

1 **“He messaged me the other night and said you are my**  
2 **saviour”**: An interpretative phenomenological analysis  
3 **of intimate partner’s role in supporting Veterans with**  
4 **mental health difficulties**  
5

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8 **ABSTRACT**

9 **Introduction:** The limited research base regarding Veteran welfare has emphasised the adverse  
10 psychosocial aspects of being the intimate partner of a Veteran struggling with mental health  
11 difficulties. Despite this, previous research has identified that remaining in a romantic  
12 relationship can be a protective factor for mental health difficulties. This study aims to explore  
13 intimate partner’s views of the role they play in supporting Veterans with mental health  
14 difficulties and to explore the personal meanings they associate with this role.

15 **Methods:** Six female partners of Veterans were recruited using purposive sampling. Qualitative  
16 data was collected using semi-structured one to one interviews. Interpretative Phenomenological  
17 Analysis (IPA) was used to gain an in-depth understanding of the lived experiences of partners  
18 of Veteran’s living with mental health difficulties.

19 **Results:** Three superordinate themes were identified: (1) The multifaceted nature of support (2)  
20 vicarious psychosocial consequences of the caring role and (3) reconstruction of Veteran’s  
21 identity following transition.

22 **Discussion:** Intimate partners of Veterans described how they supported Veterans experiencing  
23 mental health difficulties as well as detailing the challenges they faced. Future research topics  
24 are considered, and recommendations for further support for the intimate partners themselves are  
25 outlined.

26 **Keywords:** Veterans, military, partners, mental health, caregiving, IPA.

## 27 INTRODUCTION

28 Over the past decade the number of UK Veterans diagnosed with a mental health disorder has  
29 almost tripled, rising from 1.8% in 2007/08 to 3.1% in 2017/18<sup>1</sup>. Within this population, almost  
30 one fifth of Veterans suffer from common mental health conditions such as depression and  
31 anxiety, whilst post-traumatic stress disorder (PTSD) is reportedly prevalent amongst 4% of the  
32 Veteran community<sup>2</sup>. Help-seeking behaviour has increased, which may contribute to a disparity  
33 in the reporting of the true prevalence rate<sup>3</sup>. As mental health issues among Veterans become  
34 more recognised and understood, there is an interest in their families, with a number of previous  
35 studies focusing on the families' views of Veteran mental health<sup>4-6</sup>. Despite this, there exists  
36 little research exploring intimate partners' views on their role in supporting Veteran partners  
37 experiencing mental health difficulties and whether this role is beneficial to the recovery process.  
38 Conflicting reports exist of the actual risk Veterans face of developing mental health difficulties.  
39 National Health Service England suggested the rate of Veteran mental health difficulties is  
40 similar to the UK general population<sup>7</sup>, whilst other research suggests the prevalence rate is  
41 almost double that of the general public<sup>8</sup>. Recent findings suggest the prevalence rate of common  
42 mental health problems within a population of serving personnel during the Iraq and Afghanistan  
43 conflicts was around 22%<sup>9</sup>.

44 It seems clear that whilst the true prevalence rate of Veteran mental health problems remains less  
45 than clear, findings from a variety of research are beginning to show the impact of deployment  
46 and military service on the mental health of Veterans and their intimate partners and families<sup>2,10-</sup>  
47 <sup>13</sup>. Whilst PTSD is the most widely researched form of mental health difficulty, Veterans with  
48 PTSD tend to suffer co-morbidly with other mental health difficulties and/or substance misuse<sup>14</sup>.  
49 Intimate partners of Veterans are also at risk of developing mental health difficulties such as  
50 secondary traumatisation<sup>15,16</sup>.

51 It should be noted that help seeking behaviour within the Veteran population is different from the  
52 general population<sup>14</sup>. Estimates show that Veterans struggle to seek help for approximately 11  
53 years following discharge from service<sup>14,17</sup>. Whilst this time gap in help seeking behaviour often  
54 precipitates and contributes to Veterans developing more severe mental health difficulties<sup>18</sup>, the  
55 impact of this time gap on intimate partners is less researched and understood. When considered  
56 alongside research indicating that Veteran's partners are at increased risk of developing mental  
57 health difficulties<sup>6,16</sup>, this further adds to the question of what intimate partners experience  
58 during this time.

59 There have been qualitative studies exploring the impact of Veteran mental health on the  
60 wellbeing of intimate partners<sup>5,6,19,20</sup> and several positive factors that can facilitate positive well-  
61 being, including having social support and receiving education about PTSD<sup>20</sup> have been  
62 identified. One study used interpretative phenomenological analysis (IPA) to explore the impact  
63 of PTSD on the intimate relationships of Veterans<sup>19</sup>. Recommendations include research  
64 exploring whether family relationships may aid Veterans to recover from PTSD and for  
65 clinicians to include family members in their Veteran's recovery<sup>19</sup>. For these recommendations  
66 to have been made suggests there is further need to explore the role intimate partners play in

67 supporting Veterans with mental health difficulties. Family relationships can positively influence  
68 mental health and wellbeing, as well as aid Veterans transition into civilian life, as stated in Lord  
69 Ashcroft's transition reports<sup>21</sup>. Furthermore, within Scotland, there are a number of projects that  
70 include family members of Veterans in the recovery journey<sup>22</sup>.

71 Despite the seemingly negative evidence presented in previous work<sup>4,6,16,23,24</sup>, there is research  
72 suggesting that being in a romantic relationship offers some positive benefits such as increased  
73 emotional wellbeing as well as being a general protective factor for mental health problems<sup>25,26</sup>.  
74 There is, however, seemingly little research exploring whether these findings may be applicable  
75 to the partners of Veterans. The current study sought to examine partner's specific role and  
76 experience of supporting Veterans with mental health difficulties.

## 77 **METHODS**

### 78 **Participants**

79 Several strategies were used in order to recruit the participants. Recruitment advertisements were  
80 placed around the University of Strathclyde campus, Veteran organisations and posted on social  
81 media. Additionally, the researchers attended and spoke at events aimed at Veterans and military  
82 personnel in order to advertise and recruit. In line with the recommended IPA sample size of five  
83 to six participants, six participants were recruited for this study<sup>27</sup>. Table 1 shows participant's  
84 demographic information, which was collected using a background information questionnaire.  
85 All the participants and Veteran partners were given pseudonyms based on the first letter of their  
86 names, which were used throughout the data collection and analysis.

### 87 **TABLE 1 GOES HERE**

### 88 **Data collection**

89 Semi-structured, one to one interviews were conducted by the lead researcher (HJ) in order to  
90 collect data. Semi-structured interviews were used as this methodology allows the participant  
91 flexibility with their answers and the opportunity to explore their experiences as fully as  
92 possible<sup>28</sup>. The interview schedule was developed for the purposes of the current study and was  
93 informed by previous work<sup>6,13,16,19</sup>. The interview schedule was first tested with one participant  
94 to ensure suitability. No changes were made, and the questions were deemed suitable and  
95 appropriate. The participants were asked a total of 17 questions. Six questions focused on the  
96 partner's understanding of their Veteran's experience of service, both before and after leaving  
97 the military. Two questions focused on whether being in the military impacted on intimate and  
98 family relationships. Two questions asked whether any support was given by the military during  
99 and after service. Seven questions explored their Veteran's mental health difficulties, the impact  
100 this had on the interviewee's own mental health and the support they therefore were able to offer.  
101 The interviews were audio recorded using a digital voice recorder and then transcribed verbatim.  
102 The interviews ranged in length from 49-86 minutes (mean= 60.17 minutes, SD = 13.69  
103 minutes). Interviews took place in the homes of the participants and via Skype. During the  
104 interviews, reflective notes were made by the researcher to collate any non-verbal information  
105 that may later inform analysis.

## 106 **Data analysis**

107 IPA<sup>27-29</sup> was used as this approach allows for an in-depth exploration of how participants make  
108 sense of their own life experiences and the personal meanings they associate with them<sup>30</sup>.  
109 Additionally, IPA was selected as not only did the lead researcher have a personal insight into  
110 the experiences of Veterans' intimate partners but also due to the complex nature of living  
111 alongside mental health difficulties, a dynamic process and time of change that is well suited to

112 this methodology<sup>27,29,31</sup>. This insight allowed the lead researcher to better make sense of the  
113 participant's experiences<sup>29</sup>.

114 In IPA, the analysis is phenomenological in that it is concerned with the perceptions and  
115 experiences of individuals, and interpretative in that it acknowledges the significant role the  
116 researcher plays in making sense of these individuals' experiences<sup>29</sup>. This type of research  
117 involves a double hermeneutic; the individual tries to make sense of their experiences, and the  
118 researcher tries to make sense of the individual trying to make sense of their experiences<sup>29</sup>.

119 While the researcher attempts to understand what it is like for the individual to have a particular  
120 experience, they cannot access such experiences directly, and so their own perceptions and  
121 interpretation of the experiences is recognised<sup>32</sup>.

122 Following the IPA guidelines, the lead researcher (HJ) conducted an initial reading in order to  
123 become familiar with each of the participants' interview transcripts<sup>27-29</sup>. A re-reading of the  
124 transcripts then occurred, whilst noting any statements of interest. These initial notes were then  
125 collated in order to develop emergent themes.

126 These themes were then condensed through a process of connecting similar thoughts, during  
127 which, the co-researcher aided. Once refining of the emergent themes occurred, it became clear  
128 three superordinate themes best described and encompassed the remaining emergent themes.

129 Analysis did not explore differences between participants' understandings according to their  
130 different demographic characteristics. The COREQ checklist<sup>33</sup> was used to guide the reporting of  
131 the findings. Full ethical approval was gained from the University Ethics Committee.

132 **Positionality of the researcher**

133 It is necessary to acknowledge how the researcher's experiences and biases may impact on the  
134 research process<sup>34</sup>. Investigating the views of Veterans' spouses and partners is of personal  
135 significance to the lead researcher (HJ), being the daughter of a Royal Air Force Veteran who  
136 experienced mental health difficulties following deployment to Iraq during the 2003 gulf war.  
137 This experience, coupled with family anecdotes about the support having a partner brings,  
138 allowed for an 'insider perspective'<sup>35</sup>. This insider perspective allowed for an ability to build a  
139 rapport with the participants interviewed for this study, an important aspect of IPA  
140 research<sup>27,29,36</sup>. An inside knowledge of military life, as well as a thorough understanding of the  
141 challenges intimate partners face may have influenced the interpretation of the interview  
142 transcripts. Regular reflective supervision with the co-researcher (NC) to explore and recognise  
143 potential biases and how one's own experiences may have influenced the interpretation of the  
144 data was found to be a useful means of addressing such issues. Potential biases were further  
145 addressed by having the co-researcher cross-check the emergent themes throughout the  
146 analytical process.

## 147 **RESULTS**

148 Superordinate themes were identified due to the active role of the researchers in data collection  
149 and analysis in accordance with the steps outlined in the IPA guidelines (see table 2). Quotes  
150 from participants are presented in italics.

### 151 **TABLE 2 GOES HERE**

#### 152 **The multifaceted nature of support**

153 Participants identified a number of mechanisms by which they supported their Veteran with the  
154 mental health difficulties on an everyday basis. Participants described that simply “*being there*”  
155 [Julia] was a key mechanism for support.

156 Ruby described how she supported her husband by “*sorting him out*”. This description, whilst  
157 simple, encompassed a sense of ongoing support that aided her husband on a daily basis:

158 *There'd be times see I can't remember what he would comment on...you know like newly*  
159 *meeting somebody else...I can't remember when the last time that was when he'd say oh*  
160 *yeah this is Ruby who sorts me out. Keeps me going. Something like that* [Ruby].

161 Additionally, Charlotte suggested for her partner, being emotionally invested was a key aspect of  
162 support. For Charlotte's partner, being a consistent source of support “*helped him massively*”,  
163 allowing him the space to talk about issues when he needed to:

164 *You know he always says that I've helped him massively...and I think one of the things*  
165 *that stands out to me the most about one of the things he's said to me before is that I'm*  
166 *the only person that's actually bothered to take an interest so previous relationships and*  
167 *things, you know, he never really has spoken to anybody about this sort of thing*  
168 [Charlotte].

169 Participants also discussed the ability to identify when their Veteran partner may have been  
170 struggling more than usual. This ability to be vigilant allowed the partners to know when support  
171 needed to adapt. This vigilance, however, meant that participants needed to fulfill a new role;  
172 that of a vigilant caregiver. For Julia, being hypervigilant and knowing her partner's warning  
173 sign allowed for changes to be made and increased support to be given:



174 *You know there are worse days and I've said to him, you know, I can tell straight away*  
175 *because he's quite, erm I mean John is like one of the most laid back guys but he's quite*  
176 *he's quite short with me and he's quite sort of agitated. I can always tell if he's kind of*  
177 *going to go because he has really bad nightmares [Julia].*

178 Additionally, knowing their partner's warning signs meant they were able to support Veteran  
179 partners in seeking professional help when needed, as captured in Ruby's account:

180 *Actually he sorted of coped with it very well in that he didn't go on for years...not going to*  
181 *the GP or anything like that which you know some people do get stuck don't they and*  
182 *not...so he did react reasonably quickly actually so...yeah in that respect I suppose that*  
183 *was a time he was doing what he could to help himself [Ruby].*

#### 184 **Psychosocial consequences of the caring role**

185 Despite identifying that support aided on a day to day basis, every participant described a range  
186 of psychosocial consequences due to caring for their partner. Psychosocial consequences  
187 participants faced included a sense of isolation, an increase in anxiety and a lowering of overall  
188 mood. Whilst expressing the difficulties that they often faced whilst caring for their Veteran,  
189 participants described a sense of both loss and grief which they attributed to the impact of caring  
190 and supporting. Elaine described how it "*probably rubbed off on me*" in reflecting on how caring  
191 for her husband during difficult episodes with his mental health had adversely impacted on her  
192 own wellbeing. Additionally, needing to be vigilant of their partner's mental health difficulties  
193 could have added increased strain on the participants. This, coupled with experiencing their  
194 partner's mental health difficulties first hand could have contributed to the psychological  
195 consequences participants described.

196 Julia expressed a sense of feeling overwhelmed when her partner was struggling more than usual  
197 with his mental health, as well as a sense of grief and loss when describing how her Veteran  
198 partner would withdraw and become less communicative:

199 *There are days when I can get really upset because John is, you know, he's hardly spoken*  
200 *to me or he's not been as affectionate with me or he'll come in from work and he just*  
201 *doesn't really speak to me and that can be upsetting... but you know sometimes it is*  
202 *there's times where he doesn't want to go out and I'm you know your immediate reaction*  
203 *is (sighs) right so we're not going out then erm you know and I probably am more a wee*  
204 *bit like that. ...it breaks my heart to see him to know what he's going through [Julia].*

205 Charlotte experienced an increased sense of anxiety due to her partner's mental health  
206 difficulties. For Charlotte, engaging in everyday tasks such as taking care of the household  
207 became increasingly difficult due to the sense of "constant worry" that she would feel,  
208 particularly when her partner expressed and engaged in suicidal ideation with intent:

209 *I'd come home from work sometimes and I would walk in the house and he'd be in the*  
210 *bedroom and have a rope wrapped round his neck...or there was a time I was in*  
211 *[supermarket] and I was doing the shopping before I was about to go home and I got a*  
212 *phone call and I had to abandon my shopping in the middle of the shop to get home*  
213 *because he was just so frightened to be in the house on his own...so it's things like that*  
214 *and it's the constant worry [Charlotte].*

215 Despite experiencing some negative consequences of caring for their partners, Elaine stated "the  
216 *experience has made us who we are*", suggesting that without the experience of supporting her  
217 husband through his mental health difficulties, the relationship would not be what it is today.

218 Additionally, Betty discussed a sense of safety she feels with her partner despite his mental  
219 health difficulties:

220 *So I think his anxiety levels are reduced...I think he relaxes a lot more I mean I feel very safe*  
221 *with him because I just feel that you know he would just protect me [Betty].*

222 For Betty, once her partner's mental health difficulties were starting to be resolved, a sense of  
223 safety and overall positivity emerged.

#### 224 **Reconstruction of Veteran's identity following transition**

225 Participants identified that they aided their Veteran partner in finding a sense of purpose once  
226 they finished service. Shelia explained that for her partner, his purpose was intrinsically linked to  
227 his military identity. Moreover, this loss of purpose encompassed a sense of grief and  
228 disappointment:

229 *Yeah I think he lost his purpose and didn't he didn't have a sense of belonging in what*  
230 *was next I think...he was quite, you know, quite a resilient man and he'd got to warrant*  
231 *officer one so he'd got to a senior post in the military and whatever and I think all of that*  
232 *he suddenly became just Tim [Shelia].*

233 Julia described how her husband, following being medically discharged, lost not only his home  
234 but also additional support from his peers. For her partner, being in the military was more than  
235 just a job;

236 *It was it was a huge change for him because John was based in Southampton so that was his*  
237 *home for 15 years...so you know it wasn't just leaving he was leaving his home he was leaving*  
238 *his you know all his friends and things [Julia].*

239 Despite this sense of loss, participants described how Veteran partners often found solace in their  
240 relationships. Betty's partner let her know that despite the mental health difficulties he faced, she  
241 was and remained the person with whom he found "safety" [Betty]. This sense of safety Betty  
242 described was echoed by nearly all the participants, suggesting, that for intimate partners of  
243 Veterans, being the "saviour" [Betty] for their Veteran comes with a sense of pride and  
244 privilege:

245 *He messaged me other night and said you are my saviour [Betty].*

246 Elaine mentioned she felt "quite privileged to live it" when describing her experiences of  
247 supporting her husband throughout his military career, whilst Charlotte suggested she "cherishes  
248 the good days".

## 249 **DISCUSSION**

250 This study aimed to gain an in-depth understanding of the role of intimate partners in supporting  
251 Veterans with mental health difficulties. Interpretative phenomenological analysis resulted in  
252 three superordinate themes which captured the intense and complex nature of the role intimate  
253 partners play and the personal meaning they associate with this role.

254 Participants described *the multifaceted nature of support* they give their Veteran on a daily basis.  
255 This theme described the everyday nature of support, as well as exploring the role participants  
256 performed when supporting Veteran partners. For the participants, support meant not only  
257 providing a psychological sense of safety but being physically and emotionally available.  
258 Additionally, participants discussed a sense of vigilance. This sense of vigilance has been found  
259 in previous research, with Beks suggesting being vigilant is a 'tumultuous experience'. However,  
260 for participants in this study, being vigilant allowed for an ability to identify when their partner

261 was struggling with mental health difficulties more than usual, therefore allowing for a change in  
262 support and in some cases, accessing professional help.

263 The findings from this study therefore shine light on a role the partners of Veterans can play; that  
264 of a vigilant caregiver. There was a sense of hypervigilance that allowed the partners to be wary  
265 of their Veteran's mental health. Partners needed to know when the Veteran's mental health was  
266 poor so that they could not only support them further if necessary, but also allow themselves a  
267 chance to protect their own mental health. This understanding of being a vigilant caregiver could  
268 provide valuable insight in family and couple based interventions, such as those proposed by  
269 Turgoose and Murphy<sup>38</sup>. The findings from this study suggest that many forms of interventions,  
270 such as psychoeducation, internet based interventions and residential retreats are successful in  
271 improving the mental well-being of intimate partners, however group based interventions were  
272 especially highlighted for the connections formed between participants<sup>38</sup>. Sharing an  
273 understanding of the difficulties faced whilst supporting a Veteran, as well as unpicking their  
274 role as a vigilant caregiver in a social context may have contributed towards this, and could form  
275 the basis for future interventions.

276 Participants discussed the negative and positive psychosocial consequences of supporting  
277 Veteran partners. The nature of their partner's mental health difficulties meant they had to fulfil  
278 various roles such as confidant and help seeker, as well as trying to maintain a sense of  
279 normality. Despite various negative experiences, some participants described a sense of  
280 acceptance suggesting that without the negative, there would be no positive.

281 The experiences of the participants echoed numerous pieces of past research exploring the  
282 impact of Veteran mental health difficulties on intimate partners and highlights the need for  
283 improved support and services to be established<sup>5,6,19,20</sup>. The most concerning consequence,

284 however, was the self-reported decline in mental health and wellbeing. This finding concurs with  
285 previous research that intimate partners are at greater risk of experiencing poor mental health  
286 compared to the general public. For participants in this study, low mood and increased anxiety  
287 were the main changes in their mental health, echoing previous findings within the field. It seems  
288 clear that whilst supporting their Veteran was considered a valued role, intimate partners must be  
289 supported themselves. Previous research has proposed interventions specifically for intimate  
290 partners, with findings suggesting more work must be done. When considered alongside the  
291 findings that the participants gained a new role as a vigilant caregiver, it is clear that when  
292 contemplating the welfare of Veterans and their partners, greater scrutiny must be placed on the  
293 treatment providers to ensure that the partners themselves are not under too much strain and  
294 fundamentally are not being used in place of providers themselves<sup>39</sup>.

295 The *reconstruction of Veteran's identity following transition* described a task that many of the  
296 participants identified as requiring the most energy. Participants identified Veterans struggled  
297 with difficulties in the immediate aftermath of leaving the military and that the sheer nature of  
298 the change caused partners the most issues. This concurs with previous research exploring the  
299 difficulties Veterans face during transition.

### 300 **Strength, Limitations and future research**

301 The findings of this study support and build upon previous research reporting that partners of  
302 Veterans often face challenges whilst living with a Veteran experiencing mental health  
303 difficulties<sup>5,6,16,23,24</sup>, as well as identifying numerous areas of further support that must be  
304 explored. A new understanding of the role intimate partners play whilst supporting Veterans has  
305 been found, as well as highlighting some of the positive aspects participants experienced during  
306 this process.

307 Whilst there are strengths to this innovative piece of research, there are also limitations. The  
308 participants were all female, their partners were all male and had served in the military for at  
309 least a decade. There were differences in age, between the participants, as well as a considerable  
310 difference in the length of time they had been in relationship. No comparisons were made  
311 between groups of partners. Further work would benefit from exploring such factors as well as  
312 diverse relationships, such as same-sex relationships or intimate partners of female Veterans.  
313 Research exploring the intricacies of the support mechanisms provided by the wider family unit  
314 (e.g. extended family; children), as well as utilising a larger participant group would be  
315 illuminating. Future research should also explore further how best to support partners of  
316 Veterans in regard to Veteran's transition, as well as the types of support the partners of Veterans  
317 would find helpful. All the Veterans had served in the British Army, which led to a more  
318 heterogenous participant group. Future work exploring other service leavers such as those  
319 retiring, exiting or early leavers would be of interest.

## 320 **Implications**

321 The findings of this study suggest intimate partners of Veterans believe they provide an  
322 important source of support to Veterans struggling with mental health difficulties, however they  
323 struggled to be included in their Veteran's treatment. Partners may benefit from being involved  
324 in Veteran treatment or, at the very least, given adequate information from professionals  
325 regarding what they could be doing at home. Equally, recognizing the complexity, intensity and  
326 challenges of the role intimate partners play in supporting Veterans experiencing mental health  
327 difficulties may enhance engagement with professional services. The results of this study  
328 highlight the challenges partners face when supporting Veterans, and the consequent impact on  
329 their own mental health. In support of previous research findings, the current study's findings

330 add to the already burgeoning call for Veteran's partners be given adequate support themselves  
331 in order to continue providing support. The need for family members to be included in the  
332 resettlement process and for the military as a whole to understand the impact intimate partners  
333 have on their Veteran's transition once they leave service, is evident.

### 334 **Conclusions**

335 This study explored the views and lived experiences of intimate partners in terms of the role they  
336 believe they play in supporting Veterans with mental health difficulties. Participants identified  
337 some of the mechanisms that help them to support their Veteran, as well as identifying the  
338 personal challenges they faced. Importance was placed on the impact leaving the military can  
339 have on intimate relationships and the consequent effect on their mental health. Implications of  
340 this research are far reaching, not only for clinical practice but also the inclusion of the partners  
341 of Veterans in the resettlement process. It is clear from these findings that partners may need  
342 support alongside Veterans in order to provide a continuity of care and support for their Veteran  
343 partner. Finally, it is important to note that for many of the partners interviewed, being  
344 supportive came part and parcel with the role of being an intimate Veteran partner. Whilst this  
345 role came with personal challenges, the strengths, dedication and pride associated with being part  
346 of the Veteran community and supporting Veterans facing mental health difficulties held  
347 important meanings for Veteran partners.

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450 Author Bios:

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452 Hannah Johnstone is an MSc Clinical Health Psychology graduate from the University of Strathclyde  
453 who undertook this research as part of her MSc thesis. She currently works for the Royal Air Forces  
454 Association as a casework officer. Her father served in the Royal Air Forces, and this has influenced her  
455 areas of research. She has particular interest in how families and social support may aid serving military  
456 personnel and veterans, as well as improving mental health treatment for these communities.

457

458 Nicola Cogan joined Strathclyde having previously worked as a consultant clinical psychologist and  
 459 clinical lead in mental health services in the NHS with over 15 years' experience. Her research interests  
 460 are in the areas of mental health, wellbeing, recovery and citizenship in applied health and social contexts.  
 461 She is a member of the International Recovery and Citizenship Collective led by Yale Medical School  
 462 and has an interest in issues concerning transitions from military to civilian life for veterans and their  
 463 families.

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468 Table 1: Demographic information of the participants

<b>Particip ant</b>	<b>Age</b>	<b>Partner ' Gender</b>	<b>Still togethe r</b>	<b>Partner ed before deploye ment?</b>	<b>Service of their Vetera n</b>	<b>Vetera n's Length of Service</b>	<b>Diagno sed Mental Health Proble m?</b>	<b>Severit y of Mental Health Diagno sis</b>
<b>Elaine</b>	60-64	F	Y	Y	Army (regular and TA)	15-20 years	Depress ion	Moderat e
<b>Ruby</b>	50-54	F	Y	Y	Army (TA)	20-25 years	Depress ion	Mild
<b>Charlott e</b>	30-34	F	Y	N	Army (regular )	5-10 years	PTSD	Severe

<b>Shelia</b>	45-49	F	N	Y	Army	20-25	None	N.a
					(regular	years		)
<b>Julia</b>	30-34	F	Y	Y	Army	20-25	PTSD	Mild
					(regular	years		)
<b>Betty</b>	55-59	F	Y	N	Army	20-25	None	N.a
					(regular	years		)

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471 Table 2: Superordinate themes and descriptions

<b>Superordinate Theme</b>	<b>Description of Theme</b>
<b>The multifaceted nature of support</b>	Partners of Veterans offer everyday support by knowing the warning signs, allowing the Veteran to be their true selves and by being a supportive person in general.
<b>Psychological consequences of the caring role</b>	Through supporting their Veteran, partners can suffer psychological consequences which can impact their own mental health and wellbeing.
<b>Reconstruction of Veteran's identity following transition</b>	Following discharge from the military, Veterans often lose their identity and sense of purpose. Partners and spouses help to reconstruct this.

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