

# **EXECUTIVE SUMMARY**

## Karting for Armed Forces Veterans: What are the

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### **Benefits?**

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Many armed forces veterans suffer from both physical and mental health issues that are often not evident when someone leaves the armed forces, sometimes appearing until many years later. For those who have been badly injured, the situation can be even more difficult. Not only are injured troops dealing with the mental scars of their experiences, they have to try and come to terms with their injuries, some of which are very serious, and often mean that the person will never fully recover physically; for example through chronic pain, losing limbs or the partial or complete loss of use of a limb. Some of the injured spend months or years being treated, and are then discharged from the military and somehow need to adjust to civilian life. We know that adjustment to civilian life is difficult for uninjured veterans; with an injury it is that much more difficult, and this has consequences for whether a person can work, and the impact on their friends and family.

Post-traumatic stress disorder (PTSD) and associated disorders are common consequences of war experience, and problems often emerge after a person leaves the military. Two psychological therapies are accepted by the National Health Service; Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) and Eye Movement Desensitisation and Reprocessing (EMDR). While these can be very successful for some people they are also problematic. There are large dropout rates for treatment, as many people find them difficult to undertake, because they rely on addressing traumatic memories, and the emotions and feelings associated with them. It is important that we find out what alternatives there are to help traumatised people.

One of the reasons putting in place alternative activities such as karting might be successful for veterans is that they tend to be people who are highly motivated

by physical activity that may involve high levels of adrenaline, and by competition and achievement. Therapy does not provide a substitute for these needs.

Key objectives:

What role, if any, does karting play in improving the quality of veterans' lives?
Does it impact on self-esteem and the meaning of life?
Does karting help resolve issues relating to traumatic stress and related

disorders? If so, how and why?

#### METHOD

For this study I interviewed a group of 15 seriously injured male veterans who have taken up karting. The interviews were conducted using a life story approach in order to gain a fuller understanding of their experiences, and how karting and other activities fit into their lives. In order to compare the experiences and motivations of these men, five professional and amateur non-veteran racing drivers were also interviewed. This enabled the varying motivations of the veterans and the racers to be compared.

#### FINDINGS

The analysis produced a number of themes. These included 'being a soldier', 'being injured', 'coping and support', 'benefits of karting', and 'limitations of karting'. There was also a comparison between racing and combat. The themes varied in importance in relation to the research questions, which focused on the ways in which karting helps resolve the physical and psychological problems experienced by injured soldiers. The first three themes set the scene for examining the benefits of karting, which are discussed below. There were few

recognised limitations of karting, but that would be expected given the sample of participants were kart users and so not representative of the veteran population. The participants were all very positive about the benefits of karting and about the organisation Kartforce.

It is important to provide information about the participants' experiences before examining the benefits of karting. 'Being a soldier' examined the key psychological factors that make a good soldier, and how training instills discipline, focus, and comradeship; and that the armed forces experience may only be suitable for certain types of people; those who appreciate the discipline, those who enjoy excitement and the adrenaline buzz. 'Being injured' provided examples of the experiences of participants who had been severely injured, whether in combat or as a result of a serious accident. There was a significant threat of death for these participants, and the circumstances caused PTSD in many of them. The injuries, the long months in hospital, and the inability to continue with their armed forces careers had significant further effects. Becoming disabled can mean that a person can no longer do the activities that provide the adrenaline rush they need. 'Coping and support' focused on how the participants managed (or failed to manage) adapting to their physical and psychological changes. Their experiences support the evidence that such changes can lead to mental health problems; not just PTSD, but also depression, anxiety, and drug and alcohol problems. Many of the participants in this study had significant mental health problems relating to their experiences, and they were at different stages of resolving their problems. It was clear that karting had contributed significantly to their recovery. Many reported karting-related benefits, and some reported that their families had noticed positive changes since they started karting. There was also a general positive attitude towards their situation.

Comments such as 'man up' suggest these are often strong resilient people, who will find ways to overcome the effects of their injuries.

Participants reported karting provided a range of benefits, both relating to racing itself and activities outside of racing. Outside of racing itself, the two main benefits included first, getting back the comradeship of the armed forces, sharing experiences with likeminded people who have an armed forces sense of humour. Second, Kartforce itself, the organisation is reported to help out not only with karting, but more personal help where required.

With regard to the benefits of racing, participants described the adrenaline buzz, the focus, the competitiveness and the discipline, the exact qualities they described that armed forces experience provided; and that they had lost since being injured. They also commented on how karting enabled them to compete on equal terms with able bodied racers.

These factors clearly helped participants deal with the physical consequences of their injuries. They experience through karting many of the behaviours and characteristics they enjoyed about being in the armed forces. They also helped deal with PTSD and other mental health problems, partly for the same reason, that they are now more fulfilled, and partly because doing these activities enables the person to focus on something more positive than the mental health issue, and there is less time to dwell on negative issues. Indeed, several participants actively use karting to deal with their problems, even when they were not racing. They reported how, if they experienced symptoms, then they would instead think about karting, whether it was debriefing themselves about past races, analysing mistakes, etc, or preparing for the next race, analysing

tactics and strategy. This is a significant finding because it shows that at least some people can use karting to effectively deal with PTSD and other mental health problems.

The most contentious issue is whether karting is similar to combat, and here there were significant differences between the participants. Some thought it very similar, and also thought that this was why they got so much out of karting, others disagreed. This doesn't matter; people have different experiences and differ in their interpretations of these experiences; but it is still worth looking at the possible similarities, and consider this for future research.

It is here that the comparison with the professional racers is important. None of the professionals had experience of combat. Professional racers described the psychology of racing, the focus and concentration, the adrenaline buzz, the constant heightened perception and cognition, thinking through potential problems throughout the race. They discussed the need to be functionally emotionless in order to concentrate on the race. The armed forces participants described combat in similar ways. Several described a combat patrol as being very much like racing, from planning through execution and debriefing. The psychological characteristics were very similar. This is a key issue, that while combat and racing are obviously very different activities, the psychological characteristics are very similar, and this may be why participants disagreed. On a combat patrol, intense emotion can adversely affect the performance of the patrol. In the same way, and as described by several participants, intense emotion can both lead to mistakes when racing, and can impact on performance after making a mistake.

The findings of this study provide insight into why the participants felt they benefited from karting. As noted earlier, these are people who have actively chosen to go karting, and so may be more likely to perceive the benefits. There are a number of implications for the study, particularly relating to possible further research, and to the possibility of providing karting and similar activities for more veterans.

Further research is needed to elucidate the main issues, including an examination of psychological variables before, during and after racing and combat. If karting does reduce psychological problems in veterans, then this should be supported. There are currently many thousands of veterans receiving psychological treatment for their war-related problems, and activities such as karting can alleviate the strain on the health service. Not only that, psychological treatment is designed to reduce symptoms of PTSD and help people manage the symptoms, ie to make the person's life less negative; karting on the other hand may not only relieve the symptoms, but also provide a positive outcome, ie doing something that provides enjoyment and satisfaction. Many people who are severely injured lose their purpose in life. Karting can restore the purpose to their lives.

The underlying psychological mechanisms relating to why karting aids recovery and provides purpose are partially elucidated in this study. The psychological mechanisms that come into play during combat and karting have a number of similarities; and so it makes sense that if someone has gained life satisfaction through armed forces experience it is not surprising that karting will also provide satisfaction. The discipline, dedication, focus and emotional control, along with the adrenaline buzz, are critical to both, and both attract similar kinds of people.

Linked to this is the interesting comment made by one person who interpreted hyperarousal in both negative - as a PTSD symptom - and positive - karting. There are theoretical implications here. Hyperarousal is a key component of PTSD, the inability to regulate levels of physiological arousal due to the presence of traumatic memories. Physiological arousal does not in itself constitute a negative emotion, that is in the interpretation of the arousal (an idea which goes back to William James at the turn of the Twentieth Century). If a person with PTSD can, through karting, interpret physiological arousal in a positive way there may be implications for the course of PTSD.

This research suggests several possible pathways for future research; particularly but not solely concerning karting. It would be beneficial to try and unpick the psychological variables that are important to showing that karting is beneficial for injured and mental unwell veterans. One such study would involve detailed individual assessment to determine which personality factors help predict success with karting. The current study showed that a need for excitement, an ability to control emotions, to focus, and the need of comrades is important. What other factors are relevant? The more we can show that karting is of itself beneficial to injured and/or traumatised veterans the more likely it is that it will be used by a greater number of people; which suggests a need to provide further funding for organisations such as Kartforce.

While determining who would benefit from karting is important, research should also determine who will not benefit from these activities. There were suggestions in the current study that factors such as having a traumatic injury due to a car accident may mitigate against the benefits of karting.

Research should also explore other means by which these populations can benefit. While many need the excitement of something like karting, others may prefer gentler pursuits (photography, fishing). There is a strong case for providing funding to explore these possibilities. It is insufficient to just provide psychological therapies, when alternatives can have a positive as well as mitigating the negative sides of injury and illness. Mental health is still to some extent stigmatised in veteran populations, so it is important to provide alternatives outside of the health service.

In conclusion, this detailed study of injured armed forces personnel, compared with professional racing drivers, has demonstrated that, even for people seriously injured and psychologically traumatised, there are significant benefits of karting. These benefits relate to racing itself, to the organisation (Kartforce) providing the experience, to the comradeship of the people involved, and to providing the opportunities for people, even outside of racing, to alleviate their psychological symptoms through race planning and debriefing. While karting may not be for everyone (in the same way as psychological therapy is not for everyone), we should be examining in more detail the benefits that can accrue for people taking part. The duty of care we have in society towards our veterans is not just healthcare, but providing new and positive opportunities for their often shattered lives.