WHAT ARE MEMBER'S EXPERIENCES OF USING A PEER SUPPORT NETWORK FOR ADULT FAMILIY MEMBERS OF PSYCHOLOGICALLY OR PHYSICALLY WOUNDED BRITISH SERVICE PERSONNEL & HOW CAN THEIR EXPERIENCE BE PSYCHO-DYNAMICALLY OR PSYCHOANALYTICALLY INTERPRETED?

The Ripple Pond Study

NOTE: The names appointed to the study results are not the actual names of any participants who took part in this study. They were assigned to the study data by the Researcher.

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Introduction

The Ripple Pond[1] is a charitable peer support network for adult family members of wounded British Service Personnel and Veterans -who are mentally or physically unwell. It was established in 2015, by two mothers of seriously injured servicemen, as no similar service existed for adult family members. These women 'gained strength and comfort' by sharing with and supporting each other, whilst facing the unique challenges of caring for their incapacitated sons. The charity has expanded since inception and currently operates via a closed Facebook page, local group meetings and a 'buddy' system. The organisation aims to be 'confidential, local, uncomplicated and judgement free'. This ethos in part, has parallel with psychodynamic/psychoanalytic doctrine, in relation to the concept of 'value free support' i.e. 'non-judgemental' (Shedler, 2010).

The impact of having an unwell combat veteran within a United Kingdon (UK) family is significantly under researched. There are limited British peer support resources for such families and apart from the Ripple Pond, it is not possible to self-refer to existing organisations. This paper explores the experiences of some members use of the Ripple Pond as a peer support service. In addition to the lack of any comparable UK research on this subject matter, I was motivated to explore this unique service provision having been an active Ripple Pond member since 2016. Although my father had died in 1993, I approached the group as I felt compelled to connect with people who might understand my upbringing within a family containing a parent who was a combat veteran. Hence my personal experiences are inextricably linked to this study and are reflexively addressed, where pertinent, in the paper.

This study design utilised qualitative research methods to explore the experiences of seven members of the Ripple Pond and interpret data using psychodynamic and/or psychoanalytic themes. It aimed to contribute towards optimising the provision of support services for military families by considering how their lives are touched by the complex needs of family members who are also wounded military veterans.

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[1] https://www.theripplepond.org

Literature review

Background

The research review summary below suggests that current UK psychological support provision for the families of physically or mentally challenged military personnel/veterans is limited. Existing specialist services are charitable and require initial referral via military personnel/veterans for families to become engaged. Throughout my childhood (1970s), there were no support services for either combat veterans or their families. Understanding the consequences of the lack of therapeutic assistance for military families motivates me to undertake this research with the clear aim of contributing towards enhancing provision of such services. Furthermore, my communications with Ripple Pond members highlighted the similarities between my historical, and their contemporary, experiences of living in 'military families' despite intergenerational and conflict differences. This continuity additionally suggests the study findings may be useful.

Research Review Summary

A search of *PEP web* and PSYCHinfo for the terms 'military famil*', 'online' and 'peer support' revealed a paucity of any research involving the *families* of either serving military personnel or veterans. There were no studies identified that evaluated peer support in virtual or face to face activities for physically or psychologically wounded service personnel's families in the UK. Research does indicate higher than general population rates of: substance misuse, behavioural disorder, depressive illness and post-traumatic stress disorder (PTSD) in UK combat veterans (Hotopf et al., 2006; Iversen et al., 2009; Fear et al., 2010) although incidence varies between 17% and 27%. Common PTSD symptoms include: repetitive intrusive thoughts, negative mood, arousal changes and avoidance defences (5th ed.; DSM-5, American Psychiatric Association, 2013).

Veteran's PTSD symptoms potentially impact negatively upon family relationships, as any person emotionally attached to traumatized people may develop the condition of secondary

traumatization (ST) that gives rise to similar symptoms to PTSD. People with ST are often deluged with empathy and compassion for the traumatized individual, with concomitant desires to support and help that person. These relationships have also been found to exacerbate or ameliorate a veteran's PTSD and co-morbid conditions (Cobley, 2015; Figley, 1995, Galovski & Lyons, 2004).

Not all combat veterans who experience psychologically or physically traumatic events subsequently develop psychopathology. Many apparently recover, demonstrating that understanding what enhances personal resilience to traumatic stressors is a complex subject (Osório, C. et al. 2017). Wessely (2006) states "there is no 'best' method for both preventing and managing psychological trauma arising from military service" (p.286). Contemporary psychological resilience research centres upon the aetiological factors of neurobiological, personality, genetic and epigenetic character traits as well as the potential therapeutic effects of group or community interactions (Osorio et al 2017). Ripple Pond members could be viewed as an online group that facilitates 'virtual community' interactions.

Justification

In view of the above, the lack of comparable studies in this subject area with families (or significant others) of UK military personnel/veterans justified the study. Academic research that focuses upon the psychological impact of living with physically or psychologically wounded military personnel/veterans is a meaningful endeavor. This is because it may lead to better psychological support services for both people affected by their experiences of living in these challenging family environments and by extension combat veterans themselves. An effective starting point for contributing to this field of research was to ask the users (Ripple Pond members) about their experiences of this peer support service and attempt to consider their discourses in relation to psychodynamic/psychoanalytic theory (Lees, 2005). The appropriate methodology for conducting the study is detailed below.

Methods

Research Question

The study was designed to answer the question: What are people's experiences of using the Ripple Pond's resources & How can their experience be psycho-dynamically or psychoanalytically interpreted?

Design

The philosophical and theoretical foundations underpinning research methodology are an essential consideration in social research (Bryman, 1996). Philosophical questions inform research practice by enhancing both critical evaluation and differing theoretical perspectives of methodology, therefore "decisions are implicitly ontological and epistemological" (Williams & May, 1996 p.11).

Research methods employed by social researchers are traditionally distinguished as either quantitative or qualitative (Bryman, 1996; Mason, 2002; Patton 1990). These two methodological approaches differ in respect of their epistemological foundations and ontological perspectives, resulting in "two distinctive clusters of research strategy" (Bryman, 2008 p.22).

Philosophical exploration of epistemology posits quantitative research as positivist or naturalist whilst qualitative is viewed as interpretist, phenomenological and hermeneutic. Whilst positivists propose the application of 'scientific' principles to social studies, in contrast, interpretists reject such application due to the 'agency' that people possess (Colaizzi, 1978). Prioritising meaning and action of agents is the dominant theme of the interpretist approach to social science (Williams and May 1996). This philosophical debate or 'paradigm conflict' between the two methods has generated a significant body of research critiquing methodology and is emblematic of postmodernism (Ashworth, Giorgi et al., 1986).

Philosophical ontological considerations suggest two contrasting perspectives, objectivism and constructionism. The former views social entities as objective with an existence external to social actors. The latter suggests that social entities are socially constructed, derived from the perceptions and actions of social actors (Bryman, 2008). To study social phenomena, a pre-constituted world of natural phenomena cannot be determined "it is the processes that construct the social world that need examining" (Walsh, 1972 p.19).

Hermeneutics is a distinct branch of philosophy that appraises theories and methods applicable to the interpretation of human behaviour. It is concordant with interpretivism because it focuses upon the empathic understanding of human behaviour (as opposed to the positivist perspective that seeks to *explain* human behaviour). Similarly, phenomenology is a philosophy that questions how people make sense of their world, requiring methodology that enables interpretation of people's actions and their social worlds from their perspective (Laverty, 2003).

Phenomenological approaches to social research are both philosophical and methodological. They aim to accurately describe phenomenon being studied, by accepting the life-world or views of the subjects (Huberman and Miles, 2002 Miles and Huberman, 1994). Methodologically this requires researchers to have no preconceived frameworks, notions or expectations of results. This concept of the phenomenological method originates from the philosophy of Husserl (1970), Heidegger (1962), Satre and Merleau- Ponty (Kaelin, Merleau- Ponty et al. 1962) as well as Van Manen (1990).

In summary, quantitative research employs a deductive approach to research integrating natural science models, epistemologically orientated towards positivism. It is ontologically orientated towards objectivism as the perspective of social reality. In contrast, qualitative research incorporates an inductive approach towards interpretation and generating theories. Epistemologically it is orientated towards interpretivism, a paradigm that inherently incorporates hermeneutic and phenomenological philosophy. Qualitative methodology embodies the ontological position of constructionism to perceive social reality (Bryman 2008).

In light of the above, both psychological and to a lesser extent psychoanalytic theory are rooted in both paradigms (Freud, 1899; Lacewing, 2013). However, the research question suggested in this proposal supports a qualitative methodological approach as a hermeneutic technique suited to social forms of analysis, that is conducted without supposition about the phenomenon under investigation (Crotty, 1998; Hollway and Jefferson, 2000; Silverman, 2004). Qualitative methodology is firmly established for understanding peoples' lives, experiences and perspectives, in the context of their circumstances (Spencer, Ritchie et al., 2003). It supports a variety of data collection methods including: 'open' interviewing, observation of phenomena and analysis of pertinent documentation (Mason, 2002; Patton, 1990) providing data considered: 'rich' in detail, distinctively acquired and analysed (Miles and Huberman, 1994; Patton, 1990).

Whilst qualitative research design generally advocates a non-prescriptive approach to effectively address research questions, a specific approach to data acquisition incorporating a semi-structured qualitative method of using an interview topic guide was used for this study. This adoption of an 'expectant state' towards data acquisition (Paget, 1983) is believed to effectively facilitate qualitative interviews (Patton, 1990) and is strategically effective at shedding prescriptive agendas of the researcher, thereby enabling narrators to be heard (Shakespeare, 1993). It also reduces the possibility that an interview 'script' may incline the researcher to dominate the interview, manifesting in a "desire to take control of proceedings" (Oakley, 2000 p.41). To enhance validity, statements by participants during interview were explored in order to 'truly hear' what was said (Anderson and Jack, 1991). Such a 'conversational approach' is best facilitated by an interview topic guide as opposed to the relatively rigid structured interview approach towards data acquisition. This supports the view that the process of qualitative research consists of joint construction of data between both researcher and participant (Smith, 2014). Additionally, the intended psychodynamic/psychoanalytic data interpretation requires addressing at the topic guide stage of the research process, perhaps most effectively by focussing upon the participant's emotional expression and interpersonal relationships.

Ethical Considerations and Reflexivity

This study dealt with a highly delicate subject, requiring a sensitive approach to interviews, creating an ethical dilemma concerning the potential harm subjected to participants as result of the interviewing process (Hearn, 1998). Of reflexive note, the counselling skills developed by the researcher's health and social care related background, and current position as a supervised psychotherapy student, was considered to reduce the potential for harm.

The postmodernist concept of reflexivity suggests that the role of the researcher is an integral component of the construction of knowledge. How the researcher positions themselves with respect to who is being observed, and how those observations are reported, requires an understanding and acknowledgement of the connotations of a researcher's approach to their practice (Johns, 2010a; Johns, 2010b). My own experience of military families (q.v.) and subsequent working through in my own psychoanalysis, was a significant enhancing factor in addressing these. The writings of Holmes (2019) also guided psychoanalytical perspectives of reverie and reflexive applications to method.

Medical research ethics have precedent in the *Guidelines for Human Experimentation 1931* (Ghooi, 2011), the 1947 *Nuremberg Code* (Sebring, 1949) and the World Medical Association's *Helsinki Declaration* (WMA, 2008). The social sciences lack specifically determining ethical codes and authorities (Ryen, 2011). However, duly recorded informed consent was sought, and detailed confidentiality assurances were given, for every participant included in the study.

As emotional stress might arise during data collection processes, participants were signposted to suitable support services (the Ripple Pond) at the end of each interview. In a more confronting consideration, Duncombe & Jessop write of 'doing rapport' and use the term 'faking friendship' (2003). Such 'emotion work' (Hochschild, 1983) may have questionable authenticity because it could be viewed as the commercialisation of human feelings by simulating empathy. Duncombe and Jessop (2003) refer to a 'disturbing ethical naivety' to describe ignoring dilemmas posed by the idea that friendship is being faked and whether the emotionalism inherent in some types of qualitative research in fact causes harm. All these relevant issues were considered carefully by the researcher and submitted along with the

research design to Exeter University's Research Ethics Committee whose consent was obtained for the study.

Recruitment and sample

Seven Ripple Pond members were purposively recruited through invitation to participate in telephone or face to face interview. Invitation was conducted via the: Facebook Forum, Website and Newsletter -as deemed acceptable by Ripple Pond trustees.

Data collection

Data was collected using a recording device, transcribed and stored ensuring compliance with current data handling protocols at Exeter University.

Analysis

Data were analysed using Colaizzi's (1977) method of qualitative data analysis incorporating extraction of significant statements and formulation of meanings. The explicitly reflexive element underlying this method, in conjunction with the implicit pause between the two-step element conferred by the process of extraction and formulation, was particularly useful to this project. Reflexive consideration of bias, deliberation of all constructions of reverie (Locke, 1690; Bion, 1962; Ogden, 1999; Holmes, 2019) and the application of psychodynamic, psychoanalytic theory are enhanced by this 'spacing' element of the 'two-steps'.

Validity and Reliability

Validity and reliability of the study findings were enhanced by exercising methodological choice with thoughtful, especially reflexive, considerations (q.v.). Two other steps that were not implemented, but may have strengthened the study further, were co-creating

interpretations of data with other researchers and seeking participant validity of interpretative findings. The former was not possible given resource restraints although significant guidance was obtained from course supervisors . The latter –also the final step of Colaizzi's method –was not undertaken for several reasons. These included the emotionally challenging nature of the interviews and the *in situ* interview clarifications that were sought by the interviewer at various times during the data collection process.

Regarding internal validity, the sample were limited by being self-selecting but the significance of this is not clear as the Ripple Pond provides a support service to all members. In terms of transferability, is it difficult to have an emphatic view. On the one hand, there is significant debate in qualitative research discourses about whether this issue is applicable (Lincoln & Guba, 1985). Nevertheless, as the results demonstrate, there were some clearly unified themes across the narratives, thus enhancing the credibility of these findings.

Dissemination

The research findings will be shared with the Ripple Pond to inform their service. Academic dissemination is intended via appropriate methods as advised through: Veterans & Families Research Hub, relevant academic journals and conference presentations. Depending on the study findings, this may be of interest to the military, psychological and/or psychoanalytical academic domains.

Results and Analysis

This section presents data obtained from seven women interviewed for the study. All names and references to identifiable phenomena have been changed to ensure confidentiality (q.v.). Demographic and personal features of participant's current lives, are located within Appendix Seven and provide some social context behind their narratives. The four overarching themes and their related subthemes that emerged from data are presented in a tabulated form for ease of reference attached as Appendix Eight. Of particular note, is that all interviewees were

women, who reported their husbands or partners as suffering from combat induced PTSD. They represent a broad demographic range in terms of age and social class.

Each theme is described in detail below, alongside abundant quotations from the analysed interviews to promote an authentic understanding of participant narratives and further enhance research validity. Psychodynamic and psychoanalytic analysis of the themes, as well as reflective insights, are integrated to some extent throughout this Results and Analysis section. The ensuing Discussion section evaluates in greater depth the material presented here, both psychodynamically and psychoanalytically, as well as from other psychic perspectives.

The Themes and Subthemes

The Ripple Pond serves as a peer support organisation for the families of mentally or physically wounded serving, or veteran, military personnel (this study was confined to the families of veteran personnel). Accordingly, the emergent narratives yielded a dominance of material relating to the research aim to explore participant's peer support relationships. This material constituted 45% of the significant statements and were assigned to the theme entitled *Supportive Relationships.* The day to day experiences of the consequences of living with wounded, military veterans was the second largest (27%) identified theme named *Overwhelming Reality*. Statements relating to participant's conscious coping mechanisms, unconscious defences and familial relational patterns was the third most dominant category of data (21%) that clustered into the theme designated *Psychodynamics of Military Families*. Two participant's interviews contained discourse that yielded (7%) the final distinct overarching theme labelled: *Traumatic Loss and Grief*. This material related to their mourning time 'before and after' wounds were inflicted on partners and appears to describe their subsequent adjustment to a sense of loss.

Supportive Relationships (45%)

In terms of Supportive Relationships, an overriding element conveyed by all interviewees related to the non-judgemental and unconditional acceptance of each other across members of the Ripple Pond. The social emotion of shame is strongly felt when one has a sense of being devalued and the following quotations illustrate just how powerful the drive for 'consensus reality' is, in the motivation to seek peer support. Bowlby's (1969, 1973) psychodynamically influenced attachment theories unequivocally gave prominence to the centrality of the quality and type of relationships that promote mental health. People may be thought of as possessing an 'internal working model' that is a component of one's 'internal social model' of 'self', 'other' and 'self in relationship'. Shame could be viewed as significantly disrupting these models, thereby creating powerful drives to seek new, secure social attachments and thereby repair or restore internal relationships. Established models are resistant to change (Crittenden, 1990).

Without them I think life would be very different because the thing I get from all them is a complete understanding about my circumstances and a lack of judgement ...It is totally essential...the support groups 'just get it' [Lisa].

Without the Ripple Pond, I wouldn't have had the courage to continue fighting for my husband...just knowing that every other person in the Ripple pond, it is like being married to the same man when you read, if you want advice in a situation you can read about that [Emma].

Key friendships were recounted been forged that would not have been possible without the peer group:

I made a particularly good friend, who I met through the Ripple Pond, her kids are the same age and we spend time together... there's nobody else that would understand [Susan].

Despite that most Ripple Pond member interactions do not take place via face to face communications, the theories of Winnicott's (1953, 1971) 'holding' environment and Bion's

(1959, 1962) 'containing' environment have clear application to the data. For example, the notion of 'a safe, understanding space' was crucial for members, some of whom felt very threatened by their experiences of family interventions from social services.

I think.. especially with the social workers... it felt very unsafe to talk about stuff.. it was like I was living in a parallel universe... I'd be saying things, and they'd be nodding, then they would come out at meetings and say well she said this, and it was half a sentence completely out of context. It felt really, really, really unsafe to discuss anything with any of the support that I had in place through social services [Susan].

Similarly, the feeling of relief expressed by women as they recounted a sense of being able to connect with 'like-minded others' was prevalent. This could be viewed as re-establishing the 'internal social model'. In concordance with Bowlby's theoretical models, on two occasions with interviewees, I experienced a reflexive reverie (Holmes, 2019) as pictures entered my mind of 'lighthouses signalling to each other' when these participants spoke about the affirming aspects of 'reaching out' in the Facebook Forum. The image evoked was of members linking with each other, forming 'cyber-attachments' across the darkness.

Even when I just get the messages they really help from those people. It doesn't matter that we don't see each other face to face, it's a connection [Emma].

It is really comforting when people just respond...even if it's just a heart emoji. Just to know that somebody else is listening, somebody else is reading that, is such a comfort...it's so important to just know that it's there 24 hours, sometimes when I need to, I just post and then I go to sleep and feel really different in a few hours. If the ripple pond wasn't there, I just wouldn't be able to get it off my chest, because the time wouldn't be relevant –I couldn't do it in the moment [Julie].

Related to this feeling of connectedness, there was a tangible component of being 'properly seen and understood', sharing information about military related PTSD and how this feature of peer support eradicated their lonely, isolated feelings. This is also another manifestation of 'containing' and 'holding' (q.v.). Attachment is a life-long drive and Bowlby's theories (1969, 1973) of attachment also apply to this material as new bonds are forged and feelings

strengthened through mutual validation. The concept of attunement also has relevance to the material (Siegel, 1999; Stern, 1985).

They don't just say things that you want to hear, they say things that are true. They don't pander to you...having the understanding it stops the loneliness, I wish I knew this at the start of the relationship, it's been a lifesaver for me it really has...just the learning ...about the triggers ...I can learn from other women about the possible triggers I hadn't even

thought about [Emma]*.*

I thought we were strange and we were on our own, that this was just a desperate family, we were the only ones doing this but actually we're not. It really opened my eyes [Fran]*.*

And it's just having some validation, that other people really understand how difficult your life is...and people can say, well I tried this, or, just be careful about that – watch yourself [Lizzie]*.*

The ripple pond is invaluable to give that sense of perspective so you don't feel isolated...I have lost friends...I am close with my sister but she doesn't really understand why I have got any patience for it -partly because she's not that kind of person and also because his behaviour has been unacceptable at times [Susan]*.*

There was a distinct element of reciprocity identifiable in the narratives, reflecting also 'Winnicott's mother' in the 'to and fro' of relationship formation as Lizzie stated:

...because I'm rescuer (laughing) it's been quite comforting for me, because I enjoy sharing information with other people being able to help other people...it gives me some control, almost makes me feel like I'm fighting back against the PTSD [Lizzie]*.*

Some participants in the study described their experiences of being members of other peer support groups – Combat PTSD Angels[10] was referred to by half the participants. This group has been established longer than the Ripple Pond and has a strong identity and support focus that includes their own 'uniform':

When we are all out together in our pink and grey hoodies it is an amazing sight, I sobbed when it first arrived because I wasn't expecting it, for the first time it was a thank you from an organisation, saying we value what you do [Lisa].

The change of focus away from veterans and onto family members illustrates how family members of combat veterans have been historically marginalised in the UK in terms of their mental health needs. Repositioning focus onto families is a fundamental ethos of the Ripple Pond and was similarly identified as highly significant by Fran:

Well I was already a Band of Sisters, I had gone through a course at Tedworth house , all the other support organisations I knew about were for the supporter and veteran. I think what was really important... was the veteran wasn't the primary person any more at the ripple pond you become the primary person.

The situation of current peer support provision, in contrast to several years ago before anything was available in the UK, is highlighted by Sarah who was desperate for information at that time:

I would search the Internet day in, day out...the only people I could relate to were in America... I was just crying out for somebody in England. There was absolutely nothing.... There were literally only two pages of information.... And I laugh now because I thought H was the only one who had been diagnosed with PTSD!

In stark contrast to the predominantly positive 'containing and holding' features of statements by most study participants, two members were more cautious about this relationship territory. Firstly, in relation to negotiating the reality of peer group relationships by not wanting to upset other members despite their feeling conflicted about the content of some posts. Secondly, some material presented at group meetings was viewed as 'unmanaged' thereby being 'risky' due to being 'uncontainable'. This raises important issues to consider about the support network.

Maybe if they've been to one meeting and a lot of emotional stuff has been unloaded, but they haven't had the right support, maybe they're wondering whether they want to go again? [Lisa].

There was also something significant for members about the gatekeeping and boundary maintenance of the administrative team at the Ripple Pond. This demonstrates that the organisation, as well as group members, has an identity that also serves the 'containing and holding' functions of described by Winnicott and Bion (q.v.).

I didn't really want to talk to anybody else about it because I didn't think anybody else would understand...I felt a bit conscious at times about posting on an online group, about who could see it, it was really welcoming that before I joined there were security practices that I had to go through, so you knew it wasn't just anybody that could join the group you knew who they were [Julie].

Finally, the Ripple Pond as a forum, for profound social taboos was evident in two interviewees statements. A 'space to be heard' is a key psychoanalytic concept (Freud, 1916-1917).

...there are people who have experience partners of family members who have died by suicide. Partners and family members who are thinking about it ...so they can talk about it without feeling that you are being judged as an individual because the person you love wants to leave you by suicide. So, it's not your fault or the person who has the suicidal ideation either [Lisa].

Overwhelming Reality (27%).

Having a family member suffering from PTSD induced by military combat was consistently spoken about by all interviewees, mostly in relation to either current or ex partners/husbands. Their narratives reflect the unique challenges that families of mentally wounded veterans face. Although not explicitly related to using the Ripple Pond, this data graphically imparted what was effectively the 'contextual essence' behind the motivation of interviewees who

sought the Ripple Pond's peer support services. Some material related specifically to traumatic experiences of the veterans:

It wasn't a war (Bosnia) it was lots of killing of innocent women and children....you know he's seen the world in a different light to the way I saw the world in. I would be traumatised if I saw anything like that.. yeah and everyone's like, our country and we're brave our soldiers and all that but, you know, we've done some bad stuff to these other countries in these wars. [Sarah].

Some of the stories he has told me about, walking into villages with pits full of burning bodies.. coming across houses where people were barricaded in and burned alive... I mean how do you, how do you deal with that?... and I am definitely more anxious as a person than I was before I met him... I think it's his constant hypervigilance that seeps through....it makes me anxious and it has seeped into a part of everything that we do (as a family) [Sarah].

Other aspects that were overwhelming centred upon the impact of PTSD related behaviour by partners.

At one point, P couldn't speak and I think they just thought Jesus Christ she could be telling us anything, I said 'you are going to have to start writing stuff down'. He was that anxious, I used to have to dose him up with diazepam just to get him to the camp Dr. It was ridiculous... I said to him 'you're just going to have to write stuff down, because they just think I'm some weird woman talking for you... they need to hear it from you'...I'd just have to sit there and give them these notebooks he'd been writing in [Lizzie].

He definitely has got PTSD because you can't make up nightmares, waking up screaming, grabbing your partner throwing them around, you can't make that up [Fran].

Ultimately, I was used by the Army, by local mental health services as his nurse. I was responsible for his medication, he didn't have the capacity. When he first went into hospital he hid in the wardrobe for three days...I went in there every day after work because he wouldn't eat any of their food, or drink any of their liquid [Lizzie].

At couple of times during interviews, when material for this theme was presenting, my reflexive reverie (Holmes, 2019) drifted into a day-dream like state where I realised I was no

longer 'present' or attending to what was being said. It was as if the interviewees realties had become 'overwhelming' for me too. At one particular point I felt I was watching events described by Lizzie, that somehow I was witnessing the same grotesque, cartoonish 'dysfunctional drama':

...the crisis team were coming out all the time, repeated suicide attempts, going missing, getting arrested -it was just a nightmare. The nightmare basically continued until he started to have an affair with another woman... they leave an absolute swathe of destruction where ever they go.

The overwhelming features applied also to the intimate, interpersonal aspects of participant's lives:

...and I think that when you can't hide it, it's the person who is closest to you that you have to take it out on, because you can't fully hide it and you think they're going to take it [Fran].

He'd be horrible, horrible, horrible to me and then at the end of the night he just want to hold me, I be like are you for real? You've just called me every name under the sun and you want me to hold you...to cuddle me...and I have hit back, I've been really hurtful and I'm ashamed about that. If I'd had enough I would lash out with violence, it didn't have to be like that...[Sarah].

He tried so many times to take his own life...that was the hardest thing for me emotionally, in all that depression and anger that I had to go through that he wasn't there for me, he couldn't be there for me [Sarah].

The psychodynamic processes that may relate to this theme are explored in the Discussion.

Psychodynamics in UK Military families (21%).

A pattern of psychodynamic processes emerged from data and appeared to be taking forms particularly related to military families. They included use of defences (mostly against anxiety)

that were both conscious coping mechanisms and unconscious, or patterns of relating (Freud, 1937).

In contrast to the statements ascribed to the *Supportive Relationships* theme, some interviewees eschewed their needs by use of defences such as denial or repression, as well as splitting off their feelings and locating them in other members.

I don't have that need, and actually, when people do vent maybe I am much too quick to jump in with have you tried this, that I think information sharing is much more where I am coming from really [Lisa].

To manage anxiety about partner's predicable unpredictability the defence of avoidance or 'eggshelling' was a common feature in the interviews.

So it got to the point where I would rush into the house and make sure there was nothing that had been chewed (by the family dog) or anything [Emma].

As a technique to control anxiety in families it seemed largely ineffective, as this statement by Sarah attests "even if it's perfect he will find something...". She clearly associated her husband's behaviour with his feelings "because of the way he was...the way he felt, the way his rage was ...he was raging...". Her conscious decision to confront this defence lead to her refusing to collude with his behaviour, thereby disrupting the pattern:

...the rain stopped when I wasn't going to let it affect me any more I wasn't going to eggshell around him. I weren't going to have the kids like tidy up, they used to say Mum! Dad is going to be in, we need to clean up. I'd say don't worry kids, if he's going to go off he's going to go off. Once he saw that I wasn't affected and I wasn't tiptoeing around him he got better!

There was something very powerfully conveyed regarding Sarah's sense of 'taking back control' of the defensive psychodynamic family pattern:

I've just been able to step back from that and looked at things and the day I decided I'm not going to let his words or actions harm me...and that's the day I started recovering... I

(husband) was horrible yesterday, I was really horrible. That's just a vicious circle, so the day I decided his words wouldn't affect me was the day he started to recover.

Often when speaking with interviewees, I heard manic laughter when they recounted 'the everyday craziness' in family life. Reflexively, I found myself recalling incidents from my childhood that were similarly intense, yet also 'bleakly, comical' frequently invoking hysterical laughter between myself and my siblings. This accords with the classic mature defence identified by (Vaillant, 1992) as a mechanism to protect the ego against the painful, depressing reality of living with such chaotic behaviours in families. Whilst serving to diffuse the tension that exists in such situations, where one has no sense of control, such defense mechanisms allude to the important issue of secondary traumatisation in families –as previously identified in the research literature review –and alluded to by Lizzie:

*In some ways I think (laughing) hang on! I've got more right to have PTSD and be more of an arsehole than he is (laughing). The stuff that has gone on, at one point he was arrested for carrying an axe **and** a knife.*

It seemed at times that interviewees managed their perceptions of the dysfunctional behaviours engendered by their partner's PTSD through the paranoid-schizoid defence mechanisms of splitting (Klein, 1946;1952). Their views were predicated upon qualified positioning statements that echoed long standing 'mad or bad' discourses in forensic psychology and wider society as well. This observation is expanded upon in the discussion.

Once I felt it was behaviour and not illness... I could see it was manipulation, it was just abuse. He would never, ever, categorise himself as being abusive [Lizzie].

As if to reinforce the solidity of one perspective, two members highlighted distinctions between PTSD Angels and the Ripple Pond as peer support organisations, with former being unequivocally advocating veterans with PTSD as mentally ill.

I always say thank God I wasn't sent to the Ripple Pond first. With the Angels you have to have a diagnosis of PTSD with someone who served. With the Ripple Pond, you don't have to have that. I would say, 75% of them aren't with their partners. So the advice they're given is, it's

abuse, it's abuse, its abuse, when it's a fine line between abuse and PTSD behaviour. It does feel like abuse [Sarah].

The notion of choice was considered by some women too, with defensive paranoid-schizoid splitting employed to provide certainty about the question of volition –this is also expanded upon in the discussion.

I know they're ill and this, that and the other, but you make choices. They have the capacity to make the choices and they repeatedly make the wrong choices, that injure other people [Lizzie].

In contrast, other members viewed partner's behaviours purely as an illness and 'adapted themselves to partner's needs. Whilst this is related to the material above, it may also be viewed as mechanism of projecting needs into another (partner or husband) and perhaps serve as adopting a masochistic position.

I would just get so hurt when he would get angry, only verbally angry, he'd get so angry and say hurtful things. It would happen instantly, it was a real sudden reaction. Often I would verbally respond and that would cause things to escalate in a really bad way. But then I learned, with his help, to just have patience, he explained it all to me afterwards, in his calmer moments. What I have to do is withdraw, make sure that he's safe, don't block his way, if he needs to go out [Lisa].

Traumatic Loss and Grief.

This theme arose from a cluster of statements that reflected mourning and a sense of loss 'before and after' the injury was sustained. This was exemplified by Sarah, who had married her (now veteran) 'childhood sweetheart' twenty- five years ago.

I'm one of those people if there's a problem I'm on the rooftop shouting 'come here, help me'! It's my family at the end of the day. When you're making a sacrifice supporting your partner who was traumatised in war, we will help him and we love him dearly... but we can't let us let

it carry on through generation and generation....That's what we were (making a sacrifice), and why shouldn't we be supported to do that?

A Freudian (1917) psychoanalytic perspective of this data as described in *Mourning and Melancholia* suggests that Sarah completed mourning the loss of who H used to be and that this has been worked through and accepted. This 'frees' her libido to be invested in seeking help for the person her Husband has become, as a result of the trauma he suffered.

She also conveyed her Husband's own sense of grief and anguish as he recovered from his traumatically induced mental breakdown:

He says the original trauma is nothing compared to the way I feel about the way I've treated you, and the family.

Discussion

Supportive relationships

The results relating to the Supportive Relationships theme have been previously considered inter-subjectively regarding theories by Bowlby, Winnicott and Bion. Intra-subjectively, Bainbridge & Yates (2018) suggest that the complex aspects of identity and subjectivity may be illuminated by the application of psychoanalytic theories and ideas to culture (Bainbridge & Yates, 2018). Military families could be thought of as a sub-culture with distinct identities and subjectivities as binding factors or constituents of 'what holds us together'. This notion of 'the social' as a containment matrix is derived by Richards (2018) from Bion's concept of containment (1962) and Klein's (1935) theory of depressive anxiety. Intrinsically related to each other are 'personal experience' and 'social situation experience' leading to Hinshelwood's proposition (1989, pp.244-50) that society acts as a container of 'depressive anxieties'. Thought about in this way, the sub-culture of the Ripple Pond serves a function whereby "containment is a process, not a static structure...the "social" as the capacity to contain primitive anxieties" (Richards, 2018 p.12). This promotes a 'therapeutic culture

hypothesis or mentalisation (Fonagy et al, 2002; Fonagy, 2011) in groups, rooted in Freudian (Freud, 1911) and Kleinian (1935) constructs of mental functioning.

Overwhelming reality

Although this study is ostensibly about use of a peer support organisation by families, the dominance of material in the Overwhelming Reality theme requires some consideration. All partners of interviewees were described as suffering from PTSD. Whilst the concept of PTSD and/or trauma is too vast (existing across multiple paradigms) to address in this paper, there are perhaps some useful psychoanalytic concepts that contribute towards understanding the context of this category. Notions of trauma are centrally woven in psychoanalytic doctrines since their inception, Freud (1893, 1915, 1919, 1920) wrote about war neuroses arising due to conflict within the ego, suggesting such experiences as being so profoundly disturbing that they breach an internal psychic 'protective shield'. This results in a mind that struggles to makes sense of the disturbance hence the entrenched, repeated flashbacks and associated traumatic dreams.

Segal (1957) wrote about chronic effects of trauma and differentiated between new experiences as either truly symbolic or having symbolic equation. A traumatised ego cannot differentiate between the two and reacts (or overreacts) accordingly. Bion (1959) and Segal (1957) both agree that a traumatised person's 'internal container' (equivalent to Freud's 'breached shield') lacks the 'psychic space' where events can be symbolically reworked and contained (Garland, 2005). Analysts are preoccupied with why people react so differently in terms of 'psychic survival' to their adverse experiences and therefore whether their 'defensive behaviour' simply the best solution mustered to enable survival. Thought about in this way, the whole cluster of PTSD symptomology 'makes sense' psychoanalytically speaking. Garland writes "The reality of what happened in the past is less important than how the patient is dealing with the past in the present" (2005, p.228). This study indicates that mentally wounded veterans are unable to cope with their sense of having been fundamentally overwhelmed and that feeling is evacuated into those people closest to them, mostly their

partners and family. Hence, the 'overwhelming reality' quality of the day to day life experiences with mentally wounded combat veterans.

Psychodynamics in Military Families and Traumatic Loss and Grief

The data relating to this theme suggest that psychodynamics in military families are frequently in state of oscillation between the paranoid schizoid and depressive positions (Klein) in relation to how interviewees perceived their partner's behaviour. On the one hand, some members view PTSD symptomology as being partly under the volition of partners, referring to certain actions as 'abusive'. On the other, some members strongly identified with their partners as suffering from an 'illness' and hence regarded their undesirable behaviours as outside of their volition. This theme may be related to the Traumatic Loss and Grief theme also identified because as referred to in the results section, Freud's concepts about mourning and suffering loss seem to have application to the study material. It would seem that Sarah (q.v.), who had unequivocally accepted the permanent change in her partner, without adopting a 'carer identification engendered role' was best able to cope with the reality of her situation.

Another useful way to interpret the data relates to an important contribution to Freud's original work by Steiner (2005) who explores the conflict between mourning and melancholia. He considers that approaches to conflict can be intra-psychically considered as facing the reality of loss as opposed to denying the reality of it. In essence, conflict arises between change which is opposed because it provokes anxiety and desire (or drive) for new experience. He suggests that people make judgements based upon 'morality' or 'reality' -the type of judgement that people tend to make is about denying their loss, hence the labelling as 'good' or 'bad'. When loss is significant, or painful, it cannot be faced and by extension, mourned. Depression can be a state of mourning as wel as a defence mounted against mourning. The melancholic solution is then a compromise as the object is internalised.

It was interesting also to note that participant's narratives about PTSD related behaviours as either illness vs abuse appeared to be identical to the psychological construct of High Expressed Emotion (EE). This refers to the range of expressions towards an 'unwell individual' within families where the expression is regarded as 'high' or 'low' and 'negative' (hostile/angry) or 'positive' (concerned caring). It was first posited by use of a psychometric measure, the Camberwell Family Interview Scale, to assess expressions by family members towards another family member with a serious psychopathology (Brown & Rutter, 1966; Brown et al., 1972). Such expressions are 'testable' and the construct of high negative EE was shown to be associated with the relapse of patients who were schizophrenic -and subsequently with other mentally disturbed individuals. However, this statistically significant relationship does not infer causality (Butzlaff and Hooley, 1998). High EE could represent: the failure of a 'system' to help someone mentally impaired, lack of knowledge about a specific mental illness and how to cope with it or it may simply be related to the level of dysfunction present in families. Other criticisms include the suggestion that it is an artefact of culture, or that 'negative labelling' of families makes them feel as though they are 'bad families'.

Prior to EE, psychoanalytic models exploring familial relationships including mentally disturbed individuals derived from parental behaviours, culminating in a model of the schizophrenogenic mother (Fromm-Reichman, 1948). Other hypothesis similarly focused upon family genesis (Neill, 1990) so EE may be viewed as shifting 'blaming' to 'understandable emotional responses'. However, some subsequent studies have not found such positive correlations between emotionally overinvolved or critical and hostile family members and illness relapse (thesisref). Moreover, the origins or mechanisms underlying the development or EE or mental illness relapse simply remain unknown.

Leff and Vaughan (1985) make interesting connection between people's beliefs and the degree of EE, with low EE relatives seeming to be more rational, holding views of people as having 'legitimate' symptoms. High EE relatives who were critical made no allowance for symptoms in seriously mentally ill family members, trying to change their behaviour (Hooley, 1985; 1987). Greenley (1986) considered whether relatives viewed symptoms as an illness whilst Hooley (1985; 1987) further differentiated relatives attitudes towards the issue of

volition and control. Constructions about the events are emotionally laden with elements of controllability locus of control and causal thinking (Weiner, 1980). As Barrowclough and Hooley (2003) suggest, understanding beliefs better may lead to greater understanding of behaviour.

"Families often feel that professionals show little understanding of how families experience mental illness, its tremendous burdens, and its terrible sorrows." (Hatfield et al, 1987, p.222).

Reflexivity in the context of this study.

In reflexive consideration of my own reflections on this study two issues seem clear to me. Firstly, my motivation towards 'helping to understand' the problems in military families is inextricably linked to my own relational patterns set in my childhood and equally, that childhood mirrors these family's experiences. Secondly, the application of Holmes (2019) reflexive interviewing technique was limited in this research due to the researcher's lack of familiarity with the technique and perhaps the interview design of telephone interviews. In entirety, I believe that my personal experience of the research subject has enhanced this study. I shall remain, of course, open to the idea that it has not.

Conclusion

This study has tentatively explored, using qualitative methodology, the experiences of members of the Ripple Pond -a peer support network for the families of mentally or physically wounded serving and veteran UK Armed Forces personnel. The themes that arose have been analysed to some extent by psychodynamic and psychoanalytic concepts thereby partially addressing the research question. Parallels have also been drawn with the psychological concept of Expressed Emotion that was developed in relation to schizophrenia, as a measure of family environment. Hence a broad range of psychological concepts may be useful to understand these families lived experiences.

Regarding aims, the study makes a small, unique contribution towards understanding the challenges faced by some families of wounded UK veterans, notably in relation to living with the consequences of combat related PTSD. This suggestion places emphasis upon how crucial it is to evaluate what therapeutics services most effectively support such families and by extension promote a realistic prospect of mitigating their chances of secondary traumatisation. It is recommended that further evaluative studies are undertaken as the current lack of related UK research is inequitable, for both wounded combat veterans and their families or partners.

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