Narrative Inquiry as a Research Methodology: Discovering Meaning From the Stories of Canadian Veterans Diagnosed With PTSD (Post-traumatic Stress Disorder) *

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The US National Center for PTSD (post-traumatic stress disorder) (2013) discusses PTSD as the reaction to a life threatening event or trauma, resulting in reactions such as insomnia and/or recollection of upsetting memories may not go away or get worse. This paper will examine combat/war-induced PTSD in veterans, society's socialization to PTSD by the media, and describe the implications of this disorder on the Canadian veterans' quality of life. Significant themes associated with the military culture such as masculinity and stigma, and veteran's particular experiences with PTSD, will also be discussed. In this paper, the author will introduce the qualitative research methodology of narrative inquiry and its suitability to examining the unique male military population, a population that has been depicted as an overly masculinized one that personifies hegemonic masculinity and veterans diagnosed with PTSD.

Keywords: PTSD (post-traumatic stress disorder), veterans, military, narrative inquiry, quality of life

For the first time since World War II, Canadian troops have been actively engaged in combat, in Afghanistan. Soldiers are returning home having brought the battle field with them. Soldiers and veterans are being diagnosed with PTSD (post-traumatic stress disorder) as a result of overseas deployments, and the issue is mounting. In the 2011 Library of Parliament study, Paré (2011) reported that release rates for veterans as a result of PTSD between 1998 and 2007 was 11%; in 2006, that number rocketed to 42.5%. The study also predicts that mental health issues, such as PTSD (others include anxiety and depression) will double by 2016. Veterans Affairs Canada and health professionals across the country are now witnessing both the physical and psychological atrocities of war that were previously known primarily by the veterans with PTSD, their families and communities.

This paper will define PTSD, society's socialization to PTSD by the media, and describe the implications of this disorder on the Canadian veterans' quality of life. Significant themes associated with the military culture such as masculinity and stigma, and veteran's particular experiences with PTSD, will also be discussed. In this paper, the author will introduce the qualitative research methodology of narrative inquiry and its suitability to examining the unique male military population and veterans diagnosed with PTSD.

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What is PTSD?

PTSD is by no means a new phenomenon. The US National Center for PTSD (2013) provides an overview of PTSD for the public: This definition does not give the sense of devastation this illness inflicts on the lives of veterans.

After a trauma or life-threatening event, it is common to have reactions such as upsetting memories of the event, increased jumpiness, or trouble sleeping. If these reactions do not go away or if they get worse, you may have PTSD. Bentley (2005), in an article about the history of PTSD, writes:

As we know it today, post-traumatic stress disorder is marked by a re-experiencing of the trauma in thought, feeling, or dream content, which is in turn evidenced by emotional and psychological numbing. Today, PTSD is characterized by depression, loss of interest in work or activities, psychic and emotional numbing, anger, anxiety, cynicism and distrust, memory loss and alienation, and other symptoms. (p. 8)

PTSD has been documented as far back as the 1800s when soldiers referred to the cluster of symptoms as combat exhaustion. A civil war doctor later dubbed it “soldier’s heart”, implying that a combat veteran’s heart is tainted or filled with woe after war. A century later, World War I gave rise to the terms “shell shock” and “combat neurosis”, terms which were carried forward in World War II where they were joined under the diagnosis of “battle fatigue”. It was not until after the Vietnam War in the 1960s that the cluster of symptoms became known as PTSD. After this war, media coverage of veterans suffering from PTSD led the US Veterans Affairs Department to fund research on this complex condition.

Historically, PTSD has been referred to under a variety of terms stemming from an illness or medical models: combat exhaustion or fatigue, combat neurosis, shell shock, Vietnam or Gulf War syndromes, or PTSD. The medicalized terms associated with PTSD—fatigue, neurosis, shock, syndrome, and disorder—create an impression of the veteran needing to be fixed or taken care of. Labelled and tainted with clinical terms, the veteran who served in war and peacekeeping is relegated to the role of needing care, a dramatic contrast to his previous assigned hyper-masculine protective soldier role.

In Canada, similar terms were used to describe veterans’ emotional trauma following World War I, World War II, and the Korean War. Following the Korean War, Canada’s military focused on UN peacekeeping efforts in Europe and Africa. In Afghanistan, the Canadian Forces role shifted from the traditional peacekeeping to one of active combat, and PTSD became a headline issue with Forces personnel, their families, and the Canadian public. Recently, those serving in Kandahar, a combat intense zone in Afghanistan, reported higher rates of PTSD than those in Kabul, a more stable region. However, while combat soldiers in Afghanistan were at high risk of suffering from PTSD surprisingly, cases of PTSD were also reported by Canadian peacekeepers who were not in combat zones. During the 1990s, Canadian UN Peacekeepers in Bosnia reported symptoms of PTSD after witnessing the horrific sights of the mass graves resulting from the ethnic cleansing during the Serbia, Croatia, and Bosnia religious war. Both combat and peacekeeping soldiers alike experienced PTSD as a result of war and/or the aftermath of crimes against humanity. While soldiers return home from combat expecting to feel safe and comforted, they may exhibit early signs of PTSD, such as nightmares, flashbacks, anxiety, or symptoms of PTSD that may emerge days or months later.

At a trauma conference in Washington, D.C., that the author attended in 2010, the author listened to a personal narrative by a veteran of the Iraq war. He talked about his homecoming as terrifying. Three months after returning home from tour, he heard a car backfire at a local supermarket. Nearly 10 minutes later, he

described “waking up” and finding himself on his knees with his arms covering his head in an attempt to protect himself from what he believed was a rain of missiles and gunfire. This young veteran stated, “In that moment, I was back in combat”. Military service, though considered honorable, can leave a young person injured for life not only from physical suffering but from psychological, social and personal wounds. He lives with an altered identity and within an unpredictable way of life, so different from the disciplined training culture of the military.

Military Culture

Gaining an understanding of the uniqueness of military culture is essential in appreciating some of the roots and influences of PTSD for veterans.

There are two key underpinnings of the military culture that are significant for veterans with PTSD: masculinity and stigma (Connell, 2005, 2009; Harrison & Laliberté, 1994; Higate, 2003; Kimmel, 2006; Whitworth, 2006). Militarism, in terms of national and international security, may require the use of force. Hence traditional constructs of masculinity (i.e., endurance, virility, fearlessness) are valued and developed. Soldiers who do not demonstrate an ability to meet the required standards of the military, often described as hyper-masculine (Higate, 2003; Whitworth, 2006), may be subject to ridicule and stigmatization.

Masculinity

In examining the hyper-masculine culture of the military and the stigma directed toward those who do not meet such standards, we learn that those who suffer from PTSD (often viewed by the military as having a lack of mental resilience) face an even greater risk of stigmatization. For a once high functioning and highly efficient soldier who was an expert in multi-tasking, chronic fatigue and other symptoms of PTSD such as sexual dysfunction can be debilitating, furthering feelings of weakness and personal inadequacy (Connell, 2005, 2009; Harrison & Laliberté, 1994; Whitworth, 2006).

Following the 2010 conference, *After Shock*, the author enrolled in a graduate course on gender and war to gain a broader understanding of the factors that influence PTSD. The author was introduced to the topic of gender in the military culture as having an emphasis on hyper-masculinity. Kimmel (2006) argued that American men base their masculinity, not by comparing themselves to women, but “in relation to each other” (p. 5). Kimmel states that “Masculinity (is) defined through homosocial interaction (and) contains many parts, including the camaraderie, fellowship, and intimacy often celebrated in the male culture” (p. 5). Over the past 20 years, researchers have studied the hyper-masculine form of masculinity, often attributed to the military culture. Several authors refer to it as hegemonic masculinity (Connell & Messerschmidt, 2005; Demetriou, 2001; Higate & Hopton, 2005; McCreary, 1994). Hegemonic masculinity was defined by Higate and Hopton as a form of masculinity that “boys and men are generally encouraged to aspire to” (p. 433). Higate and Hopton (2005) claimed that this type of masculinity is characterized by “the interrelationship of stoicism, phallocentricity, and the domination of weaker individuals, competitiveness and heroic achievement” (p. 433). McCreary (1994) simply stated that this form of masculinity is an attempt by the male to distance himself from everything feminine. Indeed, the military has been depicted as an overly masculinized institution that personifies hegemonic masculinity (Barrett, 1996; Green, Emslie, O’Neill, Hunt, & Walker, 2010). The behaviours and values of masculinity and conformity instilled in soldiers during socialization into the military culture create a myriad of implications for the holistic treatment of PTSD.

When a soldier comes forward with symptoms of PTSD, his psychological integrity and reliability may be questioned, however, non-disclosure may offer a safe haven for a period of time. In a hyper-masculine culture, PTSD is likely to be viewed as mental inferiority, or as lacking in soldier-like qualities (Nagel, 2005). In his book, *Manhood in America: A Cultural History*, Kimmel (2006) described the over-masculinized or hyper-masculine nature of the military quoting an Army general, “Every soldier fears losing the one thing he is likely to value more highly than life—his reputation as a man amongst men” (p. 5). This loss of “face” in the military culture leaves soldiers with PTSD not only at risk of stigmatization by their peers but also at risk of self-stigmatization.

Stigma

According to the Mayo Foundation for Medical Education and Research website, stigma is defined as a mark of disgrace or shame that involves: (1) labelling someone with a condition; (2) stereotyping people with that condition; (3) creating a division—a superior “us” group and a devalued “them” group, resulting in loss of status in the community; and (4) discriminating against someone on the basis of their label (MFMER (Mayo Foundation for Medical Education and Research), 2005). The military culture prides itself on creating strong, fearless warriors who march into and out of battle unscathed. Thus, a physical injury from battle may be viewed as a result of a heroic and selfless act while a psychological injury may be viewed as a cowardly and selfish one (Alvarez & Eckholm, 2007).

PTSD can affect any soldier of any rank at any time in war and peacekeeping. In the 1990s, Canadian UN Forces were stationed in Rwanda under the direction of decorated and experienced General Romeo Dallaire. Following the genocide that took place in Rwanda and the world’s abandonment of the people and the soldiers’ pleas for assistance, General Dallaire suffered seriously from PTSD. His autobiography, *Shake Hands With the Devil: The Failure of Humanity in Rwanda* (2003), recounts his traumatic experiences as a UN Forces leader in Rwanda and with the PTSD he suffered following the crisis. Dallaire’s (2003) book provided a breakthrough in openly discussing PTSD within the military culture, and it opened the doors for soldiers of different ranks to publically discuss their personal stories of living with PTSD. To date, there are a number of books, conferences, websites, blogs, and films that provide public access to this hidden stigmatized illness. Another soldier, from a younger generation and from the US military, has also written an autobiographical account of the horrors and terrors of living with PTSD. Lieutenant Samuel Console wrote about his experiences with PTSD during the Iraq war in *Service and Sacrifice: Memories of Iraqi Freedom With a Veterans Mental Health and Resource Guide*. Both General Dallaire (2003), a long serving member of the Canadian Forces, and Lieutenant Console (2011), a young American National Guard member, have provided insights into the daily terrors experiences of war and the emotional trauma that follows for veterans.

In the Internet age, testimonies of soldiers suffering from PTSD can be easily found on different websites where they talk openly about the illness itself along with the social stigmatization and alienation that follows. In a scan of Internet sites on PTSD, the author located several striking accounts of veterans’ experiences. One blog site called “PTSD: A soldier’s perspective”, provided an entry that read:

The battle never leaves (us)—We return from conflict every day of our lives. This is my story and struggle with PTSD; it affects every aspect of my life. I want people to know what a combat veteran goes through after the media and people forget. (2008)

The blog site describes the veterans' anxiety, depression, and withdrawal that may occur as a result of PTSD. Memories and flashbacks plague some veterans' days and nights. The blogger's quote refers to the ability of the public to turn off the television or close the newspaper if the stories become too vivid or disturbing. Veterans suffering with PTSD do not have the ability to "turn off" the symptoms, and as a result struggle to forget the war. Another entry on the same site discussed the suicide of veteran Orrin McClellan. The blogger talked about the event with an evident sense of loss and alienation:

There is no "purple heart" for PTSD. There is no "war memorial" that lists those who died by suicide from PTSD, even when combat was the most likely explanation. And maybe there should be... But in the meantime, all we can do is try to reconstruct what we can find about who Orrin McClellan was in the 25 short years he was here. (2008)

These two poignant blog entries name the devastating and hidden realities of returning home from war suffering from PTSD—the loss of identity, meaning, recognition, and place in their country's story of heroism, a story they believed in and lived on the battlefield before PTSD.

What Role Does the Media Play in Socializing PTSD?

As with any international incident, the media, including social media, plays a role in educating the public about war—who is involved, what the conflict is about, what repercussions may be faced, and what the morbidity and mortality rates are. In an attempt to provide the public with selected and tailored information to suit their parent media organization's mandate, these may be edited. Many hours and dollars have been invested by media corporations in socializing the public to the horrors and heroics of war. Raw footage of the wounded have become commonplace in our living rooms as we watch the latest conflict on television. With the increasingly graphic nature of war and conflict currently portrayed in the media, sensitization of public reactions to such atrocities can be diminished (Bushman & Anderson, 2001; Bushman & Cantor, 2003; Cantor, 2002; Parry, 2010; Robinson, Brown, Goddard, & Parry, 2005).

One of the most memorable, graphic, and gripping media images of the atrocities of war was the 1968 Pulitzer Prize winning photograph taken in Saigon by journalist photographer Eddie Adams following the Vietnam Napalm bombing. Debates were ignited over this photograph of a Vietnam police chief, Lt. Colonel Nguyen Ngoc Loan, executing a Vietcong prisoner. Allegedly, Adams later stated, "I got what I came to Vietnam for" (Faas, 2004). Deep rooted emotional responses to such images and terms such as MIA (missing in action), POW (prisoner of war), PTSD, IED (improvised explosive device) have desensitized public reactions and have compromised the historically and socially defined honor of war. Rather than educating the public on the social and human injustices of war, media sources have been criticized for sensationalizing images and shocking viewers with ill-explained, gory portraits of everyday atrocities (Sontag, 2003). Viewers are given the Hollywood scripted side of combat as reporters and media specialists select terror scenes for "sound-byte" moments and visuals. US veteran Console (2011) argued that no one can capture the raw emotion of living through a war and its horrors like those who were there and who returned home to live with the fallout every day. On a UK homepage for "Aftermath PTSD", the individual and psychological sacrifice of war is described:

Our society has been continuously at war since 1939, the start of WWII. Each and every day, for the last 72 years, war has been News—taking seconds to report the loss of life, and a lifetime to suffer the resulting trauma. (<http://aftermathptsd.co.uk>)

Many of us are, at some level, affected by the human sacrifice of war, both physical and psychological.

Whether by a direct connection to the military, a professional and/or personal interest in history and conquest, mental illness, and/or political science, we are impacted by the media's portrayal of war and its political dynamics. Some Canadian media coverage of the war in Afghanistan, for example, has provided Western society with an upfront and personal look into combat and the lives of soldiers, both during and after war, and the challenges they face. Sometimes the sensationalism is viewed as bordering on exploitation. On February 16, 2011, Inside TV's show "Voice of Reason" was criticized as an exploitation of service members and their families' reunion experiences for the sake of TV ratings. Two days later, on February 18, 2011, blogger Suzanne wrote the following about this American Lifetime network show:

My husband was on active duty for six years and I've been through two deployments and countless workups. My husband and I were talking about this show and we both believe that it's exploitative. The parents of these children are trying to do a really wonderful thing by surprising them but I think that Lifetime is using their moments to jack up ratings.... Maybe (the television station) could use some of their airtime to compel people to actually DO SOMETHING to assist service members and their families whether it be with adjusting to life after active duty or fighting for the rights of service members to keep the benefits they've been promised and deserve.

Along with blog sites, autobiographical accounts and conference presentations of veteran's personal experiences with war, movies on war stories also depict gripping emotional struggles of war and its aftermath via portrayals of fictionalized or non-fictionalized characters and events. For example, Warners Independent Pictures film, *In the Valley of Elah* (2007), used the story of a father's search for his son's murderer to examine the treatment of prisoners and PTSD during the Iraq war. While Hollywood produced films on the Vietnam War, such as *Deer Hunter* and *Platoon*, the movie industry has yet to address some of the vital social and health issues caused by recent wars. Though documentaries such as *Wartime Experience* (2007), *This Is War: Memories of Iraq* (2007), *Restrepo* (2010), and *Inside the Afghan War* (2012) have been made recently, independent films and documentaries are generally restricted to those viewers with a particular interest in the subject matter rather than to a mass audience. And, unlike Hollywood films, independent film makers do not have multi-million dollar budgets and large sponsorships to draw in an audience with advertisements and media coverage. Independent films, and documentaries in particular, which portray the non-fictionalized story of PTSD may attract only a small number of viewers in search of the topic or who have a specific interest of the story line.

Factors That Influence a Veterans' Quality of Life

While the media may provide the public with a snapshot of a veteran's life with PTSD, the complexity of the issues faced by each individual need to be examined biographically and autobiographically in order to better understand how veterans themselves perceive the issues and how these issues affect their quality of life and the quality of life of their families. Quality of life has been debated and examined from different points of view-philosophical, societal, psychological, and medical (Easterlin, 2004; Kane, 2003; Lawton, 1997). Quality of life, for Kane (2003), focuses on global issues where it is used as a summary term regarding measurements of various multi-dimensional aspects of one's life. Addington and Kalra (2001) argued that professionals' perceptions may differ from patients' perceptions and that the key to the therapeutic process for PTSD sufferers is acknowledging these differences. Lawton (1997), on the other hand, takes a time oriented continuity of life view by claiming that the temporal nature of quality of life involves reflection on the past, aspirations for the future, and appraisal of the present. For Lawton (1997) then, quality of life is grounded in a veteran's narrative.

Lift on (as cited in Bentley, 2005) argued that PTSD plagues the veteran with “questions of meaning—concerning life, and ultimately, all other areas of living (pp. 7-8). Given this premise, the question arises as to why treatment regiments have not generally been focused on healing and restoring quality of life through reconstructing a veteran’s biographical meaning.

When considered more closely, quality of life has two key similarities to narrative inquiry: (1) the temporal nature of experience when reflecting on and addressing the meaning of past, present, and future experiences; and (2) the method designed to value the participants’ biographical accounts of their experiences. Both quality of life and narrative are grounded in a participant’s meaning embodied in the stories of experience they tell.

Narrative Inquiry

A narrative inquiry is a research method that can provide a veteran with a human and personal process to examine the impact of his PTSD experiences on his life, along with how the larger cultural stories or grand narratives portrayed in the media, society, and the military play a role in his recovery. Narrative inquiry is defined by Polkinghorn (1988) as the process whereby stories, narratives, and their context are examined. Story, for Clandinin and Connelly (2000) is a communication tool, while narrative is the inquiry process used to examine and understand the stories told.

Through a narrative inquiry process, participants can share stories of their lived experience. In a narrative study of veterans’ PTSD experiences, their quality of life can be examined more deeply and from a personal knowledge perspective, by drawing on their stories of life before and following a PTSD diagnosis.

Key features of narrative inquiry include story, temporality, reflexivity (participant-researcher relationship), verisimilitude (truth), and plausibility. These key features enable the storyteller or veteran to reflect on his trauma stories and on how these stories evolve over time. Narrative reflections help the storyteller make sense of particular experiences in relation to the life lived; storying such experiences can provide new and deeper insights into life as a whole. A reflexive veteran-listener (counsellor/psychiatrist/family member) can foster a mutual understanding of life stories by encouraging a discussion of difficult memories for their contradictions and continuities. In addition, the narrative tools of appreciating the influence of a storyteller’s voice gives the listener a sense of how stories are told by the veteran and heard by the caregiver. Voice changes in narrative structure in relation to a person’s emotions at the time and in relation to the listener’s relationship and responses. Metaphors can also be significant in that they reveal unresolved emotional tensions that the veteran may have difficulty expressing verbally. Journaling is a key feature of narrative research as it gives the PTSD sufferer time and place to reflect on the meaning of silent and stated trauma events and stories.

Story, Temporality, Reflexivity, Verisimilitude, and Plausibility

Story and Narrative

Polkinghorn (1988) differentiated between story and narrative in describing that the story is what is told by the interviewee while narrative is the interviewer’s recounting of the story that has been told. Narrative inquiry follows with analysis of the stories and the overall narrative context. Clandinin and Connelly (2000) described story as a communication tool, and inquiry into the story as the narrative process. This narrative process according to Charmaz (1999) provided evidence and insight into the everyday lived experiences of the storytellers. Narrative interviews involve the use of open-ended questions inviting the participants to speak

about their experiences, for example, their experiences with PTSD. After the interviews, the participants are given a copy of the transcript and invited to reflect and/or journal on the accuracy of the transcript and to bring forth other stories that might have been triggered by the interview or the reflection on the interview.

Story

In keeping with Dewey's (1934) conceptualization of inquiry, life, and experience, the veterans are invited to reflect on their lives before and after their PTSD diagnosis to provide a sense of narrative continuity (past, present, and future). Recounting stories offers veterans the opportunity to make sense of his previous experiences of war, the PTSD event, the experiences of living with PTSD, and the current experiences of facing each day. Telling stories of trauma experiences allows the participants to see these experiences differently, to reflect on their meanings and to develop insights in terms of their overall life stories. Thus, sharing stories can create an opportunity for the veterans to perceive meaning in their PTSD journey and to make sense of who they are now as PTSD sufferers and on leave from the military culture that has a powerful influence on their lives and identities. Drawing on Dewey's (1934) work, Bach in *The Handbook of Narrative Inquiry: The Mapping of a Methodology* (2007) states that:

Human beings are not "subjects" or "isolated individuals" who have to build bridges to go over to the other human beings or to things of nature; human beings are originally and continually tied to their environment, organically related to it, changing it as it changes them. (p. 284)

Our life stories are constructed and reconstructed over time depending on the experiences in between and the meaning made from these experiences. Each person's life story differs from another's. For example, the veterans with PTSD may respond differently to trauma induced by combat and to their PTSD symptoms. These interactions can result from a variety of responses, and will likely differ based on the individual's lived experiences.

The role of narrative research, as described by Connelly and Clandinin (2000), is to "avoid strategies, tactics, rules, and techniques that flow out of other theoretical orientations" because in narrative research "experience is our concern" (p. 188). The focus of narrative research is to gain knowledge of the complexities of human lived experience and its meaning (Clandinin & Connelly, 2000; Pinniger & Daynes, 2007). Since early times people have told stories metaphorically through art, rhythm and dance to explain the many mysteries and experiences in the world. Narrative researchers "hold in common... the study of stories or narratives or descriptions of a series of events. These researchers usually embrace the assumption that story is one if not the fundamental unit that accounts for human experience" (Pinniger & Daynes, 2007, p. 4).

Recognizing recurring themes within their storytelling can help interviewees find ways to initiate a healing process from the inside where the core story dwells. Studies by Connolly, Baker, and Mazza (2004) and Sakalys (2003) have examined illness and traumatic events and how the storying of the interviewees events provide them with a sense of meaning and healing. PTSD experiences following war may leave veterans searching for meaning and healing from their traumas. Pennebaker (2000) explained how stories can foster healing in traumatic experiences:

In an ideal world, upsetting experiences are transformed into stories that are shared with others. This process helps us to understand the events and, at the same time, alerts our friends to our emotional and psychological state. Such storytelling ultimately helps us maintain a stable social and emotional life. In our less-than-ideal existence, however, we often keep important personal experiences to ourselves... Translating personally upsetting experiences into language in a

story format, even when the story is written rather than spoken, may accomplish for us what oral storytelling must have accomplished for our ancestors—improvements in physical and mental health as well as the development of closer social bonds. (p. 15)

We keep stories of personal experience in a deeper space in ourselves, Pennebaker (2000) stated, while we search to “(translate) personally upsetting experiences into language” (p. 15). A narrative inquiry methodology offers veterans an opportunity to recount stories of how life was before PTSD, during the trauma and following treatment. Veterans can gain insight into their lives as a whole. When these difficult stories begin to make sense, the healing process begins (Coulehan, 1991).

Narrative Unity

Culture, our upbringing, and self-perception are all factors that influence the creation, interpretation, and understanding of our life stories and evolution of our narrative unity. Connelly and Clandinin (1986) discussed the term “personal philosophy” (p. 306) along with narrative unity as the lens of continuity we see ourselves with in a new situation or experience. “(P)ersonal philosophy contains the notion of beliefs and values, but goes beneath their surface manifestations to their experiential narrative origins” (Connelly & Clandinin, 1986, p. 306). Connelly and Clandinin (1986) further discussed narrative unity as going beyond an individual’s way of thinking to how this thinking impacts an overall understanding woven through different experiences. To build on this idea, these authors also discuss how individuals base their everyday day lives and decisions on their past experiences and the meaning they have drawn from these experiences. In narrative, as a result of the reflexive storyteller-listener relationship, the narrative unities, or personal philosophies recurring in experiences of both individuals need to be considered. What is observed, reflected on arises from our implicit narrative unities from story to story, and inform person’s interpretations and reactions which could impact the process of constructing and reconstructing the stories shared. Meanings of stories are embodied and encoded based on how we have made sense of past experiences as well as our beliefs about an imagined future (Connelly & Clandinin, 1986). Veterans’ past experiences, before enlistment, would have shaped their values, beliefs, and reactions to life stories. Military culture has a significant impact on a soldier’s identity as well as how they find meaning from these experiences. Moreover, a young recruit enlisting with little life experience, may rely more heavily on the values and expectations assigned by the military. Over time childhood values and memories may be altered by the military way of being. However, when PTSD challenges a veteran’s soldier identity, he may return to a previous way knowing or struggle to develop a new way to draw meaning from the losses and suffering experienced.

Temporality

Stories of these experiences can be fluid over time and the telling and retelling of these stories show a kind of “back and forthness” as memories are triggered and reflections on these memories bring forth different meanings. “Narrative is a language used to connect events in time” (LeGuin, 1989, p. 38) and the narrative quality of temporality plays a significant role in story creation and understanding. As we reflect on stories and experiences, new insights will surface and new meanings tease out of these stories. New experiences may impact meanings of past experience and as past experiences influence meanings of new experiences. Over time and with reflection, new insights may evolve, triggering a change or re-confirmation of a current understanding of a particular experience. Rashotte (2005) reflected on past stories in stating that “a story makes a journey. It locates itself in the past in order to allow itself to move forward into the present” (p. 36). LeGuin (1989) also

discusses the journey through time that a story endures and elaborates with: “only by locating itself in the past is the story free to move toward the future, the present” (p. 38) where reflection occurs and new meanings are derived.

Temporality is a factor that influences the storyteller-listener relationship, a relationship that develops over time and reflects on the journey from which each of the narrative unities was developed and continues to develop and draw meaning. As the storyteller-listener relationship grows, personal memories of experiences stir reflections that may then inform the discussion and the listener’s interpretations. This reflexive relationship, according to Hogan (1995), fosters:

Empowering relationships (that) develop over time and... take time for participants to recognize the value that the relationship holds. Empowering relationships involve feelings of “connectedness” that are developed in situations of equality, caring and mutual purpose and intention. (p. 12)

Reflexivity and Reflection

There is a key difference between reflection and reflexivity in narrative, and while both are fundamental during the research project, the distinction must be clear. “Reflection encompasses learning by reflecting on experience... (and) generally characterized as a cognitive activity” (Cunliffe & Easterby-Smith, 2004, p. 31). Reflection involves giving order to situations. Dewey (1916) discussed reflective experience as giving a situation a tentative interpretation or hypothesis. Reflection is a means to clarify the information provided to us at that time. Swan and Bailey (2004) in *Organizing Reflection*, gave the reflection is, “Various defined as a competence, a process of problem solving and a means of personal and social emancipation” (p. 105). In narrative, storytellers and listeners can keep a reflective journal to provide an outlet for emotions and insights after their interaction and sharing. As Dewey discussed, a journal can encourage reflection on the experience of the storytelling. Reflecting can be a process undertaken to make sense of what just happened and identify our reactions to the experience. Without reflection on experiences and their meaning, memories can be fragmented, so that developing a mutual reflexive relationship with others may be hindered.

Throughout the narrative inquiry process, listeners look for clarification or for elaboration of the storytellers assigned meaning. Reflecting on comments, gestures, and intonations in voice, during and following an interview or observation provides a researcher with an opportunity to examine her own beliefs and feelings that may influence interpretations of the veterans’ stories. By keeping a journal, reflections of each story and interaction with the storyteller, the listener can track her own responses to the participants’ stories. Journal reflections can be helpful in understanding personal responses to stories and their connections personal experiences. Journal writing may help cue the listener to relevant emotional responses to the meanings that could influence the research.

Reflexivity in the narrative can become more complex, in that, reflexivity encourages the listener to search inside themselves, and consider how who they are may influence their understanding and interpretations. Sandelowski and Barroso (2002) explained that:

Reflexivity implies the ability to reflect inward toward oneself as an inquirer; outward to the cultural, historical, linguistic, political, and other forces that shape everything about inquiry; and, in between researcher and participant to the social interaction they share. (p. 222)

For Connelly and Clandinin (1990), relationship builds when the storyteller and listener come to understand their own stories. They have reflected on the interviews and transcripts and now come together to

reflect.

Narrative inquiry is... a process of collaboration involving mutual storytelling and restorying as the research proceeds. In the process of beginning to live the shared story of narrative inquiry, the researcher needs to be aware of constructing a relationship in which both voices are heard. (p. 4)

In discussing reflexivity, Martin-MacDonald (1999) used the terms congruency, coherence, and completeness. Congruency ensures that the intended interpretation of the story is conveyed by describing the meaning of the story as the storyteller intends it to be heard. Completeness is achieved when the storyteller acknowledges that the final narrative clearly reflects their experience (Martin-MacDonald, 1999). For example, if a research text is produced as a result of the inquiry, the process of creating a text with congruency, coherence, and completeness is dependent on a reflexive relationship between the storyteller and listener—in this case, participant and researcher—in which reflections are shared and meanings are understood. During the storytelling, the retelling of similar events, themes, and emotions creates a sense of coherence in the stories (Bruner, 1987; Martin-MacDonald, 1999).

Both the storyteller and listener in narrative come with their different life experiences. During the storytelling, each reflects on relevant memories and the listener comes to terms with the teller's meanings by reflecting on the impact they have had on their life. Clandinin and Connelly (1990) stated that they:

Found that merely listening, recording, and fostering participant story telling was both impossible and unsatisfying. We learned that we, too, needed to tell our stories. Scribes we were not; story tellers and story lovers we were. And in our storytelling, the stories of our participants merged with our own to create new stories, ones that we have labelled "collaborative stories". The thing finally written on paper (or perhaps on film, tape, or canvas), the research paper or book, is a collaborative document; a mutually constructed story created out of the lives of both the researcher and participant. (p. 12)

Temporality and reflexivity are interrelated—one based on the other. The same storyteller may tell a specific story differently at different times in different social contexts. Stories evolve over time as individuals change and interact with their worlds. They gain insight through reflections on meaning. Written texts, as well as oral stories, provide timelines of how events unfold. In narrative, temporality speaks to the movement of stories through time and informs us of the continuity of the stories' themes over time. As a story is revisited, new details may be added, changed, or deleted depending on the current context of discussion, the audience, as well as the storyteller's sense of self. The storyteller's stories change as memories from past are reframed for the present and for an anticipated future (Cunliffe, Luhman, & Boje, 2004). During this reflexive undertaking, the listener undergoes a similar self-discovery and process of shifting an intuitive response to an understanding, accepting response.

Verisimilitude and Plausibility

Verisimilitude describes the lived experiences that give a sense of truthfulness, plausibility, or realness. When listeners or readers relate to stories as believable, they perceive them as more plausible and meaningful. When narratives seem plausible, in terms of their own experiences, a sense of authenticity is established (Atkinson, 1990). Narrative plausibility is likened to rigour in quantitative research methods in that the stories ring true for the listener or reader (Bruner, 1987; Martin-MacDonald, 1999).

Todorov (1977) described verisimilitude simply as something "able to occur in reality" (p. 82) while for Denzin and Lincoln (1994), it is a text's relationship to reality. The quality of narrative truth or its

verisimilitude arises from the reflexive nature of narrative inquiry. Stories that “ring true” can be more informative and useful. Martin-MacDonald (1999) described this as inter-subjectivity, which happens when individuals make links between their own and another’s experiences. She describes subjectivity as the way people make sense of their experiences. Munhall (2007) and Peshkin (1991) discussed the importance of a listener maintaining a clear sense of subjectivity to avoid misinterpretations and to ensure that the participants’ stories are reconstructed and meanings accurately described. Veterans who share their stories lived different lives prior to PTSD, during, and afterward, yet their experiences are connected in many ways. Some of the factors that may influence their individual experiences included their civilian backgrounds, their military training, their combat and peacekeeping experiences, and their PTSD experiences.

Etherington (2007) describes narrative as an interpretive process whereby personal experience is studied by gathering and, in the case of research, analyzing stories. With each individual’s unique lived experiences and the uniqueness of each recounting of those experiences, listeners consider the subjectivity of the story and its philosophical underpinnings. Constructivism is a core component of narrative inquiry. Constructivism is based on the assumption that we are able to understand the meaning of a given phenomenon through the eyes and stories of the people who have experienced it firsthand (Cohen, 2006). Reflecting on new meanings develops new knowledge and forms of wisdom with which the experience can begin to be understood.

Constructivism draws on the underpinnings of subjectivity and inter-subjectivity. By making links and connections to the experiences of others, a listener’s experience can be understood. Without such understanding of and insight into a life experience, finding meaning may be different. Finding meaning and gaining insight lead to constructivism. For example, not reflecting on an experience or keeping the memory fragmented and buried in consciousness impedes any effort to link to others or to generate insight.

A story resonates with the audience, touching a personal story within them. Conle (2011) described this resonance as how an audience “connect(s) specific items in current or past experiences to a narrative of their own or someone else’s experience. In this process, they subconsciously create metaphorical correspondences between two sets of narrativized experiences” (abstract, p. 297). The story that is told and understood is plausible, striking a chord with the listener.

New knowledge is generated during the storying process. In narrative, the story guides the journey and wisdom is developed as the story flows through a preliminary subjective and inter-subjective way of knowing, to the constructivist embodiment of the stories’ meanings.

Audience, Voice, and Signature

Two key narrative inquiry qualities as described by Connelly and Clandinin (1994) are voice and temporality. Voice changes as the story is told and retold, and changes with the relationship with the person to whom the story is told. As the storyteller incorporates new knowledge and insights, meaning evolves and changes with each telling. Stories of the experience are expected to change over time as a storyteller comes to terms with their experiences.

A story may differ from listener to listener as it may from storyteller to storyteller. For example, a veteran’s story of PTSD may be told differently to me as a researcher than to a peer in the military, or to a spouse, or to a child. Details of the story or of the actual traumatic events may be omitted to protect a child’s innocence, while those same details may be shared differently with a comrade who was there. Emotions may be hidden from a military peer because of the culture of hyper-masculinity fostered in the Forces, or declared

openly to a health professional who counsels them to express their emotions. Voice may change based on a connection to a story or memories that is touched by the storyteller's recounting of an event.

With changing voice and audience in storytelling, some continuity exists in researcher's signature. Indicators in the text, such as the way a point is argued, or the choice of words, and style of writing points to who has written the text. For example, if we were to read one of Shakespeare's plays, without having been told who the playwright is, we would recognize the style of writing to be Shakespeare. In Denzin and Lincoln's (1994) *Handbook of Qualitative Research*, Clandinin and Connelly (1994) described that as the writer of the text, the researcher's signature is like their "stamp" on the work.

Clandinin and Connelly (2000) discussed the importance of signature in relation to a text. The signature of the text belongs to the storyteller and reflects who they are, how they would like to be perceived through the reading of the text, and if they see themselves in the text. The listener's signature is present and can be used as an accompaniment or comparison to the listeners. Clandinin and Connelly (2000) discussed signature in terms of a research text: "Too vivid a signature runs the risk of obscuring the field and its participants; too subtle a signature runs the risk of the deception that the research text speaks from the point of view of the participant" (p. 148). There should be a balance between the story, the interpretation, and subsequent reporting of findings (e.g., themes) to validate the narrative process.

Sacred Story

As listeners recount and reflect on their stories, deeper insights surface. Crites (1971) described this process as developing insight beyond an everyday, social story to a deeper, more personal (or even sacred) story. The everyday story, which Crites (1971) referred to as the mundane story, is one that is socially acceptable and does not evoke a reaction such as stigmatization. Crites explains that while the mundane story and the sacred story are distinct, "Mundane stories are implicit in (the) sacred story, and every mundane story takes soundings in the sacred story" (p. 296). A deeper or sacred story is one that is private, protected, personal, and rarely told unless to a person who is trusted.

The listener's role in narrative is to earn trust with the storyteller throughout the storying process. Thus, the storyteller-listener relationship can evolve as trust develops from the everyday to the sacred story. "(...) The sacred story is altogether alive, transforming itself in the depths" (Crites, 1971, p. 297). Discovering the deep meanings of the sacred stories, as they move beyond the mundane stories, can offer an appreciation of the depth and breadth of the impact PTSD has had on an individual's quality of life and identity. "Break the story to tell a truer story!" (Crites, 1974, p. 297).

The complexity of these buried, sacred stories may leave the storyteller without words to describe the emotions stirred from reflection and discussion of the experiences. A metaphor may provide an opportunity to put into words what is too deep to express or perhaps too painful or raw an emotional response.

Metaphors

Metaphors enrich the interpretation of stories by providing the reader with a commonplace image to provide a quick comprehension of the meanings intended. Lakoff and Johnson (1980) stated that "Metaphor is one of our most important tools for trying to comprehend partially what cannot be comprehended totally: our feelings, aesthetic experiences, moral practices, and spiritual awareness" (p. 193).

Using metaphoric expressions opens up possibilities for richly textured communication. Metaphors convey visual and tactual imagery (which) adds a more vivid level of understanding. Due also to the different layers of sensory and

informational meanings, metaphors are more likely to evoke an experiential response in the listener than the relaying of an adjective alone. At times, metaphors can more accurately capture the quality of an emotion than an adjective or an emotional label. (Levitt, Korman, & Angus, 2000, p. 23)

While in narrative, the storytellers are invited to tell their lived experience, their stories are often full of metaphors, which often used to express emotions that are difficult to put into words. An examination of the metaphors can reveal the sensory meaning of the story. As Levitt et al. (2000) described, metaphors within the story will not only “evoke an experiential response” (p. 23) in the listener, but can also “capture the quality of an emotion” (p. 23) that the storytellers may be subconsciously experiencing.

The paper has introduced narrative inquiry as a plausible research methodology for veterans with PTSD. The themes of masculinity and stigma explored in this paper have been examined in a variety of quantitative and qualitative research projects; however, not in a narrative research context. Using narrative inquiry would invite veterans to tell their personal stories of trauma, outside of a medical and military setting. Narrative could help create meaning for veterans, and provide insight into the lived experience of veterans, thus creating a rich foundation for ongoing research into the impact PTSD has on the quality of life of Canadian veterans.

PTSD is a significant issue in Canada today. The Parliamentary Report on PTSD and Mental Health in the Canadian Forces (2011) estimated that over the next five years between 25,000 and 35,000 will be discharged—approximately 2,750 of those soldiers will suffer from PTSD. Using a narrative methodology to draw out themes and meaning from veterans’ stories could provide for the creation of different treatment modalities based on the individualized needs of veterans. Moreover, creating a reflexive researcher-participant relationship throughout the research project may provide a healing environment for those veterans traumatized by their lived experiences of war. As the troops’ combat deployments in Afghanistan wind down veterans returning home may suffer from varying degrees of emotional traumas, a narrative research approach would invite participants to share their experiences as an individual and no longer as a rank or number. Dr Sally Satel, psychiatrist and author of the TIME article “A PTSD knighthood, and narrative” (2013) states:

There is a narrative component to post-war distress. How veterans come to see themselves, their futures, their role in the family, and in the world, have a profound influence on readjustment... This anguish is more existential than it is psychiatric, although it is very important to recognize that the nature of post-war syndromes is not either/or.

This qualitative approach, as presented in previous pages, is a valid methodology in the research of this unique population, and with increasing numbers of diagnosed cases of PTSD in Canadian veterans, interdisciplinary research as well as diverse research methodologies should be engaged to provide the evidence-based practice which will care for the soldiers and veterans who have been deployed overseas.

References

- Addington-Hall, J., & Kalra, L. (2001). Measuring quality of life: Who should measure quality of life? *British Medical Journal (International Edition)*, 322, 1417-1420.
- Alvarez, L., & Eckholm, E. (2007). *Purple heart is ruled out for traumatic stress*. Retrieved from http://www.nytimes.com/2009/01/08/us/08purple.html?pagewanted=all&_r=0
- Bach, H. (2007). Composing a visual narrative inquiry. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology*. Thousand Oaks, California: Sage Publications, Inc..
- Barrett, F. J. (1996). The organizational construction of hegemonic masculinity: The case of the US navy. *Gender, Work & Organization*, 3(3), 129-142 (*Quarterly*, 36(2), 207- 213).

- Bentley, S. (2005). A short history of PTSD: From thermopylae to hue soldiers have always had a disturbing reaction to war. In *The Official Voice of Vietnam Veterans of America Inc.* (pp. 1-9). Retrieved from http://www.vva.org/archive/TheVeteran/2005_03/feature_HistoryPTSD.htm
- Bruner, J. S. (1987). Life as narrative. *Social Research*, 54, 1-17.
- Bushman, B. J., & Anderson, C. A. (2001). Media violence and the American public: Scientific facts versus media misinformation. *American Psychologist*, 56(6-7), 77-489.
- Bushman, B. J., & Cantor, J. (2003). Media ratings for violence and sex: Implications for policymakers and parents. *American Psychologist*, 58(2), 130-141.
- Cantor, J. (2002). The psychological effects of media violence on children and adolescents. In *Colloquium on Television and Violence in Society*. Retrieved from <http://www.yourmindonmedia.com>
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (1994). *Handbook of qualitative research* (3rd ed.). Thousand Oaks, California: Sage Publications, Inc..
- Clandinin, D. J., & Connelly, F. M. (1994). Personal experience methods. In Denzin, N. K., & Lincoln, Y. S. (Eds.), *Handbook of qualitative research* (3rd ed.). Thousand Oaks, California: Sage Publications, Inc..
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Boss.
- Conle, C. (1996). Resonance in preservice teacher inquiry. *American Educational Research Journal*, 33(2), 297-325.
- Connell, R. (2009). *Gender* (2nd ed.). Polity Press: Cambridge.
- Connell, R. W. (2005). *Masculinities* (2nd ed.). Los Angeles: University of California Press.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19(6), 829-859.
- Connelly, F. M., Baker, K., & Mazza, N. (2004). The healing power of writing: Applying the expressive/creative component to poetry therapy. *Journal of Poetry Therapy*, 17(3), 141-154.
- Connelly, F. M., & Clandinin, D. J. (1986). On narrative method, personal philosophy, and narrative unities in the story of teaching. *Journal of Research in Science Teaching*, 23(4), 293-310.
- Connelly, F. M., & Clandinin, D. J. (1988). *Teachers as curriculum planners: Narratives of experience*. New York: Teachers College Press.
- Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, 19, 2-14.
- Console, S. (2011). *Service and sacrifice: Memories of Iraqi freedom with a veterans mental health and resource guide*. United States of America: Xlibris Corporation.
- Coulehan, J. L. (1991). The word is an instrument of healing. *Literature and Medicine*, 10, 111-129.
- Crites, S. (1971). The narrative quality of experience. *Journal of the American Academy of Religion*, 39(3), 391-411.
- Cunliffe, A. L., Luhman, J. T., & Boje, D. M. (2004). Narrative temporality: Implications for organizational research. *Organization Studies*, 25, 261.
- Dallaire, Gen., R. A. (2003). *Shake hands with the devil: The failure of humanity in Rwanda*. Toronto: Vintage Canada, a Division of Random House of Canada.
- Demetriou, D. Z. (2001). Connell's concept of hegemonic masculinity: A critique. *Theory and Society*, 30(3), 327-361.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (1994). *The Sage handbook of qualitative research*. California: Sage Publications Inc..
- Easterlin, R. (2004). The economics of happiness. *Daedalus*, 133(2), 26-33.
- Emslie, C., Ridge, D., Ziebland, S., & Hunt, K. (2006). Men's accounts of depression: Reconstructing or resisting hegemonic masculinity? *Social Science and Medicine*, 62, 2246-2257.
- Etherington, K. (2007). Ethical research in reflexive relationships. *Qualitative Inquiry*, 13(5), 599-616.
- Faas, H. (2004, October). The Saigon execution. *The Digital Journalist*, 4(10). Retrieved from <http://digitaljournalist.org/issue0410/faas.html>
- Green, G., Emslie, C., O'Neill, D., Hunt, K., & Walker, S. (2010). Exploring the ambiguities of masculinity in accounts of emotional distress in the military among young ex-servicemen. *Social Science & Medicine*, 71, 1480-1488.
- Harrison, D., & Laliberté, L. (1994). *No life like it: Military wives in Canada*. Toronto: James Lorimer & Company Ltd..
- Higate, P. R. (2003). *Military masculinities: Identity and the State*. Connecticut: Praeger Publishers.
- Higate, P., & Hopton, J. (2005). War, militarism and masculinities. In M. S. Kimmel, J. Hearn, & R. W. Connell (Eds.), *Handbook of studies on men and masculinities*. London: Sage Publishing Ltd..

- Hogan, P. (1988). A community of teacher researchers: A story of empowerment and voice (Unpublished manuscript, University of Calgary).
- Iversen, A. C., van Staden, L., Hughes, G. N., Hotopf, M., Rona, R. J., Thornicroft, G., Wessely, S., & Fear, N. (2011). The stigma of mental health problems and other barriers to care in the UK Armed Forces. *BMC Health Services Research*, 11(31), 1-10.
- Kane, R. A. (2003). Definition, measurement, and correlates of quality of life in nursing homes: Toward a reasonable practice, research, and policy agenda. *Gerontologist*, 43(Issue supplement 2), 28-36.
- Kimmel, M. S. (2006). *Manhood in America: A cultural history* (2nd ed.). New York: Oxford University Press.
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago: University of Chicago Press.
- Lawton, M. P. (1997). Measures of quality of life and subjective wellbeing. *Generations*, 21(1), 45-47.
- LeGuin, U. K. (1989). *Dancing on the edge of the world: Thoughts on words, women, places*. New York: Grove Press.
- Levitt, H., Korman, Y., & Angus, L. (2000). A metaphor analysis in treatments of depression: Metaphor as a marker of change. *Counselling Psychology Quarterly*, 13(1), 23-35.
- Martin-MacDonald, K. (1999). Once upon a time...Narratives and research. *Contemporary Nurse*, 8(1), 221-226.
- MFMER (Mayo Foundation for Medical Education and Research). (2005). Retrieved from <http://www.mayoclinic.com/health/mental-health/ndation>
- McCreary, D. R. (1994). The male role and avoiding femininity. *Sex Roles*, 31(9), 517-532.
- Munhall, P. L. (2007). *Nursing research: A qualitative perspective* (4th ed.). Massachusetts: Jones & Bartlett.
- Nagel, J. (2005). Masculinity and nationalism: Gender and sexuality in the making of nations. In P. Spencer, & H. Wollman (Eds.), *Nations and nationalism: A reader*. New Jersey: Rutgers University Press.
- Paré, J. R. (2011, October). *Post-traumatic stress disorder and the mental health of military personnel and veterans* (No. 2011-97-E). Library of Parliament Research Publications. Retrieved from <http://www.parl.gc.ca/Content/LOP/ResearchPublications/2011-97-e.htm>
- Parry, K. J. (2010). A visual framing analysis of British press photography during the 2006 Israel-Lebanon conflict. *Media, War, and Conflict*, 3(1), 67-85.
- Pennebaker, J. W. (2000). Telling stories: The health benefits of narrative. *Lit Med*, 19, 3-18.
- Peshkin, A. (1991). Appendix: In search of subjectivity—One's own. In A. Peshkin (Ed.), *The color of strangers, the color of friend* (pp. 285-295). Chicago: University of Chicago Press.
- Pinniger, S., & Daynes, J. G. (2007). Locating narrative inquiry historically: Thematics in the turn to narrative. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology*. Thousand Oaks, California: Sage Publications, Inc..
- Polkinghorne, D. E. (1988). *Narrative knowing and human sciences*. New York: State University of New York Press.
- Rashotte, J. (2005). Dwelling with stories that haunt us: Building a meaningful nursing practice. *Nursing Inquiry*, 12(1), 34-42.
- Robinson, P., Brown, R., Goddard, P., & Parry, K. (2005). War and media. *Media Culture & Society*, 27(6), 951-959.
- Russell, C. K., & Gregory, D. M. (2003). Evaluation of qualitative research studies. *Evidence-Based Nursing*, 6(2), 36-40.
- Sakalys, J. A. (2003). Restoring the patient's voice: The therapeutics of illness narratives. *Journal of Holistic Nursing*, 3, 228-241.
- Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research revisited. *Advances in Nursing Science*, 16, 1-8.
- Satel, S. (2013). A PTSD knighthood, and narrative. *TIME* magazine online. Retrieved from <http://nation.time.com/2013/03/06/a-knighthood-and-the-narrative-root-of-ptsd/>
- Sontag, S. (2003). *Regarding the pain of others*. New York: Penguin.
- Todorov, T. (1977). *The poetics of prose*. Ithaca: Cornell University Press. United States Department of Veterans Affairs. National Center for PTSD. Retrieved from <http://www.ptsd.va.gov/>
- Whitworth, S. (2006). Military reactions to post traumatic stress disorder. Paper presented at the *International Studies Association Annual Meetings*, San Diego, C.A..