



University of Roehampton

DOCTORAL THESIS

An exploration of how veterans diagnosed with combat-related post-traumatic stress disorder experience therapy

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	<p>I. 285 I wouldn't be able to fault her really.. she just comes across as very human to very occasionally lets me see that-that she's quite human and has her own issues as well.</p> <p>I.299 they haven't signalled to me give me any indication but you know, maybe they have, have their own difficulties. She doesn't cross the line into – I don't see her as my friend for example</p> <p>I.338 she's just a human being like me, she doesn't come across trying to be anything anything special but she's very, very knowledgeable as well, and also , she takes the time. She'll look at what's happening int ehe world and pick up on what might upset me. E.g. remembrance day / trouble in NI.</p> <p>I.349 so it's not just throwing handouts at me that, she'a a whole plan she thinks of everything. I feel that erm...she treats me as being...one of very specialist areas is PTSD, I get the impression that she sees me as something unique..</p> <p>I.640 some days I pinch myself and' – is this real? Because erm I look at other people and they haven't got anything nar the what I've got in terms of support. And that's unbelievable you know to have a very good GP, a very good psychiatrist, and an absolutely first classs erm-psychologist and to have erm...a-my-my alcohol recovery all of those.</p> <p>I.650 speak to professionals you know you'll be taking notes about me, I say ;you don't confuse my enthusiasm and understanding wand perhaps people that are not quite articulate erm...about talking about these things, don't equate that with that I am very well.. somebody writes something positive and that can have a negative effect on other parts of my life [e.g. pension reduction]</p>
<p>- Perception of therapy results / impact of therapy (tool box / skills)</p>	<p>I.187 And I said I don't have the staying power and I have a fear I will relapse because that's, at the time, that was my was of coping. And they</p> <p>I.227 I like the groups and erm I engage well in them, I participate well...I've usually got something to say so make a contribution. I get feedback from the people you take these, psychologists of we've got an OT, I get positive feedback</p> <p>I.320 because I look at it erm I'm filling up a tool box and I'm getting that from her. She gives me the information. I go away and practice it, tell her about my difficulties, she helps me refine it...and handouts</p> <p>I.480 some of the things I've already learned erm...it doesn't stop the sympt-the-the horror of the symptoms but erm...I just managed them in a different way, rather than just experience them until they go away – I feel that I can, to an extent, control them, minimise them. If I can stop them recurring and I know that there's an argument that if you do trauma-focused work that the-the symptoms would reduce significantly... I don't quite buy into it</p> <p>490 When people ask me generally how I feel I say I'm content, I'm content. If course I'd like to go back to work [more money etc]</p> <p>I.534 because I can manage some situations a bit better erm..it's it's helped me retain my optimism because I...generally was historically an optimist and its helped me look at it in my own way</p> <p>I.540 The PTSD keeps coming back at me, and I've got things I can do about it. I can't make it go away forever but there's tings I can do, and I would like to learn more and I need to practice more. And it's my hope, I think, rather than belief at this</p>

	<p>stage, my hope that I manage well enough to-to-to be able to continue.</p> <p>590 I'm filling up my tool box and that. You know like grounding techniques and things like that I find them helpful and I know a bit about mindfulness which works quite well with me.</p>
<p>- Sense of being understood (being listened to/heard, being misunderstood and consequences)</p>	<p>I.51 the person I see currently, er, 'cause she has a special interest in PTSD and she's very knowledgeable about it. Rm...and she understands a lot of what I say. Whereas [others] not quite been able to understand, they've said that they understood what I was talking about but it was clear to me by the way they would interact with me that they were' really get their head around what PT-well, how PTSD was affecting me, and that would be a reason to say we're wasting our time.</p> <p>I.74 saying they-er understand where you're where you're at and it as clear to me that they didn't</p> <p>I.290 you know I have my not so good days and it does come across in the therapy but she is saying well you know, I have my days for hiding under a duvet and I like that because for me and sometimes I've looked and through 'it's ok for you- you're life's sorted you're life's great.</p> <p>I.308 very comfortable in the therapy room. I get distressed when I'm in there I feel comfortable being that way, being myself, no mask, no teacher's pet stuff...I make mistakes sometimes I'm just too tired or too unwell don't do the homework, that's ok.</p> <p>I.337 clearly she is listening to what I am saying, in time we built up trust</p> <p>355 she acknowledges that she doesn't know what it's like to have PTSD but she's very close for someone who hasn't experienced it.</p> <p>I.667 a psychiatrist once wrote about me that I was buoyant and upbeat and I was confronted with that at a tribunal but fortunately the person in the end supported me said he's just got out of combat stress [contextual happiness] I. 679 you've got to take their worst day and transfer it into everyday life...it's almost if you're not allowed good days</p>
<p>1) Empowerment (mutuality and inclusion in the therapy process)</p>	
<p>- Being given relevant information (psycho-education), or not</p>	<p>I. 89: 'because it was explained to me that I needed to focus all my time and energy on the recovery... and that's how it worked'</p> <p>I. 103: 'my GP when I was in rehab did see me, sent me to see a-a psychiatrist and he explained it to me and he-and he said he felt that that approach was a good one...</p> <p>I. 110: if nothing else, um, I will see you and I will get him to help you, and it did then transpire that...</p> <p>I.258 And she has spoken about there will be an ending but we're not, we're not there yet...</p> <p>I. 267: I think if it were to end abruptly I would be unhappy about that. Erm....if it was managed the way we'd – as we'd discussed then erm... you know, I-I would believe that I'd be ok with that...</p> <p>I. 434: I can accommodate change erm...provided people are being honest with me... and-and I don't think they've been</p>

	<p>entirely honest at the moment. But we've pushed on that issue and we expect to get another letter about the changes... [continues to]</p> <p>I. 443 to be a bit clearer about...when I leave here tomorrow, I'm not quite sure what's going to happen next.. I'd expect to but I don't know what that's going to happen because the-the change-</p> <p>I.123: and I knew what to ask for because, erm...I've worked in the NHS and I-I knew the buttons to press to get what I wanted or what I-I felt I needed</p> <p>I. 140 I felt fortunate that I knew what to do. Erm...because you meet other people erm...who-they don't know how to get help, or they find it difficult getting help... I looked at what I could do to-to influence it, and I knew that erm...I was aware of it, the rule within the NHS that veteran would be given priority...</p> <p>I. 161: That was absolutely horrific,.. I got a very brief introduction from the psychiatrist and the psychologist m-about what we were going to do</p>
<p>- Being included in choices (equality and mutuality)</p>	<p>I. 252: and we discussed my response to that and erm... we can to the agreement that we would concentrate on symptom management</p> <p>I.233 so my therapy here has been group therapy and it has been specific and you-you put your name down for it if you choose to go or not. I mean it can be anxiety management erm...relationship etc.</p> <p>I.271 I'm grateful to have had someone who's been so interested in...it's felt like a partnership working with her 'cause she doesn't run the therapy but nor do I, it's a bit – it's like a collaboration between the two of us 'cause we don't have a psychologist up here and me down there, which can happen when you see – more when you see psychologists and psychiatrists.</p> <p>I.278 they'll try to come across as, you know, I'm the person with the knowledge and the power. She comes as across as well we're in this one together really</p> <p>I.318 we both agree that I benefit from the work that we do inside and the work I do outside the room</p> <p>I.617 the psychologist that I see at the moment, she's enable, empowered – I don't know what the word is she's been a big part of it so has the erm...my recovery [from alcoholism].</p>
<p>- Client experience included – content/process</p>	<p>I.182: and they had, as expected, a specific amount of time for the therapy and it would end and it would be 'thank you very much see you next week' and I would walk out of the room and I would be in tears [...]</p> <p>I. 193 they were more interested in getting the job done than they were interested in me as an individual...they didn't seem very concerned with how I was experiencing that therapy and I found it too much and I ended up relapsing</p> <p>186 I said to them I'm finding this very distressing and their answer was 'well it is very distressing to so this erm...but in the end erm...it will pay off'</p> <p>I. 263 re ending 'that it will still be open for me perhaps to say 'well I am very distressed' [...then they would try and see me</p>

<p>- Isolation and withdrawal</p>	<p>I.37 it would start and would go on for a while and then I would relapse and they would say 'out you go, can't cope with you'...then when I wasn't I'm-I withdrew from – actually didn't like the, 509 not allowed at combat stress is actively addicted I.422 people who run it, they seem to me to be a bit removed from what happens here and how we feel.</p>
<p>2) Identity</p>	
<p>- Military vs civilian context</p>	<p>I.370 I believe that, for me it seems like she's going the extra mile for me and I haven't experience that before erm in a military context I.378 I like the word veteran 'cause we have a group here sating 'you're not in the forces anymore' people struggle with that. I don't see myself as a civilian but I don't for one minute imagine that I am still in the army so veterans fits very comfortably for me because I behave, particularly here, like I used to behave in the army. I. 385 you get the dark humour I.391 I've got many identities I'm a father, a friend, erm I'm a veteran and I don't I can't I don't see myself a a civilian because that experience of being in the army will stay with me until the day I die. Because it's special, it means a lot to me</p>
<p>- Self-awareness (retaining sense of self / knowing and recognising self)</p>	<p>'it felk like a reward for doing well in rehab and er-added more purpose to my recovery. Because I had achieved that by itself opened that door to seeing the psychologist, because I had been sober for a period of time. I.466 as far as I'm concerned ...I don't agree that –and,again, I'm only talking about myself because personally no [doesn't believe in recovery] and I'm an optimist I545 If I can continue to say I'm content then I've got far enough. And it's not because, I don't' see that as a compromise, I see that as sbeing realistic given my-my personal circumstances. I.631 I'm working on a dual recovery if you like with the alcohol and the PTSD becuae the alcoholism will never go away and that's the key to it if I picked up one drink my life would fall apart everything would just go.</p>
<p>- Alcohol</p>	<p>I.15 the level of um-alcohol that I use went from what you'd probably classify as social-social and again, very very gradually crept up into alcohol abuse for a number of years. I.23 if you drink heavily there's no point in the therapy because um it doesn't work (hindrance to therapy) I.30 (drinking) was a sort of-on off, on off (ok) and erm...the periods of abstinence got shorter and shorter, and then, when it got full blown then I've...I going to rehab I.I.94 they helped me with the alcoholism an'...entered my period of recovery which is still on-going I. 494 I'm so grateful to be sober because it was such a horrible life, but that peace of mind that goes with sobriety then impacts on erm...managing the PTSD cause it was absolutely mad the combination of the two. You put them together and it's a crazy crazy experience I.504 if I wasn't sober I wouldn't have a relationship with my doctor, there's friendships I have, I wouldn't be coming here [addicts can't come here]</p>

	<p>I.598 I think in some ways being an alcoholic in recovery is a big bonus. I'm being serious, I-it used to be extra baggage that I bought with me, I actually see it as something quite positive. Cause in alcohol recovery you learn a lot about yourself, your emotions...there's a lot learned in rehab that would do the average person out in the street a bit of good to learn. Because you appreciate small things.</p>
- Physical health	<p>I. 538 I think of PTSD a bit like erm...diabetes something you can, if you continue to take the insulin, you'll be ok. It'll keep coming back at you, you take the insulin. 578 taking physical care of self through weight L596 you've got to have both the physical and the mental. I've got to look after my physical health , diet, exercise, it's the medication, the appropriate medication I.636 they're illnesses [alcohol and PTSD] but I suppose with PTSD I can use recovery in a way, I'm recovering.</p>
- Degeneration / changing self	<p>I.11 after I left the army, erm, my, slowly, very very gradually, my behaviour began to change....I have having behavioural problems getting angry about things I wouldn't normally be angry about, er being scared when I wouldn't normally be scared.</p>
- Aims / priorities	<p>I.128 and had clear goals in what I was trying to do was to, you know, firstly address the alcoholism and them erm...get help with the PTSD I. 479 my main aim is symptom management I.571 and at the moment what's important to me is being able to sleep and being able to eat [put on weight, optimistic about losing it – taking physical care of himself]</p>
- Engagement with therapy (hard work)	<p>I.135 I organised that I kept making the phone calls and writing the letters to make sure I would be seen. I.435 but we've pushed on that issues and we expect to get another letter about the changes I.517 A lot of credit to myself.. 522 and then a lot of hard work that I did myself. And I think that's the way it's gotta be, erm...that you do a lot of hard work yourself because if you have any expectation that someone else is going to get you sober erm or into recovery er-erm you're mistaken, it wont work. I. 553 And I'll be able to practice things as well...and we-that's a bit of job, you know, even, if you learn a lot, practice is another thing I.660 I'm doing a blaancing act because I worked very hard to get my pension and other things that've got, thet all fit together.</p>
- 'crazy' terminology	<p>I.499 crazy crazy experience</p>

3) Through community / the right context	
- Brotherhood of fellow veterans	<p>I.234 my experience of being here, overall, is a very positive one, I like being here, and I leave tomorrow and I know that I'll feel a bit sad. And that's about leaving the staff and my fellow veterans so, yeah very sad but it doesn't last long because I got veterans who live near me</p> <p>I.373 people who I met a week ago here would go the extra mile for me because I'm a veteran. Not because of what I've done but because I'm a veteran.</p> <p>385 it's sort of like a brotherhood, family – it's as close as you'll get to family.</p> <p>I.393 experience of being in the army will stay with me until the day I die. Because it's special, it means a lot to me and you have other people who understand you very quickly is erm...I suppose it's like childhood friendships</p> <p>I.407 I can walk away from a group of people [veterans] without excusing myself...people also pick up on ..you're not feeling so good. We just read each other so well. No one else would be able to do that.</p> <p>I.415 I think people at Combat Stress underestimate the therapeutic value of the socialisation part of being here</p>
- Family and friends	<p>I.605 family and friends are really important to me – I don't really have a lot of friends either. ..friends are people who are loyal and trustworthy. I've got my daughter and her mum as well, I think I'm doing well. There's other things I'd like, you know, like to meet somebody and have a relationship and that's further down the line.</p>
- Other relationships	<p>I.460 To me it would feel like being in a hospital [the 6 week stay] I wouldn't want the intensity of it</p> <p>I518 and the remainder [of credit] to a lot of professionals who have supported me at different points...a worker from veterans aid who helped me, the rehab – some of the people I met there and some of the alcohol counselling I had.</p> <p>I.530 [other people] can give you some of the fuel I suppose</p> <p>I.692 I'd love to work, it's not just money it's social, you talk to other people, you meet people and it gives you so much more than money. I'd love a job, I do struggle with that a bit sometimes.</p>
- Routine / detail	<p>I. 556 I like relaxation and meditation. I like...exercise but I go on and off, on and off. And...what I'm working on is to try and get a establish, erm...a routine, that suits me. That I know would work for me.</p> <p>566 but that change has disrupted my routine... I'm prepared to be patient and try and build up slowly rather than try and have it all at once because it will fall apart, you know too many juggle too many balls in the air...I'll drop them all.</p>

Others:

Memory: 326 my memory isn't very good / I.471 batter my memory for starters which is very poor

NHS Priority: I.112 I was prioritised right up the list as and it happened it coincided with a psychologist arriving...and she had this interest in PTSD so...because priority for the veterans was allowed, that coupled with her interest – went right up the queue. So I was seen within a short period of time / 146 rules in NHS that veterans are given priority