, 2019).

When John first reported having mental health problems, he gave an account of being diagnosed with battle stress. Wanting to learn more about why he was stressed out and not able to go on combat tours, he recalls searching for and rejecting his own symptoms of PTSD, stating: 'that's what I thought I had, cause obviously I've killed people and done stuff so I was like 'Oh I'll put that in' and I thought it's not that, I'm not having suicidal thoughts and what have you... I ruled that out straight away' (John, p. 34). Because casualties in combat was an obvious condition of his work, the participant had ruled out killing combatants as having any potential traumatic impact on his behaviour (Maguen, Vogt, King, King, Litz et al., 2011). Terry, Jack, Martin and Curtis all shared this reality of their military experience. But as Terry reports: "nothing prepares you for killing" (Terry, p.10). Not being prepared for how his role in the Armed Forces would affect him, suffering from mental health problems as a result of service, and initially rejecting the cause of mental health difficulties, was a feature across six of the participants who had experienced combat. One participant who experienced combat in Northern Ireland, however, felt that this experience may have affected them,

but did not wish to seek mental health care for fear of "what I might find" (Tina, p. 46). Additionally, two participants reported experiencing mental health problems, but had no combat experience, no direct threat to life in service, who also rejected their diagnoses. Having experienced the height of violence in Northern Ireland as a teenager in the Army, Tina was aware of what may have been a service-related psychological issue, however the participant feared 'wandering off into my Pandora's box that's been locked for a veeery long time' (Tina, p.46), and revisiting those experiences would be detrimental to wellbeing and everyday functioning. Suppression of troubling thoughts was easier 'because if you open it up, I would be gone. I'd be needing [psychiatric] services, not a psychologist' (Tina, p 61).

Unlike Nicholas and Derrick who did not have the option of formal healthcare during and immediately after WWII, post-WWII veterans who were provided public healthcare (and mental healthcare) described their experiences with the National Health Service (NHS) community mental healthcare services, as inaccessible or uninviting. This was vividly described by Aaron who said: 'talking didn't help. The thing that didn't help [was] talking to someone who had no experience. The things that made me safe, were my bulletproof vest...Counselling was pointless, and so upsetting. Just didn't seem to work' (Aaron, p.19).

One year after leaving the Armed Forces, Freddie was still experiencing mental health problems. At the advice of a friend, the participant contacted a veteran's mental health charity for help however he decided not to receive help under residential care because 'they basically wanted me to come live in for a week and I said: no, I'm not- I'm not doing that. I'll deal with it myself. So I did' (Freddie, p.25). By normalising his experience, Freddie felt that he was like everybody else, comparing his occasional nightmares to 'bad dreams' that people have (Freddie, p.26). He reiterated he did not have PTSD, that he 'just needed time to process everything' (Freddie, p.26). Freddie would, however, seek formal medical help for physical injuries he sustained while in service. Seeking help for specific physical injuries as a result of service appeared to be more commonplace for veterans in this study, however there are still perceived barriers in asking for help even when unrelated to psychological wellbeing, and even when family members recognise the need for help, veterans avoid treatment. This is even true when partners of veterans report experiencing secondary trauma as a result of veterans' exposure to service-related events (Beks & Cairns, 2018; Dirkzwager, Bramsen, Adèr, & van der Ploeg, 2005).

Discussion

Teachman (2011) and Walker (2010) found that few opportunities have been taken to adopt a lifespan perspective to explore the whole storied life of ex-service personnel and the experiences that veterans believe may have impacted them. By looking at stories people tell about themselves over an individual life course, researchers can understand how people behave, what motivates behaviour, and what personalities people choose to become and how their identity is developed and maintained (McAdams & Olson, 2010). On reflection, service life (and particularly the stories of returning from deployment), was similar to being caught in the past, feeling as if one was behind the rest of the world, or distant from society. Participants had been out of contact with family (voluntarily in some cases). Talk of service experience, (particularly in combat conditions) is avoided with intimate partners and friends, and family members (Burnell et al., 2006). Avoiding or not being able to access help as and when needed, links the stories of these participants. Participants can feel connected to their surroundings if they are still able to engage with and contribute in

some way to the world while they are still in service and to continue valuing veterans' contributions when they transition out of service (Binks & Cambridge, 2018). Through sharing these narratives in non-clinical settings, veterans can influence interventions that may support them not only psychologically, but in social situations and for practical purposes (Griffiths & Macleod, 2008).

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

The provision of *significant* tools for transitioning were alternately experienced as non-existent, difficult to access or poor for those participants who had no choice when leaving the Armed Forces involuntarily, or provisions were experienced as good transition for those participants who left voluntarily and had planned to leave. Also important to note is that participants who left in higher ranks, or began as officers, generally had positive experiences of transition (Iversen et al., 2008). Contrasted with those experiences, are the accounts of participants (young and old) affected by impoverished childhoods. The opportunity to join the British Armed Forces presents an opportunity for not only survival, but economic mobility (Settersten & Spiro III, 2012). However, transitioning out of service without support is experienced as re-abandonment, particularly when external familial support was lacking to begin with. One participant essentially rejoined the Armed Forces on two occasions and therefore, did not experience a typical transition event, because external support was insufficient. Very few studies had looked extensively at the experiences of transition and resettlement issues for UK veterans and their families before the Armed Forces Covenant was published (FiMT, 2013). Fewer studies consider the role of the veterans' childhood family experiences as potentially contributing to transition issues.

Participants described having to learn how to navigate a new environment outside the military, whose social norms and practices were unfamiliar. This may lead to troubled adaption in civilian life because the military community is no longer accessible and the discipline and skills learned to become part of a cohesive military unit are no longer useful for making connections with others in the civilian world (Gordon, 2014). In narratives where participants were content with their lives, and experienced good transition, the family of origin creates a happy childhood. Military service is seen as an adventure, resulting in no mental health problems. This participant is satisfied with civilian life. This narrative is not often covered as extensively in the research literature, but it is important, as individuals are able to overcome any difficulties in their military lives perhaps as a result of their robust wellbeing from childhood, developing their own positive growth narratives (MacLean & Elder, 2007).

Limitations and Future Research

More questions that the analysis of participant data raised were related to the differences and similarities that could be explored between young and old veteran cohort stories (McLean, 2008). An interpretation of the interview data tentatively

suggests that for some service personnel who had experienced adversity or may have been vulnerable to delinquency in early life. A link can be made between choosing a military service experience and having a positive outlook on one's lifecourse regardless of whether the individual served in WWII, Bosnia or Iraq for instance. Would other cohorts tell different stories about early life experiences and how divergent would they be? Would cohorts share similar long-term mental health and wellbeing outcomes if those veteran populations report similar adversity and resilience experiences of childhood? Perhaps future research in the area of lifespan studies of veterans could explore the difference in UK ex-Armed Forces cohorts if meaning is made in different ways about the individual's life and how cohorts make meaning differently (Burnell et al, 2006).

Conclusion

Mental health and wellbeing are linked to identity. The loss of identity as serviceman or woman both creates a vulnerability to mental health symptoms as well as exacerbating symptoms. This also leads to whether support is sought out or avoided. A tradition of family in service and perception of family were frequently referenced in participants' narratives about avoiding talk of war. If participants had been prepared for what to expect on deployment by family members who had military experience, they evaluated their own wellbeing based on how family members in the past had responded (or suppressed symptomatic responses) to war exposure. This study explored the ways in which ex-service personnel perceived their own wellbeing needs, particularly where participants' relationships (or lack thereof) with original family and own family may influence decisions to seek both formal and informal practical, social and emotional support after leaving the Armed Forces. Responding to the growing interest in the social, psychological, political and cultural dialogue about our veterans and their families' needs, insists on a review of mental health and wellbeing which also includes discussions of physical, social, and financial wellbeing with veterans and their families as essential to the research focus and outcomes. Highlighting the voices of veterans, raises awareness in the UK about the extraordinary as well as the everyday lives of veterans who are a part of our society.

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1031 Table 1

1032 *Participant demographics pre-service and service history*

Participant Alias	Age at interview	Year joined, age	Left service	Length of service	War cohort-era	Service Corp	Pre-service experiences
Sandy	65	1952, 15	1964	12	Post-WWII	Navy	Homesick when joining. Close to mother and father, communicated with parents while stationed abroad. Served post WWII.
Pete	50	1981, 18	1986	5	Post-Falklands	RAF	Abusive father, witnessed violence towards mother, raised in Northern Ireland social environment of hostility, bullying in community
Terry	38	1991, 17	2006	15	NI, Balkans, Afghanistan x2, Iraq, Kosovo, Macedonia, Sierra Leone	Paras, Royal Marines Commando	Raised by maternal grandmother, little or no contact with mother/father. Married and separated from wife at time of interview and living in temporary housing. Received treatment for PTSD.
Betty	41	1997, 25	2003	6	Afghanistan non-combat	Army (3 years Officer Training Corp before Regular Army)	Recalls content family life and childhood. Followed in footsteps of father in career. Wanted but failed to have a family post-service. Sought marriage counselling.
Nicholas	92	1939, 18	1945	6	WWII	Army	Father WWI suffered mental health. Poverty, family separated, left school to work. Joined Territorial Army. Received surgery for a back injury and was medical discharged from the Artillery division.
Freddie	35	1994, 16	2007	13	Afghanistan	Royal Marines Commando	History of bullying in school. May have experienced childhood assault. Medical discharge for a persistent back injury sustained after a fall. He received treatment for PTSD and is accompanied by a service dog when in public spaces.
Derrick	90	1939, 16	1945	6	WWII	Army	Did not want contact with family after leaving Army. Did not join a veterans' organisation. Has not received a hearing aid but has no mental health needs.
Jack	56	1974, 16	1995	21	Falklands, Northern Ireland, Europe, Asia, Central America	Royal Marines Commando	Recalls good childhood experiences growing up in rural town. Divorced after returning from the Falklands. Remarried after deployment to Northern Ireland and received a medical discharge 21 years after service. Received medical and therapeutic treatment for PTSD.
Martin	55	1978, 20	1983	5	Falklands, Northern Ireland	Royal Marines Commando	Recalls good childhood experiences. deployed to the Falklands and deployed to Northern Ireland shortly after. Received medical discharge and received medical and therapeutic treatment for PTSD, health issues. Separated from wife and seeking custody.
Will	86	1945, 17	1949	4	WWII	RAF	Sent to live with relatives by mother. No positive childhood memories of mother, but idolised father. Sent to work-house, left dockyard work to enlist. Left the Army as a Staff Sergeant. He was deployed to Palestine shortly after end WWII after being decommissioned. Sought out mother who refused contact.
Curtis	47	1990, 23	2013	23	Iraq	Army	Absent of role models and were not "tactile" or emotionally connected family (p.35). Did not view family positively before or after joining Armed Forces. Academic achievements combined with the lack of a relationship to his family, were motivations behind his joining.

Nigel	52	1980, 18	1989	9	Post-Falklands, Northern Ireland	Navy / Royal Marines Commando	Recalls good childhood experiences, but distant from family after joining Navy. Trained as medic, then joined Commandos. Treated wounded Falklands servicemen, but not deployed. No medical or psychological treatment post-service.
Matty	71	1958, 15	1983	25	Northern Ireland, Europe, Global	Army	Recalls positive family relationship. Joined Army and served in Germany and Northern Ireland during the Troubles (in 1971). Retired voluntarily to work in the public sector after 25 years with no medical or psychological needs.
Paul	62	1967, 15.5	1989	28	Northern Ireland, Gulf War	Army	Military family, homesick when joining Army. Left Army involuntarily on medical discharge to work in the private sector. Attempted suicide due to pain from non-combat leg injury sustained in Gulf. Mobility somewhat limited and no present psychological needs. Volunteers in local veterans' project.
Andy	43	1989, 18	1997	7	Cyprus, Balkans	RAF	Sent away to boarding school, father worked away. Recalls good family relationship, but distant from father. Left Army voluntarily to work in private sector after 7 years with no medical. Employed 2 weeks after leaving RAF. Divorced, living alone for several years experienced depressive symptoms. Remarried. Slight physical disability.
Daryl	40	1994, 19	2000	10	Balkans	Army	Sent away to day boarding. Good family relationships. Operational tours of Bosnia (1996) and Kosovo (1998). Left Army voluntarily to work in private sector. Employed shortly after leaving Army. No psychological symptoms. Slight physical pain reported after jumping off a roof (accident). No affiliation to veterans' groups.
Mark	47	1983, 16	1989	6	Post-Falklands	Army	Good childhood family relationships. Joined the Army and left at rank of Sergeant Major. Stationed in Germany. Left Army voluntarily to work in private sector. Experienced psychological distress after divorce in 2005. Met new partner 2009. Slight physical pain reported in leg (accident) and became dependent on pain medication. Attempting to rejoin at time of interview
Lynda	43	1996, 25	2014	18	Balkans	Army	Emotionally abusive father, mother mental health issues. Left at rank of Lance Corporal. Stationed in Balkans then received surgery in 1990 for male-to-female transition. Left Army twice due to psychological issues experienced after suicide of mother, then brother.
John	43	1987, 16	2006	19	Northern Ireland, Afghanistan, Iraq	Army	No positive family relationships, no contact with mother, sister by choice. Deployed on 6 tours of Northern Ireland, 5 Iraq tours and 2 Afghanistan tours immediately after 9/11. Divorced and remarried. Service injuries from shrapnel, stress reaction when return home. No current medical or psychological treatment.
Barry	56	1977, 19	1993	16	Cyprus, Northern Ireland	Army	Recalls positive family relationships. Boarding school, then joined the Army as an Officer. Deployed to Cyprus and 2 tours of Northern Ireland, married after second tour of Northern Ireland. Employed in private sector. No past or current medical or psychological treatment.

Morris	57	1974, 17	2012	38	Northern Ireland, South America, Iraq	Army	Distant relationship with father, but maintained contact with mother. Retired from Army after 38 years. Multiple operational tours to Northern Ireland. Suicide attempt after leaving voluntarily. Volunteer for local veteran charity.
Lionel	28	2004, 18	2010	6	Iraq	Army	At least one supportive family member, a good relationship with a successful uncle involved in his childhood provided alternative model of achievement. Joined Army as an Officer and left as a Commanding Officer after 6 years of service to work in public sector. Experienced nightmares and tremors post Iraq. No medical or psychological treatment sought.
Percy	56	1975, 17	2011	36	Germany, Balkans, Afghanistan, Northern Ireland	RAF / Auxiliary	Recalls positive childhood experience. Retired from RAF after 36 years, Joined RAF Auxiliary, deployed to Bosnia in 1994 exposed to gunfire and IED accidents as medic. Diagnosed with PTSD in 2010.
Eddie	53	1980, 19	1989	9	Post-Falklands	Army	Recalls positive family experiences in childhood. More distant relationship with father absent with work, limited contact with sibling post-service. Joined the Army and left with rank of Sergeant.1994 met girlfriend (later wife) before Germany deployment. Operational tours of Bosnia (1996) and Kosovo (1998). Left Army voluntarily to work in private sector. Slight physical pain reported. No affiliation to veterans’ groups.
Simon	49	1982, 17	2005	23	Northern Ireland, Gulf, Balkans	Army	Large family and positive relationships after father left home, remained in contact with father. Difficulty in school. Deployed on tours of Northern Ireland, Persian Gulf and Balkans. He married at 22. Medically discharged. Reported severe PTSD, childhood abuse, physical health issues related to Gulf deployment.
Tina	57	1974, 17	1979	5	Post-Falklands, Northern Ireland	Army	Recalls good but distant relationship with family. Deployed on one tour of Northern Ireland at 17. Left voluntarily Stress reaction and depression after return home. No current physical or psychological disorder reported.
Stewart	50	1985, 21	2008	23	Post-Falklands, Gulf, Balkans, Caribbean, Northern Ireland	Royal Navy	Recalls good family relationships. Multiple tours to First Persian Gulf War, Kosovo, Serbia, Northern Ireland, Caribbean and classified operational piracy and narcotics tours. After surgery, left voluntarily in 2008 after 23 years to work in public sector for veterans’ health. No current physical or psychological disorder reported.
Frank	66	1964, 16	1971	7	Post-WWII, non-combat	Royal Navy	Recalls good family relationships with birth family and stepfather. Non-combat tour of South Africa. Left service involuntarily due to death in family. Trained to become a fireman. Married 1974, no children. Full-time carer to wife. No current physical or psychological disorder reported.
Aaron	49	1987, 22	1994	7	Post-Falklands, Germany, North America, Caribbean, Northern Ireland, Asia	Army	Recalls good family relationships. 2 tours of Northern Ireland and Hong Kong tours. Reported small arms attack on second Northern Ireland tour. Diagnosed with PTSD in 1997, Reported suicidal ideation. No health or psychological issues reported.
Roger	53	1977, 16	2011	35	Pre-Falklands, Northern Ireland, Gulf War,	Army/RAF	Recalls good family relationships joined Army, then joined RAF and trained as a pilot. Non-op tours of Falklands,

		Balkans Germany, North America, Falklands, Caribbean, Africa, Middle East	operational Gulf War, Bosnia and Iraq/Afghanistan. Left service voluntarily and trained for private sector while in service. No health or psychological issues reported.

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Author Contributions Statement

KG developed rationale and research method, designed study, collected data, audio recordings and transcription of audio recordings, analysed data and wrote each section of the journal manuscript. KB reviewed and edited original draft and current manuscript introduction, methods, and sections of findings. CW reviewed and edited original draft manuscript introduction, methods, and sections of findings.

Conflict of Interests Statement

There are no financial or non-financial competing interests associated with this research study or the subsequent research manuscript. There were no financial, professional or personal relationships which may be construed as a conflict of interest in the development of the research study or writing of the research manuscript.

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Availability of Data and Materials

The participant data collected and analysed during this study are not publicly available as any personal identifying data was destroyed upon transcription of audio recordings. All transcribed data were anonymised at the point of transcription.