



## ONCE WERE WARRIORS

After the horrors of war, many servicemen and women find themselves facing another battle: post-traumatic stress disorder. But a radical programme involving t'ai chi, meditation and Hawaiian "forgiveness" therapy is helping many of them find peace

By Louise Carpenter Photographs Suki Dhanda

Duane Telfer, 29, served in Afghanistan and Iraq, where he had a nervous breakdown after seeing a colleague killed.

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**P**eter Stone was approaching the end of a long career in the army when he witnessed an event in Croatia in 1995 that was to ruin the next decade of his life. Walking through a village, he came across three Croatian children, aged 11, nine and seven. A father of four himself, Stone's instinct was to talk to them. He even reached into the pocket of his uniform and offered them some chocolate. Later, passing back through the village, he saw them again. They were lying in pools of their own blood by the roadside, their throats cut – punishment for speaking to the enemy.

Stone was an experienced soldier. He had served in Northern Ireland, the Falklands and Croatia. He had seen death and despair, and he had endured and pulled through explosions himself. And yet it was this singular, horrific event that was to be his unravelling. "Those children were innocent," he says, his voice faltering, "and I could not get the memory of them out of my mind, I could not get the thoughts to go [away] that I was responsible, that if it were not for me, they would still be alive today."

Years later, Stone was diagnosed with post-traumatic stress disorder (PTSD), a common problem that usually becomes apparent in soldiers years after the experienced trauma. It is often triggered by a second, unrelated trauma. In Stone's case, it was the death of his son in a car crash, two weeks before his son's 21st birthday, in 2001. He had been out of the army for a year then, his marriage having broken down due to the stresses of his job.

He began to have nightmares about the Croat children and about his son, and would wake up screaming and sweating with his heart pounding so hard he thought he was about to die of a heart attack. He became so terrified of the nightmares that he could not go to bed at night. He could no longer work. He could no longer do anything. It was as if his system had shut down. Within weeks, he found himself homeless, to be picked up later by a hostel for ex-servicemen and then transferred to Oswald Stoll, a sheltered housing complex for homeless ex-servicemen, where he has been ever since.

Now, seven years later, Stone finally feels as though there might be a future. He is one of 16 ex-servicemen and one serving major to have enrolled on a new and ambitious course of therapy called the Warrior programme, designed to help emotionally traumatised ex-servicemen



**"Coming home you experience 'cold turkey' from the effects of living on high adrenaline for many months at a time"**

and women move their lives forward and to overcome the demons of the past.

"I believed that the taking of my son was payment to me for what had happened to those children in Croatia," Stone explains. "It didn't matter who I spoke to. I saw a counsellor, but there was nothing he could really say. My self-guilt was so deep in me that nobody could help, not even my priest."

The four-day Warrior programme was launched last year by two women, Eva Hamilton and Charlotte Cole. It is ambitious in that it requires a huge leap of faith from people often broken by war, to embrace a world of healing that sets store in good breathing, 'v'i chi, meditation, cognitive therapy and the Hawaiian Huna technique of forgiveness (participants are encouraged to cut the imaginary cord holding them to the object of their anger). It was born after Hamilton decided to pull together the two overriding aspects of her life – her own depression and her experience of working with the homeless.

Four years ago, she was awarded an MBE after

Major Richard Rochester hopes his participation in the scheme will encourage others

a long career working on homeless projects with the Prince of Wales. It was on one of these projects that she met Charlotte Cole, then on secondment from Deloitte and an expert in auditing, accounting and corporate finance.

But a year after receiving her MBE, Hamilton was in what she calls "an emotional void" of her own. She was on lithium, struggling to cope with bipolar disorder, a young family and a demanding job. She attended a programme of therapy run by Hugh Lillingston, a neuro-linguistic programmer, and it was like taking a magic pill (which is how some of the soldiers describe the programme). She gave up her job, moved to the countryside and simplified her life. She is still on lithium, but is now as well as she has ever been.

If the programme could save her, she figured, then it could be especially useful in treating some of the most vulnerable members of our society. In running Business Action on Homelessness, she had identified an inherent problem in helping the homeless, particularly ex-servicemen, who she saw were in a category of their own, particularly when PTSD was involved. "You'd get them a placement, they'd get a job and then three months later it would fall apart," Hamilton remembers. "You can't just give them a job

and tell them they'll be OK. You have to treat the underlying cause, and, for most of them, there is an awful lot of sadness and despair."

Invariably, veterans were in homeless hostels for a number of reasons: alcoholism; broken marriages; depression; physical disability from combat. But perhaps the most fundamental problem was despair with life, due to an inability to cope with civvy street, where they often felt abandoned and misunderstood. This was true with even their closest family and friends, with whom many of them could no longer connect after experiencing the trauma of war.

Cole, who is responsible for developing Warrior's strategy and infrastructure, says: "All of us are just two bad decisions away from a cardboard box, and for these men they find themselves dealing with terrible circumstances. The shock is how quickly they can become homeless and spiral downwards."

Today, Peter Stone is a big, imposing man with heavy, clunking limbs and sad, hooded eyes. He smells of his last cigarette. He is registered disabled – his shattered and subsequently rebuilt knees still cause pain. He left the army a warrant officer, the highest non-commissioned

rank in the British army. He is clever and thoughtful – exactly the type of decent, selfless man one would describe as a credit to his country. There is not an ounce of self-pity in anything he says. He lives for his three daughters, he tells me.

His painful legs are arranged carefully under the table. "I learnt to live with that kind of pain," he says, "but never the psychological effects of war and how it has left me." He tells me he's sleeping properly for the first time since his son's death. "I'm finally at peace with myself. I don't blame myself anymore."

It is bizarre to think of soldiers like him, once barely able to admit to their wives and friends that they were feeling low, now joining hands to form "tunnels of energy", but Stone is testimony to Warrior's early success. He meditates, he does 'v'i chi with the rest of his group and, most importantly, through neuro-linguistic programming (NLP) he has learnt to change the way he thinks about the murder of the children and the death of his son.

While we are talking, Eva Hamilton arrives to collect him for a therapy session: "You're wonderful, darling, just fantastic." Stone looks at Hamilton for approval. Slowly, he gets to his feet and lumbers out of the room after her. With her blonde hair, chiffon scarves, ebullient manner and address book full of celebrity friends, many of them benefactors (Bob Geldof among them), Hamilton at first appears to be an incongruous mentor for men who might once have shut down Taliban bomb-making cells, survived Iraqi roadside bombs or fought the IRA. But like so many unlikely matches, it seems to work.

By the end of July, 4,000 British troops will be leaving Iraq after six years of bloody warfare. One hundred and seventy eight British soldiers and nearly 100,000 Iraqis have died. Most servicemen or women will tell you that the nature of fighting today is not what it was. Ninety per cent of the violence in Basra was directed at British troops operating with little back-up. In Afghanistan, 142 soldiers have lost their lives and the war continues. Enemies are often unknown. Suicide bombers, sometimes children, are constant threats. Young British soldiers have been killing people, directly or indirectly, and have lived through the trauma of seeing friends and comrades die beside them. These wars have been relentless and have largely been taking place out of sight from the rest of us.



**"Massive numbers of men and women are now involved in hand-to-hand combat. We've seen nothing like this before"**

For the soldiers lucky enough to get home alive, how will they fare given that the scale of their fighting is now being equated to the worst of the second world war and Korea? This is the question that the Warrior programme hopes to address.

As one serving officer, who wanted to remain anonymous, told me: "The operational tempo of war now is so much higher. We are seeing massive numbers of young men involved in proper fighting, and by that I mean hand-to-hand combat, young men and women who are seeing people being killed and are killing themselves. Young soldiers are being placed under constant fire. There has been nothing like this before and my personal view is that this will all come out in the next few years. I know my colleagues are finding it harder because they tell me they are. Their wives tell me they are moodier, different when they get home, but broadly, most servicemen don't think they have a problem, and even if they do, they certainly don't want to talk about it."

After 15 years numbed by drugs, Steve Coulman is now in a happy relationship, with a baby on the way

Duane Telfer, now 29, a former infantry soldier in the 1st Battalion, Princess of Wales's Royal Regiment, is sitting in front of me wearing two diamond earrings and a pair ofbling patent trainers. It seems hard to imagine that not so long ago he was wearing army-issue desert boots. He left the army two years ago after a nervous breakdown while fighting in Iraq. He quickly became homeless.

Telfer first went to Helmand province in Afghanistan at the end of 2005, where he was shot in the foot in a friendly fire incident. He recovered and was determined to rejoin his battalion, now deployed in Basra. "What I saw broke me," he recalls. "I was very close to one guy, he'd helped me through because he was more experienced, he looked after me. We were fighting together and then he was shot. I held him. And you're thinking, 'He's been shot and I'm telling him he is going to be OK' and you know, you know he is going to die. I was just so terrified. All of the time. You are forced to be a man out there, there is no time to be weak, you have to be strong. If you cry, you are a sissy. 'Be a man!' you tell yourself. You know why you are there so you tell yourself to get on with it. There is no one to talk to, maybe your mucker, but you don't want him to see you as weak. It is a prison in your mind."

Major Richard Rochester of the Royal Marines is the first serving officer to take part in the Warrior programme. Back in 2006, while on a warship, he began to feel dizzy, his hands started shaking and he could no longer concentrate. He'd served both in the army and as a marine and had seen active service in Bosnia, Northern Ireland, Sierra Leone and Afghanistan. He was in meltdown, he now recognises, experiencing the classic symptoms of anxiety, stress and depression.

His chain of command, he recalls now, was very supportive. He was pulled out, and treated by military mental health professionals. "I accepted the bare minimum," he says, "and soon convinced myself and the doctors that I was ready to assume more demanding work." This was to prove hugely damaging, but Rochester's pride – as with most soldiers – would not let him admit defeat or emotional weakness.

By 2008, he was back at war. His marriage broke down and he had a severe relapse while in Afghanistan. "I hid it from all but my closest colleagues," he remembers. It was only when

◀ taking a new appointment in the UK that he began to address the problems. Pills did not help. "I was unable to pin it on any one thing," he says. "But I began talking openly about my experiences with friends and colleagues, and I began to feel less isolated. I started to see a psychotherapist on a regular basis, and when I heard about Warrior, and with the support of my boss, I found myself on the course. I wanted to find out more and see how I could help others like me."

He slowly recovered, and believes Warrior, with its four-day group therapy format, is a much-needed addition to mental health provision for servicemen and women.

"Mental or psychological issues of servicemen are not always related to traumatic events," Rochester explains. "Often the underlying issues are common in all walks of life; it is just that these issues can often be amplified through factors such as separation and the additional work-related stresses that servicemen sometimes experience. I have certainly found – and some of my colleagues have too – that while you might not necessarily feel like you experience significant stress at the time, on completing a tour and leaving an operational area there is a profound experience of what

I describe as 'going cold turkey', when you quite literally 'come down' from the effects of living on high adrenaline for many months at a time. On returning home there can be a sense of detachment from society, particularly feeling that nobody understands what you have been through. That can lead to significant difficulty in readjusting to home life."

This was especially true for Steve Coulman, now 37, a former gunner in the Royal Artillery. He was dishonourably discharged in 1991 after serving in the first Gulf war and being charged with a drug offence.

Coulman had been responsible for directing artillery fire, pointing a laser range-finder at a target, obtaining a grid, an altitude, a direction and GPS coordinates, before sending down a fire mission. "We'd see Iraqi soldiers running towards us, many of them pretty much children, and I knew I'd sent the fire mission," he says. "There'd be a delay and then carnage – everywhere. Bodies, bits of bodies, heads in helmets, legs in boots. Blood and guts. But you become moulded to deal with it. You don't think about it at the time because you can't."

After being discharged, Coulman spent the



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next 15 years numbed by drink and drugs. He had failed relationships and spells of homelessness. He was finally diagnosed with PTSD following a collapse after the death of his brother. There were nightmares, shouting and flashbacks whenever he smelt bonfires, which reminded him of combat. But, like Peter Stone, it is Warrior that seems to have made a difference to his life.

He now meditates every night and knows how to control his negative thought patterns. He has a job, a girlfriend and a baby on the way. The men on the Warrior programme have finally provided him with the emotional connection he needed. "When I arrived home in Brize Norton from Iraq, we were all told by our sergeant major: 'We have all seen and done terrible things. There is help for you boys, if you want it, but you're soldiers so you won't need it.' The message was simple. I couldn't talk about what I'd seen to anybody. How can you just bring that up over a pint at the pub?"

The Ministry of Defence is keen to stress that

**"I'm finally at peace," says Peter Stone. "I don't blame myself any more"**

it has its own systems in place to help servicemen and women, offering 15 military Departments of Community Mental Health across the UK (there are 13 tri-service psychiatrists, 99 military mental health nurses and 50 civilian psychiatrists, psychologists and mental health professionals stationed in Iraq and Afghanistan. But they also take a firm line on the chain of command, believing that healthy troops are the result of well-led units with good support from their colleagues.

And yet the experience of the men on the Warrior programme, combined with anecdotal evidence, seems to suggest that the very crux of what is considered a good soldier is predicated on not admitting or showing emotional weakness or uncertainty. According to the Warrior participants, feelings are complicated further by the sense of inherent pride in becoming a soldier and the subsequent feeling of failure if emotional problems arise.

"It is an honour for you to be a soldier, you are the best, you are somebody. But I came to see that that was a form of make-believe," says Telfer.

Moreover, there can often be complex reasons for joining up in the first place, such as an unstable childhood, an almost

fairy-tale ambition, a desire to escape poverty, a need for security, to belong to a different kind of family that might have been lacking at home. It is easy to see, therefore, that if the decision to serve is loaded with issues in the first place, then when the magic fix-all dream evaporates, soldiers can be left in despair.

This was the case for James Morris, 34, a medical assistant in the Royal Air Force until December 2006. He saw his depression while serving as a sign of his own weakness, the sabotaging of his own dream. He was simultaneously in love with being a serviceman and disappointed by it. When he was eventually discharged, he pretended to his supportive family that he was still in the forces, while in reality he was homeless.

Why did you think they would judge you, I ask him? "I know, I know," he says, now well on the way to rebuilding his life after having an epiphany on the Warrior programme. "But all I had ever wanted to do was serve in the Air Force. I'd failed at something that supposedly was the best thing in my life. I felt so ashamed, I'd failed. I finally told my family in a letter, but refused to see them for another six months. ▶

◀ I couldn't bear it. I still say today that those seven years [in the RAF] were the best of my life."

The best hope for serving soldiers now, says Major Rochester, is to be able to talk to those above and around them without fear of loss of face. Psychiatrists might well be on hand in Helmand, but what is the use of them if soldiers feel stigmatised by admitting they need help? Rochester hopes that by attending the Warrior programme himself he will send a signal to others, officers and soldiers alike, that it is acceptable for servicemen and women to need to talk through their feelings.

Until Warrior launched as a charity last November, Combat Stress, a 90-year-old ex-services mental welfare charity, was the only opening for veterans looking for psychiatric help when they left the forces. This continues to be provided through a series of residential centres throughout Britain. The Combat Stress statistics bear out the Warrior argument that there will be a massive demand in psychiatric need as soldiers begin to return and deal with what they have seen and done in Iraq and Afghanistan. According to Combat Stress, the average length of service of new ex-servicemen looking for psychiatric help is 11.5 years, with an average age of 43. Most of them have waited more than 13 years before they seek help, usually because of the delayed onset of PTSD. By this stage, they are broken, their mental health problems chronic. And this increase in demand does not even take into account Britain's youngest servicemen and women who have fought or are fighting in wars now.

It was for exactly this reason that in setting up the Warrior programme, available to all homeless people (all participants are recommended through homeless agencies across London), Hamilton and Cole knew there should be tailor-made courses for ex-service personnel who might not be prepared or ready to take on residential help offered by Combat Stress, or perhaps not even aware themselves of the cause of their emotional pain.

"I think Combat Stress is fantastic," Hamilton says. "What we hope to do is to complement it. Homeless ex-servicemen or younger men are often not ready for sustained programmes of care. For those people, our four-day courses are perfect because they can come and take part without such a big commitment."

Major Rochester agrees: "Apart from the exercises themselves, the group dynamic is



**"It is a basic reaction that, if cornered, your instinct is flight not fight. It is not a wrong instinct to want to disappear"**

important in that it enables individuals who have left the services to re-engage and share experiences with people from a common background. The reunion enables them to support each other and provide an element of accountability for their continued development."

Cole is now building up a bank of evidence-based research needed for Warrior to gain widespread recognition within the field as well as more funding (they currently depend on private donations and charitable trust funds). Already, Warrior's first set of independent, verified statistics show a marked shift in the soldiers' mental health, sustained and in some cases improved upon, at their three-monthly check-ups. Plans for next year include more complementary and spiritual therapists, more training in NLP and more Warrior programmes all over Britain.

Doug Davie, national health and wellbeing manager for the British Legion, has arrived at the Warrior programme for the first time to see for himself. "Until now, the techniques available

**After the Warrior programme, Adrian Edleston-Stone (left) made contact with his brother Ian, from whom he'd been estranged for 14 years**

have treated symptoms and not necessarily equipped soldiers to cope with life," he says. "I can see huge benefits of Warrior for certain people. One size does not fit all." Why, I ask him, are some servicemen so traumatised by horrific events that leave others untouched? Adrian Edleston-Stone, for example, once a junior guardsman in the Infantry Unit of the Coldstream Guards, describes how he watched some of his comrades experience trauma through fighting while he appeared to be fine. It was only his anger and aggression in the years that followed that gave a clue to his unhappiness, much of which he now realises (through Warrior) predated the army. (After practising the Huna forgiveness technique he has since been reunited with his brother, from whom he was estranged for 14 years.)

"Soldiers do get the best preparation they can when they go to war," maintains Davie. "But at the end of the day, how you assimilate warfare, your personal reaction to trauma, the way you will be able to cope is completely unknown. The first time you go to battle, you are completely underprepared emotionally. The second and third time, people know what to expect, but it doesn't make it any less traumatic. It is the most basic human reaction that if you are cornered, your instinct is flight not fight. It is not a wrong bodily instinct to want to disappear."

It is two weeks after the Warrior programme and the re-group therapy session is under way. Sixteen men sit in a circle. Nick Eccles, traumatised from loading body bags in the Falklands, Brian Moran, from what he saw in Northern Ireland, Peter Stone, recovering from Croatia. There is 30-year-old Prem Gaha Magar, formerly of the Royal Gurkha Rifles, so full of hope when he arrived from Nepal and now with a broken marriage and no home. There's James Gilbert, who has done time inside for his anger and is currently tagged. And then there's Adrian Edleston-Stone, Steve Coulman, Duane Telfer, James Morris and Richard Rochester, proving that early intervention and moral support might just be their saviour.

Whatever the recovery rate, whatever the trauma, whatever the war, for two hours there is nothing to distinguish between these 16 men, bound together simply by being ex- or serving soldiers searching for a way to live the rest of their lives in relative peace. ★ [www.warriorprogramme.org.uk](http://www.warriorprogramme.org.uk)