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Transitioning into UK Civil Society:
Challenges for Refugees and Partners of Military Veterans

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This thesis is submitted in partial fulfillment of the requirements for the degree of
Doctorate in Clinical Psychology

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List of Abbreviations

BPS British Psychological Society

CATs Creative Arts Therapies

CBT Cognitive Behavioural Therapy

CGT Constructivist Grounded Theory

DMT Dance Movement Therapy

EMDR Eye Movement Desensitisation and Reprocessing

IPA Interpretive Phenomenological Analysis

MOD Ministry of Defence

NET Narrative Exposure Therapy

NHS National Health Service

NICE National Institute for Health and Care Excellence

PCO Population, Context, Outcome

PRISMA Preferred Reporting Items for Systematic Reviews and Meta-Analyses

PTSD Post Traumatic Stress Disorder

UK United Kingdom

WHO World Health Organisation

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Finally, this thesis is dedicated to all the refugees, asylum seekers and service men and women, who have lost their lives as a result of conflict and war. Lest we forget.

Declaration

This thesis was conducted under the academic supervision of Dr. Tom Patterson (Programme Director, Doctorate in Clinical Psychology Programme, Coventry University and University of Warwick), and the clinical supervision of Dr. Felicity Gilbey (Senior Clinical Psychologist, Coventry & Warwickshire Partnership NHS Trust) and Dr. Lee Robinson (Psychology Lead Central Region, Combat Stress). This thesis has been submitted in partial fulfilment of the requirements for the degree of Doctorate of Clinical Psychology at the Universities of Coventry and Warwick. All contents of the thesis are my own work, and this work has not been submitted for any other qualification or to any other institutions. The narrative thematic synthesis will be submitted to the Journal of Ethnic and Migration Studies. The empirical paper will be submitted to the Journal of Military Behavioral Health.

Summary

This thesis comprises three chapters examining different aspects of transitioning into UK civil society.

Chapter One provides a narrative thematic synthesis of eight research studies, exploring the mental health outcomes of Creative Arts Therapies (CATs) when used with refugees and asylum seekers. Three main themes emerged: (1) health outcomes, consisting of improvements in trauma symptoms, other mental health symptoms and life satisfaction/wellbeing; (2) social and behavioural outcomes, including improvements in social functioning and school engagement and performance; and (3) engagement/performance in CATs, encompassing satisfaction with CATs and skill retention. Recommendations include for CATs to be considered as a possible approach to supporting refugees with mental health needs, and for further, more robust research on the topic to be conducted.

Chapter Two is an empirical qualitative study examining how 12 partners of military veterans navigated transition from military to civilian life, in particular how they coped with and supported their veteran partner during this time. Using a constructivist grounded theory approach, a three-level model was developed, which includes: (1) an inner level incorporating the core categories related to partners' navigation of military transition; (2) a middle level comprising the contextual influences affecting military transition, including the impact of military experiences, veterans' experiences, interpersonal factors and timing; and (3) an outer level, representing the uncertainty that partners feel when negotiating transition. Recommendations include integrating families into transition planning and making support more accessible to veteran families.

Chapter Three is a reflective paper employing Bronfenbrenner's (1992) Ecological Systems Theory to examine the author's reflections whilst conducting the thesis research. This covers the challenges experienced by the author in differentiating her roles as clinician and researcher, in conducting research during the COVID-19 pandemic, and the influences of her own transition into UK society on the research process.

Word count (excluding abstracts, tables, figures, references and appendices)

Chapter I: 7,385

Chapter II: 8,219

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Total: 18,685

Chapter I: Systematic Literature Review

Mental Health Outcomes of Creative Arts Therapies for Refugees: A Narrative Thematic Synthesis

In preparation for submission to the journal of Ethnic and Migration Studies (Appendix A)

1.0 Abstract

In light of the barriers associated with traditional talking therapies, the present review aims to critically evaluate empirical evidence about the mental health outcomes of Creative Arts Therapies (CATs) when used with adult and child refugees and asylum seekers.

Five databases (Medline, PsychINFO, CINAHL, Web of Science and Scopus) were systematically searched using terms informed by the aim of the review. The search identified eight studies that met the inclusion criteria and were considered relevant to the review aim, and a narrative thematic synthesis of these studies was completed.

Three main themes emerged from the review, comprising: (1) health outcomes, consisting of improvements in trauma symptoms, other mental health symptoms and life satisfaction/wellbeing; (2) social and behavioural outcomes, including improvements in social functioning and school engagement and performance; and (3) engagement in CATs, encompassing satisfaction with CATs and skill retention.

Findings from this review can have implications for both clinical practice and policy development. In particular, the findings indicate the potential value of CATs when enhancing the mental health of refugees. Recommended research directions moving forward include strengthening the quality of future empirical studies, and completing a review of qualitative research to increase our understanding of refugees' experiences of engaging in CATs.

1.1 Introduction

The United Nations High Commissioner for Refugees (Assembly, 1951) defines refugees as individuals who are outside their country of nationality and are unable to return to that country due to fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion. Asylum seekers refer to individuals who are seeking international protection, but are awaiting recognised refugee status (Assembly, 1951). For the purposes of this review, the term refugees will be used to refer to both populations.

1.1.1 The Mental Health Experiences of Refugees

Transitioning into UK civil society presents unique and complex challenges for refugees. Pre-migration experiences such as trauma, and post-migration conditions including homesickness, leave many refugees vulnerable to developing mental health difficulties. It was estimated that 0.25% of the UK population were refugees in 2018 (Refugee Action, 2019), with this group five times more likely to have mental health needs compared to the general population (Eaton et al., 2011). Despite this, it is recognised that refugees are less likely to receive mental health support compared to others (Aspinall & Watters, 2010), whilst research shows that mental health services are not readily adapted to respond to their specific cultural, linguistic and psychosocial needs (Pacione et al., 2013).

1.1.2 Creative Arts Therapies

A review of facilitators and barriers to the treatment of mental health difficulties in refugees identifies that the effective use of non-verbal skills can aid therapeutic engagement (Van Os et al., 2018). Additionally, research indicates that treatment adherence improves when services are culturally and linguistically adapted for refugees (Howard & Hodes, 2000).

Creative Arts Therapies (CATs) refer to non-verbal Art, Music, Drama and Dance Movement Therapy (DMT; Waller & Waller, 1998). Such therapies aim to develop a symbolic language, which can provide access to feelings, thoughts and experiences that enable therapeutic change to occur (Dokter, 1998). Consequently, it is suggested that the linguistic barrier often experienced in traditional talking therapies can be overcome when using CATs. Importantly, the National Institute for Health and Care Excellence (NICE, 2019) recommends the use of CATs across both clinical and non-clinical populations, including with individuals who have experienced trauma.

1.1.3 Evaluation of Previous Reviews

Recent reviews have explored the outcome of CATs in non-refugee populations. Baker et al. (2018) conducted a systematic review of the efficacy of CATs in the treatment of adults with Post Traumatic Stress Disorder (PTSD), and reviewed seven studies published between 1996 and 2016. They included four studies that investigated the outcome of Art Therapy, two that examined the outcome of Music Therapy and one that explored Drama Therapy. Studies were only included if they directly investigated the impact of CATs on self-reported ratings of PTSD, and as such only one study reviewed included a refugee population. Additionally, other mental health outcomes (e.g. anxiety) were not considered, limiting the conclusions that could be drawn from the synthesis. It was also noted that the overall quality of the evidence for each treatment was low to very low when used with adults with a formal diagnosis of PTSD, and that the quality of the research conducted was poor. They concluded that well-designed research is needed to better understand the impact of CATs on symptoms of PTSD.

Whilst Baker et al. (2018) did not include studies exploring the outcome of DMT, Strassel and colleagues (2011) conducted a systematic review of eight reviews and 18 Randomised Control Trials (RCTs) exploring the effectiveness of DMT published between 1996 and

2009. The quality of the RCTs ranged from poor to good, and the majority of studies reported positive benefits related to improvements in quality of life, self-esteem and coping behaviours. However, despite the promising results, findings are limited to DMT only, with other CATs excluded from the review. Additionally, the presenting problems explored in the studies varied significantly, from mental health to physical health difficulties, as did the type of dance intervention studied, which included traditional DMT and non-therapeutic forms of dance (e.g. Tango). The inclusion of studies of non-therapeutic forms of dance interventions dilutes the focus on DMT effectiveness and is a significant weakness of this review.

Other reviews have investigated the outcome of psychosocial interventions more generally with adult refugees. In particular, Tribe et al. (2019) reviewed 40 studies published between 1997 and 2016 focussing on the outcome of Narrative Exposure Therapy (NET), Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR) and multidisciplinary treatments. Studies that did not include a standardised measure of PTSD, depression or anxiety as a primary or secondary measure were excluded, and studies which explored the outcome of CATs were not included in the review. An appraisal of the overall quality of the evidence for each treatment showed that the evidence for NET was medium to high when used with refugees, however there was less evidence to support CBT, EMDR and multidisciplinary treatments. It was suggested that the limited evidence in support of traditional therapies may have been due to a lack of cultural adaptations, and importantly, it was concluded that psychosocial interventions should be adjusted when used with refugees.

1.1.4 Rationale for Current Review

The reviews conducted to date have a number of limitations. Primarily, they have focused on the use of CATs with individuals having particular mental health difficulties, more specifically individuals with a formal diagnosis of PTSD (Baker et al., 2018). As refugees are

less likely to access mental health services, and therefore may not have a formal diagnosis of a mental health condition (Aspinall & Watters, 2010), the outcome of CATs, when used with this population, has been overlooked. Indeed, the review of CATs by Baker et al. (2018) included only one study with a refugee population, whilst the review of DMT by Strassel et al. (2011) did not consider any refugees.

Secondly, reviews to date have primarily focussed on studies of adult populations, with the exception of Strassel et al. (2011). It is noteworthy that an estimated 25 per cent of refugees living in Europe are under the age of 18 (Eurostat Statistics Explained, 2020), yet existing reviews do not adequately represent findings on the outcome of CATs for this important group, which includes unaccompanied refugee minors.

Finally, although studies evaluating CATs were not considered in Tribe et al.'s (2019) review of psychosocial interventions for refugees, the authors found that culturally and linguistically adapted therapies (e.g. NET) are effective when used with this population (Tribe et al., 2019). Consequently, the existing research on supporting refugees through the use of CATs, which are less reliant on language than traditional talking therapies, merits review.

In light of the above, this narrative thematic synthesis sets out to address the limitations of previous reviews by focusing on literature exploring the mental health outcomes of CATs when used with refugees. Given the paucity of existing empirical studies, it was deemed important to include studies of both adult and child refugees (including mixed samples), to capture and adequately represent the breadth of evidence currently available. This also allows for the relatively small body of research on the use of CATs with child refugees (including unaccompanied minors), who are at a high risk of developing mental health difficulties, to be examined in this review. Finally, whilst mental health outcomes are the primary focus, secondary outcomes (e.g. social functioning) will be captured in the current review.

1.1.5 Aim of Current Review

The aim of the present review is to thematically synthesise the mental health outcomes of CATs, when used with refugees, by answering the following questions:

What are the mental health outcomes of creative arts therapies when used with refugees?

What are the secondary outcomes of creative arts therapies when used with refugees?

1.2 Methodology

1.2.1 Systematic Literature Search

1.2.1.1 Process

Following receipt of ethical approval from Coventry University Ethics Committee (Appendix B), a systematic search of literature exploring the mental health outcomes of CATs when used with refugees was conducted between October 2020 and March 2021. A systematic search of relevant databases was conducted, which included: Medical Literature Analysis and Retrieval System Online (Medline), PsychINFO, The Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science and Scopus. The Ancestry Method was also employed to highlight any further studies not detected in the initial literature search. This involved inspecting the reference list of articles already identified (Nurse Key, 2017).

1.2.1.2 Search Terms

Table 1.1

Search Terms

Main Concepts	Synonyms	Location
<i>Population: Refugees</i>	Asylum Seekers	Title
	Unaccompanied Minors	Abstract
		Key Words
<i>Context: Creative Arts Therapy</i>	Music	Title
	Dance	Abstract
	Art	Key Words
	Drama	
	Therapy	
	Therapies	
<i>Outcome: Mental Health</i>	Mental health	Title
	Mental disorder	Abstract
	Psychiatric illness	Key Words
	Psychiatric disorder	
	Anxiety	
	Depression	
	PTSD	
	Trauma	

The key concepts in the review are ordered using the PCO (Population, Context, Outcome) framework (Butler et al., 2016) and are set out in Table 1.1, together with the key search terms and synonyms. The terms, which were searched in the Title, Abstract and Key Word

fields of the cited databases, are: Refugees (Asylum Seekers or Unaccompanied Minors); Arts (Music or Dance or Art or Drama); Therapy; and Mental Illness (Mental Health or Mental Disorder or Psychiatric Illness or Anxiety or Depression or PTSD or Trauma).

1.2.1.3 Strategy

The terms were searched in three stages. Firstly, the main concepts were used for an initial search, including: Refugees AND Creative Arts Therapy AND Mental Health. Secondly, synonyms were searched. Finally, additions to databases (up to 24th March 2021) were screened.

The search strategy employed a Boolean logic when searching key words. Symbols (e.g. use of an asterisk '*' to replace characters to ensure that all variations of a word could be searched) and words (e.g. 'AND', 'OR' and 'NOT') were used to combine key words into search statements (Ridley, 2008). The Boolean logic employed was: (refugees or "asylum seekers" or "unaccompanied minors") AND (music or dance or art or drama) AND therapy* AND ("mental illness" or "mental health" or "mental disorder" or "psychiatric illness" or anxiety or depression or PTSD or trauma).

1.2.2 Inclusion and Exclusion Criteria

1.2.2.1. Initial Screening

A two-stage screening process was used. Firstly, article titles and abstracts were screened and retained if they: (a) were written in English, (b) were peer reviewed, (c) were empirical studies.

1.2.2.2. Specific Inclusion and Exclusion Criteria

Full text articles were acquired and evaluated against the inclusion and exclusion criteria presented in Table 1.2.

Table 1.2

Inclusion and Exclusion Criteria

Criteria	Include	Exclude
<i>Study type</i>	Empirical study examining the outcome of CATs	Literature reviews, commentaries, reports
<i>Research design</i>	Quantitative, qualitative, mixed	Non-experimental single case designs
<i>Method of data collection</i>	Any	None
<i>Language</i>	English	Language other than English
<i>Published</i>	Peer reviewed	Non-peer reviewed, grey literature
<i>Time period</i>	Up to and including 24 th March 2021	After 24 th March 2021
<i>Problem</i>	Mental health difficulties	Mental health difficulties not examined
<i>Impact</i>	Mental health outcomes of CATs (including psychological distress, psychiatric symptoms and social functioning)	Mental health outcome of CATs not examined
<i>Population</i>	Refugees, Asylum Seekers or	Other populations, including Migrants

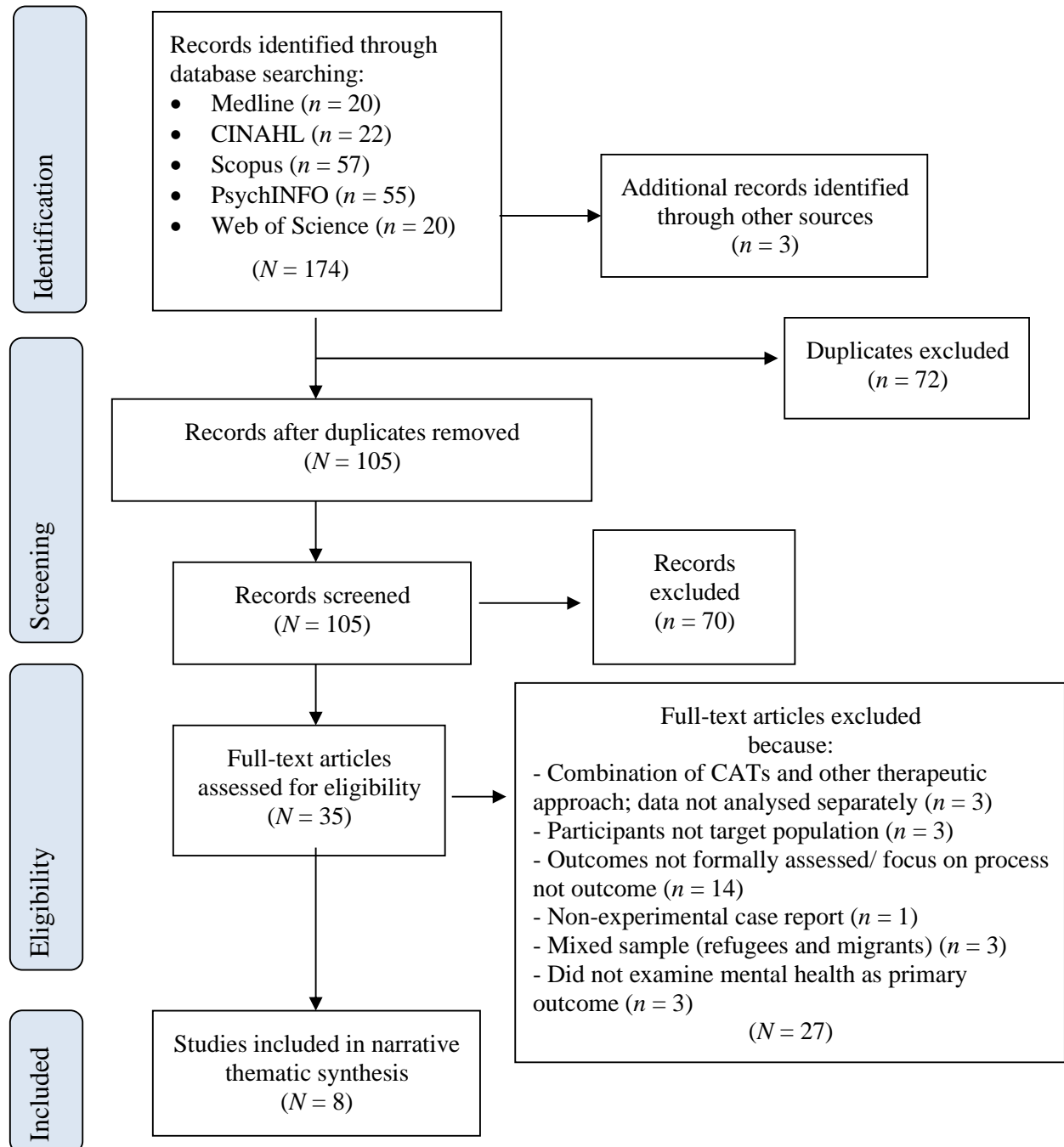
The inclusion and exclusion criteria were formed using the PCO framework (Butler et al., 2016) to ensure that all relevant studies were identified. Studies were included if they (a) empirically examined the mental health outcomes of participants; (b) had a quantitative, qualitative, or mixed methodology; (c) used any method of data collection; (d) were published up to and including 24th March 2021; (e) investigated the mental health outcomes of CATs and (f) used a sample of people who were refugees.

1.2.3 Classification of Studies

The process of study selection was recorded on a 'Preferred Reporting Items for Systematic Reviews and Meta-Analyses' (PRISMA; Moher et al., 2009) flow diagram (Figure 1.1).

Figure 1.1

PRISMA Flow Diagram of the Study Selection Procedure (Moher et al., 2009).



In total, 177 articles were initially identified, of which 72 were duplicates, resulting in 105 which were considered suitable for further screening. Following a manual review of the titles and abstracts, a further 70 records were excluded as they did not meet the inclusion criteria. The full text of the remaining 35 eligible articles were reviewed and a further 27 were excluded as they: analysed a combination of CATs and another approach (e.g. mindfulness); did not include the target population; did not formally assess the outcome of CATs; were non-experimental case studies; used a mixed sample of refugee and migrant populations where data for refugees were not analysed or reported separately; or did not examine participants' mental health as a primary outcome. Overall, eight studies satisfied the inclusion criteria.

1.2.3.1 Quality Assessment Checks

The articles reviewed were assessed for methodological quality using an assessment framework developed by Caldwell and colleagues (2011). This framework was developed to be used by practitioners and students within healthcare research, and was selected as it has been found to be an effective tool when making decisions regarding evidence-based clinical practice (Dale et al., 2019). Furthermore, its use is recommended when exploring both quantitative and mixed methodology research (Caldwell et al., 2011), and thus it was deemed appropriate for the current review.

Studies were assessed independently against 18 criteria. For each criterion, studies were rated as: 0, if the criterion was not met; 1, if criterion was partially met but not fully clear; and 2, if the criterion was clearly and fully met. The individual rating for each article was calculated by adding the scores for all 18 criteria, with articles receiving a score between 0 and 36.

Papers that scored below a midpoint of 18 were excluded for not reaching a satisfactory level of methodological quality.

To ensure that the quality assessments were reliable, a second researcher independently rated all articles. Some minor rating divergences were noted, including; research design, ethical considerations and data collection. These areas were discussed further and rating consensus was reached. Subsequently, statistical analysis was used to determine inter-rater reliability using a Kappa coefficient. Studies scored between 19 and 33 respectively (M= 27; Appendices D & E) on the assessment framework. Kappa reliability coefficients ranged between $\kappa = .750$ and $\kappa = 1.000$, with an overall Kappa reliability score of $\kappa = .911$ (Appendix F). This demonstrated strong patterns of inter-rater reliability (Altman, 1999; McHugh, 2012). Therefore, all eight studies were retained for synthesis.

1.2.3.2 Characteristics of Literature

The key characteristics of literature included in the current review are presented in Table 1.3. Studies were conducted across several countries; three of the studies were conducted in the United States (Feen-Calligan et al., 2020; Grasser, et al., 2019; Rowe et al., 2017); two were completed in Turkey (Yukse, 2018; Ugurlu et al., 2016); one was carried out in Denmark (Beck et al., 2018); one was conducted in Norway (Meyer DeMott et al., 2017) and one in the Netherlands (Schouten et al., 2019).

In relation to the type of CATs employed, four examined the outcome of Art Therapy (Feen-Calligan et al. 2020; Schouten et al., 2019; Rowe et al., 2017; Ugurlu et al., 2016), one examined the outcome of Music Therapy (Beck et al., 2018), whilst Yusek (2018) examined the effects of Drama Therapy and Grasser et al. (2019) explored DMT. One study employed a combination of CATs (Meyer DeMott et al., 2017). Interventions lasted from an intensive five-day programme (Ugurlu et al., 2016), to a sixteen-week intervention (Beck et al., 2018; Rowe et al., 2017).

Research aims and methods of data collection varied; six of the studies aimed to monitor changes in participants' trauma symptoms following CATs programmes. Three of those studies adopted the Harvard Trauma Questionnaire (HTQ; Mollica et al., 1996; Schouten et al., 2019; Beck et al., 2018; Meyer DeMott et al., 2017) whilst three employed the UCLA Child/Adolescent PTSD Reaction Index for Children (UCLA; Steinberg et al., 2004; Feen-Calligan et al. 2020; Grasser et al., 2019; Ugurlu et al., 2016).

Six of the eight studies monitored changes in non-trauma related mental health symptoms. Two studies utilised the Hopkins Symptom Checklist (HSC; Derogatis et al., 1974) to measure participants' symptoms of anxiety and depression (Rowe et al., 2017; Meyer DeMott et al., 2017), two used the Screen for Child Anxiety Related Emotional Disorders (SCARED; Birmaher et al., 1999; Feen-Calligan et al. 2020; Grasser et al., 2019), whilst Ugurlu et al. (2016) captured participants' symptoms of anxiety and depression using the Child Depression Inventory (Kovacs, 1981) and State-Trait Anxiety Scale (Spielberger et al., 1970).

Additionally, Rowe et al. (2017) assessed participants' self-concept using the Piers-Harris Self-Concept Scale (PHSCS; Piers & Herzberg, 2009), whilst Yuksek (2018) employed the stress level questionnaire (Ministry of National Education, n.d) to examine participants' levels of stress. Furthermore, Beck et al. (2018) aimed to monitor changes in participants' sleep, and employed the Pittsburgh Sleep Quality Index (PSQI; Buysse et al., 1989).

Feen-Calligan et al. (2020) collated qualitative feedback from art therapists to monitor changes in participants' behaviour. Furthermore, two studies explored the life satisfaction of participants; Meyer DeMott et al. (2017) employed Cantril's Ladder of Life Satisfaction measure (Cantril, 1965), whilst Schouten et al. (2019) collected qualitative feedback from participants post intervention. Finally, two of the included studies directly explored participants' satisfaction with the CATs intervention; Beck et al. (2018) employed a 7-point

satisfaction scale, whilst Schouten et al. (2019) employed post intervention interviews with participants.

Three studies employed a quantitative methodology (Yukse, 2018; Meyer DeMott et al., 2017; Ugurlu et al., 2016), whilst five used mixed methods (Feen-Calligan et al., 2020; Grasser et al., 2019; Schouten et al., 2019; Beck et al., 2018; Rowe et al., 2017).

Furthermore, two of the studies included a no-treatment control group (Feen-Calligan et al., 2020; Meyer DeMott et al., 2017).

Samples were recruited purposively and sample size varied between seven and 145. Where reported, participants were aged between seven and 57 years old at the time of the study.

Additionally, more male (N = 231) than female (N = 70) refugees took part in the studies.

Available figures showed participants were from a total of 14 countries including; Syria (Feen-Calligan et al., 2020; Grasser et al., 2019; Beck et al., 2018; Yuksek, 2018; Ugurlu et al., 2016), Russia (Schouten et al., 2019), Iraq (Schouten et al., 2019; Beck et al., 2018), Bosnia (Schouten et al., 2019), Congo (Schouten et al., 2019), Afghanistan (Schouten et al., 2019; Beck et al., 2018; Meyer DeMott et al., 2017), Ireland (Schouten et al., 2019), Iran (Schouten et al., 2019; Meyer DeMott et al., 2017), Western Sahara (Meyer DeMott et al., 2017), Palestine (Meyer DeMott et al., 2017), Algeria (Meyer DeMott et al., 2017), Burma (Rowe et al., 2017), China (Rowe et al., 2017), Kayin State (Rowe et al., 2017).

Most studies used parametric T-tests or non-parametric Wilcoxon signed rank tests to explore differences between and within groups following the intervention (Feen-Calligan et al., 2020; Grasser et al., 2019; Beck et al., 2018; Rowe et al., 2017, Ugurlu et al., 2016). Some studies simply compared means pre and post intervention (Schouten et al., 2019; Yuksek, 2018) whilst others employed a linear mixed effects model (Meyer DeMott et al., 2017) to explore between and within group differences. None of the studies used formal methodologies to

analyse qualitative data.

Findings highlighted a mixture of significant and non-significant changes in participants' mental health and wellbeing post CATs programmes (Feen-Calligan et al., 2020; Grasser et al., 2019; Schouten et al., 2019; Beck et al., 2018; Yuksek, 2018; Meyer DeMott et al., 2017; Rowe et al., 2017; Ugurlu et al., 2016). Changes were also noted in sleep (Beck et al., 2018) and behaviour (Rowe et al., 2017). Significant and non-significant between-group differences were noted in studies that included a control group (Feen-Calligan et al., 2020; Meyer DeMott et al., 2017). Furthermore, satisfaction with CATs was reported in two studies (Beck et al., 2018; Schouten et al., 2019).

Finally, six of the studies included findings on retention rates (Feen-Calligan et al., 2020; Grasser et al., 2019; Schouten et al., 2019; Beck et al., 2018; Yuksek, 2018; Meyer DeMott et al., 2017), which ranged from 29% to 100%. There was a mean retention rate of 69%.

Table 1.3

Characteristics of Studies

Author, Year, Country, Quality Checklist Score, Kappa (κ)	Aims (* relevant to current study)	Research Design, Sampling Method and Type of CATs	Sample Characteristics	Data Collection and Measures Used	Data Analysis	Key Findings
Feen-Calligan et al. (2020) USA Quality Checklist Score: 29 ($\kappa = .0778$)	To compare the efficacy of Art Therapy on reducing self-reported psychological symptoms to a no-treatment matched control	Mixed methods Control: Yes Follow-up: No CAT: 12 week Art Therapy programme Sampling method: Purposive sampling. Participants were referred from the Samaritas resettlement agency Survivors of Torture Program.	N = 12 Refugees Age Range: 7-14 6:6 Male:Female Nationality: Syrian	Screen for Child Anxiety Related Emotional Disorders (SCARED) UCLA Child/ Adolescent PTSD Reaction Index (UCLA) Art products and observed behaviours used to corroborate data.	Responses at baseline and post intervention compared using a <i>within-subjects two-tailed t-test</i> <i>Standard linear regression</i> used to determine the influence of age, gender, and number of sessions attended on changes in symptomatology. Change scores compared for the Art Therapy and no-treatment control group to determine between group differences. Analysis of Art Therapy session notes	Quantitative results: 83% retention rate Significant, large effect of Art Therapy on separation anxiety, $t(11) = 4.17, p = .002; d = 1.50$. The change in severity of separation anxiety was significantly greater for the treatment group compared to the control group, $t(22) = 2.056, p < .05$. Non-significant, moderate effect of Art Therapy on self-reported post- traumatic stress symptoms, $t(11) = 1.88, p = .08; d = .64$. The change in severity of trauma was significantly greater for the treatment group compared to the control group, $t(22) = 2.035, p < .05$. Non-significant, moderate effect of Art Therapy on self-reported severity of social anxiety symptoms, $t(11) = 1.96, p = .08; d = .7$. The change in severity of social anxiety was not significantly greater for the treatment group compared to the control group, $t(22) = 1.01, p = .32$ Non-significant, moderate effect of Art Therapy on self-reported severity of anxiety symptoms, $t(11) = 1.97, p =$

					completed by Art Therapy team to inform preliminary concurrent analysis of behaviours.	<p>.07; $d = .71$. The change in severity of overall anxiety was not significantly greater for the treatment group compared to the control group, $t(22) = 1.37, p = 0.19$</p> <p>Non-significant, large effect of Art Therapy on self-reported severity of GAD symptoms, $t(11) = 2.11, p = .06; d = .82$. The change in severity of GAD was not significantly greater for the treatment group compared to the control group, $t(22) = 1.45, p = 0.16$</p> <p>Non-significant, moderate effect of Art Therapy on self-reported severity of panic symptoms, $t(11) = 1.29, p = .22; d = .5$. The change in severity of panic was not significantly greater for the treatment group compared to the control group, $t(22) = 1.38, p = 0.19$</p> <p>Non-significant, small effect of Art Therapy on school avoidance, $t(11) = 0.71, p > .5; d = .19$. The change in school avoidance was not significantly greater for the treatment group compared to the control group, $t(22) = 0.01, p = 1$</p> <p>Qualitative results: <i>Increase in observed behaviours indicative of coping</i>: Social support, participant-initiated calming strategies, willingness to solve problems when confronted with stress and engagement in media manipulation.</p> <p><i>Decrease in observed behaviours indicative of stress</i>: Positive affect (Smiling and laughing) and increased interest shown in art activities</p>
Grasser et al.	To test the acceptance and feasibility of	Mixed methods	N= 16	UCLA	Wilcoxon signed rank test (non-parametric) and paired sample t-	<p>Quantitative results: 80% retention rate</p> <p>Significant, large effect of DMT on severity of</p>

(2019)	DMT as a possible way to address trauma-related symptoms in Syrian refugee youth	Control: No	Refugees	SCARED	<i>test</i> (parametric) used to compare pre-post programme scores.	symptoms of PTSD, $t(15) = 3.24, p = .006; d = 0.8$
USA		Follow up: No	Mean Age: 10	Verbal feedback from Case Managers		Significant, large effect of DMT on severity of symptoms of re-experiencing, $t(15) = 3.44, p = .004; d = 0.9$
Quality Checklist Score: 20		CAT: 12 week Dance Movement Therapy programme	8:8 Male:Female		Data from discussions with Case Managers explored patient's experience of treatment (type of analysis not reported)	Significant, large effect of DMT on severity of symptoms of anxiety, $t(15) = 3.63, p = .002; d = 0.9$
($\kappa = 1.000$)		Sampling method: Purposive sampling. Participants were referred by Case Managers from a local resettlement agency	Nationality: Syrian			Significant, large effect of DMT on severity of symptoms of panic, $t(15) = 3.26, p = .005; d = 0.8$
						Significant, moderate effect of DMT on severity of symptoms of separation anxiety, $t(15) = 2.17, p < .05; d = 0.5$
						Significant, moderate effect of DMT on severity of symptoms of social anxiety, $t(15) = 2.14, p < .05; d = 0.5$
						Significant, large effect of DMT on severity of symptoms of negative thoughts and cognitions, $Z = 2.5, p = .012; d = 0.8$
						Significant, large effect of DMT on severity of symptoms of GAD, $Z = 3.08, p = .002; d = 1.1$
						Qualitative results: Case managers reported that youth were continuing to use deep breathing practice and other movement activities on their own.
Schouten et al.	To explore the effectiveness of a trauma-focused Art Therapy	Mixed Methods	N= 12	Harvard Trauma Questionnaire (HTQ)	Comparison of means	Quantitative results: 75% retention rate
(2019)		Control: No	Refugees and Asylum Seekers	Interview about	Data from interviews analysed to explore patients' experience of	Reduction in the severity of symptoms of PTSD post intervention ($M = 2.79, SD = 0.54$) compared to pre

Netherlands	protocol as treatment for Refugees and Asylum Seekers with PTSD	Follow Up: No	Mean Age: 46	participants' experience of treatment.	treatment (type of analysis not reported)	intervention ($M = 2.89$, $SD = 0.44$). Reduction in the severity of symptoms of avoidance post intervention ($M = 2.65$, $SD = 0.63$) compared to pre intervention ($M = 2.77$, $SD = 0.42$). Reductions the severity of symptoms of arousal post intervention ($M = 2.91$, $SD = 0.68$) compared to pre intervention ($M = 2.97$, $SD = 0.55$). Reductions the severity of symptoms of re-experiencing post intervention ($M = 2.97$, $SD = 0.51$), compared to pre intervention ($M = 3.00$, $SD = 0.57$). Qualitative results: Patients reported treatment satisfaction and subjective improvements, such as decreased stress, more relaxation, less worrying, fewer intrusive thoughts, and increased ability to look more confidently toward the future.
Quality Checklist Score: 33 ($\kappa = 1.000$)		CAT: 11 week Art Therapy Programme Sampling method: Purposive sampling. Participants were Patients registered for treatment at a Dutch national centre for Trauma	Male:Female 7:5 Nationality: Russian, Iraqi, Bosnian, Iranian, Congolese, Afghan and Irish.			
Beck et al. (2018)	To assess whether Music Therapy is an effective treatment for reducing PTSD and improving wellbeing, sleep quality and social function among Refugees.	Mixed Methods	N= 12	HTQ	<i>Paired two-tailed t-tests</i> carried out regarding HTQ, PSQI and GAF-F data.	Quantitative results: 100% retention rate
Denmark		Control: No	Refugees and Asylum Seekers	Pittsburg Sleep Quality Index (PSQI)		Significant large reduction in severity of symptoms of trauma post TMI, $p < .002$, $d = 1.17$
Quality Checklist Score: 28 ($\kappa = 1.000$)		Follow Up: No	Mean Age: 46	WHO-5 Well-being scale	<i>Wilcoxon signed rank test</i> used to investigate the changes in well-being data.	Significant large improvement in sleep quality post TMI, $p < .002$; $d = 1.15$
		CAT: 11 week Art Therapy Programme	Male:Female 7:5	7 pt scale (Satisfaction)		Significant large improvement in social functioning post, $p = .001$; $d = .81$
		Sampling method: Purposive sampling. Participants were Patients registered	Nationality: Russian, Iraqi, Bosnian, Iranian, Congolese, Afghan	Interview (Experiences of treatment)	Session satisfaction evaluation scores analysed with <i>descriptive statistics</i> .	Significant moderate improvement in wellbeing post TMI, $p = .001$; $d = .62$
						Patient satisfaction: Average score reported was 5.5 with

		for treatment at a Danish trauma clinic for refugees.	and Irish.		Data from interviews analysed to explore patient's experience of treatment (type of analysis not reported)	a slightly higher satisfaction towards the end of treatment. Qualitative results: Post-treatment interviews highlighted that participants experienced improvement as a result of treatment
Yukse (2018)	Aim to assess the impact of a 6 session theatre and social theatre support on refugee's stress levels when adapting to a new educational system in Turkey	Quantitative Control: No Follow Up: No CAT: 6 week Drama Therapy programme Sampling method: Purposive sampling. Participants recruited were studying at 12th grade and preparing for university entrance exams	N = 7 Refugees Age Range: 17-20 Male:Female 1:6 Nationality: Syrian	Stress level questionnaire	<i>Pre-post group comparison</i> of scores	29% retention rate Decrease in number of high level stress participants after Drama Therapy programme (from 3 pre treatment to 0 post treatment).
Quality Checklist Score: 19 (κ = 1.000)						
Meyer DeMott et al.	To examine whether an expressive arts group	Quantitative Control: Yes	N = 145 Unaccompanied minor asylum	Hopkins Symptoms Checklist (HSC)	<i>Linear mixed effects models</i> investigated differences between	45% retention rate (after 25 months) Participants who attended the EXIT group were more likely to report fewer mental health complaints, and

(2017)	intervention alleviates symptoms of trauma and enhances life satisfaction and hope among unaccompanied minor asylum seeking children.	Follow Up: Yes (CAT: 10 week of Expressive Arts Intervention (EXIT))	seeking children Age Range: 15-18 All male Nationality: Afghan, Somali Iranian, Sahrawi, Palestinian and Algerian	HTQ Cantril's Ladder of Life Satisfaction (CLS)	LAU and EXIT groups.	higher levels of life satisfaction and expectations when compared to the LAU participants post treatment. Non-significant decrease in participants' PTSD symptoms ($p = .178$) and general psychological distress ($p = .486$) in the EXIT group. There was a non-significant increase in expected life satisfaction ($p = 0.553$) in the EXIT group. There was a significant increase in current life satisfaction and expected life satisfaction scores in the EXIT group ($p = .002-.042$). There were no significant improvements noted over time for the LAU group.
Norway		Sampling method: Purposive sampling. Participants were referred from the arrival centre for unaccompanied asylum-seeking children and other refugee facilities around Norway				
Quality Checklist Score: 29						
($\kappa = .880$)						
Rowe et al.	To investigate the effectiveness of a school based Arts Therapies programme on reducing challenging behaviours and distress and increasing wellbeing of refugees and asylum seekers.	Mixed methods Control: No Follow Up: No CAT: 16 week Art Therapy programme Sampling method: Purposive sampling. Participants were referred from a community-based	= 30 Refugees and Asylum Seekers Male:Female 20:10 Age Range: 11-20 Nationality: Karen, Burmese and Chinese	The Piers-Harris Self-Concept Scale (PHSCS) HSC HTQ Strengths and Difficulties Questionnaire (SDQ) Post-intervention interview of Art therapist's	Pre-post comparisons made using <i>wilcoxon signed-rank tests</i> . Process evaluation of data from interview with clinicians; direct quotes compiled and summarised.	Quantitative results: Retention not reported Participants reported a statistically significant reduction in perceived ($p = .051$) and actual symptoms of anxiety ($p < .001$) post treatment. The proportion of participants reporting symptoms of anxiety decreased from 20% at baseline to 19.2% at follow up. The proportion of participants reporting 'feeling free from anxiety' increased from 50% at baseline to 65.4% at follow up. Proportion of participants presenting with severe difficulties at school decreased from 16.7% at baseline to 11.5% at follow up. Proportion of participants reporting positive self concept
(2017)						
USA						
Quality Checklist Score: 30						
($\kappa = .880$)						

		art therapy organisation		experiences.		increased from 26.7% at baseline to 38.5% at follow up. Qualitative results: Art therapists highlighted the themes of long-term Art Therapy improving clients' well being.
Ugurlu et al. (2016) Turkey Quality Checklist Score: 30 ($\kappa = .750$)	To assess the effect of an Art Therapy intervention on post-traumatic stress, depression and anxiety symptoms in child refugees.	Quantitative Control: No Follow Up: No CAT: 5 day intensive Art Therapy programme Sampling method: Purposive sampling. Participants were referred from the Municipality of Sultanbeyli	N = 63 Refugees Age Range: 7-12 Male:Female 34:29 Nationality: Syrian	Child Depression Inventory State-Trait Anxiety Scale UCLA	<i>Paired sample t-tests</i> conducted to examine the differences between baseline and post-treatment assessments with 30 randomly selected participants. To assess reliability, <i>paired sample t-tests</i> conducted with children who could not participate in the post-assessment and children who participated (no significant differences found).	Retention not reported Significant reduction in severity of symptoms of trauma post Art Therapy, $t(24) = 5.45, p < .001$ Significant reduction in severity of symptoms of depression post Art Therapy, $t(29) = 3.96, p < .001$ Significant reduction in severity of symptoms of trait anxiety post Art Therapy, $t(24) = 4.37, p < .001$ Non-significant reduction in severity of symptoms of state anxiety post Art Therapy, $t(24) = 1.01, p > .05$

1.2.4 Analytic Review Strategy

The review employed an inductive narrative thematic synthesis review strategy. Narrative synthesis involves using words and text to summarise and explain the findings of both quantitative and qualitative studies (Popay et al., 2006). The review followed the framework developed by Popay et al. (2006) to explore and report research findings on the mental health outcomes of CATs with refugees. Furthermore, in light of arguments that narrative synthesis lacks formal guidance for its completion (Mays et al., 2005), thematic analysis was adopted to support the extraction of key themes. Thematic analysis involves identifying the main, repeated, and/or most pertinent themes across multiple studies and is commonly used when analysing data in primary research (Mays et al., 2005).

1.3 Results

1.3.1 Themes Derived from Analysis

Analysis and synthesis of the studies into three main themes (see Table 1.4 and Figure 1.2) provided an insight into the mental health outcomes of CATs when used with refugees. A narrative synthesis of the key findings from the papers, which led to the main themes and sub-themes, is presented below. Appendix G provides a summary of the contributions from each article in the development of the main themes and sub-themes.

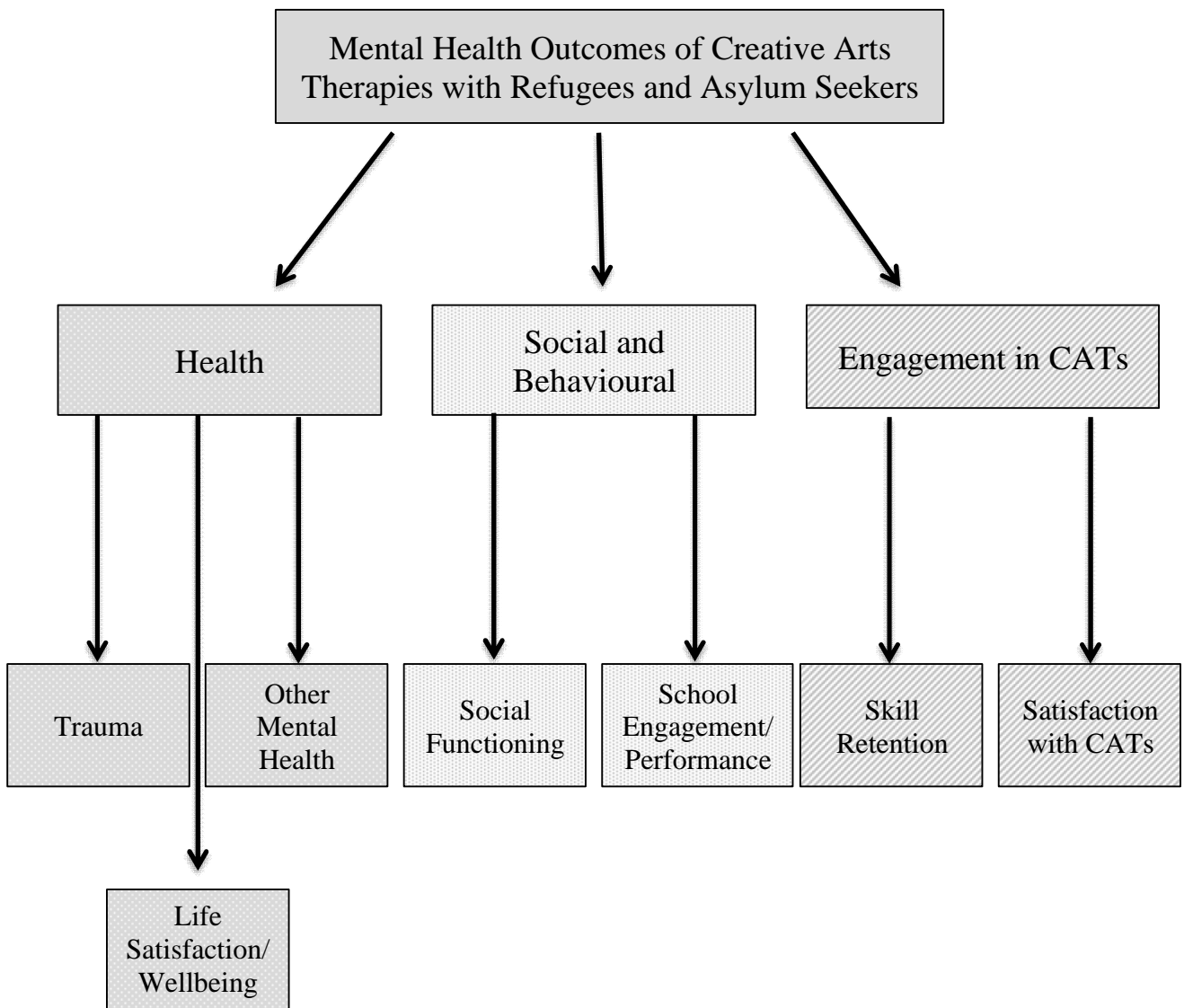
Table 1.4

Mental Health Outcomes: Main Themes and Sub-themes

Main Theme	Subtheme
<i>Health Outcomes</i>	Trauma
	Other Mental Health
	Life Satisfaction/Wellbeing
<i>Social and Behavioural Outcomes</i>	Social Functioning
	School Engagement/Performance
<i>Engagement in CATs</i>	Satisfaction with CATs
	Skill Retention

Figure 1.2

Mental Health Outcomes: Map of Main Themes and Sub-themes



1.3.2 Health

Health outcomes were the principal feature of all of the studies included in the review.

The health outcomes main theme comprises three sub-themes: *Trauma, Other Mental Health* and *Life Satisfaction/Wellbeing*.

1.3.2.1 Trauma

Seven of the studies monitored changes in trauma symptoms before and after CATs programmes.

Feen-Calligan et al. (2020) found that child refugees who engaged in a twelve-week Art Therapy programme reported a non-significant, moderate reduction in their self-reported post-traumatic stress symptoms, $t(11) = 1.88, p = .08; d = .64$. It was also noted that the change in severity of trauma symptoms was significantly greater for participants in the Art Therapy group compared to a no treatment matched control group, $t(22) = 2.035, p < .05$.

Separately, Grasser et al. (2019) noted that Syrian refugee youth who engaged in a twelve-week DMT programme reported a significant, large reduction in the severity of PTSD symptoms, $t(15) = 3.24, p = .006; d = .8$. There was also a significant, large reduction in participants' severity of symptoms of re-experiencing, $t(15) = 3.44, p = .004; d = .9$ and symptoms of negative thoughts and cognitions post intervention, $Z = 2.5, p = .012; d = .8$.

Schouten et al. (2019) found that there was a reduction in the severity of symptoms of PTSD in adult refugees who attended an eleven-week Art Therapy programme. It was found that there was a reduction in the severity of participants' self-reported

symptoms of PTSD post intervention ($M = 2.79$, $SD = .54$) compared to pre intervention ($M = 2.89$, $SD = .44$). There were also reductions noted in the severity of symptoms of avoidance post intervention ($M = 2.65$, $SD = .63$) compared to pre intervention ($M = 2.77$, $SD = .42$). Reductions in the mean levels of arousal also reduced from pre group ($M = 2.97$, $SD = .55$) to post group ($M = 2.91$, $SD = .68$). Finally, symptoms of re-experiencing were lower post intervention ($M = 2.97$, $SD = .51$), compared to pre intervention ($M = 3.00$, $SD = .57$).

Beck et al. (2018) similarly found a significant, large reduction in the severity of trauma symptoms among adult refugees who attended a sixteen-week Music Therapy programme, $p < .002$; $d = 1.17$. Ugurlu et al. (2016) also found that child refugees who attended a five-day intensive Art Therapy programme noted a significant reduction in the severity of trauma symptoms post intervention, $t(24) = 5.45$, $p < .001$.

Finally, Meyer DeMott et al. (2017) reported that child refugees who attended an expressive arts intervention reported a non-significant decrease in their symptoms of PTSD, $p = .178$.

It is important to note that, with the exception of Feen-Calligan et al. (2020) and Meyer deMott et al. (2017), none of the studies which captured the trauma outcome of CATs included a control group. This limits the inferences that can be drawn about the use of CATs compared to other approaches when used with refugees, and the validity of the results yielded by Grasser et al. (2019), Schouten et al. (2019) and Beck (2018). Despite this, the synthesis indicates that engaging in CATs appears to lead to a reduction in self-reported symptoms of trauma among refugees, with three studies noting a significant decrease.

1.3.2.2 Other Mental Health

Seven of the included studies assessed changes in non-trauma related mental health symptoms following a CATs intervention, including anxiety, depression, overall psychological distress and sleep.

Feen-Calligan et al. (2020) measured participants' symptoms of separation anxiety, social anxiety, overall anxiety, panic and generalised anxiety (GAD) pre and post an Art Therapy intervention. A significant, large reduction in participants' ratings of symptoms of separation anxiety was found post intervention, $t(11) = 4.17, p = .002; d = 1.50$.

There were non-significant moderate reductions noted in participants' self-reported severity of social anxiety, $t(11) = 1.96, p = .08; d = .7$, overall anxiety, $t(11) = 1.97, p = .07; d = .71$ and panic symptoms, $t(11) = 1.29, p = .22; d = .5$. Additionally, it was observed that there was a non-significant, large reduction in participants' self-reported ratings of the severity of GAD symptoms, $t(11) = 2.11, p = .06; d = .82$. It was highlighted that the change in participants' severity of separation anxiety was significantly greater for the treatment group compared to the no-treatment control, $t(22) = 2.056, p < .05$, however there were no significant group differences found in the other anxiety domains post intervention.

Grasser et al. (2019) also explored participants' symptoms of separation anxiety, social anxiety, overall anxiety, panic and GAD pre and post a DMT intervention. They observed a significant, large reduction in participants' self-reported levels of anxiety, $t(15) = 3.63, p = .002; d = .9$, panic, $t(15) = 3.26, p = .005; d = .8$ and GAD $Z = 3.08, p = .002; d = 1.1$, and a moderate reduction in participants' symptoms of

separation anxiety, $t(15) = 2.17, p < .05; d = .5$ and social anxiety, $t(15) = 2.14, p < .05; d = .5$.

Yukse (2018) investigated young adult refugees' levels of stress before and after a six-week Drama Therapy programme. A decrease was observed in the number of participants in a 'high stress level' category following the intervention, with no participants falling in this category post treatment. However, the measure adopted by Yusek (2018) has not been validated, and whilst the study reached the threshold for inclusion in the review when assessed for methodological quality, the results should be interpreted with caution.

In their study, Rowe et al. (2017) assessed child and adult refugees' self-concept and levels of anxiety and depression pre and post a sixteen-week Art Therapy programme. In relation to self-concept, the proportion of participants who reported a positive self-concept increased from 26.7% at baseline to 38.5% post intervention. However, the PHSCS (Piers & Herzberg, 2009), which was used to capture this data, has not been validated for use with non-English speaking or refugee populations, thus potentially limiting the validity of the results yielded.

Whilst the PHSCS has not been validated for use with refugees, Rowe et al. (2017) found that, following completion of the CATs programme, participants reported a statistically significant reduction in perceived ($p < .05$) and actual symptoms of anxiety ($p < .0001$), with the HSC used to capture this data validated for use with non-English speaking populations. The proportion of participants reporting symptoms of anxiety decreased from 20% at baseline to 19.2% post intervention, whilst the proportion of participants reporting 'feeling free from anxiety' increased from 50% at baseline to 65.4% after the Art Therapy programme.

Meyer DeMott et al. (2017) found a non-significant decrease in participants' general psychological distress ($p = .486$) following an Art Therapy programme, whilst there was no change noted in the no-treatment control group.

Ugurlu et al. (2016) noted a significant reduction in the severity of participants' symptoms of depression, $t(29) = 3.96, p < .001$, and trait anxiety following an Art Therapy intervention, $t(24) = 4.37, p < .001$. A non-significant reduction was also observed in the severity of participants' symptoms of state anxiety, $t(24) = 1.01, p > .05$.

Beck et al. (2018) also examined changes in sleep before and after a CATs intervention. They found a significant, large improvement in participants' sleep quality following a Music Therapy programme, $p < .002; d = 1.15$. However, whilst these results indicate an improvement in sleep among participants, the PSQI (Buysse et al., 1989), which captured this data, has not been validated for use with non-English speaking or refugee populations.

In light of the findings discussed, it can be concluded that engaging in CATs interventions can contribute to both significant and non-significant improvements in refugees' mental health symptoms, including anxiety, stress, self-concept, distress, depression and sleep. However, such changes have not been compared to other interventions in the studies reviewed here, thus limiting the inferences regarding intervention efficacy that can be drawn from the findings of these studies.

1.3.2.3 Life Satisfaction/Wellbeing

Two of the studies explored the wellbeing and life satisfaction of participants after a CATs intervention.

Interview data were used by Schouten et al. (2019) to investigate the impact of an Art Therapy intervention on participants' life satisfaction. Encouragingly, participants reported qualitative improvements in life satisfaction, decreased stress, fewer intrusive thoughts, and increased ability to look more confidently toward the future following the programme. However, whilst improvements were noted, the authors did not report using a formal approach in their qualitative analysis of changes in life satisfaction, thus potentially limiting the validity of results yielded.

Separately, in the Meyer DeMott et al. (2017) study, participants reported a non-significant increase in their levels of expected life satisfaction ($p = .553$) following an Art Therapy programme. Interestingly, they found significant increases in participants' ratings of current life satisfaction ($p = .002$) and expected life satisfaction scores ($p = .042$), with no improvements in life satisfaction noted in the no-treatment control group.

Thus, findings from the studies reviewed here point to the potential benefits of CATs in increasing the life satisfaction and wellbeing of refugees, however findings from Schouten et al. (2019) should be interpreted with caution.

1.3.3 Social and Behavioural Outcomes

Changes in social and behavioural aspects relevant to mental health were captured in two of the included studies but generally, were included as a peripheral finding. This main theme comprises two sub-themes: *Social Functioning* and *School Engagement/Performance*.

1.3.3.1 Social Functioning

Feen-Calligan et al. (2020) monitored changes in social functioning after CATs programmes. They collated qualitative feedback from art therapists, who reported an increase in observed behaviours indicative of coping, including behaviours associated with social support, participant-initiated calming strategies and willingness to solve problems when confronted with stress post intervention. Furthermore, it was noted that participants displayed an increase in behaviours indicative of positive affect, such as smiling and laughing, and also showed an increased interest in art activities following intervention. However, whilst it was concluded that the Art Therapy intervention had contributed to an improvement in participants' social functioning, the authors did not report using a formal approach in their qualitative analysis. Additionally, the study relied on observational data from art therapists, with proxy rating of internalising behaviours (e.g. mental health symptoms) and potential proxy/therapist bias possibly influencing findings (Bell et al., 2014). Thus, results related to CATs improving refugees social functioning should be interpreted with caution.

1.3.3.2 School Engagement/Performance

Two of the studies included in the review explored the outcome of CATs in relation to school engagement and performance.

Feen-Calligan et al. (2020) noted a non-significant, small reduction in school avoidance among participants, $t(11) = .71, p > .5; d = .19$. However, the decrease in level of school avoidance was not significantly greater for the treatment group compared to the no treatment control group, $t(22) = .01, p = 1.00$.

In their study, Rowe et al. (2017) found that the proportion of participants presenting with severe difficulties at school decreased from 16.7% at baseline to 11.5% post Art Therapy intervention.

These findings provide preliminary evidence that engaging in CATs in non-clinical settings, such as schools, may lead to improved school performance in child refugees, however, improvements may be modest, particularly when compared with other approaches or no treatment controls.

1.3.4 Engagement

Participants' engagement in CATs was examined both quantitatively and qualitatively in three of the included studies. Findings can be broken down into two sub-themes:

Satisfaction with CATs and Skill Retention.

1.3.4.1 Satisfaction with CATs

Two of the included studies directly explored participants' satisfaction with CATs.

Beck et al. (2018) asked participants to rate their overall satisfaction of a Music Therapy programme at each session, with the average satisfaction score rated as 5.5 out of a maximum satisfaction score of seven. It was also noted that participants reported a slightly higher satisfaction score towards the end of treatment, indicating that as treatment progresses, reported participant satisfaction with CATs interventions improve.

Separately, Schouten et al. (2019) reported that participants cited feelings of treatment satisfaction and subjective overall improvements when interviewed following an Art Therapy programme. However, similarly to other studies using a mixed methodology,

the authors did not report using a formal approach in their qualitative analysis, and thus results should be interpreted with caution.

Despite this, though limited to two studies, these preliminary findings point to refugee satisfaction with CATs interventions, particularly when formally measured at each stage of intervention using a satisfaction scale.

1.3.4.2 Skill Retention

Grasser et al. (2019) gathered feedback from case managers working with participants, who reported that participants continued to use the skills learned during the DMT programme on their own after treatment, highlighting a retention of skills learned. However, as only one paper assessed skills retention following a CATs intervention, and due to the potential impact of therapist rating bias, the inferences that can be drawn about skill retention are limited, and further research is needed.

1.3.5 Critique of Studies

Three of the reviewed studies employed a quantitative methodology, whilst five used mixed methods (Feen-Calligan et al., 2020; Grasser et al., 2019; Schouten et al., 2019; Beck et al., 2018; Rowe et al., 2017). However, none of the studies provided a rationale for their choice in methodology and it is therefore unclear whether there was a strong rationale for the selected methodology, or whether this was simply not reported in the final paper.

All of the reviewed studies made reference to considerations of ethical issues, although four studies only demonstrated partial consideration (Grasser et al., 2019; Beck et al., 2018; Yuksek, 2018; Meyer DeMott et al., 2017), raising concerns

regarding ethics processes followed. Conversely, all studies reported data collection methods, which increases the possibility of both accurately replicating and auditing the studies.

The studies included both child and adult populations from 14 countries. However, due to the small sample sizes in all of the studies, the generalizability of results is limited. Furthermore, the time participants had spent in their host country was not reported in the majority of studies; only Ugurlu et al. (2016) provided this information. As research shows that length of stay in a host country influences refugees' mental health (Walther et al., 2020), future research would benefit from including this demographic information in studies with refugee populations.

A final consideration when interpreting findings from the studies reviewed here is the short-term nature of the CATs interventions adopted (ranging from five days to 16 weeks), with only Meyer DeMott et al. (2017) collecting follow-up data, thus limiting what can be inferred about the longer-term impact of CATs.

1.4 Discussion

The present review is the first to examine the mental health outcomes of CATs interventions with refugees. Broadly, the findings suggest that CATs may be a helpful intervention when used with this population, however improvements in mental health symptomology and social functioning may be modest. Additionally, refugees appear to engage well with CATs, however the paucity of studies examining participant engagement limits the conclusions that can be drawn in relation to this.

This builds upon previous reviews conducted by Baker et al. (2018), who examined the efficacy of CATs in the treatment of adults with PTSD, and Strassel et al. (2011) who explored the efficacy of DMT. Furthermore, it allowed for a more focused consideration of evidence for the use of what are in effect non-verbal therapies with refugees, thus adding to findings from a recent review examining the outcomes of psychosocial interventions more generally with this population (Tribe et al., 2019).

The finding that CATs contribute to a mixture of both significant and non-significant reductions in trauma and mental health symptomatology contrasts with findings by Baker et al. (2018), who found that the evidence supporting CATs was low to very low. However Baker et al.'s (2018) review was narrower in focus, and restricted to research on the use of CATs to treat PTSD. In addition, the review only considered studies of PTSD in adults, thus limiting comparability with the present review.

Conversely, the finding from this review that CATs can contribute to an improvement in refugee wellbeing, resonates with previous findings from Strassel and colleagues, where it was found that engaging in one specific creative therapy approach, DMT, is

associated with improvements in quality of life, self-esteem and coping behaviours (Strassel et al., 2011).

Finally, all of the studies reviewed were observed to be of adequate methodological quality, in contrast to findings from the reviews of Baker et al. (2018) and Strassel et al. (2011), who noted that studies on the use of CATs were of poor methodological quality.

1.4.1 Clinical and Policy Implications

The findings of this review have a number of potential implications for practice and policy. Firstly, a recent policy developed by the World Health Organisation (WHO; Napier et al., 2020) highlights the importance of cultural awareness in developing more effective and equitable health services for all. Importantly, they argue that public health policy-making has much to gain from applying research from the health-related humanities when developing culturally sensitive services. In line with this, the current review may provide preliminary guidance for policy-makers to consult with when designing and developing accessible public health services. It also provides some limited evidence regarding the role of CATs in health engagement among refugees. This is important, given evidence that refugees are less likely to access mental health services than the general population (Aspinall & Watters, 2010).

In the UK, current NICE guidelines for working with children and adults with PTSD recommend the use of Trauma Focused CBT or EMDR (NICE, 2018), however, the Tribe et al. (2019) findings suggest that such approaches are less beneficial with refugees. The current review provides preliminary evidence for alternative, non-verbal approaches to supporting refugees within mental health contexts. Though the

evidence supporting the use of CATs on mental health symptomology is limited and remains in its infancy, this evidence could also usefully inform future reviews of NICE guidelines regarding the use of CATs within mental health services and could allow for specific consideration of the use of CATs with refugee populations.

It is recognised that most European countries have been facing challenges when integrating refugees into mainstream education over the past number of years (Koehler & Schneider, 2019). In light of findings from two of the reviewed studies showing the benefits of providing CATs for younger refugees in schools, the current review provides preliminary evidence for one approach towards supporting young refugees experiencing difficulties at school, which may also have benefits for their mental health. However, research would benefit from exploring the use of CATs in comparison to other therapeutic interventions within school settings, due to the limited number of studies conducted with refugees within this context, and findings by Feen-Calligan et al. (2020) who noted no difference in school avoidance for the CATs treatment group compared to a no treatment control.

Whilst not the focus of the present review, all of the studies reviewed indicate that refugees are at a high risk of experiencing mental health difficulties, sleep problems, problems with social functioning and poorer quality of life. These findings concur with evidence showing that refugees are more likely to experience mental health difficulties compared to the general population (Eaton et al., 2011), highlighting the importance of providing enhanced care to this population.

1.4.2 Limitations

A limitation of the current review is that none of the studies examined here considered the influence of culture on participants' understanding of mental health. It has been noted that different cultural understandings of mental health do not always match western conceptualisations, and it has been argued that there may be a stigma surrounding the reporting of mental health symptomatology among refugee populations (Derluyn & Broekaert, 2007; Erskine et al., 2010; Murray et al., 2010). This may be particularly important when considering mental health findings that rely on self-report measures, with Spinhoven et al. (2006) noting inconsistencies in self-reporting of mental health symptoms in refugee populations.

Whilst the strengths of narrative thematic analysis have been described, this approach also has some limitations. Thematic analysis has been commended for its flexibility, but it has been argued that this approach can result in inconsistency and variation when themes are derived from research data (Holloway & Todres, 2003).

Furthermore, it has been argued that narrative synthesis' lack of formal guidance for its completion may potentially reduce the reliability of this approach when conducting systematic reviews (Mays et al., 2005).

Another important factor to consider when interpreting findings from the research reviewed here is the use of real world settings in many of the studies. Whereas this increases the ecological validity of findings, it was explicitly noted in two studies that potential confounding variables might have influenced the results (Beck et al., 2018; Rowe et al., 2017). Beck et al. (2018) noted that some participants received other types of treatment alongside the CATs programme, including medical interventions. Additionally, Rowe et al. (2017) used a combination of group and individual CATs

with participants, but did not identify which participants received group versus individual intervention, thereby limiting the replicability of their study. Furthermore, only two of the studies provided follow-up data, limiting inferences that might be drawn about the medium to longer-term benefits of CATs interventions for refugees.

A final potential limitation of this review is that it does not separately investigate the mental health outcomes of children and adult refugees, as a number of the studies used mixed samples, without analysing the data separately. However, given the relatively low number of studies that have investigated refugee mental health outcomes following a CATs intervention, it was deemed important to include studies that used samples of adults, children and mixed populations in order to adequately represent the existing evidence base.

1.4.3 Future Research Directions

The current evidence base on the mental health outcomes of CATs when used with refugees remains in its infancy and would benefit from continued research to enhance our understanding of its potential benefits. As suggested by Strassel et al. (2011) and Baker et al. (2018), the methodological quality of studies exploring the use of CATs should generally be improved by conducting high quality RCTs to increase understanding of their efficacy. Furthermore, specific methodological weaknesses associated with the studies in the current review could be addressed in future studies by using matched control groups, evaluating CATs programmes of longer duration, and gathering follow up data to explore the long-term effects of CATs on refugees' mental health.

In order to address the concerns surrounding the reliability of the studies, the use of standardised CATs programmes might improve the methodological robustness of future research conducted in real world settings. Additionally, in order to consider the cultural differences associated with the conceptualisation of mental health, studies should ensure the use of outcome measures that have been validated with the specific population under investigation.

Finally, although the current review has offered insight into the mental health outcomes of using CATs with refugees, there is still a lot that is unknown in this relatively under-researched area. Indeed, whilst we can make certain assumptions based on the evidence reviewed here, the majority of the studies included were quantitative in nature. Thus, future reviews could usefully consider qualitative and process-focussed research in order to provide richer information about the benefits and limitations of using CATs with refugees.

1.5 Conclusion

In light of the recognised challenges to using traditional talking therapies with refugees, the current thematic narrative synthesis explored the mental health outcomes of using non-verbal CATs with this population. The thematic narrative synthesis highlighted that CATs can bring about a mixture of significant and non-significant positive changes in refugees' general mental health, trauma symptomology, wellbeing, social functioning and school engagement/performance. In addition, it was found that refugees appear to engage in CATs well, reporting treatment satisfaction and retention of skills learned, although evidence is limited to a small number of the included studies.

While the evidence base is currently in its infancy, this review demonstrates that CATs may provide a viable alternative treatment option that overcomes potential linguistic barriers when working with refugees in mental health settings. Whilst future and better-designed studies are needed to build upon and extend the existing evidence base, the findings from this timely review may helpfully inform policy makers and contribute to the development of services that are more accessible and culturally appropriate.

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Chapter II: Empirical Paper

“Transition was something that happened *to* me rather than something
that I took part in”

Veteran Partners Navigating Transition from Military to Civilian Life

In preparation for submission to the journal of Military Behavioral Health (Appendix
H)

This empirical paper was registered with the Open Science Framework
(identifier: DOI 10.17605/OSF.IO/VWE9A)

2.0 Abstract

In response to the risks associated with poor transition from military to civilian life, the Ministry of Defence (MOD) has focused on supporting veterans during this time of change. Transition is a systemic process affecting the whole family, and intimate partners can be a protective factor for veterans at this time. Despite this, existing literature has neglected to explore how partners of veterans navigate military transition, how they cope, and how they support their veteran partner through transition.

This study used semi-structured interviews and employed a Constructivist Grounded Theory approach to explore how 12 partners of UK veterans navigated military transition, focusing primarily on how they coped with and supported their veteran partner.

A three-level theoretical model was developed, which identifies three core categories related to partners' navigation of military transition, including how partners experience, cope with and support their veteran partner. Contextual influences affecting military transition are also encompassed in the model, including the impact of military experiences, veterans' experiences, interpersonal factors and timing. The outer level of the model represents the uncertainty that partners feel when negotiating transition, recognising that transition is an ambiguous and undefined process.

The findings suggest that services and professionals would benefit from increasing the inclusion of families in transition planning, and by reviewing the ways in which MOD policies and support are utilised and accessed. Future research should examine the role and efficacy of family therapy approaches in supporting veterans with mental health needs to better address the systemic impact of transition.

2.1 Introduction

This study explores how partners of veterans navigate military transition. The term veteran refers to ‘anyone who has served for at least one day in Her Majesty’s Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations’ (MOD, 2015a, pp. 2). Partners of veterans include individuals married to, or in a stable intimate relationship with a veteran. Finally, military transition can be defined as the process of leaving military life and re-entering civil society, the duration of which can vary from months to years depending on individual factors (MOD, 2015b; Binks & Cambridge, 2018).

2.1.1 Challenges with Transition

In 2019 there were an estimated 2.5 million veterans residing in the United Kingdom (UK; MOD, 2019a), whilst the Forces in Mind Trust (2017) reports that the cost of Military Transition to the British Public ranges from £100 to £120 million per annum. Although the majority of veterans transition well, population survey studies show that up to 72% experience high levels of stress when re-entering civilian society (Morin, 2011). Stressful transition has been observed to correlate with alcohol misuse, Post-Traumatic Stress Disorder (PTSD) and common mental health disorders (Rhead et al., 2019).

Systemic difficulties also arise during the transition period, including higher rates of divorce and relationship breakdown compared to civilians and serving personnel (DeBurg et al., 2011; Pethrus et al., 2019). Research indicates that families of veterans experience significant stressors during transition, including uncertainty about the future, social difficulties and problems developing support networks outside of the military community (Thomas, 2019). Additionally, partners of veterans with mental

health difficulties are reported to experience particular challenges following discharge, including feelings of emotional distress (Sakusic et al., 2010).

2.1.2 Systemic Support during Transition

In response to the identified challenges associated with transition, UK Government policies have been reviewed to support veterans during this time (Armed Forces Act, 2016; MOD 2020a). Recommendations include ensuring involvement of families in transition planning (Ashcroft, 2014), as research shows that families are a protective factor for veterans with mental health difficulties and combat-related injuries (Meis et al., 2010; Cozza & Guimond, 2011). Indeed, recent research by the Ministry of Defence (MOD, 2019b) found that divorced or separated veterans are more likely to suffer from mental health and social difficulties compared to those in intimate relationships. This corroborates previous research findings highlighting the benefits of partnership on individual wellbeing in the general population (Horwitz et al., 1996; Franke & Kulu, 2018). It also accords with the Social Support Theory, which proposes that support from others reduces the impact of stressful life events by helping individuals employ more adaptive coping strategies (Thoits 1986).

2.1.3 Previous Research

Previous research on military transition has primarily focused on the experiences of veterans. Walker (2015) explored the lived experiences of UK veterans transitioning from military to civilian life using an Interpretative Phenomenological Analysis (IPA) methodology. Findings indicated that, during transition, veterans experience loss, difficulties reconstructing their identity and problems integrating into society and their personal networks. Separately, Verey and Smith (2012), using thematic analysis,

investigated the experiences of UK veterans transitioning into civilian life. Results showed that male veterans experience difficulties re-establishing themselves effectively into family life, as their roles as father or husband changed whilst in military service. Furthermore, the study identified that veterans report difficulties managing the divergent loyalties between military and family life when they leave services.

The existing literature on military partners' experiences has focused on different points in the 'military cycle', particularly the deployment and post-deployment periods. Wilson and Murray (2016) conducted a meta-synthesis of 11 studies examining the experience of deployment for partners of military personnel. The review identified five core concepts capturing partners' experiences during deployment: experiencing a 'multitude of emotions', including anger, loss and uncertainty; seeking support from others within the military; having 'relentless' responsibilities; experiencing communication difficulties with their partner; together with positive outcomes of deployment, including self-discovery and self-sufficiency.

Knobloch and Theiss (2012) examined the issues facing military couples during the post-deployment period, using the Relational Turbulence Model, which suggests that significant life transitions can lead to communication breakdown between partners, resulting in relationship difficulties. The study found that both military personnel and their partners experience significant difficulties during this period, including heightened conflict and parenting inconsistencies. It was also noted that some partners felt working through these difficulties resulted in a 'stronger' relationship with their partner.

Finally, research has been conducted into the experiences of partners of veterans with

mental health difficulties. Doncaster et al. (2018), using IPA, explored the experiences of partners of UK veterans living with combat-related trauma. Findings indicated that partners felt they were ‘walking on eggshells’ around their partner, acting as a ‘multiple role negotiator’ within the family unit and that the army was their partner’s ‘real’ family, contributing to difficulties adjusting to civilian family life. Similarly, Murphy et al. (2017), using IPA, explored the experiences of partners of veterans seeking support for PTSD, and identified challenges including volatility at home, emotional distress and a perceived lack of support from services.

2.1.4 Rationale and Research Question

Previous research exploring transition has predominantly focused on the experiences of veterans themselves. Furthermore, research with military partners has primarily explored their experiences of deployment and post-deployment, or the experiences of living with a veteran with a mental health condition following military discharge. However, the experiences of partners during transition have not been examined; in particular, how they cope with and support the veteran during this time.

The present study addresses this gap by qualitatively exploring how partners of veterans navigate the transition from military to civilian life. To do this, the study was underpinned by the following research questions:

- 1. How do partners support veterans during the transition from military to civilian life?*
- 2. How do partners cope during veterans’ transition from military to civilian life?*

2.2. Methodology

2.2.1 Design

A Constructivist Grounded Theory (CGT) research design was adopted, underpinned by an interpretivist epistemological position (Banister, 2011). Grounded theory aims to develop a model ‘grounded’ in empirical data, through a repetitive and comparative procedure (Glaser & Strauss, 1967). Additionally, a constructivist approach emphasises the *process* of data collection, and assumes that collected data cannot be separated from a researcher’s own assumptions; historical or societal contexts; or the conditions in which it is collected (Charmaz, 2016). This approach was selected, as it is well suited to relatively unexplored topics, such as partners’ navigation of military transition (Glaser & Strauss, 1967).

2.2.2 Participants

2.2.2.1 Sampling and Recruitment

A non-probability sampling design was used. ‘Purposive’ and ‘snowball’ methods were employed to recruit partners of veterans based on the inclusion criteria (see Table 2.2.2.1). The sampling design is in line with CGT methodology and allows for in-depth analysis of veteran partners’ experiences (Glaser, 1978).

Recruitment ended at the point of theoretical saturation (Glaser & Strauss, 1967). It was found that by the tenth interview, no new data were emerging. As best practice guidelines recommend researchers conduct interviews beyond the initial data saturation point, two further interviews were conducted to validate and verify the developed categories (Charmaz, 2016). No new information emerged from the final two interviews, and it was determined that saturation had been reached.

Due to the COVID-19 pandemic (WHO, 2021), participants were recruited online via third-sector organisations including veteran charities and support services for military partners. The organisations advertised the project through a poster (Appendix I) and participant information sheet (Appendix J). Additionally, Veteran Covenant Networks across the Midlands provided partners of veterans with information about the study, including the poster and information sheet.

Interested potential participants contacted the principal researcher directly. They were given the opportunity to ask the researcher questions and were provided with a consent form and demographic information sheet prior to the interview (Appendices K & L).

Twelve partners of veterans were recruited in total. This is considered to be a sufficient sample size when using CGT, and when conducting clinical psychology and professional doctorate research (Thomson, 2010; Turpin et al., 1997; Charmaz, 2016).

2.2.2.2 Inclusion and Exclusion Criteria

Table 2.1

Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
<i>Age</i>	18 years and above	Below 18 years
<i>Relationship Status</i>	Partner or spouse of UK veteran	Divorced or formally separated from UK veteran
<i>Time since partners' discharge</i>	Partner discharged from military at least 6 months prior to interview (No upper limit)	Currently serving in the full-time Army or has left services within the past 6 months
<i>Service in which Partner Served</i>	Full-time British Army, Navy or Royal Air Force	Army Reserves
<i>Language</i>	Fluent English speaker	Non-English speaker

Participants were required to be in an intimate relationship with a British veteran at the time of the study, however were not required to be in a relationship with their partner whilst they served or were being discharged from the military. Their veteran partner must have been discharged from the full-time British Army, Navy or Royal Air Force at least six months prior to the date of interview. This time limit and requirement for full-time military enlistment is in line with previous literature exploring veteran transition (Walker, 2015). A lower age of 18 years was set, and

participants were required to be English speakers.

2.2.2.3 Sample Characteristics

Table 2.2

Participant Demographics

Participant	Gender	Age	Ethnicity	Marital Status	Parent Currently	Relocated
<i>Jessica</i>	Female	39	White British	Married	Yes	Yes (Prior to veteran leaving military)
<i>Jane</i>	Female	46	White British	Married	Yes	Yes
<i>Annie</i>	Female	45	White British	Married	Yes	No
<i>Daisy</i>	Female	59	White British	Married	Yes	No
<i>Clara</i>	Female	51	White British	Married	Yes	Yes
<i>Rosie</i>	Female	44	White British	Married	Yes	Yes (Prior to veteran leaving military)
<i>Lily</i>	Female	42	White British	Married	No	No
<i>Ellie</i>	Female	30	White British	Unmarried Partner	Yes	No
<i>Alex</i>	Female	45	White British	Married	Yes	Yes
<i>Sue</i>	Female	47	White British	Married	No	Yes (Prior to veteran leaving military)
<i>Maria</i>	Female	56	White British	Married	Yes	Yes (Prior to veteran leaving military)
<i>Lauren</i>	Female	59	White British	Married	Yes	No

Participant	Service	Time Served in Military Service (Years)	Time Since Military Discharge (Years)	Mental Health Services Accessed
<i>Jessica</i>	Army	23	1	No
<i>Jane</i>	Army	23	3	No
<i>Annie</i>	Army	N.K.	26	No
<i>Daisy</i>	Navy	31	14	No
<i>Clara</i>	Army	26	3	Yes
<i>Rosie</i>	Army	24	2.5	No
<i>Lily</i>	Army	13	11	Yes
<i>Ellie</i>	Army	9	6	No
<i>Alex</i>	Navy	23	6	No
<i>Sue</i>	Navy	40	1.5	Yes
<i>Maria</i>	Navy	24	17	No
<i>Lauren</i>	Navy	25	25	Yes

Tables 2.2 and 2.3 summarise participants' and their veteran partners' demographic information. All participants were White British females, aged between 30 and 59 years, and were in a relationship with a veteran who had left services between one and

26 years ago. Whilst not an inclusion criteria, all participants were in a relationship with their partner during their transition from military to civilian life. Veterans had spent between nine and 40 years serving in the military full-time, with 58% serving in the Army and 42% in the Navy. 33% of participants had veteran partners who had formally accessed mental health services. 67% of participants were parents when their partner left the military, and 17% became parents following their partners' discharge. 58% of participants relocated either at the time of, or within two years of their partner's discharge, and 67% reported living in married quarters at some stage during their partner's military career. All participants were employed at the time of interview.

2.2.3 Materials

A novel semi-structured interview schedule was developed (Appendix M). By reviewing previous literature on veteran transition and the experiences of military partners, areas for discussion were identified, including how partners supported the veteran during transition, how they coped themselves and their conceptualisation of transition.

2.2.4 Methods of Data Collection

Data collection was via video and telephone semi-structured interviews, which were audio recorded for later transcription. An online platform was used in light of recommendations for conducting research remotely during the COVID-19 pandemic (Saber, 2020). Interviews lasted between 45 and 100 minutes (with an average of 67 minutes).

Interviews were semi-structured, which allowed participants to guide the interview

process (Longhurst, 2003). The in-depth interview procedure also allowed for topics that were not previously considered of interest by the researcher to be explored, which is a key feature of using grounded theory (Charmaz, 2016). Furthermore, it allowed for a dialogue and process to develop between researcher and participant. This is an important element of a constructivist approach, which emphasises the importance of the data collection *process* (Charmaz, 2016). The semi-structured nature of the interviews also allowed the researcher to manage sensitive information when it arose, which is a particularly important ethical consideration when conducting research remotely (BPS, 2020).

Following initial data collection and analysis, the interview schedule was adapted based on the information collected during preliminary interviews. This allowed for certain topics to be explored in more detail (e.g. protective relationship factors), and is in accordance with CGT (Charmaz, 2016).

2.2.5 Ethical Considerations

Ethical approval was obtained from the Coventry University Ethics Committee (ethics code P99664) on the 24th February 2020 (Appendix N). Additionally, the research adhered to the British Psychological Society's (BPS, 2014) research ethical standards, and guidelines for conducting research during the COVID-19 pandemic (BPS, 2020).

All participants were debriefed after their interview and were provided with information about the research team and support services via an emailed debrief sheet (Appendix O).

Participants were also offered copies of their anonymised transcripts, which they were invited to read and highlight any areas that they did not wish to be included in the

analysis. Although it has been argued that participant transcript approval can threaten the authenticity of research data by providing participants with the opportunity to remove particular aspects of their data, the balance of power between the interviewer and interviewees is addressed (Mero-Jaffe, 2011). Five of the 12 participants wished to remove small excerpts from their transcripts to further protect their anonymity.

2.2.6 Method of Data Analysis

The data collected were transcribed verbatim and analysed using a CGT approach. The process of analysis followed Glaser and Strauss's (1967) constant comparative guidelines. This approach involves making comparisons at each level of the analysis and comparing similarities and differences within and between interviews, to develop a coherent theoretical model of the topic under investigation. The four-step process is outlined in Table 2.4.

Table 2.4

Grounded Theory Data Analysis

Stage	Process
<i>Stage 1: Initial (open) coding and memo-writing</i>	Transcripts were read in full by the researcher and labels assigned to significant portions of the transcript to identify initial categories and codes. Memos were added to the transcript simultaneously to capture the researcher's initial thoughts about how the data were forming into a theoretical model. This process was repeated, with the researcher comparing codes and categories, until no new categories appeared from the data. This is referred to as constant comparative analysis (Glaser & Strauss, 1967).
<i>Stage 2: Focused (axial) coding and coding paradigm</i>	Following constant comparative analysis, the researcher formed connections between the codes and memos initially identified. In particular, connections were made to help explain the main topic being investigated (i.e. how partners navigate

transition). These connections were formed using a visual coding paradigm.

Stage 3:
Theoretical
(selective) coding

Following the completion of the coding paradigm, the researcher developed an overarching written theory. This outlined the main concepts and processes presented in the coding paradigm.

Stage 4:
Theoretical
saturation

Subsequent interviews used a revised interview schedule based on the development of the written theory. This ensured that the developed theory provided a full explanation of the experiences reported by participants, with the theory amended as and when participants provided new insights. When subsequent interviews provided no additional information to support the generated theory, data saturation was achieved. It was deemed that data saturation was reached after 12 interviews.

2.2.7 Reliability

Whilst all transcripts were coded and analysed by the lead researcher, it was considered important to assess the reliability of the coding process to ensure that subjective bias was not unduly influencing findings. Two independent researchers therefore separately coded an excerpt from an interview transcript. Subsequent discussion noted strong convergence between the codes generated by the primary researcher and the independent researchers. Some areas of divergence were noted, including the terms used when labelling particular codes. These differences were discussed and initial codes were amended to reflect this, allowing for a reasonable degree of confidence that the coding would be reproducible by a second coder (Campbell et al., 2013).

The principal researcher and supervisory team also regularly reviewed the process of

analysis. Appendix P provides an initial coding example.

2.2.8 Researcher Reflexivity

As the researcher is considered a key part of CGT (Charmaz, 2016), researcher characteristics may have influenced the assumptions and expectations of the research topic. Therefore, the researcher engaged in reflective practice and received supervision from an experienced supervisory team, which is outlined in detail in Chapter III.

2.3 Results

A three-level theoretical model was developed to capture how partners of veterans navigate military transition (See Figure 2.1 and Table 2.5). Extracts from all 12 transcripts were used when developing the model (See Appendix Q for additional quotes).

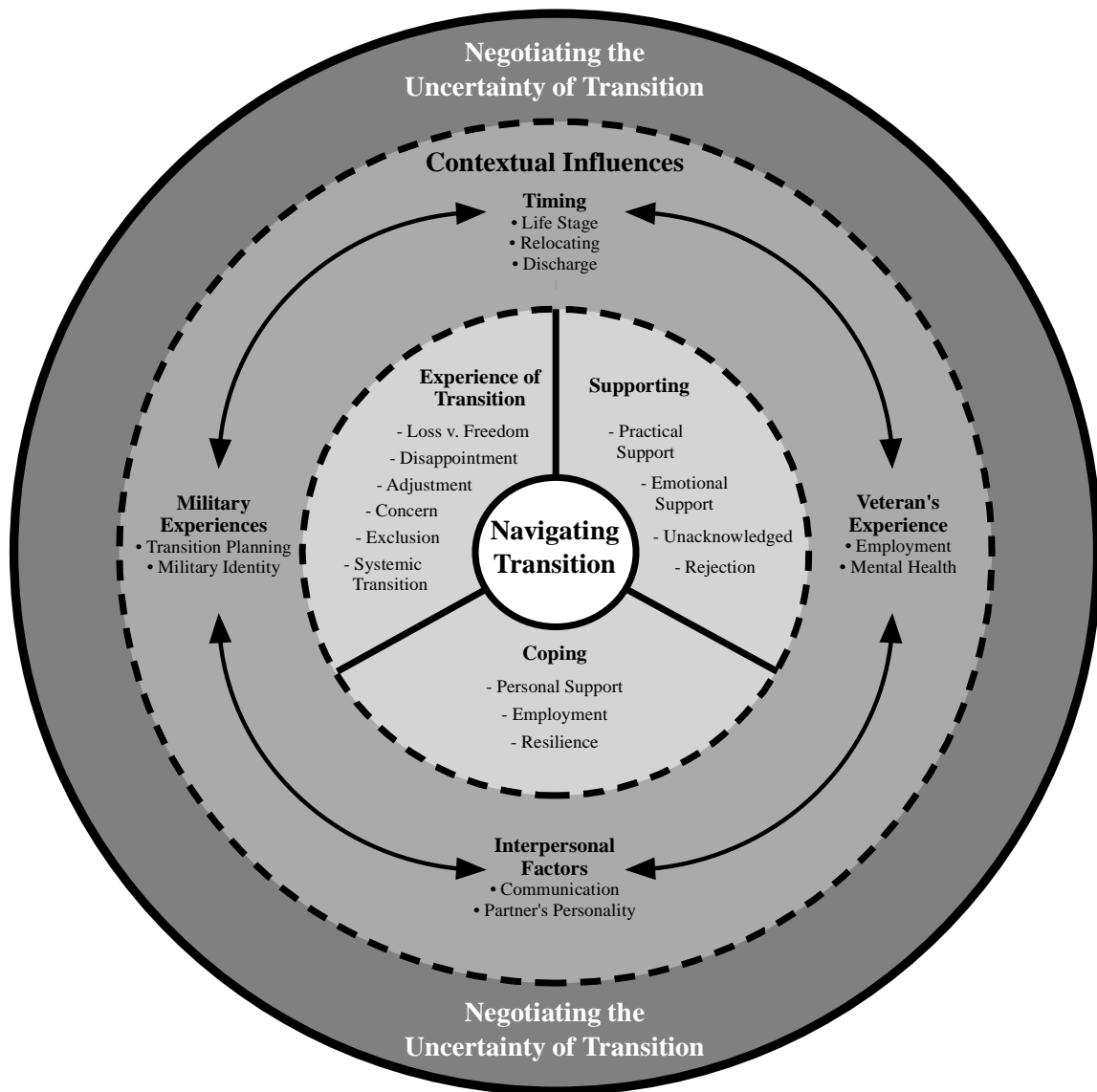
Table 2.5

Description of the Theoretical Model of Partners' Navigation of Military Transition

Level	Description
<i>Core</i>	The inner level represents the core categories related to partners' navigation of military transition. This includes partners' experience of transition, how they cope with these experiences, and how they support their veteran partner during transition.
<i>Middle</i>	The middle level represents the contextual influences on partners' experience of navigating military transition, including military experiences, veterans' experiences of transition, interpersonal factors and timing. The arrows and broken lines highlight the influence that such factors have on the core concepts (e.g. a partner's military identity influences their experience of loss during transition), and on one another (e.g. a veteran's mental health influences communication, with poor mental health contributing to communication difficulties).
<i>Outer</i>	The outer level of the model represents how partners negotiate the uncertainty of transition, which is an ambiguous and undefined process. This outer level symbolises the wider context in which all transition experiences occur.

Figure 2.1.

Theoretical Model of Partners' Navigation of Military Transition



2.3.1 Core Categories

2.3.1.1 Experience of transition

Partners of veterans described their experience of transition, which varied according to the particular contextual influences affecting them during transition.

2.3.1.1.1 Loss vs. Freedom

Some participants described a sense of freedom post-discharge, including a sense of relief through sharing everyday tasks. Rosie reflected that when her partner returned home it resulted in:

“Sharing a lot of that burden, sounds bad, but you know what I mean, [it] was great.” (Rosie, lines 433-434)

Others reported feeling liberated due to now being outside of the Military. Clara noted that her family developed a new sense of identity when they relocated during transition:

“I think that the kids as well, you know, we’re not in that Military bubble anymore...we’re free, and we’ve got our freedom.” (Clara, lines 444-447)

Conversely, other participants reported a sense of loss associated with transition. In particular, Daisy, the partner of a Navy Captain, expressed a perceived loss of status:

“What I felt at the time was, this is going to sound so pathetic, but it was a loss of status.” (Daisy, lines 169-170)

Loss was also acknowledged in relation to the security the military provided to military families. Daisy described:

“The Navy had given us a lot of grief, you know separation and all those things, but it had given us enormous security, and all of a sudden to have that taken away.” (Daisy 707-709)

2.3.1.1.2 Disappointment

Participants described holding certain expectations about transition, reporting that while their partner was enlisted they looked forward to transition. Daisy reflected:

“You spend a great many years looking forward to the day when the whole bloody thing will be over.” (Daisy, lines 132-133)

However, it was highlighted that these expectations were often not met, with unforeseen difficulties arising during this time. Lily noted that transition:

“Just threw up a whole new set of problems...and ones that we weren't, we weren't really expecting or prepared for.” (Lily lines 126-127)

Some participants reported disappointment about how their partner acted during transition, as Ellie described:

“I thought he'd come out and be the person I wanted him to be, like, be happy because he wasn't in the army anymore...but it wasn't like that.” (Ellie, lines 162-164)

Additionally, participants reflected that their expectations about family life were not met. Alex reported that her children's ages did not align with her expectation about family life post-discharge:

“I think you prepare that you're going to be with all your family, but what you don't realise is that your family is so much older.” (Alex, lines 136-138)

Participants also described feeling disappointed about the military's handling of

transition. Jane described feeling let down by the army:

“Once you're gone, you're gone...you're not that number anymore, nobody cares.” (Jane, lines 765-766)

2.3.1.1.3 Adjustment

Participants described transition as a time of adjustment and change. Annie defined it as:

“I would consider transition...a big change in circumstance.” (Annie 621-622)

Others indicated that transition involved their partner learning how to adjust to family life and adapt to the existing routines. Jessica described remembering:

“A conversation with Steve that he needed to fit into *our* routine and not, not try and have, like, forced us into his.” (Jessica, lines 210-212)

Some reported that the adjustment period came with challenges, particularly surrounding household tasks. Maria noted that her husband:

“Never, and still doesn't to this day, get the reason as to why you should clean a fridge, or that a dishwasher needs a clean as well, or, you know.” (Maria, lines 457-458)

Additionally, where veterans were deployed for much of their military career, the permanent return home was reported as “stifling” by participants (Lily, line 1071).

In contrast, whilst they acknowledged challenges, many participants noted they could develop a new life as a family post-deployment. Lauren reflected that her husband returning home was:

“A really positive experience for him, and for us as a family as well.” (Lauren, line 427)

2.3.1.1.4 Concern

Participants described feeling concerned about transition, as they faced uncertainty.

Alex reported that transition was:

“Quite stressful in terms of thinking about the future, when years ago the future was so far away.” (Alex, lines 223-225)

Others noted worrying over finances and their partner finding employment. Jane shared:

“I was getting quite het up and anxious about the move and what would happen if we couldn't get a job.” (Jane, lines 817-818)

Additionally, participants reported future-focussed concerns, particularly when their partner did not seem to have insight into the challenges associated with transition.

Lily highlighted that *she* was the one who worried for her and her partner's future:

“When I'd be awake worrying...he would still sleep perfectly soundly at night and I'd be there, you know, wide awake worrying.” (Lily, lines 1172-1175)

2.3.1.1.5 Exclusion

Partners reported that they felt excluded from transition planning, resulting in a perceived lack of control. Daisy described that:

“Transition was something that happened *to* me rather than something that I took part in.” (Daisy, lines 689-690)

Partners also highlighted an absence of direct communication from the military, creating further uncertainty. Clara reflected that “the army don’t tell the wives [anything]” (line 684), whilst Sue highlighted that information is only passed on “if our partner *chooses* to tell us” (line 512).

Additionally, participants reported that they did not receive any follow up communication with the military. Jessica noted that:

“I found, personally, that the welfare as a spouse was almost non-existent.”

(Jessica, lines 418-419)

It was suggested that the military should improve their communication with partners of veterans to make them feel more included. Alex suggested that:

“There’s actually a need for a spouses’ or partners’, em, transition workshop.”

(Alex, lines 207-208)

2.3.1.1.6 Systemic Transition

Some participants described transition as a ‘whole family’ process. Rosie defined transition as:

“Multidimensional for family, you know, you've got the spouse transitioning, you've got the children transitioning, you know, it does encompass all of it.”

(Rosie, lines 976-978)

Participants who were mothers described the impact that transition had on their children. Among others, Jessica noted that her daughter struggled with differences in parenting styles:

“I think it's hard because his expectations are higher than mine, and I think he pushes her a bit more, and I think that's hard for her.” (Jessica, lines 731-733)

Relocating during transition had negative mental health consequences for some participants' children. Describing her daughter, Alex reflected that:

“I still see now she's probably slightly more anxious [and] she was never an anxious child.” (Alex, lines 476-477)

In light of their experiences, participants described feeling that they (and often their families) should be included in transition planning throughout their partner's military career.

2.3.1.2 Coping

Participants discussed ways they coped with their experiences of transition. This included personal coping mechanisms and support from others.

2.3.1.2.1 Personal Support

Participants reported receiving support from friends and family, which helped them to cope with transition. Ellie reflected that “my parents [and] my stepmom helped me a lot” (line 472), whilst Jane reported that “my mum is my support, and my sister” (line 611).

Some partners noted that connection with other partners of veterans provided support. Daisy described a shared understanding and language among partners of veterans:

“So you always have that, kind of, short hand with people who have served or have served as Naval wives. Because we've all got, you know, the stories.”

(Daisy, lines 452-454)

Some participants reflected that religious faith and community was a source of support. Lily described:

“I’ve got a lot of comfort and things from church...I did get, you know, a lot of support.” (Lily, line 870)

Additionally, it was noted that partners relied on personal networks due to a lack of formal military support during transition. Daisy highlighted that:

“There was plenty of personal support around [but] not official.” (Daisy, lines 768-769)

2.3.1.2.2 *Employment*

Participants described their employment as a source of security post-discharge. Alex cited using work to cope during transition:

“I absolutely invested all my time into work...so that, you would argue, was a support mechanism.” (Alex, lines 567-569)

Participants reflected that work also provided stability in a time of uncertainty. Sue reported that:

“Having full time employment was incredibly useful, because it gave me stability.” (Sue, lines 698-699)

Employment helped participants maintain a sense of identity outside of the military when their partners left services, as Daisy described:

“Fortunately I had my own little job...so I had that, that didn’t change for me,

because I was still ‘Daisy’ at work.” (Daisy, lines 433-435)

2.3.1.2.3 Resilience

Participants described relying on their own resilience when navigating transition.

Annie described herself as “quite a strong woman” (line 376), whilst Lily noted that it was helpful that she is “quite pragmatic” (line 655).

Participants reflected that tough experiences during their partner’s deployment helped them develop resilience and made them into stronger people. Jessica noted that:

“For me, it's been a really positive sort of life experience that’s shaped me into a better person, definitely.” (Jessica, lines 837-838)

Other participants described how their previous experiences of autonomously negotiating change or adjusting to new experiences helped them to support their partner post-discharge. Clara reflected that it was helpful that:

“I was independent before I met him, I had my own house before I met him, so I’d almost already done that journey before him.” (Clara, lines 697-698)

Additionally, partners described how ‘self-care’ helped them build resilience. Alex noted several helpful ways she cared for herself:

“I would have a bath. And also, like, holidays and mindfulness a little bit”
(Alex, lines 1008-1009)

2.3.1.3 Supporting

Participants discussed how they supported their veteran partner during transition. Lily described how this helped her and her partner collaboratively navigate transition:

“You need somebody to navigate [transition] with.” (Lily, lines 449)

2.3.1.3.1 Practical Support

Participants described practically supporting their veteran partner during transition.

This included support in finding work. Jessica noted that she helped her husband by:

“Formatting and doing most of his CV for him, and then he tweaked it.”

(Jessica, lines 217-218)

Some participants reported taking responsibility for household tasks, where their partners lacked these skills post-discharge. Others financially supported partners who struggled to find employment. Lily reflected that:

“I was paying everything, I was doing extra work on top of that to keep us afloat.” (Lily, lines 370-371)

Other participants described how practical skills they had developed managing the household during their partners’ deployment assisted them in supporting their partners during transition. Lauren explained:

“I do all the DIY in our house. Well, I always have done because, obviously, when things go wrong and he's the other side of the world.” (Lauren, lines 268-269)

2.3.1.3.2 Emotional Support

Participants reported providing emotional support to their partners during transition.

Sue recalled how communicating her belief in her husband’s abilities helped him psychologically:

“So giving him the confidence in me telling him that I knew that he would get a job, gave him confidence, so that was hugely useful.” (Sue, lines 672-673)

Additionally, Ellie reported that she gave her partner the “push to realise that he needed to do something” (lines 710-711), whilst Annie noted that she emotionally supported her partner by “keeping him on the straight and narrow” when he left the military (line 406).

2.3.1.3.3 Unacknowledged

Participants reported that the support they provided to their partners was often unacknowledged. Jane described feeling invisible at times:

“I think they’re blind to that, blind to that side.” (Jane, lines 258-259)

Others noted that this absence of explicit acknowledgement of support was tied to the military’s expectation that partners would support veterans, as well as the wider family. Jane also noted:

“I think they tend to leave it to the wives...because they know things get done.” (Jane, lines 496-498)

Daisy also highlighted that partners are expected to “jolly well get on with things and not make a fuss” (line 828).

Whilst there was a shared sense of support being overlooked by the military establishment, some participants noted that when their veteran partner returned home, they gained a new insight into the support partners provide. Sue reflected that:

“Him seeing how much time I spend on teams meetings, chatting to various

staff and how much report writing I do he's, it's shifted the balance.” (Sue, lines 346-348)

2.3.2.3.4 *Rejection*

Participants reported that their partners often struggled to accept their support. Jessica noted that her husband “doesn’t take any guidance particularly well from me” (lines 212-213), whilst Maria reflected that her husband “hates being told what to do” (line 367).

The influence of traditional gender roles was discussed as a potential contributing factor for partners rejecting their female partner’s support. Jane reflected that:

“I think sometimes you don’t want the wife, they don’t want their partners supporting them. Again its bravado.” (Jane, lines 354-355)

Furthermore, it was noted that pride may prevent veterans from seeking or accepting their partner’s support. Jessica felt that from being in the military:

“Soldiers have a lot of pride, and I think they won’t ask for help.” (Jessica, line 328)

2.3.2 *Contextual Influences*

2.3.2.1 *Military Experiences*

Participants discussed how their partners’ and their own military experiences played a role in how they navigated transition.

2.3.2.1.1 *Transition Planning*

Participants described how planning impacted on their transition experiences. Alex

reported a lack of planning before her husband left:

“I don't feel we were properly prepared for our transition, em, and I don't think it happened soon enough.” (Alex, lines 937-938)

Partners of higher-ranking veterans noted that their partners often received less time to prepare for discharge compared to their colleagues. Rosie noted:

“I got frustrated at times that his chain of command didn't give him the time he needed for his resettlement courses, because he was in such a tough role.” (Rosie, lines 330-333)

Furthermore, participants reflected that their partners had little insight into the civilian world due to lack of exposure and transition planning. Lily described her partner as:

“Unaware of what was going on in the outside world...[because] he's always been very sheltered, and it's almost like, like I said, he went in at 17 and he was still 17 up here when he came out.” (Lily, lines 299-303)

2.3.2.1.2 Military Identity

Participants discussed how their own identity as a military spouse during their partner's service influenced transition. Daisy reflected that she identified strongly as a military wife, which resulted in her losing a sense of belonging when her husband left services:

“I hadn't realised how much my self-esteem was caught up in my husband's status within the Navy.” (Daisy, 541-542)

Others described sacrificing their career progression whilst their partner was in the

military, particularly if they followed their partner to host countries whilst he was deployed. Some participants felt that this contributed to them having fewer work opportunities post-discharge. Alex noted:

“I believe it genuinely compromised my opportunities for work.” (Alex, line 861)

Others reported actively deciding not to be a traditional military wife, which helped them to retain a sense of self during transition. Maria reflected:

“I think some wives...could go on their husband’s role. So for them it was almost a transition from a military personal to a civilian....it was a sort of ‘them and us’, kind of thing. Whereas I never, ever thought about it as ‘them and us’.” (Maria, lines 900-905)

However, whilst participants who did not identify strongly as a military spouse noted some benefits, it was highlighted that this can leave partners feeling even more isolated from the transition planning process.

2.3.2.2 Interpersonal Factors

Participants described how their relationship with their partner, and their partner’s personality, helped with navigating transition, or was problematic and an additional source of difficulty.

2.3.2.2.1 Communication

Participants described communication with their partners. Jessica reflected that clear communication helped with the transition process:

“I think talking, like I said I think we've got quite a strong relationship and we're very lucky and we do talk and we're both, sort of, patient.” (Jessica, lines 788-789)

Others noted communication difficulties, which became particularly noticeable when their partner was leaving the military. Some participants reflected that the military teaches veterans *not* to communicate, and that this poses difficulties in the civilian world. Ellie described her partner as:

“He's always not been very good at communicating but this time I felt like it was worse.” (Ellie, lines 241-242)

Some participants acknowledged that a breakdown in communication reflected a relationship breakdown during transition. Jane shared that:

“We were arguing constantly and, you know, em, it just got to a point where he was gonna leave, I was gonna leave.” (Jane, line 330)

2.3.2.2.2 *Partner's Personality*

Participants described how their partner's personality influenced their experience of transition. Annie described how her partner's pragmatic character helped them both to navigate transition:

“He's very accepting of the situation, so he's dead black and white in his thinking. So he's just like ‘well that's the situation so we're just gonna have to deal with it’.” (Annie, lines 276-278)

Others described how aspects of their partner's character helped them to re-enter civilian life, with Daisy describing her husband as:

“An ambitious man, and pretty bloody clever...So he was going to be able to make a success of civilian life.” (Daisy, line 746)

Additionally, some participants reflected that their partner’s strong personalities heavily impacted family life during transition. Jessica described that when her husband returned home it was:

“Kind of interesting, because of the force that he is.” (Jessica, line 232)

2.3.2.3 Veteran’s Experience

Participants reported that their partners’ individual experiences of transition influenced their own experiences of navigating change.

2.3.2.3.1 Employment

Participants described their partner’s experience of finding work post-discharge. Lauren noted that, when her partner found work quickly, it helped him to adapt to civilian life:

“Luke applied for the job and, bingo, he got the job...So, really, it couldn't have been smoother or happier.” (Lauren, lines 152-154)

Participants also described that when their partner found work, it eased their concerns about transitioning. Jane highlighted:

“It all sort of, it calmed down a bit when he got a job.” (Jane, line 331)

Others discussed how their partners struggled to find work when they left, including Sue’s husband who found seeking employment “quite difficult...despite his best efforts” (lines 147-148).

Some participants attributed their partner's difficulties finding employment to either a lack of specific support with job seeking (with the military providing only general careers advice), or in some instances, perceived discrimination or prejudice in the civilian workplace towards veterans. Jane noted:

“Now that [job support] is not there as much it's, it's quite daunting for people.” (Jane, line 202)

“So they interviewed him and then just, sort of, threw him to the wind and said ‘no’ ... ‘We're not taking on ex-forces’ or something, even though they'd sign the covenant.” (Jane, lines 543-545)

Participants noted that their partner's employment was one of the most influential factors in how they experienced transition themselves. Lily explained:

“It had obviously a knock on effect on everything, I think that was the biggest difficulty for me, was the, the unemployment.” (Lily, lines 158-160)

2.3.2.3.2 *Mental Health*

Some partners described the adverse impact that serving in the military had on their partner's mental health. Jane reported:

“It took a turn on his mental health....he was just not himself. He went from a really calm, down to earth person to a really aggressive, angry person.” (Jane, lines 251-263)

Participants whose partners experienced mental health difficulties reported that it negatively influenced their relationship during transition. Clara described:

“It’s like walking on eggshells is probably the best way of describing it.”

(Clara, line 536)

Other participants described the systemic impact of their veteran partner’s mental health. Daisy reflected that when her partner suffered, so did she:

“I think he struggled, struggled a lot. And that meant that that I struggled.

Because that’s what it’s like when you're married.” (Daisy, lines 608-609)

Stigma and a lack of support from the military were also discussed by participants, with Ellie noting that stigma resulted in her partner not seeking support from the military for his mental health.

2.3.2.4 Timing

Participants described the influence of timing on their transition experiences, in particular the timing of resettlement and discharge in relation to their own stage of life.

2.3.2.4.1 Life Stage

Participants described their life stage as an important contextual factor when navigating transition. Where veterans had young children, this appeared to help them transition well into family life. Lauren reflected that being a father gave her husband a sense of purpose post-discharge:

“He was able to be a father, a proper father to his children, which is what the motivation was for leaving in the first place” (Lauren, lines 446-447)

Others noted that leaving services earlier assisted their partner in gaining civilian

employment. Daisy commented that her husband:

“Wanted to leave while he was still young so he could get a job on civvy street.” (Daisy, lines 215-218)

Additionally, Sue reflected that as her partner left services later in life, it coincided with retirement, which felt like an “easing off” of responsibility for them both (line 734).

2.3.2.4.2 Relocating

Participants who relocated during the transition period described how the timing of their move influenced their experience.

Those who relocated prior to their partner’s discharge reported that it helped them to feel settled. Rosie explained:

“I think we definitely made it easier, by, by not moving at the same time.”
(Rosie, line 678)

Furthermore, participants reflected that they would have struggled to relocate whilst their husband was leaving services, as Jessica explains:

“I can't begin to imagine how difficult it would be if you were being rehomed, the children were being, like, re-schooled.... I think that would be a ticking time bomb.” (Jessica, lines 349-351)

Where participants relocated at the time of discharge the transition process was described as more difficult due to multiple demands. Jane described having to find work and a new home made the transition experience “horrendous” and “stressful”

(line 250).

2.3.2.4.3 Discharge

Participants discussed how the timing of their partner's discharge influenced their own transition experience. Sue discussed the benefits of her partner having a planned discharge:

“He was in a fortunate position that he'd worked for 40 years, had always known that he was going to be leaving.” (Sue, lines 255-256)

Others described how having an unplanned discharge negatively impacted their transition experience, with Jane noting that transition was:

“Actually quite bad to be honest, because he was medically discharged...things just went the opposite direction. And then, pfft, that was it, we lost where we were going” (Jane, lines 168-240)

Furthermore, participants highlighted that their partners' experiences of discharge had an impact on their attitude towards the military now, with Ellie reflecting that her partner was “upset and angry” when he left the army (line 507), whilst Jane described feeling like the military “threw them to the wind, they don't care” (lines 543-544).

2.3.4 Negotiating the Uncertainty of Transition

Participants described transition as an undefined concept, resulting in feelings of uncertainty. Alex described the juxtaposition of transition in relation to all other stages of a veteran's career:

“I'd love them to give me a little bit...of information to say well, actually, this

is how long officially your transition is, because that's what we're so used to, being officially told everything.” (Alex, lines 948-950)

Furthermore there was variation in how participants and their veteran partners defined transition. Some participants, including Ellie, reflected that their partners understood transition as:

““Oh, I’m just coming out of the Army’, like there's nothing, he was just so blasé about it.” (Ellie, lines 540-541)

However, participants reported that they understood transition as a *process*, which takes time. Alex described transition as a “whole process” (line 935) that starts prior to a partner leaving the military, and continues post-discharge.

Some participants reported that their partner’s transition was still on-going. Jane reflected that her husband “still hasn't gotten there” (line 744).

Additionally, some participants did not feel the term transition adequately captured the multifaceted experiences surrounding their partner’s discharge and journey into civilian life. Rosie noted:

“The term, it’s multidimensional for family, you know, you've got the spouse transitioning, you've got the children transitioning, you know, it does encompass all of it... I think resettlement is a more, I don't know, somehow is a nicer term.” (Rosie, lines 976-979)

It was highlighted that, due to a lack of clarity regarding transition, partners and veterans often felt powerless during this time of change. This was summarised by Lauren, who stated that:

“I think we were just heading towards this, this thing that was going to happen and there was nothing we could do about it.” (Lauren, lines 163-164)

2.4 Discussion

Grounded theory analysis led to the development of a three-level theoretical model explaining how partners of veterans navigate military transition. The study findings showed that participants experienced a sense of loss during transition, particularly if they previously identified strongly as a 'military' spouse. This accords with research by Walker (2015), who noted that veterans experience loss and struggle to integrate their military and civilian identities post-discharge. Additionally, participants reported feeling disappointed and encountered unexpected challenges while their partner was adjusting to family life. Interestingly, previous research by Verey and Smith (2012) similarly found that veterans struggled to re-establish themselves into the family unit post-discharge.

Participants also described feeling excluded from transition planning. This corroborates findings from Wilson and Murray's (2016) study, which found that partners often feel 'out of the loop' when their military partner is deployed.

Furthermore, it was noted that transition is a systemic issue affecting the whole family, including children. This is in line with research by De Pedro et al., (2011) who noted that children experience a sense of joy but also stress when readjusting to a parent's return home.

Participants also reported that they relied on their own resilience, developed during their partner's military career, to help them cope with transition. This accords with research by Wilson and Murphy (2016), who found that military spouses develop a sense of self-sufficiency whilst their partners are deployed. Wilson and Murphy's (2016) research also concurs with this study's finding that participants are expected to provide practical and emotional support to their family, with military spouses of

deployed personnel reporting a sense of having ‘relentless’ responsibilities.

Participants in the current study reported that their veteran partner often rejected their support, which is in line with research by McDermott and colleagues (2017) who found that traditional masculinity ideologies might prevent veterans from seeking support from personal networks.

The study indicates that the contextual influencers of discharge timing and lack of planning can affect transition. This is reflective of research by Libin and colleagues (2017), who found that veterans who experienced unplanned military discharge struggled to ‘fade their military identity’ prior to leaving services. Additionally, partners reported that they sacrificed their careers whilst their husbands were enlisted, which caused difficulties during transition. This is in line with research by Castaneda and Harrell (2008), who noted that almost two-thirds of veterans’ partners believed the military negatively impacted their career development.

The relationship difficulties described by participants in the current study accord with the Relational Turbulence Model (Knobloch & Theiss, 2012), which suggests that significant life transitions can result in a breakdown in communication between partners. Furthermore, the negative consequences of participants’ partner’s mental health difficulties on their own wellbeing is in line with research by Doncaster et al. (2018), who found that living with a veteran with PTSD made partners feel like they were ‘walking on eggshells’ around them.

Participants also reported that their veteran partner’s experience of finding employment had a significant influence on their own experience of transition. This accords with research that indicates the negative consequences unemployment has on an unemployed person’s, particularly female, partner (Knabe et al., 2016).

Additionally, the finding that life stage plays an important role in veterans and their partner's experiences of transition is consistent with evidence suggesting that older adults are able to cope with life changes and stress more effectively than their younger counterparts (Aldwin, 2011).

In relation to the uncertainty associated with negotiating transition, previous research has noted that transition is a difficult concept to operationalize. Binks and Cambridge (2018) found that British military veterans varied in their understanding of how long the transition period lasts, ranging from weeks to years depending on their relationship and identity with the military. Elsewhere, it has been noted that transition, particularly when unplanned, left US veterans and their families with a sense of anticipation about what would happen in an unknown future (McKinney, 2017).

2.4.1 Limitations

Although the study aimed to recruit both male and female partners, all participants in the study were female. Furthermore, they all identified as White British, as did their veteran partners. Whilst the majority of partners of UK veterans fit this demographic (MOD, 2019b) the experiences of partners of female veterans may be different to the experiences of current participants, particularly as it has been noted that female veterans are more likely to report difficulties adjusting to life post-deployment (Jones & Hanley, 2017). Additionally, Shorer et al. (2018) found that veterans from diverse ethnic backgrounds serving in the UK military reported feelings of being treated differently to other veterans and feeling invisible when seeking support. Thus, the current findings may not reflect the experience of all partners of UK veterans.

A further limitation of the current study is the potential impact of participation bias on data collection. It has been found that those who have had adverse experiences are

more likely to engage in research about adversity (Slonim et al., 2012). Thus, the experiences captured in the current study may be skewed towards difficult transition experiences. However, a number of the participants noted that they navigated transition well, and hence both challenges and positive experiences associated with military transition were captured.

A final limitation of the current study is that the duration of the relationship between participants and their partners was not captured. It has been reported that, during conflict, couples that are in long-term relationships are more likely to report adaptive communication when compared to those in short-term relationships (Stewart, 2012). Thus, the length of participants' relationships may have influenced how they navigated military transition and communicated with their veteran partner during this time of change.

2.4.2 Clinical Implications: Policy and Practice

One of the key findings from the current study is that transition is an ambiguous process, for which partners feel unprepared and excluded. Although the MOD has produced transition information for veteran families, including a timeline of what to do to prepare for discharge (Naval Families Federation, 2018), participants noted that they did not receive direct communication from the military whilst their partner was enlisted. Thus, available information is not necessarily accessible for veteran families. Furthermore, it was noted that follow-up care from the MOD was not received, indicating that support is not adequately meeting veterans and their family's needs post-discharge. Consequently, military leaders should review ways in which information is disseminated to military families both prior to and post-discharge, to ensure that the material is accessible to all who need it.

Another key finding from the current study is a perceived lack of planning for transition, which can lead to unexpected difficulties during this time. The army has a mandate for all serving personnel to engage in transition Individual Planning and Personal Development (IPPD; MOD, 2020b) throughout their career, which involves preparing for discharge continuously and progressively throughout service life. However, it was highlighted by participants that their partners were not always given adequate time to engage in transition planning, particularly when serving in higher-ranking roles. This was the case for partners of veterans in this study who served after IPPD was mandated, and indicates that the policies implemented by the MOD are not always adhered to. Some participants noted that, if families were more involved in transition planning, they would be able to plan for and navigate transition jointly with their partner. It seems important that family involvement in IPPD is prioritised, and policy makers should review how military personal are engaging in this initiative.

Another important finding relates to the negative impact of unemployment on veterans and their partner's wellbeing. Whilst the MOD offers service personnel support in finding civilian employment through a Career Transition Partnership (CTP; MOD, 2015c), it was noted by participants that it offered only generic information and did not directly help their partner find employment. This finding should inform policy considerations regarding the support offered to veterans through the CTP, with the adoption of a more individualised approach recommended.

The influence of veterans' mental health on the experiences of partners is another important finding. The MOD has recently developed the Defence Transition Services (DTS; MOD, 2020c), which aims to provide support to veterans and their families who are most likely to face challenges as they leave services, notably those

experiencing mental health difficulties. As this initiative was developed after participants' partners left services, findings from this study do not indicate whether the DTS is in fact addressing the needs highlighted by participants. However, the study findings do indicate that systemic approaches such as family therapy may be appropriate given the reported impact of veterans' mental health difficulties on the family. However, further research is required about the efficacy and effectiveness of such approaches when used with military families before the National Institute for Health and Care Excellence can recommend it as a treatment option (NHS, 2013).

Participants also discussed sacrificing their own careers during their partner's military career but noted that having employment post-discharge was an important coping mechanism. The Partner Career Support Programme (PCSP; MOD 2020d) is a recent initiative by the MOD, and helps partners of military personnel find meaningful employment by offering support with flexible working and wraparound childcare. Similarly to the DTS, the PCSP has been implemented since the current study was conducted but it appears to be a potentially positive initiative.

Finally, participants consistently reported that military transition was a stressful experience, indicating that partners need to be emotionally supported during transition. Partners of veterans may therefore benefit from formal support groups to share their concerns and offer peer-led advice, as support groups for partners of veterans with PTSD have been found to be effective (Turgoose & Murphy, 2019).

2.4.3 Future Research Recommendations

Future research could build on the current study by including male partners of veterans, or partners of UK veterans from ethnic minorities, to establish similarities and differences, and assess the transferability of the theoretical model developed here.

The MOD could also conduct regular audits, in order to assess how veterans and their families access the support already in place (e.g. the DTS and PCSP initiatives). In addition, research on the efficacy and acceptability of family therapies could be undertaken, in order to evaluate whether the systemic impact of veterans' mental health difficulties on the wider family could be addressed in mental health services.

2.5 Conclusion

This study examined how veterans' partners experience, cope with and support veterans during military transition. A three-level theoretical model was developed, which describes how partners navigate the process of transition, with both core and contextual influences considered.

Whilst the MOD has attempted to address the needs of veteran families by developing new services and information on transition, this research shows that veterans and their partners would benefit from a more accessible, inclusive and individualised approach to transition planning. Ultimately, this could be underpinned by making transition a better-defined concept and by both listening to and taking account of the perspectives of those who support veterans during this time of change, most notably their partners.

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Chapter III: Reflective Paper

Using Ecological Systems Theory to Explore the Research Journey

This paper has not been prepared for submission to any journal.

3.1. Introduction

This chapter outlines my reflections whilst conducting research on refugees and asylum seekers (Chapter I) and with partners of veterans (Chapter II). It has been noted that qualitative researchers themselves form an active part of the research process, particularly when using a constructivist grounded theory approach, which assumes that data cannot be separated from a researcher's own assumptions (Charmaz, 2006). This chapter draws upon Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1992) to consider how my own background, assumptions and experiences may have influenced aspects of the research process in relation to the systematic literature review and the empirical paper. The primary focus is on the latter chapter but reflections on Chapter I are also referenced where appropriate.

3.1.1 Reflection in Clinical Psychology Research

Reflective and reflexive practice is an important process in healthcare research (Karin et al., 2007), on-going personal and professional development (Health Professions Council, 2021) and clinical psychology training (Gillmer & Marckus, 2003).

Throughout my clinical training I have relied heavily on reflective practice to track and assess my personal and professional development. Consequently, throughout the process of conducting my thesis research, I have carefully considered how I might be influencing the research process. This has included keeping a reflective journal, receiving on-going research supervision and speaking with other trainees. This helped mediate the potential influence that my background, assumptions and experiences may have had on the research process, using Bronfenbrenner's (1992) Ecological Systems Theory as a tool to aid in the reflective process.

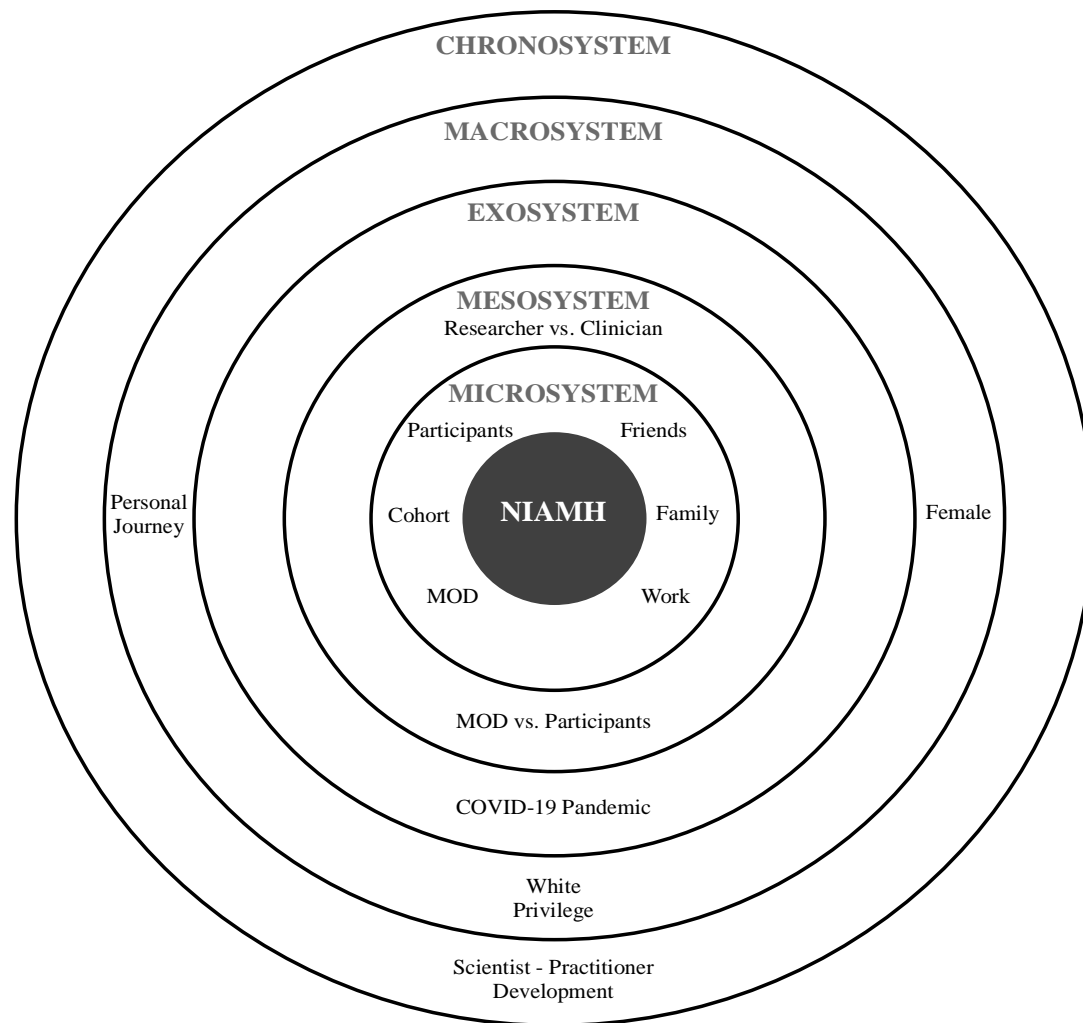
3.1.2 Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory is typically applied to child development, but has been adjusted to encompass human development across the lifespan (Perron, 2017). It explores development as a complex system of relationships, affected by multiple levels of a person's environment, including their microsystem, mesosystem, exosystem, macrosystem and chronosystem. The microsystem is regarded as the most influential, however all systems are interrelated, and therefore all must be considered when understanding a person's development (Bronfenbrenner, 1992). This model was used as a reflective tool due to the systemic nature of the study, and the wider contextual factors influencing the research process, most notably the COVID-19 pandemic. My own ecological systems are considered below, to understand my development as a researcher and individual during this research journey.

3.2 My Research Journey

Figure 3.1.

My Research Journey using Bronfenbrenner's Ecological Systems Theory



3.2.1 The Microsystem

The microsystem details the factors that are present in an individual's immediate environment, including relationships with family, work and the local community (Bronfenbrenner, 1992). My microsystem includes my family, friends and other trainees, but also, importantly, my relationships with participants, my experience whilst on a specialist placement and my interactions with the Ministry of Defence

(MOD).

Coinciding with data collection I started a specialist placement in a veteran's mental health service, where I worked clinically with military veterans. Stories from service users about a perceived lack of aftercare by the military reflected the content of the interview data I was collecting from participants. Furthermore, clients discussed interpersonal difficulties and relationship breakdowns, making me acutely aware of the systemic impact that mental health difficulties have on military families. I felt immersed in the world of the military, as my knowledge of military culture increased during my placement and also through talking with partners of veterans. Furthermore, I formed relationships with some employees in the MOD who were responsible for transition planning, and these interactions widened my knowledge of military structures and policies.

However, at times I felt overwhelmed by the intensity of military-related information in my immediate environment. Research indicates that civilians working in military communities are often met with distrust due to a lack of perceived understanding (Garcia, 2017) and, as a civilian, I often felt like an outsider. I tried, therefore, to compensate by spending hours studying military terminology and processes, which at times left me feeling depleted as I was undertaking this alongside other clinical and research duties.

I also noted that my experiences on placement influenced the assumptions I brought to the research process (Norris, 1997). This was illustrated in the first interview I conducted after starting my specialist placement. During transcription of the interview I reflected that I spent a significant amount of time discussing the influence of alcohol on transition, despite the participant herself not noting it as a significant problem for

her or her husband. My preoccupation about discussing the role of alcohol misuse was informed by my work with service users, who described alcohol as a major factor influencing their transition, and research that identified alcohol misuse as prevalent among veterans (Burnett-Zeigler et al., 2011).

In order to mediate the influence of the assumptions I held, I engaged in a bracketing interview with my supervisor. Bracketing is an important part of qualitative research as it allows a researcher to identify any assumptions, values or preconceived ideas that may influence the collection and interpretation of a study's findings (Tufford & Newman, 2012). Increased self-awareness developed through this process enabled me to challenge my assumption that veterans on placement had parallel experiences to the partners of research participants. I also acknowledged, during supervision, the burnout I was experiencing as a result of my desire to know 'everything military'. Indeed, I learned that conducting research as an 'outsider' can help a researcher remain curious during data collection (Dwyer & Buckle, 2009). I began to access other parts of my microsystem, including friends, family and other trainees, to mitigate my feelings of burnout, as research shows that self-care is essential when managing stress during clinical psychology training (Kaeding et al., 2017).

3.2.2 The Mesosystem

The mesosystem incorporates the *interactions* within a person's immediate environment, and the difficulties arising when there are conflicts between different parts of the microsystem (Bronfenbrenner, 1992). During my research journey, I experienced conflicts between the perspectives that participants in the study shared with me and the interactions I had with MOD staff. Additionally, I experienced a conflict between my roles as clinician and researcher.

When I was first approached by the MOD to discuss my research, I felt excitement about the real-life implications my empirical study might have. However, as I spoke with staff, I noticed incongruences between the support to veteran families they described, and the stories I heard from participants. Indeed, participants reported a sense of being let down by the military, and voiced concerns that transition policies are developed by corporate staff that do not know the practical difficulties associated with leaving the military. Therefore, when I spoke with corporate MOD staff, I felt drawn into an internal battle between holding onto participants' concerns, whilst acknowledging the support that *is* being offered by the MOD. To help mediate this I reflected, during supervision, that as an independent researcher, I do not hold any alliances with organisations, including the MOD (Lovitts, 2008). Furthermore, during the write-up stage of the research process, I included direct quotes from participants, and referenced these in relation to policies and support offered by the MOD. This helped me to present my research in a way that was balanced yet congruent to the stories of participants, as my primary objective for the research study was to amplify the voices of partners of veterans and ensure that their perspectives were adequately represented.

Conflicts also arose between my roles as a clinician and researcher. It has been widely documented that researchers must find an ethical balance between their position as researcher and their obligations to act in the best interests of participants (Haverkamp, 2005). When speaking with participants about their experiences, I was reminded of the narratives I heard when working with veterans on my placement. I was challenged to not respond to participants in the manner in which I interacted with clients, as grounded theory discourages the use of interpretations and therapeutic exploration (Charmaz, 2006). Indeed, when transcribing the first interview I conducted, I noted

that I made several interpretations about the participant's experiences, and although I held those tentatively, it highlighted the difficulties I had when navigating the interviews as a researcher rather than clinician. This is illustrated in the passage below, taken directly from the interview's transcript:

“Participant: I remember the house was pebbledash *brown*...the window frames on all the other houses were *brown*. And the clouds were *brown*.
(laugh) And I just felt very, like, kind of, just like suppressed like everything had just gone a bit wrong....

Researcher: So it sounds like, actually, just before you left and returned back home, the brown everywhere on the outside is what you were feeling on the inside?” (Jessica, lines 525-584)

By reflecting on these interpretations, I noted that I must actively distinguish between my roles as a researcher and practitioner. In particular, I considered how I could incorporate my empathic and compassionate style into the research process without adopting the role of a therapist. It is recognised that boundaries are an important part of researcher-participant relationships, and that researchers must maintain a balance between being too close to, or too far removed from a participant's story (Gilbert, 2001). I learned that, whilst interpretations and engagement in therapeutic exploration are not appropriate during research interviews, participants may benefit from having their stories heard through curious and gentle questioning. This is consistent with literature that shows that research can provide participants with an outlet to have their voices amplified, develop a deeper sense of self-awareness and lead to a sense of empowerment (Hutchinson et al., 1994). Indeed, many participants reflected that engaging in the interview process was a therapeutic and cathartic experience. Thus,

whilst my primary role was that of a researcher, my clinical skills helped participants to tell their stories about transition in a safe and supportive way.

3.2.3 The Exosystem

The exosystem encompasses both formal and informal social structures that indirectly influence an individual's development, including media or world events (Bronfenbrenner, 1992). The global COVID-19 pandemic (WHO, 2021) influenced how I conducted and engaged with the research process, as recent research notes that *what* and *how* psychological research is conducted has changed in response to this pandemic (Rosenfeld et al., 2020).

The research process started in 2019, prior to the UK national lockdown. Consequently, the plans I had made needed to be adapted to make the study viable. This understandably increased my anxiety, as I wondered how I would recruit and effectively conduct interviews during a time of considerable uncertainty.

Recruitment can be difficult in Doctoral research under normal circumstances (Namageyo-Funa et al., 2014) but the additional challenge I faced was recruiting participants during a national lockdown. I had formed relationships with staff in veteran centres across the Midlands region, where it was agreed I could advertise my study. However, as face-to-face contact was no longer permitted, I had to find alternative ways to recruit; namely through online platforms. I had to form new relationships with larger organisations, and I felt powerless when I did not get responses to emails or calls. I reflected on these experiences during supervision, where I considered how to reword emails in a succinct and assertive manner. I also made new connections by linking with the contacts I already had in place, and through this I learned about the importance of 'networking' during recruitment.

Indeed, literature shows that networking is an important part of developing leadership qualities as a student psychologist (Kois et al., 2016).

My anxiety was also apparent to me when conducting interviews with participants, as I feared I would not be able to form suitable connections virtually. This fear of disconnection mirrored the feelings I experienced during my clinical placement, where I worried I would not be able to develop relationships with clients or colleagues. Consequently, I applied the experiences I had during my placement when preparing to conduct research interviews online. In particular, I referred to literature about conducting therapy remotely, paying particular attention to factors such as setting the context prior to starting interviews, maintaining boundaries by conducting research in a confidential environment and offering regular breaks to help participants during the interview process (Inchausti et al., 2020). This provided further evidence that my role as researcher and clinician could be complementary, rather than distinct from one another (Hershenberg et al., 2012).

3.2.4 The Macrosystem

The macrosystem refers to the cultural influences impacting an individual's development, including socioeconomic status, ethnicity and gender (Bronfenbrenner, 1992). My identity as a white Irish female living in the UK certainly influenced the research process, in particular my identification with participants.

Research shows that participants and researchers will inevitably share similar experiences with one another, and that such similarities will influence the connection or disconnection between the interviewer and interviewee during the research process (Song & Parker, 1995). My own move to the UK in 2013 was a time of transition, and I struggled to adjust to life after leaving my home country. I experienced unexpected

challenges when moving to a country that had nuanced differences to Ireland and Irish culture, and, at times, I struggled to integrate into UK society. Thus, when partners of veterans noted that their expectations of having a 'happy life' were not met when their partner left the military, I identified with their feelings of disappointment, concern and loneliness. I also shared parallel experiences to the partners of participants, who noted difficulties when adjusting to the differences between military and civilian life. Similarly to military transition, I too understood my integration into UK society as a process that took time, and as such my own experiences of transition helped me empathise with the stories that partners of veterans shared (Dwyer & Buckle, 2009).

Furthermore, my identity as a white female, interviewing other white females, influenced my identification with participants. Research indicates that sharing similar characteristics with participants can result in interviewees potentially withholding their true attitudes or feelings in research, or the researcher possibly violating boundaries by over-identifying with participants (Dwyer & Buckle, 2009). However, during interviews I felt that participants spoke openly and honestly about their experiences, so that our shared characteristics helped to develop an easy rapport. Additionally, whilst I empathised with participants' experiences, I was acutely aware of research boundaries, and maintained a professional distance during the interview process (Grafanaki, 1996).

Conversely, I noted that my experiences were drastically different to those of refugees who formed the population under investigation in my narrative synthesis. Whilst I had experienced some challenges, my experiences of integration into UK society were vastly different to those of refugees and asylum seekers. Indeed, as a privileged white westerner with UK residential status, the inequality between those I was studying in

the literature review and myself felt uncomfortable.

I considered how my own identity as a white, female trainee clinical psychologist influenced various aspects of my life, including the research process, and acknowledged the relatively powerful position I hold through my identity (Heinze, 2008). I understood that I could use my position to give voice to a population who are marginalised in UK society, in particular by disseminating findings from my narrative synthesis. As a result, I arranged to discuss my findings at a local refugee mental health service post-examination, and considered other platforms, such as research journals and conferences, where I could share my research to bring about change for others.

3.2.5 The Chronosystem

The chronosystem consists of all of the environmental changes that occur over a lifetime, including major life transitions (Bronfenbrenner, 1992). As this research was conducted over the course of Doctoral training, I was, and currently still am, in a process of both professional and personal transition. In particular, my initial assumptions about the value of research in the field of clinical psychology were challenged, as I developed into a scientist-practitioner.

Having taken Bachelors and Masters degrees, I was well versed in engaging in academic work and learning. However, when I started Doctoral training, I was eager to engage in practice-based learning, as my desire was always to be a clinician rather than an academic. Despite this, as I began the research process on a topic I was passionate about, my beliefs about academic research were quickly dispelled. Of particular note was the potential to publish my research and add to the evidence base and in doing so, give voice to people who are often ignored. As this is a value I hold

strongly in clinical work, I could see the implications of this aspect of my thesis research for clinical practice. This motivated me to remain enthusiastic, particularly when I encountered the aforementioned difficulties related to the COVID-19 pandemic. Additionally, as I developed as a clinician, I too developed as a more thoughtful, considered and proficient researcher, particularly when conducting interviews. Importantly, through engaging in the research process, I understood what it really means to be a 'scientist-practitioner', recognising that my development as a clinician and researcher is inevitably interlinked and interdependent (Beutler et al., 1995).

3.3. Conclusion

This chapter provides a reflective account of the research process, using Bronfenbrenner's (1992) Ecological Systems Theory. My immersion in military culture felt overwhelming at times, however by accessing other parts of my microsystem, I could mitigate the risk of burnout associated with undertaking research in an unfamiliar field. Furthermore, through on-going reflective practice, I challenged the assumptions I held about participants and their partners, which were inevitably influenced by my experiences whilst working in a veterans' mental health service. I also experienced a sense of conflict between my roles as clinician and researcher. However, by considering the clear boundaries between research and therapeutic work, I could incorporate my personal style into making the research process a supportive space in which participants could safely share their experiences.

The impact of the COVID-19 pandemic has inevitably influenced how I engaged in the research process, whilst the skills I was developing as a practitioner helped me when building new professional connections and conducting interviews virtually. I was also faced with challenges in conducting research with participants who shared similar experiences to my own. However by retaining appropriate boundaries, I could use these similarities to empathise with their stories and build rapport. Importantly, it was when I noticed differences between my experiences and those of refugees and asylum seekers, that I was challenged to explore how my privileged position could be used to support the voices of those often marginalised. Indeed, as I understood the role that research could play in capturing the experiences of others, I developed an understanding of the importance of research in clinical psychology, seeing that both clinical and research competencies are an essential part of working as a reflective,

sensitive and proficient scientist-practitioner.

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Appendices

Appendix A. Author Guidelines for the Journal: Ethnic and Migration Studies

The author intends to adjust Chapter I to fulfil these guidelines post-viva.

About the Journal:

Journal of Ethnic and Migration Studies is an international, peer-reviewed journal publishing high-quality, original research. Please see the journal's Aims & Scope for information about its focus and peer-review policy.^{[1][SEP]} Please note that this journal only publishes manuscripts in English.^{[1][SEP]} Journal of Ethnic and Migration Studies accepts the following types of article: Original articles only.^{[1][SEP]} Use these instructions if you are preparing a manuscript to submit to Journal of Ethnic and Migration Studies. To explore our journals portfolio, visit Taylor & Francis here. For more author resources, visit our Author Services website.

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- the manuscript contains nothing that is abusive, defamatory, libellous, obscene, fraudulent, or illegal.

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Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

In addition to this, an anonymous version of the manuscript should be uploaded with ALL author-identifying information removed. This includes author names, institutional affiliations, and addresses, as well as any acknowledgements and statements about grant or other financial support for the research. If, in the opinion of the journal staff, the paper is not sufficiently anonymous, it will be returned to the

author without processing. If reference is made in the text to 'previous work by the authors' this should not have the author citation attached.

The anonymous title page must provide: the article title; an abstract (200 words, maximum); a list of 4-6 key words and word count. Key words should express the precise content of the manuscript, as they are used for indexing purposes. The anonymous title page should NOT include any author information.

Word Limits:

Please include a word count for your paper.^[1]^[SEP] A typical paper for this journal should be no more than 9000 words, including all printed appendices and references, but not including tables, diagrams or online appendices. Papers in excess of the upper limit will be returned to the author(s).

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- There are no strict formatting requirements, but all manuscripts must contain the essential elements needed to evaluate a manuscript: abstract, author affiliation, figures, tables, funder information, and references. Further details may be requested upon acceptance.^[1]^[SEP]
- References can be in any style or format, so long as a consistent scholarly citation format is applied. Author name(s), journal or book title, article or

chapter title, year of publication, volume and issue (where appropriate) and page numbers are essential. All bibliographic entries must contain a corresponding in-text citation. The addition of DOI (Digital Object Identifier) numbers is recommended but not essential. ^[1]_[SEP]

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1. Author details. All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCIDiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted. Read more on authorship. ^[1]_[SEP]
2. Should contain an unstructured abstract of 200 words. ^[1]_[SEP]
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5. Between 4 and 6 keywords. Read making your article more discoverable, including information on choosing a title and search engine optimization. ^[1]_{SEP}
6. Funding details. Please supply all details required by your funding and grant-awarding bodies as follows:^[1]_{SEP}For single agency grants^[1]_{SEP}This work was supported by the [Funding Agency] under Grant [number xxxx]. For multiple agency grants ^[1]_{SEP}This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx]. ^[1]_{SEP}
7. Disclosure statement. This is to acknowledge any financial interest or benefit that has arisen from the direct applications of your research. Further guidance on what is a conflict of interest and how to disclose it. ^[1]_{SEP}
8. Biographical note. Please supply a short biographical note for each author. This could be adapted from your departmental website or academic networking profile and should be relatively brief (e.g. no more than 200 words). ^[1]_{SEP}
9. Data availability statement. If there is a data set associated with the paper, please provide information about where the data supporting the results or analyses presented in the paper can be found. Where applicable, this should include the hyperlink, DOI or other persistent identifier associated with the

data set(s). Templates are also available to support authors.

10. Data deposition. If you choose to share or make the data underlying the study open, please deposit your data in a recognized data repository prior to or at the time of submission. You will be asked to provide the DOI, pre-reserved DOI, or other persistent identifier for the data set.
11. Geolocation information. Submitting a geolocation information section, as a separate paragraph before your acknowledgements, means we can index your paper's study area accurately in JournalMap's geographic literature database and make your article more discoverable to others. More information.
12. Supplemental online material. Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare. Find out more^[1]_{SEP} about supplemental material and how to submit it with your article.
13. Figures. Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our Submission of electronic artwork document.
14. Tables. Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.

Appendix B. Coventry University Certificate of Ethical Approval for Systematic Literature Review

"A Systematic Review of the Mental Health Outcomes of Creative Arts Therapies for Refugees and Asylum Seekers"

P121478



Certificate of Ethical Approval

Applicant: Niamh Grace
Project Title: "A Systematic Review of the Mental Health Outcomes of Creative Arts Therapies for Refugees and Asylum Seekers"

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Low Risk

Date of approval: 09 Apr 2021
Project Reference Number: P121478

Appendix C. Caldwell et al. (2011) process of quality assessments outline



Appendix D. Quality assessment framework results - Principal rater

Quality Framework	Feen- Calligan et al. (2020)	Grasser et al. (2019)	Schouten et al. (2019)	Beck et al. (2018)	Yukse (2018)	Meyer DeMott et al. (2017)	Rowe et al. (2017)	Ugurlu et al. (2016)
1. Does the title reflect the content?	2	2	2	2	2	2	2	2
2. Are the authors credible?	2	2	2	2	1	2	2	2
3. Does the abstract summarise the key components?	2	0	2	2	1	2	2	2
4. Is the rationale for undertaking the research clearly outlined?	2	2	2	2	2	2	2	2
5. Is the literature review comprehensive and up to date?	2	1	2	2	1	2	2	2
6. Is the aim of the research clearly stated?	2	0	2	2	1	2	2	2
7. Are all ethical issues identified and addressed?	2	1	2	1	1	1	2	2
8. Is the Methodology identified and justified?	2	1	1	1	1	1	1	1
Quantitative	Qualitative							
9. Is the study design clearly identified, and is the rationale for choice of design evident?	0	1	2	0	0	1	1	1
10. Is there an experimental hypothesis clearly stated? Are the key variables	1	1	1	1	1	1	1	1

clearly defined?									
11. Is the population identified?	11. Is the context of the study outlined?	2	2	2	2	2	2	2	2
12. Is the sample adequately described and reflective of the population?	12. Is the selection of participants described and the sampling method identified?	1	1	2	2	1	1	2	1
13. Is the method of data collection valid and reliable?	13. Is the method of data collection auditable?	2	1	2	2	1	2	2	2
14. Is the method of data analysis valid and reliable?	14. Is the method of data analysis credible and confirmable?	2	1	2	2	1	2	2	2
15. Are the results presented in a way that is appropriate and clear?		2	1	2	2	1	2	2	2
16. Is the discussion comprehensive?		2	1	2	2	1	2	1	2
17. Are the results generalizable?	17. Are the results transferable?	1	1	1	1	1	1	1	1
18. Is the conclusion comprehensive?		0	1	2	0	0	1	1	1
Score		29	20	33	28	19	29	30	30

Appendix E. Quality assessment framework results - Second rater

Quality Framework	Feen- Calligan et al. (2020)	Grasser et al. (2019)	Schoute n et al. (2019)	Beck et al. (2018)	Yukse k (2018)	Meyer DeMott et al. (2017)	Rowe et al. (2017)	Ugurlu et al. (2016)
1. Does the title reflect the content?	2	2	2	2	2	2	2	2
2. Are the authors credible?	2	2	2	2	1	2	2	1
3. Does the abstract summarise the key components?	1	0	2	2	1	2	2	2
4. Is the rationale for undertaking the research clearly outlined?	2	2	2	2	2	2	2	2
5. Is the literature review comprehensive and up to date?	2	1	2	2	1	2	2	2
6. Is the aim of the research clearly stated?	2	0	2	2	1	2	2	2
7. Are all ethical issues identified and addressed?	2	1	2	1	1	1	2	2
8. Is the Methodology identified and justified?	2	1	1	1	1	1	1	1
Quantitative	Qualitative							
9. Is the study design clearly identified, and is the rationale for choice of design evident?	0	1	2	0	0	1	1	1
10. Is there an experimental hypothesis clearly stated? Are the key variables	1	1	1	1	1	1	1	1

clearly defined?									
11. Is the population identified?	11. Is the context of the study outlined?	2	2	2	2	2	2	2	2
12. Is the sample adequately described and reflective of the population?	12. Is the selection of participants described and the sampling method identified?	1	1	2	2	1	2	2	2
13. Is the method of data collection valid and reliable?	13. Is the method of data collection auditable?	2	1	2	2	1	2	2	2
14. Is the method of data analysis valid and reliable?	14. Is the method of data analysis credible and confirmable?	2	1	2	2	1	2	2	2
15. Are the results presented in a way that is appropriate and clear?		1	1	2	2	1	2	1	2
16. Is the discussion comprehensive?		2	1	2	2	1	2	1	2
17. Are the results generalizable?	17. Are the results transferable?	1	1	1	1	1	1	1	1
18. Is the conclusion comprehensive?		0	1	2	0	0	1	1	1
Score		27	20	33	28	19	30	29	30

Appendix F. Inter-rater reliability coefficient (Kappa) outputs for all papers reviewed

Paper	κ value	Significance (p value)
Feen-Calligan et al. (2020)	.0778	.000
Grasser et al. (2019)	1.000	.000
Schouten et al. (2019)	1.000	.000
Beck et al. (2018)	1.000	.000
Yuksekk (2018)	1.000	.000
Meyer DeMott et al. (2017)	.880	.000
Rowe et al. (2017)	.880	.000
Ugurlu et al. (2016)	.750	.001
Overall	.911	.000

Appendix G. Table showing studies that contributed to each main themes/ sub-themes

Paper	Health			Social/ Behavioural Outcomes		Engagement in CATs		
	Trauma	Other Mental Health	Life Satisfaction/ Wellbeing	Social functioning	School Engagement/ Performance	Retention	Satisfaction with CAT	Skill Retention
Feen-Calligan et al. (2020)								
Grasser et al. (2019)								
Schouten et al. (2019)								
Beck et al. (2018)								
Yuksekk (2018)								
Meyer DeMott et al. (2017)								
Rowe et al. (2017)								
Ugurlu et al. (2016)								

Appendix H. Author Guidelines for the Journal: Military Behavioral Health

The author intends to adjust Chapter II to fulfil these guidelines post-viva.

About the Journal:

The Military Behavioral Health: An International Journal of Research and Community Study is the flagship journal aggregating current knowledge about the biopsychosocial health and well-being of service members, veterans, and families impacted by military service.

The journal will disseminate peer-reviewed, high-quality behavioral health research related to this population to a broad domestic and international, multidisciplinary audience. Disciplines whose work contributes to the corpus of Military Behavioral Health knowledge include, but are not limited to: Social Work, Psychology, Public Health, Medicine, Nursing, Occupational Therapy, Sociology, Organizational Behavior, and Anthropology. Research found in Military Behavioral Health will adhere to the National Institutes of Health Guidelines of behavioral and social sciences research in that it is not restricted by discipline or methodological approach, but is characterized by the following attributes:

- an emphasis on theory-driven research;
- the search for general principles of behavioral and social functioning;
- the importance ascribed to a developmental, lifespan perspective that reflects resilience as well as challenges;

- an emphasis on individual variation, and variation across sociodemographics categories such as gender, age, and sociocultural status; and a focus on both the social and biological contexts of behavior.

Peer Review and Ethics:

COVID-19 impact on peer review: As a result of the significant disruption that is being caused by the COVID-19 pandemic we understand that many authors and peer reviewers will be making adjustments to their professional and personal lives. As a result they may have difficulty in meeting the timelines associated with our peer review process. Please let the journal editorial office know if you need additional time. Our systems will continue to remind you of the original timelines but we intend to be flexible.

Taylor & Francis is committed to peer-review integrity and upholding the highest standards of review. Once your paper has been assessed for suitability by the editor, it will then be double blind peer reviewed by independent, anonymous expert referees. Find out more about what to expect during peer review and read our guidance on publishing ethics.

Preparing Your Paper:

Structure:

Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with

caption(s) (on individual pages); figures; figure captions (as a list).

Word Limits:

Please include a word count for your paper. A typical paper for this journal should be no more than 20 pages.

Style Guidelines:

Please use American spelling style consistently throughout your manuscript.

Please use double quotation marks, except where “a quotation is ‘within’ a quotation”.

Please note that long quotations should be indented without quotation marks.

Use Times New Roman font in size 12 with double-line spacing. Margins should be at least 2.5cm (1 inch). Use bold for your article title, with an initial capital letter for any proper nouns.

Indicate the abstract paragraph with a heading or by reducing the font size. The instructions for authors for each journal will give specific guidelines on what’s required here, including whether it should be a structured abstract or graphical abstract, and any word limits.

Please follow this guide to show the level of the section headings in your article:

1. First-level headings (e.g. Introduction, Conclusion) should be in bold, with an initial capital letter for any proper nouns.

2. Second-level headings should be in bold italics, with an initial capital letter for any proper nouns.
3. Third-level headings should be in italics, with an initial capital letter for any proper nouns.
4. Fourth-level headings should be in bold italics, at the beginning of a paragraph. The text follows immediately after a full stop (full point) or other punctuation mark.
5. Fifth-level headings should be in italics, at the beginning of a paragraph. The text follows immediately after a full stop (full point) or other punctuation mark.

Formatting and Templates

Papers may be submitted in Word format. Figures should be saved separately from the text. To assist you in preparing your paper, we provide formatting template(s). [Word templates](#) are available for this journal. Please save the template to your hard drive, ready for use.

Format-free submission

An increasing number of Taylor & Francis journals allow [format-free submission](#). If your article is consistent and includes everything necessary for review, you can submit work without formatting your manuscript. Check the instructions for authors for your chosen

Checklist: What to Include:

1. Author details. All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted. [Read more on authorship](#).
2. Should contain an unstructured abstract of 250 words.
3. You can opt to include a video abstract with your article. [Find out how these can help your work reach a wider audience, and what to think about when filming](#).
4. At least 10 keywords. Read [making your article more discoverable](#), including information on choosing a title and search engine optimization.
5. Funding details. Please supply all details required by your funding and grant-awarding bodies as follows:

For single agency grants

This work was supported by the [Funding Agency] under Grant [number xxxx].

For multiple agency grants

This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

6. Disclosure statement. This is to acknowledge any financial interest or benefit that has arisen from the direct applications of your research. [Further guidance on what is a conflict of interest and how to disclose it.](#)
7. Data availability statement. If there is a data set associated with the paper, please provide information about where the data supporting the results or analyses presented in the paper can be found. Where applicable, this should include the hyperlink, DOI or other persistent identifier associated with the data set(s). [Templates](#) are also available to support authors.
8. Data deposition. If you choose to share or make the data underlying the study open, please deposit your data in a [recognized data repository](#) prior to or at the time of submission. You will be asked to provide the DOI, pre-reserved DOI, or other persistent identifier for the data set.
9. Supplemental online material. Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare. Find out more about [supplemental material and how to submit it with your article.](#)
10. Figures. Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for color, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PDF, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our [Submission of electronic artwork](#) document.

11. Tables. Tables should present new information rather than duplicating what is in the text.

Readers should be able to interpret the table without reference to the text. Please supply editable files.

12. Equations. If you are submitting your manuscript as a Word document, please ensure that equations are editable. More information about [mathematical symbols and equations](#).

13. Units. Please use [SI units](#) (non-italicized).



Are you the Partner of a UK Veteran?

Do you feel that the experience of partners during transition isn't understood?

Would you like to influence this by taking part in new research in this area?


If so, this research will be relevant to you if:

- * You are the partner of a UK Veteran.
- * Your partner has left the Armed Forces at least 6 months ago.
- * Are able to understand spoken and written English.

This study will involve a 60-90 minute face to face, telephone or online interview, at a time convenient to you, where we will talk about your experiences of your partner's transition.

* If you would like further information about participating in this study please contact Niamh Grace (Trainee Clinical Psychologist) on gracen@uni.coventry.ac.uk

This study has been approved by Coventry University Research Ethics Committee.



Appendix J. Participant Information Sheet

Participant information sheet

I would like to invite you to take part in a research project exploring the experiences of partners of Veterans during transition from military to civilian life. The current document provides you with information about the project, in order to help you decide whether you would like to participate. I am also happy to answer any questions you may have about the project. My contact details are provided at the end of this leaflet.

Information about the project

This project aims to understand how partners of veterans navigate transition from Military to Civilian life. The study will focus on how partners support their Veteran partner, and how partners cope with transition themselves. It is being completed as part of my Doctorate in Clinical Psychology.

Why have I been chosen?

You have been invited to take part in the study because you are the partner of a Veteran who has transitioned from military to civilian life. You have also experienced this transition, alongside your veteran partner.

Do I have to take part?

No, you have the choice about partaking in the research project or not. Any support that you may be currently receiving will not be affected in any way if you do not choose to take part.

What do I have to do?

If you wish to partake in the project, you will be invited to engage in an interview with me (Niamh Grace, Trainee Clinical Psychologist and Lead Researcher). You will be asked about your experiences of transition from military to civilian life. The questions will focus on how you experienced transition, how you coped during this period, and how you supported your partner. The interview will be recorded and I will write it up word-for-word afterwards. The interview will last about 1 hour, and will take place at a mutually agreed time and place, which includes via telephone, or through an online platform such as Microsoft Teams, Skype or Zoom.

What are the risks associated with this project?

Every effort will be made to ensure the interview process is as comfortable as possible. As we will be discussing a possibly emotive time in your life, you may become upset during the interview. If this happens, you will be able to end the interview at any stage. I will also be on hand to signpost you to relevant services. You will also be given the contact details of support services that you can access if needed, which include both local and national services.

What are the benefits of taking part?

Whilst you will not directly benefit from taking part in the current study, the results of this study may help to inform care and support of veterans and their families in the future. Many people also benefit from the opportunity to share their story and be heard by another. Furthermore, by taking part you will be contributing to a better understanding of

the needs and experiences of Partners of Veterans during transition from Military to Civilian life. Your views and perspectives will help us to develop a theory about how partners navigate transition, which will hopefully contribute to future studies and policies.

Withdrawal options

You can choose not to partake in the research project up to 1st April 2021. Prior to the interview, you can decide that you no longer wish to engage in the research. During the interview, you can ask to stop at any stage. You can withdraw your data at any point following the interview up to 1st April 2021. You can withdraw your data by contacting me. You do not have to give a reason for choosing to withdraw, and this will not have any effect on the support you may be currently receiving.

Data protection & confidentiality

Following the interview, I will transcribe the interview and type up the transcript of the audio recording. As soon as this has been completed, the audio recording will be deleted. Written transcripts will be saved as a password protected file, and will not include any names or personal information about you or your partner. Pseudonyms will be used instead, in order to anonymise the transcripts.

Consent forms will be stored in a locked filing cabinet, which will be separate from the interview transcripts. Your contact details will be typed up and saved as a password protected file on an encrypted memory stick. Both your consent forms and contact details

will be destroyed at the end of the study.

The interview will remain confidential, which means that nobody will be able to identify you by what you say. However, if it is felt that you or somebody else is at harm, the researcher may have to break confidentiality, to ensure your safety. This would involve me discussing any concerns I may have for you or another person with the supervision team. If this does occur, where possible the researcher will discuss this with you during the interview.

What will you do with my information?

The sponsor of this study is Coventry University. The University will use the information you provide in order to complete the current research project, and will therefore be responsible for looking after your information properly. Coventry University will keep this information for 3 years, following the completion of the study.

In order for research to be reliable and accurate, your ability to access, move or change the information you provide is limited. Therefore, if you do wish to withdraw from the study, the University will keep the information about you that we have already collected. However, this information will include the minimal amount of identifiable material as possible, to safeguard your rights. To learn more about how your information is used and stored by the University, please contact the Associate Dean for Research, Nigel Berkeley. His contact details are supplied at the end of this leaflet.

What will happen with the results of the study?

Once the results of the current study have been written up, they will be submitted as part

of my thesis for a Doctorate in Clinical Psychology. They may also be presented at conferences, and published in a peer-reviewed journal. Any publications will not include identifiable information about you, and quotations will use pseudonyms, rather than real names.

Prior to the interview the researcher will ask you whether you would like to receive a

summary of the findings. If you do wish to receive this, it will be provided to you when the study is completed in July 2021.

Who has reviewed this study?

The study has been approved by Coventry University's Ethics department.

What if I have a complaint?

If you wish to make a complaint or raise any concerns about the research please contact the research supervisor Tom Patterson or the Associate Dean for Research, Professor Nigel Berkeley. Their contact details are supplied at the end of this leaflet.

Further information/Key contact details

- Lead researcher – Niamh Grace: gracen@uni.coventry.ac.uk ^[1]_{SEP}
- Research supervisor (Coventry University) – Tom Patterson:
t.patterson@coventry.ac.uk, 02477 658762
- Associate Dean for Research (Coventry University) – Professor Nigel Berkeley:
Sponsor@coventry.ac.uk

Appendix K. Consent Form

Participant Informed Consent Form

This research project aims to learn about the Experiences of Partners of Veterans During Transition from Military to Civilian Life.

You will be interviewed about your own experiences of transition. The interview will be voice recorded, and what you say will be transcribed at a later date. All identifiable information will be removed, and pseudonyms will be used instead of real names.

Please tick

1. I have read and understood the participant information sheet, and have had the opportunity to ask the researcher questions.

☐

2. I understand that my participation in the interview is voluntary and that I am free to withdraw at any time.

☐

3. I understand that I have the right to withdraw my data after my interview at any time, up until 1st April 2021.

☐

4. I understand that the information I provide during the interview will remain confidential, except if I disclose that myself or someone else is at risk of harm.

☐

5. I agree for quotations from my interview to be used in the report, and understand that pseudonyms will be used and identifiable information will

☐

not be included in the report.

6. I agree for the interview to be audio recorded.

☐

7. I agree to take part in the research project.

☐

8. I would like to receive a short summary of the results of the project when it is completed in 2021.

☐

Name of participant:

Signature of participant:

Date:

Name of Researcher:

Signature of researcher:

Date:

Appendix L. Demographic Information Sheet

Demographic Information Sheet

To the best of your ability, please complete the below Demographic Information sheet.

If you require any help, please ask the interviewer to complete this form with you. You do not have to answer any of the questions if you do not wish to.

ABOUT YOU

Gender: _____

Age: _____

Please tick if you are the partner/ spouse of a Veteran

☐

Are you a parent currently?

Yes/ No

If Yes, were you a parent when your partner was leaving the Military?

Yes/ No

Are you currently employed?

Yes/ No

Were you employed when your partner was in the military?

Yes/ No

Did you live on base when your partner was in the military?

Yes/ No

Did you relocate after your partner left the military?

Yes/ No

ABOUT YOUR PARTNER

Time since your Partner has left Military Service:

_____ Year(s) _____Months

Did your partner seek support from mental health services during or after leaving the Military? Yes/ No

If Yes, what was the nature of their mental health needs?_____

Many thanks for completing this questionnaire

Appendix M. Original Interview Schedule

Interview Guide

Initial rapport building questions:

- How are you?
- If the interview is being conducted via telephone/ an online platform, ask if they are in a place where they feel is comfortable and private enough to talk.
- Are you happy for this to be recorded? I will use a Dictaphone and the recording system on google hangouts. (Start recording)
- So now that we have started recording, and you have consented to this, are we ok to go through a couple of things before we start the interview?

Initial information to provide: Explain the length of the interview (60 minutes), confinements of confidentiality (all you say will remain anonymous, unless I feel that there is a risk to you or somebody else. In this case, I will discuss this with you further), right to withdraw, right to only answer questions they want to, and the importance of making this a comfortable environment for the participant to discuss their experiences. Discuss that data will be discussed with the research team at various stages in the process, and that anonymised and analysed data will be used for thesis and publication.

Initial tasks: Administer demographic questionnaire, information sheet and consent form, confirm that participant meets the inclusion criteria, complete the demographic information sheet in order to gain more clarity on the participant's current situation. If

this is completed via telephone/ online platform, send the participant all relevant documentation prior to interview via email. Participants will be asked if they have read the participant information sheet. The demographic information sheet and consent form can be completed with the researcher and participants at the start of the interview. The signed consent form can then be returned via email to the research team.

Introduction to the interview:

Many thanks for agreeing to take part in this interview. Today I will be asking you some questions about your experiences of your partner's transition from military to civilian life. I will focus on your own experiences, how you coped during this time and how you supported your partner. I have some questions to guide us, but I'm more interested in your perspective, and will be led by what you feel is important, rather than the questions alone. Because of this, I hope that the research interview will feel more like a conversation, rather than a formal question and answer interview. How does that sound to you?

Whilst we have about an hour to an hour and a half today, I would like you to take your time, and not feel rushed during this process. I may also need some time to clarify certain things you may say, and I might pause to check that you're ok. I would encourage you to also ask for a break if you feel you need to take one at any point. You are also encouraged to let me know if you would like to end the interview at any point, or continue at another date.

Clarification/ Opening Questions

- As you are speaking with me today, I am assuming that you are the partner of a Veteran?
- And your partner has left their Military Service and returned to Civilian Life?
- And you have been part of this transition process (i.e. you were partners during this period)?

Main Question 1: Based on your experiences of being the partner of a Veteran who has transitioned from the military into civilian life, how would you describe your experience of this process?

Prompts if needed:

- What was it like for you?
- What stood out for you? What do you recall of this time?
- How would you describe your role in relation to your partner during this period?
What role or roles do you feel you had during this time?
- Can you tell me a bit about how you supported or tried to support your partner during this time? How did they respond to your efforts to support them? What was your relationship with your partner like during this period? Did it change? (If yes, why do you feel it changed?).
- Did your partner share or discuss their experience of this time with you? How was that for you (i.e. veteran partner sharing or not sharing their experiences).
- Did you discuss your experience during this period with your partner? If so, can you tell me/describe what that was like?

- What, if anything, was been helpful during this period? What, if anything, was unhelpful?
- Did you feel included in the transition planning process?
- Is there anything you want to add?

Main Question 2: How did you cope during transition?

Prompts if needed:

- Can you tell me about how you feel you coped during your partner's transition to civilian life? What (if anything) did you struggle with?
- What, if anything made it difficult for you to cope.
- What aspects (if any) do you feel you coped well with?
- What aspects (if any) do you feel you coped less well with?
- What (if anything) helped you to cope during this period?
- What (if anything) was detrimental or unhelpful to you coping.
- Did you feel supported? If yes, what were the main sources of support for you?
Were particular people, services or organisations more supportive or less supportive.
- Did you actively seek support? If so, what were your experiences of this.
- Is there anything that you think could or should have been done to support you that wasn't?
- What do you think could be offered to partners of Veterans to help them feel supported in the future?
- Is there anything you want to add?

General prompts:

- Can you tell me more about that?
- What did _____ mean to you?
- Can you tell me what you were thinking?
- How did you feel?
- How did you manage/cope with it?
- What did you make from that?
- What was that like for you?

Ending Questions/ prompts:

- Is there anything that we didn't talk about today that you think would be important to include when describing your experience of transition?
- Do you have any further questions for me?

Thank you and Debrief:

Thank you for taking the time to share your experiences with me today. I have really valued hearing your story, and by sharing your experiences, you have contributed to the development of research within the area of being the partner of a Veteran.

I hope that today has been an enjoyable experience for you also, and that you have been able to take something from participating in this research project. If you wish, I can send you a summary of the results in July 2021, once it has been written up. In the meantime if you have any questions, you can contact me or another member of the research team

using the contact details provided on the debrief sheet I will give you in a moment. The debrief sheet also has the details of support services which you or **insert name of partner here** may wish to access if you feel that you need more support. If anything is unclear after you leave today, I would encourage you to contact me and we can talk through it together.

Thank you again for sharing your experiences with me. I would encourage you to let other partners of Veterans who may wish to participate in this research know about this research project. I would be happy for you to pass on my contact details if they would be interested in finding out more, or taking part in an interview.

Ending tasks: Ensure that the participant has a copy of the debrief sheet and consent form. If needed, talk through in more detail the support services listed on the debrief sheet. Before leaving/ ending the call, monitor the participant's mood, in order to ensure that they are OK.

**Appendix N. Coventry University Certificate of Ethical Approval for Empirical
Research Project**



Certificate of Ethical Approval

Applicant

Niamh Grace

Project Title:

How do partners of veterans navigate veteran transition to civilian life: A grounded
theory study.

This is to certify that the above named applicant has completed the Coventry
University Ethical Approval process and their project has been confirmed and
approved as Medium Risk

Date of approval:

24 February 2020

Project Reference Number:

P99664

Appendix O. Debrief Sheet for Participants

Participant Debrief Sheet

Thank you for taking part in the research project about How Partners Navigate Transition from Military to Civilian Life. Your insights have are really valued and appreciated.

As we have discussed a possibly emotional time in your life, you may be left with a range of emotions. You may also have questions for the researcher, or have concerns you wish to share. The researcher will discuss these with you now.

If you feel that you would like further support, here is a list of various services that you can access. These include both National services, and local services in your area. You may also benefit from contacting your GP for further support.

- **Veteran's UK**, <https://www.gov.uk/government/organisations/veterans-uk>, 0808 1914 2 18
- **Veterans Contact Point**, <https://www.veteranscontactpoint.co.uk>, 07763792168
- **The Ripple Pond**, <https://www.theripplepond.org>, 0333 900 1028
- **Veterans' Mental Health TIL Service Midlands and East**, 0300 323 0137
- **MIND Coventry and Warwickshire**, <https://cwmind.org.uk/>, call 0300 123 3393 or text 86463
- **The Samaritans**, <https://www.samaritans.org/>, 116 123
- **Combat Stress**, combatstress.org.uk, 08001381619

Withdrawing from the Research: If you have decided that you no longer wish to take part in this research project, you are welcome to withdraw your data at any time up until

April 2021. Please contact the lead researcher Niamh Grace (Trainee Clinical Psychologist), whose contact details are provided.

Research Team Contact Details:

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Appendix P. Initial Coding – Example Transcript Excerpt

Initial
Coding

Line-by-
line
Coding

I: So, em, the first very broad question that I have is, based on your experiences of being Luke's partner when he transitioned from military to civilian life, how would you describe your experience of that process?

Positive
transition

*Lucky as it was
a positive
experience*

P: Em, the actual process that happened was very, very positive and we were very, very lucky.

I: Okay.

P: Do you want me to explain why?

I: Yes please, thank you.

Planned
ending

P: Yeah. Well, he was obviously in the Navy for 25 years. He was a time served member of the Navy.

*Completed 'time
served' service
in the Navy*

Personal
support

P: And at that time, I have some relatives who live quite close to where we live, where we're living now. And my, em, godfather's son was working locally at a military base near (name of area) for a company called (name of company) who provide communications to the armed forces.

I: Okay.

Employment

P: And he let Luke know that there was a vacancy available. So, em, that's what happened, Luke applied for the job and, bingo, he got the job.

*Applied for a
job and got it
immediately*

I: Mhm.

Positive
transition
Poor
employment
options
Concern
Financial
Unknown
Concern

P: So, really, it couldn't have been smoother or happier. But prior to that happening, obviously leading up to the point that he knew he was leaving, there was quite a little bit of anxiety about what he was going to do and what it would take and where his life would take him. And I remember that he did apply for jobs as, I think he was looking at the police, he was looking at being a security guard. And I think he did manage to, to get an interview, and I think he was offered a job with a security company, but the salary was quite, quite dire really. And so that was a bit of a worry, how would we cope.

Smooth and happy experience.

Anxiety before leaving about how Luke would cope (e.g. financially, getting work)

I: Of course.

Concern
Unknown
Lack of control

P: But I think we were just heading towards this, this thing that was going to happen and there was nothing we could do about it. And so we just thought, well, we just have to cope with it as best we can and see, see what happens.

Lack of control over what would happen Had to 'just cope with it'

I: Sure.

Employment
Positive transition

P: And it's better to have a job than not have a job. But then this vacancy occurred in (name of area) for a company called (name of company) and that was, that was fantastic. And he got the job when he went for the interview. And so that was just, and he's been there ever since, so that was brilliant.

Importance of having a job

Got employment which was brilliant

Still in job

I: Yeah, absolutely. And did the Navy help at all to prepare him for finding work?

Lack of support

Lack of support from Navy with work

P: No. Not that I can remember, no. And I can't remember him having any support at all really.

I: Okay. And, em, did they offer any support, other than finding work, did they offer any support in helping to prepare him for leaving military life?

Lack of
support

*Lack of support
from Navy with
work*

P: Like preparing a CV and that sort of thing? No, I don't think so.

I: No.

Lack of
support

*Can't remember
any support*

P: I can't remember that he did, no.

I: No, okay. And you said that there was some anxiety leading up to him leaving. And you said some of that anxiety was about him finding work.

*Anxiety about
Luke finding
work*

P: Yeah, of course.

I: But were there other things that either Luke or you were anxious about when he was leaving?

Concern
Adjustment

P: Certainly, I think looking back, the whole lifestyle change. I mean, we'd been married for, how long, that was (year), so we'd been married for seven years at that point.

*In hindsight
there was
anxiety about
lifestyle change.
Married for 7
years when
Luke left*

I: Okay.

Concern
Adjustment
Hindsight

P: So I'd been just used to him being away for a very long time and then coming home for a short amount of time, and then going away again for a very long

*Worried about
Luke being
home when he
was always
away.
In hindsight
worried but not
at the time*

time. So there was always that, sort of, worry I suppose, although you never really thought about it that much at the time.

I: Mhm.

Concern
Adjustment

P: But looking back, on reflection, there must have been quite a concern about how is that going to affect you, you know, suddenly having somebody around 24/7, who wasn't around pretty much at all really.

On reflection, worries about adjustment to living with Luke 24/7

I: Of course. And what was that like then, having him back home?

Employment
Adjustment
Own space

P: Em, I think it was fine because the job that he had was a shift pattern where he would work for four days and have four days at home. So he was, he was away for four days, or at work for four days, and then he would be home for four days. So at least there was a little bit of that time of him not being around, it wasn't like he was there 24/7, all the time. We still had that little bit of a break when he was working, and that's still happening now.

Helpful that Luke worked shift patterns. Helped with adjustment period Had time apart

I: Yeah.

Life stage
New adjustments

P: And the thought of somebody being around all the time, because we're heading for retirement now, that's something I'm thinking about. How are we going to cope and work together all the time, every single day of the week, when you're used to somebody being away. It's quite strange to, sort of, spend that amount of time with them again.

Heading towards retirement now – a new stage of life. Similar worries about being with Luke 24/7

I: Absolutely. So actually, because of the type of work that he has gone into, it's almost a similar pattern of having chunks of time away.

Employment

P: Yeah. He's not away for such a long time, but at the moment he works in (name of area) so he's away for, sort of, four nights out of every eight, that's his sort of pattern. So, yeah, we've still got that 'coming and going' situation in our family life, which is what we're all used to.

*Work pattern now is similar to the pattern Luke had in the Navy
The family is used to this*

Shift work

Own space

I: Yeah.

Adjustment

Life stage

P: So to, sort of, have somebody there all the time and they never actually leave your side, if you like, it's going to be something we have to get used to in the future.

Going to have to get used to having Luke home when he retires

I: Sure. And did Luke ever talk to you about how, em, how it affected him when he left? So from going from full time Navy to Civvy street?

Communication

Loss

P: Well it's strange because I think he probably doesn't tell me the whole truth, I think. He says that he is delighted to have left and, you know, that's what he wanted to do and that he's not missed it at all. But I'm not so sure, I think he probably does miss it a little bit.

*Sense that Luke misses the Navy
Won't tell wife the whole truth*

I: Mhm. What things do you think he might miss?

Connection

Loss

P: I think it's the camaraderie that you have when you're, when you're in. I don't know, I think it probably does apply to the army, I have a brother who's in the army. So, the guy sitting next to you in the mess could be the guy that's going to save your

*Luke misses the camaraderie
In the Navy and Army your colleague may save your life*

life.

I: Yeah.

P: And you don't have that feeling with people that you work with in an office, you'd never have that relationship with somebody that you work with in an office. So, I think that was a big worry to him, you know, and I think it's still, I think it still is. And I think he's still finding it hard, even after all this time, to sort of cope with how it can be quite difficult and competitive and ruthless in that sort of, in a work environment in civilian life.

I: Mmm.

Relationships in civvy street not the same as Navy.

Competition in the civilian workplace

Luke still adjusting

Memo:

Luke is still negotiating civilian world in work
Sense of hindsight allowing for Lauren to see the concerns she had before Luke left
Unknown future – lack of control about transition
BUT
Discussed it being smooth, positive, lucky because of work security
Finding work was a protective factor for Luke and Lauren

Appendix Q: Additional Excerpts from Transcripts

Category	Quote
Experience of transition: <i>Loss vs. Freedom</i>	<p>“Things which were normal for us, like Naval functions or, all that stuff that goes with being in the forces, had all just dropped away” (Daisy, lines 274-276)</p> <p>“But that was transition, that was permanency. That transition for me what the fact that we could plan it, we could do it” (Maria, line 946)</p> <p>“They could re-introduce, they could be whoever they want, they’re not the person they were before, you know. They can re-invent themselves, you know, this is their opportunity to be whoever they want to be. Because these people, who now are their friends, they didn’t know the Military world” (Clara, lines 462-465)</p>
Experience of transition: <i>Disappointment</i>	<p>“I think that one of the things that was a massive shock to George, but particularly, sort of, to me as well, was actually how much the Army weren’t interested and the little support that, that we had’ (Lily, lines 129-131)</p> <p>“It didn't, kind of, map out how I’d hoped, really” (Annie, line 226)</p> <p>“It’s really strange because I think, at the time, I thought we’d be financially secure, we'd have the house paid off, em, we'd have a nice life. And then, I'll be entirely honest with you, as he was coming out the forces, the first year we really struggled” (Alex, lines 303-305)</p> <p>“I said ‘be careful what you wish for’ (laugh). Because that's how it felt, it felt surprising” (Daisy, lines 141-142)</p>
Experience of transition: <i>Adjustment</i>	<p>“Like I said earlier, just how your routine will be so altered that was, that was a big thing for us” (Jessica, lines 673-674)</p> <p>“We both weren’t used to that because we were so used to only spending time, a short amount of time together, we'd never really spent a huge amount of time</p>

together” (Ellie, line 249-251)

“And Dave would come and turf them off. And we had to have a bit of a discussion about that adjustment. You know, that they’re my boys, our boys, and if they want to snuggle in, then that’s what they’re going to do” (Maria, lines 445-447)

Experience of
transition: **Concern**

“I worried about that, I worried about our financial security, I worried about what was going to happen” (Daisy, lines 696-697)

“It's quite stressful in terms of thinking about the future” (Alex lines 224-225)

“Em, worry over him not getting a job, what that would do to him mentally. I wouldn't say I struggled with it but I was acutely aware of how that was going to impact on him, and what that would mean to our mortgage and that kind of stuff” (Sue, lines 654-656)

“But prior to that happening, obviously leading up to the point that he knew he was leaving, there was quite a little bit of anxiety about what he was going to do and what it would take and where his life would take him” (Lauren, lines 154-157)

Experience of
transition:
Exclusion

“No, you’re very much on the back burner really I think” (Jessica, Line 413)

“We’re also left out of it as well. We’re not involved, so, we’re just there” (Jane, line 478)

“I think they probably could make things easier for spouses to get involved in the resettlement side. Em, you know, they need to stop using military terminology” (Rosie, lines 722-723)

“Em, we don't get informed about anything...despite living in married quarters, yeah” (Sue, lines 512-515)

Experience of

“Why am I not involved in that, because it’s a transition that effects the family

transition: ***Systemic
Transition***

and not just the soldier” (Clara, lines 686-688)

“Em, and I noticed a difference in my kids as well. I think the fact that we finally settled was huge for them. Em, yeah, it was brilliant when he came home” (Rosie, lines 436-437)

“When Dave came ‘home, home’, and they realised that he wasn’t going anywhere, it was great” (Maria, lines 438-439)

Coping: ***Personal
Support***

“We’re surrounded by family, who help us with those childcare issues and just, just sort of emotional and the emotional support as well” (Jessica, lines 655-657)

“I’m lucky because I’ve gone to people and said, you know, ‘I need to do this’, so I’ve got people to go to” (Clara, lines 706-707)

“I suppose I used to spend a lot of time talking to my sister, you know, because my sister knew him as well. So she was a good support, so I just used to go and, kinda, sit and have a bit of a whinge to my sister about him” (Annie, line 533-536)

“I’ve got friends in (name of area) that I’m really, really close to, and I will go off and see them” (Lily, line 1090)

Coping: ***Employment***

“And I have my employment, so we were really, really fortunate to be honest” (Jessica, lines 175-176)

“My job was, has been quite secure and settled” (Jessica, lines 630-631)

“I, I’m lucky that, I’ve always had a good job, so I’ve got my own experiences and I’ve got my skills that I’ve been able to help with” (Clara, lines 141-142)

Coping: ***Resilience***

“Because I was the decision maker and the organiser and the, and that just was a natural, sort of, thing for me to be” (Lauren, lines 488-489)

“I’ve always been independent and quite strong willed, so it was just a little bit of, em, well I can either put up with it or not” (Annie, lines 543-544)

“I sorted myself out” (Jane, line 612)

“And also, like, holidays and mindfulness a little bit, but like tropical beach scenes and trying to go to sleep with those. Because sometimes, if it’s been such a tough day with your partner, then trying to decompress yourself can be really tough” (Alex, lines 1008-1011)

Supporting:

Practical Support

“I’ve always been the main parent, and he’s always been a fabulous, fabulous father. But the main parent as in, I do all the bills, I run the money, because then when they go away, nothing changes” (Rosie, lines 428-430)

“Em, bills, oh Jesus no, that was all, that was all me, all bills, everything” (Lily, line 1129)

“I suppose I like being in charge of everything and doing everything and I, and that’s fine” (Lauren, lines 271-272)

Supporting:

Emotional Support

“You know, you sort of work around it, you sort of protect him a little bit, you apologise for him” (Maria, lines 321-322)

“He kind of needed that push a little bit to realise that he needed to do something about it” (Ellie, lines 710-711)

“If we had never got together he would never be where he is now, or have achieved what he had, has” (Annie, line 403-403)

Supporting:

Unacknowledged

“I don’t think they see what pressures it puts on their partner” (Jane, line 458)

“Yes, you were expected to jolly well get on with it and not make a fuss” (Daisy, line 828)

“It was me doing it all anyways. Finding properties and, em, jobs and stuff, and

schools” (Jane, lines 480-481)

Supporting:

Rejected

“It's that pride again, isn't it. People don't like asking for help. They don't want to have problems, they just want to get on with it” (Jessica, Lines 445-446)

“You know, and like especially military they have that, like, bravado, and they just don't want to talk, they don't want to get help, they'll do it themselves and 'blah-de-blah-de-blah'” (Jane, lines 545-546)

Military

Experiences:

Transition Planning

“In the end, he only took two weeks of it. So he was being, in my words, thrashed, up until the very end of his service” (Sue, lines 194-195)

“Which was frustrating for me, because there were some courses that he could have done. There was a, I think, a two, four or six week plumbing, building, brick laying and electrician course that, that the military, that he could have used his enhanced learning credits on. And he actually found one that he could do but, in the end, he couldn't go on it because of the demands of the work that he was doing” (Sue, lines 433-437)

“It felt like he was like he was a grown up and he just get on with it by himself, you know. But there's more help given for Ratings, but then again they tend to be leaving much younger anyway and going into, kind of, other jobs” (Daisy, lines 480-482)

Military

Experiences:

Military Identity

“So you were very, kind of, isolated, because everybody else knew each other and it's not an inclusive thing, I don't find the military. If you're, if you're a working wife, this might sound judgmental, but you're either a working wife or you're not” (Jessica, Lines 507-509)

“And, you know, I would be able to do what I wanted to do, or I would be able to get a job and have a career....Which, you know, you can't really do when you're moving around, unless you're a writer or something like that” (Maria, lines 228-232)

“But it makes it really, really hard for a spouse to progress and then you just, your career get’s stunted” (Alex, lines 983-984)

“I think, for my family as a whole, it was just, we've always moved all together, always done that. We moved everywhere together whenever he was posted” (Rosie, lines 424-426)

Interpersonal
Factors:
Communication

“Just not say anything in an accusing way. Just to be, just sort of a ‘light’ conversation” (Jessica, lines 347-348)

“Em, he sort of like, cut himself off from people, cut himself off from his friends” (Clara, lines 515-516)

“Part of the problem with communication was probably me. Because when he wouldn't talk about, I’ve learnt now that, when he doesn’t want to talk about something, just to kind of leave him to it” (Ellie, line 590-592)

“Going back to your question about ‘did he ever speak to me about things’, it was really difficult, because we'd probably only seen each other once every two weeks at the most” (Alex, lines 377-379)

“But then with them being in the forces, everything is about *not* communicating” (Alex, line 407)

“So, probably, I think it was about a month after, no, maybe just over a year after, we decided to break up” (Ellie, lines 224-225)

Interpersonal
Factors: ***Partner’s
Personality
Rejection***

“He's not a lazy person, but he was quite ‘overly relaxed’ in his approach to it all” (Jessica, Lines, 198-199)

“So it's not like, he wouldn’t get, he doesn't really tend to have emotional attachments to things, it's more a very logical attachment to things. And so he just, kinda, says ‘it is what it is’” (Annie, lines 278-280)

“So I'm very grateful for that. And he is very laid back” (Lily, line 722)

“And so I think for him, his outlook on life is ‘if a job needs doing, it needs doing well’” (Sue, line 204)

Veteran's
Experience:
Employment

“Em, he struggled with not being able to find a job. So, and he found that extraordinary difficult that after 40 years in jobs in the military that were pointing towards being a bursar, that people weren't accepting him into a civilian bursar role” (Sue, lines 306-308)

“So the hardest, the hardest thing for him not getting employment was that people, sort of, let, let you down” (Lily, line 289-290)

“So it took him nearly a year to find a job. Em, because people were like ‘yes we'll take, we're interviewing ex-forces’, but were not taking them on, sort of thing. So they were actually lying about the whole thing” (Jane, lines 176-179)

Veteran's
Experience: ***Mental Health***

“So I think he kind of, he's got this thing that if you've got something wrong with your mental health, it's kind of like a stigma. So he doesn't, he wouldn't have asked for the help if he knew that he needed it because he didn't want, like, everyone to know, kind of thing” (Ellie, 443-446)

“You could obviously see he was agitated, upset by the situation and just trying to deal with it” (Alex, lines 400-401)

“Because, because of his depression, because of his anxiety, because of the way he had been with them, [the children] didn't know, and they still now, they don't know what to talk to him about” (Clara, lines 526-528)

“I think it would have been different had he'd been in a better mood and had things have been a bit more positive for him” (Lily, lines 1073-1074)

Timing: ***Life Stage***

“We were very, very fortunate in that we already had our house, and we've got two daughters they were both sort of quite settled” (Jessica, lines 173-174)

“The girls are obviously in school and happy” (Jessica, line 631)

“Em, so we decided as a family that wasn't the time when our children were, basically our eldest was getting to secondary school age as well. So for us it was a combination of the age of our children, the fact we knew we'd lose a bit more control about where we could possibly be posted to, em, and it was just time as well, we wanted to settle down and have our own home and, you know, buy furniture that will actually fit in your house as opposed to furniture you move three houses down the line and you make do” (Rosie, lines 143-149)

“I wonder if maybe he was a little bit conflicted of, because he was still only young, I'd say he was only, like, about 23” (Annie, lines 217-218)

Timing: ***Relocating***

“We had our routine and that was sort of, our setup was fine” (Jessica, lines 174-175)

“So we were secure in our house because we'd already bought it, and we were secure in my employment” (Sue, lines 150-151)

“I was working in our own home, we were settled” (Rosie, lines 208-209)

“It's quite a messy experience in that he was sort of ‘back and to’ for a little while” (Jessica, lines 159-160)

Timing: ***Discharge***

“It was actually quite bad to be honest, because he was medically discharged” (Jane, line 168)

“So Steve got, em, so when you come to the end of your service, he came to his natural end after his 22 year point . And he chose not to take any sort of extensions or different things like that” (Jessica, lines 149-150)

“So, actually, we had to do it sequentially. So, so it was a planned move in that respect” (Sue, lines 690-691)

Negotiating the

“That’s absolutely what it is. Complete limbo. Can’t see the future properly and

***Uncertainty of
Transition***

can't, if that makes sense?" (Alex, lines 747-748)

"If you heard somebody say 12 months after they'd left the Army 'Oh, they've transitioned quite well', I'd, I'd question that because after a year that's, that's quite a sweeping statement to make" (Annie, lines 831-633)

"It is a process or, rather, there is a process to follow if you allow yourself time to follow it, which I did but he didn't" (Sue, lines 711-712)

"So it's not just about preparing you, although I don't feel we were properly prepared for our transition, em, and I don't think it happened soon enough. But it's also about the ongoing process of transitioning and there's no check in with that" (Alex, lines 937-939)

"I think it does take time. I think it's not something that, I think that, because you're so regimented and then you come out and you're not, I think it takes a lot of time to adjust" (Ellie, line 552-554)
