



**The Experiences of Rock Climbing for Male British Veterans living with
Combat Trauma: An IPA Study.**

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A thesis submitted in partial fulfilment of the requirements of the University of the West of
England, Bristol for the degree of Professional Doctorate in Counselling Psychology

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September 2023

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Acknowledgements

Firstly, I would like to express my sincere gratitude to the veteran climbing charity involved in this research and to the veterans who generously gave their time to be interviewed. I am incredibly grateful for your participation and for sharing your experiences so openly.

I would also like to express my appreciation to my supervisors Dr Zoe Thomas and Dr Toni Dicaccavo for their continued support and guidance throughout the Doctorate.

In addition, thank you to my parents for their ongoing support, encouragement, and belief in my abilities throughout my life. Lastly, thank you to my ice-skating coach Pam, who has been a supportive friend and mentor for over twenty-four years. There is no doubt that my experiences in skating have significantly shaped my life and influenced my research interests in the therapeutic benefits of sport.

Abstract

Background: Soldiers are at risk of exposure to combat trauma and experience high rates of conditions such as post-traumatic stress disorder (PTSD) (Stevellink et al., 2018). However, several issues currently exist with the first-line psychological trauma interventions for veterans. This includes a lack of engagement, high drop-out rates, and poorer treatment outcomes compared with civilians (Kitchiner et al., 2019; Steenkamp et al., 2015). These issues demonstrate the need for further research into additional ways that veterans may be supported. Consequently, recent interest has grown in the potential role sport could play in improving veteran wellbeing (Caddick & Smith, 2014).

Aims: This study explored the ways in which climbing and engaging in a veteran specific climbing charity may help to support the wellbeing of UK veterans living with combat trauma.

Method: A qualitative approach was chosen to explore the veterans' experiences in depth. Data was collected via semi-structured interviews with six male combat veterans and was analysed using interpretative phenomenological analysis (IPA) (Smith et al., 2022).

Findings: Three Group Experiential Themes emerged including 'The Battle with Combat Trauma', 'Brotherhood and Belonging', and 'The Phenomenology of Climbing'. These themes gained important insights into the lived experience of combat trauma and the value attributed to the participants' climbing experiences. The participants highlighted a range of perceived benefits, which related to both the social elements of climbing alongside other veterans, as well as characteristics unique to the physical and psychological experience of climbing itself.

Conclusion: The findings are discussed in relation to existing research, along with limitations and further research. Overall, the findings support the promotion of holistic approaches by counselling psychologists and practitioners when supporting veterans. Furthermore, the findings stress the importance of veterans having access to long-term opportunities such as sport, which can support both mental wellbeing and increase social connection.

Introduction

Counselling psychology research can play a key role in raising awareness of social justice issues (Motulsky et al., 2014). Veteran mental health is one area which currently presents a unique public health and social justice challenge (Yerramsetti et al., 2017). Whilst many veterans do transition well into civilian life (Iverson et al., 2005; Hunt et al., 2014), a significant number also experience a range of mental health issues (Harvey et al., 2011; Fear et al., 2010; Goodwin et al., 2015). Of particular concern, recent findings have indicated increased rates in PTSD (KCMHR, 2021), as well as a growing recognition of complex posttraumatic stress disorder (CPTSD) in UK veterans (Murphy et al., 2021). These combat-related trauma conditions can be potentially debilitating to live with (Jellestad et al., 2021). In the veteran population these trauma responses also appear to be of a more chronic and enduring nature in comparison to civilian populations (Armenta et al., 2018).

Although research has found strong evidence to support the use of first-line psychotherapies such as trauma-focused cognitive behavioural therapies (CBT) for PTSD in civilian populations (Greenberg et al., 2015), the effectiveness of these interventions for veterans appears to be more limited (Kitchiner et al., 2019). For example, studies have consistently demonstrated poorer treatment outcomes for veterans and higher dropout rates (Steenkamp et al., 2015; Watts et al., 2013). There also appear to be a number of barriers which may prevent veterans from choosing to engage in the available psychological interventions. These include issues related to military culture, identity, and mental health stigma, which can all contribute to a reluctance to seek support and engage in professional services (Coleman et al., 2017; Weiss et al., 2011; Mellotte et al., 2019). Together these findings stress the importance of research continuing to explore and develop the available services for veterans.

Consequently, researchers have turned attention towards the potential value of sport and exercise as an additional way to improve veteran wellbeing (Caddick & Smith, 2014; Caddick & Smith, 2018). Whilst the current findings have been promising the UK evidence base remains limited (Peacock et al., 2018). In particular, researchers have indicated a need for more qualitative research and specifically more research exploring the potential benefits of engaging in outdoor sports such as climbing (Caddick & Smith, 2014). This current research adds to the existing body of qualitative research by providing an interpretative phenomenological exploration of veterans' experiences of engaging in climbing and in a veteran specific climbing charity. More specifically, it has explored how veterans with combat trauma may make sense of and find meaning from their climbing experiences and the ways in which these experiences may help to support their subjective wellbeing.

As a researcher I was drawn to this particular topic area due to an extensive background in competitive sport, as well as my recreational engagement in outdoor sports such as climbing. These positive early experiences later contributed to my academic interests, and I went on to complete the BPS stage 1 sport and exercise psychology training prior to the counselling psychology doctorate. Professionally, I also have particular interests in trauma-informed approaches and have worked in secondary mental health services providing trauma-based therapy for clients with PTSD and or CPTSD. Overall, this range of experiences has led to a great interest in how sport and exercise may provide a therapeutic experience for the individual. In particular, for those who have experienced traumatic events in their lives.

Literature Review

Introduction to the literature review

In the following literature review, I firstly present an overview of findings related to the mental health difficulties experienced by veterans. I then draw focus to combat trauma more specifically and the conditions PTSD and CPTSD. This includes an outline of the particularly debilitating impact of living with these trauma conditions. Secondly, I present an overview of the psychological interventions recommended for military personnel and veterans living with combat-related trauma. This includes an exploration of the current challenges faced in engaging the military population in these first-line psychological interventions, in addition to the poorer treatment outcomes reported and the higher dropout rates compared to civilians. Thirdly, I present a discussion on the issues and barriers related to the current psychological interventions, including mental health stigma, military culture, and military identity. This is followed by a discussion of recent research exploring additional ways of supporting veterans with their mental health difficulties, namely through engagement in sport and or exercise. Lastly, I present an argument for the relevance of counselling psychology values and practice in this area of research, with particular attention paid to issues of social justice, cultural competency, and working holistically with veterans. To conclude gaps in the research are identified and a research rationale is proposed for the current study.

Overview of veteran mental health difficulties and combat trauma

The Ministry of Defence has estimated that there are around 2.0 million veterans living in the UK (Parliament. House of Commons, 2022). Whilst research has shown that many

veterans are able to transition successfully into civilian life (Iverson et al., 2005; Hunt et al., 2014) a significant minority still face considerable challenges post-service (Iverson et al., 2011). These challenges can include a range of complex social, mental, and physical health difficulties (Iverson et al., 2011; Fear et al., 2010; Goodwin et al., 2015). In addition, for those who do experience difficulties, there appears to be significant barriers preventing engagement in the available mental health services (Murphy & Busuttil, 2014). These issues highlight the complex needs of this population group and the importance of ongoing research exploring the health and wellbeing of UK military personnel.

Studies monitoring the rates of mental health disorders in UK veterans since the late 1990s have found compelling evidence of high rates (Unwin et al., 1999; Hotopf et al., 2006; Fear et al., 2010; Murphy et al., 2018). The reasons for these findings remain unclear however numerous risk factors have been identified. Firstly, military personnel are clearly at risk of exposure to traumatic events and multiple combat stressors (Murphy et al., 2020). Secondly, evidence has suggested that a high percentage of military personnel have also experienced early childhood trauma and adversity (Murphy et al., 2017; Murphy et al., 2020), which increases the risk of later mental health difficulties (Frewin et al., 2019; Ford et al., 2011; Muntaner et al., 2004). The high rates may also relate to, or be compounded by, difficulties experienced in the significant transition from the military back to civilian life (Mobbs & Bonanno, 2018; Keeling, 2018; Koenig et al., 2014).

In terms of comparing the rates of mental health difficulties between military and civilian populations the evidence has been mixed. Some research has reported that veterans are at no greater risk than matched controls (Woodhead et al., 2011), whilst other studies have reported that veterans are more likely to experience anxiety, depression, and PTSD (Bashford

et al., 2015; Stevelink et al., 2018). More recently there is strong evidence indicating an overall higher prevalence of mental health issues in the veteran population (Murphy et al., 2018). In particular anxiety, depression, and alcohol misuse continue to be the most frequently reported problems in this population group (KCMHR, 2021; Stevelink et al., 2018). For example, research has found that 22% of UK veterans reported symptoms of common mental health disorders such as anxiety and depression, 10% reported alcohol misuse, and 6.2% reported probable PTSD (Stevelink et al., 2018).

Whilst PTSD may not be one of the most commonly reported issues in the veteran population, it is arguably one of the most potentially debilitating conditions to experience (Jellestad et al., 2021). To receive a diagnosis the individual will have experienced exposure to a traumatic event and as a result have significant impairment in functioning (Murphy et al., 2020). Historically termed 'shell shock', PTSD is now understood diagnostically as having three clusters of symptoms including re-experiencing of the trauma in the present, avoidance of traumatic reminders, and a sense of current threat (WHO, 2018). Despite over three decades of research, it has remained notoriously difficult to estimate prevalence rates in the military population (Creamer, 2011). This also seems to vary relatively widely depending on deployment and role (KCMHR, 2021). However, a past review of research estimated an overall prevalence rate of around 3-6% (Richardson et al., 2010), which was higher than the best estimate of the general population at 2-3% (MacManus et al., 2009; Greenberg et al., 2015).

More recently a major UK cohort study indicated an overall increase in the rates of probable PTSD to 6% among current and ex-serving military personnel (Stevelink et al., 2018). In particular, past deployments to Iraq and Afghanistan, and serving in a combat role were

significantly associated with worse mental health outcomes (Stevellink et al., 2018). For example, among veterans deployed in a combat role to Iraq and Afghanistan 17% reported symptoms of probable PTSD compared to only 6% of those deployed in other roles. These results stress the importance of continued surveillance of these emerging PTSD figures (Stevellink et al., 2018), and indicate that members of this minority group remain at greater risk of PTSD than UK civilians (Murphy & Busuttill, 2019).

Recent interest has also grown in the relatively new diagnosis of CPTSD (Maercker, 2021; Spikol et al., 2022). CPTSD includes the symptoms of PTSD with the addition of three other groups summarised as emotion regulation difficulties, relationship difficulties, and negative self-concept (Maercker et al., 2013). CPTSD is also associated with individuals who have experienced multiple and sustained traumas and who experience greater functional impairment than those with PTSD (Brewin et al., 2017). Currently there is limited research regarding CPTSD, however recent evidence suggests this condition may be more common than PTSD in treatment seeking UK veterans (Murphy et al., 2021). This finding may be related to the higher probability of military personnel having been exposed to chronic and varied forms of trauma whilst serving (Maercker et al., 2013).

Whilst uncertainty remains around the exact rates of PTSD or CPTSD in veterans, there is little doubt that experiencing trauma can have catastrophic consequences on the individual's quality of life (Creamer, 2011; Olantunji et al., 2007; Schnurr et al., 2009). Moreover, combat-related trauma conditions often appear to be of a more chronic and enduring nature (Rona et al., 2012; O'Toole et al., 2009; Armenta et al., 2018). This includes high rates of comorbidity with other psychological issues such as depression (Murphy et al., 2017; Murphy et al., 2021; Spikol et al., 2022). Combat trauma is also commonly linked to a wide

range of physical health problems such as chronic pain, obesity, cardiovascular disease, autoimmune diseases, gastrointestinal disorders, and other unexplained somatic symptoms (Morgan & Aldington, 2020; Boscarino, 2008; Maguen et al., 2014; Sharp et al., 2019; Hoge et al., 2007, Iverson et al., 2007).

Overall, the above research demonstrates the high rates and wide range of mental health difficulties experienced by veterans (Murphy et al., 2019). Furthermore, it indicates that veterans are generally at greater risk of trauma related conditions such as PTSD than civilians (Stevellink et al., 2018). Together these findings stress the importance of further research aimed at improving the mental health outcomes of this minority group. The research also highlights the complexity of combat-related trauma specifically and the frequent comorbidity with other physical, mental, and social difficulties (Murphy et al., 2017; Murphy et al., 2021; Iverson et al., 2011; Hatch et al., 2013). This complexity may have important implications for practitioners involved in supporting veterans and for the type of support offered. Namely, it suggests that the manualised psychotherapies and single interventions typically offered, may not be optimal for this particular population group.

Current psychological interventions for trauma

Psychological therapies have been shown to be effective in civilian populations for a range of mental health problems, including psychodynamic, cognitive, behavioural, interpersonal and mindfulness-based therapies (Paitain & Cassidy, 2018; De Mello et al., 2005; Ehlers & Clark, 2000; Ehlers et al., 2005; Seidler & Wagner, 2006; Hofmann et al., 2010). In terms of PTSD, the current first-line recommended psychological treatment in the UK is the use of trauma-focused CBT (NICE, 2018). Research has found strong evidence for the effectiveness of trauma-focused CBT to treat PTSD in civilian populations (Ehlers et al., 2005; Greenberg et

al., 2015). Examples of trauma-focused CBT approaches include prolonged exposure therapy (PE) and cognitive processing therapy (CPT) (NICE, 2018).

Approaches which specifically incorporate exposure techniques such as PE and CPT seem to be the most widely recommended based upon the available evidence (Lewis et al., 2020; Watinkins et al., 2018; Rothbaum & Schwartz, 2002). Exposure is a key feature of these CBT approaches and involves exposing the client to the traumatic memory (McLean & Foa, 2011). For example, PE interventions involve the patient repeatedly talking through the trauma in order to deliberately provoke anxiety (Foa & Rothbaum, 1998). The theory states that through habituation this will desensitise the patient so that the traumatic event is no longer associated with anxiety (Mclean & Foa, 2011). Similarly, CPT involves exposing the patient through writing a detailed narrative account of the traumatic event. The purpose of this is to help trigger the associated emotions and dysfunctional cognitions which can then be targeted for cognitive reprocessing and restructuring (Resick et al., 2016).

The UK National Institute for Health and Care Excellence (NICE) guidelines (2018) recommend combat-related PTSD is also treated with trauma-focused CBT. UK research has found some preliminary evidence to support the use of individual trauma-focused CBT combined with group psychoeducation for veterans (Murphy et al., 2015; Murphy et al., 2016). For example, reductions in PTSD scores and improvements in functional impairment were found following a six-week program (Murphy et al., 2015). These reductions were also observed in a study investigating long-term responses after a year. Further randomised controlled trials are needed however to support these findings (Murphy et al., 2016). A recent review of research specifically exploring tele-therapy also found positive outcomes (Fleuty & Almond, 2020) and improvements have been found in a three month follow up

(Murphy & Turgoose, 2019). However, the sample size in the study was small therefore limiting the conclusions that could be drawn (Murphy & Turgoose, 2019). Lastly, a large review of research suggests that the more recently developed trauma therapy 'Eye Movement Desensitization and Reprocessing' (EMDR) currently lacks sufficient evidence and requires further investigation (Kitchiner et al., 2019).

Overall, the evidence from reviews, albeit limited, has supported the use of trauma-focused CBT for combat-related PTSD (Kitchiner et al., 2019; Haagen et al., 2015; Steenkamp et al., 2015). However, it is notable that trauma-focused interventions have only demonstrated marginally superior results compared with non-trauma-focused control conditions (Steenkamp et al., 2015). This arguably raises theoretical challenges for the leading models which claim trauma memory processing is essential for recovery (Steenkamp et al., 2020). Moreover, despite engagement in first-line trauma-focused psychotherapies, approximately two-thirds of veterans appear to retain a diagnosis of PTSD and experience ongoing symptoms (Steenkamp et al., 2015). Numerous studies have also reported higher rates of psychotherapy drop-out in the veteran population (Harpaz-rotem & Rosenheck, 2011; Miles & Thompson, 2016; Garcia et al., 2011). Arguably, the research indicates that although trauma-focused CBT appears effective for civilians, it may not be optimally effective for veterans in its current format (Kitchiner et al., 2019).

Outcome differences between civilians and veterans

Studies also demonstrate that veterans often experience poorer treatment outcomes in trauma-focused psychotherapies compared to civilians (Straud et al., 2019; Steenkamp et al., 2015; Watts et al., 2013). This may in part be due to the existence of more complex trauma presentations in veterans. Factors which may contribute to greater complexity include the

high prevalence of adverse childhood events experienced by veterans (Murphy & Turgoose, 2022; Iversen et al., 2007; Muntaner et al., 2004) and the high rates of comorbidity of combat trauma with other mental and physical health issues (Murphy et al., 2017). In comparison to civilians, veterans can also face additional problems related to the significant transition out of the military, such as social isolation and identity issues (Koenig et al., 2014; Hatch et al., 2013). Given the unique trauma presentations found in veterans the current psychological treatment guidelines have been criticised for relying on research primarily using civilian samples (Steenkamp et al., 2015). This may limit the generalisability of this research specifically for those with combat-related trauma.

As veterans may also experience multiple traumas, there is growing recognition that CPTSD may be more commonly experienced by this population than PTSD (Howard et al., 2021; Letica-Crepulja et al., 2020; Folk et al., 2019). Again, this could partially account for the reported lack of effectiveness of psychological interventions for veterans and suggest there may also be cases of misdiagnosis. Consequently, there is an urgent need to evaluate the appropriateness of the current psychological therapies for more complex trauma presentations (Murphy et al., 2021). A recent study reviewing the efficacy of these current treatments for combat-related CPSTD found that whilst veterans experienced reductions in their symptoms, they were still highly symptomatic post-treatment (Howard et al., 2021). Further research is needed to continue developing the existing therapies or interventions for those with more complex trauma presentations (Lewis et al., 2020).

The poorer treatment outcomes may also relate to the findings that veterans can often appear reluctant to engage in formal mental health services such as the National Health

Service (NHS) (Mellotte et al., 2017; Iverson et al., 2011). For example, a recent large cohort study found that only 31% of veterans who experienced recent mental health problems sought help and accessed treatment (KCMHR, 2018). Research from various countries has also highlighted that when veterans do seek help, there is often a significant time delay before services are accessed (Kiernan et al., 2018; Maguen et al., 2012; Fikretoglu et al., 2010). For example, the veteran charity Combat Stress reported a remarkable fourteen year time delay between leaving active duty and first contact with their service (Fletcher, 2007). These findings have led to concerns that there may be many unrecognised and untreated mental health difficulties amongst veterans (Clark et al., 2018; Deahl et al., 2011).

Research also indicates that those who take longer to seek help are often amongst the most adversely affected by their mental health difficulties (Iverson et al., 2005; Murphy et al., 2017). In particular, a recent study suggested that UK veterans with PTSD had taken longer to seek help than those diagnosed with other difficulties (Murphy et al., 2021). Concerns have been raised regarding this delay and the overall lack of engagement, as without support individuals with trauma conditions may be at greater risk of developing chronic difficulties (Forbes et al., 2019; Greenberg et al., 2015). Whilst the negative impacts of delaying mental health support are not unique to the military population, research does illustrate the need for continued efforts to improve rates of help-seeking in this population (Rafferty et al., 2019).

Recent research has suggested some improvements in help-seeking, but the findings are mixed (Stevellink et al., 2018). An NHS initiative was launched in 2017 aimed at improving access to services for veterans (NHS, 2017; Murrison, 2010). This was created to help address the identified reticence to seek help, which may have stemmed in part from the

experience of an NHS service ill-equipped to respond to the needs of veterans (Macmanus & Wessely, 2013). Whilst this initiative may have led to some improvements, recent research has found that veterans continue to report issues with long NHS waiting lists (Rafferty et al., 2019). Veterans have also reported not being eligible for NHS services such as 'Improving Access to Psychological Therapies' (IAPT) due to having more than one underlying issue, yet not qualifying for more intensive support, creating a sense of feeling 'lost in the system' (Rafferty et al., 2019).

Specific health care for veterans is a relatively new development in the UK but has been in place in other countries such as the US for many years (Macmanus & Wessely, 2013). The US Department of Veteran Affairs is one of the nation's largest integrated mental healthcare systems and has a budget equivalent to the entire NHS (Macmanus & Wessely, 2013). However, it is notable that even within such developed services there continue to be issues with treatment barriers and the majority of US veterans still do not access these services (Hoge et al., 2004; Hoge et al., 2014). This highlights the general challenges of engaging veterans in mental health services. Consequently, it is critical to continue researching novel and alternative interventions, including non-trauma-focused options which may improve engagement levels (Steenkamp et al., 2015).

Military culture and identity

Challenges engaging veterans in psychological interventions have been linked to factors stemming from military culture and the adoption of a strong military identity. Military culture is distinct and includes a language, terminology, code of manners, norms of behaviours, values, belief systems, dress, and rituals (Meyer & Wynn, 2018). It has been argued that indoctrination into this culture can often replace previous cultural beliefs and

the transition back to civilian life may be experienced as a form of culture shock for military personnel (Coll et al., 2011; Brewin et al., 2011; Fennell, 2008; Keeling, 2018). Indeed, US and UK research has found that difficulties transitioning out of the military can be related to the dissonance experienced between military and civilian cultures (Elliot et al., 2011; Binks & Cambridge, 2018; Keeling et al., 2018). For example, the military provides a social environment characterised by teamwork and camaraderie (Fulton et al., 2019). Being part of this team with its hierarchical structure and close bonds fosters a strong collective or social identity (McCormick et al., 2019; Brim et al., 2013). In contrast, military personnel may return to more individualistic cultures, which lack the more collectivist value system of the military (Bryan et al., 2012).

The sense of identity which is formed through assimilation into this military culture has also been described as all-embracing and as sometimes persisting even decades after leaving active service (Westphal & Convoy, 2015; Meyer & Wynn, 2018). Being a member of the Armed Forces and embedded within its distinct culture, is said to be a highly unique experience that can significantly alter the individual's worldview and have a lasting effect upon their self-concept (Oakes, 2011). Indeed, qualitative research has found that veterans experience their military identity as becoming their primary and dominant identity following their training and service (Binks & Cambridge, 2018). Therefore, the transition from the military to a very different way of life as a civilian can cause significant conflict to the individual's sense of self and identity (Binks & Cambridge, 2018).

Military identity and culture have also been characterised as being overtly masculinised (Hockey, 2017; Green et al., 2010). Whilst the influence of masculine norms also exist widely in society, more intense forms of masculine socialisation are often found in military settings

(Lorber & Garcia, 2010). Examples of masculinity emphasised during military socialisation include physical toughness, emotional control, stoicism, self-reliance, putting up with hardship, and being 'action-oriented' (Hockey, 2017; Green et al., 2010). Whilst these masculine characteristics may be beneficial during military service, they may go on to exert a negative influence on veteran mental health. For instance, they may prevent military personnel from talking more openly about their mental health difficulties and lead to alternative ways of attempting to deal with psychological issues such as alcohol misuse (Greene-Shortridge et al., 2007; Lorber & Garcia, 2010).

The problematic effects of masculine norms on help-seeking are widely reported in civilian populations (Seidler et al., 2016). Previous research has identified mental and physical illness as perceived threats to masculinity (Roberston, 2007), and issues such as depression were often viewed as more feminine problems characterised by a lack of emotional control (O'Brien et al., 2005). However, critical theorists have argued that the framing of gender differences should be approached cautiously and that the relationship between masculinity and help-seeking is complex (Farrimond, 2011). Indeed, qualitative research has highlighted the flexibility and complexity of military masculinities (Green et al., 2010). The authors found that whilst masculinity was embedded in the soldier identity and expressions of emotion were often viewed as inappropriate, the military setting also allowed for some degree of a caring ethos and strong inter-dependent bonds.

Nevertheless, masculine attributes deemed desirable within military culture such as mental and physical toughness, self-sufficiency, and resilience have been linked to stigma against mental health and help-seeking (Dunt, 2009). Understandably, military training can encourage the shutting down of emotional states in order to function effectively in highly

stressful combat environments (Creamer & Forbes, 2004). These attributes although necessary for a military role, may also act as a barrier to later help-seeking behaviours (Kim et al., 2011; Weiss et al., 2011). Indeed, veterans have reported preferring to handle problems on their own (Naifeh et al., 2016), and feeling that help-seeking behaviours are incongruent with military training and culture (Hoge et al., 2011). Thus, engaging in helpseeking may be experienced as incompatible with the so called 'warrior' ethos of military culture (Westphal & Convoy, 2015; Forbes et al., 2019).

Given stigma has been highlighted as a key issue preventing help-seeking, efforts have been aimed at reducing this in the UK and research has indicated a possible decrease (Rafferty et al., 2019; Sharp et al., 2015; Keeling et al., 2017). Research exploring the first hand perspectives of UK Army Welfare Officers and Medical Officers found a perceived decrease in stigma as a result of the recent stigma reduction interventions (Keeling et al., 2017).

However, the findings are mixed, and other research has reported that perceptions of stigma remain prevalent (Williamson et al., 2019). A review found substantial qualitative evidence suggesting stigma still negatively impacts help-seeking in UK veterans (Colman et al., 2017). The authors argued for the value of qualitative exploration in understanding the complexity of a social construct such as stigma.

The varied findings might also indicate that different barriers are associated with different points in a veterans journey towards support (Mellotte et al., 2017; Sharp et al., 2015). In addition, perceptions regarding stigma and help-seeking seem to vary depending on the type and severity of psychological problems experienced by the individual (Jones et al., 2015). For example, research has found that those military personnel with anxiety, depression, or PTSD were far more likely to report concerns relating to stigma than veterans

without likely mental health disorders (Williamson et al., 2019). Other research has found that those with higher levels of PTSD symptoms and or greater combat exposure were significantly more likely to experience perceptions of stigma and these rates were also higher amongst male veterans (Osorio et al., 2012).

Despite this complex picture, it is clear that perceptions of stigma have a substantial inhibitory effect upon help-seeking, both within the military, as well as in other high pressure occupations (Haugen et al., 2017; Gold et al., 2016; Kim et al., 2011). US research found soldiers deployed to Afghanistan and Iraq experienced beliefs including 'it would be too embarrassing' and 'I would be seen as weak' (Hoge et al., 2004). Similarly, UK veterans have reported internalised beliefs such as 'I am weak' or 'I am crazy' if experiencing mental health issues (Iverson et al., 2011; Coleman et al., 2017). Moreover, veterans have described not wanting to be a 'burden' and believing their difficulties are not severe enough to 'deserve' treatment (Rafferty et al., 2019). Serving personnel also have particular concerns related to how seeking support could negatively impact upon their continued military careers (Rafferty et al., 2017; Iverson et al., 2011; Keeling et al., 2017).

In addition to the issues related to help-seeking, cultural factors also have implications for practitioners working with veterans. It has been argued that the strong in-group identity formed through military service can also create a barrier to later treatment, since mental health practitioners can be viewed as 'outsiders' (Chang & Subramaniam, 2008). Indeed, research has found that military personnel can often prefer to disclose military experiences with individuals who have personally served in the Armed Forces (McCormick et al., 2019; Johnson et al., 2018), and can hold negative perceptions regarding mainstream health services and professionals (Mellotte et al., 2017). These concerns often relate to beliefs that

individuals without military experience would be unable to understand their unique experiences, given the disparity between military and civilian life (McCormick et al., 2019). Moreover, the collectivist and strength-based culture of the military may conflict with the medical health culture that is often more individualistic, and pathology focused in nature (Brim et al., 2013). For example, an individual who has internalised a military identity may find strength and purpose in self-sacrifice and learning to suppress emotion and tolerate pain, whereas the medical culture will encourage help-seeking, expressing emotions, and reducing personal pain (Brim et al., 2013). Consequently, the importance of practitioners having an overall greater understanding and sensitivity to military culture and identity has been stressed (Burek, 2018; Keeling et al., 2018). Lastly, questions have been raised regarding the possibility of providing services or interventions which can more readily embrace core elements of military culture (Bryon et al., 2012).

Sport and exercise

In response to the limitations and barriers to the current psychological interventions, interest has grown in the potential value of sport and or exercise for the veteran population (Caddick & Smith, 2014). Over the years a vast amount of research has emerged supporting the use of sport and exercise in providing a wide range of health benefits in the civilian population (Carless & Douglas, 2010). This includes reductions in anxiety (Ensari et al., 2015), depression (Ekkekakis et al., 2015), and perceptions of stress (Stults-Kolehmainen & Sinha, 2014). Research suggests exercise may also be effective in helping reduce substance misuse (Lynch et al., 2013), easing physical pain and mobility issues (Van Middelkoop et al., 2011; Naugle et al., 2012), and may be beneficial in reducing PTSD symptoms (Hall et al.,

2015; Rosenbaum et al., 2015). Importantly, these findings have implications for the veteran population who appear to be disproportionately affected by the issues outlined above (Dedert et al., 2009; Lew et al., 2009; Murphy et al., 2019).

Recent studies have explored veteran engagement in various types of physical activity as well as a wide range of different types of sport including adaptive, adventure, competitive, and recreational sports (Caddick & Smith, 2018; Caddick et al., 2014; Whitworth & Ciccolo, 2016). The use of sport and exercise programs is arguably more established within the US compared with the UK and is becoming more routinely used in the rehabilitation of physically injured US veterans (Messinger, 2010; Lee & Uihlein, 2019). In the UK charity services have been at the forefront of a growing use of sport and exercise interventions for veterans, however these approaches are still relatively new (Caddick & Smith, 2018). Furthermore, whilst research in this area has been generating momentum, the UK evidence base remains sparse (Peacock et al., 2018).

Quantitative research has found promising evidence for the use of physical activity as a way of reducing PTSD symptoms in veterans (Leardmann et al., 2011). For example, a systematic review of US research found regular exercise to be inversely correlated with symptoms (Whitworth et al., 2016). However, the authors raised methodological limitations of the studies and argued more research is needed to explore longitudinal effects. In terms of sport more specifically, research has explored a US community-based surfing intervention and found clinically meaningful improvements in PTSD symptom severity, depressive symptoms, and also high attendance rates (Rogers et al., 2014). Similarly, US research investigating a fly-fishing programme for veterans found reduced rates of PTSD, depression, and perceived stress following a three month follow up (Bennet et al., 2017).

Although quantitative research has provided evidence of symptom reduction, these studies can lack the ability to provide a deeper understanding of the personal meaning of engagement in sport and exercise (Peacock et al., 2018). Moreover, whilst clinically focused research has helped to identify the important biochemical and physical factors in how physical activity may improve mental health (Mikkelsen et al., 2017), qualitative research can also be valuable in identifying the possible psychosocial processes involved (Caddick & Smith, 2018). In line with quantitative research findings, qualitative research has found that various sports and forms of exercise can help improve veteran wellbeing, life quality, and reduce the subjective experience of flashbacks, avoidance and hyper-arousal often associated with PTSD and or CPTSD (Caddick et al., 2015; Dustin et al., 2011; Mowatt & Bennett, 2011; Otter & Currie, 2004).

Qualitative research has also demonstrated through veterans' own personal accounts the meaningful part sport has played in their recovery experiences (Caddick & Smith, 2018). This has included experiences such as an enhanced sense of achievement, purpose, autonomy, direction in life, connection with previous interests, and increased social connections (Caddick & Smith, 2014). Overall, the findings have indicated that involvement in sport and physical activity could represent an innovative approach which may alleviate some of the stigma and barriers associated with more clinical settings. In addition, given the high-level of physical activity commonly required during military training, these approaches may be more in line with the 'action-orientated' and strengths-based military culture and identity.

Research has also examined the role sport could play in improving the wellbeing of veterans with physical injuries (Brittain & Gren, 2012; Carless et al., 2013; Shirazipour et al., 2017).

Many of these studies have focused on issues around identity disruption and have suggested that sport may support veterans to refashion their identities and re-establish meaning in life (Messinger, 2010; Evans et al., 2020; Green, 2013). For these veterans, sport also provided a new focus, and a tool in which to realise their potential and restore some sense of normality in their life. A study exploring physically injured combat veterans' psychosocial responses to a nine-day climbing trip, found similar benefits (Burke & Utley, 2013). The authors reported that climbing was experienced as an active form of coping which provided the opportunity to reshape their understandings of what it meant to be an injured war veteran (Burke & Utley, 2013).

A systematic review of research raised the need for more studies exploring the potential benefits of physical activity in outdoor environments specifically (Caddick & Smith, 2014). Research exploring surfing-based interventions found that veterans reported experiencing a sense of respite from their PTSD symptoms, which they attributed in part to being immersed in the natural environment (Caddick & Smith, 2014; Rogers et al., 2014). High-intensity sports such as surfing may also be an attractive alternative for veterans because such sports could better reflect the military culture of engagement in physical, psychological, and environmental challenges (Rogers et al., 2014). However, a limitation of a sport such as surfing is that it may only be accessible and practical for veterans living near the water. It has been argued that future research should also explore the use of other high-intensity sports such as rock climbing, and programs which are more inclusive to a wider range of veterans (Rogers et al., 2014).

Counselling psychology and social justice

Although many counselling psychologists may feel unfamiliar with the field of veteran mental health, the experience of working with veterans is not new to the profession (Danish & Antonides, 2009). Following the end of the Second World War there was an unprecedented demand for psychologists to work with veterans, which in turn gave rise to many of the first counselling psychology roles (Whiteley, 1984). Given the increasing rates of mental health difficulties and proposed lack of adequate support available, responding effectively to the needs of veterans has once again become a key priority in many nations across the world (Evans et al., 2019; Forbes et al., 2019; Oster t al., 2017; Olenick et al., 2015). Indeed, it has been stressed that understanding the needs of this marginalised group should be of concern to all mental health professionals (Deahl et al., 2011).

Problems associated with supporting veterans also risk undermining public confidence in the ability of services to effectively respond to the challenges faced by veterans (Deahl et al., 2011). Regard for the UK Armed Forces and recognition of their sacrifices has remained high amongst the British public, regardless of any previous ambivalence towards UK involvement in Iraq and Afghanistan (Hines et al., 2014; Deahl et al., 2011). Our collective moral duty to support the armed forces is also reflected in the 'Armed Forces Covenant' (Forster, 2012). This is a political contract which outlines the need to ensure service personnel who have been prepared to sacrifice their lives for their country do not suffer disadvantage as a result of their service (Forster, 2012).

One of the underlying goals of counselling psychology practice and research is to increase awareness of social justice issues and the varying inequalities (Motulsky et al., 2014).

Arguably, the challenges faced when supporting veterans raise issues of social justice. From a social justice perspective, everyone should have equal access to adequate health care and institutional support (Goodman et al., 2004). Although there are debates around how social justice should be promoted through counselling psychology (Cutts, 2013; Kennedy & Arthur, 2014), it can include actions such as working alongside marginalised groups and providing them a platform to have their voices heard (Motulshy et al., 2014; Goodman et al., 2004). Conducting qualitative research such as this current study is one way of raising awareness and providing marginalised groups such as veterans a voice to share their experiences and opinions (Goodman et al., 2004).

Another key aspect of a social justice approach is the recognition and understanding of cultural differences (Arthur & Collins, 2010). Counselling psychology's focus on understanding and being sensitive to other cultures could be highly valuable in thinking about veterans' experiences (Danish & Antonides, 2009). As outlined in the literature review, the transition from military to civilian life has been described as akin to a form of culture shock (Coll et al., 2011). Counselling psychologists have prided themselves in striving to understand the difficulties experienced by people adapting to different cultures (Danish & Antonides, 2009). Overall, it has been argued that in order to work effectively with veterans it is vital to continue developing our understanding of military culture (Forbes et al., 2019).

A social justice approach also embraces both traditional and non-traditional approaches to helping (Kiselica, 2004). This is similar to the humanistic roots of Counselling Psychology which encourages practitioners to consider therapeutic issues holistically (Kasket, 2017). Mental health care within the Armed Forces has predominantly been underpinned by the medical model and has relied largely upon pharmacological and psychological interventions.

Although important, these traditional approaches are frequently stigmatised, accompanied by multiple barriers, and may fail to consider more holistic options (Kim et al., 2011; Peacock et al., 2018). In contrast, sport and exercise opportunities may represent a less 'clinical' and non-traditional option for veterans, which could be more in keeping with military culture and identity. Sports programs might also provide a wider range of holistic benefits including improved physical health and increased social connection.

Rationale for research

Research in the area of sport and exercise for veteran wellbeing is generating momentum, however the UK evidence base remains sparse (Peacock et al., 2018). Moreover, the research investigating sports programs has predominantly utilised more quantitative approaches (Greer & Vin-Raviv, 2019; Gelkopf et al., 2013). Whilst quantitative studies offer important insights, they are unable to provide more nuanced understandings of the personal meaning and value of participation in sport (Caddick & Smith, 2018). A review of the research has highlighted the need for more qualitative studies exploring veterans' experiences of sport and exercise interventions (Caddick & Smith, 2014). In particular, more research exploring the potential benefits of engaging in outdoor sports such as climbing. Currently, there has only been one previous study exploring veterans' experiences of climbing (Burke & Utley, 2013). This Canadian study specifically focused on the experiences of a single mountain climbing expedition for physically injured combat veterans. The authors concluded that future research should continue to explore the role of meaningful and challenging physical activities as a way of improving veteran wellbeing (Burke & Utley, 2013).

Research aim

The main aim of this research is to explore the ways in which climbing and engaging in a veteran specific climbing charity may help to support the wellbeing of veterans living with combat trauma. A small number of UK veteran specific climbing opportunities exist, but as of yet there is no research exploring veterans' experiences of these.

The definition of rock climbing used in this study refers to the sport of climbing outdoor rock faces, with the aid of ropes and specialist equipment. In the context of this study, combat trauma refers to individuals who have experienced trauma as a result of their military service. This trauma can then lead to the development of conditions such as PTSD and or CPTSD.

It is important to note that well-being is a complex multifaceted construct which has proven difficult to clearly define in research (Dodge, 2012; Lundqvist, 2011). However, a commonly used conceptualisation involves two broad categories: subjective well-being and psychological well-being (Ryan & Deci, 2001). The former refers to a person's subjective evaluation of the quality of their life and the latter involves experiences of psychological growth and fulfilment of human potential. This current study draws on these broad conceptualisations and understands wellbeing as reflecting a person's subjective evaluation of their life and life experiences, based on overall satisfaction and relative frequency of pleasure over pain (Caddick et al., 2015).

Research objectives

- To add to the existing body of qualitative literature exploring veterans' experiences of engaging in sport to support their wellbeing.

- To explore the ways in which specially climbing and engagement in a veteran climbing charity may help to improve the wellbeing of veterans living with PTSD.

For counselling psychologists and other mental health professionals, gaining a deeper understanding of veterans' experiences and preferences could help to inform future interventions, service delivery, and aid signposting veterans to other relevant services. This may be particularly helpful when working with veterans who have been unable to engage in psychological therapies or have found these ineffective.

Research questions

- How do veterans with combat trauma make sense of, and find meaning from, their experiences climbing and climbing with a veteran specific charity?
- In what ways do they feel these experiences of climbing may help to support their wellbeing?

Methodology

Rationale for qualitative methodology

A qualitative approach was chosen given the aim to explore the veterans' subjective experiences in depth, as opposed to the identification of cause-and-effect relationships (Braun & Clarke, 2013). Whilst we cannot discount the achievements of quantitative research in this area, the growing use of qualitative research has the potential to significantly contribute to the exploration of novel interventions for veterans. This is due to the capacity of qualitative research to obtain more nuanced accounts of lived experience than is possible through clinical outcome measures alone (Caddick & Smith, 2018). Taking a qualitative approach, this study aims to provide veterans an opportunity to voice their own experiences and preferences in terms of supporting their wellbeing. This capacity of qualitative research to give 'voice' to participants is in line with counselling psychology's social justice agenda and the belief that different cultures or communities are the experts in their own experiences and needs (Goodman et al., 2004).

Compared with quantitative epistemologies, qualitative paradigms and methods are also more closely related to the core values of counselling psychology (Morrow, 2005). As with the practice of counselling psychology, qualitative research focuses on subjectivity and aims to understand people and their experiences holistically (Rennie, 1994; BPS, 2005).

Qualitative research can also explore in more depth the complex processes, and the multifaceted nature of human experiences (Morrow, 2005). Consequently, by adopting a qualitative approach this study demonstrates congruence between its methods and the values of counselling psychology, as recommended in the counselling psychology practice guidelines (BPS, 2005).

The qualitative methodology chosen for this study was IPA, as outlined by Smith et al. (2022). Two other types of qualitative methodologies were considered: grounded theory (GT) and thematic analysis (TA). IPA and GT share commonalities, for example both identify themes to capture the essence of a phenomenon and commence with one individual case before later integrating further cases to produce a detailed picture (Smith et al., 2009; Bryant & Charmaz, 2007). However, grounded theory is typically more in line with a sociological approach and can therefore place less emphasis on the individual psychological aspects of experience (Braun & Clarke, 2013). This contrasts with IPA's idiographic focus and its aim to also provide detailed and nuanced accounts of the psychological and embodied experiences of small samples (Smith et al., 2009).

Thematic Analysis is also a method for identifying themes and patterns of meaning across a dataset (Braun & Clarke, 2013). However, it can be criticised for lacking clear and concise guidelines on how to carry out such an analysis and therefore if not applied carefully may lead to an analysis which remains at the descriptive stage as opposed to interpretative (Braun & Clarke, 2006). Due to the theoretical flexibility of TA, it is suited to a relatively wide range of qualitative research questions (Braun & Clarke, 2013). IPA in contrast is specifically well suited to exploring experience-type research questions due to its aim to explore lived experiences and the meanings attached to these experience (Smith et al., 2022). Exploring experience is in line with this current study and its aim to explore the participants experiences of climbing in detail.

IPA also tends to focus on situations or experiences in which the everyday flow of life takes on a particular significance (Smith, 2011). For this study, it is presumed that being involved in climbing is likely to represent a significant experience for the participants in relation to their

mental health and different from their everyday life experiences. Given phenomenology's focus on the centrality of the body in our experience, IPA has also been proposed as being well-suited to exploring physical sporting experiences (Allen-Collinson, 2009; Caddick et al., 2015).

Interpretative phenomenological analysis

IPA is a form of phenomenological inquiry that attempts a detailed examination of participants' subjective experiences and meaning making (Smith & Osborn, 2008). IPA has long been a method of choice within the field of health psychology (Smith, 2011; Smith & Osborn, 2007; Biggerstaff & Thompson, 2008) and, more recently, has become widely used in other areas of psychology and psychotherapy (Smith & Osborn, 2003; Eatough & Smith, 2006; Eatough & Smith, 2007), including counselling psychology research (Braun & Clarke, 2013; Rizq & Target, 2008; Kumari, 2011). IPA and counselling psychology both employ holistic approaches, prioritising individual experiences as well as acknowledging that people are embodied and embedded within a social world (Kasket, 2017; Smith et al., 2009).

IPA developed from three key areas of philosophy including phenomenology, hermeneutics, and idiography (Smith et al., 2009). The approach is phenomenological in that it involves the detailed examination of the participant's lived experience and is concerned with an individual's own perception or account of this, rather than an attempt to produce an objective account (Smith & Osborn, 2007). Phenomenology as a philosophical method of inquiry, developed from the work of the philosopher Edmund Husserl (Husserl, 2012).

Husserl believed that the experimental method had become too detached from the fabric of human phenomena and was not appropriate for the study of all human experience (Clarke, 2009). Thus, IPA draws on descriptive phenomenology and is concerned with gaining

participants' first-person accounts of a phenomenon from their perspective (Smith et al., 2009).

The second key area of philosophy underpinning IPA is hermeneutics, which stemmed in part from the work of the philosopher Heidegger (Smith et al., 2009). Hermeneutics refers to the interpretative element of IPA, which involves the researcher attempting to make sense of the participants trying to make sense of their worlds (Smith & Osborn, 2007). This two-stage interpretative process has been known as the double hermeneutic, which acknowledges that interpretation is complicated by researchers inevitably bringing their own understandings and experiences to the research (Smith et al., 2009). Whilst IPA strives to get as close as possible to the participant's personal world, it is recognised that this cannot be achieved wholly (Smith & Osborn, 2007).

The double hermeneutic can operate through hermeneutics of empathy or suspicion (Ricoeur, 1970). The former refers to researcher's attempts to see what it is like from the participants' view, to reconstruct the original experience in its own terms (Conrad, 1987). In contrast, the latter relates to the researcher using theoretical knowledge from the outside to interpret the data (Larkin et al., 2006). The hermeneutic of suspicion facilitates a more critical engagement in which the researcher may consider other meanings that participants may have less awareness of themselves (Smith & Osborn, 2008). Within IPA a combination of both types of hermeneutic are employed, whereby researchers attempt to stand in the participant's shoes, but also at times stand alongside them, to question and be curious in the process, and to explore experiences from different angles (Conrad, 1987).

Lastly, the third main influence on IPA is idiography, a concern with the particular (Smith et al., 2009). Idiography is the commitment to analyse each participant's unique experiences in

depth and in detail. This is also reflected in the analytic process in which the researcher moves from a thorough analysis of each individual case before the whole set is examined for meanings across cases (Smith et al., 2009). Arguably, IPA's idiographic approach is congruent with counselling psychology's values concerning the uniqueness of an individual's experience and meanings, and endeavours to understand the individual within the context of their environment (Clark, 2009; Kasket, 2017). IPA's emphasis on the individual's experience is also in line with the humanistic roots of the counselling psychology approach (Kasket, 2017).

Participants and sampling

Due to the idiographic focus of IPA the aim is to collect quality data that enables a deeper understanding of participants' experiences as opposed to large quantities of data (Smith & Osborn, 2008). Moreover, this approach is interested in individual perspective rather than with a wider population and generalisations (Smith et al., 2009). Thus, IPA is committed to the purposive sampling of a small homogenous sample who have shared a similar phenomenological experience (Smith et al., 2009). A sample size of four to ten participants is recommended for Professional Doctorate research (Smith et al., 2022).

A total of six male participants between the ages of forty-two and fifty-two years old expressed interest in taking part in this study. All of the participants had served in Iraq and or Afghanistan, amongst other places (see Appendix A demographic table for further information regarding participant demographics). All the participants had experienced combat-related trauma and were diagnosed with PTSD or CPTSD (see Appendix H for classification of these conditions).

The inclusion criteria for the participants included:

- Male

- A combat veteran of the British Armed Forces
- Have received a diagnosis of PTSD or CPTSD
- Have been engaged in a climbing course or events delivered by a veteran specific climbing charity
- Over the age of 18

For homogeneity it was decided to focus on only one gender, given research has highlighted gender differences in veteran mental health and service engagement (Godier-McBard et al., 2021). Male participants were also focused on due to the issues previously highlighted regarding the negative impact of the military's masculine socialisation on engagement in mental health services (Lorber & Garcia, 2019; Greene-Shortridge et al., 2017). Moreover, due to the research indicating men in general may be more reluctant to engage in formal mental health services (Sagar-Ouriaghli et al., 2020; Brown et al., 2019).

To further increase homogeneity, this study could have recruited veterans only deployed to specific places, at certain times, and holding specific military ranks. However, given the relatively small pool of participants to sample from within the chosen charity this was decided against due to concerns regarding sample size. Moreover, it is argued that the specificity needed for the sample is dependent upon the phenomena being explored (Smith & Osborn, 2003). This study is specifically focused on veterans who have climbed in a veteran specific climbing course. As this only holds relevance to a limited number of people, this defines the boundaries of the sample. This is in contrast to investigations of less specific issues, in which the researcher may also aim to recruit participants with other similar demographics (Smith & Osborn, 2003; Smith et al., 2009).

Procedure

For recruitment of the participants, I contacted a veteran specific climbing charity, and they provided approval to share information regarding my research study with their service users. The name of this charity has been removed to further protect participant confidentiality. Approaching organisations directly and recruiting via them is a common recruitment strategy used (Braun & Clarke, 2013).

Veteran climbing charity

The participants were recruited from a registered veteran climbing charity which aims to work with veterans to aid in their recovery from 'physical and or mental injuries'. The charity was established by and continues to be delivered by veterans. It offers a number of climbing courses and events over the year, including one day and multi-day climbing trips. These are held in varying locations across the UK and open for veterans of all climbing abilities. There is no limitation to the number of courses one can attend and these continue on an ongoing basis. For more experienced climbers there is also the option to work towards gaining their own formal climbing qualifications and training through the charity. This enables veterans to have the opportunity to guide climbing courses with the charity or externally in the future if they wish.

Data collection

Semi-structured interviews were used to collect data. This is the recommended method for IPA as interviews can enable in-depth exploration of experiences (Smith & Osborn, 2003). Semi-structured interviews can also guide the researcher's questions whilst allowing freedom to probe interesting and important areas which may arise from the participant's responses (Braun & Clarke, 2013). This flexibility complements the idiographic focus of IPA,

enabling participants to contribute to the content covered (Braun & Clarke, 2013), and viewing the participants as the experts in the subject (Smith et al., 2009). Consequently, researchers should aim for a careful balance between guiding and being led by the participant (Smith et al., 2009).

It has been recommended that the first interview question be broad and open (Smith et al., 2009). This is to allow the participant to recount a relatively descriptive experience and to set the parameters of the topic, rather than the researcher. The interview schedule for this study started with a relatively broad question asking participants to talk about their general climbing experiences so far, be that during their time with the charity or other experiences (see appendix B). As the interviews progressed the questions became more specific about engaging in the climbing charity and its courses, and the participants' experiences of any other forms of support that may have been available to them. As recommended the interview schedule was relatively brief and remained open and flexible during the interview (Smith et al., 2009). For ethical reasons and to avoid risks of re-traumatisation, the interview schedule did not include any specific questions around combat trauma or mental health, but all of the participants openly shared aspects of their experiences of this.

Due to the Coronavirus pandemic, interviews were conducted via telephone or online depending on the participants' preference. It is increasingly common to offer participants a range of different interview modes (Hanna, 2012). Previous research has highlighted the potential benefits of online platforms and telephone interviews, including for example reductions in time and travel constraints, the ability to reach geographically dispersed participants (Hanna, 2012), and recruitment of hard-to-reach populations (Wilkerson et al., 2014). Furthermore, online or telephone interviews may feel less daunting for those who

could find the exposure of face-to-face interviews more challenging when talking about personal experiences (Deaken & Wakefield, 2014).

Data analysis

All interviews were audio recorded and transcribed including both verbal and relevant nonverbal utterances (e.g., coughs, laughter, sighs) to represent the interviews as closely as possible (Braun & Clarke, 2013). Transcripts were analysed according to the updated IPA guidelines including the use of the new terminology (Smith et al., 2022). Initially, one transcript was read several times until very familiar with the participant's holistic subjective experience. This process reflects the idiographic nature of IPA in which the researcher aims to understand the experience of each person and how they have made sense of their own experiences (Smith et al., 2009). The data from this transcript was then analysed in a line-by-line fashion with anything of psychological interest or significance being noted in the lefthand margin. This process is referred to as exploratory noting (Smith et al., 2022).

The next phase involved transforming initial notes and ideas into more specific experiential statements, which were then noted in the right-hand margin. The identified experiential statements reflected not only the participants original words and thoughts, but also the analyst's interpretation (Smith et al., 2022). The next stage involved reducing the data by establishing connections between the preliminary experiential statements and clustering them together appropriately into personal experiential themes. To aid this process experiential statements were printed out on paper, cut up, and scattered on to a large surface before grouping similar statements together (see appendix C). This led to the development of the personal experiential themes and sub-themes for each individual

participant, which were then uploaded on to one document with illustrative data extracts alongside (Eatough & Smith, 2006).

The preliminary personal experiential themes were then used as an opening frame of reference for the analysis of each subsequent participant transcript. However, to avoid this constraining the analysis the researcher remained open and mindful of any new themes perceived (Smith et al., 2009). This process was repeated for each transcript and already read transcripts were re-read with reference to the new themes from later transcripts. Once all the individual participant transcripts were analysed a cross analysis was conducted to look for patterns across the cases, leading to the development of the group experiential themes. This stage was also concerned with the balance of convergence and divergence within the sample, not only presenting shared themes but also highlighting the particular ways in which these themes played out for each individual (Smith & Osborn, 2003). The final group experiential themes were constructed from reoccurring sub-themes across each participant. These were then collected on to one single document alongside illustrative extracts from the data (Smith et al., 2009).

A common misconception of IPA is that it is simply a descriptive summary without further analysis at an interpretative level (Larkin et al., 2006). However, IPA also aims for interpretation of the data in relation to wider social, cultural, and theoretical contexts, and can be directed towards answering preformed research questions (Larkin et al., 2006). On the one hand, the IPA researcher places the participant's story and phenomenological experience at the centre of the account (Smith et al., 1999). On the other hand, the researcher is also able to bring their own interpretations and theoretical ideas to the analysis, whilst simultaneously using verbatim quotes to ground these interpretations in the

participants actual experience (Clark, 2009). Caution is essential in this process to ensure the connection between the participant's own words and the researcher's interpretations are maintained (Clark, 2009).

Considering quality in qualitative research

Four broad principles are commonly used for assessing qualitative research (Yardley, 2000). It is argued that these guidelines are also highly relevant to IPA research (Smith et al., 2022). These include sensitivity to context, commitment and rigour, transparency and coherence, impact, and importance (Yardley, 2000). Sensitivity to context can include contextualising the research in relation to relevant theoretical and empirical literature (Braun & Clarke, 2013). This was achieved in this study by providing a thorough literature review and discussion on what is known and what is currently lacking in the area of interest. Sensitivity to the needs of the participants and ethical issues were also considered throughout the research process. During the interview process this was aided by my background in counselling and mental health work. Sensitivity to the participants' perspectives was reflected in the study's overall aim to enable the veterans to share their own experiences and perspectives.

Commitment was demonstrated in this study through my in-depth engagement with the topic. This was on an academic level through keeping up to date with recent research and also on a professional level through working with a PTSD/CPTSD population. Rigour was demonstrated through the process of thorough data collection and analysis. Coherence was achieved by ensuring a good fit between the research questions and the IPA approach adopted. For transparency, a detailed and comprehensive account of the data collection and analysis process were included for the reader. This included illustrative examples of this process in the appendix, as advised by Smith et al. (2022). This level of transparency and the

detailed information regarding the sample also helps to provide the reader with a clearer sense of the degree of transferability to other areas (Malterud, 2001). Lastly, it has been argued that the true test of validity is whether there is evidence of impact and importance (Yardley, 2000). Overall, this study aims to increase understanding and awareness of additional and or alternative ways of improving the wellbeing of veterans living with combat trauma. Applied outcomes of this research could also influence and inform the development of future interventions and or service delivery.

Quality assessments specifically for IPA suggest that an 'acceptable' study must also feature the core elements of IPA (Smith et al., 2022). This includes a clear focus on phenomenology and the use of interpretation beyond description in order to offer new insights into the phenomena (Smith, 2011). In 'good' IPA analysis the researcher will have constructed a compelling unfolding narrative, which pays attention to both patterns of similarity and individual idiosyncrasy (Nizza et al., 2021). These specific quality guidelines for IPA were adhered to during the process of this study's analysis. Finally, as advised the supervisory team also played a direct role in supporting the analysis process to assess the level of credibility and trustworthiness (Braun & Clarke, 2013). For example, interview transcripts and analysis extracts were provided to the director of studies, who provided feedback and comments on the fit between interpretation and representation of the participants' experiences.

Ethics

Full ethical approval for the research has been granted by the University of the West of England Faculty Research Ethics Committee (see Appendix D).

Although it was deemed unlikely, the possibility for any participant distress arising during the interview was carefully planned for. Any signs of distress were actively assessed throughout the interview (Smith & Osborn, 2007). If the client had become distressed during the interview, I would have empathically invited the participant to talk about their concerns and check whether they were comfortable to continue.

In the case of distress, the client would have been directed to relevant support agencies listed in the participant information sheet. In cases of severe distress or concerns for the wellbeing of the participants, it was agreed with the charity course leaders that this would be passed on to them as they are more directly involved in supporting the veterans. The course leaders have a thorough safeguarding procedure in place and relevant contact details for the veterans, including GPs and next of kin. The course leaders are also veterans themselves and knowledgeable around issues of military mental health.

The participant information sheet and consent forms provided information of the above safety plan (see Appendix E and F). In line with the Code of Ethics and Conduct published by The British Psychological Society (BPS, 2009), this study obtained informed consent and avoided deception, maintained confidentiality and privacy, ensured participants right to withdraw, and did not subject participants to any unnecessary risk (Braun & Clarke, 2013; BPS, 2009). Participants were provided with an information sheet outlining the background to the study and a consent form prior to the interview. Participants were given the opportunity to ask any questions before taking part. Finally, participants were asked to fill in a demographic information sheet, in order to adequately describe the sample (Braun & Clarke, 2013).

Reflexivity

Reflexivity is an essential requirement for qualitative research (Braun & Clarke, 2013). This has also been referred to as 'owning one's perspective', whereby the researcher openly recognises and shares with the reader their values, interests, and assumptions (Elliot et al., 1999). Reflexivity also plays a central role in IPA, by ensuring that the researcher remains aware of how their own personal assumptions may influence the research (Finlay, 2008). Moreover, this process of reflexivity is in keeping with the professional identity and therapeutic approach of counselling psychologists (BPS, 2017). Counselling psychologists are reflexive practitioners who recognise they will inevitably bring their prior assumptions, experiences, and preconceptions to the interpretative process.

Prior to counselling psychology, I completed the BPS Stage 1 sport and exercise psychology training. My interest in sport and exercise psychology stemmed from my own upbringing in competitive sport. I have been a professional and competitive figure skater for over twenty years and being an athlete became a strong part of my identity. As a result of my positive experiences in sport and my experiences of working in mental health, I have always been interested in how sport and or exercise may improve wellbeing and provide a therapeutic experience for the individual. In particular, in closer relation to this research, I have been involved in climbing and mountaineering from a young age and have developed a great passion for the outdoors. In terms of employment, I have worked in secondary mental health services providing trauma therapy for clients, often with diagnoses of PTSD or CPTSD. Therefore, I have particular interests in trauma work and theories around trauma and the body (Van der Kolk, 2014). Collectively, these personal experiences were significant factors that contributed to my interest in this area.

I first became aware of the use of sport for the veteran population from the televised 'Invictus Games'. These games were set up in 2014 by the Duke of Sussex to provide wounded, injured, or sick armed service personnel the opportunity to take part in an international multi-sport competitive event. The games were described as 'harnessing the power of sport to inspire recovery, support, rehabilitation...for those who serve their country' (Invictus Games Foundation, 2012). Following this, I became interested in the role sport could play more widely for British veterans and beyond a competitive context. I was very motivated by how this appeared to be an area in which recreational sport might play a significant role in the lives of a population group at high risk of mental and physical health difficulties.

From a reflexivity perspective, it was important to acknowledge how my own positive experiences of sport and climbing could influence the research process and data interpretation. Morrow (2005) recommended a process of attempting to 'bracket' one's own implicit assumptions about the data and endeavour to set them aside so as to not overly influence the research. Whilst IPA does aim to get as close as possible to the participants experiences, it also acknowledges that this cannot be done completely (Smith et al., 2009). Nevertheless, as recommended by Morrow (2005) a reflective research journal was used throughout the research process to aid reflexivity.

Reflexivity also involves reflecting on various insider or outsider positions (Braun & Clarke, 2013; Gallais, 2008). Within the context of my research, I can be said to have an 'insider status' due to my own experiences of climbing. It has been argued that an insider status can add richness to the understanding of the data (LeGallais, 2008). On the other hand, a potential risk is the potential for researchers to perceive only what they expect to see (Le

Gallais, 2008). Again, this highlights the role of bracketing to help prevent potential bias.

However, IPA also acknowledges that our own experiences can never be entirely bracketed, and the analytic claims are consequently always to some extent tentative and subjective (Smith et al., 2022).

In terms of 'outsider' status, although I have relatives who have served in the military, I am not military trained myself. The literature has identified that military personnel can experience feelings of distrust towards mental health professionals outside of the military (Inverson et al., 2011). This was a potential issue to be mindful of and I respectfully endeavoured to educate myself around key aspects of military culture. Prior to the interviews I hoped that my introduction from the staff employed by the climbing charity (also former veterans themselves), would also help to create an initial sense of trust in my research, despite potentially being perceived as an 'outsider'.

To increase rapport, I also aimed to be open about my own experiences of climbing and my motivations for this research area. Indeed, reflecting on my experience of the interviews, it seemed important for some of the participants that I was open about some of my own climbing experiences and answered questions which arose. I feel this aided a more relaxed and open conversation, as opposed to what may have otherwise felt like an overly formal and structured interview with an academic 'expert'. This personable approach is arguably more in line with the values of counselling psychology and the way it aims to counter power differentials and avoid expert-non expert dynamics where possible (Kasket, 2017).

Moreover, I find this to be one of the main appeals of IPA research, the recognition of the participants as being the experts in their own experiences.

Prior to the interviews, I recognised that my lack of personal military experience could have limited my understandings of some of their experiences. Interestingly, this theme was reflected in the data itself, in the way the participants stressed the benefits they felt of being around other veterans who they felt could truly understand them. However, despite any prior concerns about my 'outsider' status and potential issues related to talking openly, all the participants were open about the difficulties they had experienced following their military service. For many, the motivation for this appeared to be in the hope of providing information that could potentially help other veterans in the future. Furthermore, as a way of 'giving back' to a charity and its members that now appeared to mean a huge amount to each of them.

Results

Three Group Experiential Themes with six corresponding Group-Level Sub-Themes were identified from the data following IPA (see Table 1 below). The following chapter will provide an overview and discussion of the identified themes, accompanied with illustrative extracts from the data. I recognise that these themes are just one possible account of the participants' experiences and were selected due to their relevance to the research aim and questions. Pseudonyms (Richard, Ben, Dan, Scott, Mike, Max) have been used in the chapter below to protect participant confidentiality.

Table 1 – Summary of Group Experiential Themes and Group level Sub-Themes

Group Experiential Themes	Group level Sub-themes
1. The Battle with Combat Trauma	<p>1.1 “The person you were has gone” - Impact of combat trauma on identity.</p> <p>1.2 “It’s given me life” – Climbing as a lifeline.</p>
2. Brotherhood and Belonging	<p>2.1 “Part of the furniture” – Sense of belonging to a tight-knit community.</p> <p>2.2 “We’re all sat there now in civilian clothes but we share something beyond the injuries” – Importance of shared lived experience.</p>
3. The Phenomenology of Climbing	<p>3.1 “I can’t think about all the crap I’ve left at the bottom” – Climbing as a mental escape.</p> <p>3.2 “Need to feel close to death to feel alive sometimes” – Thrill-seeking.</p>

Theme 1: The Battle with Combat Trauma

Summary

The first Group Experiential Theme 'The Battle with Combat Trauma' captured the participants lived experiences of combat trauma and the significant consequences this had on their lives. The sub-theme *"The person you were has gone" – Impact of combat trauma on Identity* highlighted in more detail how all of the participants had been almost 'imprisoned' in their homes as a result of their PTSD/CPTSD symptoms and the impact this had for some on their sense of identity. The sub-theme *"It's given me life" – Climbing as a lifeline* goes on to explore the way in which their involvement in climbing seemed to provide a way out of this 'prison' and how the charity and outdoor environment of climbing could offer what felt like a safe place.

1.1 "The person you were has gone" – Impact of combat trauma on Identity.

All the participants commented on the significant challenges they had faced living and battling with the consequences of combat trauma. In particular, how their difficulties with their mental health had left them feeling almost trapped or imprisoned within their own homes. For example, Ben had felt unable to leave his house and appeared to have been living in a state of fear:

"Literally locked in my house unable to leave...you know someone at the door the postman would ring and I'd cry my eyes out" (Ben).

Moreover, this apparent battle to leave the house appeared to have been experienced by the participants for many months or even years at a time:

"I was agoraphobic I never went out the house for about two years" (Max).

As a result, there was a sense that many areas of their lives had been dramatically altered by combat trauma and as described by Richard everything came to a halt:

“Everything just stopped you know for about a year and a half” (Richard).

Given the debilitating nature of their PTSD/CPTSD symptoms the participants were often left feeling unable to manage or engage in life as they had used to. Dan described this experience as feeling unable to manage or have the motivation to live life how he had before:

“Massively reduced capacity for life...didn’t really want to do anything, I didn’t want to leave the house I didn’t want to go out didn’t want to meet anyone” (Dan).

Richard, Ben, and Dan all made comments alluding to how these significant changes in their lives post-trauma, had also impacted and altered their sense of identity. Mostly, there appeared to be this sense of loss around who they used to be and the way they used to be able to engage in life. However, similar to a grief process there was also possibly a sense of going through a transition towards a level of acceptance of these life changes.

For example, in the extract below, Richard referred to a former time when he felt he’d needed to wear a “mask” and hide his mental health difficulties. He linked this to previous feelings of shame and embarrassment he had experienced around his mental health.

However, the extract below also highlighted a potential process of acceptance and a metaphorical letting go of parts of the “old me” and an acknowledgement that he’d “never be one hundred percent” who he was before. He described this journey as a “wave” suggesting an understanding of the up and down nature of this experience as opposed to this being linear:

“By covering up and wearing a mask I was actually causing myself a ton of harm the moment I held my hand up and went okay I’ll never be one hundred percent the old me again I can probably do ninety umm and that’s going to have to be good enough and and made it more like a wave to ride” (Richard).

Similarly, Ben alluded to a sense of needing to accept the potentially long-term nature of his PTSD and to learn to live alongside the challenges posed by this experience. In the extract below, Ben initially stated feeling that “the person you were has gone” indicating a strong sense of loss of identity. However, he also suggests that perhaps there remains a sort of “skeleton” of himself, which can be built upon. He uses the phrase “patch work”, which creates an imagery of a kind of patch work tapestry and a process of sewing together the different parts of life or identity that may have felt fragmented following his combat trauma. Ben also presents a case of perhaps needing to be proactive in a process of redefining and rediscovering who you can be going forward. Ben linked this process to his conceptions of what it might mean to recover:

“And what does recovery look like you know I think for a lot of the guys that have got PTSD it’s not (sigh) it’s never going to go away right you’re not the person you were you going to have to redefine yourself you’re really going to have to umm discover who you can be going forward it’s it’s the person you were has gone they don’t you know they there’s a sort of skeleton of what that was and you have to try and patch work a life on top of that to recover” (Ben).

Perhaps in contrast to the idea of needing to redefine oneself, for Richard his involvement in outdoor activities such as climbing seemed to enable him to feel reconnected to parts of a

former identity. For Richard, this contrasted to the distress he could feel on days in which he didn't feel like the "old me":

"I feel like myself again which day to day sometimes if I'm not very well that's a source for me of umm unhappiness in that I don't feel like the old me anymore but soon as soon as I go climbing well I'm Richard again or in the woods or whatever it is that's outdoors" (Richard).

Below, Richard also connected this feeling of being "myself again" to how he had felt about himself in the military. A "throwback" to a time when he felt more confident in himself and his abilities. He mentioned associating with things he "was" good at in the past tense and bringing this back into his present experience helped him feel better in himself and fostered renewed self-confidence:

"It's sort of a throwback to something and especially as I've become unwell umm which can sometimes lead to me feeling a bit umm ohh I don't know inadequate in some parts of my life...you know associating with things I'm good at or was good at umm like the military side of stuff really makes me feel better" (Richard).

Ben also described how the physical act of climbing itself felt like a freeing and invigorating experience for him. This was linked to a form of escape and a contrast to the feeling of being 'imprisoned' by his internal struggles. Moreover, he described a time in which he did not feel defined by his PTSD, but he could feel like a different person living a different life, free from a sense of illness:

"Alive (pause) petrified (pause) I'll tell you the most important words would be not ill no longer sick no longer a prisoner of my own torment no longer someone who has PTSD I'm just someone else" (Ben).

Below, Dan refers to a feeling of his former identity having been “stolen” from him, which almost creates this sense of PTSD as being a kind of separate entity from the individual, cruelly taking away parts of their identity that they had previously valued. However, Dan also described how through climbing he felt he was able to regain a new sense of his identity and a new purpose in life that he could feel proud of:

“And I feel like I’ve got um a lot of the kind of identity that was kind of stolen from me when I got poorly and lost my job and lost being in the marines I think identity wise I can be I’m very proud like that I’m like a climber that I’m a mountaineer that I’m you know that I can lead expeditions that I can so there’s a big identity thing wrapped up in it as well” (Dan).

1.2 “It’s given me life” – Climbing as a lifeline.

Some of the participants attributed their difficulties around leaving the house to finding social situations and busy environments triggering or threatening. For Mike this could lead to issues with anger and he would get:

“Very very angry very quickly and in certain situations didn’t like social situations didn’t like being around people” (Mike).

Similarly, for Ben, there was a self-consciousness around what other people might be thinking and a sense of alienation:

“It was being in an environment surrounded by people who I thought were judging me” (Ben).

In contrast, as described by Richard and Mike below, there appeared to be something about climbing and or the outdoor environment that felt safer and more comfortable compared to

other types of social situations. Importantly, climbing appeared to be one of the few activities which enabled the participants to start consistently leaving the house again. In this way climbing can be said to have represented a lifeline during a time of significant psychological suffering for the participants. In the extract below Richard highlights that there is something uniquely “different” about climbing:

“I might find it difficult to go in to work or like family friends functions sort of thing but no climbing is different mountains in general is where I go to fix me myself and yh I find it easier to get out the house” (Richard).

In the extract below Mike also specifically uses the phrase “safe place” to describe how he felt in the climbing gym:

“I’d been properly ill for about six months and that was the first time I had actually ventured out of the house kind of but you know I was only venturing out to kind of like to this safe place to umm the climbing gym” (Mike).

Similarly, in the extract below, Dan was describing the contrast between a sense of battling through everyday life situations compared to how he could feel very at ease and “symptom free” in an outdoor natural environment. He talked about how he felt a confidence in the outdoors and a feeling of being well equipped to cope in this type of environment, whereas in everyday situations he could often feel overwhelmed:

“You know normally I’m feeling like right up against it I’m struggling to make thoughts I’m struggling to make plans umm you know I just kind of fight through exist from one moment to the next whereas yh I could it’s just I could you know it was I was completely different you know almost like symptom yh totally symptom free” (Dan).

For Max, this lifeline and the opportunity to climb with the charity appeared to be the challenge he felt he had needed to make that initial step out of his “comfort zone”. In this way, although the participants may have felt trapped in their homes by their PTSD/CPTSD symptoms, there may also have been a sense of safety in this. This possible sense of safety may have felt challenging to let go of initially, but ultimately was beneficial. Below, Max recognises that this challenge is what he felt he had needed to start re-engaging in his life again. He described this as possibly “one of the hardest things” he’d ever done, thus highlighting the great significance of this moment:

“It was probably one of the hardest things I’d ever done but I needed that sort of err at that time it was like an impossible challenge so and I needed to do something totally out of my comfort zone because my comfort zone wasn’t even eating in front of my mum and dad like I was in my bedroom in my house that’s how bad it was err yh it was really really bad” (Max).

Consequently, this stark contrast between being unable to leave the house to being able to climb outside, appeared to be a significant transformation and turning point in the participants recovery journeys. Whilst being trapped at home living with the consequences of combat trauma, it was as if life and time had just stopped for the participants. In contrast, climbing appeared to have served as a kind of medium through which the veterans were able to start really reengaging in living their lives again. In the extracts below, Dan, Mike and Ben all stressed the centrality they felt climbing had played in them being able to start moving forward and living life once again:

“And it’s been amazing it’s been a really so I got poorly four years ago and it’s become a really central part of my recovery” (Dan).

“Having not really left the house apart from for therapy and just to get out to go climbing um but not meeting people or generally but obviously that was a big step for me and umm and so you know I was certainly you know I was on my journey um to being sort of stronger” (Mike).

Below, Ben also goes to the extent of suggesting that climbing had given him “life”:

“It’s hugely important because I know that it’s given me well it’s it’s I’m not joking when I say this it’s given me life without it I don’t know what I would have done you know” (Ben).

Given the difficulties the participants had been facing with their mental health there was also a significant sense of achievement experienced through climbing. Indeed, Scott stressed how “surreal” it had felt for him to have achieved what he had in his climbing following the challenges he had faced post-military with his health. The following extract highlighted the huge significance of this for him:

“Just being where I am at the moment in my climbing is for me it’s you know I’d probably say it’s a bigger achievement than what I’ve done and that in the military” (Scott).

Similarly, Richard described the highly emotive experience of being able to endure the challenges of reaching a mountain summit and the contrast of this to his typical day to day battles with PTSD. He also indicated how this achievement had represented something he had dreamt of:

“But to be in the Alps somewhere I’d dreamt of yh it was having like maybe a year and a half before not being able to walk to the shops so to stand on the summit I found it was really emotional” (Richard).

Having said this, leaving the house for climbing did still feel challenging at times and the battle with PTSD appeared to be an ongoing part of Richard’s life. However, whilst there were still difficult days, there appeared to be a strong motivation to fight against these and to make it to the climbing events as much as possible. For example, Richard stated:

“Last year was as bad as I have been for a long time and although it took me a while to get there I still got there do you know what I mean it wouldn’t have stopped me from going” (Richard).

This was a similar experience for Scott but he also talked about gaining a kind of confidence from this that he felt was transferable to his everyday life. He talked about “learning from the wall”, suggesting the challenges he overcomes in climbing can now feel symbolic to overcoming difficulties in wider life as well:

“There’s still hard days when I don’t want to go out the house and I do still don’t go out the house sometimes but I use what I’m learning from the wall to fight that to be constantly like you know I can do this” (Scott).

Overall, for the participants it seemed that an obstacle was overcome even if sometimes this only meant spending time at the climbing site with other veterans but not necessarily climbing that day. Moreover, the participants talked about how they would not experience any pressure to climb on days they did not feel able to but could use the climbing site as a supportive and safe environment.

Theme 2: Brotherhood and Belonging

Summary

The second Group Experiential Theme 'Brotherhood and Belonging' captured the importance attributed to the social aspects of climbing and being able to share this positive experience with others. The sub-theme "*Part of the furniture*" – *Sense of belonging* explored in more detail how climbing with the charity created a sense of belonging to a supportive community. Moreover, one which seemed to parallel the closeness and trust experienced whilst in military service. The sub-theme "*We're all sat there now in civilian clothes but we share something beyond the injuries*" – *Importance of shared lived experience* explored the particular benefits of members of this climbing community being fellow veterans with similar lived experiences.

2.1 "Part of the furniture" – Sense of belonging to a close-knit community.

All of the participants highlighted the positive feeling of now being members of a supportive climbing community. This feeling seemed to be created partly through their general involvement in climbing, for example Ben described the climbing culture as a "welcoming community" and similarly Mike remarked:

"I think climbers in general they're very close-knit group...they're very friendly"

(Mike).

However, more importantly it appeared to be the veteran specific community created through the veteran climbing charity. Having access to this community provided opportunity to develop close and meaningful friendships with other veterans with shared lived experience. For example, Max talked about the experience of:

“all the camaraderie with your friends” (Max).

Scott also highlighted the inclusivity of this community regardless of your needs:

“It’s there to help support and and with all of us with different needs and whose got drink and drug problems or any type of problems really...but the way it helps is just by being there and the support network” (Scott).

Having the opportunity to gain this kind of support network is arguably very significant considering all the participants had previously felt isolated in their homes for long periods of time. Four of the participants also talked about the positive feeling of being around likeminded people who shared a passion and love for the outdoors. Through having these common interests, the benefits of climbing were not just experienced individually but also shared with others. As Mike and Dan discussed below, there appeared to be a strong relational element to climbing and a joy that can be gained from witnessing and supporting others to enjoy this sport:

“See him enjoying himself and for me just to kind of you know support him and be with him you just do what climbers love you just I love the outdoors being outdoors but um enjoy the experience together you know so kind of like a shared experience” (Mike).

“We both had a really great climb...it was like yh real adventure really exciting and what a great guy to be there with as well you know” (Dan).

In the extract below, Mike highlighted an element of conflict he sometimes experienced in wanting to avoid socialising in general life, but also seemingly valuing the time spent socialising through climbing. However, it seemed as if climbing with other veterans provided

a social outlet which somehow felt safer and more manageable than other everyday social interactions. Consequently, he experienced this opportunity for increased social interaction as leading to more social confidence in general:

“It just gives me all those feelings that I want and I need umm but without being around people so that’s the ideal scenario and actually now developing on from that being around people umm you know having already a partner and obviously you know forming a close um you know a close bond a close friendship with a climbing partner and other climbers...has developed me no end...you know just developing our own kind of confidence and our own kind of you know our own sort of social umm outgoing” (Mike).

Similarly, Ben also talked about feeling unsocial in his day-to-day life but feeling a level of comfort socialising with other veterans whilst climbing. He also linked this to a sense of “belonging” again, which he felt had been missing since he left the military. There is therefore a sense of what could have been a very isolated existence, without having had this opportunity to be involved in the climbing. Additionally, use of the metaphor “part of the furniture” emphasises the extent of belonging he now felt through this charity.

Furthermore, feeling that “people are pleased to see” him suggests he may also feel like an important and valued member of this group:

“It’s important for me because I’m extremely anti-social I don’t go out I don’t go to the pub I don’t drink I don’t do anything I don’t have a massive community it kind of forces me to get on with it in an environment I feel extremely comfortable in you know...when I turn up people are pleased to see me and you know I’ve been there a while so I’m part of the furniture and I’m oh there’s that face again and that’s nice

you know that sense of belonging especially post-military it's absent in a lot of things we do in the world" (Ben).

Max and Ben also raised the important concept of the "trust" needed when climbing with their partners. Traditional rock climbing demands a high level of trust in your partner's climbing competence and their ability to keep you both safe. The extracts below demonstrated how this need for teamwork and the idea of trusting another with your life is akin to military experience:

"Also doing a climb with your mates as well I love that sort of err (pause) it's a total reliance you have to really trust them one hundred percent as you know your partner can if you're not paying attention can essentially kill you by dropping you or err setting up his part of the belays if you're swapping leads if he sets them up wrong so you have to have total faith which is exactly the same err boxes ticked that the military have" (Max).

"Yh very small numbers or yh close to me like in the military everyone you climb with is generally close and you can trust them" (Ben).

2.2 "We're all sat there now in civilian clothes but we share something beyond the injuries"

– Importance of shared lived experience.

The participants also highlighted the benefits of climbing with other veterans due to their shared experience of combat trauma and mental health challenges. For example, Mike stated it was helpful:

"Meeting other people and knowing that other people around me had been suffering in the same way" (Mike).

Consequently, the participants may have felt less alone with their own struggles and were able to witness that other veterans were facing similar issues. This is demonstrated well in the extract below in which Scott discussed how engagement in the climbing charity helped him to recognise that he wasn't alone with his difficulties:

“And you know what it’s not just me what that thinks like this err before err even after I was diagnosed with everything you know you still think it’s just you whatever and there’s no one else having these thoughts or black days and black holes but through meeting the guys from C2R you find out they’ve it’s all of us we all feel are like that it’s not just me so I suppose it’s not alright but it makes it a little bit easier to understand” (Scott).

Scott’s extract above also indicated that being around other veterans with similar issues may have the positive effect of helping to validate one's own struggles. Indeed, some of the participants described previously having moments of questioning whether their mental health struggles were justifiable and if they were deserving of support.

Having said this, Ben and Richard also described how interacting with other veterans with mental and or physical health issues could lead to an element of comparison which appeared complex in nature. For example, Richard described sometimes comparing himself to others he felt were “worse off”, which perhaps invalidated his own difficulties at times, for example “stop feeling sorry for yourself”.

However, as highlighted in the extract below, Richard also felt this comparison helped him to gain different perspectives. In turn, this had the positive effect of motivating him to push through and climb, even during times of difficulty. He also highlighted the dark sense of humour he associated with military service and how this had felt very helpful for him:

“You rock up thinking you’re the poorest person in the world and of course you rock up and talk to somebody else who and you think oh my god your crazy (laughs) and you know or they’ve got no legs or whatever it is and it its you know in a sort of dark sense of humour sort format sort of almost saying well I’m not that bad and it’s also a reminder isn’t it that there’s always somebody worse off than yourself so it kind of gives you that little nudge well stop feeling sorry for yourself” (Richard).

However, for Ben and Richard, they also highlighted the way in which comparison could bring up complicated feelings of shame or guilt. In particular, this was around comparing themselves to veterans who also had visible physical injuries. Richard talked about being encouraged by a former employer to mark himself as disabled to support him in some occupational health processes. This was an emotional topic for Richard which brought up complicated feelings, where at times he perhaps felt he was not worthy of this kind of recognition or support:

“Because to me disabled is blue badge and wheelchairs and my friends with no legs and urh and almost people I know that within the veteran community that are disabled you there’s also this feeling of oh no no I’m not that and also I’m not worthy of being that that mans got no legs or no arm” (Richard).

In a similar way, Ben talked about how the lack of visible injuries can lead him to feel like a “fraud” and to also question whether he deserves help. Although he experiences mental suffering and can at times feel “broken”, he feels there are no visible scars to demonstrate this. However, Ben also highlighted how positive it had been to be around other veterans with varying mental or physical injuries and how he felt this could actually help to shift the less helpful elements of comparison. In the extract below, there is a sense that the veteran

climbing community and the positive relationships and connections formed had helped to erode or buffer some of the guilt and shame which can be experienced by veterans in relation to their mental health:

“And I turn up and there’s people there with arms and legs missing and I’m like I feel like a fraud Lucy I feel like I’m taking the piss because these people have given limbs you know and it’s physically you can look at them and go do you know what I can actually understand that this guy has given an arm or a leg and when I’m there I’m like I’m whole but I’m not because I’m broken and there’s a sense of guilt there and what happens is when you get these people in the same environment and we have a conversation you erode that bias that false bias and you start believing that you’re entitled or not you know or at least allowed to do something with yourself you know you’re allowed to be there you’re allowed to reengage you’re allowed to recover and these people understand that you know” (Ben).

Ultimately, being around other veterans whilst climbing seemed to lead to a sense of sharing something very deep and personal, regardless of the type or severity of their injuries. There was this sense of a veteran club being developed and the members having a shared understanding of each other and their specific life experiences.

This experience is perhaps different to when the participants are around civilians. For example, in the extract below Richard talked about how he felt he sometimes needed to change aspects of himself when he was interacting with civilians, for example toning down his dark humour. However, when socialising with the other veterans, he felt they were aware that they not only shared lived experience through their injuries, but also through their former experiences of the military and its culture. Moreover, although they may be in civilian

clothes now they will always share this similar military past, perhaps suggesting a sense that this experience may always remain a part of them:

“I have to sometimes tone it down around civilians but yh no it is helpful and its that reminder when your (pause) when I go and we’re sat in the camping site with climb to recovery its that little reminder that we’re all sat there now in civilian clothes but we share something beyond the injuries” (Richard).

There was also a sense of the participants having a kind of unspoken understanding of each other and of being very perceptive of each other’s needs. There was almost a family like quality in this, perhaps similar to the close bonds created during military service. For example, Scott explained:

“When we’re in the club we all care about each other we all know when someone’s not in the right frame of mind or needs a bit of help” (Scott).

Similarly, as highlighted by Mike below, there seemed to be an unspoken way of knowing if someone wanted to talk or not and whether someone felt okay to climb that day.

Furthermore, Richard highlighted how the veterans would not experience any pressure to engage. This suggests the participants felt they possessed control around their own level of engagement. This may contrast to more formal types of mental health support such as talking therapy in which veterans may experience a greater sense of pressure from others to consistently engage in this:

“You always know that people with PTSD if they’re having a good day or a bad day and when to back off and when to you know when to kind of leave them with their own thoughts you know you just kind of know...some people want to talk about their issues or about their disabilities other people just keep it to themselves you know and

you just kind of find a balance with people as to you know how much they want to divulge” (Mike).

“Nobody’s ever complained when somebody wakes up and no not today just gunna come and sit at the crag and watch” (Richard).

Below Scott contrasted this perceptive understanding the veterans seem to have for each other to an experience he had climbing with civilians which he appeared to experience as intrusive. Later he expressed his general doubts regarding civilians’ ability to truly understand him and his military experiences. Moreover, he mentioned people with qualifications which could refer to mental health practitioners and how different he feels this is to having actual lived experience:

“With the community with the guys who’ve we’ve all got similar issues err physically and mentally but no one really cares and no one asks...I tried to join a climbing club in the local area but once they found out I was ex-service they ask all sorts of things makes you feel awkward but with the guys it doesn’t no one asks anything....where you go to other places it’s mostly civvies sometimes to talk to you to tell you this that blah blah and you know no offense I don’t mean any offense here they don’t know they haven’t got a clue they might know cos they’ve got all these qualifications and they’ve done all this or that but you know what they’ve not really lived they’ve not lived the way we live” (Scott).

Dan also made a connection between his experiences climbing with other veterans and the positive memories he had of his military service. Again, there was a strong relational element to this and this idea of being able to continue going on “adventures” with other

veterans and recreating aspects of his former military life and relationships that he had valued. He stated that his involvement in climbing had:

“Done a great deal to kind of replace the best bits of my military service like I think if I look back what were the things that really made it great it was the people and it was the adventures and I’ve pretty much been able to recreate that” (Dan).

Max also indicated missing this sense of adventure and the excitement he had experienced during his military service. There is a sense of a sudden loss of this and a longing to still experience this excitement:

“Having something to regularly look forward to which is testing and enjoyable because its testing because I mean before we had really interesting lives you know we went all over the world and did all sorts of different things and when you take all of that away you still want that even if it’s replaced with just being in Britain” (Max).

Moreover, Max also linked this to the benefits of now having something to regularly look forward to and aim for through climbing:

“You know err the rhythm of climb to recovery being a club or being able to go out and climb regularly is really important I couldn’t overstress that these one-off things just don’t work” (Max).

The psychological benefits of this regularity were stressed heavily by four of the participants. Whilst one-off events or short-term interventions may be temporarily helpful, for the participants there was a sense that they could also be detrimental and lead to feelings of abandonment or being “chucked out” (Richard). Below Dan highlighted how these shorter-term opportunities also lacked the sense of community he had experienced as a result of regular climbing trips:

“And after the adventures done that’s kind of it you kind of go your own way and umm so to take nothing away from how life changing those experiences were what was missing was all the other bits which go with climbing the community the regular trips away something else to work towards” (Dan).

In contrast to other charities or services the participants had been involved in, the veteran climbing charity provides ongoing events and trips that veterans can keep returning to. Ben and Dan explained how having these focus points in the future provided something to keep looking forward to as a group. In turn, it is possible this may also help the veterans to stay future-focused in their more difficult periods of PTSD:

“It’s also having something to look forward to it’s about those anchors in the future that I talked about before it’s about having a system of support that’s dependable beyond today you know it’s something that I can really hook into and that’s a journey itself” (Ben).

“And we always have something to look forward to it might not be next month or you know the month after but there’s always something you know a few months down the road umm where we can look forward to getting together and doing something exciting” (Dan).

From Richard’s perspective he felt one-off events were unlikely to lead to many longer-term benefits and used the metaphor of them representing the “band aid”. Richard also highlighted the opportunity for those who were interested to gain formal climbing instructor qualifications through their involvement in the charity. He felt that providing these future employment opportunities could be key in helping develop more lasting selfworth and prevent feelings of being discarded:

“It's giving them self-worth that just going for a weeks climbing and getting pissed every night in a campsite is never going to give somebody and that's the plaster whereas you know getting these qualifications and then you know those qualified climbers coming back in to (name of charity removed) and um and then maybe doing a bit of work for themselves that's the cure rather than the band aid...yh you're not feeling chucked out” (Richard).

Theme 3: The Phenomenology of Climbing

Summary

The third Group Experiential Theme ‘Phenomenology of Climbing’ moves from the social experience to the individual psychological and physical experience of climbing itself, and how the participants made sense of these individual experiences in terms of improving their wellbeing. Furthermore, it explored particular characteristics unique to the sport of climbing. The sub-theme *“I can't think about all the crap I've left at the bottom” – Climbing as a mental escape* explores a kind of mindfulness-like state that is created for the participants as a result of the mental and physical concentration required during climbing. The sub-theme *“Kind of need to feel close to death to feel alive sometimes” – Thrill-seeking* explored the apparent appeal of the risk and adventure elements of climbing.

3.1 “I can't think about all the crap I've left at the bottom” – Climbing as a mental escape.

Five of the participants spoke about an almost mindfulness type quality to climbing. They spoke about the deep level of concentration and focus required during this physical activity. Max referred to this as the “chess game” of climbing, which captured the problem solving and cognitive element of needing to find the right holds and figure out the next moves. The

present moment focus needed to do this appeared to be therapeutic and provided a way of enabling a focus away from the participants' internal struggles and PTSD symptoms:

"You're just solely solely solely focused on that moment in time so all your everything else around you doesn't matter...you just think in that moment on the rock and next move and putting that next bit of gear in and so that sort of like um taking away from everything that's obviously great for me" (Mike).

Richard spoke about being introduced to mindfulness in clinical settings but finding this difficult to relate to. However, as described in the extract below he found his own sense of mindfulness through climbing which worked for him and he felt was very beneficial. Richard also used the phrase of not being able to think "about all the crap I've left at the bottom", so there was this symbolic image of him almost leaving his difficulties behind and climbing up and away from them:

"But climbing I found is my mindfulness if that makes sense because you can't think of anything else but where am I putting this bit of gear and where am I putting my hands and so for the length of that route that's all I can think about I can't think about all the crap I've left at the bottom so yh" (Richard).

For Max, he described how this experience of concentrating during his climbs helped him to also feel a sense of peace and restfulness which he perhaps did not experience in his day-to-day life as easily:

"I actually feel peaceful (pause) err it's err just a total rest and you're just concentrating on the sort of err how the hold you've got how positive it feels and err looking for the next hold looking for the next little place where you're going to place protection if it's a trad climb so you for me there's no space for anything else which is

why I do it I think err because the rest of the time you get like err thoughts that you don't want to come along come along sort of thing or you get err triggered by different things smells and that but climbing yh thank god there's no other space so everything's taken up with the climb so err I actually find it quite restful if I'm honest"
(Max).

The extracts above demonstrate how the mindfulness or possible distraction type quality of climbing may help the participants experience a mental break or escape from the more difficult thoughts or feelings they may typically experience. Ben also commented on the theme of "focus", but he linked this more widely to the process of getting out of the house and climbing with other people as a way for veterans to direct focus away from their PTSD or mental health struggles:

"A good vehicle to promote wellbeing to get people to reengage to get people to focus on something else which isn't themselves you know to really look at perhaps doing something with their hands perhaps thinking outside the box and if you go climbing for a day and you start climbing and you're involved in that process and you're getting your harness on you're around other people" (Ben).

The above participant extracts from Richard, Max, and Ben also contained references to the bodily experience of climbing and attention being directed to where they should place their hands, feet, and gear whilst completing the routes. Arguably, the sense of 'mindfulness' found in climbing may therefore be inextricably linked with the embodied experience of this sport.

For example, below Dan described how climbing can require an increased awareness of your physical balance and how for him this seems to prevent his mind being overwhelmed by

other thoughts. This suggests climbing might also help to develop a greater present moment connection and attunement with the body. Dan's extract below highlighted how the experience of this feeling was a "great place to be", suggesting a precious time in life where just 'being' is truly enjoyable:

"My mind is not being barraged or bothered by all these other things I'm just able to focus on okay how do I need to move my balance where do I need to put my balance what do I you know what piece of kit do I need to put in here route find I'm just yh totally consumed and totally in the moment and I find that's like such a great place to be" (Dan).

3.2 "Need to feel close to death to feel alive sometimes" – Thrill-seeking.

Mike also highlighted how the need for complete focus during climbing is also partly related to the risk and danger elements of this type of sport. Indeed, if a climber has a lapse in their concentration or judgement this can have catastrophic consequences for the climber and or their partner:

"I'm purely obviously just um just solely concentrating on keeping myself alive"
(Mike).

The majority of the participants spoke about how this sense of danger and "adrenaline" were appealing characteristics of climbing and how they felt generally drawn to high-risk sports. For example, Richard described himself as an "adrenaline junkie" who sought out physical challenges and this sense of fear through his choice of sports. He believed that these adrenaline type feelings had possibly become associated with a sense of normality for him and other veterans, due to their past military experiences:

“I remember reading some studies on it and stuff and all of us idiots that have been to war are a little bit keyed up on adrenaline and that sort of becomes a bit like a normal place of normality and that sort of makes sense because I’ve always been like that so whether its downhill mountain biking mountaineering or scrambling climbing umm anything that’s fast, I’ll have a go” (Richard).

Similarly, Max considered he was maybe drawn to more dangerous or exciting sports such as climbing, because of their similarities with military experiences. Max highlighted his experience of feeling regularly exposed to danger during his military service. He linked this to how going on regular climbing trips may serve to possibly recreate a similar rhythm and lifestyle for the veterans. The extract below indicates that regular anticipation and preparation for climbing events may also keep them in a physiological state which has become familiar to the veterans:

“And it’s the same as a err it was they call it a battle rhythm so it’s not err something massive like when you’re on tours and things it’s quite regular the danger comes along quite regularly so the rhythm of that I think it must all be to do with I think it’s to do with blood chemistry and all sorts of things living on adrenaline and cortisol or whatever it’s called err there’s something similar so looking having something to regularly look forward to err there’s something similar” (Max).

Mike and Max also spoke about the “adrenaline buzz” and “buzz” they got from pushing themselves and attempting more challenging routes and enjoying the physical sensations of this:

“When you’re climbing a little bit harder than or climbing at sort of like your um at you know your top end and obviously then you will obviously get um sort of um these

feelings of I don't how to describe it umm you know when you get your adrenaline rush" (Mike).

"We abseiled off the face of it sort of like a five hundred metre you know abseil where you pull the rope down after you so you're totally committed and I remember going over there and it was just breath taking like it's just another world and err the sort of the buzz I got from that" (Max).

Three of the participants highlighted this interesting paradox of finding enjoyment in the anxiety response sometimes triggered by challenging climbs. For example, Richard below talked about physically shaking whilst simultaneously feeling mentally relaxed. Below, Ben also described feeling excited but scared at the same time and described this as "good" anxiety compared to other daily experiences:

"And not thinking about other things yh relaxed people always laugh at me when I say because they say oh you're relaxed but your leg is shaking and you're trying to get that bit of gear in" (Richard).

"I feel anxious before I climb but it's a good anxiety you know it's not a bad anxiety it's not the anxiety like oh I don't want to go to work today or I've got all this to do this it's oh shit I've got a mountain to climb you're excited and scared all at the same time" (Ben).

Therefore, it is as if there is something different and more bearable about the experience of anxiety in the context of climbing compared with the experience of anxiety in their everyday lives. For example, Dan also explained how he found the fear state induced by climbing as a much more comfortable and peaceful place to be in comparison to other daily situations:

“It’s so peaceful even if it’s frightening and um (laughs) I feel like I’m you know I’m struggling to make a move or you know balance is difficult my legs are shaking my arms are shaking even in that even in that moment it’s nevertheless like a such a more peaceful so much more peaceful umm and the focus as well so peaceful” (Dan).

Scott and Ben also talked about how overcoming the challenges of climbing had been helpful to apply in situations beyond climbing. The confidence gained from achieving these climbs and facing the anxiety triggered by the climbing routes, appeared to be transferable to other contexts. Scott’s description of taking it move by move to reach the summit could be seen as a kind of metaphor he applies for facing other challenges in life:

“I sort of you use what I’m learning on the wall and things to help me with my day to day life you know I just (pause) you know it’s difficult climbing err (pause) and some of the trad route climbs very difficult but I keep on it and I keep moving maybe just a little every now and then to get to the top and I get there you know and when I get to the top that part it’s worth it the views err the atmosphere’s just for me it is surreal” (Scott).

“And actually it gives you the tools then you know what I can transfer that skill to here I can manage this level of anxiety and although it tastes sweeter on the mountain than it does in the professional environment that you can transfer that and you can cope with it better in day to day life” (Ben).

Two of the participants also drew closer attention to themes of life and death in relation to their experiences climbing. As mentioned previously, climbing is a high-risk sport which can on a rare occasion be fatal or cause serious injury. For Ben he wondered whether his past

military experiences meant he sometimes felt he needed to be in dangerous or challenging situations such as climbing in order to feel alive:

“I need that fix I need to get scared quite often so I enjoy that I like getting a kick off life umm I’m and yh I suppose that has a lot to do with my sort of condition and past military experiences I just kind of need to feel close to death to feel alive sometimes I need to push the boundaries I need to push the next grade” (Ben).

In the extract below, Mike takes these themes further and suggests that this instinct to keep yourself safe and alive whilst climbing may help to counteract suicidal ideation for some people. He drew attention to the contrast between sometimes feeling very little desire to live as a result of trauma, with the opposite experience felt during climbing. This raised an interesting question around whether actively managing the risks associated with climbing may help to engender a greater will to live for individuals struggling with very low mood:

“So when you’re at your worst there is some people may experience some sort of suicidal idealisation and um (pause) whereas obviously climbing...obviously it’s the complete opposite so maybe there’s some kind of um some kind of (pause) link with regard to the fact that you know you’ve gone from obviously perhaps thinking about taking your own life to now you’re solely concentrating on keeping yourself alive so it’s obviously one hundred percent one hundred and eighty percent role reversal...maybe there’s something in climbing that um kind of takes the your um your suicidal thoughts idealisation whatever away and then switches it to self-preservation as opposed to you know not necessarily um caring about hurting yourself or dying or um or what the future holds” (Mike).

The above extract from Mike also highlighted how there are continual attempts to manage risk and keep oneself safe during climbing. This may contrast to stereotypical views of individuals who participate in high-risk sports as perhaps being reckless and engaging in risk taking behaviour.

Discussion

A summary of the main findings of the study will be presented in this chapter. This will then be followed by an expanded discussion of the findings in relation to the wider literature and research.

Overview of findings

The main aim of this research was to explore the ways in which climbing and engaging in a veteran specific climbing charity may help to improve the wellbeing of veterans living with combat trauma. The findings revealed a range of beneficial factors. This related to both the social elements of climbing with other veterans as well as the individual experience of climbing itself and characteristics which are unique to the sport.

For all the participants, climbing with the charity appeared to represent a significant opportunity which enabled them to start regularly engaging in an outdoor activity, often after prolonged periods of isolation. Subsequently, being able to engage in this sport also represented a massive achievement for some of the participants given the mental health difficulties they had been facing. For the participants, part of the appeal of climbing appeared to be due to feeling more at ease and comfortable in an outdoor environment and socialising with other veterans, compared with other everyday social situations and contexts. Indeed, a key benefit the participants expressed was the opportunity to form meaningful relationships with other veterans through climbing.

Consequently, the participants were also able to regain a sense of community and connection, which may have been lost both as a result of leaving the military, but also due to living with the symptoms of combat trauma. The participants discussed the importance of

being able to share their joy and passion of climbing with others and with individuals they had developed a deep trust in. The participants also highlighted beneficial factors specifically associated with the individual experience of climbing itself. This included a form of mental escape which could be experienced during climbing due to the present moment focus required to concentrate on the climbing route at hand. The participants also talked about being specifically drawn to the risk or adrenaline elements of the sport and feeling comfortable with the physical feelings of anxiety and fear this could induce.

Combat trauma and identity

All the participants in the current study provided an insight into the lived experience of combat trauma. Whilst conditions such as PTSD and CPTSD are characterised by a range of symptoms, the present findings centred mainly around the participants' difficulties in leaving their homes and engaging in everyday life tasks and social situations. It is possible these difficulties were related to issues around 'hypervigilance', an anxious state of 'high alertness' which is a common feature of trauma conditions (Walton et al., 2019). Perhaps this aspect of their experience was particularly salient for the participants, as it highlighted the vast contrast between the way they had lived their lives prior to their trauma and afterwards as veterans. For example, a possible contrast between their previous fast-paced high pressured military careers and how they were living their lives post-trauma.

The difficulties some of the participants experienced engaging in life also appeared to have an impact on their sense of identity. Consequently, for some there was a process of learning to accept these changes in themselves and their lives, as well as the potentially long-term or cyclical nature of their trauma conditions. This is in line with broader research around identity, which suggests that major life changes may call existing identities into question and

trigger the need for a restructuring of identity (Carless & Douglas, 2008a; Baddeley & Singer, 2010; Bauer & McAdams, 2004; Habermas & Kober, 2015). Although debated, most identity researchers argue that adult identity remains relatively stable overtime and gradually adjusts to varying life experiences (Demo, 1992). However, significant life experiences such as trauma can have more profound and lasting impacts on identity (Herman, 1992; Brewin & Holmes, 2003).

Research has also found that military culture often leads to the development of a strong military identity (Jones et al., 2019). Therefore, transitioning to civilian life has been identified as a potentially major life transition which can lead to identity disruption (Keeling, 2018; Binks & Cambridge, 2018; Mitchell, Frazier, & Sayer, 2020). The current study suggested that identity disruption may also be related to the way in which living with the consequences of combat trauma may inhibit veterans from engaging in life in ways that were previously meaningful for them. This is in line with a previous qualitative study, in which Danish veterans stressed the importance of their military identity and how being unable to do the things they once had significantly disrupted this view of themselves (Poulsen et al., 2018). The findings of the study also indicated that the need to reconstruct a new identity was emotionally demanding for the veterans (Poulsen et al., 2018).

Previous research has indicated that sport and physical activity may be beneficial for physically injured or disabled veterans experiencing identity issues (Green, 2013; Burke & Utley, 2013; Evans et al., 2020). In a study exploring the experiences of injured veterans summiting Mt. Kilimanjaro, climbing appeared to support a process of reconstructing their understanding of themselves following injury (Burke & Utley, 2013). The participants shared how the achievement of summiting the mountain had helped them to reframe what they

felt could be possible in their lives post injury. This sense of achievement was also highlighted by the participants in the current study. This included a growing confidence in what they felt might be achievable and transferring this to other challenges in their lives beyond climbing. Similar findings have been observed in a surfing study, in which the veterans' achievements in this sport reinforced their sense of capability and they used this confidence to tackle broader difficulties in life (Marshall et al., 2020).

The current study indicated that sports such as climbing may also help to support the process of identity reconstruction for veterans living with combat trauma. Sport may be a particularly helpful vehicle through which to achieve this due to its similarities with the active military lifestyle and its strengths-based culture (Campbell et al., 2000). Participants in the current study described how through climbing they felt they could reconnect to aspects of the military they had previously valued, such as the sense of adventure, excitement, travel, and developing close relationships. Moreover, this reconnection to the military and the sense of achievement acquired through climbing appeared to provide a renewed sense of self-confidence and purpose in life. Climbing specifically, may enable veterans to also utilise skills previously developed through their military training, such as the ability to concentrate and remain calm in dangerous situations, effective teamwork, physical skills, and having confidence in challenging outdoor environments.

Similarly, it has been argued that climbing may also appeal to veterans due to the possible similarities between planning and completing a route with a partner and being on a mission or operation at war (Burke & Utley, 2013). In a study exploring mountain climbing the authors found that the process of working together on a route helped to restore a sense of normality for injured combat veterans, due to its strong associations with their past military

duties (Burker & Utley, 2013). Similar themes have been found in research exploring sport and adventure training courses for veterans with physical and or psychological injuries. For example, research findings have highlighted how engagement in these physical activities enabled a positive sense of reconnecting to those former parts of themselves, which had felt diminished or lost following their injuries or psychological trauma (Carless et al., 2013).

It has been argued that sport may also represent a way of coping, which is more compatible with the masculinity inherent in military identity (Caddick et al., 2015). Past research has found that aspects of masculinity can have negative consequences on men's mental health and lead to issues with stigma and reluctance to seek help (Sharp et al., 2015; Lorber & Garcia, 2010). However, masculine attributes related to military service such as mental toughness, stoicism, and physical strength could also be channelled through sport, and become more positive and proactive ways of managing mental health difficulties (Manderson & Peake, 2005). This is in line with wider research on men's mental health which has promoted the use of sport and exercise in response to the findings of men's greater reluctance to seek help through professional mental health services such as talking therapies (McGale et al., 2011; Kinglerlee et al., 2014; Carless & Douglas, 2008b).

Social connection and community

All of the participants highlighted how climbing with the veteran climbing charity had provided the opportunity to develop a sense of belonging to a close and supportive community. Given the social isolation previously experienced by the participants, gaining this support network was arguably a significant by-product of their climbing experience. This is similar to previous research which has found that sport can facilitate a return to relationships with other military personnel and help to counter feelings of disconnection

and isolation in veterans (Carless et al., 2013, Caddick et al., 2015). These are important findings considering that wider research has also documented the positive influence of social connection and support networks on mental health in the general population (Maulik et al., 2010; Hefner & Eisenberg, 2009; Goveas et al., 2021), as well as in veteran populations (Wilkins et al., 2021; Chen et al., 2020).

Furthermore, evidence from UK military charities has found that loneliness and social isolation can be prevalent issues for many veterans (Ashworth et al., 2014; Wilson et al., 2018). Moreover, for veterans with conditions such as PTSD and CPTSD, limited social support has been associated with more severe symptoms (Simon et al., 2019; Brewin et al., 2000), whilst increased social support with less severe symptoms and improved outcomes in treatments such as psychotherapy (Gros et al., 2016; Proce et al., 2018). Given serving in the military often provides a substantial sense of community, re-establishing a sense of belonging may be an important factor for many veterans following their service (Kintzle et al., 2018). Again, this could be particularly important for those veterans who are also experiencing mental health difficulties, due to being at greater risk of social isolation (SSAFA, 2018).

The findings of this current study suggested that long-term involvement in sports such as climbing may offer a valuable way of providing a new sense of community for veterans. In this study, the important relationships developed through climbing were central to the participants accounts, including the way in which the close and trusting nature of these paralleled their military relationships. Research has found that military relationships can be akin to a family taking care of each other (Ahern et al., 2015; Woodward & Jenkins, 2011), and veterans have described feeling a strong sense of responsibility for the safety of their

comrades (Poulsen et al., 2018; McCormick et al., 2019). In a similar way, the participants in the present study highlighted how when climbing they had to trust and rely upon each other for their safety, and that they were very supportive and encouraging of one another.

This study also highlighted the potential benefits of climbing specifically alongside other veterans, as opposed to civilians. This included having a perceived deeper understanding of each other's mental health experiences and backgrounds, as well as a shared sense of humour and camaraderie reminiscent of the military. This is in line with past qualitative studies which found reconnecting with veterans and experiencing military-style camaraderie were important aspects that helped to improve mental health when participating in sport (Dustin et al., 2011; Mowatt & Bennett, 2011; Caddick et al., 2015; Burke & Utley, 2013). Reconnecting with others who share the experience of military culture may be especially pertinent considering veterans have reported missing aspects of military culture and its lifestyle post-service (Poulsen et al., 2018; McCormick et al., 2019). Maintaining military connections may also help to lessen the culture shock which can be experienced by some veterans when adjusting to civilian life (Keeling, 2018).

Participants in the current study reported that climbing with other veterans who had also experienced mental health difficulties, helped them to recognise that others were also struggling with their experiences. The social isolation that veterans can often experience (Caddick et al., 2015), may intensify beliefs that they are alone or somehow unusual in experiencing trauma responses. Similar to the current study, past research has found that socialising with other veterans who have mental health difficulties can have a positive effect of normalising trauma reactions (Palmer et al., 2015). This is important given veterans with combat trauma have frequently reported feeling ashamed and embarrassed by their mental

health issues (Reisman, 2016; Mellotte et al., 2017), and can hold stigma related beliefs such as 'I am weak', if they experience difficulties (Iverson et al., 2011; Coleman et al., 2017).

Veterans can also experience difficulties recognising when they are experiencing mental health problems or feeling that their difficulties are not severe enough to 'deserve' support (Rafferty et al., 2019; Mellotte et al., 2017). The findings of the current study added to previous findings and indicated that veterans may also experience complicated feelings around their mental health, such as not feeling 'worthy' of support. In particular, when they have invisible psychological injuries as opposed to also having visible physical injuries. Moreover, in a group setting veterans may find themselves comparing their own difficulties to those of other veterans. However, the findings of this study also suggested that normalising their mental health experiences through veteran peer support and experiencing a sense of acceptance from other veterans, appeared to help buffer some of the more challenging feelings such as shame and embarrassment.

Overall, these findings support wider research which has advocated peer relationships as a potentially valuable source of support for veterans living with combat trauma (Ahern et al., 2015; Weir et al., 2018). Moreover, this is in line with past research which has highlighted peer support as a valuable outcome of other sport and exercise-based approaches for veterans (Caddick et al., 2015; Carless et al., 2013; Burke & Utley, 2013). Peer support from other veterans may be especially significant, due to them feeling they have a greater understanding of each other than would be possible through civilian relationships alone (Weir et al., 2018). For example, the findings of this study highlighted that the participants felt they had a perceptive recognition of each other's needs and an understanding of when people did or did not want to engage in talking and or climbing.

Previous studies on surfing groups have reported similar experiences and the researchers have argued that sport may serve to create a safe and non-judgemental space for veterans (Marshall et al., 2019; Marshall et al., 2020). Having said this, research has also found that including civilians within surf therapy programs appeared to be additionally helpful in breaking down more social barriers for veterans (Marshall et al., 2022). The authors argued that without including civilians this activity may be less conducive to wider acculturation to civilian life. In the current study, some of the participants raised difficulties they'd experienced around civilians, however some also reported enjoying climbing with civilians outside of the charity. The participants noted the perceived friendliness and welcoming nature of climbing culture in general and the shared appreciation of the outdoors amongst most climbers. These perceived characteristics of climbing may make this sport a particularly appealing and beneficial one for veterans.

The mind-body experience of climbing

The participants also highlighted factors associated with the individual experience of climbing itself and other unique characteristics of the sport, which they felt were beneficial for their wellbeing. In particular, the participants highlighted a potential 'mindfulness' type quality to climbing, in which they felt fully focused on the climbing route at hand.

Mindfulness in the traditional sense refers to an ancient meditative practice, which has received increased attention in recent years as a potentially effective tool in improving wellbeing (Lang, 2017; Hofmann et al., 2010). Contemporary westernised approaches to mindfulness have described it as a process of purposefully directing one's attention to the present moment in a non-judgemental way (Kabat-Zinn, 2003). Theories suggest mindfulness may help to diminish physiological arousal, increase attentional control, and

foster greater acceptance of unwanted experiences in individuals with PTSD (Lang et al., 2012).

Preliminary research exploring mindfulness-based therapies has found that these approaches could be helpful for veterans with PTSD (King et al., 2013; Hopwood & Schutte, 2017). However, it is noteworthy that a participant in this study reported difficulties relating to the formal mindfulness training he had received in clinical settings. The findings of the current study indicated that sports such as climbing could represent an additional and more physically active way of achieving greater present moment awareness. In this study, climbing appeared to be therapeutic by enhancing present moment attention on the physical act of climbing and away from other negative thoughts and feelings. One of the main features of PTSD is the pulling of one's awareness into the past via intrusive flashbacks. Thus, it has been argued that a key feature of trauma healing could be developing a greater capacity for present moment awareness, in order to strengthen the individual's connection to the here and now (Rothschild, 2017).

An alternative theory to mindfulness is the 'distraction' hypothesis which claims that physical activity may help to provide a general distraction away from negative mental health symptoms (Mikkelsen et al., 2017). Regardless of the exact mechanism at play, similar positive experiences have been reported by veterans engaging in various sporting activities (Walker & Kampman, 2021; Marshall et al., 2020; Caddick & Smith, 2015). The participants in the current study also reported experiencing states of peacefulness, relaxation, and restfulness whilst concentrating on their climbing routes. Similar feelings of calmness and respite from PTSD symptoms have been reported by veterans whilst scuba diving (Walker & Kampman, 2021), and during surfing (Marshall et al., 2020). Commonalities across the

sports of climbing, scuba diving and surfing include the high levels of focus required to do these activities successfully and safely. Moreover, the need to be aware of and interact with the natural environment. Arguably, this physical interaction with the natural environment may align well with veterans' prior military experiences of being very active and facing physical and environmental challenges (Caddick & Smith, 2015).

It has been suggested that the ability to stay focused in the present moment, may be enhanced through regular practice of high-risk sports such as climbing (Steinberg, 2011; Wheatley, 2021). In contrast to more traditional sports, errors in judgement or technique can result in injury, and sometimes even death in high-risk sports (Young & Knight, 2014).

Research has found that elite rock-climbers display high rates of mental skills which enabled them to remain in the present moment and to perform well even under high stress conditions (Young & Knight, 2014). Moreover, experienced athletes from various high-risk sports scored significantly higher on measures of these mental skills than leisure and novice athletes, indicating a possible correlation between regular engagement in high-risk sports and the development of skills such as present moment awareness (Young & Knight, 2014).

In higher-risk sports such as outdoor climbing, athletes can face additional challenges including unpredictable environments such as rock falls, rapidly changing weather conditions, and equipment failures (Young & Knight, 2014). The participants in this study highlighted feeling particularly drawn to the risk or 'adrenaline' elements of climbing. Some of the participants linked this to their military service and how anticipation of danger may have in some ways become a feeling or place of normality for them. Indeed, it has been argued that veteran's may be drawn to thrill seeking activities due to a level of habituation which may have developed from frequently experiencing threatening combat situations

(Betthausen et al., 2017). For example, in a US qualitative study, veterans deployed to Iraq and or Afghanistan described how fear could be a daily and continuous feeling, which they felt eventually increased their tolerance to threatening situations (Brenner et al., 2008).

Supporting the findings of the current study, research has found that the adrenaline rush and thrill experienced by veterans when engaged in competitive motorsport were viewed as highly positive feelings (Serfioti & Hunt, 2021). The veterans in the motorsport study also reported enjoying how these feelings replicated feelings similar to those experienced during the military. Similar findings were reported from a qualitative study, in which the experiences of exhilaration and danger were salient reasons for why US veterans chose to participate in adventurous outdoor activities, such as white-water rafting and kayaking (Betthausen et al., 2017). Thus, the findings of the current study and previous research suggests that veterans may engage in thrill-seeking activities in attempts to relive a similar state of adrenaline rush to that experienced during deployment or military training (Betthausen et al., 2017).

For individuals with PTSD or CPTSD, a desire to seek out risky activities may to some extent sound counterintuitive, given these conditions are already characterised by high levels of anxiety and feelings of being unsafe. Interestingly, participants in this study identified being aware of anxiety during climbing such as shaking limbs and feeling nervous. However, they also identified feeling relatively at ease with these sensations within this context. One participant described it as good anxiety and another mentioned often experiencing anxiety in life but feeling it “tastes sweeter on the mountain”. It is possible that the PTSD or CPTSD related anxiety experienced at home or in everyday social contexts, may be more difficult to process given the level of anxiety experienced typically does not match the level of actual

threat in the environment. Moreover, experiencing anxiety in these non-threatening situations might possibly contribute to feelings of shame or embarrassment that veterans can experience around their mental health difficulties (Coleman et al., 2017; Iverseon et al., 2011). This is because it may conflict with their understanding of themselves as 'strong' military men.

There is always some level of inherent risk in climbing, which means any anxiety experienced may fit more easily with the environment and might therefore be easier to accept and understand. The anxiety experienced during and in preparation of climbing might also be to some extent similar to the level of alertness needed in the context of military service, in which military personnel can experience long periods of hyper-arousal (Brenner et al., 2008). Again, it has been argued that this physiological state may become a state of normality for veterans, which may be difficult to just 'switch off' when returning to civilian life (Hoge, 2011; Van der Kolk, 2014). If this is the case, then engagement in physical activity and sport could represent an important and healthy medium through which to help channel or manage these potentially higher than average levels of arousal.

One of the participants in the current study also highlighted how being close to danger helped him to feel more "alive". Another participant wondered whether the active attempts to stay safe whilst climbing could help trigger a greater will to stay alive for those who may be experiencing suicidal ideation. These interesting observations perhaps challenge stereotypical notions that individuals who engage in higher-risk sports are motivated to seek risk alone and may hold a kind of reckless 'death wish' (Brymer & Schweitzer, 2017). In contrast to these assumptions, extensive measures are typically taken in rock climbing to ensure it is as safe as possible (Crust et al., 2016; Jackman et al., 2020). Research has

suggested that rather than risk itself being one of the main motivators to engage in high-risk sports, it is actually more often the powerful, profound, and life-enhancing experiences that these sports can provide the individual (Brymer & Schweitzer, 2013; Brymer & Schweitzer, 2017; Willig, 2008).

Applied implications

Whilst it is important to note that psychotherapy can be helpful for some veterans, previous research has also identified a range of issues related to psychotherapeutic approaches (Mellotte et al., 2017). The findings of this current study suggest that engagement in sports such as climbing could provide an additional way for veterans to improve their well-being. Consequently, this implies counselling psychologists and other mental health practitioners working with veterans should remain open to recognising and encouraging their client's commitment to a range of different coping resources, including those such as sporting endeavours. Moreover, practitioners would benefit from having an awareness of the varying services available for veterans and where appropriate signpost to relevant organisations or agencies. These implications are particularly pertinent when working with veterans who have appeared unable to engage in the first-line psychological therapies or have found these approaches personally ineffective.

It could be assumed that counselling psychology research would focus solely on promoting the use of psychological therapy, however this field also holds a critical approach and recognises the limitations of talking therapy (House & Feltman, 2015). The importance of being open-minded to varying holistic ways of supporting people is arguably championed by counselling psychology (Kasket, 2017; Milton, 2010). This is particularly significant when working with minority groups such as veterans, who appear to have poorer treatment outcomes than the general population (Kitchiner et al., 2019). From a social justice perspective, it is essential to recognise when mainstream approaches may fail to be optimal for groups with a more distinct culture, such as the military population. For psychologists, understanding different cultures and aligning the support provided accordingly, also relates

to important ethical and professional guidelines (BPS, 2017; Blair, 2017). For instance, guidelines state that “practitioners will make themselves knowledgeable about the diverse life experiences” of clients (BPS DCoP, 2005: p.7), and be aware of the impact of culture on practice (HCPC, 2015).

Past research has also raised questions regarding the compatibility of mental health interventions with military culture (Weiss & Coll, 2011; Bryan et al., 2012). For example, the collectivist, strength-based culture of the military may conflict with the more individualistic and pathology focused nature of traditional mental health services and psychotherapy (Brim et al., 2013). In contrast, the findings from this current study and previous research have indicated that engagement in sport may represent a way of managing mental health issues which could be more compatible with military culture and identity (Scheinfield et al., 2017). In addition to cultural differences, counselling psychologists also recognise that individual differences exist and view each person as a unique being with unique experiences (Cooper, 2009). Given combat-PTSD has been described as a complex and heterogenous condition, there is arguably also a need for more individualised approaches which can move beyond single courses of manualised therapy alone (Steenkamp et al., 2020).

Counselling psychologists can also use their professional status to influence wider service delivery and development, for example through their leadership, training, and supervisory roles (Kasket, 2017). A unique implication of this study regarding service delivery, was the emphasis placed on the value of the veteran climbing charity being able to offer longer term or more indefinite involvement in the charity. To my knowledge, the majority of studies thus far have only explored short-term or finite sport and exercise interventions (Caddick &

Smith, 2014). Some of the participants in this current study highlighted the potential to feel 'dropped' or 'abandoned' at the end of short-term or finite approaches. In contrast, the participants in this study stressed the benefits they felt they experienced through having continual climbing events to work towards. These findings suggest that practitioners in senior positions such as counselling psychologists, could play an active role in advocating for more long-term sport and exercise opportunities to be embedded within existing mental health services.

In addition, the veteran climbing charity also offers unique occupational opportunities. This is through supporting those veterans who wish to work towards gaining formal climbing instructor qualifications. These qualifications can then enable those veterans to work with and support future veterans who join the charity or to gain employment elsewhere.

Consequently, wider services could benefit from ensuring veterans have greater access to interventions such as these, which can also provide additional social and occupational opportunities (Forbes et al., 2019). This could add to the predominant psychological or medical approaches to veteran mental health, which are more focused primarily on symptom reduction. Longer term and broader opportunities for veterans with combat trauma, could be especially crucial given research indicates that PTSD and CPTSD can be chronic and fluctuating conditions, despite engagement in the first line psychological interventions (Chopra et al., 2014; Laffaye et al., 2008; Lobban & Murphy, 2018).

For veterans, having the opportunity to engage indefinitely in enjoyable and positive activities such as sport, may also serve to foster greater meaning and purpose in their lives, despite any ongoing mental health difficulties. It has been argued that finding new meaning and direction in life may be a particularly significant task for many veterans following

transition out of the military (Keeling, 2018). Indeed, research has found that veterans have reported struggling with the loss of the highly structured military lifestyle and can experience a loss of purpose in their lives post-service (Ahern et al., 2015). Participants in the current study stressed the benefits they perceived from having the structure of regular climbing trips to attend and some likened this experience to the rhythm and structure of their former military careers.

This level of continuity might also be more effective in creating a greater sense of belonging and community, than would be possible through finite interventions alone. A key finding of this study was the importance of the shared relational experience of climbing and the support network created through involvement in the charity. Consequently, this suggests that services could aim to include more peer support groups and community-based activities that incorporate sport as a way of promoting social connectedness amongst veterans. This implication is supported by recent research arguing that veterans would likely benefit from integrating into more community-based opportunities (Leslie et al., 2020; Gettings et al., 2022). Social prescribing services have been specifically highlighted as a useful vehicle through which veterans could be linked into different services (Leslie et al., 2020). Arguably however, all mental health practitioners working with veterans could play an important role in signposting or referring to relevant services.

This emphasis on the importance of social connection can also be linked to our theoretical understandings of trauma and trauma-informed practice. Noted trauma experts have long argued that connection with others is at the heart of healing from trauma (Herman, 1997; Johnson, 2002). Indeed, it has been theorised that the creation of safe and affirming interpersonal connections can aid the trauma survivor in reorganising their intrapsychic

world (Lopez-zeron & Blow, 2015). From a counselling psychology perspective, the therapeutic relationship is typically considered one of the main vehicles through which psychological difficulties can be understood and alleviated (Nielsen & Nicholas, 2016). However, establishing this therapeutic relationship may feel particularly challenging for some veterans, due to difficulties trusting civilian mental health professionals and holding perceptions of being misunderstood by outsiders (Johnson et al., 2018; Ahern et al., 2015). Consequently, when working with veterans it may be particularly important for this relational stance to be extended beyond the one-to-one focus of a therapeutic relationship and outside the counselling room. This could be achieved by actively considering and promoting additional avenues through which veterans can gain the benefits of meaningful social connection.

Developments in our understanding of trauma have also led to greater attention being paid to the body and physiology in our theories and interventions (Levine, 2010; Ogden et al., 2006). This has stemmed in part from challenges to the traditional dualistic conceptions of the mind and body as separate entities (Crawford, 2010). Modern neurobiological perspectives of PTSD, now recognise that the 'flight-or-fight' nervous system response can become chronically dysregulated following exposure to trauma (Sherin & Nemeroff, 2022). In other words, the body may attempt to continue defending itself against threats from the past and the nervous system may become hypersensitive to environmental triggers (Sherin & Nemeroff, 2022). Moreover, traumatised individuals may experience a range of physical symptoms such as chronic muscle contraction and pain (Rothschild, 2000). Consequently, trauma specialists have argued for radical shifts in our therapeutic assumptions of trauma and for treatment to engage mind, body, and brain (Van Der Kolk, 2014; Rothschild, 2017).

Current psychological treatments have evolved to include greater consideration of the body and can include meditation, relaxation, and breathing exercises aimed at reducing arousal levels (Crane, 2017). However, engagement in sport and or physical exercise may represent an additional way in which to include the mind and body more in the treatment of trauma. Moreover, for veterans in particular, one which may bypass the stigma and barriers often associated with more clinical settings. For military personnel, dysregulation of the autonomic nervous system may be compounded by prolonged exposure to stressful combat environments and the expectation that this will easily reset post-service may be unrealistic (Hoge, 2011). Consequently, it has been argued that interventions focusing more on addressing physiological responses may be particularly important for combat veterans (Crawford et al., 2019; Hoge, 2011; Reisman, 2016).

Trauma specialists have suggested that through having physical experiences that deeply and viscerally contradict the helplessness of trauma, the body may better learn that danger has passed and learn to live in the present (Van Der Kolk, 2014). In the context of this study, the achievement of climbing a route which has been experienced as anxiety provoking and challenging but has also been physically and mentally overcome, could represent a similar process to the one described above. Moreover, having the autonomy to choose to engage in a challenging sport and achieving a sense of mastery from this engagement, could help to contribute to feelings of greater control over mind and body. Increasing a sense of control over mind, body, and life, has been described as a crucial goal in the treatment of trauma (Rothschild, 2017). This is believed to help counteract the extreme lack of control which is often experienced during and following trauma (Herman, 1992).

Research has also suggested that physical activity can help individuals with PTSD in numerous physiological ways including, greater normalisation of the hypothalamic pituitary axis function, reductions in inflammatory markers, and improvements in physical health conditions that can often accompany PTSD (Hegberg et al., 2019; Oppizzi & Umberger, 2019). Moreover, physical activity can help to expose and desensitise individuals with PTSD to arousal cues such as increased heart rate, that can otherwise often be experienced as threatening and anxiety provoking (Lang et al., 2002; Ley et al., 2018). In this way, the fear experienced during challenging sports such as climbing could also serve as a form of exposure work for individuals with trauma conditions. This is arguably similar in ways to the exposure interventions used in approaches such as trauma-focused CBT, but perhaps delivered in a format that may be more appealing for veterans to engage in.

Overall, as part of a trauma-informed approach, counselling psychologists can play an important role in providing psychoeducation and training around the psychological and physical benefits of sport and or physical activity. In addition, they could help in developing greater multi-disciplinary collaboration between mental health services, voluntary services, sporting bodies, and professionals such as sport and exercise psychologists, in order to create more opportunities for veterans. Lastly, counselling psychologists can act as advocates for this minority group by stressing the importance of veterans being offered individualised tailored approaches and having access to a range of intervention options. This is in line with the humanistic ethos of counselling psychology which proposes tailoring approaches to the client rather than expecting the client to adapt to standardised approaches (Cooper, 2007). Moreover, moving beyond the mechanistic application of theory and research and working more creatively with service users (Cooper, 2007).

Limitations and further research

Generalisation is not typically considered an appropriate goal for qualitative research, due to its understanding of knowledge as being context-bound (Braun & Clarke, 2013). However, some researchers claim that qualitative results are potentially generalisable, just not in the same way as quantitative results (Sandelowskis, 2004). As Yardley noted, “there would be little point in doing research if every situation was totally unique, and the results in one study had no relevance to any other situation” (Yardley, 2008, p.238). A more commonly used concept in qualitative research is transferability, which refers to the extent to which aspects of qualitative results may be ‘transferred’ to other groups of people and contexts (Lincoln & Guba, 1985). In IPA, the author should provide transparent detail of the sample, the analysis, and links to the extant literature, to enable readers to evaluate transferability to persons in contexts which are more or less similar (Smith et al., 2009).

It is important to note that the current study lacked ethnic diversity. This represents a limitation due to the lack of diversity reported across psychological research in general (Roberts et al., 2020), and may limit aspects of transferability in the current study. Further research is needed to explore the experiences of under-represented veterans and their engagement in mental health support, including sport and exercise-based approaches. This is particularly important as black, Asian and minority ethnic representation in the UK Armed Forces is increasing (MOD, 2019), and veterans from minority ethnic backgrounds have reported experiencing different barriers to mental health support (Pearson et al., 2020). Furthermore, due to the need for homogeneity in IPA research and the particular focus of this study, only male participants were recruited. However, a lack of research exploring the experiences of female veterans has recently been highlighted as an issue in the wider

literature (Hendrikx et al., 2021). Therefore, future research is needed to specifically explore female veterans' experiences of engaging in sport and exercise activities for well-being, such as climbing.

In the current study attempts were made at limiting researcher bias, such as employing the use of a reflexive journal and engaging in regular discussions regarding the research process with supervisors. However, it is acknowledged within the method of IPA that it is not possible to remove all researcher bias and the researcher will inevitably bring their own experiences (Smith et al., 2009). Nevertheless, this can be acknowledged as a potential limitation of the current study. My own positive experiences of climbing may have biased my expectations or interpretations of the participants experiences to some extent. Moreover, participants with more positive experiences of climbing may have potentially been more likely to apply, resulting in an element of selection bias. Having said this, the participants in this study were open about still experiencing mental health difficulties at times and acknowledged how this could sometimes make it challenging to climb.

Indeed, this current study does not intend to make overgeneralised claims that climbing would be consistently beneficial for all veterans with combat trauma but recognises that individual differences and nuances exist. This is in line with Caddick and Smith's (2017) recommendation that researchers should emphasise sport and exercise-based approaches as a possible approach, but not the only or best approach, to supporting the wellbeing of veterans. Indeed, the current study aims to promote a holistic approach, which recognises that veterans would likely benefit from engaging in a range of different resources. A benefit however which appeared unique to involvement with the veteran climbing charity and possibly lacking in some other approaches, is the possibility of long-term engagement.

Future research could explore whether any barriers may exist for veterans in regard to accessing these types of longer-term opportunities, such as limited resources or funding, and if so ways to address these.

In the present study, the participants mostly referred to their experiences of outdoor rock climbing with the use of equipment. However, a range of other climbing disciplines exist including for example, sport climbing, alpine mountaineering, ice climbing, free solo and bouldering. Consequently, future research could also explore the different climbing disciplines more specifically and whether differences exist between these for veterans. This may lead to more specific and nuanced participant experiences. Lastly, the current study did not specify that climbers had to be of a certain level of climbing to take part but allowed for any level of climbing experience. Consequently, future research may wish to consider the experiences of veterans climbing different levels or grades, for example beginners through to more advanced climbing.

Conclusion

Combat-related trauma is often complex in nature and can be difficult to treat with first-line psychological interventions alone (Kitchiner et al., 2019; Steenkamp et al., 2015).

Consequently, there is a continued need to research novel approaches for supporting veterans, which may also reduce stigma and align more readily with military culture. This is especially timely given the recent increased rates of PTSD (Stevenson et al., 2018), as well as the growing recognition of probable CPTSD cases in UK veterans (Murphy et al., 2021). The findings of the current study supported previous research suggesting sport could offer an additional way of improving veteran wellbeing (Caddick & Smith, 2014). This current study also added to the present literature by specifically exploring the experiences of rock climbing and engaging in a climbing charity, for veterans living with combat trauma. Through adopting a qualitative approach, this study was able to gain important insights into the lived experience of combat trauma and the meaning and value attributed to the participants climbing experiences.

The findings revealed a range of beneficial factors, which related to both the social elements of climbing with other veterans as well as the individual experience of climbing itself and characteristics unique to this sport. For all the participants the opportunity to engage in the veteran climbing charity appeared to provide a life-changing opportunity. Importantly, one which enabled them to start regularly engaging in life and with others again, often after prolonged periods of social isolation. Unique to this study was the emphasis placed on the possibility of long-term engagement in this charity, which in turn could provide ongoing goals, occupational opportunities, and a strong sense of community. This approach moves beyond a focus on symptom reduction alone to one which can also provide veterans with

new purpose and meaning in life. Counselling psychologists and practitioners working with veterans can play an important role in identifying and signposting those individuals who may benefit from additional avenues of support such as this. Overall, engagement in climbing or other sports, may be promoted alongside other interventions, as part of a holistic, flexible, and trauma-informed approach for supporting veteran wellbeing.

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Appendices

A Table of Participant demographics

<i>Participant (Pseudonym)</i>	Richard	Mike	Max	Scott	Ben	Dan
Age	42	52	47	43	42	43
Ethnicity	White British	White British	White British	White British	White British	White British
Branch in Forces	Army	Royal Marines	Army	Army	Army	Royal Marines
Deployed to	Afghanistan	Northern Ireland Iraq	Bosnia Kosovo Iraq Afghanistan	Afghanistan	Afghanistan Northern Ireland Africa	Afghanistan Northern Ireland
Combat zone	Yes	Yes	Yes	Yes	Yes	Yes
Length of service	12 Years	13 Years	12 Years	10 years	17 years	19 years
Mental Health Diagnosis	PTSD, Depression	CPTSD	CPTSD, Depression	PTSD, Anxiety, Depression	PTSD, Anxiety, Depression	CPTSD, Anxiety, Depression
Years of climbing	5 years	2 years	7 years	3 years	From age 12	From age 14

B Interview schedule

IPA interview style

In line with the idiographic focus of the IPA approach, a semi-structured interview schedule was used as this enables the participants to also contribute to what is covered (Braun and Clarke, 2013). Smith et al. (2009) recommended a schedule of around six to ten questions which should remain open and flexible during the interview. It is also recommended that the first question is particularly broad and allows the participant to recount a descriptive experience (Smith et al., 2009). Probes may be used during the interview to find out more about important things said, for example 'can you tell me more about that', 'could you elaborate on this' or 'how did that make you feel' (Braun and Clarke, 2013).

Initial greeting plan

1. Establish rapport and thank participant for agreeing to take part.
2. Talk through brief background regarding research thesis i.e., what it is about, what it hopes to gain.
3. Remind client that I am interested in all their experiences, and there are no right or wrong answers (Smith et al., 2009).
4. Ask if they are happy to continue and whether they have any questions before the start.

Semi-structured interview schedule

Can you tell me about your climbing experiences so far?

Do you have any particularly memorable climbing moments?

Do you feel climbing has contributed to your wellbeing in any way, and if so how?

Do you think there are any aspects of the climbing course itself, which may have contributed to your wellbeing?

Have you been involved in any other forms of formal mental health support, such as talking therapy? If so, would you feel comfortable telling me about your experiences of these?

How have your experiences on the climbing course compared to your other experiences of support?

C Examples from data analysis process

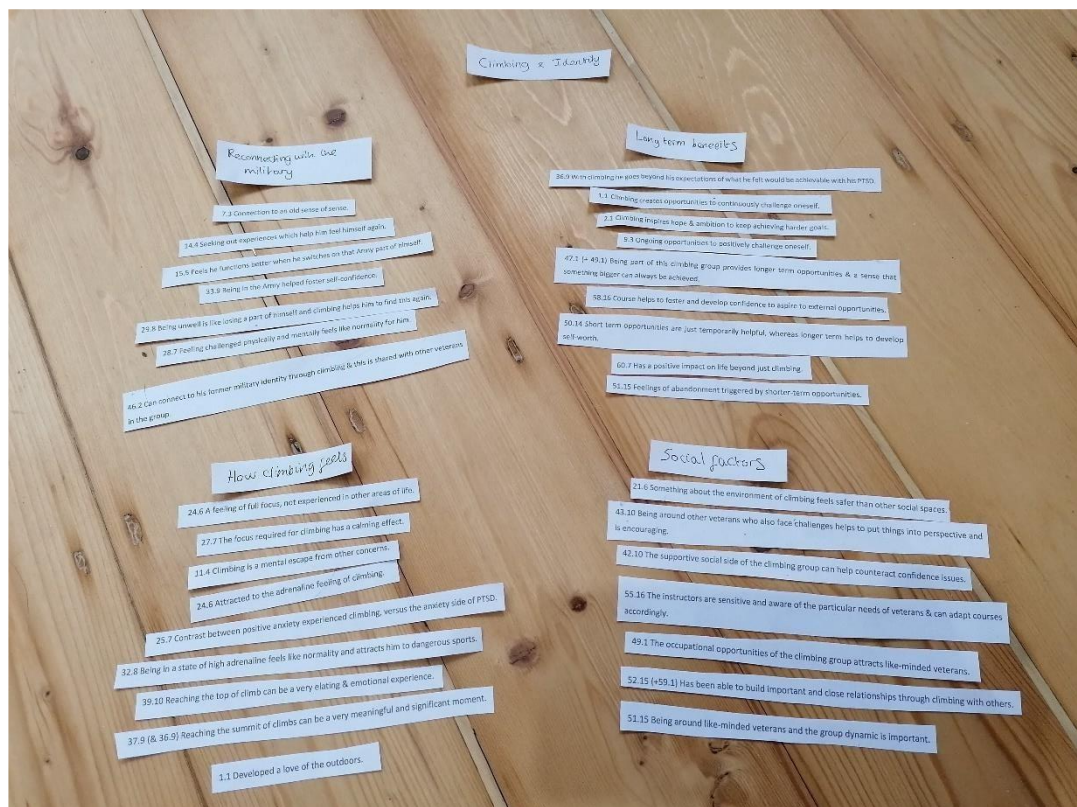
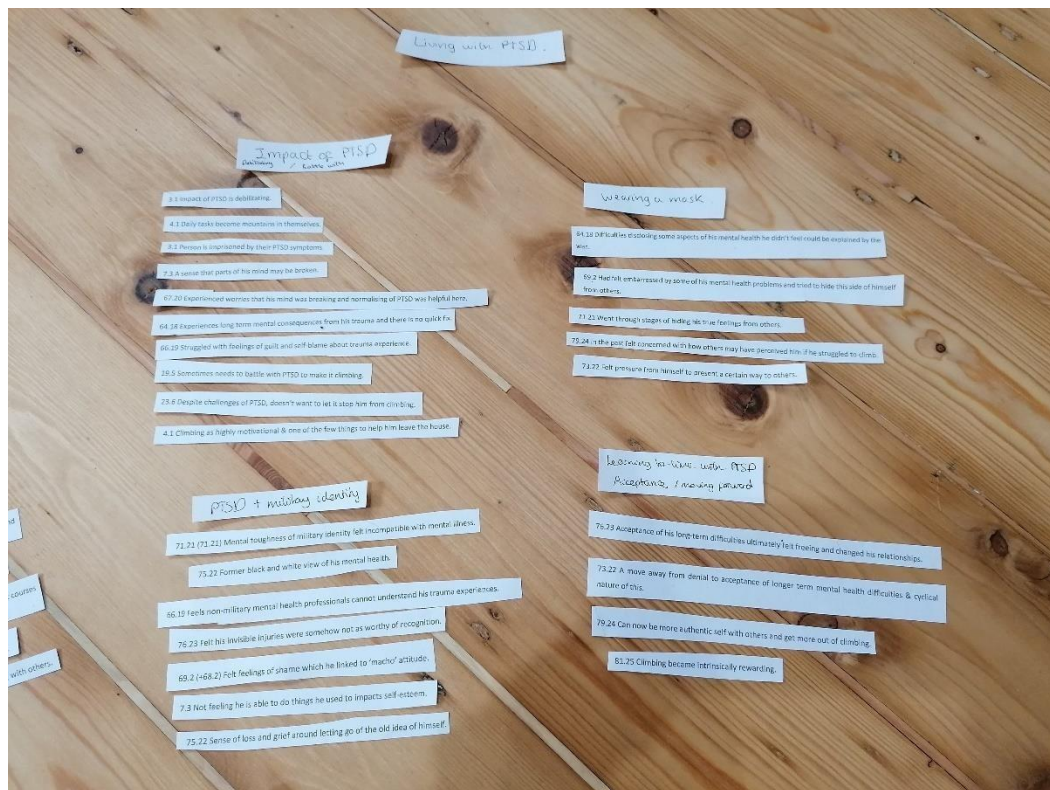
Exploratory Noting	Participant Transcript	Experiential Statements
<p>Something unique about climbing, which feels easier than other areas of life/other social contexts? Again, more of a pull to leave the house when it's climbing.</p> <p>'Where I go to fix myself'- Feels something is broken?</p>	<p>21.6 I might find it difficult to go in to work or like family friends functions sort of thing but no climbing is different mountains in general is where I go to fix me myself and yh I find it easier to get out the house</p>	<p>Climbing setting feels safer than other social spaces.</p>
	<p>22.6 <i>Yh so it just sounds so important to you like its so</i></p>	
	<p>22.6 Yh very much so</p>	
	<p>23.6 <i>Helpful and yh even in those times when it's difficult to motivate yourself to maybe when you're really struggling it sounds like once you start that it does still make a difference as well</i></p>	
<p>Despite the challenge of living with PTSD, doesn't let it win or stop him going climbing, even when it's at its worse. Very strong pull/determination to climb. Even when it is</p>	<p>23.6 Yh oh yh definitely I last year was as bad as I have been for a long time and although it took me a while to get there I still got there do you know what I mean it wouldn't have stopped me from going</p>	<p>Despite ongoing challenges of PTSD, doesn't want to let it stop him from climbing.</p>

<p>a battle/fight to get there? Climbing is therefore a huge achievement.</p>		
	<p>24.6 <i>Mmm mm umm do you think that you could describe to me what it feels like when you're climbing I know its quite difficult to put in to words</i></p>	
<p>Focused and in the moment. That feeling of adrenaline – very desirable. Identifies as an 'adrenaline junkie'; so, seeks out that feeling? Full focus in the moment; contrast to other areas of life. Unique to climbing.</p>	<p>24.6 Umm I just it its if I had to pick one word it's focus and for me that's good because as we've discussed I'm focussed on exactly what I'm doing umm and I love adrenaline I'm a bit of an adrenaline junkie umm so that side of things if I'm doing a harder route it doesn't matter that I might be nervous about the climb or think about where I'm going to put the gear umm it's just completely all in on that moment focus is probably the best word and whereas with everything else I get quite distracted</p>	<p>Attracted to the adrenaline of climbing. A feeling of full focus, not experienced in other areas of life.</p>
	<p>25.7 <i>Hmm</i></p>	
<p>Impact of PTSD; worry, anxiety, ruminating?</p>	<p>25.7 Or I fixate on things or worry about stuff so or like the anxiety side of PTSD</p>	
	<p>26.7 <i>Yh</i></p>	
<p>Contrast between experience of PTSD above, and experience when climbing. Feels relaxed, calm when climbing. Different to everyday life?</p>	<p>26.7 Climbing I'm relaxed and I'm focused</p>	<p>Climbing is restful.</p>

	<i>27.7 Relaxed</i>	
The paradoxical effect of climbing – physically doesn't appear relaxed (e.g. shaking) but mentally feels relaxed? Climbing is challenging.	27.7 And not thinking about other things yh relaxed people always laugh at me when I say because they say oh you're relaxed but your leg is shaking and you're trying to get that bit of gear in and I think it's that's a different they have to understand that maybe they'd have to be in their in the normal days to understand what I mean by relaxed	Focus required for climbing has a calming effect.
	<i>28.7 Hmm so there's that like physical challenge maybe you feel a bit scared but also relaxed at the same time</i>	
Has done many things in past life that felt challenging/scary? His sense of relaxed may be different having been in the military – being in a physically scary situation is his 'norm'. Feels comfortable in fearful situations?	28.7 Yh and because most of the things that I have done in my life have involved physical challenge or umm fear or adrenaline in one shape or another so it's um yh it's like the norm to me it's like	Feeling challenged physically and mentally feels like normality for him.
	<i>29.8 Hmm just feels really familiar</i>	

<p>'Feel like myself again'; wanting to return to a previous sense of self. When unwell doesn't feel like himself – loss of an important part of identity leads to unhappiness. Grief?</p>	<p>29.8 Yh that's a brilliant word actually the feeling feels familiar and it's the same as doing that survival bit I feel like myself again which day to day sometimes if I'm not very well that's a source for me of umm unhappiness in that I don't feel like the old me anymore but soon as soon as I go climbing well I'm (name removed) again or in the woods or whatever it is that's outdoors</p>	<p>Being unwell is like losing a part of himself and climbing helps him to find this again.</p>
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Example of participant Experiential Statements grouped in to 'Personal Experiential Themes' for one participant:



D Ethical approval

This appendix has been removed for confidentiality reasons.



Participant Information Sheet

'Climbing to Recovery': The experiences of outdoor climbing courses for Male veterans of the British Armed Forces.

About the research

Thank you for your interest in this study. My name is Lucy Harker and I am a Trainee Counselling Psychologist at the University of the West of England. For my doctoral thesis I am researching veterans' experiences of climbing and participating in veteran specific climbing courses. There is growing evidence for the use of sport interventions in improving veteran wellbeing and mental health, and I am really interested in exploring this more.

This research is also interested in veterans' experiences or perspectives towards any other forms of support which may be available, for example talking therapies. Overall, I hope this information can help contribute to our understanding of how best to support veterans. **Why have you been approached to take part?**

You have been invited to take part in this study because you fit the criteria of; over 18, a male veteran of the British Armed Forces and have engaged (or are currently engaged in) a veteran specific climbing course.

Details about the interview

Participating in this study would involve completing an interview either via telephone or through an online platform such as zoom and would take approximately one hour. **Will I be identifiable?**

I would audio-record the interview and store it securely. I would then transcribe it, anonymising any identifiable information. The audio-recording will be destroyed once the transcriptions are complete.

How will my data be used?

All the information collected for the study will be stored securely. It will be analysed to explore if there are any patterns in the experiences shared by participants. Patterns found will be discussed in the thesis and may be presented at conferences and in publications. This may include anonymised quotations from your interview answers.

What benefits and risks are there in taking part?

The questions will give you the opportunity to share your experiences of engaging in climbing and any other types of support. This information could help contribute to our understanding of how best to support veterans.

However, you may find talking about your experiences brings up some difficult thoughts or feelings for you. If you find that you feel distressed following the interview, then support is available from the following organisations:

Help for Heroes – Please visit <https://www.helpforheroes.org.uk/get-support/get-supporttoday/> to register.

For more urgent psychological support and 24/7 helplines contact:

Combat Stress on 0800 1381619 or the **Samaritans** on 116 123.

In the event of the interview process raising any serious concerns regarding your mental health one of the course leaders will be contacted so they can provide further support and signposting.

Will I be able to change my mind and withdraw from the research?

If you decide that you no longer want your answers to be included, you will be able to withdraw by emailing me. Please note that after a period of one month from the interview it will no longer be possible to withdraw your data.

Consent

Before we start the interview, I will invite you to sign a consent form. This is to ensure that you have read the information about the study and that you agree to participate in it.

Ethics

This study has been reviewed and approved by the University of the West of England's Research Ethics Committee. Any questions, comments or concerns about the ethical conduct of this study can be given to the Research Ethics Committee at the University of the West of England at:

Researchethics@uwe.ac.uk

Contact details

If you would like any further information about the study or would like to discuss anything about this, you can contact me or my supervisor using the details below.

lucy2.sheenharker@live.uwe.ac.uk Research Supervisor: Dr. Zoe Thomas, phone number: [+4411732 83794](tel:+441173283794), Email: Zoe2.Thomas@uwe.ac.uk.



'Climbing to Recovery': The experiences of outdoor climbing courses for Male veterans of the British Armed Forces.

Thank you for your interest in taking part in this research. If you have any questions arising from the Participant Information Sheet, please ask the researcher before you decide whether to take part.

Researcher: lucy2.sheenharker@live.uwe.ac.uk

Research Supervisor:

Dr. Zoe Thomas , phone number: [+4411732 83794](tel:+441173283794), Email: Zoe2.Thomas@uwe.ac.uk.

Please tick:

I confirm that I understand that by ticking each box I am consenting to this element of the study. I understand that it will be assumed that unticked boxes mean that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element I may be deemed ineligible for the study.

1. I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information and asked questions which have been answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time. However, I understand that I will only be able to withdraw my interview data within a month of the interview date.

3. I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in accordance with the terms of the UK Data Protection Act 1998.

4. I understand that confidentiality and anonymity will be maintained, and it will not be possible to identify me in any publications.

5. In the case of the interview process raising any serious concerns regarding my mental health one of the course leaders will be contacted so they can provide further support and signposting.

6. I consent to my interview being audio recorded for transcription.

Participant Date _____ Signature _____ Name of

Researcher Date _____ Signature _____ Name of

This research has been approved by the Faculty Research Ethics Committee (FREC)

G Summary of research

The Experiences of Rock Climbing for Male British Veterans living with Combat Trauma: An

IPA Study

Lucy Harker, Dr Zoe Thomas, Dr Toni Dicaccavo

Abstract

Interest has grown in the potential value of sport and exercise as a way of improving veteran mental wellbeing (Caddick & Smith, 2014). The main aim of this current study was to explore the ways in which climbing and engaging in a veteran specific climbing charity, may help to support the wellbeing of veterans living with combat trauma. Six male participants between the ages of forty-two and fifty-two were recruited from a registered veteran climbing charity. Semi-structured interviews were conducted and analysed using Interpretative Phenomenological Analysis (IPA) (Smith et al., 2022). Three Group Experiential Themes emerged; 'The Battle with PTSD', 'Brotherhood and Belonging', and 'The Phenomenology of Climbing'. The findings revealed a wide range of beneficial factors, including characteristics unique to climbing itself, as well as the social elements of climbing with other veterans. Applied implications, limitations, and further research suggestions are discussed.

Keywords:

Climbing; combat trauma; military veterans; post-traumatic stress disorder, complex posttraumatic stress disorder

Introduction

Counselling Psychologists can play a key role in raising awareness of social justice issues (Motulsky et al., 2014). Veteran mental health is one area which currently presents a unique public health and social justice challenge (Yerramsetti et al., 2017). Whilst research has shown that many veterans are able to transition successfully into civilian life (Iverson et al., 2005; Hunt et al., 2014), a significant minority also appear to experience a range of complex social, psychological, and physical health-related problems following their service (Harvey et al., 2011; Fear et al., 2010; Goodwin et al., 2015). These issues highlight the complex needs of this population group and the importance of ongoing research exploring the health and wellbeing of UK military veterans as well as the support available.

Military personnel are at high risk of exposure to traumatic events and, as such, represent a group particularly vulnerable to mental health difficulties (Williamson et al., 2019). Rates of post-traumatic stress disorder (PTSD) have been found to be 6%, compared to a rate of 4% in the general population (Stevellink et al., 2018). Difficulties with alcohol misuse, depression and anxiety have also been reported as common issues (Murphy & Turgoose, 2019; Murphy et al., 2019). Whilst the reported rates of mental health problems have varied widely (Woodhead et al., 2011), overall, there is compelling evidence that mental health issues represent a significant problem in the veteran population (Murphy et al., 2010).

Recent findings from a major cohort study have also indicated an increase in the rates of probable PTSD in UK veterans (KCMHR, 2021). In particular, being deployed in a combat role to Iraq and Afghanistan was significantly associated with worse mental health outcomes (Stevellink et al., 2018), with 17% reporting symptoms of probable PTSD compared to 6% of veterans deployed in other roles. These findings arguably highlight the need for continued

research exploring the available interventions specifically for combat trauma. Whilst PTSD is not one of the most commonly reported mental health issues for veterans, it is arguably one of the most potentially debilitating conditions (Jellestad et al., 2021). Moreover, this disorder often appears to be more chronic and enduring in veterans (Armenta et al., 2018).

The current first-line recommended psychological treatment in the UK for PTSD is traumafocused cognitive behaviour therapy (CBT) (NICE, 2018). Research has found strong evidence to support the use of trauma-focused CBT in civilian populations (Greenberg et al., 2015). Some evidence has also been found for the use of trauma-focused CBT combined with group psychoeducation sessions for veterans (Murphy et al., 2015; Murphy et al., 2016). However, veteran engagement in these psychological treatments is low and there are often high-dropout rates (Kitchiner et al., 2019). Moreover, studies have consistently shown that veterans show poorer treatment outcomes compared to civilian populations (Steenkamp et al., 2015; Watts et al., 2013).

Numerous factors have been proposed to explain the outcome differences, including veterans having more complex trauma presentations, frequent comorbidity with other mental health difficulties, and high prevalence of adverse childhood experiences (Murphy & Turgoose, 2022; Murphy et al., 2021). Current treatment guidelines have also been criticised for relying heavily on research based primarily using civilian samples (Steenkamp et al., 2015). Lastly, the poorer outcomes may be related to the veterans in general appearing more reluctant to engage in mental health services (Mellotte et al., 2017; Iverson et al., 2011). For example, a recent large cohort study found that only 31% of veterans who experienced recent mental health problems sought help and accessed treatment (KCMH,

2018). Moreover, research has highlighted that when veterans do seek help, there is often a significant time delay before they access support (Kiernan et al., 2018; Maguen et al., 2012).

Factors related to military culture and identity have been proposed as potential barriers to engagement in mental health services. The identity formed through assimilation into military culture has been described as all-embracing, enduring, and as being overtly masculinised (Binks & Cambridge, 2018; Green et al., 2010; Oakes, 2011). Understandably, military training may encourage the shutting down of emotional states in order to function effectively in combat environments (Creamer & Forbes, 2004). However, this can act as a barrier to later help-seeking behaviours and lead to mental health stigma (Kim et al., 2011; Weiss et al., 2011). For example, UK veterans have reported internalised beliefs such as 'I am weak' or 'I am crazy' if I experience mental health issues (Iverson et al., 2011; Coleman et al., 2017). It has been argued that the strong group identity formed through the military may also create a barrier to accessing services, since mental health practitioners can be viewed as 'outsiders' (Mellotte et al., 2019; McCormick et al., 2019).

In response to the limitations and barriers to the current psychological interventions, interest has grown in the potential value of sport and exercise programs for veterans (Caddick & Smith, 2014). Recent studies have explored veteran engagement in various types of physical activity as well as a wide range of different types of sport including adaptive sports, adventure sports, competitive and recreational (Caddick & Smith, 2018; Whitworth & Ciccolo, 2016). Quantitative research has found promising evidence for the use of physical activity and or sport as a way of reducing PTSD symptoms in veterans (Leardmann et al., 2011; Rogers et al., 2014; Bennett et al., 2017).

Qualitative research has supported these findings and has also found that sport and exercise can help improve veteran wellbeing, life quality, and reduce the subjective experience of

PTSD symptoms (Dustin et al., 2011; Mowatt & Bennett, 2011). Qualitative research has also reported experiences of enhanced sense of achievement, purpose, autonomy, direction in life, connection with previous interests, and increased social connection and support (Caddick & Smith, 2018). Moreover, research has also focused on common issues around identity disruption in veterans and has highlighted that sport may provide a helpful vehicle through which to refashion their identities and establish new meaning in life (Evans et al., 2020; Brittain et al., 2022).

Thus far, mental health care within the Armed Forces has predominantly been underpinned by the medical model and relied on pharmacological and psychological interventions.

Although important, these approaches are frequently stigmatised and accompanied by multiple barriers for veterans (Kim et al., 2011). In contrast, involvement in sport may represent an innovative approach for veterans, more in keeping with the strengths-based and masculine aspects of military culture and identity. Sport programs may also provide a wider range of holistic benefits including improved physical health and increased social connection.

Whilst research in the area of sport and exercise for veteran wellbeing is generating momentum, the UK evidence base remains sparse (Peacock et al., 2018). Moreover, research investigating sports programs has predominantly utilised more quantitative approaches (Greer & Vin-Raviv, 2019). A review highlighted the need for further qualitative research. In particular, more research exploring engagement in outdoor sports, such as climbing (Caddick & Smith, 2014). To the researcher's knowledge, there is only one previous study exploring veterans and climbing (Burke & Utley, 2013). Gaining a deeper understanding of veteran's experiences of sports such as climbing could help inform future interventions, service

delivery and aid signposting to relevant services. This may be particularly helpful when working with veterans who have been unable to engage in psychological therapies or have found these ineffective.

Research aim

The main aim of this research is to explore the ways in which climbing and engaging in a veteran specific climbing charity, may help to support the wellbeing of veterans living with combat trauma. To the researchers knowledge, a small number of UK veteran climbing courses exist but as of yet there is no research exploring veteran's experiences of these.

Research Questions

- How do veterans with combat trauma make sense of and find meaning from their experiences climbing and climbing with a veteran specific charity?
- In what ways do they feel these experiences of climbing may help to improve their mental wellbeing?

Method

Reflexivity

My interest in this research arose from my own positive experiences with recreational climbing and my academic background in sport and exercise psychology. I also have experience working as a mental health practitioner with clients with complex trauma presentations. Collectively, these experiences have led to my interest in the possible therapeutic benefits of sport and or exercise for individuals with a history of trauma.

Rationale for Qualitative Approach

A qualitative approach was chosen in order to add to the currently limited qualitative research in this area. Taking a qualitative approach, this study also aimed to provide veterans the opportunity to voice their own experiences and preferences in terms of supporting their wellbeing. This capacity of qualitative research to give 'voice' to participants is in line with counselling psychology's social justice agenda and the belief that different cultures or communities are the experts in their own experiences and needs (Goodman et al., 2004).

Interpretive Phenomenological Analysis (IPA)

The qualitative methodology chosen was IPA (Smith et al., 2022). IPA is well suited to exploring experience-type research questions due to its aim to explore lived experiences and the meanings attached to these in depth (Smith et al., 2022). IPA developed from three key areas of philosophy; phenomenology, hermeneutics and idiography (Smith et al., 2009). IPA is phenomenological in that it involves the detailed examination of the participant's lived experience and is concerned with an individual's own account of this, rather than an attempt to produce an objective account (Smith & Osborn, 2007). Hermeneutics refers to the interpretative element of IPA, which involves the researcher attempting to make sense of the participants trying to make sense of their worlds (Smith & Osborn, 2007). Lastly, idiography is the commitment to analyse each participant's unique experiences in depth. IPA's idiographic approach is congruent with counselling psychology's values concerning the uniqueness of an individual's experience and aim to understand individuals within the context of their environment (Kasket, 2017).

Participants

Due to the idiographic focus of IPA, the aim is to collect quality data that enables a deeper understanding of participant's experiences, as opposed to large quantities of data (Smith & Osborn, 2008). Thus, IPA is committed to the purposive recruitment of a small homogenous sample, who have shared a similar phenomenological experience (Smith et al., 2009). The inclusion criteria for this study included:

- Male
- A combat veteran of the British Armed Forces
- Have received a diagnosis of PTSD or CPTSD
- Have been engaged in a climbing course or events delivered by a veteran specific climbing charity
- Over the age of 18

For participant recruitment, I contacted a veteran specific climbing charity and a total of six participants expressed interest. This was a registered charity working with veterans to aid in their recovery from 'physical and or mental injuries'. The charity offers a number of climbing courses and events over the year, including one day and multi-day climbing trips. These are held in varying locations across the U.K. and open for veterans of all climbing abilities.

Design

Semi-structured interviews are the recommended method for IPA, as interviews can enable in-depth exploration of experiences (Smith & Osborn, 2003). Semi-structured interviews can also guide the researcher's questions whilst allowing freedom to probe interesting and important areas which may arise (Braun & Clarke, 2013). This flexibility also compliments the idiographic focus of IPA, enabling participants to contribute to the content covered

(Braun & Clarke, 2013).

Data Analysis

All interviews were audio recorded, transcribed, and then analysed according to the updated IPA guidelines outlined by Smith et al. (2022). Initially, one transcript was read several times until the researcher was very familiar with the participant's experience. The data was then analysed line-by-line, with anything of psychological interest or significance noted in the right-hand margin. The initial notes were then transformed into more specific 'experiential statements' which were noted in the left-hand margin. Following this, the preliminary experiential statements were clustered together into 'personal experiential themes'. This process was repeated for each transcript before conducting a cross analysis looking for patterns across the cases, to create the final 'group experiential themes' and 'group level sub-themes'. This stage was concerned with both convergence and divergence within the data, not only presenting shared themes but also highlighting the particular ways in which these themes play out for each individual (Smith & Osborn, 2003).

Ethical considerations

Ethical approval for the research was granted by the University of the West of England Faculty Research Ethics Committee (FREC). The research complies with the British Psychological Society's (BPS) Code of Human Research Ethics (BPS, 2014).

Results

Three Group Experiential Themes with six corresponding group-level sub-themes were identified from the data following IPA (see summary table 1 below).

Table 1 – Group Experiential Themes and Group level Sub-Themes

Group Experiential Themes	Group level Sub-themes
1. The Battle with Combat Trauma	<p>1.1 “The person you were has gone” - Impact of combat trauma on Identity.</p> <p>1.2 “It’s given me life” – Climbing as a lifeline.</p>
2. Brotherhood and Belonging	<p>2.1 “Part of the furniture” – Sense of belonging to a tight-knit community.</p> <p>2.2 “We’re all sat there now in civilian clothes but we share something beyond the injuries” – Importance of shared lived experience.</p>
3. The Phenomenology of Climbing	<p>3.1 “I can’t think about all the crap I’ve left at the bottom” – Climbing as a mental escape.</p> <p>3.2 “Need to feel close to death to feel alive sometimes” – Thrill-seeking.</p>

Theme 1: The battle with combat trauma

The Group Experiential Theme ‘The Battle with Combat Trauma’ captured the participants lived experience of combat trauma and the impact of this had upon their lives.

Sub-theme 1:1: “The person you were has gone” – Impact of combat trauma on identity.

All participants faced significant challenges living with combat trauma and PTSD had left them feeling almost imprisoned within their own homes:

“Literally locked in my house unable to leave...you know someone at the door the postman would ring and I’d cry my eyes out” (Ben).

This battle to leave the house appeared to have endured for many months or even years: “I

was agoraphobic I never went out the house for about two years” (Max).

Consequently, there was a sense that many areas of life were dramatically altered and as described by Richard:

“Everything just stopped”.

Richard, Ben, and Dan commented on how these life changes impacted on their sense of identity and a loss of who they had been:

“I think for a lot of the guys that have got PTSD it’s not (sigh) it’s never going to go away right you’re not the person you were you going to have to redefine yourself” (Ben).

However, Richard shared how climbing also seemed to enable him to feel reconnected to parts of his former military identity:

“It’s sort of a throwback to something and...associating with things I’m good at or was good at like the military side of stuff really makes me feel better” (Richard).

Dan also described how through climbing he felt he was able to regain a new sense of identity and purpose in life:

“I feel like I’ve got um a lot of the kind of identity that was kind of stolen from me when I got poorly...I think identity wise I can be I’m very proud like that I’m like a climber” (Dan).

Sub-theme 1:2: “It’s given me life” – Climbing as a lifeline.

Participants described how climbing, and the outdoors felt safer and more comfortable compared to other social situations and environments. Subsequently, climbing appeared to be one of the only activities which enabled the participants to start consistently leaving the house again:

“That was the first time I had actually ventured out of the house...to this safe place to umm the climbing gym” (Mike).

The stark contrast between being unable to leave the house to being able to climb, was a significant transformation and turning point:

“It’s hugely important because I know that it’s given me well it’s it’s I’m not joking when I say this it’s given me life without it I don’t know what I would have done” (Ben).

Scott stressed how surreal his climbing achievements had felt following the health challenges he had faced. The following extract highlighted the huge significance of this:

“Where I am at the moment in my climbing...I’d probably say it’s a bigger achievement than what I’ve done...in the military”.

Scott also gained a new-found confidence he felt was transferable to everyday life:

“There’s still hard days when I don’t want to go out the house...but I use what I’m learning from the wall to fight that.”

Theme 2: Brotherhood and Belonging

The second Group Experiential Theme ‘Brotherhood and Belonging’ captured the importance attributed to the social aspects of climbing.

Sub-theme 2:2: “Part of the furniture” – Sense of belonging to a tight-knit community.

All the participants described the benefits of now feeling like members of a close-knit supportive community. This was created through climbing in general, due to the “*welcoming community*” (Ben), but more importantly via the veteran specific community created through the veteran climbing charity.

Max highlighted the experience of “*all the camaraderie with your friends*” and Scott stressed the “*way it helps is just by being there and the support network*”.

Having the opportunity to gain this support was highly significant considering all participants had previously been very isolated. Ben also highlighted how he felt this sense of belonging had been lost post-service:

“I’ve been there a while so I’m part of the furniture...that sense of belonging especially post-military it’s absent in a lot of things we do” (Ben).

The participants also discussed the joy that was gained from witnessing and supporting other veterans to enjoy climbing:

“See him enjoying himself and for me just to kind of you know support him and be with him you just do what climbers love” (Mike).

“Real adventure really exciting and what a great guy to be there with as well you know” (Dan).

The trust in your climbing partner and the teamwork required was also likened to their former military relationships:

“It’s a total reliance you have to really trust them one hundred percent as you know your partner can if you’re not paying attention can essentially kill...so you have to

have total faith which is exactly the same err boxes ticked that the military have"

(Max).

Sub-theme 2:2: "We're all sat there no in civilian clothes, but we share something beyond the injuries" – Important of shared lived experience.

Climbing specifically with other veterans was also beneficial due to their shared experiences of combat trauma. Mike stated it was helpful:

"Meeting other people and knowing that other people around me had been suffering in the same way".

Consequently, the participants possibly felt less alone and witnessing others facing similar issues helped to legitimise their own. Similarly, Scott discussed how:

"Through meeting the guys from C2R you find out they've it's all of us...so I suppose it's not alright but it makes it a little easier to understand".

Dan also connected his experience climbing with veterans with positive military experiences:

"The things that really made it great it was the people and it was the adventures and I've pretty much been able to recreate that".

Similarly, Max indicated missing the sense of adventure he had experienced during the military and how climbing helped to replace aspects of this:

"Having something to regularly look forward to which is testing and enjoyable...because before we had really interesting lives".

He also linked this to the benefits of having something to regularly aim towards:

“Being able to go out and climb regularly is really important I couldn’t overstress that these one-off things just don’t work”.

Whilst one-off events or short-term interventions may be temporarily helpful, for the participants there was a sense that they could also be detrimental and for some lead to feelings of abandonment. In contrast, the climbing charity provides ongoing events and trips that veterans can keep returning to and this also helps to maintain the sense of community.

Richard described:

“It’s giving them self-worth that just going for a weeks climbing and getting pissed every night in a campsite is never going to give somebody and that’s the plaster”.

Theme 3: The Phenomenology of Climbing

The third Group Experiential Theme moved from the social experience of climbing to the individual mind and body experience of climbing itself.

Sub-theme 3:1: “I can’t think about all the crap I’ve left at the bottom” – Climbing as a mental escape.

Five of the participants spoke about an almost mindfulness type quality to climbing due to the level of concentration and focus required. The present moment focus needed to climb appeared to redirect focus away from the participants’ PTSD symptoms:

“You’re just solely solely solely focused on that moment...on the rock and next move and putting that next bit of gear in and so that sort of like um taking away from everything that’s obviously great for me” (Mike).

Richard spoke about coming across mindfulness in clinical settings but finding this difficult to relate to. However, he was able to find his own sense of mindfulness through climbing that aligned more with him:

“Climbing I found is my mindfulness if that makes sense because you can’t think of anything else but where am I putting this bit of gear and where am I putting my hands and so for the length of that route that’s all I can think about I can’t think about all the crap I’ve left at the bottom” (Richard).

For Max, he described how concentrating on the climb helped him to feel a sense of peace and restfulness which contrasted to his day to day life:

“I actually feel peaceful...just a total rest and you’re just concentrating on the sort of err how the hold you’ve got how positive it feels and err looking for the next hold” (Max).

There were also references to the bodily experience of climbing and attention being directed to where they should place their hands and feet. Arguably, the sense of ‘mindfulness’ found in climbing may also be inextricably linked with the embodied of climbing. Drawing of attention away from difficult internal thoughts and towards the movement of the body instead. For example, Dan described how climbing also requires an awareness of physical balance:

“My mind is not being barraged or bothered by all these other things I’m just able to focus on okay how do I need to move my balance where do I need to put my balance” (Dan).

Sub-theme 3:2: “Need to feel close to death to feel alive sometimes” – Thrill-seeking.

Mike highlighted how the focus required during climbing was also related to the risk element:

"I'm purely...just solely concentrating on keeping myself alive".

The participants felt the thrill and adrenaline attributes of climbing were particularly appealing. For example, Richard described himself as an "adrenaline junkie" who sought out physical challenges and fear. He believed that these feelings had possibly become a place of normality for him, due to his past military experiences.

Max linked this regularity of being exposed to danger during the military with the experience of having regular climbing trips to prepare for:

"The danger comes along quite regularly so the rhythm of that I think it must all be to do with I think it's to do with blood chemistry and all sorts of things living on adrenaline and cortisol...there's something similar so looking having something to regularly look forward to err there's something similar" (Max).

Three participants highlighted the paradox of finding enjoyment in the anxiety triggered by climbing. Richard talked about physically shaking, for example "your leg is shaking" whilst simultaneously feeling mentally relaxed. Ben also described feeling excited but scared at the same time:

"I feel anxious before I climb but it's a good anxiety you know it's not a bad anxiety...like oh I don't want to go to work today...it's oh shit I've got a mountain to climb you're excited and scared all at the same time" (Ben).

Scott also talked about how being able to overcome these challenges in climbing and the related anxiety had been transferable to everyday life challenges:

“I sort of you use what I’m learning on the wall and things to help me with my day-to-day life...you know it’s difficult climbing...but I keep on it and I keep moving maybe just a little every now and then to get to the top” (Scott).

Two participants drew attention to themes of life and death in relation to climbing. Ben talked about a sense of sometimes needing to be in dangerous situations to feel alive. Mike suggested that this instinct to keep yourself safe and alive whilst climbing may also help to counteract suicidal ideation:

“You’re solely concentrating on keeping yourself alive so it’s one hundred percent ...role reversal...maybe there’s something in climbing that um kind of takes your suicidal thoughts idealisation whatever away and then switches it to selfpreservation” (Mike).

Discussion

The findings of this study revealed a range of beneficial factors from the veteran's involvement in climbing. This related to characteristics of climbing itself, as well as the social elements of climbing with other veterans.

Combat trauma and identity

All participants stressed how combat trauma had caused them great difficulties engaging in everyday social situations and they experienced significant social isolation. These difficulties may have related in part to hypervigilance, an anxious high-alert state common in trauma conditions (Walton et al., 2017). The difficulties some of the participants subsequently experienced re-engaging in life also impacted on their sense of identity. This finding reflects broader identity research, which indicates that major life changes can trigger identity

disruption and the need for identity reconstruction (Baddeley & Singer, 2010; Habermas & Kober, 2015).

Military culture often leads to the development of a strong military identity (Jones et al., 2019) and transitioning out of the military can result in identity issues (Keeling, 2018; Binks & Cambridge, 2018; Mitchell et al., 2020). The current study suggested that identity may also be disrupted from conditions such as PTSD, if this results in the individual struggling to engage in life in ways that were previously meaningful. This is in line with previous findings in which veterans reported that being unable to do the things they once had, significantly disrupted their view of themselves (Poulsen et al., 2018).

The current study indicated that sports such as climbing, may help to support a process of identity reconstruction. Sport may be a particularly helpful vehicle through which to do this due to its similarities with the active military lifestyle and its strengths-based culture (Campbell et al., 2000). Indeed, participants described how through climbing they felt they could reconnect to aspects of the military they had previously valued, such as the sense of adventure, excitement, travel, and camaraderie with friends. This is supported by previous research, which found climbing also helped to support the process of reconstructing identity in injured veterans (Burke and Utley, 2013).

Sport may also be more compatible with the masculinity inherent in military identity (Caddick et al., 2015), compared to other healthcare approaches. Whilst hegemonic masculinity can lead to a reluctance to seek help (Sharp et al., 2015; Lorber & Garcia, 2010), aspects of masculinity related to military service such as stoicism, could be channelled through sport to become more proactive ways coping (Manderson & Peake, 2005). This relates to wider research on men's mental health which has promoted the use of sport and

exercise, due to men's greater reluctance to seek help through more formal mental health services (McGale et al., 2011; Kingerlee et al., 2014).

Social connection and community

Climbing with the veteran charity, also provided the participants with a sense of belonging and community. Given the isolation previously experienced by the participants, gaining this support network appeared highly significant. Previous research supports this finding that sport can facilitate relationships with other military personnel and counter feelings of disconnection (Carless et al., 2013, Caddick et al., 2015). These findings are important considering wider research has documented the positive influence of social connection on veteran mental health (Wilkins et al., 2021; Chen et al., 2020).

Moreover, the participants highlighted how the close and trusting nature of their climbing partnerships seemed to parallel their former military relationships. Research has found that military relationships are akin to a family (Ahern et al., 2015; Woodward & Jenkins, 2011), with military personnel feeling a strong sense of responsibility for each other's safety (McCormick et al., 2019). Similarly, when climbing the veterans talked about relying on each other for safety and being supportive and encouraging of each other. Similarly, previous research has found that connecting with other veterans through sport and reexperiencing camaraderie were important factors in improving mental health (Mowatt & Bennett, 2011; Caddick et al., 2015).

Participants in the current study also reported that climbing with other veterans helped them to recognise that they were not alone in their experiences. Similar to the current study, past research has found that socialising with veterans who share mental health experiences, can have a positive effect of normalising trauma reactions (Palmer et al., 2015). This is important given veterans with combat trauma frequently reported feeling ashamed or

embarrassed by their mental health issues (Reisman, 2016; Mellotte et al., 2017). Overall, the findings of this study support arguments advocating peer relationships as a valuable source of support for veterans (Ahern et al., 2015; Weir et al., 2018).

The participants also emphasised the value of the climbing charity offering long-term involvement. The regularity of the climbing events were highly valued and likened to the rhythm of their former military experiences. Indeed, many veterans struggle with the loss of their highly structured military lives (Ahern et al., 2015). Consequently, finding new purpose and direction in life, may be a particularly significant task for veterans (Keeling, 2018). To the researcher's knowledge, most studies thus far have only explored finite sporting opportunities (Caddick & Smith, 2014). Given, combat PTSD can often be a fluctuating and chronic condition (Lobban & Murphy, 2018), there is arguably a need to support veterans in finding longer-term opportunities which support mental wellbeing.

The mind-body experience of climbing

Climbing itself appeared to be therapeutic by enhancing present moment attention on the act of climbing and away from PTSD symptoms. This was described by a participant as a 'mindfulness' type quality. Research exploring mindfulness-based therapies has found mindfulness could be helpful for combat PTSD (King et al., 2013; Hopwood & Schutte, 2017). However, the findings of this study indicated that sports such as climbing could also represent a more active way of achieving greater present moment awareness. An alternative theory to mindfulness is the 'distraction' hypothesis which claims that physical activity may help to provide a general distraction away from symptoms (Mikkelsen et al., 2017).

Regardless of the exact mechanism, similar positive 'mindfulness' type experiences have been reported by veterans engaged in other sports (Walker & Kampman, 2021; Marshall et al., 2020). The participants in the current study also reported experiencing feelings of

peacefulness, relaxation, and restfulness whilst concentrating on climbing. Similar feelings of calmness and respite from symptoms have been reported by veterans whilst scuba diving (Walker & Kampman, 2021), and surfing (Marshall et al., 2020). Commonalities across these sports, include the high levels of focus required to do these activities successfully and safely. In higher-risk sports such as outdoor climbing, athletes can face many additional challenges, for example navigating unpredictable environments (Young & Knight, 2014). The findings of this and previous research suggested veterans may be particularly drawn to high-risk sports (Serfioti and Hunt, 2021; Betthauser et al., 2017). The participants in this study linked this to their military service and how a sense of danger may have become a place of normality and familiarity for them. Indeed, it has been argued that veteran's may be particularly drawn to thrill seeking activities due to a level of habituation developed from frequent exposure to combat threats (Betthauser et al., 2017).

Applied implications

Whilst it is important to note that psychotherapy can be helpful for some veterans, previous research has also identified a range of issues and barriers (Mellotte et al., 2017). The findings of this study support the argument that practitioners should be open to recognising and encouraging their client's commitment to additional resources, such as sporting endeavours. From a social justice perspective, it is also essential to recognise when traditional or mainstream approaches may not be optimal for distinct cultures, such as the military (Blair, 2017). The current study supports the use of sport as an additional way of improving veteran wellbeing, which may be more in line with military culture and bypass some of the barriers associated with more clinical settings. A key finding was the importance of the shared relational experience of climbing and the sense of community this created. Consequently,

services could aim to incorporate where possible more peer-support and community-based activities which utilise the value of sport. The findings also have implications for trauma-informed practice. Recent developments in our understanding of trauma have led to greater attention being paid towards the body and physiology in trauma treatment (Rothschild, 2017). It is now more widely recognised that talking therapy alone may not necessarily alter the physiological responses of trauma (Levine, 2010; Van der Kolk, 2014). Consequently, current psychological treatments have evolved to also include meditation, yoga, relaxation and breathing exercises aimed at reducing arousal levels (Crane, 2017). The findings of this study suggest that climbing may also represent a way to include the mind and body more in the treatment of individuals living with combat-related trauma.

Limitations and future research

Whilst a range of different climbing disciplines exist, the present study allowed for broad experiences. Future research could explore the different climbing disciplines and whether differences exist between these. Future studies could also utilise a more diverse range of qualitative methodologies to add richness to the existing findings. In particular, future research could employ longitudinal designs in order to explore whether veterans' experiences vary over time. Lastly, a lack of research exploring the experiences of female veterans has been highlighted as an issue in the literature (Hendrikx et al., 2021). Therefore, future research could specifically explore female veterans' experiences of engaging in sports such as rock climbing for well-being.

Conclusion

The findings of this current study supported previous research suggesting that engagement in sport may improve the wellbeing of veterans (Caddick and Smith, 2014). The benefits of climbing appeared to be multifaceted, resulting from unique characteristics of climbing itself, as well as the social experience of climbing with other veterans. Climbing may be a particularly appealing sport for veterans, given the similarities this experience appears to have with valued military experiences and relationships. Lastly, unique to this study was the emphasis placed on the long-term continuity of the climbing charity, which provides ongoing events to aim towards and a consistent sense of community for those involved. This would arguably be less achievable with shorter term interventions. Overall, the findings support the promotion of holistic approaches in supporting veterans and stress the importance of veterans having access to long-term opportunities which can improve mental wellbeing and increase social connection.

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H PTSD and CPTSD classification

All the participants had experienced combat-related trauma and were diagnosed with PTSD or CPTSD. For clarity, the table below provides an overview of these conditions and the symptoms from a diagnostic perspective (Corrie et al., 2015; Maercker et al., 2013).

Diagnosis	Symptoms
<p>Post-traumatic stress disorder (PTSD)</p>	<p>PTSD follows exposure to an extremely threatening or horrific event and consists of three elements:</p> <ol style="list-style-type: none"> 1. Re-experiencing: vivid intrusive memories, flashbacks or nightmares that involve re-experiencing of the traumatic event in the present, accompanied by fear or horror. 2. Avoidance: marked internal avoidance of thoughts and memories or external avoidance of activities or situations reminiscent of the traumatic event(s). 3. Hyperarousal: a state of perceived current threat in the form of hypervigilance or an enhanced startle reaction. <p>The symptoms must also last for several weeks and interfere with normal functioning.</p>
<p>Complex post-traumatic stress disorder (CPTSD)</p>	<p>CPTSD is generally associated with more severe presentations and or multiple exposures to trauma. It includes the symptoms of PTSD with the addition of three others:</p> <ol style="list-style-type: none"> 1. Emotional regulation difficulties: such as excessive reactivity to negative stimuli with anger and

	<p>aggressive behaviour (affective dysregulation).</p> <p>2. Disturbances in relationships: severe difficulties in forming and maintaining meaningful relationships.</p> <p>3. Negative self-concept: a negative sense of self involving persistent feelings of shame, guilt, failure, and worthlessness.</p>
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