
Male combat veterans' narratives of PTSD, masculinity, and health

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Abstract This article uniquely examines the ways a group of male combat veterans talk about masculinity and how, following post-traumatic stress disorder (PTSD), they performed masculinities in the context of a surfing group, and what effects this had upon their health and wellbeing. Participant observations and life history interviews were conducted with a group of combat veterans who belonged to a surfing charity for veterans experiencing PTSD. Data were rigorously explored via narrative analysis. Our findings revealed the ways in which veterans enacted masculinities in accordance with the values that were cultivated during military service. These masculine performances in the surfing group had important effects both on and for the veterans' wellbeing. Significantly, the study highlights how masculine performances can be seen alternately as a danger and as a resource for health and wellbeing in relation to PTSD. The article advances knowledge on combat veterans and mental health with critical implications for the promotion of male veterans' mental health. These include the original suggestion that health-promoting masculine performances might be recognised and supported in PTSD treatment settings. Rather than automatically viewing masculinity as problematic, this article moves the field forward by highlighting how hegemonic masculinities can be reconstructed in positive ways which might improve veterans' health and wellbeing.

A video abstract of this article can be found at: <https://www.youtube.com/watch?v=BaYzaOP1kAY>

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A vast body of psychological literature highlights the emotional distress that some combat veterans experience following traumatic events in war. Prolonged and intense distress is often referred to as post-traumatic stress disorder (PTSD), characterised by many 'symptoms' such as nightmares, flashbacks, anger, anxiety and 'hyper-arousal', and a profound sense of morbid sadness. In the UK, estimates place the rate of combat-deployed troops experiencing PTSD at around 6.9% (Fear *et al.* 2010), with men vastly overrepresented in this population. This amounts to a small but significant (and increasing) number of men experiencing severe distress following combat trauma (Forbes *et al.* 2011). Yet despite the preponderance of male combat veterans affected by combat trauma, there is a dearth of research investigating the experience of PTSD from a 'men's health' perspective (Gough and Robertson 2010).

Research on 'military masculinities' (for example, Higate 2003) highlights the role that military service plays in shaping service members' masculine identities. For example, Hockey (2003) has argued that military socialisation demands service members adopt a 'hegemonic' form of masculinity that defines what 'real men' are like and what they can (and cannot) do. Hegemonic masculinity refers to dominant notions of gendered identities that are constituted in opposition to 'subordinated' masculinities and behaviours associated with femininity (Connell 1995). Exemplars of hegemonic masculinity emphasised during military socialisation include displaying physical and emotional toughness, stoicism, self-reliance, putting up with hardship and being 'action-oriented' (Higate 2003, Hockey 2003). In relation to PTSD, research typically indicates that subscribing to a hegemonic masculinity exerts a negative influence on the mental health of service and ex-service personnel, preventing them from talking about distress and encouraging alcohol abuse as a way of dealing with problems (for example, Greene-Shortridge *et al.* 2007, Lorber and Garcia 2010). However, research on PTSD has seldom emphasised military masculinity as a situational or contextual performance; as something men do as opposed to something they inherently are. Consequently, an inflexible approach toward veterans' health promotion often takes precedence in which masculinity is considered problematic for mental health among male veterans.

An exception to the current trend is the work of Green *et al.* (2010: 1486) who suggested that 'some [ex-servicemen] may be able to discuss their mental well-being in *some contexts* and with *some people* without threatening their presentation of their gendered identity within that interaction' (emphasis added). Highlighting the ambiguities of masculinity among young ex-servicemen, Green *et al.* noted that some ex-servicemen were able to draw upon a sense of closeness and camaraderie associated with military life in order to talk through their emotional distress with others. However, they also noted that emotional displays were generally tolerated only among those who had previously established their effectiveness as soldiers and had thus demonstrated their competency in performing hegemonic masculinity. Considering masculinity as a situational performance, as Green *et al.* do, allows us to appreciate the nuance and complexity of military masculinities and that, following Connell and Messerschmidt (2005: 841), 'men can dodge among multiple meanings according to their interactional needs'.

Building on and extending this previous work, the purpose of this article is to explore the ways a group of combat veterans experiencing PTSD talk about and perform masculinities in the context of a surfing group, and how these performances influence their health and wellbeing. The data for this investigation are drawn from a larger study exploring the effects of surfing in the lives of combat veterans experiencing PTSD (Caddick, Smith and Phoenix, 'The effects of surfing and the natural environment on the well-being of combat veterans', forthcoming). As part of the focus on health and wellbeing in this larger study, our aim in this article is to explore how masculine performances influenced mental health and wellbeing among veterans who surf together regularly. We therefore addressed the following unique research questions: (i) What types of masculinities and masculine practices shaped the veterans' participation in the group? and (ii) What effects did these masculinities and masculine practices have on and for the veterans' health and wellbeing? To answer these questions, we chose a methodological approach that allowed us to rigorously examine the complex and (potentially) contradictory associations between masculinity and health in the veterans' stories of participation in the surfing group. This approach was narrative inquiry.

Narrative and masculinities

The stories people tell of their lives are shaped by culturally appropriate ways of doing gender. Men, for instance, often tell stories in ways that present particular experiences or aspects of their lives as stereotypically masculine. Their stories are shaped by masculine 'conventions of

reporting' (Sparkes and Smith 2008: 683); that is, men cannot tell stories about their lives in just any way they choose: their stories are both enabled and constrained by cultural gender norms and pressure to present an acceptable version of themselves as masculine. Such conventions of reporting resonate throughout people's stories of health and illness for, as Ahlsen *et al.* (2013) suggested, health and illness stories can be seen as enactments of cultural norms of masculinity and femininity. Accordingly, studying men's narratives enables us to understand how masculine identities are constructed and performed in stories of men's mental health and illness (Valkonen and Hänninen 2013).

Moreover, men's narratives do not simply reflect gendered identities in an inert fashion; they do things both on and for men that influence their lives and wellbeing. Following Frank (2010), narratives can be thought of as 'actors' that influence people's lives in various ways such as shaping our understanding of mental health and what mental health means to us. Narratives also shape our gendered behaviour in relation to caring for or maintaining health and wellbeing (Smith 2013). For example, research by Smith (2013: 114) showed how men's narratives about disability and rehabilitation call upon disabled men to care about health, 'but not too much', participating in health-promoting physical activity to care for health while upholding masculine identities that discourage an 'excessive' concern with health and wellbeing. Our use of narrative inquiry in this study allowed us to examine how the veterans' narratives influenced their understanding of mental health, alongside the gendered ways in which they talked about and managed their mental health in the context of PTSD.

Method

The male combat veterans who took part in this study belonged to a UK-based veterans' surfing charity. The charity provides twice-weekly surf camps and occasional residential weeks whereby veterans experiencing PTSD can learn to surf and socialise with other veterans, participating in a variety of other activities (for example, canoeing, coasteering, yoga and alternative therapies) during the residential weeks (each lasting 7 days). After attaining university ethical approval, a purposive sampling strategy was used to recruit participants from the charity who were contacted individually and asked if they would be willing to take part. A total of 15 veterans (aged 27–60 years) provided their informed consent to participate. Reflecting the diversity in ages, these men had served in a range of conflicts from the Falklands and Northern Ireland through to the most recent wars in Iraq and Afghanistan. All had been involved in front-line duties and combat roles during their military service, and 10 were diagnosed with PTSD.¹ In addition, one participant was a former member of the civilian emergency services who was diagnosed with PTSD. On hearing of the study, this man also volunteered to take part, bringing the total number of participants to 16.

This article focuses on life history and participant observation data collected with the veterans over a period of 18 months from April 2012 to September 2013. Each of the participants was initially involved in semi-structured life history interviews, conducted face-to-face between the participant and first author, at a location of the participant's choosing (usually their own home or the charity's headquarters). An interview guide (available on request from the first author) was used flexibly throughout to help stimulate reflection on important topics. None of the questions on the guide related specifically to masculinity or being a man, and as such any overt references to masculinity were offered spontaneously by the participants. Follow-up interviews were conducted with eight of the participants when the researchers sought further clarification or elaboration of participants' responses. A total of 24 interviews were conducted, each lasting between 1 and 4 hours. Each interview was audio-taped and transcribed verbatim.

The use of interviews in this study allowed the researchers to collect rich, multi-layered stories from the participants about how they had lived their lives over time, and to probe deeper into those stories to fill out the details when necessary.

Participant observation was used to supplement and extend the data collected in the interviews (Sparkes and Smith 2014). This method was usefully applied in this study because it allowed the researchers to gain insight into the mundane, the typical and, occasionally, the extraordinary features of their everyday life that a participant might not feel worth commenting on in an interview. Participant observation involved the first author observing the daily activities of the veterans while simultaneously taking part in those activities. The observations occurred across several contexts including: (i) during 18 of the charity's surf camps, (ii) during informal meetings at the charity's HQ (a drop-in centre with sofas and tea or coffee where veterans often met together socially), and; (iii) during 3 residential weeks in which the first author was invited to live amongst the group and participate in their activities. Data were recorded either *in situ* (using a notepad) or later that day using field notes, resulting in over 90 hours of participant observation data.

A dialogical narrative analysis (DNA) was used to interpret both the interview and observational data in an iterative fashion (Frank 2010, 2012). As described by Frank (2010, 2012), DNA involves studying the effects that stories as 'actors' have *for* and *on* people's lives. That is, in DNA, stories are considered to be more than simply passive representations of people's lives; they are active players that can affect those lives in both 'positive' and 'dangerous' ways (Phoenix and Smith 2011). Thus, a key concern of DNA with particular relevance to this study is questioning how well people are served by the stories they tell (Frank 2010), for example, in relation to their health and wellbeing.

The DNA was conducted as follows. The first author initially immersed himself in the data by reading and re-reading the interview transcripts and field notes. As part of this process, a number of the veterans' stories that seemed to speak to the research questions were selected for analytical attention. The transcripts and field notes were then marked up with conceptual comments that included, for example, notes on the type of stories being told by the veterans and how and why the stories were told in this way. Following Frank (2010, 2012), a form of questioning as analysis was then employed whereby the data were explored in relation to various dialogical questions. Such questions included, for example, how stories connect and affiliate people into groups, how stories are circulated within and between groups, and what is at stake for the teller in a particular story (Frank 2012). Throughout the analysis, two further analytical processes consisted of writing theoretical and procedural memos and engaging with critical friends. The memos were used to record emerging analytical ideas and interpretations of the data, while the second and third authors, acting as critical friends, encouraged reflection upon and alternative explanations of the emerging interpretations.

Results

The results are presented as follows. Firstly, the veterans' initial and dominant response to PTSD, shaped by their masculine habitus (Brown 2006), is highlighted. We then describe how performances of masculinity constituted both a danger to and a resource for the veterans' health and wellbeing, at different times and in various situations, as they learned how to deal with their experiences of PTSD as men. We then discuss this dual influence of masculine performances – as both danger and resource – as a dynamic tension that resonated throughout the veterans' stories.

Responding and non-responding to PTSD: masculine habitus as a danger to wellbeing

Through their military service, the veterans in this study developed what Brown (2006) following Bourdieu (2001, 2005) termed a 'masculine habitus', which, in turn, shaped how they responded to PTSD. This masculine habitus comprised various ways of being masculine, learned through military life, which became embodied by the veterans as relatively durable 'structures of perception, conception and action' (Bourdieu 2005: 43). For example, and mirroring the findings of others (Higate 2003, Hockey 2003), the veterans in this study experienced traditional military socialisation in which they learned to enact masculinity by being strong and self-reliant, displaying stoicism in the face of physical and emotional hardship, emphasising homosociability (that is, heterosexual male bonding and friendship), and being action-oriented and doing things. Over time, these ways of being masculine became inscribed in the veterans' bodies, operating pre-reflectively and naturally to shape how they experienced the world (Brown 2006), and how later they handled the emotional distress associated with PTSD. Consider, for example, the reasons that Lewis² gave for denying his suffering for a long period of time following his return from the Iraq War:

- NC: So why do you think it maybe took a while to admit to yourself then that things were going wrong?
- Lewis: Erm – you're a bloke and you're stubborn and you got like, male pride. And also the fact that I feel like I was ... I was very lucky compared to other people out in Iraq. I thought you had to see your mate get blown up or something like that before you had PTSD. But then other people I've spoken to that have had PTSD in the past have said you don't have to sort of be ... having your mates blown up or anything, it can just be the pure stress of going out on patrol, getting shot at. The adrenaline's up and down and your fear factor's up and down and just the pure fact that you're scared or whatever and just – doing it all the time. So with all that, yeah – ok, you might have a problem. But it's just the pure fact that I just thought I hadn't had as much action as some of the other people that have got PTSD. I was lucky compared to some of the other people and so I just tried to ignore it. It's like the old military sort of ways; just man-up and get on with it.

Embedded in their masculine habitus, the exhortation to 'man-up and get on with it' constituted the veterans' dominant response to dealing with problems in life, including PTSD. This type of response had implications for the veterans' wellbeing. Indeed, such strong-willed denial of PTSD may be said to constitute a non-response to the problem. For instance, for the veterans to view themselves as suffering from emotional distress or 'weakness' in the form of PTSD would be costly to their sense of themselves as masculine and to their identity as combat veterans. Experiencing the symptoms of PTSD (American Psychiatric Association 2000) including nightmares, flashbacks, sadness, anxiety and hypervigilance, was deeply uncomfortable for them, jarring with their masculine habitus and presenting them with evidence that they were not simply 'getting on with it.' Consequently, the veterans often allowed PTSD to linger, unrecognised or denied, suffering increasing damage both to their own mental wellbeing and that of the family members they lived with. Furthermore, the threshold (Biddle *et al.* 2007) for what the veterans would acknowledge as real distress and damage to their wellbeing in relation to PTSD was consistently deferred as they sought – sometimes desperately – to maintain the masculine image of themselves as getting on with it.

'Fighting' PTSD: enacting masculinity as a resource for wellbeing

Performances of masculinity in the group also aroused the veterans' embodied disposition to get on with it as a resource for improving wellbeing rather than simply a reason for denying PTSD. This was possible because of the way masculine behaviour was valued differently by other veterans in the 'social field' (context) of the surfing charity (De Visser and McDonnell 2013). Linked to the masculine habitus, the veterans cultivated 'masculine capital' (De Visser and McDonnell 2013) by embodying an approach for dealing with PTSD that was valued by the other veterans. As De Visser and McDonnell (2013) suggested, men accumulate capital by displaying typically masculine forms of behaviour and using masculine idioms and signifiers in the stories they tell to others. Such capital can act as a vital source of authority and power in the social world. It can also be used to accommodate certain non-masculine experiences or behaviour in an overall masculine identity. For the veterans in this study, masculine capital was accrued by telling stories of fighting against PTSD and actively dealing with its effects upon wellbeing. As Jonny, a Northern Ireland veteran, commented:

I'm trying not to be a slave to PTSD. The real trick is, firstly, accepting that you have a problem, secondly getting the correct advice and support, and thirdly learning how to live with PTSD. It's too easy to fall into that thought process of just [child's crying voice] 'The world hates me and I've got nothing going for me!' I don't feel that – I feel very strongly that we can all make differences, but you've got to want to make those differences. Some people don't – that's their choice. But the thing with, especially the guys I meet here, is that – in all our different ways, we're all not willing to sit back and just accept the situation. We're all trying to do things to improve – not just our quality of life – but ourselves as well. When I was finally diagnosed with PTSD, one of the things I said, and I'm sticking to, is that I am gonna come out the other end of this a better man – hopefully, a nice man. Because again, when I get in my really dark moments, I don't think I'm a nice or a worthwhile person at all. I see really black things about myself. But what I'm not prepared to do is just sit back and let that take over – I'm gonna fight it to my dying day. To my last breath I will still be fighting this. And I think that's a mentality that has come about because of the army. And I've noticed that with all the guys here – every single one of them is fighting against letting PTSD take over.

Illustrating the dynamism and complexity of military masculinities (Higate 2003), getting on with it could be reconstructed as a resource for dealing with PTSD and improving wellbeing, for example by doing things to combat PTSD rather than passively denying PTSD or 'giving in' to it. In the social field of the charity, maintaining a denial of one's suffering as simply getting on with it could be construed as a refusal to come to terms with one's suffering, and hence, paradoxically, not getting on with it. Among these veterans, masculine capital was gained not by denying suffering and remaining stoic, but through actively dealing with PTSD; through fighting it. Highlighting the situational construction and performance of masculinities, the meaning of getting on with it in the group thus shifted from denying one's suffering to fighting it and facing it head on, like a man. For the veterans, this meant actively doing things to cultivate wellbeing, such as attending surf camps and residential weeks, talking to other veterans and engaging in meditation and relaxation sessions. In particular, the veterans' stories of actively dealing with PTSD often centred on surfing as a way of building masculine capital and boosting their subjective wellbeing (Diener 2000). Jonny (quoted above) continued his story as follows:

I'm *determined* to stand on that surfboard. You know, one of the things that the military does – it throws challenges at you. And my civilian counterparts would most likely say 'Well, we're not sure we can do this', whereas the military attitude is 'Yeah, get on with it', and then cope with what comes up at the time – not look for the problems first, deal with the problems as they arise. I've got to stand on that bloody thing! I've got to and it's an immediate short term goal that I can achieve and I'm going to achieve it. And that in itself then helps with the PTSD because you've *done something*. You haven't sat back sucking your thumb, crying into your beer, pissing and moaning about how bad life is, you've gone out and you've done something. And in my case, something completely different to what I've ever done before. And you can see I'm grinning when I talk about it – it says it all really. You go away with a grin, a good belly laugh!

By telling stories about surfing as a way of positively dealing with PTSD, the veterans managed to rebuild some of the masculine capital they had lost by appearing vulnerable as a result of suffering and being diagnosed with PTSD. Surfing thus provided the veterans with an opportunity to enact a positive, proactive version of masculinity in relation to PTSD that was valued by the other veterans. Moreover, they also boosted their subjective wellbeing through the positive emotions generated by surfing and the sense of respite from PTSD it provided them with (Caddick *et al.*, forthcoming). That is, while surfing did not eradicate PTSD, it did provide the veterans with a break from suffering that helped them to cultivate wellbeing and avoid a sense of embodied chaos (Frank 2013, Smith and Sparkes 2011), whereby suffering begins to seem endless and hopeless and PTSD constitutes the person's psychological world. Accordingly, surfing enabled the veterans to care for their mental health and wellbeing in a way that aligned with their masculine habitus, that is, by taking a proactive approach to wellbeing and by fighting the effects of PTSD.

Banter and the narrative environment as a resource for wellbeing

According to Gubrium and Holstein (2009), stories do not exist in isolation, but rather they circulate in narrative environments that support and value certain stories while inhibiting or marginalising others. In the narrative environment of the charity, stories in which the teller presented a positive outlook on life, and demonstrated a proactive approach to dealing with PTSD were valued. Such stories were viewed by the veterans as taking control of wellbeing and helping to minimise the negative effects of PTSD upon their lives. A core component of positive storytelling in this narrative environment was banter. This involved communicating with each other primarily using humour, making fun of one another and oneself in an effort to see who could come up with the wittiest comment or joke. Consider, for example, the following field note recorded by the first author during a residential week in May 2013:

A consistent feature of life on the residential week is banter between the veterans. They are constantly 'ripping into each other' and laughing with and at each other. A prime example occurred this evening at the dinner table. The guys were in high spirits and throwing friendly jibes and mock insults at each other, often of a sexual nature. Afterwards, Sid explained to me that 'whenever you've got a group of squaddies together, it automatically turns to cock and ass jokes that civvies just don't find funny'. Notably, no-one left the table for half an hour after dinner was over as the banter and laughter continued.

Hyper-masculine banter has been described as an important component of how men in the military do masculinity (for example, Green *et al.* 2010). For the veterans in this study, banter operated as a resource for wellbeing by re-establishing the camaraderie that for many of the

veterans had been the most enjoyable aspect of life in the forces. That is, banter contributed to the formation of strong interpersonal bonds between the veterans, reconnecting them with men who embodied the concept of a military man and nurturing their psychological health through positive relationships with others. Such connections and bonds were also an important source of emotional support and solidarity for the participants in dealing with the effects of PTSD on their mental health and wellbeing (Green *et al.* 2010). Moreover, masculine banter enabled the veterans to enact positive stories in the shared narrative environment of the surfing charity, while keeping negative stories about PTSD firmly in the background. Matthew, for example, a Northern Ireland veteran, described his experiences of surfing with the group as follows:

There's something about boys and water! Especially big boys out in the ocean, riding around on bits of plastic, just having a laugh – where else would you wanna be? ... Just being out by the sea is good in itself, being in it is far better, and learning how to ride waves doesn't compare with anything. Especially with a bunch of blokes in the same situation, so there's none of that peer pressure or no-one's looking down at you. All these ex-forces guys, you know they're all there for the same reason. They've all got this PTSD, or whatever – not that we talk about any of that – it's simply about the surfing and just leaving all that emotional stuff behind you and just going out and egging each other on and taking the piss and having a bit of a laugh as the squaddies do. Yeah, it's good.

The narrative environment shared by these veterans was dominated by positive stories like the one above. Through telling these positive stories and emphasising banter, the veterans substituted one performance of hegemonic masculinity (that is, remaining stoic) for another, more helpful, performance in the context of PTSD (that is, emphasising homosociability and male bonding). The veterans were thus able to 'trade on' their masculine capital to minimise the (potentially stigmatising) emphasis on PTSD in the group (De Visser, Smith and McDonnell 2009). As De Visser *et al.* (2009) argued, men can trade masculine capital to compensate for experiences that other men might regard as non-masculine such as suffering emotional distress. In the charity, the focus of group interaction on masculine banter and storytelling rather than PTSD traded on the veterans' masculine identities as 'squaddies' or 'lads' in order to offset the potentially negative consequences of PTSD for masculinity. Moreover, the banter and positive-focused stories worked for the veterans as a resource for wellbeing by enabling them to care about their mental wellbeing and to support each other while at the same time upholding masculine identities and preserving masculine capital.

In addition, while the narrative environment promoted wellbeing in veterans whose stories were seen as positive, there could be consequences for those who felt unable or unwilling to fully engage in the banter and whose stories did not align with the dominant emphasis on positivity. Indeed, stories that did not fit the prevailing narrative tone were in danger of being marginalised or silenced. Consider how Freddie, a Northern Ireland veteran, recalled his experience of a residential week:

Freddie: I'm a bit of a loner, I don't mix with anyone anyway. I don't know if you noticed that while we were there, I was a bit more stand-offish. I had the odd word to say, but most of the time I'd just stand back and watch and listen. And apparently, it turned out I were being negative. When they [staff] gave everybody a debrief on the last day, I was told I was being negative.

NC: That's how it was seen maybe, was it?

Freddie: Mmmm – because I didn't stop at the dinner table after I'd eaten my meal and chat like everybody else – I had my meal, and sat there for a little while and

then I'd bugger off, go off into my own little world and sit in the bedroom or whatever. I mean that's me, that's the way I am, even now that's the way I am ... If I wanna be negative, I'll be negative – that is part and parcel of PTSD. But because I voiced my negativity, it didn't go down very well.

As the comments above show, the narrative environment did not operate equally for all veterans as a resource for wellbeing but its effects could depend on the veterans' ability or willingness to demonstrate masculine capital by engaging in banter and by conforming to the prevailing narrative tone of the group. Indeed, the banter may be seen as a narrative style or 'speech genre' (Bakhtin 1986) that some people may find dull or even offensive. As such, it may be helpful for future research to explore how men who choose not to engage in banter might still benefit from camaraderie and homosociability in hyper-masculine environments (for example, by partnering with like-minded individuals or emphasising alternative aspects of hegemonic masculine performances).

Contradictions of help-seeking: upholding masculinity as both danger to, and resource for, wellbeing

The dynamic tension between masculine performances as both danger to and resource for wellbeing re-emerged strongly in relation to help-seeking. Asking for and receiving help from others was difficult from a gendered perspective, and had to be carefully negotiated in order to uphold masculinities. Indeed, despite being members of a charity dedicated to supporting veterans, the participants often experienced great difficulty asking for help when they were struggling. Eric, for example, described going through a psychological meltdown as follows:

I just sort of disappeared off the map. My girlfriend contacted [the charity] and said, 'What the fuck is going on? He's disappeared, I don't know whether he's alive or dead, he's in a state – get in touch'. And then I had missed calls from several of the guys at [the charity], and ... it's hard to explain, but – as much as I knew they cared, I didn't want them to know me as a wreck – as somebody who couldn't cope. So I ignored 'em – it was the only way I could deal with it, because I didn't know how to explain what was going on. And it was like, I'd get the call and I'd look at it and I'd go 'Alls you got to do is say hello'. But I physically couldn't even do that. Me mind wouldn't let me. I know it's a strange thing to say, but as much as I wanted to at times, I just went 'I can't do it'. Because I don't like being in a position of weakness.

As the comments above reveal, the process of help-seeking was filled with dangerous implications for masculinity and for wellbeing. The notion of distress as 'weakness' was so deeply embedded in the veterans' masculine habitus that they would often force themselves to stoically get on with it by themselves, even at great cost to their own mental wellbeing and that of their partners. However, in some of the situations facilitated by the narrative environment of the surfing charity, it was possible for the veterans to accept help from others without damaging their masculine identities or forfeiting masculine capital. Consider, for example, how Samuel, a Royal Navy veteran who served in Northern Ireland, described a situation in which he needed help:

I've got a safety net in some ways by having people around me here. I don't think I'd be able to just chuck everything in, which almost happened a while back. I had ... my benefits – I had a load of hassle with that – cut me money off. And my instant reaction was just to say 'Sod it, I'm off'. And literally, I was just gonna pack a bag and disappear. And that to

me was the most sensible thing to do. I didn't even speak directly to anyone about it, except – I said enough to two of the guys who know me well enough that they guessed what was going on. And that was enough to make me face it and sort it out and get it sorted out with help. And I'm still here – I'm not off living on the street somewhere, which to me was where I was headed.

While the veterans often could not ask for help directly, they could receive help if others compelled them to act on their situation. Indeed, as the above comments show, help-seeking was more compatible with performances of masculinity when it was framed as 'making' the veteran 'face up to his problems' and when it was initiated by others. This can be viewed as a strategy for preserving masculine capital while enabling others to provide support for one's mental health and wellbeing. In this instance, masculinity became a resource for wellbeing, but a passive one: it relied on others to accurately read the situation and provide the necessary support. There is thus the danger that things could have turned out differently: for example, Samuel could have been more dogged in his avoidance of support, or others might have failed to recognise him struggling, possibly leading to a crisis in his wellbeing and a decline into chaos (Frank 2013, Smith and Sparkes 2011).

As a final twist in the dynamic performance of masculinities by these veterans, directly asking others for help and opening up about PTSD could also be reconstructed as a form of getting on with it. Having already proven their masculinity through military service, the veterans were able to trade on their masculine capital to turn asking for help into a resource for wellbeing rather than a threat to masculinity. For example, Samuel (quoted above) also told the following story in which help-seeking is portrayed in a positive fashion and is seen as bolstering, rather than undermining masculinity:

I spent a lot of time feeling sorry for myself and blaming everyone else. So I think what [the charity's] done is given me a lot of self-confidence back. And I think the knock-on effect of that is I can take responsibility for myself, responsibility for how I feel. And taking responsibility for how I feel is actually being able to say 'Actually, I need help.' Which I don't always do ... but I never even realised I could ask for help, I think, in the past. So that's kind of – in a way, turning my thinking round 180 degrees – everything I kind of believed was true maybe wasn't. I can remember you used to hear a lot about it on TV, about people making claims for PTSD and stuff like that – I didn't even know what it was. And then I think I got in that frame of mind where I used to think all this kind of 'claim culture' and people claiming for stuff – that's what I thought it was – just some scam that people had come up with to make a claim for something that they'd bloody signed up for anyway. So I can understand where that kind of stigma comes from, because I was exactly the same. I was like 'Oh, for Christ's sake – you signed up for it, stop whinging!' And I think I applied that to myself, and that's something I've had to get through and I think I wouldn't have done that without these guys around me – guys that are willing to stand up and talk about it. Well, I know I wouldn't have done.

In the shared narrative environment that promoted taking action in relation to wellbeing, asking for help could be reconstructed as an affirmation of masculinity, working for the veterans by enabling them to access support for their mental health and wellbeing. Indeed, because veterans in the charity valued help-seeking as a masculine act requiring the courage to risk one's own vulnerability, asking others for help became seen as positive action and getting on with it in relation to dealing with PTSD, rather than a 'non-masculine' admission of struggle or 'failure.' The veterans thus accumulated masculine capital not by

struggling alone, but by demonstrating a willingness to open up and talk freely about PTSD. This was most evident on residential weeks in what the veterans referred to as creative awareness sessions whereby they used art to help them reflect upon PTSD, connect, and share highly emotional stories with the group. Such disclosures were typically met with a great deal of empathy and support. In addition, the veterans were not afraid to engage in spontaneous conversations with each other about PTSD while 'hanging out' together during the residential weeks. However, due to the tenacious hold of hegemonic masculinities upon the veterans' masculine habitus, some participants could not always be open about their problems, and several commented that they still found it difficult to ask for help (even though they may have been more open to receiving help than they had previously been in the past).

Discussion

The findings from this study reveal the complex and often contradictory ways in which combat veterans enacted masculinities in the context of a surfing group for veterans experiencing PTSD. Consistent with previous research (for example, Higate 2003, Hockey 2003), the findings highlight the dominant (hegemonic) form of military masculinity that shaped the veterans' participation in the group. This research also supports the notion of military masculinities as situational and contextual performances, rather than fixed patterns of gendered behaviour that men inflexibly adhere to (Green *et al.* 2010). Moreover, the study extends knowledge on combat veterans, masculinity and PTSD by identifying the implications of masculine performances both of and for veterans' mental health and wellbeing.

One implication for the veterans' wellbeing was that hegemonic military masculinities could be reconstructed as a resource for dealing with PTSD. Specifically, the military way of performing masculinity as getting on with it encouraged the veterans to work on improving their mental health through active participation in the surfing group (McCoy 2005). Thus, rather than reinforcing traditional gendered stereotypes of veterans as stoic and self-reliant, performances of military masculinity were reframed as taking action and being proactive in relation to caring for mental health. This finding is supported by recent men's health research that suggests that men are becoming less constrained by traditional notions that a concern for health is feminine and are reformulating health and help-seeking as a masculine act of 'being in control and taking responsibility' (Farrimond 2012: 222). Furthermore, this study resonates with research by Emslie *et al.* (2006) that demonstrates that men can develop an awareness of mental health by resisting the notion that distress is feminine and by rebuilding positive masculine identities associated with mental health.

This study also uniquely reveals the importance of narrative environments (Gubrium and Holstein 2009) in shaping the veterans' masculine performances in relation to health and wellbeing. The veterans' ability to reconstruct getting on with it as a resource for wellbeing was linked to their participation in a narrative environment that valued stories of taking action and fighting PTSD as being exemplary of masculinity. In other words, the narrative environment enabled veterans to trade their masculine capital (De Visser, Smith, and McDonnell 2009), acquired through their status as squaddies and combat veterans, in order to care for mental health and wellbeing while also acknowledging the presence of PTSD. Of course, this also suggests that outside this narrative environment (for example, when surrounded by civilians or veterans who do not experience PTSD), opportunities for reframing military masculinities may be limited. Indeed, as De Visser *et al.* (2009: 1055) suggested, 'while men may acquire and

trade masculine capital, the capacity to trade it is limited because different masculine and non-masculine behaviours are valued differentially by other men'. Accordingly, our research highlights the importance of a supportive narrative environment in promoting mental health and wellbeing among veterans.

Furthermore, the narrative environment that veterans had access to in the charity operated as a resource for wellbeing by facilitating a caring and sensitive approach to dealing with PTSD. In this narrative environment, the veterans were not expected to deal with PTSD by themselves, alone, stoically and silently. Rather, a genuine sense of care and concern for the wellbeing of others took precedence over any pressure to conform to hegemonic masculine ideals that emphasised self-reliance and stoicism. This finding echoes the work of Green *et al.* (2010) who suggested that masculine performances can protect wellbeing through camaraderie and a sense of belonging that provides emotional support to veterans experiencing distress. Extending this work further, our findings show how veterans can trade masculine capital in order to legitimise caring relationships with each other. This said, we recognise that participation in supportive relationships could sometimes depend on the specific veteran's ability to demonstrate masculine capital, for example, by engaging in banter. Indeed, as Green *et al.* (2010: 1458) suggested in their study of young veterans' masculine performances, the 'ability to engage with the "banter" was a key marker for being accepted into the "in group" and being able to access the benefits of camaraderie'.

Despite the capacity of veterans to trade capital and to reshape the meaning of military masculinities, masculine performances were often damaging for the veterans' mental health and wellbeing. Indeed, while the veterans could change how they approached PTSD, they were unable to fully escape the stigma of a 'spoiled identity' (Goffman 1963) that came with experiencing PTSD. That is, experiencing PTSD could lead to social stigma from others that threatened to spoil their masculine social identities as combat veterans. As such, the veterans' dominant response to PTSD (that is, denial and maintaining the image of oneself as coping) was oriented toward preserving their masculine identities and avoiding the stigmatised identity of being a PTSD sufferer. Even amongst the supportive narrative environment of the surfing charity there were times for many of these veterans when this dominant response of hiding PTSD took precedence. Upholding traditional military masculinities could be dangerous for the veterans' wellbeing in two main ways. These were concerned with directly adding to the impact of PTSD on wellbeing through a sense of being weak or having failed as a soldier, and indirectly damaging wellbeing by preventing the veterans from accessing support from others.

In addition, the ways in which the veterans reconstructed military masculinities to work for them concealed an element of ambivalence and contradiction about when and how they could ask for help or express their emotions, or even if they could do these things at all. Indeed, despite notions of openness, honesty and being able to ask for help acting as masculine signifiers in the narrative environment of the charity, the veterans often struggled to break ties with their masculine habitus (Brown 2006) which, in turn, restricted their ability to embrace this kind of behaviour. The veterans were thus caught between two alternative expressions of masculinity (traditional and reconstructed), which led them to express a great deal of ambivalence about asking for help or exposing emotional vulnerability to others. In addition, while the veterans often expressed support and concern for the wellbeing of others in the group, they typically displayed little self-compassion (Neff 2003) in relation to their own mental wellbeing. For instance, they frequently described their ongoing attempts to simply get on with it by themselves, rather than discussing their problems with others, thus further highlighting the contingent relationship between wellbeing and performances of military masculinity among these veterans.

Conclusion

This article advances theory on masculinities and combat veterans by demonstrating that, due to the fluidity of military masculinities, veterans can reconstruct the meaning of military masculinities in ways that benefit their mental health and wellbeing. Such positive reconstructions may also be fortified if veterans are engaged in relationships and narrative environments that support and value these new ways of being masculine. Furthermore, this original research contains practical implications for supporting combat veterans experiencing PTSD. Firstly, and contrary to approaches that warn veterans of the dangers associated with masculinity (for example, anti-stigma campaigns warning veterans, 'don't bottle it up'³), masculine performances should not automatically be viewed as problematic for veterans' wellbeing. Health-promoting masculine performances might thus be recognised and supported in PTSD treatment settings. Secondly, This needs to be 'Secondly, and potential benefits of health-promoting masculine performances recognised, health workers should continue to be mindful of the ways in which upholding traditional military masculinities can damage veterans' wellbeing and undermine efforts to support veterans experiencing PTSD (Lorber and Garcia 2010). However, rather than criticising veterans for their adherence to problematic masculine norms, efforts to support and treat veterans could focus on reconstructing masculinities in positive ways that benefit veterans' mental health and wellbeing and do not damage others.

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Notes

- 1 Being diagnosed with PTSD was not a requirement for inclusion in the study. This was due to some inherent tensions in the diagnosis of PTSD itself and problems over the 'medicalisation of suffering' (Summerfield 2001). All the participants, however, referred to themselves as living with PTSD.
- 2 All names are pseudonyms.
- 3 'Don't Bottle It Up' was the slogan of a campaign run by the UK's leading PTSD charity Combat Stress targeting stigma and encouraging veterans to present for treatment.

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