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Disability, inclusive adventurous training and adapted sport:

Two soldiers' stories of involvement

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Abstract

Objectives: To generate insights into the personal meaning and value of an inclusive adventurous training and adapted sport course for military personnel who have experienced physical disability as a result of injuries sustained during active service. *Design:* Narrative storytelling approach based on collaboratively written creative nonfictions. *Method:* First-person stories were constructed with two male soldiers on the basis of informal interviews and conversations across five days of a residential adventure training and sport course.

Results: The stories portray the personal benefits, meaning, and value of adventurous training and sport by illuminating each individual's experiences since injury/trauma, his experiences while on the course, and how these interact to shape psychological wellbeing and future life horizons. They reveal a complex interplay between physical, psychological, and social disability among some military personnel. *Conclusions:* The story as analysis expands current understanding of the psychological effects of physical activity for injured military personnel through: (i) providing an alternative analytical approach; (ii) revealing subjectivities, personal meaning, and biographical connections to generate a holistic understanding of the individual; (iii) preserving the complexity and ambiguity that characterize lived experience to support plural understandings; (iv) sharing an embodied representation as an ethical act of witnessing another's life. We suggest these kinds of understandings are necessary for physical activity practitioners who wish to support military personnel who have sustained a disability.

Keywords: mental health, military, narrative, rehabilitation, story, creative nonfiction

Disability, inclusive adventurous training and adapted sport:

Two soldiers' stories of involvement

Serious injury, impairment, disability, and/or mental health problems are not uncommon among military personnel and veterans involved in the Iraq and Afghanistan conflicts¹ (e.g., Hoge, Castroar, Messer, et al., 2004). Physical disabilities result, for example, from gunshot wounds, musculoskeletal injuries, or limb amputations sustained following the explosion of improvised explosive devices (IEDs). Mental health problems are also common with 26-39% of returning UK personnel reported to experience depression, anxiety, or substance abuse (Hotopf et al., 2006). Fear et al. (2010) report that around 6.9% of deployed British troops experience post-traumatic stress disorder (PTSD). In the USA, Demers (2011) suggests that military personnel returning from conflict exhibit high levels of anxiety, depression, and anger symptomatology with up to 31% experiencing PTSD (Tanielian & Jaycox, 2008). Increased suicide rates have been reported among military personnel and veterans in the USA (Kaplan et al., 2007) and the UK (Kapur et al., 2009).

It is not unusual for military personnel who sustain a physical injury, impairment or disability through deployment to experience co-occurring mental health problems (Koren et al., 2005). Mental health problems may result as a consequence of physical injury/disability or as a result of other traumatic experiences during deployment (Walker, 2010). When these difficulties culminate in discharge from service, individuals are also faced with occupational and vocational challenges. These individuals must, in Demers' (2011) terms, find a place for themselves within the very different social and vocational settings of civilian culture. This period of adaptation can be difficult and disorienting. The combination of these challenges have not only personal, but also social consequences. For example, Monson, Taft and Fredman (2009) suggest they can place a strain on family and interpersonal relationships and

may relate to the increased levels of aggression and violence that have been reported (MacManus et al., 2012).

This evidence highlights a need to provide support to military personnel who have sustained a disability as a result of active service. It has been suggested that current provision fails to meet existing need (Brewin, Garnett & Andrews, 2011; Harvey et al., 2011; Walker, 2010). In recognition of this, Brewin and colleagues (2011, p. 1739) call for research to explore new “multi-faceted interventions, both individual and societal” which have the potential to support psychological wellbeing. Qualitative research that sheds light on individuals' experience of rehabilitation has been identified as particularly necessary (e.g., Ray, 2009).

Psychosocial effects of physical activity

An extensive literature documents positive effects of physical activity and sport on mental health and psychological wellbeing. This ranges from the general population (e.g., Biddle & Mutrie, 2008), those with physical disabilities such as spinal cord injury (SCI) (e.g., Smith, 2013a), through to people with diagnosed mental health problems (e.g., Carless & Douglas, 2010). Carless and Douglas (2010) suggest that, in contrast to most clinical interventions, participation in sport or physical activity can do more than reducing or alleviating problems – it can also bring positive additions to a person's life. They identify three avenues through which physical activity can support recovery among people with mental health problems: (i) by providing a ‘stepping stone’ to personally meaningful and valued activities or occupations; (ii) through helping individuals rebuild their identity; and (iii) by offering an environment to *re-story* life around action, achievement, and relationships.

Although less research has been conducted with military personnel, several studies document positive outcomes. In their study of published accounts, Brittain and Green (2012) suggest that through sport some personnel experience feelings of achievement, self-

actualization, inspiration, and direction in life. Otter and Currie (2004) document a range of effects among veterans on an exercise program that include improved motivation, reduced anger levels, greater energy levels, and increased opportunities for social interaction and support. In their study of the psychosocial effects of involvement in a Wheelchair Games and Winter Sports Clinic, Sporer and colleagues (2009) report the majority found participation improved their life, particularly regarding social interaction, acceptance of disability, self-esteem, and quality of life.

Adventurous training (AT) may be considered a somewhat distinct branch of physical activity which, according to Mellor, Jackson and Hardern (2012), has been known by various names, including outdoor development, outward bounds, and outdoor education. Typical AT activities include climbing, kayaking, trekking, and caving. Its use for learning and development in military contexts can be traced back to 1940 and it continues to be routinely used today (Mellor et al., 2012). As a form of physical activity, AT is familiar to military personnel and hence may be a particularly appropriate intervention.

In recent years a handful of studies have suggested AT can lead to positive outcomes among military personnel. As a result of a 4-day outdoors expedition, Dustin and colleagues (2011) report reduced symptoms of PTSD alongside greater confidence, self-efficacy, and coping ability. In their study of the experiences of veterans on a 9-day climbing expedition, Burke and Utley (2012) describe improvements in self-determination, active coping, and social support. As a result of participation in a combined adventure training and sport course, Carless, Peacock, McKenna, and Cooke (2013) suggest soldiers experienced two outcomes of 'bringing me back to myself' (through returning to activity, rediscovering a sense of purpose, and reconnecting to others) and discovering 'new rooms to explore' (through experiencing new activities, being valued/respected/cared for, and being inspired by others).

Purpose of the study

Against this backdrop, Burke and Utley (2012) and Carless et al. (2013) call for further research into physical activity interventions to support military personnel who have acquired a disability as a result of active service. In response, this study focuses on the experiences of military personnel in a recently developed intervention which uses inclusive adapted sport and AT as a vehicle for personal development among military personnel with an injury, disability, mental health problem, and/or chronic illness. We focus on 11 pilot courses, each 5-days long, based at *[name removed for review]*. Each course catered for up to 12 military personnel who were provided with accommodation and communal meals. The basic organization and delivery was as follows: After breakfast, each day began with a brief that typically introduced a practical psychological strategy (such as relaxation or goal setting). Next, a range of sports (e.g., wheelchair basketball, archery) and AT activities (e.g., climbing, caving) was provided. Adaptive equipment and a full-time technical advisor helped ensure all personnel were able to participate in each activity. Following the second activity of each day, a review session encouraged shared reflection on transferrable learning from the activities. After the evening meal, social activities took place to promote relaxation and social interaction. The ethos and philosophy of the course differed to military culture which is typically autocratic, rigid, impersonal, and hierarchical. Instead, civilian coaches worked alongside personnel, striving to create a positive and supportive environment, operating by the motto 'challenge by choice'.

Method

Following Faculty ethical approval, as part of the evaluation team for a larger study, the first author (David) conducted ethnographic fieldwork during six courses (30 days in total). During this time, David conducted formal life story interviews with 11 men (Carless et al., 2013) but also, through opportunistic sampling, focussed on one individual each week to provide an in-depth narrative case study through which to illuminate the personal meaning

and effects of the course. Throughout the fieldwork, David adopted the role of participant observer and was fully involved with the activities that the military personnel undertook and spent time with them outside of these activities, for example during their leisure time in the evenings, sharing the accommodation and meals provided. This prolonged engagement enabled him to gather rich data concerning the experiences of 6 men in the form of informal interviews and conversations that were written up in a field diary.

Interactions with these men were generally impromptu, often initiated by the participant rather than researcher, and occurred during activities (e.g., courtside during wheelchair basketball), in gaps between activities (e.g., bus journeys), and during social time (e.g., mealtimes). Once the exchange had begun, it felt inappropriate for David to locate and activate his recording device which would risk intruding on the impromptu nature of the storytelling process. Instead, he attempted to listen closely and engage with the account each participant seemed to want to share. In Frank's (2010, p. 128) terms, he understood his role "not as collecting data but as being the addressee whose presence enables people to tell their stories." Such an approach recognizes the difficulties of sharing stories of personal trauma. Exploring these experiences at moments of the participant's (rather than the researcher's) choosing, allowed sensitive issues to be broached through a process that gave a high degree of control to the participants as to whether, when, how, and for how long they articulated any given experience.

Given that much of the data made available in the field in spoken form was not audio-recorded, David was faced with the problem of how to document the stories he had witnessed. Besides keeping a field diary of events, he wrote down, during breaks and at the end of each day, what struck him as significant and insightful aspects in the form of an evolving first-person story. Where possible, memorable verbatim phrases were included, alongside expressions the participant had used. At times, he utilized techniques of creative

writing (see Douglas & Carless, 2010; Sparkes, 2002; Sparkes & Smith, 2014) to re-present the story he had heard. These included, for example, the use of flashback, metaphor, and dramatic evocation. Throughout, David tried to create an account that felt close to the participant's own telling, attempting to be faithful to the experiences and emotions he described, the meanings he inscribed, and his own style of speech. Over the week, supported by questions and prompts for further details, this process was repeated iteratively, elaborating and developing the story.

Towards the end of the week, David asked each individual if he would be willing to read the story drafted from his accounts. By doing so, he invited each participant to engage further with the construction of his story, firstly through assessing whether or not the story offered a faithful account of his experiences and secondly, if necessary, collaboratively revising the story to better represent his experiences. All participants agreed to engage in this process although the extent of engagement varied. After reading the story, all participants seemed keen to talk about it. Some expressed surprise at how much David had remembered from their conversations. Some corrected minor details or factual inaccuracies (such as acronyms) while others offered further details to enrich the story. One individual worked on the story with David on his laptop for over an hour. Individuals considered whether (for example) particular phrases were authentic to their own speech, their accounts were fair to others, or the chronology was correct. By the end of this process, all participants felt the final version of their story represented their experiences faithfully and were happy for it to be disseminated publicly.

In some respects this approach resembles the *creative nonfiction* genre that Sparkes (2002) presents as one of a range of writing practices that can be used to communicate research findings in different and potentially enlightening ways. Examples of this in use include a reflective study of one sport psychologist's professional practice (Gilbourne &

Richardson, 2006), a narrative investigation of the lives of professional golfers (Douglas & Carless, 2006), research into the experiences of men with serious mental illness (Carless & Sparkes, 2008), and a study of the experience of SCI (Smith, 2013b). Importantly, storytelling provides not only an alternative way of representing one's research, but also a different way of thinking about and understanding – analysing – research 'data.' Smith and Sparkes (2009) argue that “writing, theatrical, and, for example, visual ways of understanding can be thought of as analytic in their own right” (p. 285). Building on growing awareness among qualitative researchers, they suggest that, “for storytellers, analysis *is* the story.” Storytelling – as a way to gather, analyse, and represent psychological research – offers a number of potential uses. Not least is the opportunity to gain an emotive, accessible, visceral, and embodied understanding of another's life.

The approach David used in this study, however, differs from previous examples of creative nonfiction by inviting participants to become active collaborators in the story writing process. By doing so this approach offers an ethically informed methodology that subtly shifts the balance of power in the research relationship, welcoming participants' input *throughout* the research process. It aligns with Frank's (2010) conception of *dialogical* research, which strives to respect participants' position as experts of their own lives and recognizes that “the dialogical interviewer is there to learn from the participant” (p. 99). Participants, therefore, “are not data for investigators; instead they co-construct with investigators what count as data” (p. 98). The researcher's presence, therefore, “is primarily that of a witness, putting these stories in dialogue with one another and then inviting ... readers to enter this dialogue” (p. 117).

We present our findings in the form of the stories of two particular participants, Stuart (aged 27) and Sam (aged 28). We have selected these participants for three reasons. First, on the basis of what they have in common, their stories complement each other, shedding light

on a particular avenue of human experience. Both Stuart and Sam experienced serious physical injury and consequent disability through deployment in Iraq. Stuart had lost a leg following explosion of an improvised explosive device (IED) and had been treated for PTSD. Sam had suffered a spinal injury resulting in permanent impairment and had received treatment for depression. As a result, both had been unable to work for a prolonged period and were facing likely discharge from the Army on medical grounds. Second, because Stuart and Sam are at different stages of their disability and rehabilitation journeys, their two stories together offer an enlarged perspective on the research topic. Third, we find both Stuart and Sam's stories to be engaging, evocative, rich, and insightful portrayals of military personnel's experience of disability, AT and sport. Through this dialogical narrative methodology, which focuses on first-person stories shared and collaboratively written as creative nonfiction, we therefore extend previous research by developing a nuanced understanding of how soldiers' experiences since injury and while on the course affect their psychological wellbeing, identity, and future life horizons.

Given the nature of our inquiry, its purpose, and the form of reportage used, more traditional judgement criteria of 'goodness' associated with standard notions of trustworthiness are deemed problematic. In view of this, drawing on the lists provided by Sparkes (2002) and Sparkes and Smith (2013) we offer the following criteria as some that are relevant for judging our study and the creative nonfictions that follow:

- *Worthiness and substantive contribution*: Is the topic of the research relevant, timely, significant, interesting, contributing conceptually/theoretically, practically, and methodologically to our understanding of social life?
- *Meaningful coherence*: Does the study achieve what it purports to be about, use methods and procedures that fit its stated goals, and meaningfully interconnect literature, research questions/foci, findings, and interpretations with each other.

- *Expression of reality*: Does the work embody a fleshed-out sense of lived experience and does it offer a credible account of a cultural, social, individual, or communal sense of the 'real'?
- *Generativity and impact*: Does the work enable readers to see or act upon phenomena even though it represents a kind of case study with an *n* of only 2? Does it generate new questions?
- *Aesthetic merit*: Do the creative nonfictions hang together so that the reader has a sense of completion in reading them? Do they invite an interpretive response from the reader? Do they 'work'?
- *Evocation and illumination*: Does the work emotionally and/or intellectually illuminate a terrain, a process, and individual? Does it shed light by defamiliarizing an object or a process so that it can be seen in a way that is different than a way in which customary modes of perception operate?

With these judgement criteria in mind, we now proceed to offer the stories of Stuart and Sam.

Stuart's Story

I've been injured a long time, compared to most of the guys here on the course. I was blown up in 2006, in Iraq – spent my 21st birthday feeling sorry for myself. I remember lying in hospital back in the UK four weeks later, thinking well that's it, I'm disabled. But then I see this guy, who I knew had lost both his legs, walking into the ward. I couldn't believe it. It was like, *what?* I didn't know anything back then about artificial limbs – I didn't realise what's possible nowadays. So here's this guy, lost his legs, who's just walked in, standing there in our ward. And the best thing about it was I could ask him questions – the kind of questions that the nurses could never answer – because he'd been there, the place I was at. Actually, this guy had been through worse than I had. I found out later he played on a

wheelchair basketball team, so that was an inspiration in a way, it helped me realise there were things I could do.

When I got out of hospital I moved back home and spent my time doing adventure training and getting drunk. Things started getting out of hand pretty quick and before I knew it I was getting in trouble with the police. People back here really pissed me off, and I wasn't the kind of guy who would keep quiet and not do anything about it. Like there would be people on the underground who'd barge into me. At first I'd just absorb it, sort of bounce off and carry on. But then I started to get really angry about it. Why should I have to put up with this? So when I saw it coming, I'd lean into them and just knock them flying. Then they'd be like, "What are you doing?" and I'd point to my leg and say, you know, "Watch where you're going for fuck's sake! I've only got one leg." And that would be it.

But then when I was drinking it wouldn't stop there. It wasn't just words anymore. Things would go further cause the other people had been drinking too. The low point came when me and my brother got into a fight with three blokes one night. It was bad. Even the police were like, *what the hell happened here?* We didn't have a mark on us and they were in a bad way.

See, I've grown up fighting, its what I've always done. Not that I mean that as an excuse or anything. As a new squaddie in the Army, say, you get told to do stuff by soldiers who've been in for a few years. So, you know, I'd get told to clean up the room, which I'd do cause I know that as the youngest guy that is just what you have to do. But then if someone asks me to do too much – like "suck my cock" – its like, no way man, fuck off. Not that that's actually happened, I'm just using it as an example. But sometimes I'm like: "No. That's not going to happen." And then I have to fight. So my fighting has helped me over the years. Its meant I've not had to do things that weren't right.

Anyway, I was had up for GBH [Grievous Bodily Harm], section 18, which is the worse kind. I was facing 12 years inside. When it came to court the jurors couldn't make it out – here's this guy with one leg who isn't hurt and here's three guys in a really bad way. It didn't stack up. The Army got involved and I think that was what made the difference. They got me out of it – they said I had PTSD but was doing well. I think that made the difference.

It was the turning point for me – getting off that rap. And, on top of that, my wife saying: “Enough now. You need to see someone.” My kid would cry and I would scream back, the kid would cry some more and I'd scream back louder. It was really bad. The fact that my wife actually called me on it proves that I really needed to get help. So now I'm more tolerant – I have to be. That conviction is hanging over me – if I do anything else now I'll be in prison. It's as simple as that. So I have to avoid situations where I might get in trouble. But the problem is – ha ha! – that's pretty much everything!

I've done quite a bit of adventure training since I got injured. I've done courses with BLESMA [British Limbless Ex-Serviceman's Association], like a ski trip to Colorado, and I learned so much off the older guys on those courses who'd lost limbs years back. They helped me see what was possible and understand I had endless opportunities. One of the instructors actually said: “No one is born to ski – otherwise we'd all have massive long feet. Everyone needs an adaption.” It's no different for me than you – in fact learning to ski was probably easier for me than it is for a two-legged freak.

[Name of course] is the first course I've done which is made up of all different activities. The other courses have been one activity at a time – canoeing, skiing, whatever. That's OK if you like that activity, but isn't much good if you don't. I enjoyed the other courses, they were worthwhile, and they made me feel like I wanted to come on this one. Before I came, I thought there'd be some activities I wouldn't like, but I knew there would be others I would. And it's been good, it's really worked for me. It's hard to describe what the

difference is with [name of course], but I think one thing is we're really busy – spending nearly all our time doing stuff together. On other courses, you hang around on your own quite a bit once the actual activity is over. Here, its pretty much non-stop – you're doing different activities with the guys even when the main activities, so to speak, are finished. Another thing is the smaller group size – it means we really get to know each other.

I don't know but maybe one of the benefits is giving guys a chance to meet other guys who've been through something like they have. That's why I'm talking about this to you today I suppose, so someone else might hear something in my story that fits their life, that makes them feel like they're not going through stuff alone. I'll always remember how seeing someone else – like the guy from BLESMA five years ago – made me feel, realising that things were possible. And that's why I go back to the hospital now, for other guys who have just lost a limb. I guess I'm a different man now than I was a few years ago. My son has been a big incentive for me – he's helped me realise I needed to calm the fuck down – for my family's sake. It wasn't just about me anymore.

Sam's Story

I joined up at 19 and, after basic training, trained as a medic. That role means you're usually the first point of contact when someone is injured – somewhere between a paramedic and a doctor I suppose. Over the course of a year or so you get the medical training you need to do the job, plus you're taught how to use that knowledge – the skills you've learnt – in a practical scenario. So you'd get, like, someone barging into your room at 3am telling you there's a guy who needs attention in so-and-so location. You grab your kit, try to wake yourself up, then figure out how to locate the injured soldier. Then, when you find him, they'll tell you to take him across the base to another location. You shoulder him and carry him downstairs, upstairs, to the location. So training as a medic meant – for me anyway – a

fair bit of physical training, preparing your body for having to do that kind of physical evacuation in a contact situation.

And you need that training cause I'd routinely be carrying 38-40 pounds of kit and for a few weeks I was carrying around 60 pounds of kit. If you think about it, you've got your weapon, food, water, ammunition, pistol. You can't, whatever happens, leave your kit, so you've got the weight of the injured guy – say 150, 160 pounds – plus his kit, plus your kit. What does that make? Say, 220 pounds plus of dead weight to carry – even if it's a light bloke! After a few months, you start to really feel that. Your body can't take that kind of punishment continually. So I was starting to get pain – in my back, my hips, my knees. But what are you gonna do? You can't go off sick – that would be letting down 60 plus guys in my FOB [Forward Operating Base] location or platoon. I mean the last I heard there was a 42% shortage of medics in the Army at the moment so they can't just bring in a replacement if I go off sick. So you keep working. You can't let your mates down.

It was a few months later, after I got back from Iraq actually, that it got serious. Up 'til then they just thought I'd pulled some muscles in my back. But one morning I woke up and couldn't move my leg. I seriously thought I was paralysed. I was totally bricking it. They sent me in for x-rays and said, yeah, it's more serious than a pulled muscle. It turned out I had a prolapsed disc. But that was only the beginning. Because I'd carried on stressing it over those months, the vertebrae had started squeezing the sciatic nerve and, eventually, the spinal cavity was breached meaning that the spinal cord was affected. That's why I couldn't move my leg and why I don't have any feeling in it even now. I mean, if you stuck a pin in it I'd know about it, but just standing I can't feel it at all.

It took six months to get a surgery date and during that time I basically just stayed in my room. I was in SLAM – single man living accommodation – and it was up on the third floor. And the thing is: the pain is the worst bit. Every time I walk anywhere it hurts – to the

point that you just don't want to go anywhere 'cause you know it'll hurt like hell getting there and coming back. So I'd only go out maybe two or three times a week. My mates were great, they brought my meals up everyday, but I started to go stir crazy – just the loneliness of it all, being there on my own day in, day out. Then, because of the way the Army use different hospitals for different procedures in Germany, when they told me I couldn't use the hospital where my surgery was booked and I'd have to wait another six months for an op date, I spat my dummy. I'd had enough. I told them I'd leave the Army, go and get treated on the NHS, then sign up again after. That's when they agreed to send me back to the UK for surgery.

By the time I went to Headley Court I guess I was pretty low. They thought I was mildly depressed so I got to see a CPN [Community Psychiatric Nurse] really quickly, within a couple of days. It turned out I was more than mildly depressed, which I was a bit disappointed about because I thought I was more resilient than that – I thought I should be able to deal with stuff. They gave me antidepressants but, to tell you the truth, it was seeing the others who were at Headley Court that changed my mood. I mean, I realised right away that I wasn't in such a bad situation as some of them – at least I still *had* my legs and arms, you know? There are guys in much worse situations. Recognising that has helped me, I think, to be more positive, to keep positive. There's no point whinging is there? It ain't gonna help.

The effects of the injury have changed my life entirely. Massively. I can't do half of what I used to do. It took me half an hour this morning to put my sock on! I had my foot up on the bed, then I'd shuffle my body along a bit – I can't move my foot so I just leave it where it is – then keep shuffling along until I could reach to get my sock on. And yesterday I walked a fair bit – that hurt like hell. And the climbing, you know, I was bricking it beforehand to be honest. I'm not scared of heights, but I don't much like them. And, you know, with one leg that I can't move how am I always gonna keep three points of contact? Ha ha! That'd mean I just couldn't move! But once they got me up there, I kind of used that

fear, I guess to help me focus – to think about what I *had* to do and *could* do to make the climb. I mean as a soldier, I always hoped for the chance to use my training in action – I'd have hated to have all that training and never see any action. And I think a lot of us are like that. I wanted the fear, the adrenalin of contact. In those situations, the sheer fear – of being shot, say – keeps you going. You just have to keep going. So the fear focuses you on what needs to be done. And it was a bit like that with the climbing. The fear and the challenge focused me on what I had to do – and in the end I did something I didn't think I'd be able to do, something I hadn't done since my injury.

There's two big things this week on the course has done for me. The first is, like with the climbing, it's made me re-appraise what I can actually do. Before I got injured, I was a confident bloke. I was the kind of guy that, you know, could *do* things. Obviously, the injury has meant that I can't do some of the things I could do before. So when I first looked at that climbing wall on Tuesday, I thought *no way!* Climbing that wall was just something that I thought'd be beyond my physical capabilities nowadays – I wouldn't have even considered that I could actually do something like that now. So, in a way, my own mental thoughts were limiting what I was doing physically. But having climbed that wall, I know now that I *can* do it – that thing I thought I couldn't do, *I just did it!* And that spreads you see. So already I'm thinking: I wonder if I can do such and such a thing – something else that I didn't think I could do before this [name of course] week.

The second thing is to do with the chairs. I know – without a shadow of doubt – that I'll be in a wheelchair by the time I'm 45. It's coming. Can you imagine what that feels like? *That'll be me.* As a kid, I always looked at people in a wheelchair as – I don't know how to say it – as someone kind of different to the rest of us. It's a kind of stigma I suppose. Where I'm from, some of the people sat in wheelchairs were doing it on the doss – as a skive – so they didn't have to work. And I don't want to be that person. That's not me. So getting in a

chair for basketball on Monday – and meeting the other people here who use a chair – kind of shattered all that. In one afternoon, I had to reconsider what that wheelchair meant. You know, I was always someone who took pride in my body, in being fit, strong. Since the injury, I've put on a bit of weight, I'm not as fit as I was. But wheelchair basketball was a real workout! An all-body workout – it was really tough. And it showed me that I can still be fit, active, strong – even when I'm in a wheelchair. 'Cause I know it's coming, I've thought about it a lot – how I'll be when someone tells me now is the time I have to use a chair. Before this week, if someone told me that now is the time I'd have had a big problem. But now, if someone said, OK, tomorrow you're gonna have to use a chair, I'd be OK with it. I'd be happy with it now because I realise that that chair can help me, that it's not what I'd thought it would be.

Reflections

We now reflect on some characteristics of the preceding stories that underlie their contribution to this study. By doing so we illuminate some of the ways that creative nonfiction can contribute to sport and exercise psychology research.

Stories as analysis

Hendry (2007) writes of being “deeply invested in doing rigorous analysis” yet harbouring concerns “that analysis often becomes a mode for saying what we want to say and not really listening to what is being said” (p. 493). We identify with these concerns and recognize that an exclusive reliance on traditional forms of analysis sometimes prevent us representing participants' accounts as faithfully as we might like. Here, as in some previous work (e.g., Carless & Sparkes, 2008; Douglas & Carless, 2006), we have found that the processes of creative nonfiction writing have been better suited to faithfully representing the accounts we heard and witnessed through our research.

In Watson's (2011) terms, fictional approaches do "not aim at the transparent representation of data (itself a fiction) but at its re-presentation in such a way as to constitute an analysis through the generation of another narrative" (p. 404). In the context of this study, if the participant's story is taken as 'raw data' (a portion of which is 'lost' because the telling was not audio-recorded), then the collaborative writing of each story is itself an analytical act achieved through generating a further narrative. Here, an alternative *form* of knowledge or understanding is potentially achieved as a result of employing a different analytical *process*. This fits with the epistemological understanding that, in Eisner's (2008, p. 5) terms, "not only does knowledge come in different forms, the forms of its creation differ." By analysing our 'data' in different ways, we have an opportunity to generate alternative understandings. Significantly, in the context of this study, each participant was actively involved in the analytical process through collaborating with David not only in the telling but also the representation of his story.

But what is the nature of these alternative understandings? Stuart and Sam's stories illustrate several themes evident in previous research. For example, the stories portray the mental health problems reported among returning soldiers (Hotopf et al., 2006), revealing the interplay of physical injury and psychological wellbeing. While Sam's story portrays the personal effects of injury and disability, Stuart's story evokes the reported impact on family and social relationships (Monson et al., 2009). Stuart's story also offers a perspective on the violence and aggression reported in the literature (MacManus et al., 2012). Evident in the stories too are some of the effects of sport and AT participation other studies have reported. For example, themes such as life improvement through increased social interaction and acceptance of disability (Spörner et al., 2009), active coping and social support (Burke & Utley, 2012), and discovering 'new rooms to explore' (Carless et al., 2013). Clearly, these themes are not unique to the stories – instead they mirror existing research that has used

traditional forms of analysis. Notwithstanding these overlaps, we suggest that something *more* is also communicated through the preceding stories that is *not* evident in previous research. In what follows we discuss three interrelated properties of stories that support the communication of alternative forms of understanding.

Subjectivity and personal meaning

According to Plummer (2001, p. 18), life stories “attempt to enter the subjective world of informants, taking them seriously on their own terms and thereby providing first hand, intimately involved accounts of life.” What matters, he suggests, “is the facilitation of as full a subjective view as possible, not the naïve delusion that one has trapped the bedrock of truth” (p. 20). For Frank (2010, p. 116), “stories are valuable for understanding the experience of chronic illness not because they are typical, but rather because they are *vivid*.” The elucidation and representation of *subjectivities* (such as emotions, personal meaning, sense-making processes) is something to which personal stories are well suited, and which help make a story vivid. Evident in the preceding stories is a degree of biographical detail that, as the stories progress, connects and links to subjective responses, other events, and consequences. We hear, for example, how Stuart had “grown up fighting” and see how this might have been a factor in his arrest for assault. These biographical connections make a more holistic and multidimensional understanding of Stuart’s multiple subjectivities possible.

These kinds of connections, Douglas and Carless (2010) suggest, become apparent through story forms, but risk being obscured or lost through the thematic analyses and realist tales that Sparkes (2002) and Sparkes and Smith (2013) suggests characterize much qualitative research. By relying on closely edited and de-contextualised quotations, traditional analyses run the risk of omitting relevant biographical detail. While it may not be as direct as a cause-and-effect relationship, links and connections across each individual’s history can be revealed in a story, thereby providing insights into causes and consequences.

In this way, McLeod (1997, p. 40) observes, “Stories can function by giving a means of contextualising or locating feelings and emotions within a broader framework of meaning.”

It is worth highlighting the inherent risk in a story's prioritisation of personal subjectivities and biographical detail. This risk concerns the possible minimisation or suppression of the role of social, cultural, and/or political factors in shaping the storyteller's life experiences. While we consider that personal stories *do* and *should* reveal interactions between the personal and the social/cultural/political, those connections are rarely (if ever) explicit. Instead, they more likely exist within the subtext, detected by some readers but not others. For example, readers may differ in their view of whether or not the preceding stories draw sufficient attention to how political, economic, and military structures of power shaped Stuart's and Sam's experiences and difficulties. We tend towards the view that the influence of these structures is apparent in the stories – but others may disagree. For us, this illustrates the likely ambiguity and complexity of any story that is both strength and weakness.

Ambiguity and complexity

Human life and experience, particularly when it comes to the psychological realm, has a tendency to be complex, ambiguous, and contingent. The task of achieving accessible and coherent accounts of participants' experiences that avoid over-simplifying, finalizing, or simply getting it wrong is a challenging one. Complexities and ambiguities are evident in Sam's story, for example, around his sense of responsibility to soldiers in his platoon despite this aggravating his injury. As we have found in previous work (e.g., Carless & Sparkes, 2008; Carless, 2012), stories like Sam's provide accessible insights into complexity while preserving the ambiguity that pervades some aspects of human experience. As Carless and Sparkes (2008, p. 208) point out, “Complexity, ambiguity, unpredictability, and individuality are evident in these stories just as they are evident in the experiences and accounts of

participants.” In Frank’s (2010, p. 37) words: “The value of stories is to offer sufficient clarity without betraying the complexity of life-in-flux.”

These qualities have implications in terms of how others might respond to stories as representations of research. McLeod (1997, p. 36) observes that, “The existence of ambiguity as a fundamental property of stories has the effect of forcing the reader or listener to engage in an active process of meaning-making whenever a story is offered. There can be no one definitive ‘reading’.” Research in sport psychology has documented how coaches (for example) respond to stories in different ways such as questioning, summarizing, or incorporating the insights communicated by stories (Douglas & Carless, 2008). Clearly apparent in this study was how different individuals responded to the same story in different ways. While this could be problematic if the purpose of the research is to provide a single, fixed, and finalized interpretation, it can be desirable for research in the interpretive paradigm (which may seek to initiate and sustain dialogue) or critical paradigm (which may seek personal change). In this sense, as Frank (2010, p. 34) observes, “Stories are good at being several things at once, and they are good at equipping humans to live in a world that not only is open to multiple interpretive understandings but requires understandings in the plural.”

Embodiment and testimony

In sharing their story, a person is not only telling *about* their life but also *constructing* that life (McLeod, 1997; Plummer, 2001). Through the telling, a person may both reveal and affect (for example) their hopes, fears, desires, vulnerabilities, and identity. In short, life stories facilitate both the presentation and the construction of a self. Integral to and inseparable from this process is the visceral, corporeal nature of storytelling. For Sparkes and Smith (2008):

Stories are felt in and through the body. They come out of the body, infusing our lives in and as social bodies, profoundly shaping our sense of self and identity. Yet bodies are

also fleshy, physical biological entities ... we not only tell stories *about* our bodies, but we also tell stories *out of* and *through* our bodies; the body is simultaneously cause, topic, and instrument of whatever story is told. (p. 301-302)

Stuart and Sam's stories both demonstrate this perspective – throughout their narratives, the shaping influence of their bodies is clearly (sometimes painfully) apparent. The sense of a living, breathing, fleshy body – both hurt and hurting others – pervades the stories. It is the unapologetic presence of Stuart and Sam's bodies that invite readers, in Barone and Eisner's (2012) terms, to 'vicariously re-experience' similar events *in their bodies*. This may be a key reason why stories can be so engaging and compelling – as Frank (2010, p. 81) puts it: "stories compel because they express in narrative form what begins in bodies."

Understanding a personal story as a narrative presentation of an embodied self – told about, out of, and through a body – helps clarify a moral and ethical obligation we feel to faithfully honour and pass on participants' stories. At times, this requires resisting the impulse to analyse stories in the traditional sense of 'taking them apart' through, perhaps, content analysis or thematic analysis to, instead, "witness them and to connect them" (Frank, 2010, p. 128). By presenting Sam and Stuart's stories above, we have (to the best of our ability) born witness to their testimony before a community of academics and practitioners whose professional remit may include the rehabilitation of military personnel. Through publicly sharing these stories, we aim to facilitate connections between multiple participants' stories, between participants and the institutions that care for and support them, and between personal lived realities and social policies.

The ethical and moral resonances of storytelling also relate to the personal and social status that is accorded through being granted (or denied) a 'voice'. For Frank (2004):

Stories do not merely narrate events. They convey on action and actor – either one or both – the socially accredited status of being worth notice. To render narratable is to claim relevance for action, and for the life of which that action is part. (p. 62)

In McLeod's (1997, p. 93) terms: "There is implicit power in 'authoring', in having a voice. Being powerful requires a willingness of other people to listen, to hear, to be influenced by what that voice has to say." Through hearing, taking seriously, and representing participants' stories we value participants – signifying them as worthy of the attention of the scholarly community. Further, the collaborative storytelling method used here accords participants a degree of power by genuinely including them in the research process from 'data' collection, through analysis, and representation. Finally, by witnessing their stories and representing them in a way that preserves the artfulness of their telling, we have a means of respecting participants' dignity and position as experts in, and authors of, their lives.

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Notes

¹ Within disability studies the concepts of 'impairment' and 'disability' are contested theoretical issues and are beyond the scope of this paper to address in detail (see Goodley, 2010; Watson, Roulstone & Thomas, 2012). For our purposes, physical injury can lead to

impairments of various kinds but these are not necessarily disabling. They only become so in specific social and political conditions. That is, the socially constructed environment acts to disable people with a perceived impairment. This draws attention to issues of disablement, disablism and impairment effects.

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