# Narrative Transformation Among Military Personnel on an Adventurous Training and Sport Course

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**Abstract**

In the wake of recent wars, some military personnel face considerable physical and mental health problems. In this article I explore the effects of an adapted sport and inclusive adventurous training course for military personnel who have experienced physical injury and/or psychological trauma. Using a dialogical narrative approach I analyzed stories shared by six soldiers during the course to explore the effects of involvement. Participation in the course seemed to facilitate a narrative transformation or opening corresponding to a broadening identity and sense of self. Story plots progressed from a failing monological narrative, through a chaos narrative, toward a dialogical quest narrative prioritizing immersion in an intense present, a developing self, and a relational orientation. On the basis of narrative theory, I suggest this transformation holds positive consequences for the health and well-being of military personnel who have experienced injury and/or trauma.

**Keywords**

exercise / physical activity; health and well-being; mental health and illness; narrative inquiry; psychosocial issues; stories / storytelling; trauma; war, victims of

The scale and magnitude of health difficulties among military personnel following the Afghanistan and Iraq wars is a significant problem with serious personal and social consequences. Physical health problems result, for example, from gunshot wounds, musculoskeletal injuries, or limb amputations sustained following the explosion of improvised explosive devices (Epstein, Heinemann, & McFarland, 2010). Serious physical injury is often accompanied by mental health problems (Koren et al., 2005), which can have negative social consequences particularly when it comes to interpersonal relationships (Monson et al., 2009). For example, bodily injury is a major risk factor for post-traumatic stress disorder (PTSD; Koren et al., 2005) and PTSD has been linked to family relationship difficulties (Galovski & Lyons, 2004).

Among returning military personnel and veterans, high levels of anxiety, depression, and anger symptomatology are common (Demers, 2011; Walker, 2010). Lapierre, Schwegler and Labauve (2007) reported that as many as 44% report symptoms of depression and/or PTSD and Tanielian and Jaycox (2008) suggested up to 31% are diagnosed with PTSD. Furthermore, elevated suicide rates are evident in the United States (Kaplan et al., 2007) and the United Kingdom (Kapur et al., 2009). Researchers have suggested that the combined health difficulties faced by military personnel are associated with less satisfaction with life (Lapierre et al., 2007), increased aggression (MacManus et al., 2012), and post-deployment adjustment disorders (Harvey et al., 2011).

Across diverse populations, exposure to trauma and the development of PTSD is associated with profound and lasting changes in a person's identity (e.g., Herman, 1992). Soldiers with PTSD often consider that life in the armed forces irrevocably and fundamentally alters their identity (Brewin et al., 2011). According to Demers (2011), personnel returning from

war often feel caught between military and civilian cultures and alienated from family and friends, leading some to a crisis of identity.

According to narrative theory, one way to improve psychosocial well-being and rebuild identity is through developing one's life story. For Hunt (2004, p. 489), "It is important for a traumatized person to develop a narrative or story about the traumatic event. Narrative development enables the soldier to process the information, to make it manageable and to integrate traumatic memories into autobiographical memory." Demers (2011) suggested opportunities to rewrite one's personal narrative can help prevent or mitigate poor mental health outcomes.

This specific perspective is based on an established tradition within narrative psychology which sees identity and sense of self as being made and remade through the stories we and others tell about ourselves (e.g., McAdams, 1993). Identity and sense of self, according to Neimeyer et al. (2006), can usefully be understood as a narrative achievement because self-narratives allow new experiences to be assimilated within existing structures of meaning. These authors suggested that events such as severe trauma or loss challenge the adequacy of a person's self-narrative, calling for narrative revision to accommodate changed life circumstances.

Although personal stories are developed on the basis of lived experience, they are shaped by cultural and social factors. In this sense, people "construct their identities and self-narratives from building blocks available in their common culture, above and beyond their individual experience" (Lieblich, Tuval-Mashiach & Zilber, 1998, pp. 8-9). Because different cultural settings offer different storylines, the particular "building blocks" or narrative resources a person has access to depend on her or his sociocultural location. An individual's identity is therefore influenced by the stories that are told where s/he lives and works, the stories s/he takes seriously

or rejects, and the stories s/he exchanges as tokens of membership (Frank, 2010). In this way, stories and narratives shape lives, affecting identity, psychological well-being, and behavior.

Frank (1995) described three narrative types that underlie the plot of individual illness stories. First, is a restitution narrative, which has the storyline: "yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again" (p. 77). Restitution stories are characterized by hope for cure, the goal of returning to health as it was, and talk of tests, interpretations, treatments, and outcomes. This narrative type, Frank suggested, dominates healthcare discourse and is, consequently, the story most people draw upon when faced with illness. Second is a chaos narrative, which is the opposite of restitution, because the plot imagines life never getting any better. According to Frank (1995, p. 97): "If the restitution narrative promises possibilities of outdistancing or outwitting suffering, the chaos narrative tells how easily any of us could be sucked under." Third, Frank (1995) described a quest narrative in which, "Illness is the occasion for a journey that becomes a quest. What is quested for may never be wholly clear, but the quest is defined by the ill person's belief that something is to be gained through the experience" (p. 115).

With this narrative theory as a foundation, I explore in this article the experiences of military personnel who have sustained serious physical and/or mental health problems through their duties. Walker (2010) reported a dearth of in-depth qualitative studies of the experiences of military personnel returning from war. For Demers (2011), the magnitude of work necessary is only just being acknowledged. Furthermore, Brewin and colleagues (2011) highlighted the need for research into multi-faceted interventions for psychosocial well-being among military and ex-military personnel. My purpose was to develop an understanding of how participation in a recently developed intervention affected soldiers' personal stories, psychosocial well-being,

identity, and future life horizons. I focused on stories shared during an intervention to promote personal development among military personnel who have experienced injury and/or trauma. The stories relate to participants' lives in the wake of injury/trauma, their experiences during the intervention, and their projections for the future.

## Method

This study, approved by the Carnegie Faculty Ethics Committee at Leeds Metropolitan University, lies within the interpretive paradigm, in which reality is viewed as multiple and mind-dependent and knowledge as constructed and subjective. Thus, stories of personal experience are taken seriously because they both communicate and shape the narrator's life experiences and identity. The participants were six men (aged 19-28) enlisted in the British Army who had experienced serious physical injury and/or psychological trauma through their work. Among the six, one had lost a leg following explosion of an improvised explosive device, one had lost the use of one side of his body following a gunshot wound to his head, two had spine injuries leading to permanent reduced mobility, and four had been diagnosed with PTSD and/or depression. All had experienced prolonged inability to work as a result and were facing likely discharge from the Army on medical grounds. All participants took part in the research voluntarily and all provided informed consent.

The participants were involved in a recently developed intervention that is a core requirement of personnel's recovery pathway. The intervention comprised inclusive adapted sport and adventurous training courses for personnel with an injury, disability, mental health problem, and/or chronic illness. In this article I focus on six 5-day pilot courses that each catered for up to 12 military personnel who were provided with accommodation and communal meals.

The basic organization and delivery was as follows: After breakfast, each day began with a brief that typically introduced a practical psychological strategy (such as relaxation or goal setting). Next, a range of sports (e.g., wheelchair basketball, archery) and adventurous training activities (e.g., climbing, caving) were offered. Adaptive equipment and a full-time technical advisor helped ensure all personnel were able to participate in each activity. The activities concluded with a review session to encourage shared reflection on transferrable learning. After the evening meal, social activities took place to promote relaxation and social interaction. The ethos and philosophy of the courses differed to military culture which is typically autocratic and hierarchical. Instead, civilian coaches worked alongside personnel, striving to create a supportive environment and operating by the motto "challenge by choice."

As part of the team working on a commissioned evaluation, I conducted ethnographic fieldwork during six courses (30 days in total). During this time, I conducted formal life story interviews with 11 men (Carless, Peacock, McKenna & Cooke, 2013) but also, through opportunistic sampling (Sparkes & Smith, 2014), focused on one individual each week to provide an in-depth narrative case study to illuminate experiences in the wake of injury/trauma, experiences during the course, and their projections for the future. Throughout, I adopted the role of participant observer and was fully involved with the activities the military personnel undertook and spent time with them outside these activities, for example during their leisure time in the evenings, sharing the accommodation and meals provided. This intensive engagement allowed me to gather rich data concerning the experiences of six men through informal interviews and conversations.

These interactions were impromptu, occurring during gaps between activities (such as bus journeys or mealtimes) to avoid intruding on the delivery of the course. At these times, I felt

that stopping the participant to activate and use a recording device would threaten the impromptu storytelling process. Instead, I tried to listen closely and engage with the account each participant seemed to want to share. Drawing on Frank (2010, p. 128), I understood my role "not as collecting data but as being the addressee whose presence enables people to tell their stories."

During breaks and at the end of each day, I faced the challenge of documenting the stories I had witnessed. I wrote down what struck me as significant and insightful aspects in the form of an evolving first person story. When possible, I included verbatim memorable phrases and expressions the individual had used. At other times, I utilized techniques of creative writing (Sparkes, 2002) to represent the story I had heard. Throughout, I tried to create an account that felt close to the participant's own telling, attempting to be faithful to the experiences and emotions he described, the meanings he inscribed, and his own style of speech.

Over the week, supported by my questions and prompts for additional details, this process was repeated iteratively, elaborating and developing the story. Toward the end of the week, I asked each individual if he would be willing to read the story I had created from his accounts. All agreed and, following the story sharing, the two of us collaboratively revised the story until he was satisfied that it faithfully represented his experiences. For some, the collaboration involved factual corrections (for example, specific military names or abbreviations), whereas others engaged in a more extensive revision of aspects of their stories.

This approach to gathering data differs from the interview methods used in much qualitative research but offers two particular benefits in the context of this research. First, it is often difficult to share stories of personal trauma. Exploring these experiences at moments of the participant's (rather than the researcher's) choosing, allowed sensitive issues to be broached through a process over which participants had greater control. Generally, we engaged in

numerous short conversations, allowing participants respite from dwelling on intense or traumatic memories.

Second, this approach is a form of dialogical research that offers several benefits. Not least of these is the opportunity to respect participants' position as experts of their lives, allowing the production of rich, intimately involved, in-depth data. According to Frank (2010), dialogical research "seeks to take participation seriously, rather than using the term *participants* as a politically correct euphemism with no effect on research practice, either in data collection or in analysis" (p. 98, emphasis in original). Participants, he wrote, "are not data for investigators; instead they co-construct with investigators what count as data." Participants were active in terms of the accounts they initially shared and through revising the written story.

Although stories themselves can be useful research outputs (Carless & Sparkes, 2008; Carless, Sparkes, Douglas & Cooke, 2014), I engaged in additional analysis for the purposes of this article. This analysis focused on the structure and form (Lieblich et al., 1998) of participants' stories on the understanding that "the formal aspects of structure, as much as the content, express the identity, perceptions, and values of the storyteller" (Sparkes, 2005, p. 195). Initially, I focused on one participant's story at a time to chart and reflect on the tone and trajectory of that individual's unique story (Lieblich et al., 1998). I followed the process that Riessman (2008) describes as a structural analysis to explore the form, organization, and plot of each story and the cultural narratives underlying it. Through this analysis, I identified sections of each participant's story that followed the contours of more general narrative types (Frank, 1995).

Next, I analyzed across the six participants' stories to identify shared developments and common transitions in terms of the structure and form (Sparkes & Smith, 2014). Through this analysis, I identified the presence of common narrative types (Frank, 1995) within the

participants' stories. A similar analytical approach has been used in other studies (e.g., Carless & Douglas, 2008, 2009; Smith, 2013; Smith and Sparkes, 2008) as a way to allow a balance between preserving the richness of each individual's story while identifying commonalities across participants' stories.

## Findings

Although the content (e.g., specific experiences recounted) of each participant's story were unique to that individual, when structure and form was considered a shared progression through three narrative types was evident as they described different phases of their lives. For clarity, I summarize these now before exploring them in detail in the three sections that follow. The first narrative type portrayed a sense of, in one participant's words, "making progress and going somewhere." These stories communicate a positive and relatively hopeful tone. In the second narrative type, participants' stories exhibit the characteristics of a chaos narrative (Frank, 1995), evident in one participant's phrase "I was just nowhere." These stories portray negativity, hopelessness, and a sense of being lost. Finally, the third type resembles a quest narrative (Frank, 1995) prioritizing immersion in an intense present, a developing self, and a relational orientation. This type was evident in participants' stories of their experiences while on the course and their projections for the future.

Participants' stories therefore exhibited two transformations: the first transformation (toward a chaos narrative) occurred in the wake of injury/trauma, the second transformation (toward a quest narrative) appeared to take place during the course. Below, I present and explore the transformations between the three story types using excerpts from participants' stories as illustrations and drawing on narrative theory to illuminate their significance.

### *"Making Progress and Going Somewhere"*

All the participants recounted earlier periods of their lives when things were, on reflection, going well. Their stories suggested the sense, in one individual's words, of "making progress and going somewhere." For some, a rapid change in narrative tone occurred in the wake of a serious injury. In one participant's words: "I was blown up in 2006, in Iraq – spent my twenty-first birthday feeling sorry for myself. I remember lying in hospital back in the UK four weeks later, thinking well that's it, I'm disabled." More often, participants' stories changed over a longer time period following injury/trauma. This is illustrated in the first half of the following excerpt:

> Initially, I couldn't move the left side of my body at all. But luckily I didn't have any memory loss or cognitive problems. I spent six months at [name of military rehabilitation center], physio, testing and assessment from eight-thirty 'til four-thirty everyday, and, during that time, began to recover some movement in my leg. So I can walk OK now, and can just about run a bit. I'm beginning to get a twitch in my fingers but because it's nearly two years since it happened, they say that a twitch might be as much as I get. But they reckon that because I'm still young it might improve some more. I enjoyed the time there at [name of center]. It was a military environment, which I felt at home in, and I was really, really busy. I felt like I was actually making progress and going somewhere. But next I went to [name], a civilian rehabilitation center, for three months. I didn't like it there, didn't really like the other people or the atmosphere. I don't think I made any real progress in that time. After that I got sent back home. I've been back home for about eight months now. At first it was fine, it was good to have some time off. I went on a couple of holidays, just took it easy and enjoyed myself. But after a while I got totally sick of it – just so bored. I mean I'm OK for money – I've got my own house now and

> will be paid for the rest of my life. So I don't need to work for the money. But I can't stand just doing nothing – I'm nineteen, I've got to actually do something. And apart from a bit of physio and a few courses, I don't do anything. I feel like I've got nothing and I'm going nowhere. I don't know, maybe it's just me, but I really don't have a clue what I can actually do now to get on with the rest of my life. (Excerpt 1)

This first half of this excerpt follows a restitution plot as the individual described his adherence to a full-time medical regimen designed to return his body to its previous function. During this phase of his story, things were going to plan – the story appears to be working as treatment proved effective and his physical function increased. In McLeod's (1997) terms, there is alignment or fit between experience and the story plot. Evident is a sense of concrete hope – hope oriented toward realizing a particular outcome. During this phase, this individual's hope for a return to prior physical function is sustained through gradual but demonstrable physical improvement. This phase of the story is relatively upbeat and positive: the participant says he "enjoyed" his time at the rehabilitation center and felt like he was "making progress and going somewhere."

In contrast, the second half of the excerpt portrays a darker period of time. Here, the story continues to reference the plot of the restitution narrative, but this plot no longer fits the individual's experience because physical function did not improve and he was no longer actively immersed in rehabilitative activities. The ability of the dominant restitution narrative to provide a plot around which his personal story might develop is compromised as a result of the gap that opens between his own experience and the restitution story of improvement.

Although dominant narratives provide a culturally available and accessible resource that can help individuals navigate challenging life experiences, they become problematic if they fail to align with the individual's lived, embodied experience (White & Epston, 1990). At these times, Neimeyer et al. (2006, p. 132) suggested dominant narratives can "'colonize' an individual's sense of self, constricting identity options to those that are problem saturated." This seems to be what happened to the participants in this study as their pre-existing life stories no longer aligned with their new life circumstances. Their stories portray a degree of narrative wreckage (Frank, 1995) and exhibit a first transformation: a move toward chaos. To the extent that one's story is one's identity, their stories portray an unraveling identity and sense of self.

Also evident in the preceding excerpt is a sense of waiting time (Sparkes & Smith, 2003). The story communicates a feeling of waiting for life to happen; a life that, in line with the plot of the restitution narrative, rests on repairing physical function to return to the person he was in the past. Sparkes and Smith (2003, p. 315) suggested this can be problematic in terms of psychological well-being and identity development because:

> Time experienced in such ways connects the individual to notions of a restored and entrenched self that has its reference point firmly in the past, all of which makes it difficult to develop different senses of self and explore alternative identities in the present.

The second half of the excerpt no longer portrays a sense of "making progress and going somewhere," but instead of having "nothing" and "going nowhere." The individual seems to be waiting for something to happen, yet has little sense what that something could or should be. His story seems to have transformed from a positive, hopeful restitution story about "making

progress and going somewhere" to a more negative, hopeless chaos story in which "I've got nothing and I'm going nowhere."

*"I Was Just Nowhere"*

This kind of transformation was evident in all the participants' stories as they moved from a relatively positive, hopeful story toward a more negative story of loss and hopelessness. The following excerpts illustrate:

> For a year I was just nowhere. . . . Drinking, all the time, like from five a.m. all through the day. Alcoholism, that's what it is. It started off as a celebration – it was a big party. You know, I was glad to be alive. But I just didn't stop, I couldn't stop, I was an alcoholic. Where I was, every day was guaranteed contact, see. It was trigger time, every day, loads of trigger time. No matter what you do, you can't prepare for that, for what you see. It's just, like, no one should see that stuff. So, back home, I was drinking and taking stuff all the time to try to get it all out of my head. I saw a doctor and he just gave me loads of tablets – antidepressants, sleeping pills – and I was just, like, I'm gonna use all these and kill myself. And it seemed like they didn't care if I did. After the third time I tried to take my life, that's when I got to see a decent doctor who said, you know, why haven't you been treated for PTSD? (Excerpt 2)

> I wasn't bothering about myself. I wasn't shaving, my beard was out here, and my hair was long, just a mess. I went AWOL.[1] I did different jobs. I didn't care about myself. . . . I've caused a lot of trouble since I've been back. I can tell you its two years since I've been back, but it doesn't really feel like it 'cause I'm always thinking about it, running over events again and again in my head. . . . Then suddenly I'll find myself flipping out.

> You know, someone will cut me up on the road and I'll go into a rage, I'll follow them, chase them, 'til I find where they live. I've hurt people, I've put people in hospital since I've been back – for no reason. I've just flipped out. (Excerpt 3)

> It's the pain. There's always pain. It's worse sometimes, better other times. But I have to always take the medication. If I miss a tablet just once I can't do anything the next day. You know, I can't even get out of bed. After the injury, it was miserable, it made me really miserable – all the time, miserable. 'Cause suddenly I wasn't doing anything. You know, I started putting on weight, I even started getting quite a stomach on me, and before the accident I was always in shape. And, you know, I felt like a waster. (Excerpt 4)

Although the particulars of these excerpts differ, all participants' stories of this period of their lives reveal a significant degree of disorientation, distress, loss, pain, and/or suffering. Some men recounted abusing alcohol or drugs whereas others described engaging in violent acts. One described attempting suicide. Across their accounts is a sense of lost purpose, meaning, and direction often accompanied by boredom, anger, or hopelessness. The structure and form of participants' stories of their lives in the wake of injury or trauma resemble a chaos narrative, particularly their portrayal of an empty present and a bleak future alongside expressions of anger, depression, and social isolation.

According to Sparkes and Smith (2003, p. 311), "When chaos moves into the foreground of one's self narrative, the past, present, and future are under ontological threat." Living in chaos, they suggested, "results in time being defined as an *empty present* . . . [in which] people live

without hopes, possibilities, and aspirations" (emphasis in original). Sparkes and Smith described chaos as a non-identity because neither future nor past is able to guide the self in a meaningful way and suggest the teller's story is wrecked partly because "its present is not what the past was supposed to lead up to, and the future is barely thinkable" (p. 312). With no alternative narrative map as a guide, biographical time stops. This leads to the future being storied as the chaos of the present: as uncertain, difficult, or impossible.

Critically in terms of psychosocial well-being, Sparkes and Smith suggested, "the future is undesired since it is imagined as more chaos, or even worse" (p. 311). The sense of an empty present pervades the preceding excerpts (e.g., "If I miss a tablet just once I can't do anything the next day" in excerpt 4). A sense of uncertainty, difficulty, or impossibility is also clearly evident. Excerpts 2 and 3 both communicate a profound uncertainty about the future and a sense of being lost without a map, or even off the map, (e.g., "I was just nowhere").

Among those who told chaos stories in Ezzy's (2000, p. 611-612) study of people living with HIV/AIDS, "The idealized, but lost, linear narrative often included an occupational career that had been abandoned as a consequence of an HIV diagnosis." A similar loss of occupation faced the men in this study as a result of the injury/trauma they have experienced and a political/economic climate in which numbers of military personnel are being reduced. For most, the military is the only occupation they have known. In light of these factors, it is not surprising that the men's stories mirrored the chaos stories described by Ezzy (2000), in which participants recounted using or abusing alcohol, drugs, and/or medication and, when asked about the future, responded "there is no future" (p. 612). The three suicide attempts described in excerpt 2 might be interpreted as the actions of a person who has come to believe that he has no future, or that the future he sees before him is not worth living.

In excerpt 2 the participant directly attributed his PTSD, alcoholism, and drug use to what he experienced during active service. There is discussion in the literature of the ways traumatic life experiences can derail a person's life story and threaten his or her selfhood. Neimeyer and colleagues (2006, p. 131) wrote of how dramatic life events, especially those of a traumatic kind, "have the potential to introduce experiences that are not only radically incoherent with the plot of a person's prior life narrative, but that invalidate its core emotional themes and goals as well." At this time, participants' sense of who they were in the past no longer aligns with who they find themselves to be in the present and their story is fractured or derailed. As a consequence, these men seemed to be left with few clues regarding who they now are or who they might become.

Ezzy (2000) suggested the majority of individuals living with HIV/AIDS who recounted a chaos story had few links to the HIV community and saw their condition as an individual problem. Although the stories shared by the participants in this study also communicate a sense of isolation, considerable social, family, and relationship consequences are nevertheless revealed. In excerpt 2, for example: "[I] came back, moved in with my Mum, destroyed the family really." In excerpt 3 the participant recounted arbitrary violence targeted at people he did not know. Others described acts of physical and verbal aggression or abuse toward family members including parents, siblings, partners, or children.

Ezzy (2000) described two emotional responses within chaos stories: anger or depression/anxiety. Both are evident in the excerpts above. Underlying both responses, Ezzy suggested, is a tendency to be self-centered. A self-focus (intermingled with accounts of isolation) is evident in the chaos stories told by the participants in this study. At this stage, participants' stories tended to focus on their own situation and isolation was a common experience. According to Smith and Sparkes (2008):

> when living in chaos, the body on occasions is *monadic* in terms of relating to other bodies, including those of loved ones and friends. In other words, the individual body is closed in upon itself and isolated rather than connected and existing in relations of mutual constitution with others. (p. 224, emphasis in original)

A sense of monadic isolation is also a hallmark of the stories participants shared of this phase of their lives. It is a troubling outcome of the participants' trauma/injury that left them with fewer social resources with which to navigate a challenging period of their lives. The dysfunctional relationships some participants described at this time reveal how the consequences of injury/trauma among military personnel invariably reach beyond the individual to affect family, friends, and/or the public.

### *"Opened Some Doorways in My Head"*

Participants' accounts of their time on the course had a distinctly different tone, structure, and form to their stories of the time between injury/trauma and commencing the course. These accounts suggest a second transformation had occurred. The following excerpts illustrate:

> This week has been good because it's got me out of the house and away from the neighborhood. 'Cause I don't really do anything when I'm there – I'll end up playing X-Box and going to the pub with mates all the time. Maybe it doesn't sound like much, but after more than a year hanging around the same place not working, a week somewhere else, doing different things with different people, makes a big difference you know. I came here this week a hard-drinking adrenaline-junkie basically. But being here has got me thinking that I can actually do something else, it's got me wondering what I can do next. . . . After this week I'm wondering if there's a way of rather than just doing outdoor

stuff for me – for the adrenalin – if there's a way I can go out and do it in a way that helps other people, that benefits people with different abilities, the way you've all helped me this week. My cousin has Down's Syndrome and I'm thinking maybe I could help people like that, by becoming an outdoor activity instructor, and teaching them the kinds of things I can do. (Excerpt 5)

The climbing – that was so much fun. I just loved it. If it carries on like this, I'll have a smile right round the back of my head by the end of the week! I haven't felt this good for a couple of years, I'd say. That day on its own has made me feel positive about things – things I can do that I wouldn't have thought I could do anymore. . . . And while I was climbing, I just got lost in it while I was doing it. The usual thoughts and images went away. I was just thinking about what I was doing at that moment. (Excerpt 6)

I feel this week I've got a hell of a lot more drive than I usually do. When I'm home I feel lethargic, really can't be arsed to get up and do anything. I might go out but that's about it. That's got to be the hardest thing back home – trying to fill my time, finding something to do. I'll go to the cinema, something like that. But there's only so many times you can do that, you know. This week has given me something to do . . . [its] given me some ideas and perhaps opened some doorways in my head, most of all. It's opened me up a bit I guess. Just seeing some of the instructors here, like with one leg, getting round in wheelchairs, running the course and managing fine. So if I did decide I wanted to get into this kind of work then that shows it's possible. (Excerpt 7)

Evident in these accounts is a sense of immersion in activity which mirrors an action narrative of "going places and doing stuff" that is characterized by embodied acts of doing, experiencing joy and distraction from troubling thoughts (Carless & Douglas, 2008, p. 583). Excerpt 6 provides a particularly vivid illustration of complete immersion in an activity. Immersion in the present moment, temporally speaking, connects these excerpts to a quest narrative. Sparkes and Smith (2003, p. 315) described how in quest stories, "time horizons stay close and neither past nor future assumes priority. The present is attended to and feels fully lived. . . . A sense of passion, communion, and involvement distinguishes the intense present."

An intense present is reflected in the tone of participants' accounts of being on the course and contrasts markedly with the waiting time and empty time portrayed in stories of their lives before coming on the course. In excerpt 5, some of the positive psychological consequences of living an intense present are revealed. The participant stories "doing different things with different people" as making "a big difference" to his life. In this excerpt, the individual's account of his present and future is markedly more positive than his account of his recent past, and he attributes this change to his experiences on the course.

The preceding excerpts portray individuals beginning to live in the present moment and no longer narrating the future as undesirable or impossible. Instead, participants' stories anticipated a positive future that does not seek to reproduce the past, as is the case in restitution stories. Critically, the alternative future described was portrayed as both desirable and possible. Like the tellers of quest stories in Sparkes and Smith's (2003) research, the participants in this study reclaimed time to place the past in the past, the present in the present, and the future in the future. These temporal shifts, Sparkes and Smith (2003, p. 316) suggested, "enable a developing

self and a more communicative body to emerge that is willing to explore different identities and possible selves as the need arises and circumstances allow."

A sense of a developing self willing to explore different identities is communicated in the following excerpt:

> I know without a shadow of doubt that I'll be in a wheelchair by the time I'm forty-five. It's coming. Can you imagine what that feels like? That'll be me. As a kid, I always looked at people in a wheelchair as, I don't know how to say it, as someone kind of different to the rest of us. It's a kind of stigma I suppose. Where I'm from, some of the people sat in wheelchairs were doing it on the doss,[2] as a skive,[3] so they didn't have to work. And I don't want to be that person. That's not me. So getting in a chair for basketball on Monday, and meeting the other people here who use a chair, kind of shattered all that. In one afternoon, I had to reconsider what that wheelchair meant. . . . I've thought about it a lot, how I'll be when someone tells me now is the time I have to use a chair. Before this week, if someone told me that now is the time, I'd have had a big problem. But now, if someone said, "OK, tomorrow you're gonna have to use a chair," I'd be OK with it. I'd be happy with it now. Because I realize that that chair can help me. That it's not what I'd thought it would be. (Excerpt 8)

In this excerpt, the individual shared his pre-existing and stigmatizing story about wheelchair users as others who are fundamentally different to him. His negative portrayal of wheelchair users in his sociocultural environment imposed a spoiled identity upon them – an identity of which he wanted no part: "I don't want to be that person. That's not me." When he was required on the course to sit in and use a wheelchair, his pre-existing story is placed in tension with his

own embodied experience and what he witnesses in other wheelchair users. As a result, he is obliged to revise this story and his views of wheelchair users. For him, this change, which constitutes a development of self and identity, is especially significant given he will need to use a wheelchair in the future.

This account highlights the complex interactions between sociocultural and psychological factors apparent in participants' stories. At times, shared cultural narratives served to constrain personal stories and selves. At other times, the organization and delivery of the course made available experiences and resources to encourage the initiation of new stories and identities. This process seems to suggest a sense of narrative space created by the availability of a diversity of storylines that challenged participants' pre-existing stories. When one participant (excerpt 7) said the course "has given me some ideas and perhaps opened some doorways in my head, most of all. It's opened me up a bit I guess," he expressed in a practical manner what might be understood as a newfound openness to alternative life stories.

A move away from a preoccupation with the self toward a communal orientation was evident in participants' stories of their experiences on the course. According to Frank (1995), quest stories contain, as a component of plot, the incentive to resist separation and individuation to become a communicative body. In Sparkes and Smith's (2003, p. 315) terms, "the present is embedded in the flesh and a more communicative relationship with the body is encouraged." The lived experience of a communally oriented ethics is evident in this excerpt:

> I don't know but maybe one of the benefits is giving guys a chance to meet other guys who've been through something like they have. That's why I'm talking about this to you today I suppose, so someone else might hear something in my story that fits their life, that makes them feel like they're not going through stuff alone. I'll always remember how

> seeing someone else, like the guy from BLESMA[4] five years ago, made me feel, realizing that things were possible. And that's why I go back to the hospital now, for other guys who have just lost a limb. (Excerpt 9)

Five of the participants demonstrated this kind of narrative transformation occurring, moving from a self-focused narrative toward a relational narrative (Douglas & Carless, 2009). Two individual's stories suggest this process had already begun prior to attending the course, although it was reinforced and extended through the course. Three stories portray a transformation that occurred as a direct result of involvement in the course.

## Discussion

This article offers an example of an innovative dialogical narrative method (Frank, 2010) through which first-person stories of participants' personal experience were developed through a collaborative storytelling approach. Analysis of these stories suggested two transformations occurred, revealed by marked differences in the tone, structure, and form of participants' stories of their lives. The first transformation occurred in the wake of injury/trauma when participants' life stories moved from a positive, hopeful tone (e.g., a restitution narrative in excerpt 1) toward a chaos narrative (excerpts 2-4). For some, this transformation occurred at the time of injury/trauma, for others it occurred later when restitution ceased to occur or be possible. Whichever time this transformation took place, it involved the individual's prior story ceasing to fit his changed life circumstances. The second transformation took place during the course, as participants' stories moved from chaos toward a quest narrative (excerpts 5-9).

The kind of stories participants told in the immediate aftermath of injury/trauma fit Ezzy's (2000) description of a linear narrative in that the plots were oriented toward the singular

outcome of a return to health. Their stories are monological in the sense that one purpose (a return to health) and one identity (patient) tended to override all other purposes and identities. Excerpt 1 portrays a linear, monological story in that the story plot exclusively revolves around returning to previous health and function through medical intervention. Lysaker and Lysaker (2002, p. 213-4) describe a monologue as "an internally consistent story, but one so rigid that it would resist narrative evolution." In a monologue there is little room for an alternative story. Thus, their stories are, in Ezzy's (2000) terms, precarious because the singular outcome of a return to health is not always possible.

When a return to health does not occur, Frank (1995) suggested that chaos is a likely outcome in the absence of alternative narrative resources. This insight helps explain the first transformation of participants' stories. Here, participants seemed to have reached a point of narrative foreclosure*,* which Freeman (2010, p. 12) described as "the conviction that one's story is effectively over, that no prospect exists for opening up a new chapter." Consistent with narrative theory (e.g., McLeod, 1997), severe psychological difficulties – including hopelessness, alcoholism, violence, relationship difficulties, and suicidal ideation – were evident in this phase of participants' stories (excerpts 2-4).

The extent to which people living in chaos are likely to be able to articulate an account of their experiences is a recurring question in narrative inquiry. Stone (2004) suggested that a person in the midst of the psychic chaos that accompanies severe mental distress is unlikely to be able put her or his experience into narrative form. For Frank (1995, p. 98):

> To turn the chaos into a verbal story is to have some reflective grasp of it. The chaos that can be told in story is already taking place at a distance and is being reflected on

> retrospectively. For a person to gain such a reflective grasp of her own life, distance is a prerequisite.

This seems likely in the context of this study, as stories were shared when participants were engaged in a residential course and therefore outside their usual physical and sociocultural environment. It seems likely that something happened to enable the participants to narrate their experiences of chaos and distress. Time had elapsed and space had been created, perhaps, to allow reflection. More than this, something seems to have occurred to support and enable these troubling experiences to be narrated.

Freeman (2010, p. 138) suggested that to re-open a foreclosed narrative it is necessary "to reimagine, indeed to rewrite, the future." Likewise, Hunt (2004, p. 490) argued that managing trauma "is not a matter of reverting to a former state, but an acceptance that things are permanently changed." These processes are evident in participants' stories of their experiences on the course and their projections for the future (excerpts 5-9). As a result of their experiences on the course, their previously linear, monological stories appeared to open to increasingly resemble a dialogical or polyphonic narrative (Bakhtin, 1984). For Ezzy (2000, p. 613), polyphonic narratives are "many voiced" in the sense that they "are characterized by overlaid, interwoven and often contradictory stories and values." According to Lysaker and Lysaker (2002):

> the self is inherently 'dialogical,' or the product of ongoing conversations both within the individual and between the individual and others. Emphasized here is that coherent self-awareness does not come from a solitary single voice or seamless viewpoint, but emerges out of a collective of complementary, competing and contradictory voices or self-

> positions. Furthermore, the self is not merely an awareness of this collective, or of the story itself being told, but the activity and experience of moving between various points within the collective. (p. 209)

The quest stories participants shared (excerpts 5-9) fit with this dialogical conception of selfhood in that they had opened to include diverse self-positions, roles, voices, and values that were absent in earlier stories.

This in itself is important for each individual's psychosocial well-being and development because, Ezzy (2000, p. 616) noted, dialogical or polyphonic narratives "provide a more robust cognitive framework that allows a person greater flexibility to adapt to an uncertain future." Furthermore, whereas "linear narratives tend to be secular and oriented toward self-centered goals," Ezzy suggested, "the moral and ethical frameworks implied in polyphonic illness narratives involve a reenchantment of everyday life and a communally oriented ethics." To the extent that stories constitute selves, this narrative opening can be taken to indicate a broadening sense of self as participants articulated a developing identity, hopeful future horizons, immersion in an intense present, a communicative body, and a relational orientation toward others. These characteristics are evident in different ways in excerpts 5-9. Previous research demonstrated that this has important implications for psychosocial health and well-being (Carless & Douglas, 2008; Douglas & Carless, 2009; Frank, 1995; Lysaker & Lysaker, 2002; Smith, 2013; Smith & Sparkes, 2008; Sparkes & Smith, 2003).

Alternative narrative resources are generally necessary for this transition to take place (Freeman, 2010). As in other physical activity research (e.g., Carless & Douglas, 2008), participants' stories suggest these were made available through involvement in the sport and

adventurous training course. Involvement in the course, it seems, provided "a ready supply of stories through which to create an identity both in the form of an on-going self-narrative but also a narrative that is shared with, and co-constructed with, other people" (McLeod, 1997, p. 43). Through these processes, it appears involvement in the course helped participants avoid what Demers (2011, p. 163-4) terms dysfunctional integration*,* which occurs when trauma becomes the focal point of one's life story and the lens through which all experiences are interpreted. Instead, the course seems to have facilitated and supported the kinds of stories which, in Frank's (1995) terms, help repair the damage that injury/trauma has done to participants' sense of where they are in life and where they might be going.

Given the severity of the participants' injuries and/or trauma, it seems likely that a 5-day course can only go so far in terms of promoting health, well-being, and development. Although the findings are promising, this study only explored immediate (i.e., week of the course) changes. Additional longitudinal research is therefore needed to understand the effects of adapted sport and adventurous training courses over the following weeks, months, and years. This work should consider the place of sport and adventurous training courses within holistic care and support provision.

## Conclusion

Military personnel's stories of their lives initially conveyed a sense of "making progress and going somewhere." For some, this positive tone continued in the immediate aftermath of injury/trauma as their experiences adhered to the plot of a restitution narrative as their health showed signs of improvement. A first narrative transformation occurred when men's experiences began to significantly deviate from their story. At this time, men's embodied experience of injury/trauma intruded upon and derailed their pre-existing story. Stories of this time moved

toward a chaos narrative, portraying a sense of disorientation, distress, confusion, and hopelessness. To the extent that stories constitute selves, these stories suggested an unraveling sense of self.

A second narrative transformation was evident in participants' stories of their experiences when on the sport and adventurous training course. These stories moved toward a quest narrative, portraying immersion in an intense present, development of a dialogical conception of self, and a relational orientation. On the basis of narrative theory (Lysaker & Lysaker, 2002; McLeod, 1997; Neimeyer et al., 2006), this transformation holds positive consequences for the health and well-being of military personnel who have experienced injury and/or trauma. Although the findings shed little light on the long-term consequences of this transformation, they suggest that, in the short term at least, involvement in this sport and adventurous training course has positive outcomes for the psychological well-being and development of military personnel.

## Notes

1. Absent without leave
2. To pass time aimlessly
3. To evade work or responsibility
4. British Limbless Ex-Serviceman's Association

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