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When the Dust Settles

**Psychological Resilience among Swedish Veterans after
Deployment in Afghanistan**

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Abstract

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Title: *When the Dust Settles: Psychological Resilience among Swedish Veterans after Deployment in Afghanistan*

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Sweden's military involvement in Afghanistan has entailed the deployed soldiers' exposure to high levels of stress and combat. As shown by a large number of studies, such experiences are associated with mental health problems. Resilience is an internationally recognized concept in striving to enhance military personnel's well-being and in alleviating combat-related stress reactions, yet thus far, few studies have addressed the concept of resilience within the Swedish military context. The aim of this thesis is to identify processes connected with resilience in a sample of Swedish veterans who were exposed to combat involving military losses. A second objective is to examine how the veterans were affected from being in service and how they have handled stress over time. The theoretical framework is resilience, as well as bioecological systems theory and the concept of turning points. The results, which were generated through seven qualitative semi-structured interviews, indicate that the majority of the resilience processes operate within veterans' immediate environment and receive momentum primarily through social relations. Unit members, family members, partners and close friends are identified as significant others. This thesis implies that utilized strategies within the Swedish military organization and recognition from Swedish society are of importance in mitigating or amplifying the negative effects of service. Among the interviewed veterans, deployment is generally experienced to be associated with perceived personal change, and physical exercise and solitary activities are suggested to lead to an enhanced ability to cope with stress and demands. However, deployment and the post-deployment transition also cause considerable strains for the veterans. The findings offer insights for the Swedish Armed Forces (SAF) and mental health professionals into the resilience processes that soldiers experience, as well as into risks, recognition, extended decompression periods and health-promoting behaviors.

Keywords: military, social work, Afghanistan, veterans, Swedish Armed Forces, resilience, bioecological theory, turning points.

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1. Introduction

Soldiers who are deployed to service in warzones or under warlike conditions are exposed to numerous adverse situations, such as handling human remains, participating in firefights, killing enemy combatants and witnessing brutality against the civilian population. Such experiences, referred to as “combat exposure” (Britt, Sinclair & Macfadden 2013, p. 4), are found to involve an increased susceptibility to posttraumatic stress disorder (PTSD)¹ and other mental health problems² (e.g., Xue et al. 2015; Hoge et al. 2004).

Concerns have therefore been raised about how to mitigate the detrimental effects of deployment stress and combat exposure and how to enhance well-being for active military personnel, veterans and their families. In line with this conception, the aim of this thesis is to elucidate psychological resilience (henceforth, “resilience”), i.e., adaption within the context of significant adversity (e.g., Masten 2001), that is experienced by Swedish veterans after their deployment in Afghanistan³. By identifying and exploring the protective processes that enable the occurrence of resilience, the aim corresponds with the constitutive notion that understanding resilience, a concept originally sprung from the 1970s research on “invulnerable children” (ibid., p. 227), uncovers paths to efficient interventions and pathways to reduce risks in stressful environments (Borge 2012, p. 11).

The intention of this introductory chapter is to present the field of research and the current thesis’ relevance for social work and within a Swedish military context. A presentation of Swedish research on military populations forms the closure to this chapter.

¹ A complete list of commonly appearing abbreviations can be found in Attachment 1.

² Similarly to the definition of the Public Health Agency of Canada (2006, p. 2), “mental health problems” refers to “alterations in thinking, mood or behavior—or some combination thereof—associated with significant distress and impaired functioning.” The terms “mental health problems”, “mental illness” and “mental disorders” are approximately synonymous in the literature on mental health (ibid.). However, “mental health problems” seems to be a slightly broader term and frequently appears in studies on soldiers and veterans (e.g., Hoge et al. 2004), motivating the adoption of this term throughout this thesis. “Mental health”, on the other hand, comprises “the prerequisites to cope with operational demands and stress in a way that benefits the individual’s recovery and further military, civilian and social ability” (Försvarsmakten 2016A).

³ I should indicate here that this is a category to which I belong. My military background – and the advantages and challenges that it has entailed for the present study – will be described in more detail in the discussion of method in chapter 3.

1.1. Encircling the issue

Since the first deployments in the 1940s and the subsequent large-scale troop contributions during the 1950s, the Swedish Armed Forces (SAF) has deployed over 85.000 Swedish men and women, serving on 120 international missions in 60 different countries (Försvarsmakten 2016B). Progressively, Swedish soldiers have begun to participate in exceedingly complex operations, such as the Balkan war in the 1990s, entailing more exposure to severe stressors for the soldiers involved (Johansson 2001). With reference to the work of Agrell (2013) and Hildebrandt (2011), exposure to combat and other potentially traumatic events (PTEs), appears to have been relatively normal for Swedish soldiers serving in Afghanistan.

As a result, adverse consequences from deployment may risk becoming more frequent among Swedish veterans, where complex and wide-ranging combat experience is no longer unusual⁴. Simultaneously, research on Swedish military populations is limited, which is why Swedish research is insufficient in addressing the issue of exposure to combat and potential hazards in connection with deployment for the affected individuals and their families (SOU 2008:91, p. 414). In contrast, numerous international researchers and military organizations have recognized the risks of military service and strive to “build” resilience in military personnel. The resilience concept was introduced to military settings in 2008 when the U.S. military drew attention to it in order to curb the adverse effects of deployment-related stress and the numerous post-deployment suicides among U.S. veterans (Simmons & Yoder 2013, p. 17). One of the programs that were implemented by the U.S. military is the Comprehensive Soldier Fitness Program. The objective is to maximize soldiers’ resilience, to make them psychologically equipped to cope with operational stress and the transition to a civilian life (Cornum, Matthews & Seligman 2011). Similarly, Baum et al. (2013) present the Peace of Mind Program, aiming to enhance levels of resilience through emotion management among Israeli veterans.

To my knowledge, no programs have been implemented by the SAF aiming to enhance resilience in Swedish military populations. There are also dangers in generalizing results from international studies within a Swedish context, which is why Swedish research on resilience is of importance. For instance, Swedish soldiers are commonly deployed over shorter periods of

⁴However, combat exposure is not a necessity for the occurrence of negative mental health consequences deriving from military service. Deployment itself is associated with a variety of noncombat-related stressors, such as tedium, deficient privacy and leadership- or family issues (Xue et al. 2015).

time (six months) in comparison with many of their international colleagues, to whom one-year deployments are far from unusual. Thus, Swedish military personnel are less affected by prolonged disrupted social bonds with their loved ones and by lengthy exposure to severe stressors. Additionally, Sweden has well-developed social services and social safety nets for its citizens, which is why veteran issues that are present in an international context (such as veteran homelessness), will doubtfully be actualized within a Swedish context.

This thesis, which appears to hold predominantly explorative features, is far from sufficient in uncovering and comprehending all aspects of protective processes that are experienced by Swedish soldiers serving in Afghanistan. Nevertheless, it forms a step in understanding resilience among Swedish veterans, which may be followed by further studies. The merits of the current study are consequently to increase the understanding of a seldom targeted population and to elucidate areas that are of potential significance for professional interventions and resilience-building efforts before, during and after deployment.

1.2. Aim

The aim of this thesis is to identify which processes Swedish veterans who have been exposed to combat involving military losses⁵ experience as protective during their deployment and in the post-deployment transition. Furthermore, the processes' functions (protective qualities) and the phenomenon and perceived resources⁶ which enable these processes to operate are explored. A secondary objective is to examine how the veterans experienced being affected by their service in Afghanistan and how they have handled stress over time. The aims have been deconstructed into two research questions, as outlined below.

Primary questions:

- Which phenomenon, perceived resources and processes are viewed and described by the veterans as protective during and after deployment? What are the functions of these processes?

⁵ "Loss(es)" here refers exclusively to the confrontation with death.

⁶ "Resources" encompass "factors external to the individual" (Zimmerman & Brenner 2010, p. 285). Factors that by contrast "reside within the individual" are named "assets" (ibid.).

Secondary questions:

- How do the veterans experience having been affected by their service in Afghanistan and which methods have they utilized over time to mitigate the perceived impacts of stress?

1.3. Definitions

The term “veteran” comprises all those who have been employed within the SAF, both nationally and internationally, serving with or without weapons. Those who have served abroad are titled “veterans of international missions” (Swedish: “utlandsveteraner”) (Försvarsmakten 2016C). The latter is the definition to which the term “veteran” refers throughout this thesis. “Soldier” is used as a collective term, referring to those who are presently serving, including officers. The term “military personnel” (used more seldom) comprises service members from all branches of the Swedish military, i.e., the Swedish Air Force, the Swedish Army, the Swedish Navy and the Swedish Amphibious Corps. The reason for varying the terms is primarily a matter of linguistics and secondarily because it increases accuracy in addressing individuals within different contexts.

1.4. Demarcations

This thesis is limited to comprise combat exposed Swedish veterans who have been deployed to Afghanistan. Firstly, this is a target group which has thus far not received much attention in research, which is why Swedish veterans from other high-intensity missions⁷ were omitted (e.g., in the Balkans). Secondly, as previously mentioned, there are nationality-based differences between military populations, so that including military personnel from other countries was deemed unsuitable. Thirdly, the results of this study may not be excluded to have some utility in other war or trauma-affected populations (such as refugees or survivors from natural disasters), yet, as soldiers deployed to armed conflicts are a target group with rather unique features, no such comparisons are included in the current study. For instance, deployed soldiers who may have born witness to atrocities or experienced a life-threat are extensively tested, trained, adequately equipped and, importantly, legally entitled to exert lethal violence. Moreover, deployment for Swedish soldiers has traditionally been a voluntary

⁷ “High-intensity missions” encompass missions in which exposure to combat and severe stressors are frequent for the soldiers involved.

commitment, which is why these soldiers, even in comparison with other Swedish soldiers, tend to be extraordinarily resilient and stress hardy (Rydstedt & Österberg 2013).

1.5. Study relevance and social work within military contexts

In Sweden, a country that was not involved in the World Wars as a warring party, the connection between the military world and the field of social work may be perceived as elusive or even strange. Internationally, however, the relation is natural. In fact, social work and the military have been interconnected fields for almost 100 years: the intersection occurred during World War I, when social workers from the Red Cross began treating soldiers who suffered from shell shock. The concept of “military social work” was then introduced with World War II (Council on Social Work Education 2010, p. 1). Currently, social workers are highly involved in the well-being of military personnel, veterans and their families. The tasks and challenges for social workers who are active within military contexts encompass the following:

[...] direct practice; policy and administrative activities; and advocacy including providing prevention, treatment, and rehabilitative services to service members, veterans, their families, and their communities. In addition, military social workers develop and advance programs, policies, and procedures to improve the quality of life for clients and their families in diverse communities. Military social workers provide assistance and treatment in the transition from military to veteran status, including a continuum of care and services for military personnel and their families. As the signature injuries and diagnoses (i.e., traumatic brain injury, post-traumatic stress, depression, substance abuse, combat stress, readjustment issues, intimate partner violence, and polytrauma) evolve with current combat-related events, military social work strives to respond by developing effective interventions and policies to aid service members, veterans, their families, and their communities (Council on Social Work Education 2010, p. 2);

Some prominent examples of [military social workers] varied services include case management; various modalities of psychotherapy; counseling; family psychoeducation and advocacy; medical social work and hospice care; and the development of community-level programs, policies and procedures. Prominent examples of the types of problems that [military social workers] deal with include Posttraumatic stress disorder (PTSD), substance abuse, suicide prevention, family bereavement, combat stress, veteran homelessness, and readjustment to civilian life (Rubin 2013, p. 23).

Swedish social work in counties and municipalities comprises many of the issues presented here, such as treating adverse consequences of stress exposure, mitigating financial concerns and promoting well-being in families (e.g., Lindskov 2010; Socialstyrelsen 2013). Civilian institutions hence appear to shoulder the responsibility that in greater military nations is

carried by military institutions. In other words, social work with soldiers and veterans occurs within a Swedish context, although military social work as a concept is not in use.

However, there is a recognized tendency for social workers to be inadequately equipped in providing services for soldiers and veterans who are affected by distress in the aftermath of deployment (Wheeler & Bragin 2007; Petrovich 2012; Rubin 2012). A salient area in which social workers face challenges is the lack of comprehension for “military culture”, defined as “values, beliefs, traditions, norms, perceptions and behaviors that govern how members of the armed forces think, communicate and interact” (Coll, Weiss & Metal 2013, p. 23). Without an ample understanding for military experiences⁸ and for the diversity of military culture, the prospect of grasping military personnel’s way of viewing the world is implied to be weakened along with interventional efficiency (e.g., Savitsky, Illingworth & Dulaney 2009). All in all, more knowledge about the unique features of military populations and of the military context is required among social workers who are assigned to work with the target group (ibid., p. 336).

In summary, though perhaps not widely recognized within a Swedish context, social work represents one of the fields that are assigned with the complex task of mitigating the potentially detrimental effects of military service; a commitment which seemingly includes several challenges for the social workers involved. This study may contribute with an enhanced understanding for the target group and their experiences.

1.6. Swedish research on well-being in military populations

As previously mentioned, research on Swedish veterans is limited, especially regarding the target group’s mental health. However, the risks associated with service in international missions appear to receive increasingly more acknowledgement within the Swedish military context. In response to the issues around military service, the SAF has recently instituted the Veterans Department (Swedish: “Veteranenheten”), which in turn has initiated research to clarify the effects of deployment among Swedish veterans. The studies were conducted by the company Aux Analysis and showed that Swedish veterans have levels of well-being that are

⁸ In P1:s (2013) documentary *the Warrior* (Swedish: *Krigaren*), a Swedish veteran depicts the mental health problems with which he has been struggling in the aftermath of his deployment and his perception of being treated with lack of understanding by Swedish mental health professionals, who were oblivious to the tasks performed by Swedish soldiers in Afghanistan.

superior to a matching sample within the Swedish general population (Pethrus 2014; Pethrus et al. 2014; Neovius et al. 2014; Neovius et al. 2015). The differences regarding physical health were moreover found to be insignificant (Neovius et al. 2016), though, the risk of divorce was almost twice as high among veterans (Neovius et al. 2016).

However, Aux Analysis' researchers emphasize that their results may be influenced by what is known as "the healthy soldier effect", referring to the view that veterans appear to have health superior in comparison to general populations despite their exposure to severe strains and combat during service (e.g., McLaughlin, Nielsen & Waller 2008). This biasing effect may occur due to the extensive psychological and physical tests which potential candidates must undergo prior to military service. Comparing such a psychologically and physically fit population with the general population is thus associated with challenges.

Furthermore, Michel (2005) investigates the mental health of Swedish veterans after their deployment to the Balkans. The findings indicate that the experience of traumatic events merely results in passing alterations for soldiers' mental health and that the number of suicides among veterans is lower than within the general Swedish population. Also, Andersson (2001) addresses aspects of mental health and stress reactions within Swedish veterans from the Balkan war. With a focus on the Swedish military leadership, Andersson depicts the ever-present stress that Swedish soldiers and officers had to endure. He suggests that military leadership is an exceedingly complex task in which an officer needs to be able to understand the overall picture, the context and the intrinsic processes in order to be a capable leader (p. 143). As shown by Jones et al. (2012), apt leadership improves soldiers' well-being and reduces the risk of developing mental health problems after service.

Furthermore, in a sample of Swedish peacekeepers serving in Liberia, Wiebull (2012) sought to identify the emotional demands associated with their deployment. Her results imply that emotional demands which are connected to low-intensity conflicts are more numerous and complex than previously assumed. Wiebull also found humor to be one of the strategies that soldiers and officers utilized in order to mitigate the effects of operational strains.

To my knowledge, the only study that explicitly addresses resilience among Swedish veterans was conducted by Bäckman, Hjärthag & Almqvist (2016). In comparing factors associated with resilience prior to sailors' (military personnel affiliated to the navy) naval deployment to

Somalia and after, the authors found levels of resilience and well-being to increase. However, sailors reported more post-deployment mental health problems than officers.

In the sections above, the current study's sphere of interest and the governing research questions have been outlined and its contribution to Swedish social work with veterans has been illuminated. The growing body of Swedish research on veteran issues and well-being has concluded the chapter. In what follows, the utilized theoretical framework is discussed.

2. Resilience: Concept and Theory

The aim of this chapter is to present the concept of resilience, an umbrella concept (Borge 2012, p. 61) within the current theoretically-driven thesis studied through the lens of bioecological systems theory. A second objective is to argue for the utilized theoretical framework and to illustrate what may be gained through the study of resilience within military contexts. As argued by Luthar, Cicchetti & Becker (2000), clarity and coherence in terminology and definitions, and a rejection of arbitrary applications is crucial in resilience research, which is why a broad presentation of resilience and its key components has been considered to be of importance here.

2.1. Resilience as a concept

Resilience was outlined as a psychological concept in the 1970s (McGeary 2011, p. 176; Masten 2001, p. 227) as the culmination of a growing interest among researchers for why such a large number of children showed remarkable resistance to the effects of disadvantageous upbringings. Unfortunately, there is no universal definition of resilience (Britt, Sinclair & McFadden 2013, p. 4; Greene, Galambos & Lee 2003, p. 77), nor is there a panacea to ensure positive outcomes. There are also inconsistencies as to whether resilience should be considered to be a trait, an outcome or a process (Fletcher & Sarkar 2013, p. 13). For instance, Connor & Davidson (2003, p. 76) state that “resilience embodies the personal qualities that enable one to thrive in the face of adversity”, a position that reflects the view on resilience as a characteristic (*ibid.*).

Along Masten's (2001, p. 228) line of argument, resilience here is viewed as an outcome that is made possible by protective processes. The chosen definition of resilience as “the demonstration of positive adaptation after exposure to significant adversity” is adopted from

Britt, Sinclair & McFadden (2013, p. 4). This is a definition that was developed *inter alia* against the background of the multiple PTEs that military personnel face during deployment, along with constant exposure to low-level stressors, such as lengthy deployments and separation from family. The definition is seemingly consistent with corresponding definitions in social work (e.g., Fraser, Richman & Galinsky 1999).

2.1.1. The two pillars of resilience

Fletcher & Sarkar (2013, pp. 13-14) distinguish two core elements that are frequently used in resilience research when deconstructing the overarching definition, namely “positive adaptation” and “adversity”. Masten (2001, p. 228), for instance, delineates the prominent role of psychosocial risks when she describes that “individuals are not considered to be resilient if there has never been a significant threat to their development; there must be current or past hazards judged to have the potential to derail normative development”. Thus, adversities are factors/events with a potentially destructive influence over human development. Adversities or risks occur in various systems and may comprise the individual or a family, a military organization or even a society (Masten 2013, p. 280; Borge 2012, pp. 70-74). Given this thesis’ focus solely on consequences of military deployment, “adversities” refers to risks that characterize service in Afghanistan, in which simultaneous to the combat stress, soldiers must withstand more low-intense stressors (e.g., tedium, idleness, fear of the unknown and long separations from home and loved ones).

Given their nature, protective phenomena that facilitate adaptive responses when exposed to adversities are more complex than risks and are consequently not as easily listed. Yet, in essence, there are concrete facets and influences which mitigate the individual’s perceptions of adversities and therefore facilitate the process of overcoming hardships and obstacles (Fletcher & Sarkar 2013, p. 15). It is possible, however, to conclude that protective phenomena, similarly to the risks, operate at various systemic levels, ranging from individual characteristics to societal determinants.

2.1.2. Background, adjacent concepts and military approaches to resilience

In early accounts of resilience, both scholarly and non-scholarly, resilient individuals are described as extraordinary and terms such as “invulnerable” or “invincible” appear frequently (Masten 2001, p. 227). Similarly, the term “dandelion children”, refers to children who, despite their difficult living conditions display strength and pliability, and develop favorably

(Borge 2012, pp. 19-20). Historically, risks have been the most frequently researched pillar of resilience. However, research on resilience has developed and a paradigm shift has taken place. The field currently spans a broad spectrum of target groups and the more conventional view is that resilience is engendered in the interactions between risks and protective factors on numerous systemic levels (Wright, Masten & Narayan 2013).

Another concept that is adjacent to resilience is Antonovsky's "sense of coherence", which refers to the three entwined dimensions of "manageability", "meaningfulness" and "comprehensibility", that may increase an individual's ability to cope with demands and hardships. Antonovsky (1987, p. 17) notes that a sense of coherence comprises individuals' trust in their resources and assets, and a view on the world as predictable and meaningful. In other words, Antonovsky emphasizes health-promotive aspects rather than factors associated with maladaptive outcomes. The concept was considered for inclusion in this thesis, yet as it is often approached quantitatively (e.g., Ferrajão & Oliveira 2016; Bäckman, Hjärthag & Almqvist's 2016), it was deemed to be less flexible than the resilience concept.

Having defined resilience and elucidated two adjacent concepts, the following section form a presentation of how resilience has been approached in the international military literature, in which its complex and multifaceted nature becomes noticeable. Firstly, as shown by Sinclair et al. (2013), personality is one of the determinants influencing the individual's response when exposed to combat stress. Research has successfully identified physiological, emotional and cognitive factors among resilient individuals that characterize those who are able to rebound in the face of trauma (e.g., Whealin, Ruzek & Southwick 2008). Therefore, a vast body of military research has directed its interest towards individual qualities/assets. In the 1990s Bartone stated that "hardiness", a concept that refers to the intrapersonal characteristics of "control", "commitment" and "challenge", engenders adaptive responses to stress and to alleviate the mental impact of combat experience for combat exposed U.S. army reserves (Bartone 1999). The impact seems to be more apparent when the soldiers had to face severe levels of stress than when they had to handle low-stress conditions. Bartone hypothesized that the protective mechanisms in hardiness include the ability to find meaning in life, work and cognitive appraisals, and also to correlate with social support (p. 80). In extension, Maddi (2007) concludes that hardiness and hardiness trainings have a value within military contexts in striving to enhance well-being and performance efficiency.

Adding the external resources, Pietrzak et al. (2009) suggest that resilience and “social support” (i.e., support deriving from an individual’s social environment/network) decrease the impact of combat stress and promote well-being. These findings were later corroborated by Pietrzak et al. (2010), Pietrzak et al. (2011) and Hourani et al. (2012). In relation to PTSD and depression, verified side effects of deployment, social support appears to be important for positive outcomes, due to its health-promoting effects in aspects such as “optimism”, “motivation” and “sense of control” (Southwick & Charney 2012; Xue et al. 2015). In a longitudinal study assessing postdeployment mental health in Canadian soldiers after service in Afghanistan, Lee, Sudom & Zamorski (2013) suggest that “conscientiousness”, “emotional stability” and social support are associated with resilience.

In Europe, a study on Dutch former peacekeepers who were deployed to Lebanon indicates that social support and problem solving are connected to positive outcomes after service (Dirkzwager, Bramsen & van der Ploeg 2003). Proceeding similarly and studying a sample of Dutch veterans, Schok, Kleber & Lensvelt-Mulder (2010, p. 333) suggest that resilience can “predict less distrust in others and the world and more personal growth” after service in peacekeeping operations.

In the Nordic countries, resilience has been studied among Norwegian veterans and cadets (Friborg et al. 2005; Solberg et al. 2005; Hystad et al. 2015). In light of numerous deployments in Afghanistan, resilience has received rather significant attention in Denmark. Placing resilient outcomes as an antithesis to outcomes associated with PTSD, Berntsen et al. (2012, p. 1561) suggest that lengthier service, traumas experienced during childhood and earlier emotional problems are salient factors associated with PTSD. However, a vast majority of Danish soldiers (84%) were found to display resilience. Furthermore, Karstoft et al. (2015) suggest that the occurrence of PTSD among military personnel can be predicted by identifying factors that are associated with either resilience or PTSD receptiveness. On a final note, not only has adaption been researched in a Danish military context, but also the concept of “posttraumatic growth”, which refers to growth in the aftermath of trauma. Variables associated with growth have been shown to be memories of deployment with distinct positive and negative characters, as well as social support, openness and combat experience (Stugaard et al. 2015, p. 373).

In summary, the sections above are intended to offer a background for the complexity of the resilience concept and to outline the antagonistic dichotomy between phenomena that have a detrimental impact and those that have protective properties, together forming the foundation of resilience. In addition, the above includes an illustration of concepts that are adjacent to resilience and a brief description of the utilization of the resilience concept within military contexts. As described, the distinctions between resilience and adjacent concepts are sometimes vague or intertwined, and the variations are likely the results of different definitions of resilience. The central, yet multifaceted question of how resilience is conceptualized will not be the subject of further discussion within this thesis. What follows forms a presentation on resilience as part of a theory, in which the focus will shift from what resilience *is* to a consideration of *how* it may be studied.

2.2. Resilience as part of a theory

While Luthar, Cicchetti & Becker (2000) advocate theoretically-driven studies of resilience, they also emphasize that for investigations of resilience to be of sufficient quality, studies should be conducted within solid theoretical frameworks. One of the theories that they present as an adequate alternative by which to narrow down the broad concept of resilience is ecological theory (Bronfenbrenner 1979). Additional support for an ecological approach can be found in the work of Ungar (2013), who explores the relationship between resilience and the individual's social ecology (i.e., social environment) after experiencing traumatic events (p. 256). Ungar argues that resilience is primarily an environmental feature and suggests that it transpires when, through favorable behaviors, individuals utilize resources that allow them to achieve a positive development. However, such processes are only possible when individuals' social ecology has the capacity to actually aid them in their search for those resources. In addition, social-ecological theory looks at the individual as an actor within an extensive social framework, indicating the importance for professional interventions to include conditions in the environment (ibid., p. 263).

Military research has also begun to recognize the potential of social ecology and systems theory in mitigating the effects of combat stress and military service. For instance, the previously mentioned Comprehensive Soldier Fitness Program is a U.S. intervention designed to build psychological fitness in the U.S. military and involves enhancing the quality of soldiers' social and family environment (Cornum, Matthews & Seligman 2011; Cacioppo,

Ries & Zautra 2011). Moreover, Wheeler & Bragin (2007, p. 299) delineate the inadequacy of medical solutions for veterans who suffer adverse consequences from their deployment in Iraq and Afghanistan, and propose biopsychosocial methods as a plausible and efficient alternative. Along this line of argument, Rubin (2012, p. 295) argues that aspects of U.S. veteran reintegration in which support from social workers is required should include assisting the veterans' and their families' way through systems of care, considering matters of employment and education, preventing homelessness and finding alternatives to compensate for the deprivation of social ties within the military unit. In other words, he suggests a systemic approach.

Bronfenbrenner's model doubtlessly has been prominent in the study of resilience among children (e.g., Luthar, Cicchetti & Becker 2000). Ungar, Ghazinour & Richter (2012) argue that Bronfenbrenner's ideas are one of the reasons why resilience researchers gradually shifted their focus away from individual qualities towards protective social-ecological processes that mitigate the impact of adversities. Due to its comprehensiveness and ability to include environmental influences on human development interrelated with individual characteristics, the authors state that Bronfenbrenner's model is helpful in capturing fundamental aspects of resilience. Their position is supported by Boon et al. (2011), who apply the bioecological model on community resilience to natural disasters:

[...] using [bioecological systems theory] we can evaluate effectiveness of within person characteristics, such as adaptive coping, self-efficacy and optimism, as well as factors external to the person, such as family support, neighborhood networks, health provision, government financial support and so on for promoting individual resilience (Boon et al. 2011, p. 389).

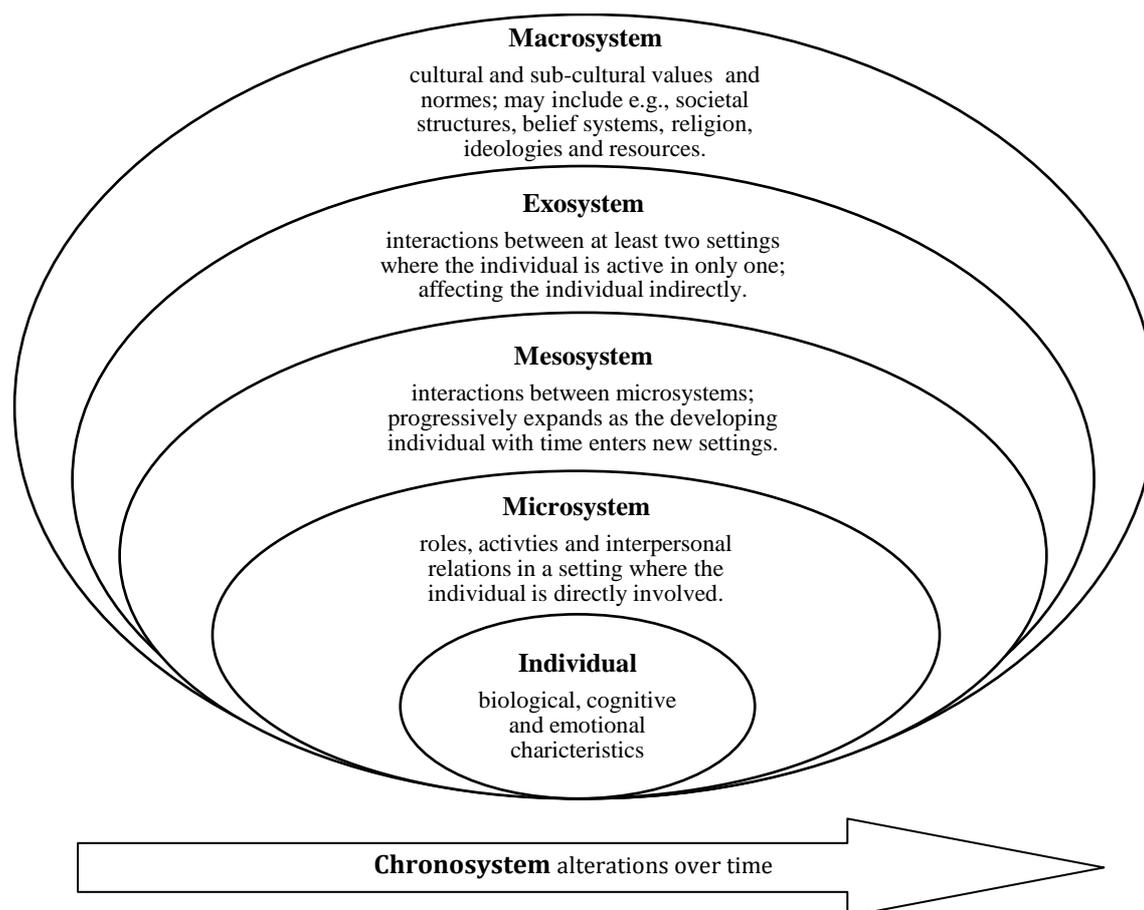
An additional argument for why Bronfenbrenner's bioecological model is a well-suited theoretical foundation for a study of resilience among veterans lies in the theory's significance for social work with international military personnel. In Wooten's (2013) Deployment Risk and Resilience model, the bioecological model is one of two combined theories used to increase comprehension of the complex and multi-systemic influences of deployment for inexperienced military social workers (p. 700).

2.3. The Bioecological model

In 1979, Urie Bronfenbrenner published the influential work: *The Ecology of Human Development: Experiments by Nature and Design*, in which he states that human development

evolves through social interactions which occur in interrelated systems. While highly inspired by ideas from Piaget, Vygotski and Lewin's phenomenological positions (Rosa & Tudge 2013, pp. 245-246), the ecological model differs from prior conceptualizations by its emphasis on the importance of developing individuals' physical and social context (Bronfenbrenner 1979, p. 9). According to Bronfenbrenner, human development should be defined as: "the person's evolving conception of the ecological environment, and his relation to it, as well as the person's growing capacity to discover, sustain, or alter its properties" (ibid.). Bronfenbrenner (1979) divides the ecological environment influencing human development four interweaved systems: the "micro-, meso-, exo- and macrosystem". All of these ecological systems contain roles, rules and norms, and are likened by Bronfenbrenner to a set of Russian dolls, in which the individual is the center and one system encapsulates the next (ibid., p. 3).

Throughout his life Bronfenbrenner continued to develop his model. In their review of Bronfenbrenner's complete theory-related works, Rosa & Tudge (2013) distinguish three periods. The first (1973-1979) is characterized by elucidating contextual influences (i.e., the micro-, meso-, exo- and macrosystems). In the second (1980-1993), he dedicates more attention to individuals' predisposition and capacity to alter their ecological environment, as well as to developmental processes and culture. It is in this phase that Bronfenbrenner introduces the "chronosystem", which includes aspects of time to complement the aforementioned systems. In the third (1993-2006), Bronfenbrenner begins to name his theory "bioecological theory" and the term "proximal processes" emerges as the main concept in human development, referring to intricate reciprocal interactions between developing individuals and their ecological environment (Bronfenbrenner & Ceci 1994). Though from the onset, Bronfenbrenner considered human development to be a result of an interrelation between the individual and the environment, in the third phase, he emphasized the role of person characteristics as equally powerful as environmental conditions. This thesis adopts Bronfenbrenner's more elaborated third-phase-version of the model, known as "the bioecological model", which is described below. The bioecological model and its main constituents can be illustrated as follows:



2.3.1. Bioecological systems

The concept of “microsystems” refers to roles, activities and interpersonal relations that are experienced by the individual in a setting in which the individual is directly involved (Bronfenbrenner 1979, p. 22). For a child, examples of microsystems may be family, school and neighborhood (Ungar, Ghazinour & Richter 2012, p. 5). Microsystems for military personnel may comprise interactions with colleagues, leaders and civil employees at the regiment, for instance. Roles that are adopted by military personnel may be of both an occupational and a social character, such as officer, colleague and military police, in addition to roles as partner, friend, family member, parent, etcetera (Wooten 2013, p. 700). In an elaborated delineation microsystems are defined as follows:

A microsystem is a pattern of activities, social roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical, social, and symbolic features that invite, permit, or inhibit, engagement in sustained, progressively more complex interaction with, and activity in, the immediate environment (Bronfenbrenner 1994, p. 1645).

The definition illuminates two central aspects. Firstly, it depicts the importance of relations to other individuals, as well as how symbolic and physical facets act together with other microsystemic constituents, mutually determining the direction of the individual's development. Secondly, it exposes the magnitude of experience and perception. In bioecological theory, it is thus primarily the individual's experience or perception of objective conditions and the meaning that the individual associates with them that has the capacity to steer the individual's development in a positive or negative direction. Objective conditions, on the other hand, are of significance in the sense that they constitute the frames for individual's scope for action and interpretations. Hence, during deployment, rather than the hazardous environment or the military leadership per se, it is the soldiers' experience that determines the individual's development.

With age, the settings and microsystems in which the individual is a participant progressively increase, with more numerous interrelations between the microsystems as a natural consequence. Bronfenbrenner & Morris (2006) define "mesosystems" as follows:

[...] comprising the relationships existing between two or more settings; in short, it is a system of two or more microsystems (Bronfenbrenner & Morris 2006, p. 817).

Individuals' development is thus influenced by the degree of compatibility between their various microsystems. For military personnel, such a mesosystemic relation may for instance be that between military unit and family during a strenuous deployment or the relation between civil employer/university and military unit (Wooten 2013, p. 701). In the study of resilience, mesosystemic processes have unfortunately received little attention. Though relevant and influential, the mesosystemic level tends to be overshadowed by studies focusing on processes that occur at a microsystemic level (Ungar, Gazinour & Richter 2012, p. 7).

The next system is the "exosystem", which involves interactions between at least two settings in which the individual is active in only one. In Bronfenbrenner's (1979) definition, the exosystem includes the following:

[...] one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing individual (Bronfenbrenner 1979, p. 25).

Thus, exosystems include processes that have an indirect impact on the individual. In an example, Bronfenbrenner (1979, p. 25) describes that conditions at a parent's workplace may affect the child when the parent returns home. Similarly, military personnel can be affected by events at their spouse's workplace or at their children's school.

The outmost and overarching level in the bioecological model is represented by the "macrosystems", which Bronfenbrenner (1992) defines in the following way:

[...] the overarching pattern of micro-, meso-, and exosystems characterized of a given culture, subculture, or other broader social context, with particular reference to the developmentally instigative belief systems, resources, hazards, lifestyles, opportunity structures, life course options, and patterns of social interchange that are embedded in each of these systems (Bronfenbrenner 1992, p. 228).

Hence, the macrosystem contains phenomena such as class, religion, ethnicity and culture (Bronfenbrenner 1979, p. 258) and "may be thought of as a societal blueprint for a particular culture or subculture" (Bronfenbrenner 1994, p. 40). Further deconstructed the macrosystem consists of broad patterns of human behavior, values, institutions and ideologies (Bronfenbrenner 1979). A concrete example is that of legal and political decisions, in which the latter has an ample impact on military personnel, as no military deployments can be effectuated without a political authorization. The military organization and its missions, belief systems and policies are also examples of macrosystemic facets for soldiers. The macrosystem, together with the exosystem, thus represent the frames that embrace subordinate systems and consequently regulate the micro- and mesosystems' space for maneuvering.

In 1998, Bronfenbrenner added yet another system to his model: the "chronosystem", which addresses temporal aspects of development. Bronfenbrenner & Morris (2006) divide the dimension of time into three sub-dimensions: micro-, meso- and macrotime.

Microtime refers to continuity versus discontinuity in ongoing episodes of proximal process. *Mesotime* is the periodicity of these episodes across broader time intervals, such as days and weeks. Finally, *macrotime* focuses on the changing expectations and events in the larger society, both within and across generations, as they affect and are affected by, processes and outcomes of human development over the life course (Bronfenbrenner & Morris 2006, p. 796).

Hence, the military chronosystem refers to alterations over time. Such alterations may involve both the individual and the military context, and can comprise military rank, age and leadership positions, as well as the transition from active duty personnel to veteran (Wooten 2013, p. 702). Chronosystems moreover include years of military service and length of deployment. On a macrotime-level, changes in defense leadership and policy can act as an example (ibid.). In bioecological theory, dimensions of time are evidently and intimately connected with processes, a concept that is discussed in the following section.

2.3.2. Bioecological characteristics

In the early 1990s, Bronfenbrenner and his coauthors entered the third phase of ideas on human development, in which they established a more explicitly individual-centered perspective (Rosa & Tudge 2013, p. 251). The result was the bioecological model, also known as the Process-Person-Context-Time model, in which human development is understood to be generated through momentum between the context (i.e., the ecological systems presented above) and the other interrelated components, i.e., process, person and time (Bronfenbrenner & Morris 2006). In this model, “process” involves the reciprocal relation between individuals and their ecological environment (“context”). “Person” refers to the individual’s behavioral, biological (including genetic), cognitive and emotional characteristics. “Time”, as described above, includes alterations over time. These four interconnected components mutually influence each other. However, according to Bronfenbrenner & Ceci (1994), the processes are what most significantly influence human development. In 1998, Bronfenbrenner & Morris stated the following:

Processes encompass particular forms of interaction between organism and environment, called proximal processes, that operate over time and are posited as the primary mechanism producing human development (Bronfenbrenner & Morris 1998, p. 994).

“Proximal processes” here emerge as the primary instrument for human development. (Bronfenbrenner & Morris 2006). They refer to intricate interactions between the active developing individuals and other individuals (persons), objects and symbols in their immediate environment (Bronfenbrenner 1995, p. 620; Bronfenbrenner & Morris 2006, p. 797). In interactions with other individuals in the immediate environment, Bronfenbrenner (1995, p. 638) uses the concept of “significant other”, that was originally presented by Mead (1934), denoting someone who affects the individual’s sense of self, behavior and emotions.

Progressively through life, as a consequence of entering more settings, additional interactions will be added to the parental relation (the primary interactions for a young child). Thus, such significant others may be military leaders, parents, teachers, mentors, or spouses (see Bronfenbrenner 1995, p. 638). Military service or military deployments appear to be natural arenas for the occurrence of proximal processes. These are settings which hold activities and emotional stimulus that may strengthen relations to other individuals. Examples of proximal processes include speaking with comrades in the unit after being under fire or going to the gym with an admired officer. Military contexts furthermore encompass complex elements of severe stress, thereby forcing soldiers to cooperate, as well as enhance their military skills, psychological and physical status in order to overcome whatever obstacles and opposition they face.

Moreover, proximal processes are the point of intersection on which Bronfenbrenner connects the biological component of human development to the environmental one. Bronfenbrenner & Morris (2006, pp. 819-820) argue that it is the proximal processes that allow or disallow the individual's hereditary (genetic) characteristics to transpire. However, in addressing the properties of proximal processes, one must bear in mind that though proximal processes are "positioned as the primary mechanisms producing human development", these processes inevitably depend on the other components of bioecological theory (Bronfenbrenner & Morris 2006, p. 795). This is reflected in the following, and closing, quotation:

The form, power, content, and direction of the proximal processes effecting development vary systematically as a joint function of the biopsychological characteristics of the developing person; of the environment, both immediate and more remote, in which the processes are taking place; and the nature of the developmental outcomes under consideration (Bronfenbrenner 1995, p. 631).

2.4. Turning points

As previously mentioned, service in international missions involves the experience of highly stressful and/or extraordinary events. Examples of such events are combat resulting in physical injuries and disability, in which affected soldiers may have to adopt the new role of veteran and additionally find themselves in situations in which they are physically no longer able to perform appreciated activities. Less dramatic examples may be the realization of the full extent of the harsh reality for the local civilian population or the post-deployment transition in which deployed Swedish soldiers move from an isolated environment that includes great demands, poverty and extreme heat to a cool, rich and peaceful country. A

concept that elucidates influential changes on an individual's development is "turning points", which are defined as "specific events that are perceived to change the direction of one's life" (Enz & Talarico 2016, p. 188). The nature of the turning point that are experienced affects the life trajectory of an individual positively or negatively by entailing altered priorities, roles and perceptions of meaning and value in life. Consequently, turning points influence an individual's development regarding emotions, behavior and personality (Rönkä, Oraval & Pulkkinen 2013, p. 204). Rönkä, Oravala & Pulkkinen (2013) have found that turning points are regularly associated with occupation, education or social transitions (e.g., marriage or divorce). Also, military service has been shown to be a turning point (Elder 1986). As a certain amount of time must pass subsequent to an event, before the consequences on an individual's development become apparent, turning points are usually observed in retrospect (Rutter 1996, p. 613).

The concept is proximate to that of "transition", which comprises a "shift in role or setting" (Bronfenbrenner 1979, p. 6). Examples of transitions are moving to a new city or becoming a veteran after completing service (see *ibid.*). The distinction lies in that a turning point is "personally significant" and therefore generates a long-term change in the individual's life trajectory (Rönkä, Oravala & Pulkkinen 2013, p. 204). A transition, on the other hand, involves an alteration in external conditions and does not have a comparable impact on the individual's identity. In their comparison between the two concepts, Enz & Talarico (2016, p. 188) state that a turning point is a "personal change", whereas a transition encompasses an "external change".

In summary, the previous sections have offered an outline of the concept of resilience, arguing for the adoption of an ecological perspective in the study of military resilience. Furthermore, they include a presentation of the central concepts and the bioecological systems in Bronfenbrenner's bioecological model, as well as arguments for why bioecological theory is a suitable way of canalizing the broad resilience concept into concrete protective processes. As the events and changes that soldiers experience and must cope with are often rapid and unusual outside of a military context, the concept of turning points is used as a complement to the more general bioecological model. Salient researches supporting the descriptions are Bronfenbrenner (1979; 1995), Bronfenbrenner & Ceci (1994), Bronfenbrenner & Morris (2006) and Wooten (2013), while the chronology in the descriptions is inspired by the work of Wagnsson (2009). In addressing bioecological theory, the positions presented here rely

heavily on Rosa & Tudge's (2013) review of the bioecological development of the theory and its main constituents.

3. Method

The purpose of this chapter is to delineate the constituents within the current study in addressing the study aims. The first sections present the study's participants, followed by an account of how the data was obtained and analyzed. The sections furthermore include arguments for the qualitative approach that was chosen, an ethical discussion and the methodological merits and limitations.

3.1. Participants

The current study is based on semi-structured qualitative interviews with seven veterans who were deployed to Afghanistan in 2009-2010. Exposure to combat was a selection criterion in identifying plausible individuals to interview, as exposure to significant adversity is imperative in order to demonstrate resilience. The criterion of combat exposure is enhanced with two complementary criteria. Firstly, the exposure should comprise combat that encompasses friendly losses. Thus, all participants have experienced combat and witnessed the loss of local service personnel and/or other friendly military personnel during deployment. Secondly, no participants could display indications of PTSD and a minimum of four years since their latest service in an international mission had to have passed. All participants were between 20 and 30 years of age⁹. With few exceptions, the service in Afghanistan was the participants' first deployment.

3.2. Procedure

3.2.1. The interview guide: design

In line with Bryman's (2008, p. 419) depictions, the intention was to formulate adequate interview questions by which to efficiently address the research questions. The interview questions (Attachment 2), were organized in three phases and are constructed in relation to the previously presented theoretical horizon (i.e., resilience, the bioecological model and the concept of turning points).

⁹ As a very limited number of women met the inclusion criteria, the confidentiality requirement (detailed below) was assessed to be unjustifiably compromised if women were included in the study. However, this study is not gender specific, and the absence of female respondents is not deemed to be an issue under these circumstances.

- Phase one (question 1) involved an introductory question about the respondent's military background in order to comprehend the necessary context for his following statements (see Bryman 2008, p. 420).
- Phase 2 (questions 2-3) focused on experienced adverse events. In the first question the respondents were asked to think of a traumatic or major stressful event that they experienced during childhood or adolescence and to give a brief account of the event. The aim was to add a comparative element in the thesis and to engender a more ample understanding of the individual's development and response when faced with adverse events. A secondary objective was to calibrate the interview guide and to incite a thoughtful process in the respondents before addressing PTEs that they experienced in Afghanistan. Similarly to Gibbons et al. (2014, p. 194), the respondents were thereafter asked to describe a traumatic or major stressful event during deployment, and to depict how they relate to their experiences and what helped them to cope adaptively in the aftermath of the event.
- Phase 3 (questions 4-7), was aimed at investigating how the veterans experienced the post-deployment transition. This phase also included questions on activities and societal phenomena that they experienced to be associated with health.
- Phase 4 (question 8) concluded the interview. Here the respondents were given the opportunity to describe additional aspects that they perceived to have influenced their or other veterans' mental health, if these had not been discussed in the previous phases of the interview. Throughout, an attempt was made to identify significant others in the veterans' social environments.

3.2.2. The interview guide: path of thought

Resilience has been the cardinal theoretical perspective in the design, as the primary goal was to elucidate protective processes and environmental phenomena that are associated with well-being. However, as argued in the chapter on theoretical perspectives, resilience is considered to be an insufficient theoretical framework if it does not include the bioecological model and turning points as complementary components. The interview questions therefore strive to

illuminate protective features on various bioecological levels, as well as the complex interactions between veterans and their ecological environment.

The view of the veteran as an accomplished individual who influence and is influenced by the ecological environment in a reciprocal relation (see Rosa & Tudge 2013, pp. 243-244) pervades the interview guide. Herein lies the core of a recent ecological position for which Ungar (2013) argues, stating that resilience is demonstrated in an interrelation between human behavior and the ecological environment. In summary, the interview questions strive to reflect and emphasize the role of the individual as well as that of the environment, seek to uncover protective elements in the environment, activities associated with health and the occurring proximal processes and to delineate the support that emancipates from the veteran's significant others.

3.2.3. Selection of respondents and the conducted interviews

As the selection of respondents is connected to my military background, it is necessary here to outline my relation to the sample and to the military field. I have served in the Swedish army for approximately eight years in various forms and have been deployed to missions in Kosovo and Afghanistan. During my service in Afghanistan, the unit to which I belonged suffered significant losses, which is highly unusual in a Swedish military context. However, several years after the events, few research attempts had been made to comprehend the mental health impacts that these experiences caused among the soldiers who were involved and seemingly none have addressed the phenomena or processes which facilitated adaptive responses. Therefore, though the current approach is associated with several challenges¹⁰, potential participants were ultimately selected from this specific unit. Thus, all respondents have on at least one occasion served together.

Potential participants who were expected to display resilience were contacted through veteran forums and social-media platforms. All potential participants were thereafter informed via telephone of the study's aim and asked if they consented to be interviewed. In the same conversation, the potential respondents were also asked if they currently experienced any

¹⁰ The advantages and challenges of interviewing individuals with whom I have a personal connection are further discussed in the sections on ethical considerations.

distress from their deployment(s) and if they thought themselves to be in good health¹¹ (Attachment 3).

All data were collected in June and July 2015. Conducted interviews were audio recorded and transcribed. The audio recordings facilitated for me as the interviewer to remain focused during the interviews rather than solely taking notes and generated ample data for the subsequent content analysis. Furthermore, the audio recordings did not result in cumbersome amounts of data as may have been the case had the interviews been video recorded (Kvale & Brinkman 2014, pp. 218-219).

I manually transcribed all of the interviews in a proceeding that ran parallel to the data collection. The transcription process was uncomplicated as the recordings were of good audio quality (see Kvale & Brinkman 2014, p. 220). The few sequences that contained inaudible words were marked as “(...)”. Laughter and silences were also described in the print, marked “(laughter)” and “(silence)”. The pursued objective was to transcribe the interviews verbatim, in order to not unintentionally omit anything of importance. Interview durations ranged from 37 to 51 minutes, including the Primary Care PTSD screen described below. The language spoken during the interviews was Swedish, and consequently all transcriptions were in Swedish. All translations were conducted by me myself.

3.2.4. Arguments for the choice of qualitative semi-structured interviews

In the current study, veterans’ experiences and narrations form the sphere of interest by which to uncover the protective processes that they experience, to explore them and to generate a deeper understanding of resilience among Swedish veterans, as well as the intrinsic nature of such resilience. Consistent with the common notion that the methodological approach should be determined by the research questions, this research takes an approach that is characterized by plasticity, dynamics and the ability to discover and describe (see Corbin & Strauss 2008, p. 13).

In the literature on resilience, Ungar (2003) outlines the benefits of qualitative methods and their contributions in understanding resilience. For instance, Ungar shows that qualitative

¹¹ Though a somewhat simplified terminology was used, the purpose was to detect indications of mental health problems and the occurrence of resilience, i.e., to assess whether or not it would be suitable to include the potential participant in the study.

methods, given their capability to capture aspects and trajectories of perceived importance in studied samples, are adequate in identifying resilience-related processes. Moreover, this approach is suitable in shedding light on human behavior that is influenced by the multifaceted context within which it is carried out (ibid.). For military populations, in which the warrior ethos of never accepting defeat (U.S. Army 2016A) may be strong and in which stigma that is perceived among veterans who are in need of professional interventions is common (Hoge et al. 2004), it is relevant to adopt qualitative methods, as these may give a voice to those who would not otherwise be heard.

Moreover, Kvale & Brinkman (2014) begin their book on qualitative interviewing with the following introductory question: “if you want to know how human beings perceive their world and life, why not talk to them?” (p. 14). Ultimately, this is the main reason for which interviews were considered to be the most adequate method in exploring resilience processes in the study sample, for how can we otherwise attain access to veterans’ inner experiences and perceptions?

Semi-structured interviews were employed due to the flexibility that is associated with the method (Bryman 2008, p. 415). Flexibility characterizes semi-structured and unstructured interviews alike. A semi-structured approach, however, is generally preferred when the focus of a study is rather demarcated and the research questions are specific. The method furthermore enables the interview to move in different directions, touching upon various themes depending on what the respondent considers to be of importance (ibid., pp. 413-416). All in all, semi-structured interviews and the reciprocal dialogue allowed me as the interviewer to explore the presented themes in detail and to follow potentially relevant leads.

3.2.5. Coding process

Bryman (2008, p. 523) outlines codes as the first step in analyzing qualitative data and illustrates the codes’ sifting features, systemizing data into themes. Following Bryman’s (2008, p. 525) guidelines, the transcribed interviews were read through numerous times, initially without comments, then abundantly commented on and reconsidered. Initially, this was done from beginning to end, thereafter “sideways”, thereby addressing the given responses to each interview question.

Table 3

An illustration of the applied codes

Excerpt from interview

Was there anything that helped you to cope with [the event]?

It was that it was *we* who experienced it, the unit you knew well, friends you trusted.

Applied codes

We who experienced it. Protective (+). Social support, comradeship. Microsystem. Proximal process.

As described in Table 3, the data were narrowed down to form shorter, more manageable sentences and keywords: a method to which Kvale & Brinkman (2014, pp. 246-249) refer as “meaning concentration”. The protective or detrimental properties and the plausible underlying mechanisms were then outlined along with the bioecological affiliation of the section. Lastly, an assessment of whether or not the depictions were referring to the occurrence of a proximal process was made. Notes taken during the coding process remained attached to the categorized data throughout the analysis process in order to reduce the well-known risk of deconstructing data into such short sequences that the context is lost (see Bryman 2008, p. 526).

Extracted data were then systemized into the following categories:

- Risk/adversity
- Protective process
- Risk/adversity & protective process
- Lessons

Thereafter, a second division into specific resilience related processes of interest was made. As protective processes and adversities appeared to be intertwined, the data were ultimately divided into the three themes, which serve as the thematic headings in chapter 4 on results and analysis:

- Social aspects of resilience
- Organizational and societal aspects of resilience
- The ability to move on

3.2.6. Approach during coding process and content analysis

The content analysis encompassed both deduction and induction (see Bryman 2008, pp. 26-29; Silverman 2006, pp. 85-86). The deductive elements can already be discerned in the development of an adequate interview guide, in which the interview questions were designed to reflect resilience occurring in bioecological systems. In the content analysis, the deductive process involved surveying the interview data for recognized concepts in the literature on military resilience, such as adaptive coping, unit cohesion and control and meaning, i.e., codes that are deduced from theory.

The inductive process included searching the interview data for further entities that were either organized under these recognized concepts, or under other concepts that the respondents associated with resilience. With this approach, the inductive process sought to diminish the risk of omitting any aspect of resilience in the analysis. Phenomena associated with well-being that were identified during the inductive process are the significance of recognition and a continued mission, as detailed in sections 4.2.1 and 4.2.2.

3.3. Historical views on combat stress

Research on military resilience strives to comprehend and find methods for alleviating the psychological risks of service. Therefore, a brief explanatory presentation is necessary on the development of historically recognized mental health problems among military personnel, which in turn have led to an increased interest in promoting well-being in military personnel.

The history of documented adverse effects after participating in combat and/or being exposed to traumatic events is literally ancient. In *The Iliad*, Homer depicts graphic scenes of battle between the Trojans and the Achaeans, and describes the trauma in the wake of violence for perpetrators and victims alike (Weisæth 2002, pp. 443-444). During the American Civil War (1861-1865), the issue of distressed veterans received further attention, and the condition of “soldiers’ heart” (also known as “Da Costa’s syndrome”, “irritable heart” or “effort syndrome”) was recognized (Lasiuk & Hegadoren 2006, p. 17), referring to stress reactions following combat, such as “dyspnea, fatigue, palpitations, rapid pulse and cardiac pain” (ibid.; Weisæth 2002, p. 446). During World War I, which was fought under dreadful conditions for the soldiers, veterans began to display additional symptoms (e.g., jumpiness) (DiMauro et al. 2014, p. 777). In 1915, Meyers, a British military psychiatrist, introduced the aforementioned

term “shell shock” (Lasiuk & Hegadoren 2006, p. 17), to describe a condition that was caused by immobile trench warfare (Weisæth 2002, p. 446). At this point, the notion that physical symptoms may occur after exposure to psychological trauma gained a solid foothold in the research community (Yarvis 2013, p. 85). World War II also entailed new concepts, of which “traumatic war neurosis”, “combat exhaustion” and “operational fatigue” are the most influential (Yarvis 2013, p. 86). With “nightmares, irritability, increased startle responsiveness, a tendency to angry outburst, and a general impairment of functioning” as reported consequences of combat, Yarvis (ibid.) suggests that the symptoms that were experienced by World War II veterans are consistent with the current diagnosis of PTSD.

3.4. Post-traumatic stress disorder in military personnel

Posttraumatic stress disorder is a psychiatric diagnosis that encompasses behavioral, emotional and cognitive responses after exposure to traumatic events. In the fifth and most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the criteria for a PTSD diagnoses include “exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:”

- (1) directly experiencing the traumatic event(s),
 - (2) witnessing, in person, the event(s) as it occurred to others,
 - (3) learning that the traumatic event(s) occurred to a close family member or close friend,
 - (4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s).
- (American Psychiatric Association 2013¹²).

In military populations, Xue et al. (2015) found that continuous and frequent deployments prejudice the prevalence of PTSD among multinational military personnel and veterans. Elevated risk seems to occur for soldiers who have fired their weapons and/or observed injury or death, as such events are inter alia associated with intense fear (ibid.). The prevalence of PTSD has also been shown to be significantly higher for veterans who suffered physical injuries during their deployments (Koren et al. 2005). Moreover, Xue et al. (2015, pp. 15-16) found that aspects of social support during the post-deployment transition are crucial, due to their positive effects on self-conceptions and social resources that moderate the trajectory of the individual’s response to the potential challenges of the transition.

¹² In the online version, no page numbers are available.

The prevalence of PTSD differs between military populations. One plausible explanation for the disparities lies in the differences in measurement methods and the nature of missions to which soldiers are sent. In a reputed study, Hoge et al. (2004) encountered implied levels of PTSD which amounted to up to 19.3% among U.S. veterans who were deployed to Iraq. More recently, Thomas et al. (2010) noted an occurrence in a corresponding sample that was greater than 20%. For British soldiers who served in Iraq, the prevalence is indicated to be 7.4% (Rona et al. 2009). Among Dutch soldiers who were deployed to Afghanistan, 8.6-8.9% displayed probable symptoms of PTSD (Reijnen et al. 2015). In Scandinavian populations, PTSD is exhibited by circa 5% of the Danish military personnel and veterans after service in Afghanistan (Forsvarsakademiet 2011; Berntsen et al. 2012), and equivalent levels were found by Mehlum & Weisæth (2002) in a sample of Norwegian veterans. However, Hougnsæs et al. (2016) found symptoms indicating PTSD in only 1.1% of Norwegian soldiers who were deployed to Afghanistan. A survey that was conducted by the SAF in 2011 suggests a prevalence ranging from 0.9-2.3% among Swedish soldiers after their deployment in Afghanistan (Butor 2011). More recently, however, a prevalence of 3% was displayed in a corresponding sample of Swedish veterans (SOU 2013:8, p. 52). Hence, the Swedish military population appears to demonstrate a lower receptivity for developing PTSD than the general Swedish population, where the occurrence is estimated to be 5.6%¹³ (Frans et al. 2005). However, there are indications of numerous undetected cases of PTSD among Swedish veterans, caused by a perceived stigma that results in a reluctance to seek the services of the Swedish military (Pethrus 2014, pp. 5-6).

3.4.1. Primary care PTSD (PC-PTSD)

Each respondent completed the Primary Care PTSD screen¹⁴ to ensure no obvious indication of post-traumatic stress symptoms¹⁵. As presented by Prins et al. (2003), the screen was to be used in Primary Care settings. The brief screen contains four items, to which two or three “Yes” answers suggest the occurrence of PTSD. The PC-PTSD has been found to be an efficient instrument in screening for PTSD in veterans (e.g., Prins et al. 2016). Since 2004, the PC-PTSD is utilized for identifying indications of PTSD among U.S. veterans (U.S.

¹³ However, as previously argued, comparisons between Swedish veterans and the general population are often inadequate and misleading due to the healthy soldier effect.

¹⁴ The full screen is presented in Attachment 4.

¹⁵ The PC-PTSD screen was placed last in the interviews in order to reduce the risk of implying an invasive trauma focus for the respondents, which could have hampered the quality of the interviews. It should be noted that only those individuals who were expected to demonstrate resilience were asked to participate in the study.

Department of Veterans Affairs 2015) and is also used within a Swedish military context (Butor 2011). No respondents showed indications of PTSD.

PTSD is one of the most influential and researched diagnoses in military literature (e.g., Hoge et al. 2004; Rona et al. 2009; Berntsen et al. 2012), which is why the PC-PTSD screen was included as part of the current study. However, it should be noted that military service also increases the risk of developing other mental health problems, such as “major depression”¹⁶ (e.g., Ikin et al. 2016).

3.5. Included literature

Currently, few studies have been published that investigate well-being within a Swedish military context. This thesis is therefore mainly consolidated by international research, which is why a review of underpinning research is considered to be of value.

3.5.1. Identifying relevant research

After consultation with librarians at the Swedish Defense University’s official library (Swedish: Anna Lindh Biblioteket), two databases, namely *PsycINFO* and *SocINDEX* were assessed to be the most adequate due to their established status in social work, psychology and military research. In addition to being one of the world’s most renowned and comprehensive databases in psychology, PsycINFO also includes behavioral and social sciences. After initial searches on the individual terms “resilience”, “military”, and “military

¹⁶ Major depression may be developed when: “five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms are either (1) depressed mood or (2) loss of interest:

- (1) Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).
- (2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
- (3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Insomnia or hypersomnia nearly every day.
- (4) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- (5) Fatigue or loss of energy nearly every day.
- (6) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- (7) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
- (8) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide” (American Psychiatric Association 2013).

deployment”, generating unmanageable numbers of results, search words were combined. The utilized search term for identifying studies on military resilience and avoiding research on more peripheral topics was therefore narrowed down to “resilience” and “military”, resulting in 174 hits. Moreover, searches were limited to solely include peer-reviewed publications from 2000 to 2015. On SocINDEX, a database that is centered on sociology and adjacent disciplines, such as social work, the combination engendered 114 hits, revealing a tendency of research on relations and military families. Complementary searches were done in September and November 2016, and after removing the overlaps, a total of 234 hits were generated. Due to the variation of focus (e.g., children of deployed soldiers), not all of the hits were used in the current study, in which all of the included studies investigate resilience among veterans from international missions.

In addition to the database searches, full text screenings performed on literature that was found to address military resilience in veterans involved a review of adduced references. In the selection process, the assessment of whether the reference should be screened or excluded was based on the title and the context in which the reference appeared.

The third and final method included recommendations from Swedish, Danish and U.S. researchers, whom I contacted via email or social networks, or met in person. These experts have generously contributed in my pursuit of finding studies that were conducted on Swedish veterans, in identifying an adequate theoretical framework and in expanding my knowledge on international military social work.

3.6. Ethical considerations

All research should be conducted with regard to four essential ethical principles: the information requirement, the consent requirement, the confidentiality requirement and the utilization requirement (e.g., Bryman 2008, pp. 131-140). In order to ensure efficient ethical frames, complementary ethical principles that are salient in military social work were considered. These are as follows: protection of life, equality and inequality, autonomy and freedom, the least resentment, quality of life, privacy and confidentiality, and, truthfulness and full disclosure (Daley 2013 p. 60). The presented principles/requirements were addressed by the following:

- Before consenting to participation, potential participants were informed of the study aims. All potential participants were then given time for consideration before the actual participation took place.
- All of the respondents were informed that their participation is entirely voluntary and that they may at any time intermit or cancel the interview, or choose not to respond to certain questions.
- As previously described, the PC-PTSD screen was placed last in the interviews, to not impair their quality. However, all potential participants had to respond to questions on their perceived health status prior to the interviews. In the case that a respondent would depict relatively recent experienced indicators of PTSD or other mental health problems (e.g., nightmares or intrusive thoughts) during the interview, the interview was to be interrupted and the referral strategy that is described below initiated. If any respondent would express such distress or be screened positively for PTSD, the related data were to be excluded from the analysis.
- In order to maximize the level of confidentiality, no names or ranks were used at any stage. Names only occur in the audio recordings, though merely for persons who figure in the narratives and not for the person who was interviewed. All respondents approved the inclusion of their full statements in the analysis, though, in order to reduce the risk of identifiability, PTEs are not depicted in the thesis and respondent/interview numbers were changed between themes (Attachment 5). This is also why the term “unit” is not further detailed. For similar reasons, three words (e.g., concerning gender) are changed in the included quotations, and quotations are overall short and sparse. As the interviews contained potentially sensitive personal data on the respondents, the recorded material was stored on a USB memory stick which was kept locked away, along with the transcribed interviews.
- Persons with access to the data were limited to myself and my supervisor. The collected data were used solely to form the basis of the current study. All data that were sent via email were nominative.

The ethical guidelines dissuade from interviewing veterans of fragile mental health and from comparing what separates resilient individuals from those who experience mental health problems. In order to avoid the risk of inflicting harm on the study participants and due to the given ethical, financial and temporal frames of a master's thesis, the entire sample presented here demonstrates resilience. However, *had* indications of PTSD occurred in the sample, the designed strategy would be to refer the veteran in question to the SAF, which has a long-term responsibility for Swedish veterans' mental health (Försvarsmakten 2016D). In the case that the veteran were unwilling to utilize support offered by the Veterans Department, the arrangement was to direct the veteran to the Primary Health Care directly. If the veterans perception of stigma associated with receiving professional support obstructed all possibilities for such interventions (see Hoge et al. 2004; Pietrzak et al. 2009), The Swedish Veterans Federation may offer non-professional counseling and has also established contacts in the fields of psychiatry and psychotherapy.

3.6.1. Ethics and proximity to the military field

A qualitative approach impels the researcher to account for how the data was filtered through the researcher's own socio-cultural frames and preconceptions, unearthing possible bias and consequently enhancing the vital contextual understanding for those who take part in the findings. With such accounts, the level of transparency increases, thereby diminishing the risk of researcher bias to undetectably affect the analysis (Ungar 2003, pp. 94-97).

The concept of veterans conducting research in a Swedish military context is by no means sensational (e.g., Andersson 2001; Michel 2005; Wennerholm 2011). On the contrary, it has been argued that their proximity to the military field has a positive influence on the analytic quality (Andersson 2001, p. 135). I have perceived my background as an advantage which has facilitated the interview situation as I understand military slang and terminology, which someone with no military experience might not comprehend or fully understand in terms of significance (see Appelgren 2013). Furthermore, prior to the interviews, all respondents were informed of the necessity for me to produce results that others could verify or question. In this way, the potentially awkward atmosphere which may have arisen when asking questions that participants perceived led to answers that were obvious for me (e.g., on events and operational conditions) could be reduced. On an additional note, proximity to the field of interest is often a rule in the academic subject of anthropology (Metcalf 2005), supporting the position that proximity does not necessarily lower scientific quality.

However, a more challenging aspect concerns the selection of study participants. Given that loyalty is an important military characteristic (e.g., U.S. Army 2016B), the utilized approach may be associated with questionable voluntariness. This challenge was addressed by emphasizing my role as a researcher in an attempt to avoid potential respondents' possible perception of "veteran to veteran" loyalty bonds. In addition, potential participants were only asked once whether or not they consented to be interviewed. If a potential respondent did not reply to this request, no further inquiries were directed to that individual.

As Andersson (2001), I furthermore encountered an ethical entanglement regarding the confidentiality requirement. Although no names, ranks, or accounts of events are presented, the SAF is limited in size, making it impossible to entirely remove the risk of other veterans being able to identify the respondents. However, corresponding with Andersson's position (2001, pp. 103-104), I consider a deprivation of experiences for future deployments to be a substantially more unethical course of action, than risking the identification of healthy respondents by other veterans. Importantly, each respondent was informed about the risk prior to study participation.

In summary, balancing a potentially compromised confidentiality and informed consent on one hand, and the valorization of experiences that are beneficial for future deployments, other combat-exposed veterans and professionals who are involved in treatment or support of veterans on the other, the latter was assessed to be more vital. The main ethical argument for this position hence lies in the belief that the potential utility and contribution to exposed individuals' well-being and health exceeds the potential harm (see Beauchamp & Childress 1983).

3.7. Methodological merits and limitations

As a closure to this chapter the main methodological merits and limitations of the current study will now be discussed. Corresponding to Jacobsson's (2008, pp. 165-166) position, aspects of quality are illuminated rather than applying the traditional concepts of validity and reliability, which, due to their quantitative and positivistic legacy, are intrinsically problematic to utilize in a qualitative study.

Starting with the merits, the risk of indications of PTSD occurrence could be excluded in the sample due to the use of the PC-PTSD screen. With an established exposure to significant adversity and no indicated prevalence of post-traumatic stress symptoms, the screen contributed to ensuring that resilience was truly the researched study subject.

Along similar lines to Jacobsson's (2008, pp. 170-171) arguments, I sought to recognize and neutralize the risk of affecting the responses during the interviews with my choice of questions and preconceptions. In order to evade the risk of biasing my results by accident and to ensure satisfactory trustworthiness, my supervisor reviewed the construction of the interview guide, the coding process and the content analysis throughout the study.

In a handbook on U.S. military social work, Coll et al. (2013, p. 21) state that familiarity with military culture is key in understanding how military personnel communicate, interact and think. Speaking "the same language" as the respondents and having an ample understanding of their experiences and area of operations are therefore deemed to have had a predominantly positive influence on the interview process and the succeeding data interpretation.

However, the current study contains a number of limitations and methodological flaws. Firstly, considering the values and desired ability to cope with stress within military culture, respondent truthfulness may be questioned when completing the PC-PTSD screen and answering my interview questions. As mental health problems are stigmatized among veterans, responding to the screening and interview questions in a manner that is consistent with the desired self-image is no unrealistic course of action in a military sample.

Secondly, although multiple themes with implied links to resilience have been identified in the interviews, some had to be excluded (e.g., aspects of leadership and veteran cohesion, i.e., veterans from different areas of missions), due to the limited size of a master's thesis, as the suggestions of their importance were too weak in the sample. Additionally, all of the included themes need to be further explored before any definitive conclusions can be drawn. The necessity of further studies on resilience in combat-exposed veterans is also reflected in the fact that though I have involved my supervisor in every step of the study, the risk of having affected the results cannot be completely excluded.

Thirdly, by investigating experienced resilience processes in a single interview with each participant, it has likely not been possible to expose all aspects of systemic influences in the comprehensive bioecological theory. With the current study design and the third-phase-version of the bioecological model that it adopts, it is primarily the microsystemic processes that are illuminated.

Lastly, with a respondent participation number that is limited to seven and an exploratory study design, findings cannot be generalized and especially not to military settings outside of the SAF.

In summary, the sections above present the current study's participants, line of thought, procedures and aspects of quality, as well as arguments and ethical considerations regarding the utilized approach on military resilience. The study design, and the guidelines for qualitative research and interviewing are inspired by Bryman (2008), and Kvale & Brinkman (2014). The study results are presented in the following chapter.

4. Results and Analysis

This chapter depicts the core results of the current study. As described, narratives that were considered to hold features associated with resilience were divided into four main dimensions: “risk/adversity”, “protective process”, “risk/adversity & protective process” and “lessons”. By adopting a bioecological lens, these dimensions were then split into three themes: “social aspects of resilience”, “organizational and societal aspects of resilience” and, lastly, “the ability to move on”. Below, the themes are presented in the corresponding order.

4.1. Social aspects of resilience

The purpose of this theme is to investigate the microsystemic social resources that were perceived by the respondents to have influenced their well-being during and after service in Afghanistan. The intention is hence to identify significant others in the respondents' immediate social environment and to illuminate positive social relations and interpersonal processes, in addition to their underlying protective properties. The theme contains three sections: 4.1.1. Unit cohesion and comradeship, 4.1.2. The role of the family and 4.1.3. The role of friends and partners.

4.1.1. Unit cohesion and comradeship

The respondents' narratives portrayed deployment as a context with several unique characteristics. Socially, the military unit is recognized as an influential microsystem and as the predominant immediate social environment in which soldiers work, sleep and train. For long periods of time, interpersonal interactions appear to be limited to those that include unit members (Interviews 1, 2, 3, 4, 5, 6 & 7).

In addition to being depicted as a setting in which a great number of daily social interactions, activities and processes occur between the unit members during a rather substantial amount of time, the military unit is considered to be a salient social resource with distinct protective features. In examining the nature of the perceived positive characteristics of the unit, all of the seven interviews present comradeship and cohesiveness¹⁷ as fundamental for the respondents' well-being. The accounts indicate that sharing the same experience of combat and losses have a considerable merging effect on the unit members. Three respondents explicitly describe improved unit cohesion after participating in combat. Following Bronfenbrenner's line of argumentation, being exposed to PTEs appears to strengthen the interpersonal proximal processes within the military unit microsystem. The underlying protective mechanisms and processes of having a shared experience with unit members appear to involve the ability of reflecting one's emotion, as well as and the perception of being understood (Interviews 1, 3, 4, 5, 6 & 7). In other words, the unit is a resource that provides its members with emotional support (see Helgeson & Lopez 2010, p. 310), thereby facilitating emotional management.

[The comradeship was] very positive and very important for me [...]. Thus, individuals, well, who had been through the same thing, I perceived as very good. You didn't have to explain what had happened, they just knew. So comradeship, to me, was very important (Interview 7).

It was good that the squad had been through the same thing, so that you felt that the others knew exactly, they all went through the same thing (Interview 4).

You talked to people as well. [...] It helped that all were in the same situation (Interview 5).

¹⁷The concept usually contains two dimensions, namely "task cohesion", which "is the shared commitment among members to achieving a goal that requires the collective efforts of the group" and "social cohesion", which refers to "the extent to which group members like each other, prefer to spend their social time together, enjoy each other's company, and feel emotionally close to one another" (MacCoun & Hix 2010, p. 139). In total, unit cohesion provides support by emphasizing the importance of the team and by presenting social ties which may buffer the effect of deployment related stress (Britt & Oliver 2013, pp. 56-58).

Five respondents also state that they utilized social support from former unit members when leaving service and entering post-deployment settings, and indicate that the character of the support they received remains primarily at an emotional level. Central aspects continuously comprise emotional reflection and understanding. As portrayed in the quote below, support from former unit member is found to smoothen the transition from deployment to post-deployment when the soldiers have to adopt new (and/or reassume old) roles, enter new (and/or old) settings and reintegrate into Swedish society.

We discussed some things, if you had thought something, or if you were different, or if you wanted to talk about things. He said for example that he didn't like being in large crowds, and [wondered] if I had felt something similar. It was such things you ventilated with each other - "but have you experienced this?". It was nice not being on your own, [and having] someone to discuss with (Interview 3).

It is discernable that the respondent describes an interaction between two of his microsystems, the recently dissolved military unit and a new civilian microsystem in which the respondent is now an actor. Such microsystemic interconnections result in a mesosystem with implied protective features. Similarly to Bronfenbrenner's position (1979, pp. 210-211), in entering new settings, the presence of a supporting unit microsystem can thus be said to be associated with a positive development for the respondent.

All in all, unit cohesion and comradeship are aspects of support that are reported to have been vital for all seven respondents in dealing with operational stress. The two respondents who did not utilize support from former unit members in the immediate aftermath of deployment, state that they presently have more frequent contact, not least when faced with stress or adverse events.

The friends I had after Afghanistan are easy to talk to, on their shoulder I have already cried once, if needed I can cry there again (Interview 1).

4.1.2. The role of the family

As a child, the family microsystem¹⁸ is a natural immediate social environment and arena for proximal processes (Bronfenbrenner 1994, p. 39). Unsurprisingly, the family and the family members are perceived to be key resources in coping with stress exposure in childhood or adolescence. Reoccurring themes in the depictions of historical stressful events are the search

¹⁸ The concept of "family" here refers exclusively to the original family.

for comfort and safety that the family provides (Interviews 1, 3, 4, 5, 6 & 7). This implies that the main source of perceived support adopts the form of emotional support. In addition to family support, only respondent 2 could recollect another way of processing the historical events, stating to have “shut down” his emotions.

During deployment, and after the transition to Sweden, the role of the family appears to shift in character, yet remains an important resource for the respondents. Four respondents describe a constant stress and an inability to relax due to the extensive demands while in the area of operations. The narratives suggest that such cumulative stress derives from the lack of privacy, limited variety of activities on base, separation from partners and, most importantly, a mental preparedness for having to leave base at any moment in case of incidents. Together, these phenomena appear to have a negative influence on the soldiers’ ability to recover and rest. Consequently, the experience of cumulative deployment stress is a microsystemic risk.

Thus, living in that insecurity the whole time, you don’t have any kind of normal life, the only thing you can do ... the most normal thing to do is to watch movies. [...] You’re with people all the time whether you like them or not. You have tasks that you must do (Interview 5).

The first central function of the family is thus found to be the provision of stability and a place of rest, in contrast to the demands of deployment. Bronfenbrenner (1995, p. 640) argues that environmental stability influences the potency of the occurring processes in a social environment; the greater the stability, the more efficient the processes and more benign the breeding ground will be for positive development (and resilience). In the interviews, the sought-for family stability appears to be connected with instrumental support, i.e., that which provides a safe environment and attends to practical matters (see Helgeson & Lopez 2010, p. 310), thereby allowing the soldier to mentally recover when on leave or after a completed mission.

It’s obviously a tough life down there, and to come home to a made bed, and be able to relax in a completely different way, [...] to relax for real. There, when you were down there, it was always something that could happen. You would always be prepared for something within an hour, so it was always a latent stress (Interview 1).

So, I stayed “at home” as well, it was chill to just go home and sleep for a few days and then just go to any [festive event] (Interview 5).

The second recognized function is, again, emotional support. The nature of the emotional support encompasses features that are similar to support deriving from the military unit, i.e., discussing emotions and thoughts. However, it differs in the sense that it is described as more unusual. While unit cohesion is found to explicitly and consciously include reflecting emotions and events, emotional support from family members rather adopts the form of a *possible* support, a safety that is available *if* the respondents would be inclined to discuss their deployment experiences or present-day stressors. All but respondent 2 (who does not mention family or family members during the interview) nonetheless seem to value this subtle, yet firm type of support (Interviews 1, 3, 4, 5, 6 & 7). In one interview, the phenomenon is outlined in the following manner:

That which helped was probably [...] a feeling that *if* I would need to talk about it, I think I could have discussed it with perhaps foremost my dad. That one had the feeling, of maybe not that one needed it, but just the feeling that you could have talked about it [...]... That made you feel safe (Interview 7).

In essence, family members have provided support through a vast continuum of time, ranging from childhood to the present. Evolving proximal processes that involve the family are therefore the most salient health-promotive features when exploring how respondents handle stressors over time.

4.1.3. The role of friends and partners

The role of civilian friends and partners as significant others are found to be somewhat elusive in the data-content analysis. In the aftermath of deployment, respondents indicated that civilian friends adopt a role that corresponds to that of the family: a microsystemic stable foundation of positive social relations (Interviews 1, 2, 4, 5 & 7). In cases in which a respondent actually did utilize civilian friends as sources of support involving emotional reflection, such dialogues were limited to “close” friends (Interviews 1 & 7) or friends who “understand” (Interview 2), i.e., have an experience of overcoming hardships.

I’m a very competitive person on more levels than even I know myself, so to show weakness is hard for me. And to get a confirmation that it is okay, everyone feels this way, someone else has been through it, or have experienced similar situations and it’s okay, [that helps a lot] (Interview 2).

Regarding the matter of romantic relationships, the majority of the respondents were single during their service in Afghanistan. The three respondents who did have partners and

consequently actors in a partner-microsystem, suggested that the relations involves challenges in the form of worry and lack of understanding. If the partner-microsystem is not sufficiently stable, engagement in romantic relationships may therefore entail a risk for deployed soldiers' performance. Altogether, stress at home appears to potentially impede the respondent's psychological functioning, while the respondent in interview 3 illustrates that, conversely, combat stress is associated with partner worry (also Masten 2013, p. 279).

She was the second person I called and said that I had survived [...]. She had military friends, so she found out [about the events] very early [...].

She [...] was worried.

Yes, the first person I called was my mom. [...] But she just said "yes, good that you called, but call to [name of the partner]." She had phoned everyone and asked if anyone had heard anything (Interview 3).

Furthermore, one of the interviews outlined a distinct exo- and macrosystemic risk, in which the dubious societal support for Sweden's military involvement in Afghanistan (discussed in more detail in a subsequent section) appears to have negatively influenced the partner at home.

[...] She got a lot of "Oh, why is he in Afghanistan?". [...] People are so [...] ignorant. [...] And when her friends give her a negative attitude, of course she gives me a negative attitude (Interview 6).

Overall, there are indications that military relationships are associated with severe strains and although no correlations between service and divorce/relationship disruption are depicted, four years after the latest deployment, all romantic relationships from the respondents' time in service had been disrupted. Moreover, the veterans convey the impression that they favor unit members as the primary resource of emotional social support, consequently tending to exclude their partners from their thoughts and feelings on events that they experienced on the field¹⁹. Simultaneously, the partner at home appears to be subjected to stress in his/her own bioecological systems, when the deployed partner's mission is being questioned, for instance.

¹⁹ The exclusion of other persons is thus a potentially problematic side-effect of primarily sharing thoughts and feelings with former unit members. In a study on U.S. veterans from the Vietnam War, Faulkner & McGaw (1977, p. 313) eloquently describe the "unsharability" that was perceived by returning veterans: "The veteran has gone through an experience of personal change as a result of his war experience, and, because of this experience, he feels qualitatively different from the nonveterans around him back home. He has a different history, a history and experience which he finds difficult or even impossible to communicate to others, even though he often desires to do so. In other words, his "being different" is most often manifested through his perceived inability to adequately communicate either his experience or his feelings to others."

Such microsystemic processes between the partner and his/her social environment results in potentially harmful exosystemic processes for the soldiers. On the other hand, combat exposure also entails exosystemic risks for the concerned partners' development, which in turn microsystemically affects the quality of the relationship and the well-being of the soldier.

4.1.4. Social aspects of resilience: concluding remarks

In summary, the purpose of this theme was to outline social relations and processes in the respondents' microsystems as perceived resources for resilience. Four categories of significant others were identified: unit members, family members, civilian friends and partners.

All of the respondents emphasized the comradeship and cohesiveness within the military unit, and no other theme has surfaced so clearly during the interviews. The interviews imply that unit members and the unit microsystem are intimately involved in the individual's emotion management, both during and after deployment. The social support that derives from family and civilian friends, on the other hand, appears to take a more indirect form. Apparently, the respondents favor discussing emotions with those "who were there", yet place high value on having a stable, supporting social platform within which they can feel safe and recover during leave or when reintegrating into Swedish society.

In agreement with Bronfenbrenner's (1979) delineations, the interviews illustrate that the role of the family microsystem evolves: from a central position in the aftermath of a historical adversity that is depicted by the respondents, to a complementary, shared position in buffering the effects of combat exposure and military losses. Hence, with age, the respondents entered more settings and microsystems, thereby broadening the range of their mesosystem with additional social resources and social contexts. This section thus illuminates the comparative element in this thesis, which outlines the respondents' course of action in handling severe adversities in childhood/adolescence and adulthood.

Finally, three of the respondents claimed to have had a partner while they were deployed to Afghanistan. For those who were engaged in romantic relationships, the experience of the partner's concern appears to have had an impairing effect on the soldier's psychological functioning. Furthermore, the interviews suggest that the partners of soldiers who serve in

international missions face strains that derive from micro-, exo-, and macrosystemic interactions, thereby enhancing the risk of a disrupted relationship.

4.2. Organizational and societal aspects of resilience

With deployment to an area of operation where soldiers are frequently engaged in combat, a number of conditions and risks follow that need to be taken into account. These operational conditions are recognized by the military organization, which in turn, is embedded in a societal context. The intent of the subsequent sections is consequently to uncover processes associated with the veterans' well-being that derive from organizational and societal determinants. Altogether, this theme includes processes in all bioecological systems and contains two sections: 4.2.1. Organizational support and a continued mission and 4.2.2. Recognition and societal determinants.

4.2.1. Organizational support and a continued mission

On the basis of the respondents' accounts involving the SAF, the interviews suggest that the primary role of the military organization is to set the conditions for the soldiers' microsystem, particularly the military unit. As a voluminous organization, the influences on individual soldier's mental prosperity that derive from the military organization are hence implied to reside primarily in the soldier's macrosystem (also Wooten 2013, pp. 701-702).

The respondents describe the organizational positions that facilitate continued and completed missions as having a protective effect after combat incidents that they experienced. Six of the respondents stated that they benefitted from remaining in the area of operations and that they completed the deployment according to plan, despite continuous exposure to potentially detrimental stress.

Is there something that you feel has helped you to cope with the event?

I would say that I remained in Afghanistan. That I didn't go home [...]. That I remained down there and met everyone, heard all the little stories, or how to say. [...] It did a lot to just be down there and see everyone and talk some bullshit [...]. Just to be down there and digest everything, it was damn good (Interview 1).

The girl I was seeing then, she didn't want me to go back [...]. But I knew I had to go back and complete. [...] Mentally, I wanted to finish (Interview 6).

As the bottommost quote implies, a sense of closure in order to be able to mentally move on promotes health in the sample. The processes which enable a sense of closure appear to ensue from continued interactions with members of the unit in an isolated setting, in which the individual does not risk involvement in social contexts and activities without having processed his deployment experiences with comprehending peers (Interviews 3 & 7). A continued mission consequently facilitates the functions of the military unit's social/emotional support and provides sufficient time for the interpersonal processes in the unit microsystem to become effective. However, remaining in the area of operations could reasonably not be an applicable approach by which to promote health if soldiers are exposed to trauma immediately before the transition home or if they have to bear an extreme operations tempo without recovery opportunities throughout the deployment. This phenomenon is therefore perhaps best viewed as an implication for longer transition periods when soldiers in combat-function positions return home.

Furthermore, two of the respondents depict a second dimension, namely the opportunity of merging all individual views of a PTE to a full picture. All in all, several respondents consider access to information to be of importance in their recovery process. Specifically, this regards information about what occurred during the event(s), how the unit members perceived the event(s) and what their emotional status was in the immediate aftermath of the event(s). It appears that access to information engenders an increased acceptance of the event(s) and of the experienced feelings. Information in various forms may thus potentially reduce the occurrence of shame and/or guilt, which are recognized risks in military samples (Nazarov et al. 2015).

Viewed in this light, it is not surprising that three of the respondents state that group interventions in Afghanistan, in which the soldiers' receive insight into their peers' views and emotions, have contributed to their recovery. Yet, there is a certain tendency of dissatisfaction among the respondents about the interventions in connection with the transition to Sweden (also Appelgren 2013), making it questionable whether these homecoming routines had the intended effect.

The talks were so-so, these homecoming talks. [...] Those at the Life Guards Regiment [Swedish: Livgardet]²⁰. [Yet,] it was better than the ones at the reunion²¹ anyway, they were beneath all criticism. [...] It was embarrassing (Interview 6).

I think that the entire home coming process can be improved. In particular, the reunion. Then [...] it might have been us that got some [useless] counselors, I don't know. But I feel that the opportunity [for the counselors] to catch up if someone felt bad wasn't there (Interview 1).

Despite dissatisfaction regarding the performances of the mental health professionals, however, respondents 1 & 7 report that they appreciated aspects of the decompression period.

It was like when we came home [...] and it was great weather, you could drink alcohol again, you could socialize with each other in a normal way. Damn, it was like the best feeling I have experienced (Interview 7).

[...] when we came home and ...it is good to be at the Life Guards Regiment for two days as well. Just a thing like that is good. After events like that, people cannot scatter (Interview 1).

In essence, the interviews indicate that macrosystemic influences, i.e., organizational support and instructions, set the conditions for the military unit microsystem, consequently controlling the social environment in which the microsystemic proximal processes operate. Importantly, the military organization also controls the time during which these processes occur. As argued by Bronfenbrenner (1995), time is a vital aspect for the efficiency of proximal processes. In other words, professional resilience-enhancing strategies during deployment, in which the individual has unlimited access to the military-unit microsystem (and the military organization conversely has an unlimited access to the individual), could potentially be very effective.

4.2.2. Recognition and societal determinants

Recognition or the lack thereof, i.e., the “value of service from government and citizens” (Wright et al. 2015, p. 1890), are salient themes in all interviews. The powerful influences that are associated with recognition and lack of recognition on soldiers' well-being became acknowledged in the aftermath of the Vietnam War, when U.S. veterans experienced a sense of societal exclusion and alienation after returning from service (e.g., Faulkner & McGaw 1977). As previously described, the perceived incomprehension and lack of recognition from Swedish society may have affected the partners of deployed soldiers, thereby generating

²⁰ The respondent refers to the decompression period, i.e. two days at the Life Guards Regiment to prepare the soldiers for the transition to a civilian life or to post-deployment service.

²¹ A weekend follow-up held six months after the homecoming.

potential storm clouds in the concerned soldiers' exo- and macrosystems. Other than this exception, however, the respondents' depictions of recognition mainly elucidate post-deployment aspects of the concept.

By way of introduction, the primary channel through which military personnel obtain information from the societal macrosystem and its attitude towards the military organization and Swedish troop-contributing missions abroad appears to be the media and social media. Media and social media are repeatedly viewed as risks for military personnel's well-being, as the content is often perceived as criticism or lack of appreciation (Interviews 1, 2, 3, 4, 5, 6 & 7). In interview 4, the media is described as the voice of the politicians and political ideas, and depending on the perspective that the media take, veterans may either perceive macrosystemic support or societal alienation.

Respondent 4 furthermore describes the isolation from the political climate in Sweden while deployed as something that is positive. From a bioecological perspective, the service in Afghanistan thus entails a shielding off from exo- and macrosystemic potentially impairing influences. However, regarding a separation from society as protective implies that the transition back to civilian society includes reintegration difficulties, by which military personnel are exposed to general opinions about Sweden's military engagement in Afghanistan and incomprehension about what it means to have participated in combat. In correspondence with this notion, the respondents frequently describe the general population in terms such as "ungrateful", "ignorant" and "whiny", and the majority of them delineate feelings of contempt for the civilian population after the homecoming.

Is there something else that you feel has affected you positively or negatively?

Yes, [...] mainly the ignorance among people in general. [...] When they don't realize. When you have to answer for what the government and top politicians want to do. And so shall I, who am in the bottom of the hierarchy, the very bottom, [...] stand and defend a whole mission. [...] That is very frustrating and I believe many – or *know* – that many [veterans] feel the same way (Interview 6).

I had no problems with sleep [when I came home], I did not have, like, no nightmares. I had not, not difficulties to get back to the "normal world", so to speak [...]. However, I came home and thought that most [people] were spoiled idiots who did not understand what life was, did not understand how good they had it, did not understand how grateful they should be for what they have (Interview 3).

For most respondents, the end of the tour in Afghanistan was followed by a transition into civilian society and a civilian life. In itself, such a transition may comprise several challenges. As illustrated by Coll & Weiss (2013, pp. 281-283), veterans may find themselves with skills that society considers are nontransferable to a civilian context. The buffering support from the military unit will also be absent, along with unit coherence and the perception of common goals. Altogether, taking the step into a civilian life may involve feelings of “anxiety, frustration, fear and loss” (ibid., p. 286). The present sample especially describes frustration after service as a common feeling, as delineated by four respondents. As illustrated by respondent 6, soldiers may receive criticism of the Swedish engagement in Afghanistan, and individual soldiers who may simply be devoted to their job are thus forced to defend a mission which they do not necessarily support politically. Overall, it may be worthwhile to consider investigating readjustment difficulties and mental health problems of more subtle nature among returning veterans, as complements to comprehensive psychiatric diagnoses such as PTSD.

Nonetheless, the respondents’ view on the societal climate towards soldiers and veterans in Sweden is more nuanced than it may appear.

No one cared when you came home. It was your parents, but they didn’t ask that much, I suppose they thought that I would talk about it [if I wanted to]. But you didn’t. So, it was good that we were [in Afghanistan] a while and got to process [our experiences] (Interview 7).

Firstly, as the quote shows, microsystemic protective processes that derive from other resources (in this case, the military unit) appear to mitigate the potential risk of societal lack of recognition. Such compensatory effects, in which the availability of specific resources is shown to reduce the strength of a distinct risk, are well-researched features of resilience (e.g., Zimmerman & Brenner 2010). Proceeding in this way, the question of the importance of a societal support is actualized; perhaps there are ways to build resilience in military personnel which are more accessible than trying to change the macrosystemic social climate?

Secondly and on the contrary, according to respondent 4, the societal image of soldiers and veterans are essentially positive, and veterans are portrayed as heroes in the “news, computer games and in movies”, simply because they have “been abroad in a pair of military boots”. He states that the societal recognition of veterans’ efforts promotes health in the military population. One of the respondents even reports to be more or less indifferent to the societal

climate, and regards the decision to serve in Afghanistan to be his own. All in all, although four of the respondents express feelings of abandonment or a current lack of recognition from society, the majority of the respondents claim to perceive an increasingly positive societal development and Swedish veteran policy.

The respondents refer to measures that are taken on a macrosystemic level in recent years. In conjunction with the political intention of expanding Sweden's troop contributions in international missions, an investigation on how to care for the returning military personnel was carried out. In short, the investigation proposed the introduction of new medals, facilitated contact with family and dear ones during deployment, and elevated public recognition for military personnel through a special veterans day (SOU 2008:91). The Swedish Veterans Day now has state-ceremonial status and is celebrated yearly on the 29th of May (Försvarsmakten 2016E). The Veterans Day appears to be an appreciated occurrence among the respondents (Interviews 1, 5 & 6) and as macrosystems regulate the development in the inner ecological systems, these measures can have positive impacts on veterans' social ecology as a whole. In addition to the protective features of societal recognition, rewarding veterans with medals (received from the hand of the Swedish King) introduces new symbols and is liable to elicit positive emotions in the entire Swedish veteran community. This aspect is described in interview 5, in which the respondent describes his satisfaction about old veterans now finally receiving due regard and recognition for their efforts.

In the interviews, greater recognition is consequently implied to foster resilience in all bioecological systems. However, as veterans are unfamiliar in a modern-time war-spared country such as Sweden (SOU 2008:91, pp. 413-414), this conclusion contains some ambiguity. Symbolic support from the government may be appreciated by the veteran community, but it could simultaneously increase the level of criticism towards Swedish troop-contributing missions abroad among those who are opposed such military engagements.

4.2.4. Organizational and societal aspects of resilience: concluding remarks

The intention of this theme was to delineate resilience processes in the organizational and societal frames surrounding military deployments. In contrast to the other two themes in this chapter, the current theme illuminates exo- and macrosystemic influences in addition to micro- and mesosystemic processes.

As previously described, the military unit can be considered to be a platform for numerous fundamental resilience processes. But military units are embedded in a larger social context: the military organization. Accordingly, this indicates that the military organization has an indirect, macrosystemic impact on soldiers' and veterans' well-being. The respondents particularly emphasize the importance of having the prerequisites and possibilities to process combat experiences while still deployed; a time in which military personnel have comrades and unit members who share the same experiences to their disposal.

Finally, the veterans' narratives contain several passages on the lack of recognition that veterans encounter in Swedish civilian society, which implies a multilevel negative impact on soldiers and veterans. However, the respondents claim to perceive a potential shift in the societal climate and not all respondents considered the societal climate to be of significance or of negative character. This indicates that the possibly impairing influences of the societal climate are reduced by military-unit social support and a completed mission.

4.3. The ability to move on

In an attempt to move past primary social aspects of resilience, this theme strives to outline activities that are performed by the individual and which are experienced to promote well-being. The objective is to generate a more complete image of military resilience and to study the complex processes that emanate from the individual's most immediate microsystemic environment. Furthermore, this section presents veterans' appraisals and views on deployment as a turning point. It is suitable here to indicate the proximity to the adjacent concepts of coping and post-traumatic growth. The theme contains two sections: 4.3.1. Active ways of processing hardships and demands and 4.3.2. Lessons and experience following exposure to severe adversity.

4.3.1. Active ways of processing hardships and demands

Similarly to Bronfenbrenner's (1995, p. 620) examples of efficient proximal processes, respondents outline that physical exercise is a salient activity and that they use it in order to consciously promote health and to hamper the impact of stress (Interviews 1, 2, 3, 4, 6 & 7).

[...] lifting heavy things and putting them down again. I did that a lot in Afghanistan and I still do it. When I feel disorganized or restless I go and work out in order to get back to center, so to speak. I am absolutely sure that physical activity is vital for the spiritual life as well (Interview 5).

I know that I feel better when I exercise. [...] So I perceive exercise as something good, a way to clear my head (Interview 4).

Throughout, the majority of the respondents delineate that physical exercise promotes resilience and facilitates mental recovery during and after deployment in Afghanistan. In interview 6, the respondent states that he increased his exercise level in conjunction with the post-deployment transition. Physical exercise thus appears to be a major active strategy in coping with stress over time. The respondents suggest that the sought-for effects from physical exercise include a sharper focus (Interviews 3 & 4), an increased ability to handle adverse thoughts or feelings (Interviews 1, 6 & 7), positive physical fatigue (Interviews 5 & 7) and healthier routines in general (Interview 6).

Apart from physical exercise, the narratives about specific activities that are perceived to be associated with resilience slightly diverge, though the common denominator appears to be solitude. Several of the informants directly or indirectly describe deployment as an environment with extreme physical closeness to others that is characterized by demands, making the choices of self-selected activities limited. Physical exercise, reading, equipment care and watching movies are found to be the most common activities (Interviews 1, 2, 5, 6 & 7). Two of the informants describe a need for being alone during the post-deployment transition and the appreciation of solitude is a notable tendency for the interviewed veterans seeking to master present-day stress. Such activities often involve physical exercise, outdoor projects or “working with your hands” (Interviews 1, 2, 3, 4, 5 & 7).

In correspondence with Long & Averill’s (2003) suggestions on the positive influences of solitude, the ulterior effect that the respondents seek appears to be the freedom to devote oneself to a set of thoughts and activities that are unfeasible while in the company of others. Periodically, the respondents consciously limit social interactions in their microsystems and environments with the purpose of generating a moment to (1) engage in something creative, and/or (2) process/repress intrusive thoughts and/or emotions.

Get away from the town and tinker a little. [I’m very used to the country side], I’m used to the freedom where you can cut the grass and dig a little and build a little (Interview 2).

Yes, and just disconnect. Just don’t think really, but just “go”. I think it is like that in everyday life as well, like work. [...] So sometimes it can be nice to just be by myself [...], do a brain-dead task

[...]. Without having to really care, but just keep going. Just unplug everything. It can be quite nice (Interview 1).

Despite its positive features, solitude may however include intrinsic developmental risks. In its very definition, solitude involves a detachment from others and from expectations in the social environment (Long & Averill 2003, p. 23). When does solitude cross the border into loneliness or isolation? When does disengagement from others become alienation? Or, when does disconnecting from thoughts and emotions develop into avoidance? Several authors suggest that these concepts are associated with inferior psychological functioning in soldiers and veterans (e.g., Shelef et al. 2014; Brewin, Garnett & Andrews 2011; Rona et al. 2009; Elliott, Gonzalez & Larsen 2011).

While elaborating on the sphere of potential developmental hazards, one respondent delineates:

When you get home and can relax, that's when you realized all the trifles we've got here. [...] There you went out on life and death [...]. You realize that not everyone have it as easy as we have it in Sweden. It sounds like a cliché [...], but it's really so. You see all the poverty in Afghanistan and then people here are whining about missing the bus. [...] You become more indifferent to the problems of others. You just think people are whiny (Interview 2).

Correspondingly, derogatory statements about the general population's way of life appear in several interviews and four respondents express a sense of "frustration" in connection with the transition to Sweden, of which one outlines an explicit desire to be "left alone" in the aftermath of deployment. This implies that returning from deployment is associated with certain risks, even for veterans who display resilience.

What appears to be of significance in order to evade the risk of an impaired psychological function is the occurrence of micro- and mesosystemic processes that enable the veteran to bounce back and adapt. Hence, influences in the veteran's social environment facilitate favorable behaviors and consequently aid the veteran's positive development (see Ungar 2013).

In the conducted interviews, such influences appear to derive from the family microsystem, by its counteraction of isolation. Microsystems comprising close friends, be they military or civilian, are implied to have a corresponding effect, i.e., providing the veteran with

opportunities to engage in positive social relations and activities. As described, the interviewed veterans appreciate social relations with individuals who have an ample comprehension of their experiences. However, all of the respondents simultaneously recognize the importance of additional friendships and social relations. Additionally, well-being seems to increase when the veterans' microsystems act in a synchronized way, thereby producing mesosystems with protective features. For example, one of the respondents describes family and friends who were united and formed a positive social environment in the post-deployment transition.

They have listened, they have been with me as usual, they have not distanced themselves from me [...]. They were *there*. They were there if I needed anything [...], if I needed to talk about it, if I didn't need to talk about it, or whatever. They were there [for me] in a very flexible way, which was a luxury for me (Interview 5).

In total, on microsystemic and to some extent mesosystemic levels, solitary activities and social relations can be said to have complementary functions. The first appears to provide space for contemplation or a pause, while the second appears to form a caring social environment, which has the ability to regulate possibly impairing aspects of seclusion.

4.3.2. Lessons and experience following exposure to severe adversity

When interviewed, respondents were asked to describe a PTE experienced during childhood or adolescence, and then a PTE experienced while serving in Afghanistan. The intention was to study the respondents' development when faced with severe stress, and as detailed below, to uncover possible aspects of resilience that are associated with perceived personal change and/or lessons learned.

As previously described, the family microsystem is crucial for someone who is exposed to an adversity during childhood or adolescence. Five respondents also state historical PTEs to have entailed a mental preparedness to manage future strains. They suggest that the mental preparedness includes acceptance (Interview 2), gratitude (Interview 4) and foremost, the value of planning in advance (Interviews 1, 3 & 5). Though these themes also figure in the post-deployment narratives, the veterans claim to be far more affected by PTEs that they experienced in Afghanistan. All respondents appear to view military service as a turning point, i.e., depict a distinct perception of a "before" and an "after" service in Afghanistan.

My life change probably came with the military. [...] It's been an incredible development for me personally and emotionally to deal with all this. It has contributed to making me the one I am today (Interview 6).

I think I have become a better person, [I] know myself better. [...] It's a kind of, well, test. [...]. You know yourself better and know how to react in certain situations (Interview 7).

Overall, the significance of being exposed to combat and loss tends to pervade the interviews, thereby demonstrating that service in international missions seemingly alters the individual's view of life in a positive direction. As portrayed in the uppermost quote, the machinery that evokes the change appears to be powered by the adaption process, i.e., how the individual handles and relates to the experienced hardships and the salient symbols (e.g., death and poverty) in the individual's microsystemic environment. For example, four of the respondents report an enhanced sense of gratitude after deployment. They give the impression that the main object of this emotion concerns aspects of the Swedish welfare system. More specifically, the respondents express gratefulness about living in a country with an advanced and accessible healthcare, and educational opportunities for all citizens.

In the interviews, an additional incitement for reviewing priorities and lifestyle includes the insight of fragility. Partially, this concerns the fragility of a society, as in interview 7, in which the respondent depicts an enhanced sense of gratitude for the conditions in Sweden, after being exposed to "the poverty and suffering" of the Afghan people, as well as a realization of how the wars in Afghanistan have led a once rather well-functioning society into turmoil. But the insight of the fragility of life appears to be even more influential in the respondents' every-day life: with the realization that life will inevitably end, there is an increase in the desire to make the most out of the time and opportunities that one is given.

I try to live stronger. [...] I can look down a bit on my lifestyle prior to Afghanistan. Before I thought it was fun to play video games and go to the gym – which I still think is enjoyable, but now I try to throw in a trip here and there. Maybe just see some new place, do something new and meet new people more often (Interview 5).

Furthermore, the majority of the respondents depicts their experiences of combat as having raised awareness of their capacity to function under extreme stress (Interviews 1, 3, 5 & 6). They indicate that this understanding has had an invigorating impact on them and that, in the aftermath of deployment, they developed a stronger belief in their ability to cope with highly stressful situations and demands.

Yet, combat exposure also appears to be connected with potentially detrimental effects on the respondents' well-being. To a large extent, respondents indicate that combat exposure is associated with various aspects of fear. For example, one of the respondents states that the participation in combat engendered fear when he was faced with forthcoming operations during his deployment. To the respondent, this fear was of greater significance than the episodes of combat themselves.

But it was [after the combat incidents] you knew it was real because people may die and I couldn't take it again. But then once you got "on the road" and was out in the terrain, then it was all good. It was just when you were thinking before you went out. Then it was damn hard to go (Interview 2).

Conversely, overcoming combat situations also appears to potentially result in a lack of fear. For one of the respondents, overcoming the hardships of combat and the experience of life-threat produced a sense of immortality and a taste for adrenaline-filled challenges. Hence, combat exposure may be associated with so-called risk-taking behaviors.

At first, when I came home from Afghanistan, I believe that I was just like any other who had just been on a tour: rather physically fit and terribly pleased with myself, with an ego high above the skies. I was the best in the world. [...] I was basically untouchable in my own head. [...] I did daring things during that time too. I was out driving much and pressured the car to the very limit. The consequences were not there. I was immortal (Interview 6).

4.3.3. The ability to move on: concluding remarks

These sections have explored resilience processes, primarily involving microsystemic activities that are utilized by the individual as the sole actor: individually-performed activities, as well as the nature and function of such activities. A second intention was to explore the veterans' present view on their combat experiences and how these have affected their conception of life.

In all but one interview, physical exercise is presented as an activity that has protective properties. The positive effects that are associated with physical exercise include the perception of a sharper focus, physical fatigue, healthy routines and an increased ability to handle intrusive thoughts and/or feelings. Other activities are less coherent, though they all appear to be of a creative or a demarcated practical character. The sought-for effect appears to be that of solitude and the perception of freedom, which are achieved by extricating oneself

from social demands, thoughts and/or emotions. As discussed, such a separation may be associated with alienation and risks, and illustrates the value of having access to social relations and microsystems with the capability to regulate and complete solitary activities.

On an appraising level, participation in combat appears to alter the involved soldiers' life view and to have a mainly positive impact on their self-esteem. When faced with the fragility of societal stability and life, the veterans state that they evolved and sought to make most of life. Respondents' depictions involve dimensions of gratitude for healthcare and education opportunities in Swedish society. Several respondents additionally recognize that their experiences contributed to their ability to cope with severe stress and demands in their professional life. Not the combat experience itself, but rather how the individual relates to the events, proves to be crucial.

On a final note, throughout the analysis process, respondents' narratives and responses were compared between themes in order to identify possible additional patterns (e.g., if a higher sense of gratitude appears to correlate with less sought-for solitude, or if those expressing contempt against the general population tend to have fewer people to whom they feel they can turn, apart from former unit members). However, no such patterns were discerned.

5. Discussion

5.1. Main findings

The aim of this thesis was to identify processes associated with resilience in a sample of Swedish veterans who were exposed to combat involving military losses. In addition to identifying the processes, the intention was to explore their functions, and the phenomena and perceived resources which enable such processes to operate. A second objective was to examine how the veterans experienced being affected by their service in Afghanistan and how they have handled stress over time. Using Bronfenbrenner's bioecological model, the empirical data, which was produced through seven qualitative semi-structured interviews, was categorized into three themes with assessed connections to resilience: 4.1. Social aspects of resilience, 4.2. Organizational and societal aspects of resilience, and, 4.3. The ability to move on. The majority of the resilience processes outlined in the interviews appears to operate in military personnel's microsystems and receives momentum primarily through social relations. The study's findings also point to the significance of actions from the Swedish military

organization and Swedish society in mitigating or enhancing the detrimental effects of service abroad. Moreover, according to the current results, physical exercise and solitary activities are associated with an increased ability to cope with stress and demands. Finally, the results imply that aspects of personal change following exposure to combat are prevalent among Swedish veterans. The main findings from the interviews are presented in the tables below.

Table 4

An overview of perceived resources and processes resilience that the respondents associated with resilience

<i>Historical resources</i>	<i>Process</i>	<i>Systemic affiliation</i>
Family members	Emotional support: comfort	Micro
<i>Resources during deployment</i>		
Unit members	Emotional support: reflection and understanding	Micro
A continued mission	Time to process and proven sustained function	Micro
<i>Post-deployment resources</i>		
Unit members	Emotional support: reflection and understanding	Micro
Family members	Emotional and instrumental support: reflection and provision of safety	Micro; Meso
Close friends	Provision of positive social relationships	Micro; Meso
Ceremonies	Perceived recognition	Micro; Exo; Macro
<i>Resilience fostering activities</i>		
Physical exercise	Sharper focus and increased stress resistance	Individual; Micro
Solitary activities	Freedom and increased ability to process and/or repress intrusive thoughts and/or feelings	Individual
<i>Insights and lessons learned</i>		
Mental preparedness (historical PTE)	Handling and overcoming adverse events	Individual
Changed life view	Handling and overcoming combat experiences	Individual (turning point)
Stress tolerance	Proven ability to function under extreme stress and to overcome combat experiences	Individual; Micro

Table 5

An overview of experienced risks that the respondents indicated to be associated with impaired function

<i>Risks in area of mission</i>	<i>Process</i>	<i>Systemic affiliation</i>
Combat exposure	Generates fear	Micro
Constant stress	Impairs recovery and ability to rest	Micro
Partner concern	Complicates separation	Micro; Exo
<i>Post-deployment risks</i>		
Contempt against civilian society	Generates a sense of alienation	Micro
Lack of recognition	Generates a sense of alienation	Micro; Exo; Macro

5.1.1. Resilience and stress management over time

Interpersonal processes and positive social relationships are pervading themes and sources for well-being in the present study. For this aspect, the results are consistent with previous research on military resilience (e.g., Delahaij, Kamphuis & van den Berg 2016; Sripada et al. 2015; Thomassen 2015; Pietrzak et al. 2009; Pietrzak et al. 2010). The results moreover indicate the occurrence of resilience processes that operate throughout soldiers' and veterans' bioecological environment, which supports ecological approaches in studying resilience in military samples (see Wooten 2013).

Different categories of significant others and social resources appear to have complementary functions, together forming a comprehensive positive social environment. The original family is viewed as a social resource, which follows military personnel from past to present. When exposed to a PTE at a younger age, parents provide comfort. At older, serving age, the family appears to constitute a stable platform for recovery²², while emotional support is to a large extent retrieved primarily from the military unit. In summary, evolving proximal processes that involve family members are the most salient features in the current study's observation of how respondents handle stressors over time.

5.1.2. Resilience in the area of mission

Members of the military unit appear to have a distinguished position when military personnel are faced with the task of coping with operational stress, thereby implying that social and emotional support within the military unit is of great importance. The protection appears to derive from cohesion and comradeship, which are substantiated by a sense of shared multifaceted understanding. The protective processes furthermore appear to be more efficient when unit members are given time to process their experiences in the area of operations (at least one to two weeks); results which are consistent with Appelgren's (2013) findings. This is a double-edged implication, as exposure to combat stress also is found to be a risk (also Xue et al. 2015) and should therefore perhaps primarily be viewed as a recommendation for extended transition/decompression periods for combat-affected soldiers. Lastly, physical exercise is the most commonly reported activity in association with well-being during and

²² It is tempting to draw parallels to Bowlby's (1969-1980) attachment theory and the concept of "secure base", which refers to a place to which a child may return while exploring the world (Broberg et al. 2006, p. 162). However, the concept may also hold utility in adult target groups (ibid., pp. 256-282) and attachment theory is a recognized element in the literature on resilience (Masten & Wright 2010, pp. 222-224).

after deployment. The positive psychological effects of physical exercise in soldiers have previously been shown by e.g., Dolan et al. (2005).

5.1.3. Resilience in the aftermath of deployment

After service, former members of the unit generally appear to maintain their status as significant others, and processes and support between unit members facilitate the post-deployment transition. Again, the family appears to form a solid base for the veteran to recover and acclimatize in the chronosystemic role transition from soldier to veteran. The respondents suggest that friends provide important positive social relations and contexts for returning veterans. Findings moreover imply that the post-deployment transition involves challenges or even risks, specifically perceptions of contempt for the civilian society and lack of recognition. These occurrences may cause a sense of alienation among military personnel and a desire to distance oneself from others. The results correspond with previous research: in a sample of Swedish peacekeepers, Wiebull (2012) detected rather comprehensive challenges for soldiers undergoing the post-deployment transition. However, according to the present results, veterans appear to perceive a vague positive change in the societal climate, with a growing societal recognition manifested in ceremonies such as the Swedish Veterans Day.

5.1.4. Additional impacts after exposure to historical and combat stress

Focusing on stress management, the exposure to an adverse event in childhood or adolescence appears to increase mental preparation when confronted with future strains. However, it is noteworthy that most respondents claimed that the historical PTEs they experienced were far less severe than the PTEs they experienced in Afghanistan, thereby illustrating a possible methodological shortage.

Serving in military missions that involve experiences of combat and loss can be said to result in altered beliefs and, for most respondents, even a life change (also Elder 1986). Such changed views are seemingly powered by exposure to the suffering of the local civilian population, the insight into life's fragility and the overall process of handling and overcoming combat experiences. Similarly, Mitchell et al. (2013) found that combat exposure is connected to positive personal changes (also Wennerholm 2011; Stugaard et al. 2015). In the aftermath of deployment, veterans report a sense of gratitude and a wish to make the most of life. Finally, being exposed to and overcoming deployment-related adversities were also

associated with an increased belief in the personal ability to cope with extreme stress and reduced fear in present-day adverse situations.

5.2. Practical implications

The present results entail implications for the SAF and are possibly also useful for civilian mental health professionals who encounter veterans in their work. Revealing the nature of the processes and resources from which Swedish soldiers find the strength to overcome the hardships that are associated with service enables the Swedish military organization and civilian professionals to consolidate these processes and resources, as well as the individual's ability to utilize them (see Delahaij, Kamphuis & van den Berg 2016, p. 85).

With results that highlight processes which are operative during deployment, the conclusion follows that adequate interventions in the acute phase, which promote social and emotional support may be of major significance. As numerous resilience processes appear to occur within the unit microsystem, the findings have implications for mental health support that is based on "stimulating natural recovery processes" (Vermetten et al. 2014, p. 11). In line with developments in several countries, the current results thus support an approach on military well-being that is focused on building a health-promoting operational environment for the soldiers, which is achieved through educated leadership and peer support (ibid.). The results also imply that weeklong transitions/decompression periods from deployment to post-deployment context are associated with health and resilience.

Furthermore, it is alarming that the present findings indicate that romantic relationships are a strain or even a risk for soldiers, thereby implying the need for adequate interventions in this field. Swedish veterans have already been found to be an at-risk target group for divorces (Neovius et al. 2016). As concern and lack of understanding appears to be prevalent among partners, pre-deployment education for partners about the purpose of the mission, the conditions for the soldiers involved and potential stress reactions could be useful. Conversely, education on the impacts of having a partner while in service abroad could potentially improve military personnel's understanding for the situation and for the demands with which their partners have to cope. The SAF may benefit from thoroughly reviewing how deployed soldiers can best have contact with their loved ones at home.

Finally, the current results show that macrosystemic acts and symbols of recognition are connected with military resilience and mental health, thereby stressing the importance for politicians and the Swedish military to continue this work.

5.3. Future research

By illuminating aspects of resilience, the current study contributes to further understanding the processes that are perceived to mitigate the effects of combat exposure and indicate that resilience is a concept of utility within a Swedish military context. To date, however, resilience appears to have received modest attention in Swedish research on military populations. This stands in contrast to international research, in which the interest for resilience appears to be widespread, including Sweden's neighboring countries, Denmark and Norway. The first proposal is therefore to investigate international strategies for promoting health and resilience in military personnel, and to examine whether similar interventions are applicable within a Swedish military context.

Secondly, social and emotional support – here viewed to be crucial for deployed soldiers' well-being and recovery process – needs to be further explored in order to understand how Swedish military personnel deals with demands and stress.

Thirdly, similarly to the work of Bäckman, Hjärthag & Almqvist's (2016), further longitudinal studies on resilience and the effects from being in service abroad are required to adequately address resilience and mental health in Swedish military personnel. More knowledge is also needed on the adverse consequences of deployment among Swedish veterans, partly on internationally recognized mental health problems, such as PTSD and major depression, but also on more subtle issues, such as alienation and antisocial behaviors. In order to increase comprehension for veterans' reactions after service, it might also be worthwhile to investigate the connections between the nature of deployment experiences and their positive or negative outcomes.

Fourthly, to determine how to maximize the positive aspects of the physical and social environments in the area of operations, health-promoting activities and coping strategies need to receive further attention. Additionally, such comprehension could facilitate a benign

transition to the civilian society if the military organization's possibilities to influence the individual veteran's mental health are reduced.

5.4. Conclusions

The current study has identified and explored processes associated with resilience in a military sample that was exposed to combat and loss. The findings elucidate the importance of access to social and emotional support. The perception of being understood appears to be crucial, which is why it is fundamental for the individual's recovery process to have unit members who share the same experiences. The family adopts a prominent role in mitigating the effects of historical stress. Thereafter, when military personnel handle deployment stress and the task of reintegration, appears to constitute a stable and positive environment, together with civilian friends. Support from friends and family have features that are complementary to the support that derives from unit members. Romantic relationships, on the other hand, are associated with difficulties for both soldiers and partners.

Spending time in the area of missions, when soldiers can mutually process adverse experiences and receive confirmation of their sustained performance, facilitates recovery and increases well-being. However, deployment is also a hazardous environment that comprises multifaceted strains and risks for the involved soldiers' subsequent mental health.

In general, veterans reframe their highly adverse experiences of stress and violence into depictions of adaption and strength. According to the results, veterans experience a stronger sense of gratitude and a will to live after their deployments in Afghanistan. Veterans furthermore seem to handle stress and demands through health-promoting behaviors.

The present findings also stress the importance of recognition, i.e., giving veterans perceivable appreciation for their work and efforts.

In essence, the results entail practical implications for the SAF, and to some extent for civilian mental health professionals, regarding recognition, extended decompression periods, trainings and stress-mitigating activities.

5.6. Declaration of interest

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Attachment 1

Abbreviations

PC-PTSD – Primary care posttraumatic stress disorder screen

PTE – Potentially traumatic event

PTSD – Posttraumatic stress disorder

SAF – Swedish Armed Forces

Attachment 2

Battery of questions

(1) Skulle du kunna beskriva din militära bakgrund?

(2.2) Tänk på en händelse när du var barn/yngre som du upplevde som livsomställande, alltså en händelse som varit betydelsefull för dig och som du tänker på ganska ofta. Kan du beskriva den kort? Är detta en händelse som du brukar gå tillbaka till och som du känner har påverkat dig?

(2.2) Hur tänker du på händelsen nu i efterhand? Vilka lärdomar har du tagit med dig? Fanns det något som du upplevde hjälpte dig att hantera händelsen? Fanns det några personer som var speciellt viktiga för dig? Varför/på vilket sätt?

(3.1) Tänk nu på en händelse under din militärtjänstgöring som du upplevde som traumatisk, eller väldigt stressfylld och som har varit betydelsefull för dig. Kan du beskriva den kort?

(3.2) Hur tänker du på händelsen nu i efterhand? Vilka lärdomar har du tagit med dig? Fanns det något som du upplevde hjälpte dig att hantera händelsen? Fanns det några personer som var speciellt viktiga för dig? Varför/på vilket sätt?

(4) Hur var det för dig att komma hem efter insatsen? Vad tror du det var som gjorde att övergången mellan insats och hemmiljö blev just så? Upplever du att det fanns något som hjälpte dig vid övergången och återanpassningen till samhället? Fanns det några personer som var viktiga för dig? Varför/på vilket sätt?

(5) Finns det personer i din närhet som du idag vänder dig till om du känner att du vill prata om dina upplevelser i utlandsstyrkan eller om något annat som du tänker på/påverkas av? Vilka och varför väljer du just dem?

(6) Finns det några (andra) aktiviteter du brukar utöva eller använda dig av som får dig att må bättre när du upplever svåra känslor/tankar/situationer? Vilka och varför/på vilket sätt?

(7) Upplever du att det finns andra fenomen i samhället som påverkar soldaters mentala hälsa under utlandstjänst och efter hemkomst? Vilka och varför/på vilket sätt?

(8) Finns det något mer som du tror har en positiv eller negativ effekt för veteraners mående som vi inte har berört? Positiv/negativ på vilket sätt? Något annat du vill lyfta som du känner är relevant?

1. Could you describe your military background?

2.1. Think of an event when you were a child / younger that you experienced as life changing, thus an event that was important to you and that you think about quite often. Can you describe it briefly? Is this an event you go back to and which you feel have influenced you?

2.2 What are your thoughts on the incident in hindsight? What lessons have you learned? Was there something that you experienced which helped you to handle the event? Were there any persons that were especially important to you? Why/in what way?

3.1. Now think of an event during your military service that you experienced as traumatic or highly stressful, and which has been important to you. Can you describe it briefly?

3.2 What are your thoughts on the incident, in hindsight? What lessons have you learned? Was there something that you experienced which helped you to handle the event? Were there any persons that were especially important to you? Why/in what way?

4. How was it for you to come home after the deployment? What do you think it was that made the transition between the area of operations and the home environment to be so? Do you feel that there was something that helped you in the transition and reintegration into society? Were there any persons who were important to you? Why/in what way?

5. Are there persons close to you to whom you presently turn if you feel that you want to talk about your experiences during deployment, or anything else that you think of/are affected by? Who and why them?

6. Are there any (other) activities that you usually perform or use in order to feel better when you are experiencing difficult emotions/thoughts/ situations? Which and why/in what way?

7. Do you feel that there are other phenomena in society that affect soldiers' mental health during service abroad and after returning home? Which and why/in what way?

8. Is there anything else that you think has a positive or negative effect on veterans' mental health that we have not discussed? Positive/negative in what way? Is there anything else that you want to illuminate, which you feel is relevant?

Attachment 3

Screen for potential respondents

(1) Har du upplevt några svårigheter som du tror har att göra med din utlandstjänst?

(2) Hur skulle du säga att du mår idag?

(1) Have you experienced any difficulties that you believe have to do with your deployment?

(2) How would you say that you are presently feeling?

Attachment 4

Primary care PTSD screen

I ditt liv, har du någonsin haft en så skrämmande, fruktansvärd eller omskakande upplevelse att du under den senaste månaden:

- (1) Har haft mardrömmar om upplevelsen eller tänkt på den även när du inte velat?
JA/NEJ.
- (2) Ansträngt dig för att inte tänka på upplevelsen eller tänkt på upplevelsen även när du inte velat?
JA/NEJ.
- (3) Ständigt varit på din vakt, vaksam eller lättskrämmd?
JA/NEJ.
- (4) Känt dig bedövad eller avskild från andra människor, aktiviteter eller din omgivning?
JA/NEJ.

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

- (1) *Have had nightmares about it or thought about it when you did not want to?*
YES / NO
- (2) *Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?*
YES / NO
- (3) *Were constantly on guard, watchful, or easily startled?*
YES / NO
- (4) *Felt numb or detached from others, activities, or your surroundings?*
YES / NO

Attachment 5

Interview numbers and themes in which they appear

Shifting the numbers of interviews/respondents between themes may affect the trustworthiness of the analysis, as it becomes more complicated as a reader to navigate among the respondents and statements.

The table below therefore presents the original number of the interviews and the themes in which they appear. For example, “Interview 1” refers to the first conducted interview; an “x” shows that Interview 1, though the number of the interview has been changed, was used in each theme. As shown, all seven interviews are included in all three themes.

An overview of the original interview numbers and the themes in which they occur

<i>Interview number</i>	<i>Theme 1</i>	<i>Theme 2</i>	<i>Theme 3</i>
1	x	x	x
2	x	x	x
3	x	x	x
4	x	x	x
5	x	x	x
6	x	x	x
7	x	x	x
