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Psychosocial outcomes of an inclusive adapted sport and adventurous training course for
military personnel

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Abstract

Purpose. To explore the psychosocial outcomes of an inclusive adapted sport and adventurous training course that aims to support the rehabilitation and personal development of military personnel who have sustained physical and/or psychological disability. *Method.* Narrative life story interviews were conducted with 11 men aged 20-43 taking part in one of the 5-day courses. A thematic narrative analysis was conducted, focusing on accounts that provided insights into personally meaningful psychosocial outcomes of the course. *Findings.* We identified 6 themes, falling into two distinct clusters. “Bringing me back to myself” was achieved through the themes of (1) returning to activity, (2) rediscovering a sense of purpose, and (3) reconnecting to others. “New rooms to explore” was realised through (4) experiencing new activities, (5) being valued/respected/cared for, and (6) being inspired by other people. *Conclusion.* Involvement in the course stimulated a balance of present- and future-oriented psychosocial outcomes through which participants both recreated aspects of themselves that had been lost through injury/trauma and moved forward with their lives as a result new horizons of possibility.

Keywords: armed forces, mental health, narrative, physical activity, recovery, soldiers

Psychosocial outcomes of an inclusive adapted sport and adventurous training course for military personnel

The numbers of military and ex-military personnel experiencing disability have increased dramatically in the wake of the Iraq and Afghanistan conflicts. While the development of medical technology and body armour means more service men and women survive injuries sustained in combat, large numbers return with severe physical injury and subsequent disability. In the UK, for example, 1981 personnel have been recorded as wounded in action in Afghanistan between 2006 and 2012 [1]. Deployment places military personnel in stressful and hostile situations that also have potentially severe psychological consequences. Personnel witness the death and/or injury of both civilian and military individuals, assist the wounded or handle human remains, and more than half deployed personnel come under fire [2].

Stressful experiences such as these can cause intense emotional responses and have a profound psychological impact. Between 26% and 39% of UK personnel, for example, are reported to experience mental health problems such as depression, anxiety, and substance abuse following deployment while 4-13% meet the criteria for post-traumatic stress disorder (PTSD) [2,3]. In the US, high levels of anxiety, depression, and anger symptomatology are common [4] and up to 31% suffer from PTSD [5]. In 2011-12, 3970 UK military personnel were assessed as having a mental health problem and it is expected that this figure will continue to rise [6,7].

Physical injury/disability and mental health difficulties are often experienced in combination, in part because injury is often preceded by multiple combat exposures [8,9,10]. Moreover, these difficulties are associated with less satisfaction with life [8], increased aggression [11], and post-deployment adjustment disorders [12]. Parallel needs exist among non-deployed personnel and those sustaining non-battle related injuries. For instance,

although deployed personnel experience higher levels of PTSD and adjustment disorder, non-deployed personnel exhibit higher levels of depression [6]. In addition to those becoming sick or injured away from operations, there were also 3996 non-battle related injuries and diseases sustained in Afghanistan between 2006 and 2012 among UK forces [1].

The problems faced by military personnel who have experienced injury, disability, and/or trauma are compounded by sociocultural and vocational challenges. In the UK, musculoskeletal disorders/injuries and mental health/behavioural disorders are the two most common reasons for medical discharge [13]. Military personnel discharged on these grounds face the prospect of finding a place for themselves within the quite different social and vocational settings of civilian culture. Often, this period of adaptation or readjustment proves challenging and can have negative consequences in terms of family and interpersonal relationships [4,14].

Taken together, this evidence indicates the need to provide support to military personnel who have sustained physical and/or psychological disability in the course of their duties. It has been suggested that current systems fail to adequately meet existing need [12,15,16] through, for example, an absence of “long-term planning to manage the inevitable increase in numbers who will suffer mental health problems” [15, p. 794]. It is in this light that Brewin and colleagues [16, p. 1739] call for research to explore new “multi-faceted interventions, both individual and societal” which have the potential to support psychosocial wellbeing. Qualitative research that sheds light on individuals’ experience of rehabilitation programmes has been identified as particularly necessary [17,18].

According to Brittain and Green [19], sport has a long history of rehabilitative use among people with a disability, having potential to support physical and psychological recovery. In the 1970’s Guttman [20] proposed that sport could act as a curative factor (e.g., restoring fitness, strength, coordination), offer recreational and psychologically valuable

experiences, and provide a means of social re-integration. While little research has been conducted with military personnel, a few studies document positive outcomes [21, 22, 23, 24]. Research addressing the potential of adventurous training (AT) for military personnel is extremely sparse at present, but some literature suggests participation can lead to positive outcomes such as personal and professional development through, for example, experiential and transferable learning [25].

In this study we respond to calls for research into alternative interventions to support military personnel with a physical and/or psychological disability. On the basis of the potential benefits of sport and AT outlined above, we investigate the psychosocial effects of a recently developed inclusive adapted sport and AT course operating in the UK for military personnel. Our research question was: What personally meaningful psychosocial outcomes do male military personnel experience during participation in an inclusive adapted sport and AT course?

Method

An inclusive sport and adventurous training course

In 2011 a new intervention was initiated – at the Battle Back Centre, Lilleshall, UK – using inclusive adapted sport and AT as a vehicle for personal development, aiming to assist military personnel in their rehabilitation. In this study, approved by the University Ethics Committee, we focus on a series of pilot courses that ran between October 2011 and April 2012. Individuals taking part were experiencing some form of disability as a result of either physical injuries sustained during deployment, non-battle related injuries, mental health problems, or chronic illness.

Each 5-day residential course has capacity for up to 24 personnel who are provided with single room accommodation and meals on site. Although military staff is responsible for duty of care, civilian coaches are responsible for delivery of the course. The coaching team

was selected for their interpersonal skills and life experiences – many are ex-military and some were medically discharged. A degree of shared experience with those on the course is hoped to facilitate interpersonal relationships and empathy while also providing the possibility that coaches may serve as positive role models.

Following breakfast, each day opens with a morning brief, introducing participants to a psychological strategy, concept, or model (e.g., relaxation, goal setting). Following this, personnel participate in a variety of inclusive sport (e.g., wheelchair basketball, wheelchair badminton, seated volleyball, archery, indoor bowling) and AT (e.g., indoor rock climbing, caving, clay pigeon shooting, kayaking) activities. A range of adaptive equipment and a full-time technical advisor supports all personnel, regardless of physical ability, to participate in the activities. Using the activity sessions as tools for reflection, a daily review encourages participants to consider personal and social issues to identify new insights and understanding that may transfer to their lives more generally. Following a communal evening meal, social activities are held to promote interaction, relaxation, and integration (e.g., cinema trip, quiz night, ‘inspirational talks,’ and evening walks). The environment and ethos that underlies the course and its delivery is not in keeping with the stereotypical military culture of being autocratic, rigid, and impersonal, using a rigid rank hierarchy of authority to foster discipline. Rather, the coaching team works alongside personnel, creating a positive, communal, and supportive environment, operating by the ethos ‘challenge by choice’.

Data Collection

Throughout each course one or more of us were present as participant observers, living on site, taking part in the activities and social events, and interacting with coaches and personnel alike. During 6 of these weeks, the first author conducted narrative life story interviews [26,27] with 11 men aged 20-43. It is data from these interviews that we focus on in this study. Potential participants were purposefully selected on the basis of an emerging

rapprochement and positive relationship between the first author and the individual that was likely to facilitate an open, revealing, and candid interview. Each potential participant was invited to take part in an interview during the latter part of the week, which was arranged to suit the individual and to avoid intruding on scheduled course activities. Each participant took part in an interview that lasted between 40 and 100 minutes. A second interview was conducted with 3 participants because further dialogue was deemed necessary.

We describe the interviews as *life story* because we inquired about the progression of the individual's life over time, gaining biographical, historical, and cultural context for the individual's life situation and experiences [26,28]. We describe our methodology as *narrative* because emphasis was on encouraging and supporting each participant to share *stories of his experience* rather than to articulate abstract or general opinions, views, and perceptions [29]. All interviews were recorded and transcribed verbatim. All participants took part voluntarily and all provided informed consent.

Analysis and interpretation

After becoming immersed in the data (through reading and re-reading transcripts, listening to the audio recordings, reflection), analysis and interpretation proceeded in a comparable way to Riessman's [30] description of a *thematic analysis*. Initially, this involved a within-case analysis (focusing on one participant at a time) to understand and explore the events, tone, content, and arc of each participant's story. Next, a cross-case analysis was conducted to compare and contrast issues evident in the accounts of different participants to identify themes, typologies, or instances of paradigmatic categories. The focus here was specifically on the stories participants had shared that provide insights into the immediate (i.e., the week of the interview) psychosocial effects of their involvement in the course.

Findings

Our analysis and interpretation suggested that personally meaningful psychosocial outcomes evident in participants' accounts comprised six (interrelated) themes that fall into two distinct clusters: "Bringing me back to myself" and "New rooms to explore." Figure 1 maps the organisation of the clusters and themes. In what follows, we draw on excerpts from the interviews to illustrate and crystallize the insights and interpretations we have drawn from the data.

[Insert Figure 1 about here]

Bringing me back to myself

The first cluster of themes can be characterized in one participant's words as "Bringing me back to myself." This cluster of three themes relates to a rekindling of things that were previously present in participants' lives, prior to being lost or diminished through injury and/or trauma.

Doing things again. A first theme is tied to the experience of 'doing things again' – being involved and immersed in some kind of activity. That is, during the course participants returned to being physically and mentally active through physically engaging in an embodied manner in sport and adventure activities. We use the term *embodied* because the physicality of *doing* the activity was central to participant accounts. This immersion in *doing* resulted in significant psychosocial benefits:

In terms of a one-week experience, do you feel you've got something out of this that's a positive thing?

Absolutely. I've done things. Well, I've done stuff on here that prior to my injury you sort of took for granted. Like you jump in a kayak, you're not watching your knee!

[laughs]. Just, for example, caving – you just crawl through caves, you don't think about it and you don't appreciate it. Whereas I appreciate it more and before this if you'd said to me, "you're gonna crawl through a cave," I would have gone, "no chance, because I

can't crawl." Whereas, you know, I managed to drag myself through on my side and back or however else you manage it, including getting pulled through one bit. But, yeah, it was the fact that, yeah, I managed it with, going in with the inherent idea that I wouldn't. (Simon)

Stories of *doing* and *acting* were especially notable because they contrasted so markedly with participants' accounts of extreme (and often enforced) inactivity during the months or years since injury and/or trauma. The consequences of long term lack of activity are suggested in Will's brief response to a question of what it has been like, as a 27 year-old, to have had to spend 12 months at home: "It's boring. It's degrading. You know, going from being really, really active to sat on my backside all day." Stories like Simon's mirror an *action narrative*, which relates to the experience of "going places and doing stuff" and contrasts strongly with the high levels of inactivity common among people experiencing mental health difficulties [31]. It is in this light that 'doing things again' – returning to an active and busy lifestyle – becomes understandable as important and valuable in its own right.

Purpose. A second theme, closely related to the experience of doing things again, is recreating a sense of *purpose*. Time and again, participants' stories contrasted the sense of purpose in life that they began to experience once more during the course, with a (for some, total) loss of purpose in the time since injury/trauma. For example:

I just think you need a reason to get up, don't you, of a morning. And be that coming here for week, which is good, otherwise I would have had this week off. So I wouldn't get up until 10, 11 o'clock or stay up a bit later, watching telly or whatever. That's why these things are good I think, like that morning walk to get you into that routine of getting up again and going out. You definitely need a purpose in life, don't you? You need something to get out of bed. (Paul)

I'd like to come back and do it again, because there is no other motivation. I don't have motivation to get out of bed in the morning because I don't have anything to look forward to, so to speak. Because all I want, every 28 days I get signed off for another 28 days until they sort out my case ... So I don't feel that I have anything to really motivate me. Whereas actually, you get out of bed, and it takes a little while to get going admittedly [laughs], but once I am going its like, oh, actually okay. So I think doing this is actually a good thing for that. (Simon)

By contrasting life outside the course (where, in Simon's words, "there is no other motivation") with experiences on the course, stories like these illustrate how having personally meaningful *things to do with the day* helps create a sense of purpose in life. A sense of purpose is something that participants routinely storied as present in their lives prior to injury/trauma, but something that was lost during the intervening months or years. For a sense of purpose to re-emerge, it seems participants needed to feel that they were once again immersed in meaningful activities that made use of their time. This point mirrors research among men with spinal cord injury [32] and serious mental illness [31,33], highlighting the importance of purposeful engagement in the present moment during the rehabilitation process.

A connection between purpose and motivation was evident in participants' accounts (e.g., Simon above) and suggests that rather than 'giving' motivation to participants (through, for example, motivation drills or practices), the course provided participants with a *reason* to be motivated. In other words, it made available psychosocial 'materials' for participants to generate their own motivation. Being motivated by an external agent (such as a coach, for example) implies to us a degree of disempowerment, whereas being helped to find something to be motivated about (i.e., a sense of purpose) shifts power towards the individual. Arguably, this has a greater potential long-term impact.

Reconnection to others. Involvement in the course provided an opportunity and/or stimulus to reconnect to other people, replacing the isolation evident in participants' accounts of their lives since injury/trauma. A sense of reconnection to two groups of people was evident – both were seen as valuable, important, and meaningful.

First, participants recounted a return to relationships with other military personnel. Central to these accounts was a re-immersion in aspects of a shared military culture from which individuals had been removed or excluded during rehabilitation. Often, participants' stories present military 'banter' as a vehicle for (and evidence of) this renewed interconnection:

I mean after being home on my own, I was on my own, and then to be thrown back into this sort of, I don't know how to put it, like a social life sort of thing, like right back into the army environment, because I mean even though they're all squaddies, everybody's got squaddie banter, its taken, like I take the piss as you have seen as much as the next bloke, but I've only become that person again within the last few months and to see myself like that now, its brilliant ... I mean, like if, like some of the things I say, if I said it on civvie street I'd probably get arrested or punched. Whereas saying it here, an army lad will come back with something more wittier or he'll laugh at it. (Dom)

A recurring motif within these stories is social exchanges built around shared humour facilitated by aspects of a familiar military culture. Importantly, as Dom's account reveals, it allowed a different – and often deeper – level of interpersonal connection and sharing than was typically described during the previous months or years.

As non-military personnel, we sometimes experienced aspects of this culture as questionable (at times, offensive), yet for the participants it was most often experienced as positive. For instance:

Just getting stuck in the caves – I would’ve had a big problem about that with my weight but I’ve never laughed so much, you know, and even to hear other people laughing at you, its funny to say that, but it was brilliant. Putting a smile on somebody else’s face was fantastic for me, bringing me back to myself. (Alan)

Here, a shared set of cultural conditions within the group turned a potentially stigmatizing, isolating, and negative experience (i.e., someone sensitive about his weight getting stuck in a cave) into a positive one built around shared humour. For Alan, this was significant as it provided an opportunity for him to – once again – bring some laughter into other’s lives. As for other participants, this reconnection with other military personnel signifies a return to the kind of close interpersonal relationships described during life in the military. These relationships and connections were most often absent in accounts of the months (or years) since injury/trauma, which, in line with other research [4,18], were often experienced as disconnected or isolated.

Second, participants’ stories portrayed a strengthening or repair of family relationships through involvement in the course:

It’s been good to come here and have that [banter] and also a break as well. It’s a break away from [my wife] isn’t it? Whereas we used to see each other weekends and then all of a sudden, 24/7, you are with each other all day, every day. And its that, that’s hard to adjust to as well, cause little niggly things like over the weekend wouldn’t bother you, you’d just think, oh well, its only on weekends, but through the week they all add up don’t they? And its also ... a break for [my wife] as well. Me being here just now, she can see her friends for the week, go for a meal. She is out every night this week seeing different friends cause she doesn’t feel she can do that when I’m at home, because she doesn’t want me being left in by myself when I don’t want to go out ... I think it’s a break for both people coming here, good respite. (Paul)

Here, Paul uses the word “respite” to sum up how a week away provides space or relief within the context of a personal relationship that has gone – in Paul’s case, in the wake of serious physical injury – from weekends to 24 hours a day, 7 days a week. Given that relationship problems are not unusual among service personnel returning from war [14] and were evident in several participants’ accounts, this ‘breathing space’ or respite may in itself be important, aside from other positive personal developmental experiences.

Some participants communicated a change in how they valued one or more personal/family relationships. For some, this was a partner, for others it was parents or children. Perhaps as a combination of distance, respite, and/or a change in perspective, some individuals described a radical level of reconnection or intimacy with significant others:

I think today this is the first time I’ve actually finished a phone call with my wife and the last 3 words were “I love you” for a long, long, long while. Because I just took her for granted. I had just taken her for sodding granted. But no more. That is changing. Even if its something stupid like making her a cup of tea and taking her a little plate through with a couple of biscuits on it, anything, just not this, its just not going to happen no more.

(John)

This kind of change was apparent in several participants’ accounts and is potentially significant in light of the family relationship difficulties often reported among service personnel who have experienced injury/trauma [4,14].

Taken together, this cluster of three themes suggests not only a return to aspects of each individual’s previous life (in a physical sense), but also some degree of return to elements of previous identity and sense of self. Men’s stories of their lives prior injury/trauma often revolved around moments when they were active, purposeful, and connected. In contrast, stories of the time since injury/trauma were characterised by inactivity, purposelessness, and isolation. In the short term, involvement in the course seemed

to provide both the physical conditions and psychosocial resources for these individuals to recreate or re-experience certain aspects of their previous identity and sense of self.

New rooms to explore

The second cluster of themes relates to an opening or broadening of horizons, captured in one participant's phrase that the course had opened up *new rooms to explore*. Here, participants' accounts portray the creation or introduction of something *new* (to them) or *different* (to what they had previously experienced) that changed their outlook. This cluster of three themes, which contrast with participants' stories of their pre-injury/trauma lives, reveals how being on the course offered individuals new possibilities and/or psychosocial resources to help them move forward with their lives:

Its just, like, its drawn more positives into the future for what I want to do. Its opened new gates and new rooms for me to go and explore, if you know what I mean. It's gave me the opportunity to see things from a different angle, so it's been really good for me.
(Saul)

New activities. The schedule of adventure and sport sessions introduced all participants to one or more activities they had not previously experienced. Many of these new activities were experienced positively (e.g., described as enjoyable, challenging, rewarding) and deemed worthy of continuation. The opportunity to experience new activities is the first theme in this cluster, and was typically described positively:

It's like wheelchair basketball. When would I, if I didn't come here, when would I have done that? I've done the sport from where other people have lost their limbs or they are paralysed from the waist down and I have actually had the chance to do it, I mean I've played basketball before and I thought it was all right, but wheelchair basketball is more competitive and its more fun. (Saul)

For others, new activities that were introduced either through direct experience or vicariously (e.g., a presentation or talk) were experienced as motivating or encouraging in terms of developing a new interest or goal. In Brian's words:

I'm better off life-wise for having this experience, but it's not really helped my specific illness and injury to move forward. It's fired up a couple more passions within me, like the climbing, and then Billy's talk the other night about going to the Himalayas and stuff like that. I've been thinking about, I've been wanting to go to the Himalayas, to Nepal for about 12 months and after I got ill I kind of made it a thing that I wanted to do.

Although this theme is a more obvious potential outcome of an adventure/sport course, this does not diminish its value. The opportunity to try, or be informed about, a form of *inclusive* yet unfamiliar activity was an important way that the participants were able to experience *doing things again* in line with their current physical and psychological capabilities.

Importantly, it also left them with an activity to pursue – and an incentive to pursue it – following the course.

Being valued, respected, cared for. We were struck by how often participants expressed surprise, relief, or satisfaction regarding the way they were treated during the week. Time and again, their accounts express a range of positive responses to the perception that they were experiencing *quality* (e.g., in terms of facilities and provision) and being *treated well* (e.g., in terms of others' words and actions towards them). These expressions directly contrasted some accounts of treatment in the military.

A first and clear instance of this – voiced by several participants – relates to the *material provision* they experienced, in this case the quality of the accommodation:

I actually thought I was going to be in a billet sharing rooms and stuff, so having the accommodation I've got, en suite, TV in there, Wi-Fi ... the other accessories. I mean it's [pause] it's better than Hogwarts! The accommodation is great. I mean it has

outreached all my expectations and I'm glad I've come cause it's not what I thought it would be. I thought it would be back, old school adventure training when you are actually sharing a room with 6 lads, all with disabilities, you get a tin wardrobe to put all your kit in, and you get blankets and thick itchy sheets. So to get what we've got and to have the food, the standard that we've got, its, I mean put me here for a month here and I'd be happy! (Craig)

Besides communicating pleasure at staying in high quality accommodation, Craig's account portrays a sense of feeling *valued* and being surprised that this was the case ("it has outreached all my expectations").

Perceptions of being valued and respected were also evident in participants' accounts relating to the way others (coaches and on-site military personnel with duty of care) behaved towards them. At times, behaviours were evidenced through words, at other times through actions. For military personnel used to rigid and formal hierarchies, this sometimes resulted from something as simple as addressing commanding officers by their first name. As Martin put it: "You've got a Major and a Colonel and you're calling them by their first names – it's unheard of, you know? Robbie keeps bollocking me for calling him Sir!" Often, value and respect is demonstrated by responses fundamentally different to participants' expectations on the basis of their military experiences to date:

I just think it, because you are so used to going on army courses and its, right you've got to do this, you've got to do that, and its so militarised, you are, like [pause]

Can you just tell me what you mean about being 'so militarised'?

As in so [pause] so structured. And as in everything's compulsory. And I mean, "Right! You will be out of bed at half eight. Breakfast is at this time and then you'll be-" And all this sort of stuff.

So it's non-negotiable?

Yeah. Whereas if I got out of bed at 9 o'clock and came down and hadn't had a shave here, they'd have been like [laughing]: "Oh bloody hell! Make sure you get a shave either later or tomorrow. Don't worry about getting up late, make sure you get your lunch." Whereas if you were late in the army they would say: "Right! You're doing weekend duty, get up there and get a fucking shave! Now you're in a world of pain."

(Dom)

The shift in ethos evident in this excerpt is notable and for Dom, like other participants, experienced positively. Accounts like Dom's suggest a move away from blame and punishment as a way of controlling or 'policing' individuals who do not conform to expected behaviours [34], towards an acceptance of individuals and a commitment to adjusting or shaping the group to make space of those individuals. All the participants valued and appreciated this shift. Significantly, however, some aspects of military culture (e.g., in Dom's account "Make sure you get a shave either later or tomorrow") did persist, albeit in a moderated form.

Closely entwined with being valued and respected is the demonstration and perception of care – of being cared for and/or cared about:

At no point have I ever, no-one's asked me something that I have felt like I didn't want to talk about it, like no-one has stepped over the line ... But on the other hand I've felt that I've been able to, if I wanted, to go to a member of staff and talk to them. You hear it a lot in the army: "Right Sergeant Blah Blah is here if you need him to talk to you, if you need to talk to somebody." But you just wouldn't. Its just [pause] With everyone, all the Battle Back staff, I would feel comfortable talking to any of them and it [pause] I've felt if I needed to talk to somebody I could.

So the reason you wouldn't talk to Sergeant so and so before is because you felt that person wasn't -

He just doesn't care. Yeah. And I felt that all of you care and all of you's have got an interest and all of you want to help. (Shaun)

While the experience of care – and being cared for – contrasts with some participants' accounts of life in the military, it is particularly at odds with descriptions of events that, since injury/trauma, have left them feeling as if they have been “forgotten” or “thrown away.” Some described spending months or even years at home without receiving even a phone call from their Unit. Others described feeling that they had given so much of themselves to the military, yet now were no longer valued or cared about. These feelings are not unusual – it has been reported that 30% of service personnel feel unsupported by the military after returning from deployment [12]. In this light, it is particularly significant that participants tell stories portraying how involvement in the course led to them feel they had perhaps not been ‘deserted’ by the military, but were still – in some way at least – valued, respected, and cared about.

Inspired by people. A final theme in participants' stories is the inspiration and motivation drawn from being with other people who are perceived to embody certain qualities. Here, participants describe how qualities they observe or experience in others positively affect or influence some aspect of their own life. Some participants recounted stories where one or more people on the course were experienced as being admirable. Some described how they found a particular individual to be inspirational, usually because of the way s/he lived in the wake of illness, trauma, and/or disability. Sometimes these individuals were members of the coaching team, sometimes they were other personnel on that week's course. Universally, it was the opportunity to relate to the individual personally, through shared embodied activity over a period of several days – through ‘being with’ and ‘coming to know’ – that led to them being described as “inspirational.” An important outcome, it seems, is a shifting and expansion of personal horizons of possibility.

Analysis of participants' accounts reveals two distinct groups of 'inspiring others'. First, some recounted being inspired by people who (by virtue of their disability) were seen as *different* to themselves:

Meeting new people, people like Paul, and seeing how he just, he's just an inspiration how he's worked. I mean, when he did the caving, I mean his communication skills was unreal, he was on the ball. I mean, he was a full screw in the army so obviously he was good at that anyway, but its like his determination and the way he did things was [pause] That's what made him different from everyone else, he was good, he was just [pause] I mean today when we did the kayaking and that, he was just, seeing him do it, it was just unreal just seeing him, the way he was going through the motions and it was like, cause he is consistently using the muscles all the time, even when he is sat up straight or he's walking, he's using his entire body. So for him to use his arm for virtually an hour, and using the same hand – he's going and he's stopping and going and stopping and going. But when you look into it, its like the caving, he did the bowls, he's done the rock climbing, he's done abseiling, he's done all that on one arm and its like, could I see myself doing it with my weaker arm? Its like strapping my arm up and trying to do everything with my weak hand as well. And to see him do that and still have a smile on his face, and do like the wheelchair basketball as well, it's good to be around people like that, because they inspire you. Because you see what he's doing and you think, look, he's doing that, he's hitting it head on and he's happy, this is my chance to do the exact same.

(Saul)

This detailed account makes it clear that Saul does not find Paul (a triple amputee) inspiring simply *because* of his disability. Instead, Saul's story communicates a deep level of engagement with Paul throughout the week's different activities and suggests a degree of subsequent reflection on that experience as Saul considers how he might respond to the

week's activities if he too had one arm. Here, Saul imagines himself tackling the challenges that he has seen Paul respond to. Despite remarking that Paul is "different from everyone else," Saul simultaneously makes a connection *across* that difference to realise a deeper level of respect and appreciation for Paul's effort and commitment. This connection, we suggest, may be central to the way some participants draw inspiration and motivation from other persons who are perceived to be (in some way) different.

Other participants recounted how they had been inspired by an individual they judged to be similar to themselves (e.g., in terms of shared disability or injury). In this example, Craig describes meeting one of the staff team on the first day of the course:

It's a bit surreal because I was like, I'm sure I know you, but he was walking around fine and I didn't realise he was a single amputee ... And then when I saw him in basketball and I saw his leg, and I was like, "Headley Court! That's where I remember you from!" ... Because I saw him at Headley Court, when he first started putting his leg on and he was doing his first few steps, and the way he is walking around now, I'm like, I'm really chuffed for him. Bit envious 'cause I wish I could walk as quick or as fast as he can ... I can see that other guys, lets say they're, like, brand new into like the rehab system and they've got single amps themselves, when they realise Cooky is a single amputee himself, they'd look up to him. So, yeah, in one way I was a bit inspired because I was like, well done you. I was, like, well done, because that's how I want to be myself.

In instances such as this, the 'inspiring other' seems to offer a model or a resource that affects the kind of future individuals are able to envisage for themselves. Above, Craig's account suggests the progress Cooky has made is both motivating and inspiring for his own future because he perceives them both to inhabit a similar situation.

Discussion

Several themes we have identified are comparable to those noted in previous sport-related research with military personnel. Our theme *reconnecting to others* closely mirrors the outcomes of social reintegration and personal relationships identified in other studies [21,22]. Brittain and Green's study of media coverage relating to sport experiences among injured military personnel identified the themes of achievement, inspiration, self-actualisation, and direction [19]. Our theme *inspired by people* clearly connects with Brittain and Green's theme of inspiration, while the cluster of themes around *New rooms to explore* link with direction and self-actualisation, particularly "encouraging a more optimistic outlook in life" (p. 257). Our themes *doing things again* and *new activities* connect less directly to achievement – in our study the emphasis tended towards *doing* rather than *achieving through doing*. The themes of *rediscovering purpose* and *being valued, respected and cared for* have not, to our knowledge, been articulated in previous research in this area.

Participant accounts that portray the psychosocial outcome of *bringing me back to myself* tended to be oriented towards the present moment, which was favourably compared to the recent past. In line with previous research in mental health [33,35,36], present-tense stories suggest a return to valued elements of pre-existing identity – the kind of person they thought themselves – through an accumulation of experiences during the week, rather than a single activity. These stories align with participants' biography, expectations, and way of being in the world, mapping onto their cultural (i.e., military, masculine) legacy. This 'fit' potentially allows participants to access and engage with the Battle Back course through the recognition or comfort of familiarity.

In contrast, accounts portraying *new rooms to explore* communicated a sense of *change*, of moving on in life through an expansion or broadening of horizons. These stories were oriented towards the future but grounded in the present: participants articulated expected changes to their future life as a result of new or different experiences during the

week. We suggest this provided *alternatives* to ways of being or living that no longer fit (or work under) changed life circumstances. This seems to have been achieved by making previously invisible life possibilities visible, thereby supporting some degree of personal development. An impetus to move on in life through new or broader horizons of possibility appears accessible to all, regardless of the illness, injury, or trauma that has been experienced. In this sense, an important psychosocial outcome of the course was to provide a ‘map’ or resource for participants as they embark on the next phase of their lives.

The goal of recovery as ‘getting back’ aspects of previous life, function, or self in the wake of disability has been the subject of much discussion in the literature. In mental health contexts, for example, it has been argued that recovery should be less about ‘getting back’ or repairing previous aspects of one’s life, and more about creating new opportunities for the future [37,38]. In the context of spinal cord injury, similar problems have been raised regarding some individuals’ adherence to a restitution narrative that stories the future as depending on a return to previous function as it was in the past [32]. In the contexts of both physical and psychological disability the desire to ‘get back’ becomes problematic and limiting when individuals experience material, psychological, or social barriers that prevent them returning to what they were prior to disability.

In this study, however, participant accounts of *bringing me back to myself* portray a degree of successful return that is seen as positive, meaningful, and beneficial. It is significant that the themes in this cluster focused on eminently achievable and realistic outcomes. While the possibility of recreating previous function as it once was may be impossible for some, it strikes us that rebuilding physical activity, a sense of purpose, and personal relationships are possible for all. It is also significant that accounts of ‘getting back’ *co-occurred* with accounts of ‘moving on.’ This suggests that – in the context of this research at least – it is not the case that a dichotomous either/or relationship exists, but rather that

participants can experience *both* a return to elements of their life or self as it was *and* new possibilities for a different kind of life in the future.

While a number of theories might be proposed to explain the themes we have identified, we will briefly consider self-determination theory [39]. This widely used theory posits “three innate psychological needs – competence, autonomy, and relatedness – which when satisfied yield enhanced self-motivation and mental health and when thwarted lead to diminished motivation and well-being” (p. 68). It may be useful to reflect on the ways these three needs are (or are not) evident in our findings.

Relatedness is most clearly evident in the themes ‘reconnecting to others’ and ‘inspired by others.’ Here, participant accounts revealed how relationships were pivotal both in terms of returning to elements of previous self or life *and* realising new horizons of possibility. Competence is also present in participant accounts, although less clearly so. Its most obvious connection is to the theme *doing things again* where, while not explicitly suggested, a return to perceived competence is implicitly present. Here, although the significance for most individuals seemed to be more that they were engaging in *something* (rather than achieving a standard of competency), some degree of competence is necessary for the ‘doing’ to be possible.

Autonomy is less obviously evident in participant accounts. We suggest two possible reasons for its absence. First, it may be that autonomy was not critical for the men in this study *at this moment in their lives*. Their recent experiences have perhaps been sufficiently traumatic and/or debilitating that they have needed to depend on caring others to ‘carry’ or lead them. Similar experiences of a temporary need for others to support/enact one’s choices have been described amongst people with severe mental health problems [36]. Here, autonomy was delayed until such a time that the individual felt able to enact personal control in an empowered and meaningful manner. Alternatively, it may be that autonomy was more

subtly or indirectly present as a foundation that underlay participant accounts. Awareness of *new rooms to explore*, for example, demonstrates a newly realised *potential* for personal control on the basis that alternative futures are now seen to be possible.

The focus of this study leaves three important questions for future research. First, because we explored psychosocial outcomes experienced *during* the course, our study provides no insight into the extent to which the course is useful in the longer term. Longitudinal studies are therefore needed to develop understanding of individuals' experiences after completing the course and over the months following participation. Second, we have focused only on the experiences of male military personnel. Although females comprise a minority group within this population, the number of women who have experienced injury/trauma through service is significant and increasing. Further research is needed to explore their experience of rehabilitation. Finally, conducting this research has alerted us to how delivery is likely to be critical to the outcomes achieved. Previous research shows how subtle sociocultural factors – such as ethos and philosophy – can be influential [40]. On this basis, future studies are needed into programme delivery – the *processes* through which inclusive adapted sport and AT courses lead to the kinds of psychosocial outcomes reported here.

Conclusion

This inclusive adapted sport and AT course for military personnel led to a range of personally meaningful psychosocial outcomes. We identified two co-occurring clusters of themes. First, *bringing me back to myself* contained the themes doing things again; rediscovering a sense of purpose; and reconnecting to others. Here, participant accounts reveal how through participating in the course they *get back* or *recreate* aspects of their previous life or self that had been lost in the wake of injury/trauma. Second, a cluster of themes related to finding *new rooms to explore* through experiencing new activities; being

valued, respected, and/or cared for; and being inspired by people. These accounts portray how during the course individuals became empowered to *move forward* with their lives through awareness or understanding of new horizons of possibility.

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References

- [1] Defence Analytical Services and Advice. 2012. British Casualties – Afghanistan [Internet]. Ministry of Defence; [Cited 2012 Sept 3rd]. Available from: <http://www.dasa.mod.uk/index.php?pub=CASUALTIES-AFGHANISTAN>

- [2] Hotopf M, Hull L, Fear N, Browne T, Horn O, Iversen A, et al. The health of UK military personnel who deployed to the 2003 Iraq war: a cohort study. *The Lancet* 2006;367:1731-41.

- [3] Unwin C, N Blatchley N, Coker W, Ferry S, Hotopf M, Hull L, Ismail K, et al. Health of UK servicemen who served in Persian Gulf War. *The Lancet* 353;169-78: 1999.

- [4] Demers A. When veterans return: The role of community in reintegration. *Journal of Loss and Trauma* 2011;16:160–79.

- [5] Tanielian T, Jaycox L. Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Santa Monica (CA): RAND Corporation; 2008.

- [6] Defence Analytical Services and Advice. 2012. UK Armed Forces Mental Health Report - Annual Summary [Internet]. Ministry of Defence; [Cited 2012 Sept 3rd]. Available from: <http://www.dasa.mod.uk/index.php?pub=MENTALHEALTH-ANNUAL>

- [7] Forbes N, Fear N, Iversen A, Dandeker C. The mental health of UK Armed Forces. *The Rusi Journal* 2011;156:14-20.

- [8] Lapierre C, Schwegler A, Labauve B. Posttraumatic stress and depression symptoms in soldiers returning from combat operations in Iraq and Afghanistan. *Journal of Traumatic Stress* 2007;20:933-43.

- [9] Collimore K, Carleton C, Hofmann S, Asmundson G. Posttraumatic stress and social anxiety: the interaction of traumatic events and interpersonal fears. *Depression and Anxiety* 2010;27:1017-26.

- [10] Koren D, Norman D, Cohen A, Berman J, Klein E, Koren D, et al. Increased PTSD risk with combat-related injury: a matched comparison study of injured and uninjured soldiers experiencing the same combat events. *The American Journal of Psychiatry* 2005;162:276-82.
- [11] MacManus D, Dean K, Al Bakir M, Iversen A, Hull L, Fahy, T, et al. Violent behaviour in UK military personnel returning home after deployment. *Psychological Medicine* 2012;42:1663-73.
- [12] Harvey S, Hatch S, Jones M, Hull L, Jones N, Greenberg , et al. Coming home: social functioning and the mental health of UK Reservists on return from deployment to Iraq or Afghanistan. *Annals of Epidemiology* 2011;21:666-72.
- [13] Defence Analytical Services and Advice. 2012. Medical Discharges in the UK Regular Armed Forces 2007/08 - 2011/12 [Internet]. Ministry of Defence; [Cited 2012 Sept 3rd]. Available from: <http://www.dasa.mod.uk/index.php?pub=MED_DIS>
- [14] Monson C, Taft T, Fredman S. Military-related PTSD and intimate relationships: From description to theory-driven research and intervention development. *Clinical Psychology Review* 2009;29:707-14.
- [15] Walker S. Assessing the mental health consequences of military combat in Iraq and Afghanistan: A literature review. *Journal of Psychiatric and Mental Health Nursing* 2010;17:790-796.
- [16] Brewin CR, Garnett R, Andrews B. Trauma, identity and mental health in UK military veterans. *Psychological Medicine* 2011;41:1733-40.
- [17] Kersten P, Ellis-Hill C, McPherson M, Harrington R. Beyond the RCT – understanding the relationship between interventions, individuals and outcome – the example of neurological rehabilitation. *Disability and Rehabilitation* 2010;32:1028-2034.
- [18] Ray SL. The experience of contemporary peacekeepers healing from trauma. *Nursing Inquiry* 2009;16:53-63.

- [19] Brittain I, Green G. Disability sport is going back to its roots: Rehabilitation of military personnel receiving sudden traumatic disabilities in the twenty-first century. *Qualitative Research in Sport, Exercise and Health* 2012;4:244-264.
- [20] Guttman L. Textbook of sport for the disabled. Oxford: Alden Press; 1976.
- [21] Sporner M, Fitzgerald S, Dicannio B, Collins D, Teodorski E, Pasquina P, Cooper R. Psychosocial impact of participation in the National Veterans Wheelchair Games and Winter Sports Clinic. *Disability and Rehabilitation* 2009;31:410-418.
- [22] Sakić V, Sakić D, Badovinac O, Pjevac, N. Importance of kinesiological recreation beginning in early rehabilitation in Zagreb. *Acta Medica Croatica* 2007;61:75–76.
- [23] Messinger S. Getting past the accident: explosive devices, limb loss, and refashioning a life in a military medical center. *Medical Anthropology Quarterly* 2010;24:281–303.
- [24] Weaver F, Burns S, Evans C, Rapacki L, Goldstein B, Hammond M. Provider perspectives on soldiers with new spinal cord injuries returning from Iraq and Afghanistan. *Archives of Physical Medicine and Rehabilitation* 2009;29:517–521.
- [25] Mellor A, Jackson S, Hardern R. Can adventurous training have a role in improving clinical outcomes? *Journal of Royal Army Medical Corps* 2012;158:110-114.
- [26] Crossley M. Introducing narrative psychology: Self, trauma and the construction of meaning. Buckingham: Open University Press; 2000.
- [27] Plummer K. Documents of life 2. Thousand Oaks (CA): Sage Publications; 2001.
- [28] Lieblich A, Tuval-Mashiach R, Zilber T. Narrative Research: Reading, Analysis and Interpretation. London: Sage Publications; 1998.
- [29] Carless D, Douglas K. “In the boat” but “selling myself short”: Stories, narratives, and identity development in elite sport. *The Sport Psychologist* (in press).

[30] Riessman C. Narrative methods for the human sciences. Thousand Oaks (CA): Sage Publications; 2008.

[31] Carless D, Douglas K. Narrative, identity and mental health: How men with serious mental illness re-story their lives through sport and exercise. *Psychology of Sport and Exercise* 2008;9:576-94.

[32] Sparkes A, Smith B. Men, sport, spinal cord injury and narrative time. *Qualitative Research* 2003;3:295-320.

[33] Carless D, Douglas K. The role of sport and exercise in recovery from mental illness: Two case studies. *International Journal of Men's Health* 2008;7: 137-156.

[34] Denison J. Social Theory for Coaches: A Foucauldian reading of one athlete's poor performance. *International Journal of Sports Science & Coaching* 2007;2:369-383.

[35] Carless D. Narrative, identity, and recovery from serious mental illness: A life history of a runner. *Qualitative Research in Psychology* 2008;5:233-248.

[36] Carless D, Douglas K. Sport and physical activity for mental health. Oxford: Wiley-Blackwell; 2010.

[37] Anthony W. Recovery from mental illness. *Innovations and Research* 1993; 2:17-25.

[38] Repper J, Perkins R. Social inclusion and recovery: A model for mental health practice. Edinburgh: Balliere Tindall; 2003.

[39] Ryan R, Deci E Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist* 2000;55:68-78.

[40] Carless D, Douglas K. The ethos of physical activity delivery in mental health: A narrative study of service user experiences. *Issues in Mental Health Nursing* 2012;33:165-171.

Figure 1: Mapping of Psychosocial Outcomes

