Portfolio Volume 1: Major Research Project

Gurkha Veterans' Narratives of Mental Health, Activism, and Justice

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ABSTRACT

Gurkhas are soldiers from Nepal who have served in the British Army for over 200 years. They form a unique yet historically marginalised part of Britain's military legacy (Caplan, 1995; Des Chene, 1991). Despite being celebrated in service, they have faced longstanding inequalities such as pension rights and welfare provision. Activism has become central to Gurkha public life with the ongoing pension disparity remaining a key focus (British Gurkha Case, 2024; Thurley, 2021).

Little is known about how Gurkha veterans experience activism, despite its significance for their collective identity. There is a growing UK Nepali community, which includes a significant number of Gurkha veterans and their families (Office for National Statistics, 2023). Evidence shows that this population underutilises mental health services, highlighting the need to understand their lived experiences (Thake, 2014; Simkhada et al., 2021; Jones, Palmer & Bhui, 2022).

This study explored five Gurkha veterans' narratives of mental health, activism, and justice, analysed through Narrative Analysis (Riessman, 2008) through the lenses of Postcolonial and Critical Race Theory. Three collective storylines emerged: stories of awakening, stories of enduring, and stories of holding on. The key finding was trauma, which was experienced as historical, intergenerational, and ongoing. For Gurkha veterans, distress was cumulative and moral rather than confined to discrete events. This shaped how participants remembered, grieved, and sought justice. Consistent with critical trauma theorists, these findings highlight how suffering reflects structures of power and oppression (Herman, 1992; Fanon, 1963; Brave Heart, 1998).

Clinical implications include the need for culturally meaningful, trauma-informed models of care and the recognition of activism as a site of both psychological burden and healing. Recommendations are made for individual, policy, and community-based responses in working with this community.

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CHAPTER ONE: INTRODUCTION

1.1 Chapter Overview

In this chapter, I begin by introducing the historical and policy context of the Gurkhas and their ongoing pursuit of justice I then position myself in the research, discuss my epistemological and ontological perspectives, and key terminology used in the study. I then outline the two theoretical frameworks that shapes this study. Finally, I review the empirical literature on Gurkha and Nepali mental health, and the psychological aspects of activism.

1.2 Gurkhas: The Historical and Policy Context

Gurkhas are soldiers from Nepal who have served in the British Army for over 200 years. They form a unique part of Britain's military history. However, the figure of the Gurkha has long been constructed through imperial narratives, predominantly from a British military perspective (Caplan, 1995; Des Chene, 1991). Since the Treaty of Sugauli, which formalised Gurkha recruitment into the British Army after the Anglo-Nepalese War, Gurkhas have served under highly asymmetrical conditions (Enloe, 1980). Their depiction in historical and military literature, shaped largely by British military writers, often portrays them through romanticised and racialised tropes as "loyal," "brave," and "disciplined" warriors (Caplan, 1995).

Caplan (1995, 1991) critiques these representations, stating that British military writings, in fact, constructed the Gurkha identity to serve colonial needs. These writings often portray Gurkhas as "honorary Europeans" but also infantilise them by using diminutives and animal metaphors. The purpose of this dual portrayal is argued to place loyalty and trust onto the Gurkha figure whilst also asserting British superiority. British officers used these representations to affirm their own class identity and military professionalism. Often compared to politically active Indian troops, Gurkhas were idealised for their "instinctual" courage and obedience, thus reinforcing their symbolic role as colonial subjects.

Similarly, Tiwary (2009) highlights the strategic role Gurkhas played in British imperial infrastructure. Gurkha recruitment began during a time of conflict which was shaped by the contradictions of war-time admiration. With units stationed throughout Europe and West Asia, their numbers increased during both World Wars. However, Gurkhas were frequently viewed as "disposable" military labour despite their extensive service. Additionally, the lack

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of formal recruitment agreements with Nepal highlights how these arrangements were informal, one-sided, and politically convenient.

Gurung (2021) extends this critique within the contemporary policy. He argues that Gurkhas have been systematically marginalised in both public memory and institutional frameworks. He discusses how governments of Nepal and Britain both used Gurkhas as diplomatic currency, putting military and commercial objectives ahead of the wellbeing of veterans. This dynamic was formalised in the 1947 Tripartite Agreement, signed between Britain, India, and Nepal that formalised the recruitment of Gurkhas into the British and Indian armies after the partition of India. The agreement established separate and unequal service conditions for Gurkha soldiers, with lower pay and benefits compared to their British counterparts. It also excluded Nepal from direct participation in the recruitment process, with Nepali soldiers being treated as a distinct category within the British military. The agreement became a critical point of contention for Gurkha rights, especially regarding current pension equality and settlement rights in the UK.

The figure of the Gurkha must also be situated within wider discourses of wartime admiration and psychological injury. In Western military history, wars have long been framed through romanticised ideals of heroism, sacrifice, and masculine stoicism (Mosse, 1990; Bourke, 1996). During the First World War, this *wartime admiration* both glorified soldierly endurance and obscured psychological suffering. The emergence of *shell shock* (Myers, 1915; Leese, 2002) reflected early Western attempts to name the mental impact of combat but this often pathologised breakdown as individual weakness rather than a systemic effect of warfare. These dual legacies parallel how Gurkhas were historically represented: admired for bravery yet denied full humanity and recognition (Caplan, 1995; Tiwary, 2009). Situating Gurkha narratives within this broader tradition highlights how imperial constructs of heroism and trauma continue to shape understandings of their mental health and activism today.

1.3 The Current Context

This study was conducted during an active phase of the present Gurkha Justice Campaign. Over several decades, the campaign has achieved major milestones, most notably the 2009 victory granting UK settlement rights to Gurkhas who retired before 1997 (UK Parliament, 2009), following years of lobbying and public pressure.

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Between 2021 and 2024, there has been a resurgence in Gurkha activism, marked by hunger strikes and legal petitions (Thurley, 2021). These actions prompted negotiations with the UK Ministry of Defence and the Nepali government. However, progress has since stalled, leading to growing frustration among veterans and their supporters. At the time of writing this study, the process appears to be at a standstill.

The core issue of the current dispute is the long-standing inequality in pension provision. Veterans who served before 1997 remain excluded from the Armed Forces Pension Scheme (AFPS)[1], considered to be more generous, and instead receive lower benefits under the Gurkha Pension Scheme (GPS)[2]. The GPS is originally based on outdated assumptions about post-service life in Nepal. It is argued that these pensions fall well below the cost of living, leaving many reliant on public assistance (British Gurkha Case, 2024).

The British government maintains the GPS is appropriate for a modest lifestyle in Nepal, but campaigners argue this no longer reflects veterans lived realities. Legal challenges to the Gurkha Offer to Transfer (GOTT)[3], including appeals to the European Court of Human Rights, have been dismissed, with courts upholding the arrangements. Nevertheless, campaigners reject this legal rationale, citing moral obligations, precedents for retrospective reform, and the ongoing financial and emotional burden on veterans (British Gurkha Case, 2024).

Understanding the current context is important to interpreting how Gurkha veterans narrate their experiences.

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[1] Provides rank-based pensions to UK service members after a minimum of 16 years for officers (22 years for other ranks). Members pay nothing in and receive benefits based on their rank and service.
[2] Awards pensions to Gurkha personnel after 15 years' service, calculated on representative Nepal pay rates and index-linked to Nepali inflation. It assumes Gurkhas will retire in Nepal, which shapes its benefit structure
[3] A policy introduced in 2007 that allowed retired Gurkha soldiers who served in the British Army to transfer their pension rights to a new scheme, though it was criticised for failing to offer parity with other British veterans.

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1.4 My Relationship to the Research

I am a British Nepali woman from a Gurkha family. I grew up within a community deeply rooted in the Gurkha identity. Terms such as *lahure⁴*, *paltan⁵*, *numbari⁶* were part of everyday conversations. They were not only ways of introducing oneself, but markers of respect, hierarchy, and connection. This culture was not external to me as it has shaped my sense of identity, connection, and belonging.

I grew up during a significant shift in the Gurkha and Nepali diaspora in the UK. After the 2009 campaign victory, which granted settlement rights to Gurkha veterans who had retired before 1997, many families relocated to the UK. These resettlements often occurred near former or current army bases where military familiarity and existing networks eased the transition.

However, the sudden increase of the Nepali community also sparked local tensions. The arrival of many Gurkha families was framed in media and public discourse through exclusionary language such as "influx", "overcrowded", "putting pressure on services", "policy of dispersal". While these tensions have lessened overtime as the Nepali community has become more established in the UK, they do continue to shape how Gurkhas are understood in public and political life.

This has influenced how I approach the research by prompting me to think about how the Gurkha identity is shaped today. It is not just by military history, but also by migration, settlement, and ongoing struggles over how this community is seen and heard. Therefore, this research is situated within a context I have inhabited, rather than observed from the outside

1.4.1 Insider/Outsider Researcher

I entered this study with cultural familiarity that helped build trust and rapport with participants. Many greeted me not only with interest in the research, but with curiosity about my background. These exchanges often felt like more than small talk and were subtle

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⁴ A colloquial term used in Nepali to refer to individuals, often military personnel, who have gone abroad, especially to serve in foreign armies like the British or Indian Armed Forces. It literally means "*one who goes to or returns from Lahore*".
⁵ A Nepali term for "battalion," used to describe a unit within the military, particularly in the context of Gurkha soldiers.
⁶ Fellow recruit from the same intake year, used to mark those who joined together.

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affirmations of *belonging* within the Gurkha community. This reflects what Dwyer and Buckle (2009) describe as "the space between" insider and outsider, where shared identity both grants access and requires continual negotiation of positionality. Similarly, Chacko (2004) emphasises how cultural familiarity can facilitate access while still being shaped by power, generation, and gender differences.

At the same time, I recognise that I also occupy outsider positions. I am part of a younger, UK raised generation, trained in mental health which is a field unfamiliar within the Nepali community. My gender, age, and professional identity likely influenced how participants perceived me and what they felt comfortable sharing. As a woman researching older, male veterans in a culture shaped by military hierarchy and patriarchy, I was aware that certain topics, particularly emotional vulnerability or critique of structures, might be narrated differently, softened, or withheld altogether.

In some cases, my gender may have created a more emotionally permissive space. Whilst, in others, it may have constrained disclosure or reinforced formal modes of interaction. These tensions echo findings from Serrant-Green (2002), who discusses the layered challenges of researching within one's own community, especially across gender and generational lines. However, rather than viewing these positional shifts as limitations, I consider them an essential part of the relational and situated nature of research (Soni-Sinha & Lather, 2007).

1.4.2 Reflexivity

Reflexivity involves critically examining how a researcher's position, assumptions, and interactions shape the research process and outcomes (Finlay, 2002). In qualitative research and especially within narrative inquiry (NI), the research encounter is a co-constructed space where knowledge emerges through dialogue, cultural meaning, and shared context (Riessman, 2008). I approached this study by viewing the research process as relational and interpretive rather than neutral.

Throughout the study, I remained mindful of how my presence shaped what participants shared, emphasised, or withheld. Rather than objectivity, I sought to reveal the situated nature of meaning-making. Language, shared cultural references, and perceived affiliations all shaped how stories were told to me (Temple & Young, 2004). For instance, the use of Nepali

and English in interviews carried both linguistic and emotional weight, influencing how distress, and justice were narrated.

A reflexive journal was kept throughout the research process. This helped me notice when my own assumptions were influencing interpretations, or when I was particularly moved by certain stories. I was also aware of the power dynamics in my role as researcher and a trainee clinical psychologist (Karnieli-Miller et al., 2009). Instead, I strived to create space for their stories while recognising that these were shaped by relational, linguistic, and cultural factors.

By embedding reflexivity into the design, analysis, and writing of this study, I hoped not to eliminate bias but to remain accountable to it. This involved recognising that the narratives in this study reflect co-constructed meaning within a specific cultural and political moment.

1.5 Theoretical Positions

Epistemology is about how we know, think, and make sense of the world (Bateson, 1979). This study is shaped by two key perspectives: a social constructionist epistemology and a critical realist ontology.

A social constructionist epistemology views participants' narratives as shaped by the social, cultural, and historical contexts in which they are told. Stories are seen as co-constructed through interaction and may serve a range of functions, such as asserting identity, resisting injustice, or making sense of suffering (Harper, 2012).

A critical realist ontology assumes that participants' experiences of mental health, activism, and marginalisation are real in their impact, even if our access to them is interpretive and shaped by narrative (Harper, 2012; Reissman, 2008).

Together, these perspectives support an approach that values the reality of lived experience while also recognising that meaning is constructed through social and narrative processes.

1.6 Knowledge Production

As previously established, knowledge about Gurkhas has often been produced through institutional, historical, and policy-focused lenses. Also, rooted in colonial and imperial legacies, such accounts have historically served the interests of the British state, framing

Gurkhas as loyal soldiers rather than as complex individuals with their own histories and voices. Therefore, these accounts tend to prioritise administrative facts and state interests, overlooking the emotional, psychological, and cultural aspects of their lived experiences (Spivak, 1988).

While dominant narratives about Gurkhas have historically been produced through institutional and imperial lenses, early documentary work shows that Gurkhas have also articulated their own experiences through stories and memories (Onta, 1994; Chudal, 2020). However, these forms of self-representation have often been sidelined or treated as less authoritative, which reflects broader patterns that knowledge about Gurkhas has been constructed *for* them rather than *with* them (Spivak, 1988). Recognising this imbalance underscores the need to move beyond "authorised" discourse and instead attend to their lived, narrated and embodied experiences. This study challenges these dominant forms of knowledge by centring the voices of Gurkha veterans and recognising them as active meaning-makers. Rather than approaching mental health and activism as fixed categories, this study explores how they are narrated, experienced, and constructed within relational, political, and cultural contexts (Riessman, 2008).

I am also mindful of how psychological research can perpetuate knowledge hierarchies. It often privileges Western biomedical models while marginalising other alternative ways of understanding distress (Fernando, 2017). Therefore, there is a need to recognise and legitimise diverse, situated knowledges.

This study also recognises that knowledge produced is partial and co-constructed. The narratives shared are not just shaped by personal experiences but also by my presence as a researcher: the questions I ask, and the meanings negotiated in every encounter. What is offered in this study, therefore, is not an objective truth but a textured and situated account of how Gurkha veterans make sense of their own experiences.

1.7 Language Use in This Study

All interviews were conducted bilingually in Nepali and English. The translation process was approached as an act of *transcreation*. It was not just about converting language, but conveying the emotional, cultural, and symbolic depth embedded in participants' original expressions (Temple & Young, 2004). It is argued that literal translations risks

oversimplifying or distorting meanings, particularly for culturally significant Nepali phrases (Kohrt & Hruschka, 2010). Therefore, this study prioritises the use of participants' own words and idioms to describe their experiences.

1.8 Key Terms

Key terms are defined in Table 1 to clarify their use within the context of this study.

Table 1: Key Terms Used in the Study

Term	Definition (As Used in This Study)
Gurkha	Refers to a soldier of Nepali origin historically recruited into the British and Indian armed forces since the early 19th century, following the Anglo-Nepalese War (1814–1816). The designation is derived from the Gorkha region of Nepal, the centre of the former Gorkha Kingdom. The spelling and use of the term underwent several changes in the 19th century - early variants included "Gurka," "Goorkah," "Goorka," and "Goorkha" before "Gurkha" was officially adopted by the British in 1891. Colloquial references such as "Gurk" and "Johnny Gurkha" were also used, primarily by British officers and civilians. These carry connotations of colonial hierarchy. However, today, "Gurkha" is widely used in both military and civilian contexts to refer to Nepali soldiers serving abroad, especially those affiliated with the British and Indian armies.
Mental Health	Rather than adopting a clinical definition, mental health here is approached as a relational and narrative construction. It includes emotional well-being, suffering, resilience, and culturally grounded ways of understanding distress. Participants' expressions of mental health may not align with Western diagnostic categories, but instead speak to complex entanglements of the body, spirit, family, and community.
Activism	Encompasses a range of political and collective actions. This may include protests, hunger strikes, rallies, and legal petitions, through which Gurkha veterans challenge systemic injustice. Activism in this context is also understood as a space

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	for emotional expression, identity reconstruction, and meaning making.	
Justice	Refers to the ongoing struggle for recognition, fairness, and equality. It is not limited to legal rights or policy change but includes emotional and moral dimensions such as the need to be seen, heard, acknowledged, and valued within society and institutions.	

1.9 Theoretical Frameworks

This study draws on Postcolonial Theory (Bhabha, 1994; Fanon, 1963; Spivak, 1988) and Critical Race Theory (CRT; Delgado & Stefancic, 2017; Crenshaw, 1991; Bell, 1980) as theoretical lenses that inform its overall conceptual orientation (see Table 2).

Together, these frameworks allow for a multidimensional perspective for examining how colonial histories, structural racism, and power relations shape the social, political, and psychological contexts in which Gurkha veterans' experiences are situated. They guide the study's critical stance and interpretive framing.

Table 2: Theoretical Frameworks Used in this Study

Dimension	Postcolonial Theory	Critical Race Theory (CRT)
Focus	Examines the legacies of colonialism in shaping identity, representation, and lived experience.	Analyses how race and structural power shape legal, institutional, and social marginalisation.
Key Concepts	Martial Race discourse (Streets, 2004; Caplan, 1995): A colonial trope that idealised Gurkhas as inherently loyal, obedient, and brave, justifying their deployment in the British Army while denying them equal rights. Subalternity (Spivak, 1988): Refers to the structural silencing of marginalised subjects whose voices	Structural racism (Delgado & Stefancic, 2017): Embedded, systemic discrimination that operates through institutions, policies, and laws to produce racial inequity. Legal exclusion (Crenshaw, 1991): The process by which racialised groups are denied equal recognition

	are excluded from dominant systems of knowledge and representation. Hybridity (Bhabha, 1994): Describes how colonised individuals negotiate identity by blending colonial and indigenous cultural elements, producing new forms of agency and resistance. Colonial trauma and violence (Fanon, 1963, 2004): Explores the psychological and existential impacts of colonial oppression, including internalised inferiority and the idea of a fractured identity.	and protection under the law, reinforcing systemic disadvantage. Counter-storytelling (Delgado & Stefancic, 2017): A method that centres the lived experiences of marginalised people to challenge dominant narratives and legitimise alternative truths. Interest convergence (Bell, 1980): The principle that reforms for racial justice only occur when they align with the interests of dominant or majority groups, explaining the conditional nature of policy changes.
Relevance to Gurkha Veterans	Supports in understanding how Gurkhas were constructed as loyal, stoic, and subordinate under colonial rule. It helps to explores how these portrayals persist and shape expectations around masculinity, resilience, and emotional expression.	Supports in understanding how Gurkhas are marginalised through policies like unequal pensions and restricted immigration. It helps to highlight how narratives can resist dominant histories and to assert agency.
Purpose in This Study	To explore how colonial constructions of the Gurkha identity influence mental health experiences and activism.	To analyse how Gurkha veterans' struggles reflect broader patterns of racialised exclusion and how their stories function as acts of resistance and truth-telling.
Significance for This Study	Postcolonial Theory enables a critical exploration of how colonial representations shape Gurkha veterans' understanding of self, mental distress, and collective struggle.	CRT provides a lens to interrogate the racialised legal frameworks and institutional exclusions shaping Gurkha veterans' current experiences.

1.10 Overview of Empirical Literature

1.10.1 Veteran Mental Health and the Limits of Western Models

Research on veteran mental health has traditionally relied on clinical and diagnostic frameworks. Dominant models, primarily Post-Traumatic Stress Disorder have shaped discourse around how psychological distress is identified, measured, and treated in military populations (Dyball et al., 2022; Moore et al., 2023). While these models can provide valuable insights, especially among Western veterans, they often rely on assumptions such as individualism and symptom-based pathology, which may obscure culturally and socially situated expressions of distress among non-Western veterans.

The emphasis on diagnostic classification systems like the DSM-5-TR (American Psychiatric Association, 2022) and ICD-11 (World Health Organization, 2019) also contribute to an individualised understanding of mental health. This framing tends to position distress as located within the person, with less attention to the structural, relational, and historical contexts that shape psychological experience.

Furthermore, Western models of recovery often assume open disclosure, emotional articulation, and clinical engagement as normative and necessary (Bracken, Giller & Summerfield, 1995). As Hinton and Lewis-Fernández (2011) suggest, these assumptions may not align with the values, language, or expressions of minoritised populations, particularly in cultural contexts where stoicism, honour, spiritual idioms, and collective resilience play a central role in coping. Therefore, there is a gap in veteran mental health research that underscores the need for approaches which meaningfully include and reflect the experiences of minoritised and non-Western groups.

1.10.2 Gurkha Mental Health

Despite their prominent role in British military history, the psychological wellbeing of Gurkha soldiers has received limited attention. Existing literature is outdated and often filtered through racialised or Western-centric frameworks.

Historical records from World War I and II reveal significant psychological distress, including depression, anxiety, psychosis, and suicide among Gurkha soldiers. However, this distress was often moderated or explained through colonial medical logics. For instance,

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Buxton (2018) illustrates how military psychiatry attributed psychological breakdowns in racialised terms, as ethnic characteristics rather recognising them as human responses to the trauma of war. Gurkhas, like other South Asian troops, were selectively pathologised. They were either seen as peculiarly resistant to trauma or, when they did suffer, as doing so due to tribal or class-based weakness, such as in the case of one Gurkha soldier's suicide in 1915.

Similar patterns persisted into the post-war period. Williams (1949) reported unique psychiatric presentations among Gurkhas during jungle warfare, including hysteria, aphonia, and schizophrenia. Although many responded well to treatments like electroconvulsive therapy, diagnostic categories and care pathways were shaped by assumptions about racial temperament. For instance, anxiety disorders, were said to occur mostly in more "educated" Gurkhas. While psychosis was considered more common among "rural" recruits. Such interpretations reinforced ethnic typologies and notions of psychological hierarchy, rather than acknowledging the structural and systemic stressors underlying these conditions.

Emerging historical pieces has begun to centre Gurkha experiences of suffering (Onta, 1994; Chudal, 2020; "Tales of Courage and Suffering," 2020). This has mainly been articulated through the idiom of dukkha ("suffering"), a term that also encompasses bodily pain, mental anguish, hardship, and loss (Onta, 1994; "Tales of Courage and Suffering," 2020). Onta's (1994) analysis of censored letters from World War I shows Gurkha soldiers writing home about "terrible losses", bodies piled "like heaps of slaughtered goats", and the sense that the war was "not a war but the divine wrath of God". Letters from hospital wards describe amputation, blindness, shell shock, and the horror of trench conditions in France and Belgium. However, these letters never reached their intended recipients as they were thought to have been intercepted by wartime censors. Therefore, it is argued that *Gurkha dukkha* remained structurally silenced even as their bravery was publicly celebrated. Onta (1994) also draws on a 1993 interview with the late Victoria Cross[7] recipient Lachhiman Gurung[8], in which he reflected that encouraging young men to join the army and face such *dukkha* was an act of *paap* ("sin") having witnessed death, injury, and severe hardship. His account demonstrates how *dukkha* encompasses physical suffering alongside enduring moral and

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[7] The highest military decoration awarded for valour in the face of the enemy to members of the British Armed Forces and Commonwealth nations. It is awarded for extreme acts of courage and self-sacrifice during combat.
[8] A Gurkha soldier who was awarded the Victoria Cross in 1945 for his bravery in Burma during World War II. He later took part in the wider campaign for the rights and recognition of Gurkha veterans.

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emotional burdens. Notably, the structural practice of silencing was not limited to wartime censorship or individual testimony. Onta (1994) also contends that Kathmandu's intellectual and political elites memorialised Gurkha deaths as a source of national glory. This softened their suffering into narratives of sacrifice while obscuring questions about whose lives were most expendable.

The *dukkha* theme is echoed in further journalistic and archival work. The Nepali Times article *Tales of Courage and Suffering* (2020) draws on Onta's (1994) research and additional censored letters, diaries, and prison-camp materials to foreground Gurkha voices describing fear, homesickness, and the "insufferable wet cold" of the trenches. It highlights how many families never heard their loved ones' accounts, and how mothers who had lost husbands and brothers in the First World War later hid their sons from recruiters during the Second World War. The article also introduces early audio recordings of Gurkha prisoners of war, including songs by Jas Bahadur Rai recorded in German camps, which testify to longing, grief, and the ongoing emotional cost of war. These sources reposition Gurkhas not as unfeeling "martial race" subjects (Streets, 2004; Caplan, 1995) but as men acutely aware of their vulnerability, loss, and moral injury. Together, these materials offer early and rare insights into Gurkhas' emotional and relational experience.

Moreover, Jolly's (1999) provides another exploration of how Gurkhas themselves conceptualise and address mental distress. Drawing on ethnographic data, he shows how Gurkha soldiers in the UK often rely on hybrid models of care. They blend Western medical systems with indigenous healing traditions such as *Jhankri[9],* ritual purification, and spiritual mediation. Here, Gurkha mental health is understood through multifaceted lenses that incorporates physiological, social, ancestral, and spiritual dimensions. Importantly, while the military has occasionally accommodated such practices such as allowing Gurkhas to return to Nepal for healing, stigma around psychiatric diagnosis and fear of discharge have limited help-seeking behaviour. Being labelled as *mentally unwell* remains associated with shame, loss of honour, and career termination.

More recent studies suggest that Gurkhas continue to face significant barriers to mental health care in the UK. Jones, Palmer & Bhui (2022) report that Gurkha veterans are less

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[9] Traditional Nepali shaman or spirit-medium who performs healing rituals.

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likely to access mental health services than their British counterparts due to language barriers, mistrust of professionals, and lack of culturally appropriate provision. Although a 2007 policy change granted pension equality to some Gurkhas, those discharged before 1997 were excluded, sparking protests and contributing to ongoing emotional distress among ageing veterans. Despite these indications of need, Gurkhas remain underrepresented in military mental health research and have often been excluded from epidemiological studies examining suicide and related outcomes among veterans. One reason cited for their exclusion is the assumption that Gurkha personnel typically return to Nepal after discharge, making it unlikely that their deaths would be captured in UK national databases (Kapur et al., 2009). However, such reasons for exclusion continues to limit understanding of their mental health and contributes to a persistent gap regarding their needs.

Furthermore, the impact of military life on Gurkhas' families has also been underexplored. Kiruppalini's (2022) research emphasises the concept of *dukkha*[10] (suffering) as central to Gurkha family narratives. Wives of soldiers reported enduring chronic anxiety, loneliness, and cultural displacement during extended separations. Children also experienced disrupted attachment and instability due to frequent relocations and repatriations. These emotional and psychological burdens suggest that the psychosocial effects of military service extend well beyond the battlefield and into the fabric of Gurkhas' everyday family life.

Overall, the available literature on Gurkha mental health remains fragmented and dated. They are shaped largely by institutional, colonial, or anecdotal accounts and very few centre Gurkhas' own voices or examine their experiences through critical, culturally grounded, or decolonial lenses. This represents a significant gap in the existing literature.

1.10.3 Nepali Mental Health in the UK

The UK Nepali population has grown significantly in recent years, particularly after the 2009 legal reforms that allowed retired Gurkha soldiers and their families to settle in Britain. The estimated Nepali population in the UK is now estimated to be around 80,000 to 100,000, primarily concentrated in towns near military bases (Office for National Statistics, 2023).

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[10] Term from Buddhist philosophy that refers to the inherent suffering or unsatisfactoriness of life, encompassing not only physical and emotional pain but also the discomfort caused by impermanence and unfulfilled desires.

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Despite this growth, the mental health needs of UK Nepali communities, many of whom are from Gurkha backgrounds, remain under-researched.

In the available literature on Nepali mental health in the UK, a recurring theme is the disconnect between the prevalence of mental distress and the low rate of formal mental health service use. Thake (2014) found that while approximately 25% of Nepali people in her sample reported experiencing mental health difficulties, only 8% sought professional help. The main barrier was *izzat*[11], which led to concealment or self-reliance. This resonates with broader findings from Simkhada et al. (2021), who describe how fear judgment, and reputational damage in the Nepali community contribute to the stigma around mental health.

Furthermore, older generations, particularly women, face unique challenges. Sah (2019) and Sah (2024) note how language barriers, housing insecurity, financial hardship, and social isolation intersect to produce chronic emotional distress among elderly Nepali women. Many reported feeling trapped in their homes, unable to navigate public spaces or services independently. Others spoke of *dukkha* ("suffering") in relation to separation from children, inability to travel, and concerns about dying in a foreign land without proper cultural rites. Despite these difficulties, they often tend to adopt problem-focused and emotion-focused coping strategies, relying on family, religion, and community networks for support (Sah, 2024). However, mental health services were rarely accessed or even known about.

Younger generations experience mental distress in different yet equally complex ways. Simkhada et al. (2021) report that many young Nepali migrants and British-born Nepali youth associate mental illness with *pagal* ("madness") and feel caught between Western mental health narratives and traditional cultural expectations. These individuals also struggle with emotional suppression, family communication, and the pressures of high parental expectations. Upadhya (2015) found that mental distress is frequently somatised, further complicating diagnosis and treatment. The absence of culturally resonant mental health vocabulary, combined with intergenerational silence and stigma, makes help-seeking challenging.

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[11] A concept, primarily used in South Asian cultures, referring to "honour". It carries deep cultural significance in Nepali society, particularly in the context of family, reputation, and social standing.

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Access to care is further hindered by systemic factors Simkhada et al. (2021) found that 8% of Nepali respondents in their study was aware of local mental health services, and only few accessed care despite experiencing poor mental health. Language barriers, unfamiliarity with the system, and perceived lack of cultural sensitivity among professionals contributed to this underutilisation. Many participants reported seeking help only at crisis points, often through emergency departments or informal networks. Pettigrew (2000) and KC and Walker (2023) also point to broader psychosocial stressors such as migration-related loss and economic precarity that are often not considered within biomedical models of mental illness.

Across generations, many Nepali people continue to turn to traditional healers, religious rituals, and spiritual explanations for mental distress. Cultural idioms such as *man ko samasya* ("heart-mind problem") and *boksi lagyo[12]* remain common in both UK and Nepali contexts (Chase, 2018). Practices such as prayer, devotional singing, and consultation with *Jhankris* are not simply alternatives to Western treatment but are often seen as more meaningful and culturally safe. These practices should not be dismissed but understood as part of a broader epistemology of healing rooted in cultural and spiritual frameworks (Upadhya, 2015).

Overall, the existing literature reveals a complex picture of mental health within the Nepali community in the UK. It is shaped by migration, cultural belief systems, gender, ageing, and structural marginalisation. While distress is widespread, it is often hidden, somatised, or managed through informal and spiritual means. There is an urgent need for culturally grounded, and community engaged approaches to mental health care that acknowledges these realities.

1.10.4 Activism and Psychological Wellbeing

While activism is often examined through legal or political lenses, a growing body of literature highlights its emotional and psychological dimensions. For communities that have experienced marginalisation, violence, or systemic neglect, activism can be a deeply personal and relational process.

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[12] Nepali idiom referring to being possessed by a witch. It is often used to describe unexplained physical or psychological symptoms believed to be caused by witchcraft.

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Liberation psychology (Martín-Baró, 1994) and critical community psychology (Watkins, 2008; Kloos et al., 2012) offer frameworks for understanding activism as both internal transformation and outward resistance. These approaches view psychological well-being as inseparable from social and political context, framing healing as a collective process. Watkins (2008) describes liberation as beginning when marginalised communities understand suffering not as personal failure, but as a response to systemic injustice. Within this view, activism becomes a restorative practice. It is rooted in shared histories, mutual support, and the reclaiming of voice through collective struggle.

Research supports activism as a form of emotional expression and psychosocial recovery. Studies on movements such as Black Lives Matter show that collective action offers spaces for grief, solidarity, and healing from racial trauma (Elnakib & Turner, 2023; Turner, Harrell & Bryant-Davis, 2022). Activism can transform pain into agency and make suffering visible and socially meaningful.

In Indigenous and feminist contexts, activism also functions as ritual and cultural reclamation, addressing historical trauma, systemic oppression, and personal suffering (Clark, 2016; Freeman, 2019; Crook, 2018, Liebert, Leve & Hui, 2011). These acts are both strategic and therapeutic, embodying resilience, unity, and spiritual significance. It also suggests that protest becomes a performance of survival and identity.

Furthermore, collective protest often fosters emotionally charged environments in which individuals feel genuinely seen and heard, often for the first time. These spaces provide powerful contexts for what Solórzano and Yosso (2002) term counter-storytelling. It is a method through which marginalised individuals share their lived experiences as a form of resistance, healing, and empowerment. People acknowledge themselves as part of a larger community of struggle and legitimise their own suffering through the public narrative of injustice.

This emotional and relational dynamic is echoed in McNeil-Young et al's (2023) study on how Black activists use protest spaces as venues for *storying survival*. Public gatherings and workshops became sites where trauma could be expressed, systemic racism processed, and communal grief shared. These storytelling practices helped participants reframe personal suffering within broader historical and political contexts, facilitating psychological and

cultural healing. They also fostered emotional expression, communal resilience, collective memory, and narrative power. In these contexts, storytelling emerges as a radical, relational act. It can affirm identity, build solidarity, and support psychological wellbeing amid ongoing injustice.

However, activism also carries psychological risks. Prolonged exposure to injustice, institutional resistance, and public hostility can lead to burnout, disillusionment, and emotional exhaustion (Gorski & Chen, 2015; Chen & Gorski, 2015). Activists often face pressure to remain stoic, constantly engaged, and morally consistent. For example, Vaccaro and Mena (2011) found that queer activists of colour experienced intense pressure to be knowledgeable, emotionally available, and morally exemplary. They frequently felt unable to express vulnerability or seek help, leading to compassion fatigue, burnout, and in some cases, suicidal ideation. The compounded stress of managing intersecting marginalised identities and activist roles often exceeds what is captured by the term burnout. It reveals activism as not only political but also a deeply emotional labour that often goes unsupported.

These challenges do not diminish the value of activism but underscore its complexity. Activism can be both empowering and exhausting. It requires spaces that support emotional well-being alongside political engagement.

Moreover, the pursuit of justice is not only about legal rights or material redistribution. Theorists such as Fraser (1995) and Honneth (1995) argue that justice must also address cultural and symbolic harm. These refer to forms of misrecognition that devalue individuals and groups and often produce deep psychological and social harms. Fraser (1995) distinguishes between two dimensions of injustice: socioeconomic injustice (e.g., exploitation, deprivation, marginalisation) and cultural or symbolic injustice (e.g., cultural domination, nonrecognition, and disrespect). It is argued that addressing one without the other risks perpetuating a cycle of subordination.

From this perspective, activism can be viewed more than political resistance. For historically marginalised communities, the emotional and moral dimensions of activism are not peripheral but central to the pursuit of justice.

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1.10.5 Conclusions from Empirical Literature

The empirical literature reveals significant gaps in how Gurkha and UK Nepali mental health is conceptualised and understood. Veteran mental health frameworks are mainly rooted in Western clinical models. They often overlook the cultural, historical, and social dimensions of distress. Such models have limited relevance for Gurkhas, whose experiences are shaped by cultural values of honour and collectivism, as well as narratives that idealised them as stoic, loyal soldiers.

Research on Gurkha mental health is limited and often filtered through racialised or colonial lenses. Historical accounts pathologised distress in ethnic terms, while recent studies highlight ongoing exclusion from services and data. Barriers such as stigma, mistrust, and the lack of culturally appropriate care continue to persist.

In the UK Nepali community, comprised largely of Gurkha veterans and their families, the existing literature suggests that mental distress is widespread but often underreported. It is shaped by stigma, migration-related pressures, and spiritual understandings of suffering. Many seek support through informal networks or traditional healing practices, while engagement with formal mental health services remains low due to limited awareness and cultural stigma.

Activism has become central to Gurkha public life; however, its psychological dimensions remain largely unexplored. While existing literature acknowledges the emotional and psychological aspects of activism, no studies have examined how it shapes, expresses, or holds distress for Gurkha veterans.

This study seeks to address these gaps by exploring how Gurkha veterans make meaning of their mental health through activism. By centring their voices, it not only aims to understand how political struggle, and psychological experience are intertwined, but also to challenge historical dominant narratives imposed on them. In doing so, this study seeks to foreground Gurkha veterans as active meaning-makers, rather than passive subjects of their own experiences.

CHAPTER TWO: SYSTEMATIC LITERATURE REVIEW

2.1 Chapter Overview

In this chapter, I outline the Systematic Literature Review (SLR) conducted to explore how veterans construct and experience their mental health through activism, resistance, and advocacy. I describe the aim of the review, development of the research question, search strategy, and the inclusion of peer-reviewed and grey literature research. I explain the process of the SLR and the use of thematic synthesis to analyse and present themes from the selected studies. I conclude the chapter by identifying key gaps in the literature and discussing how the findings inform the rationale, aims, and research question of the current study.

2.2 Aims and Scope of SLR

A SLR is a method of gathering, evaluating, and synthesising research on a specific question to explore what is currently known about a topic and to identify gaps in the literature (Lame, 2019). It follows a rigorous and transparent process that should be replicable and reduce bias in how evidence is selected and interpreted (Siddaway et al., 2019).

This SLR aimed to answer the following question:

How do veterans experience and construct their mental health through resistance, advocacy, or activism challenging systemic inequalities in military entitlements and recognition?"

2.3 SLR Methodology

2.3.1 Review Strategy

An initial scoping review was conducted to assess the availability of existing literature on veteran activism and mental health. Searches of bibliographical databases, including PROSPERO and the Cochrane Library, confirmed that no prior systematic reviews had addressed this topic. The SPIDER framework (Table 3; Cooke et al., 2012) was used to structure the research questions and guide literature selection.

Table 3: SPIDER Framework for Literature Selection

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SPIDER Tool	
S- Sample	Veterans engaged in activism, advocacy, or resistance movements
PI- Phenomenon of Interest	Psychological experiences and meaning-making processes in activism
D- Design	Qualitative and mixed methods
E- Evaluation	Mental health narratives, activism as resilience/stress, identity construction
R- Research Type	Qualitative and mixed methods

The search strategy was developed iteratively due to challenges in defining the phenomenon and identifying relevant literature. The initial research question, focused solely on "activism," was refined after preliminary searches yielded few results. It was expanded to include "resistance" and "advocacy" to capture a broader range of studies.

Inclusion and exclusion criteria also evolved. A narrow initial focus on formal activism and veteran organisations excluded informal acts of resistance and advocacy, which were central to the study's aims. Criteria were revised to include individual and collective efforts to challenge systemic inequalities in military entitlements and recognition.

Searches spanned peer-reviewed and grey literature across health, psychology, social sciences, and military studies. Search alerts were set up to track new publications through February 2025. The specific sources consulted, and their rationale are outlined in Table 4.

Database searches were carried out between August 2024 and February 2025. Searches were concluded in February 2025 to allow completion and write-up of the SLR. At this point the final set of studies was established. No publication year limit was applied in the inclusion criteria, as the aim was to capture the full breadth of research on veteran activism and mental health, to include both contemporary and historical accounts. The range of included studies (2011 to 2021) reflects the years in which relevant research happened to be published rather than a methodical benchmark. All studies, regardless of publication year, were eligible for screening provided they met the stated inclusion criteria.

Boolean operators, Medical Subject Headings (MeSH), and alternative terms were used to account for terminological variation across disciplines, cultures, and regions (Table 5). A university librarian supported refinement of search terms.

Table 4: Search Sources and Rationale

Source Type	Examples	Purpose/Notes
Peer-reviewed Databases	MEDLINE, CINAHL Plus, Scopus, PubMed	Coverage of academic research on mental health and activism.
Military-Specific Databases	BMJ Military Health, Forces in Mind Trust, King's Centre for Military Health Research	Targeted military literature.
Grey Literature Sources	Google Scholar, EBSCO Open Dissertations	Captured marginalised veteran voices (e.g. Black, disabled, queer) often excluded from peer-reviewed research. This supports in working towards a decolonised and narrative-focused review.
Supplementary Method	Citation searching	Traced relevant studies via references.

Table 5: Search Strategy for SLR

Search Concept	Keywords and Boolean Operators
Population	*("Veteran" OR "ex-military" OR "former service member*" OR "ex-service personnel" OR "retired military" OR "military veteran*" OR "armed forces personnel" OR "discharged soldier*")*
Phenomenon of Interest	*("Activism" OR "Activist*" OR "Advocacy" OR "Advocate*" OR "Social Justice" OR "Social Movement*" OR "Campaign*" OR "Protest*" OR "Grassroots" OR "Political Participation" OR "Collective Action" OR "Human Rights Movement*" OR "Community Organizing")*
Mental Health Constructs	*("Mental Health" OR "Well-being" OR "Psychological Well-being" OR "Emotional Well-being" OR "Psychosocial Well-being"*

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	OR "Mental Distress" OR "Psychological Distress" OR "Resilience" OR "Coping" OR "Stress" OR "Trauma" OR "Meaning making" OR "Lived Experience*" OR "Perspective*" OR "Understanding" OR "Interpretation*")
Methodological Scope	("Qualitative" OR "Interview*" OR "Focus Group*" OR "Narrative" OR "Phenomenolog*" OR "Grounded Theory" OR "Thematic Analysis" OR "Discourse Analysis" OR "Ethnograph*" OR "Interpretative Phenomenological Analysis" OR "IPA" OR "Case Stud*")

2.3.2 Inclusion of Grey Literature

To enhance inclusivity and decolonise knowledge production, grey literature was intentionally included in the SLR. These sources offered critical insight into underrepresented veteran experiences, particularly from marginalised and racialised communities. Given the grassroots nature of many veteran activism, grey literature was essential in capturing narratives absent from traditional academic databases.

2.3.3 Screening Process

The screening and selection process followed PRISMA guidelines and is summarised in the flow chart (see Figure 1). References were managed using Covidence. Titles, abstracts, and full texts were screened against the eligibility criteria outlined in Table 6. At the full-text stage, papers were excluded for insufficient alignment with the review's focus. While some addressed policy, identity, or political activism, they did not examine activism or resistance through a psychological or mental health lens. At the end, a total of ten studies were included in the final review.

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Figure 1: PRISMA Flow Chart for SLR

How do veterans experience and construct their mental health through resistance, advocacy, or activism challenging systemic inequalities in military entitlements and recognition?

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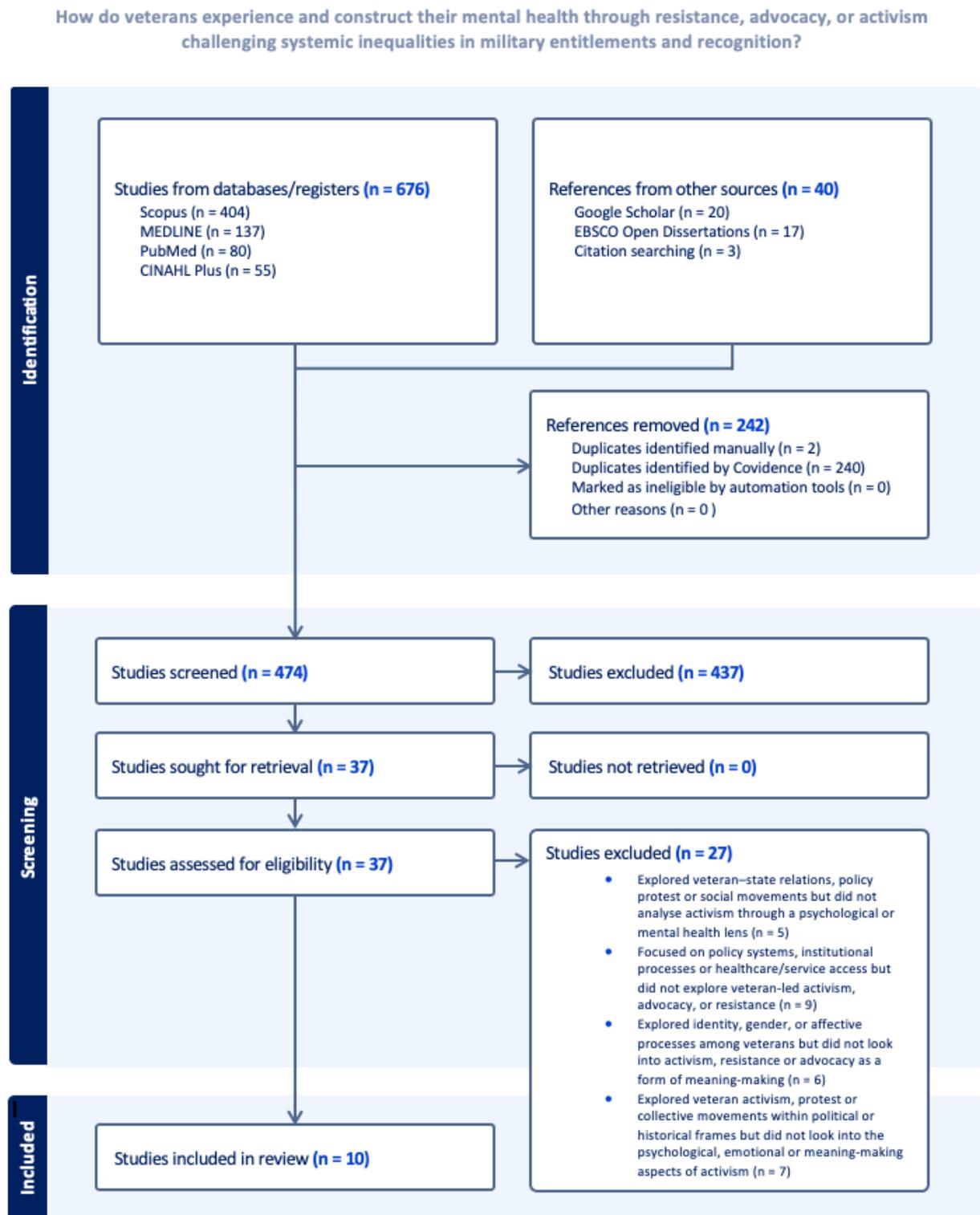
Table 6: Inclusion and Exclusion Criteria for SLR

INCLUSION	EXCLUSION
• Veterans engaged in any form of resistance, advocacy, or activism related to military entitlements, citizenship, or recognition struggles.	• Studies focused only on service access without examining systemic discrimination.
• Psychological experiences and mental health constructions in response to systemic inequalities (even if activism is informal or individual).	• Veterans advocating for causes unrelated to military entitlements or recognition struggles.
• Studies where veterans' mental health is shaped by navigating state systems, exclusion from benefits, or fighting for recognition.	• Research on veterans' general mental health without a connection to activism, resistance, or institutional exclusion.
	• Studies focusing only on active-duty personnel or on the implementation of existing benefits without resistance.
• Qualitative or mixed-methods research examining veteran-led campaigns or informal resistance.	• Methodologically weak studies. For this SLR, *weak* referred to sources that failed to meet a minimum threshold of quality and relevance. This included: studies without direct veteran voices (e.g., policy commentaries, third-hand accounts); descriptive activism accounts with no psychological or mental health analysis; and opinion pieces, journalistic articles, or essays without methodological transparency. Grey literature was only eligible for inclusion if it demonstrated clear academic or methodological safeguards, such as ethical approval, supervisory oversight, or sufficiently transparent methods to allow critical appraisal.

2.4 Quality Appraisal of Reviewed Papers

Before proceeding with the thematic synthesis, the quality of the selected studies was assessed using Tracy's Eight Big Tent Criteria for excellent qualitative research (Tracy, 2010; see Appendix A), a framework well-suited to both empirical and grey literature (see Table 7). A traditional critical appraisal was considered inappropriate due to the methodological diversity of sources included in the review (Aromataris et al., 2024).

No studies were excluded at the quality appraisal stage. All ten papers met a minimum threshold of credibility, transparency, and relevance when assessed against Tracy's Eight Big Tent Criteria (2010). Limitations of these studies have been documented in the synthesis (Table 8) rather than used as grounds for exclusion as they did not undermine the overall methodological adequacy of the studies.

Table 7: Tracy's (2010) Big Tent Criteria for Quality Qualitative Literature

Criteria for Quality	Description
Worthy Topic	Addresses a relevant, timely, and significant issue within veteran activism and mental health.
Rich Rigor	Demonstrates strong theoretical grounding, data collection, and analysis techniques.
Sincerity	Transparent about researcher biases, goals, and challenges.
Credibility	Uses thick description, triangulation, and multivocality to support findings.
Resonance	Findings are evocative, transferable, and meaningful to diverse audiences.
Significant Contribution	Provides a meaningful theoretical, practical, or methodological impact.
Ethical	Follows ethical guidelines, including participant well-being and informed consent.
Meaningful Coherence	Achieves internal consistency between research questions, methodology, and findings.

2.5 Literature Review Overview

This review draws on ten studies examining veteran activism and mental health across diverse national and sociopolitical contexts (Table 8). The included studies comprise both peer-reviewed and grey literature, published between 2011 and 2021. Grey literature in this SLR consisted only of dissertations because these sources provided sufficiently in-depth psychological accounts of veterans' experiences and the methodological transparency

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required for systematic appraisal compared to other forms of grey literature, such as essays or direct accounts.

Table 8: Summary of Studies included in SLR

Title	Context and Participant Demographics *(Country/Region, Activism Focus, and Study Participants)*	Aims	Methodology	Sample? Participants?	Key Findings (how veterans constructed and experienced their mental health through activism)	Strengths and Limitations
A War within a War: A World War II Buffalo Soldier's Story Black & Thompson (2012)	United States - Focused on African American WWII veterans' activism for recognition and against systemic racism One African American male veteran, aged in his 80s; personal narrative case study highlighting racial identity and lived experience of segregation	To examine how military service affected African American men's sense of masculinity through the life course, particularly through their resistance experiences	Phenomenological qualitative study using formal ethnographic interviews and informal conversations	One primary participant (Mr. Thompson), who is a WWII Buffalo Soldier veteran	Veterans constructed mental health through: • Veterans developed new consciousness that challenged institutional racism • Used collective support and community as coping mechanisms • Transformed bitter experiences into motivation	Strengths • Direct veteran voices and experiences • Analysis of how veterans processed and responded to systemic inequalities • Documentation of long-term psychological impacts of fighting for recognition and dealing with institutional racism Limitations • Single case study design limiting generalisability

					for social change	Historical accounts mostly from White officers' perspective
					• Developed "progressive masculinity" rooted in liberation struggles • Ongoing effects of "double consciousness" shaped identity	• Limited to specific timeframe and veteran demographic
British Nuclear Test Veterans: The Complexities of Identity, Health and Wellbeing, and the Ageing Process Prescott (2021)	United Kingdom - Explores British Nuclear Test Veterans' activism for recognition and compensation related to radiation exposure 29 participants (26 male veterans and 3 female spouses/widows), all White British, aged 80+	To examine lived experiences and psychological impacts of nuclear test veterans fighting for recognition from the UK government	Qualitative research using narrative analysis and creative nonfiction approaches	29 participants interviewed, including British Nuclear Test Veterans and family members	Veterans experience mental health challenges while seeking recognition, including: • Reluctance to seek help due to military stoicism • Feelings of isolation and betrayal while fighting the system • Psychological distress from navigating institutional barriers	Strengths: • Rich qualitative data capturing authentic veteran voices • Rapport building through personalised communication and consistent engagement Limitations: • Not all participants completed second interviews due to aging population • Findings cannot be replicated or generalised

						• Traditional validity measures cannot be applied
Coming out in camouflage: A queer theory perspective on the strength, resilience, and resistance of lesbian, gay, bisexual, and transgender service members and veterans Ramirez & Sterzing (2017)	United States – Focused on LGBT military rights activism and identity integration Lesbian, gay, bisexual, and transgender service members and veterans of diverse ethnicities and genders	To examine every day acts of strength and resistance by LGBT service members/veterans and develop strengths-based services	Qualitative analysis of LGBT veterans' personal narratives through literature and film	GBT service members and veterans (number not specified) through autobiographies, oral histories, and films	Veterans constructed mental health through: • Transforming military experiences into civil rights leadership • Developing four resistance strategies including underground support networks and strategic use of "closeting" • Converting trauma into activism	Strengths: • First-person accounts Provides framework for strengths-based interventions Limitations: • Sample size not specified • Relies heavily on secondary sources (films, autobiographies) • Limited to historical accounts rather than current experiences • Focused primarily on positive narratives, potentially underrepresenting challenges
Emotional Mobilization of Chinese Veterans: Collective Activism, Flexible Governance	China - Examines veterans' collective activism and state governance strategies	To examine veterans' emotional mobilisation through collective	Qualitative study using in-depth interviews and document analysis	42 veterans, 6 officials, 8 petition workers, 6 professors	Veterans experience collective emotional trauma through shared feelings of "anger, unfairness, and despondence"	Strengths • Extensive fieldwork with 50 in-depth interviews

and Dispute Resolution Hu & Wu (2021)	Chinese male veterans aged mid 40s to 70s, former People's Liberation Army (PLA) soldiers from multiple provinces, who were interviewed in Shanghai and Beijing	activism and state responses			derived from their military identity Strong solidarity and emotional bonds serve as psychological support mechanisms during protests Their collective identity as "heroes of the country" shapes how they process and express grievances Non-violent protest strategies reflect military discipline and values	• Multiple data sources including veteran letters, official documents, and media reports • Rich emotional and psychological insights from diverse participants Limitations: • Topic sensitivity restricting access to participant • Geographic limitations to specific regions • Reliance on personal networks for participant recruitment
Fighting the Peace at Home: Mexican American Veterans and the 1944 GI Bill of Rights Rosales (2011)	United States - Focused on Mexican American veterans' activism for healthcare access and benefits Middle-aged to elderly Mexican American male	To examine how Mexican American veterans constructed post-war identity through GI Bill experiences and activism	Qualitative oral history interviews with archival research	14 Mexican American WWII veterans born 1916-1929, all enlisted personnel from working-class backgrounds	Veterans experienced significant psychiatric challenges including PTSD symptoms (nightmares, flashbacks, anxiety) and relied on informal "rap sessions" for support	Strengths: • Rich oral history methodology with firsthand veteran accounts • Strong historical context through mixed-method approach using

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	WWII veterans. Study conducted primarily in California and Texas				Cultural barriers affected mental healthcare access, including language barriers and stigma around mental illness Generational differences emerged in responding to discrimination, with Vietnam veterans more likely to resist while older veterans tended to accept discriminatory treatment	interviews and archival data Limitations • Small sample size • Focused on male veterans only • Focus primarily on World War II era, limiting broader generational comparisons
Fog of War: Psychopharmaceutical "Side Effects" and the United States Military Chua (2018)	United States - Focused on veterans' antiwar activism and resistance to military psychiatric practices Iraq and Afghanistan war veterans. Mixed gender; ethnically diverse, majority White	To examine how veterans interpret and experience psychiatric drug treatment in military contexts through activism and resistance	15-month ethnographic study using semi-structured interviews and focus groups	35 veterans from all US military branches, primarily deployed to Iraq/Afghanistan 15 family members	Veterans construct their mental health experiences through political resistance and antiwar activism, transforming personal trauma into critical consciousness Mental health narratives are shaped by veterans' evolving political perspectives and resistance	Strengths • Rich ethnographic data • Diverse veteran sample across all military branches Limitations • Focus on single case study may limit generalisability

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Remembering forgotten heroes and the idealisation of true love: Veteran memorial activism in contemporary China Lin, J (2021)	China - Focused on People's Liberation Army (PLA) veterans' activism supporting Kuomintang (KMT) veterans from War of Resistance against Japan Elderly male veterans aged 70 to 90, both PLA and KMT, observed through ethnographic fieldwork	To examine how ex-PLA servicemen engage in bottom-up redress movements supporting forgotten KMT veterans	Ethnographic research including participant observation and in-depth interviews	Former PLA servicemen participating in a grassroots historical redress movement 57 volunteers, 19 family members	Veterans construct their identity through "embodied nostalgia," using activism to process their own post-service loss of status. They find meaning through helping forgotten heroes and re-experiencing military life through volunteer work Veterans challenge the "conspicuous silence" around individual veteran experiences in China's war commemoration	Strengths: • Rich ethnographic data • Extensive fieldwork Limitations: • Mainly examined offline activism dynamics • Findings are specific to the Chinese context, which may limit broader applicability
Sacrificial Limbs of Sovereignty: Disabled Veterans, Masculinity, and Nationalist Politics in Turkey Açiksöz (2012)	Turkey - Focused on disabled veterans from the Kurdish conflict involved in ultranationalist activism Turkish male disabled veterans, aged 20s to 40s. Former conscript soldiers wounded	To examine how disabled veterans become involved in ultranationalist politics while forming their personal and group identities	Ethnographic fieldwork conducted over 29 months (June 2005-December 2007), including participant observation, life story interviews, and archival research	35 disabled veterans providing life stories	Veterans transform individual trauma into collective healing through advocacy communities They construct their identity through shared activism and resistance	Strengths • Rich ethnographic data • Extended fieldwork period • Limitations: Research faced political sensitivities that may have limited access Focused solely on Turkish

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					Support associations serve as crucial therapeutic spaces where veterans can process trauma collectively	context which may limit generalizability
The War at Home: Black Vietnam Veterans and their Organizing Techniques During the Black Power Era Cruea (2019)	United States - Black veterans' activism during Black Power era focusing on veterans' rights and community support Black male Vietnam veterans, aged 60 to 70s. Qualitative historical analysis drawing on oral testimonies and archives	To examine how Black Vietnam veterans engaged in political organising and community activism after returning home	Historical analysis using veteran interviews, media sources, and archival documents	Black Vietnam veterans (exact number not specified); includes interviews from multiple veterans' organisations	Veterans constructed mental health through: • Black veterans engaged in diverse forms of political organising, from joining the Black Panthers to community service and peace activism • Creating supportive spaces for collective healing and benefit advocacy • Establishing veterans' organisations that provided	Strengths • Rich primary source material, drew on direct veteran experiences • Comprehensive analysis of diverse organising approaches Limitations • Geographic scope unclear • Sample size not specified • Focus primarily on politically active veterans

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					counselling and mutual support • Using military experiences to fight for both veterans' and community rights	
Writing Yourself Home: US Veterans, Creative Writing, and Social Activism Usbeck (2021)	United States - Explored veterans' writing projects as forms of social activism addressing civil-military divides Contemporary US veterans. Mixed gender, majority White, varied service backgrounds who were engaged in creative writing initiatives	To explore how veterans' writing projects serve as civic activism to bridge civil-military gaps and process war experiences through narrative	Qualitative analysis of writing projects, including close readings of journalistic/academic texts and self-representations from project websites/anthologies	Multiple veterans' writing groups, including campus-based programs and grassroots NGOs like Warrior Writers and Veterans Writing Project	Veterans construct mental health experiences through creative writing activism, using narrative as both therapeutic tool and social advocacy Writing serves as collective healing practice while challenging systemic barriers between military and civilian society	Strengths • Strong theoretical framework linking trauma theory with activism • Incorporates veteran voices and experiences Limitations • Specific to writing-based activism, rather than broader forms of resistance • Limited focus on state benefits systems

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2.6 Data Synthesis

Thematic synthesis (Thomas & Harden, 2008) was used to analyse and synthesise findings across the selected studies. It was chosen because it offers an interpretive approach to synthesising qualitative findings. This allows for the generation of new conceptual insights rather than a simple aggregation or summary of results. In the current SLR, thematic synthesis enabled the identification of common themes and divergences in how mental health is experienced and constructed by veterans. Figure 2 provides an overview of the synthesis process.

In contrast, alternative methods such as narrative synthesis were not considered the most appropriate for achieving the aims of this SLR (Barnett-Page & Thomas, 2009). Narrative synthesis primarily summarises and describes findings across studies (Popay et al., 2006). While this approach can be valuable for providing a broad overview of existing research, its descriptive orientation may limit the depth of interpretive engagement with participants' meaning-making processes. Whereas, thematic synthesis facilitates a more inductive and interpretive analysis grounded in participants' words and meanings.

Furthermore, thematic synthesis also aligns with the broader epistemological position of the empirical study, social constructionism. The SLR acknowledges that veterans' accounts of mental health are shaped by their social, cultural, and historical contexts while still grounded in their lived realities. This coherence ensured that the SLR supported and reflected the interpretive and reflexive nature of the empirical work.

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Figure 2: Summary of Thematic Synthesis Process

Line-by-Line Coding of Text

Each study was reviewed to understand key findings.

Where available, participants' quotes were coded line-by-line to ensure close engagement with the data.

Development of Descriptive Themes

Codes were compared across studies to identify patterns, similarities, and differences (see Appendix B).

Related codes were grouped to form descriptive themes that represented shared meanings.

Development of Analytical Themes

Descriptive themes were interpreted further to uncover broader patterns and meanings.

These were then used to develop analytical themes that offered new interpretations.

2.7 Thematic Synthesis Findings

The thematic synthesis produced four overarching themes, each with related sub-themes (see Table 9).

Table 9: Themes and Sub-Themes from Thematic Synthesis

Theme	Sub-Themes
1. Activism as Therapeutic Resistance	1.1. Personal Identity and Healing
	1.2. Medicalisation, Resistance, and Gatekeeping
	1.3. Narrative as Power
	1.4. From Personal to Political
2. Emotional Mobilisation and Collective Identity	2.1. Emotion as Mobilisation and Burden
	2.2. Military Identity and Shared Experience
3. Systemic Barriers and Institutional Betrayal	3.1. Bureaucratic Neglect and Denial
	3.2. Emotional Consequences of Institutional Betrayal
4. Intersectionality and Identity-Based Activism	4.1. Excluded at the Intersections
	4.2. Intersectionality as Collective Power

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2.7.1   Activism as Therapeutic Resistance

This theme explores how veterans engage in activism as a means of processing trauma, asserting agency, and challenging systemic neglect. Rather than being passive recipients of psychiatric intervention or welfare, veterans reframe activism as a therapeutic and political act.

1.1. Personal Identity and Healing

For many veterans, activism serves as a means of reconstructing identity after military service in response to exclusion and disillusionment. Activism offers a way for veterans to reconstruct identity after service, often in response to exclusion and disillusionment. Black veterans, for instance, navigated DuBoisian *double consciousness* (Du Bois, 2008) by affirming racial identity through liberation struggles (Black & Thompson, 2012). Mr Thompson, a Buffalo Soldier and African-American World War II veteran of the segregated 92nd Infantry Division whose life history was recorded by Black and Thompson (2012), recalled his early experience of racial segregation in the U.S. Army:

> We see the white soldiers go into Linton's at 32nd and Market Streets, right across from the armory. But the black soldiers weren't allowed to go in. We just got drafted but we couldn't go in the restaurant. They gave us a boxed lunch and we ate it outside. (p. 37)

Reflecting on that moment, he remembered asking, "Right away we said, what are we doing this for?" (Black & Thompson, 2012, p. 37). This early disillusionment marked the beginning of collective awareness and identity work.

Reflecting on his wartime experiences more than sixty years later, Mr Thompson said:

> I still feel hurt. The hurt has to do with what went on in the war, but also what happened in the ensuing years. It's a kind of bitterness about the lies that were told about us and getting no credit for what we did. And that never being made right. (Black & Thompson, 2012, p. 42)

When asked how he managed that bitterness, he explained, "If you're not strong it will go to your own community; it will go to your own family." (Black & Thompson, 2012, p. 42).

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He attributed his strength to his parents and to understanding racism.

> It still hurts inside, but I didn't put it on anyone else… I learned what racism was, what it looks like, how to define it. It's still there, but it's undercover now, and I know how to recognise it. (Black & Thompson, 2012, p. 42)

Similarly, Black Vietnam veterans redefined themselves through civil-rights organising (Cruea, 2019), while Mexican American veterans channelled identity repair through demands for equitable GI Bill access (Rosales, 2011). In creative writing workshops, veterans described authorship as emotionally reparative and meaning-making, with one participant calling the workshop "liberating" (Usbeck, 2018, p. 7) because it allowed him to express himself "more philosophically than he would verbally" (p. 7), and another saying it "allowed me to actually express and let out some of the emotions… trapped for a long time" (p. 7).

Across these contexts, veterans shaped new identities not despite, but because of, their marginalisation. Healing involved reframing exclusion as a source of insight and agency.

1.2. Medicalisation, Resistance, and Gatekeeping

Veterans' responses to psychiatric frameworks are complex and often ambivalent. Many reject dominant medical narratives especially PTSD as overly individualising and depoliticising. Chua's (2018) ethnography critiques the military's reliance on psychopharmaceuticals, observing that veterans often interpret such treatments as mechanisms of behavioural control rather than healing. One veteran described how, after their sergeant's suicide attempt, "They sent her back for an 'eval' for two weeks… loaded her up with meds and gave her like three days to stabilise and then sent her back [to the base]" (Chua, 2018, p. 22). It was a process he later framed as part of "medicating soldiers to keep them alive for war" (Chua, 2018, p. 18).

Similarly, Açiksöz (2012) shows how disabled Turkish veterans resisted their pathologised identities by engaging in ultranationalist activism, reframing their injuries as symbols of political agency rather than clinical diagnoses. They protested by removing and throwing their prosthetic limbs, "eyes, legs, and feet" in front of government buildings as tools of dissent, which is interpreted as a reenactment of collective trauma (Açiksöz, 2012, p. 220).

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At the same time, veterans may strategically seek medical recognition to legitimise suffering and secure entitlements. Prescott (2021) found that British nuclear test veterans sought recognition for radiation-related illnesses but rejected psychiatric explanations, using medical assessments mainly to prove the harm they had endured. They spoke of their exposure in vivid, sensory terms. One veteran recalled:

> It was just for an instant, a tenth of a second or less, then it was gone. We were told to wait, then turn around… it turned into this blood-red ball, beautifully round. Suddenly, it erupted like a volcano in the sky… the shockwave and the heat, they were quick, then it just vanished. The actual shockwave was really powerful – it felt like an earthquake. (Prescott, 2021, p. 124)

Reflecting on fear and disbelief, another added:

> I wasn't scared because I was young… Knowing what I know now, of course, I would've been scared. That bomb was supposedly a thousand times more powerful than the Hiroshima bomb. I don't know, Henry, no one usually believes me when I tell them about it. (Prescott, 2021, p. 124)

These recollections highlight how veterans framed their experiences through physical sensation and collective memory, seeking recognition for what was seen and felt rather than what could be diagnosed.

These dynamics reveal that medical authority serves both as a gatekeeper and a tactical resource. For some, it obstructs access to justice by pathologising dissent. While for others, it provides the only viable pathway to institutional recognition. Veterans do not simply accept or reject psychiatric frameworks. Instead, they negotiate with them, using or resisting medicalisation depending on whether it silences or empowers them. In this way, medical authority becomes a contested space where claims to identity, legitimacy, and justice are continuously fought.

1.3. Narrative as Power

Storytelling emerged as a central tactic of therapeutic and political resistance. Veterans used memoirs, creative writing, oral history and testimony to counter institutional silencing.

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Usbeck (2018) describes veteran writing projects as forms of "social therapy through writing" (p. 7), where organisers aimed to help participants "see themselves as societal witnesses to warfare" (p. 7) and to "build bridges of communication to the civilian world" (p. 7). Such initiatives provided a safe space to "let out emotions…that had been trapped for a long time" (p. 7), while simultaneously educating the wider public. Through narrative authorship, veterans reasserted control over their experiences.

For Black veterans, narrative reclamation also carried a distinctly political charge. In Black and Thompson's (2012) study narrative ownership itself became a political act for Mr Thompson, who emphasised, "There's a true story to be told, good and bad…Know what we had to go through. You don't have to love us, but don't lie about us" (p. 43). His testimony reclaims historical agency from institutional narratives that had marginalised Black soldiers, framing storytelling as both remembrance and resistance.

Across these contexts, narrative became both a way to heal and a way to make sense of experiences that had long been misunderstood or ignored. Through this process, veterans found new ways to tell their stories and to shape how they are remembered.

1.4. From Personal to Political

A significant shift takes place when veterans transition from viewing their trauma as an individual struggle to recognising it as part of larger systemic oppression. Veterans across diverse contexts reinterpreted trauma as evidence of systemic injustice.

Black Vietnam veterans, for instance, connected racial exclusion to the broader fight for civil rights (Cruea, 2019). As one veteran recalled, "A lot black soldiers was talking about race relations. We would talk about how we were going to go home and fight our own war" (Cruea, 2019, p. 20).

Black and Thompson (2021) similarly framed identity as embedded in liberation struggles. Mr Thompson reflected, "We were all concerned about being segregated but we had allegiance to our country and we wanted to excel. But we always felt like we were fighting two wars" (Black & Thompson, 2021, p. 40).

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Hu & Wu (2021) documented Chinese veterans' shift from individual disillusionment to mass protest. One declared, "We are the victims of the Cultural Revolution! How can the Chinese Communist Party and the government once take advantage of us but now abandon us! So ruthless and indifferent!" (Hu & Wu, 2021, p. 459). Another reflected on the deep tension between loyalty and betrayal: "We have offered our best years of life to our country! We work so hard to perform well but finally we are so disappointed! The state should and must recover our military cadre identity and military ranks!" (Hu & Wu, 2021, p. 459).

Rosales (2011) similarly showed how Mexican American veterans transformed exclusion into activism. One veteran, John Sótelo, recalled, "When I went to war, and I fought for this country, I figured that [U.S.] flag was mine" (Rosales, 2011, p. 620). Denied equal access to the GI Bill, many channelled this sense of betrayal into collective action, forming organisations such as the American GI Forum and the Community Service Organization, which connected personal experiences of injustice to the wider Chicano movement.

LGBTQ+ veterans similarly transformed their experiences of exclusion in the military into catalysts for broader social change (Ramirez & Sterzing, 2017). Many who faced discriminatory investigations and discharges became key figures in the national LGBT+ rights movement, turning personal marginalisation under policies like *Don't Ask, Don't Tell* into a driving force for collective advocacy and equality. Some veterans, however, went beyond calls for inclusiveness to openly criticise military institutions. Chua (2018) described antiwar activism rooted in disillusionment, while Lin (2021) showed how Kuomintang veterans sought historical recognition rather than reintegration into the state.

Across these studies, activism turns personal pain into collective purpose. It reframes trauma as a shared political issue rather than an individual one.

2.7.1   Emotional Mobilisation and Collective Identity

This theme examines how veterans shared emotional responses particularly anger, betrayal, and frustration become catalysts for activism, and how their collective military identity provides both structure and emotional resilience for sustained resistance.

2.1. Emotion as Mobilisation and Burden

Emotions such as grief, anger, and disillusionment play a dual role as they drive initial mobilisation but can also lead to psychological fatigue. Hu and Wu (2021) showed how veterans in China, frustrated by the government's failure to provide pensions and healthcare, transformed personal despair into organised protest.

> I feel so angry and unfair since all of us were very excellent students in the military schools but all of us are old and sick now! We should have very good jobs after graduation and may even become leaders in the Army or the government! Just because of the damn CR (Cultural Revolution) and our unlucky fate, we were sent to the countryside and got nothing (from the Party-state). (p. 459)

Similarly, Black Vietnam veterans channelled anger over racial exclusion into action (Cruea, 2019). One explained, "I feel as though I've been cheated, taken, like me and my people have been taken all our lives" (Cruea, 2019, p. 23).

While Mexican American veterans mobilised in response to being denied GI Bill benefits (Rosales, 2011). As one recalled, "I feel that as far as the Veterans Administration is concerned… we were treated just plain goddamm rotten" (Rosales, 2011, p. 597).

However, prolonged activism without institutional response often intensified emotional fatigue. Chua (2018) and Prescott (2021) both documented how continued state denial left veterans in cycles of renewed anger, grief, and disillusionment. While such emotions sustained activism and solidarity, they also imposed psychological costs. This highlights the fragility of emotionally driven mobilisation.

2.2. Military Identity and Shared Experiences

Military culture fosters deep bonds of discipline, duty, and camaraderie. These are values that veterans often carry into activism. These bonds also serve as a framework for post-service collective resistance. Açiksöz (2012) shows how Turkish disabled veterans rejected the state's attempts to cast them as passive recipients of care. Instead they drew upon their collective identity as soldiers to demand recognition and justice. One stated, "I was twenty-five when I got disabled. What for? For this country! For this soil! For this flag! Not for any other intent or interest!" (Açiksöz, 2012, p. 221).

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Similarly, Cruea (2019) describes how Black Vietnam veterans channelled the discipline and solidarity forged into the struggle for racial justice. One recalled, "I joined the Black Panthers group basically because it was a warlike group…the only friends I made were militant types, because they were the only ones who could relate to what I was tryin' to say" (Cruea, 2019, p. 35).

Groups such as the De Mau Mau and the Black Panther Party repurposed military skills as tools for community defence. One veteran explained:

> We had to defend these communities… Our hope was lost…I went throughout every ghetto, every swamp, every one-horse town they sent me to, teaching people how to defend themselves with what I had learned in the military. (Cruea, 2019, p. 34)

These studies demonstrate that shared identity can be a mobilising force in activism. Veterans strengthen their emotional ties and collective identity by bringing the skills, discipline and camaraderie they gained during their service into organised resistance.

2.7.3. Systemic Barriers and Institutional Betrayal

This theme explores how veterans confront institutional denial, bureaucratic resistance, and medical gatekeeping, which often become sources of psychological distress and drivers of activism. These systemic failures are not isolated oversights but embedded mechanisms of selective recognition and control.

3.1. Bureaucratic Neglect and Denial

Veterans frequently face prolonged wait times, denied claims, and complex bureaucratic obstacles when applying for benefits, pensions, and healthcare. These challenges not only extend their emotional and mental strain but also deepen their sense of neglect and frustration.

Rosales (2011) documented how Mexican American veterans were systematically disadvantaged by Veterans Administration bureaucracy.

I went and applied for it, and I was starting to go to school…but under the G.I. Bill, they paid you not very often. Sometimes it was three, four months before you got your check…and a lot of fellas dropped out of school. (Rosales, 2011, p. 597)

Meeting minutes from the American GI Forum recorded many cases of this, "Amados García, check delayed five months… Conrado Mayorga, one child, check delayed six months… Juan Rosales, check delayed five months" (Rosales, 2011, p. 612). Not only did such records reveal how delays, denials, and administrative red tape became routine barriers for veterans with Mexican ancestry - they also reflected the broader racial inequities that shaped access to post-war benefits.

Similarly, Hu and Wu (2021) described how Chinese soldiers advocated for years to collect pension payments, frequently dealing with stalled government responses and changing eligibility requirements. This neglect forced veterans into mass protests, as collective action became their only means of demanding recognition. One stated, "We are the victims of the Cultural Revolution! You should bravely correct the mistakes imposed on us caused by the CR and implement correct policies to give us, the soldiers of the country, dignity, honour and respect!" (Hu & Wu, 2021, p. 460).

These examples illustrate a pattern, where states honour veterans symbolically but frequently deny them materially. Bureaucratic neglect thus becomes a form of institutional betrayal that negatively impacts veterans' mental health and drives them towards activism as a means of survival.

3.2. Emotional Consequences of Institutional Betrayal

Prolonged exposure to systemic exclusion leads to emotional exhaustion and alienation. Veterans who continuously engage with unresponsive systems report deep mistrust, psychological decline, and in some cases, self-harm as an act of protest (Hu & Wu, 2021; Chua, 2018). Prescott (2021) found that decades of dismissal exacerbated distress among British nuclear test veterans, many of whom described profound feelings of betrayal and loss of faith in state institutions. One veteran reflected, "I just hate the feeling of being lied to and cheated all these years. You hear the stories, but I actually saw the bones in my hands!" (Prescott, 2021, p. 125).

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Another added, "There's a lot of veterans who suffered that have passed on and the government think they can just forget them - that's my opinion anyway. It's upsetting, I think they could have done a lot more for us" (Prescott, 2021, p. 125).

These testimonies highlight how betrayal is not only institutional but can also be symbolic. For some, even gestures of recognition were rejected as hollow. One veteran refused to accept official medals.

> I don't recognise medals because it means I recognise the powers that be. Shove it where the monkey puts his nuts– that's what I say. I'm not interested. It means nothing to me, a medal. (Prescott, 2021, p. 126)

This rejection reflects resistance to institutional gestures that fail to address lived injustice.

While activism can offer purpose and healing, it also exposes veterans to repeated denial, making resilience precarious. Institutional betrayal becomes a source of ongoing psychological harm, not merely due to past neglect, but due to its continued reinforcement.

2.7.4   Intersectionality and Identity-Based Activism

This theme explores how overlapping identities such as race, gender, sexuality, disability, and political status shape veterans' experiences of exclusion and their forms of resistance. While intersectionality often amplifies marginalisation, it also generates new forms of collective power and solidarity in activism.

4.1. Excluded at the Intersections

Veterans at the intersections of race, gender, or disability often face compounded exclusion (Black & Thompson, 2012; Cruea, 2019; Rosales, 2011; Ramirez & Sterzing, 2017; Lin, 2021). For example, Cruea (2019) highlights how Black Vietnam veterans encountered not just racism, but exclusion from benefits, employment, and protection. One veteran reflected on the inescapability of their racial identity stating, "They say I am just a Marine, but how can I forget eighteen years of being black and all that being black means in this country?" (Cruea, 2019, p. 14). Another described the alienation of returning from an unpopular war:

We had been a part of the most unpopular war, and we lost. Coming back as a black veteran, not only had you been involved in a war that civil rights leader were calling the white man's war that you shouldn't been a part of but you were also a part of losing effort. (Cruea, 2019, p. 23)

Rosales (2011) similarly shows how Mexican American veterans faced racial discrimination even after their service. One veteran recalled being dismissed by local officials who insisted that "You Mexicans are different… you can't keep up with the studies, you can't speak English… the white kids are too far advanced" (Rosales, 2011, p. 617). Despite their military service, they were continually positioned as outsiders in civil and institutional life. Their patriotism was also questioned and their contributions undervalued.

Ramirez and Sterzing (2017) document how LGBTQ+ veterans were silenced, pathologised, and criminalised under military codes that framed them as "unfit for duty" (p. 68). They explain how LGBTQ+ veterans learned to come out by developing everyday strategies of strength and resistance. These included challenging heteronormative spaces, creating hidden support networks, and using the closet as both protection and protest. They study also showed how exclusion based on gender and sexuality shaped veterans' fight for dignity and recognition.

It can be concluded that exclusion can operate through intersecting structures of race, gender, sexuality, and class. Veterans were often denied recognition not because of their service but because of who they were. Their struggles for equality reveal how discrimination continue to shape whose sacrifices are valued and whose are forgotten. In many cases, by confronting these inequalities, marginalised veterans transformed exclusion into collective resistance. In doing so, they redefined what it means to serve and to belong.

4.2. Intersectionality as Collective Power

Rather than remaining isolated in their struggles, veterans across diverse contexts transformed marginalisation into solidarity. Intersectionality was not only about the experience of layered disadvantage but also a source of collective strength and power. Shared histories of discrimination and denial united rather than divided.

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Cruea (2019) describes how Black Vietnam veterans channelled their racialised military experiences into broader struggles for civil rights. Organisations such as the De Mau Mau "offered companionship, identity, and an interpretation of American race relations to the thousands of Black GIs who suddenly found themselves fighting in South Vietnam" (Cruea, 2019, p. 19). These bonds of shared injustice later fuelled activism at home, as veterans reframed their service and identity through the lens of liberation and resistance.

Although intersecting forms of exclusion created barriers for LGBTQ+ veterans, Ramirez and Sterzing (2017) also showed how these intersections can become catalysts for solidarity and collective power. Their study highlights how through advocacy networks, peer organising, and visibility campaigns, LGBTQ+ veterans redefined the act of *coming out* as both a personal and political declaration. A broader literature captures this transformation in the instance where a service member chose to disclose her sexuality before deployment because she wanted to serve openly and "did not want a casket to be her final closet" (Ramirez & Sterzing, 2017, p. 70). The study reflects how shared struggles across identities can generate unity, turning marginalisation into collective strength and purpose.

In China, Hu and Wu (2021) reveal how veterans from different provinces and generations overcame political fragmentation through shared emotion and experience. Expressing anger, unfairness, and despondence, they framed themselves as heroes of the country, mobilising as a moral community united by loss and betrayal. They realised that rather than being isolated, their difficulties were interrelated. Açiksöz (2012) similarly shows how Turkish veterans used their shared identity as disabled soldiers to contest state paternalism.

Together, these studies show that intersectionality can be a source of strength as well as struggle. Through shared exclusion, veterans built solidarity and turned identity into a source of collective power.

2.7.5 Conclusion

The SLR examined how veterans experience and construct their mental health through resistance, advocacy, and activism, particularly in response to systemic inequalities in military entitlements and recognition. A total of ten studies were identified. They offered rich insights into the psychological dimensions of veteran activism.

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The findings show that activism is not merely a response to exclusion, but a complex psychological process that can both support and strain veterans' mental health. On one hand, activism offers identity reconstruction, emotional resilience, and a sense of agency (1. *Activism as Therapeutic Resistance*). Veterans used storytelling to reframe trauma (*1.3. Narrative as Power*), peer support to manage distress (*2.3. Emotional Support Networks*), and activism as a means of turning private pain into public purpose (*1.4. From Personal to Political*). On the other hand, activism also exposes veterans to re-traumatisation, prolonged stress, and repeated institutional resistance (*2.1. Emotion as Mobilisation and Burden*).

The findings challenge medicalised understandings of veteran mental health that pathologise activism or reduce suffering to individual trauma. Veterans do not simply accept or reject psychiatric frameworks. Instead, they negotiate with them, resisting when oppressive (Chua, 2018; Açiksöz. 2012), or using them strategically to gain recognition (Prescott, 2021; Ramirez & Sterzing, 2017). Activism, then, emerges as both a coping strategy and a form of political agency that transcends clinical boundaries (*1.2. Medicalisation, Resistance, and Gatekeeping*).

Veterans' emotional responses such as anger, betrayal, frustration play a dual role: they ignite resistance and solidarity but can also lead to psychological exhaustion when systemic change remains elusive (*2.1. Emotion as Mobilisation and Burden*). Sustained activism depends not only on emotional energy but also on the solidarity of shared military identity (*2.2 Military Identity and Shared Experience*). Emotional resilience is not simply an internal trait but a relational and political resource.

These findings have implications for clinicians, support organisations, and policymakers. Mental health professionals must move beyond individualised trauma frameworks to consider how activism can contribute to resilience, identity repair, and collective healing (*1.1. Personal Identity and Healing*). Rather than viewing activism as an individual stressor, it should be recognised as a legitimate therapeutic response to structural injustice (Black & Thompson, 2021; Usbeck, 2018). Support organisations should foster spaces for peer-led activism, storytelling, and community-building. As seen in the studies reviewed, emotional support networks are essential in sustaining long-term resistance and managing institutional harm (*2.3. Emotional Support Networks*; Hu & Wu, 2021). Programmes that empower

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veterans to engage in advocacy and narrative-based healing are more culturally and politically responsive than purely clinical interventions.

For policymakers, the findings point to the urgency of addressing systemic inequalities in benefit access, recognition, and compensation *(3.1. Bureaucratic Neglect and Denial)*. Veterans continue to experience symbolic valorisation alongside material denial. Marginalised groups including racial minorities, LGBTQ+ veterans, and disabled veterans, face layered exclusions. These intersect to create compounded barriers *(4.1. Excluded at the Intersections)*. Policy responses must therefore adopt intersectional frameworks that recognise how structural discrimination operates across race, gender, sexuality, and disability (*4.2. Intersectionality as Collective Power).*

The SLR also identifies gaps in the literature. Few studies explore the long-term psychological effects of activism among other marginalised veteran groups, including postcolonial veterans such as the Gurkhas. Further research should centre decolonial and intersectional perspectives to better understand how activism mediates mental health in structurally excluded communities. A broader methodological range including participatory, narrative, and ethnographic approaches is needed to capture these nuanced experiences.

2.8 Rationale for the Current Study

The SLR showed that activism plays a dual role in veteran mental health. Activism fosters resilience, identity reconstruction, and solidarity. However, it can also expose veterans to emotional strain, re-traumatisation, and institutional resistance. Activism is not just a reaction to exclusion but a psychological process through which veterans construct meaning and challenge injustice.

While studies have explored activism among marginalised groups including Black, LGBTQ+, disabled, and politically excluded veterans, there is a notable gap concerning postcolonial veterans such as the Gurkhas. This group remains underrepresented despite their distinct historical and geopolitical positioning and their reputation as one of the most recognised military groups in the world (Caplan, 1995).

Moreover, with a growing Nepali community in the UK (Office for National Statistics, 2023), largely comprised of Gurkha veterans and their families, the study also offers timely and relevant insights to better understand this population.

2.9 Research Aims

The current study aims to explore the mental health narratives of Gurkha veterans engaged in activism, particularly in the context of the ongoing pursuit for justice. Drawing on from the SLR, this study aims to fill the knowledge gap about the mental health experiences of Gurkha veterans. It aims to:

1. Examine how Gurkha veterans construct and experience their mental health through activism.
2. Explore how broader institutional, historical and postcolonial contexts shape their mental health narratives.

2.10 Research Question

The current study will be guided by the following question:

"How do Gurkha veterans experience and construct their mental health through activism and justice?"

CHAPTER THREE: METHODOLOGY

3.1 Chapter Overview

In this chapter, I outline the research design and explain why Narrative Inquiry was chosen. I also discuss this in its alignment with Nepali storytelling traditions and the aims of this study. The sampling, recruitment, and ethical considerations are discussed. I then present my data analysis strategy and examine the quality of this study. How language and translation shaped the research process is also discussed.

3.2 Research Design

This study was conducted between July 2024 and June 2025. Five in-depth interviews were conducted. Narrative inquiry shaped the research process: from the development of research questions to interview design, participant engagement, and data analysis. The study was grounded in a social constructionist epistemology and a critical realist ontology.

3.2.1 Narrative Inquiry

Narrative inquiry (NI), as Bell (2002) asserts is "more than just telling stories." It is a rigorous approach grounded in the belief that humans understand and make meaning of their lives through storytelling. Narratives are actively created within specific relational, historical, and discursive contexts rather than just being told (Esin, Fathi, and Squire, 2013). This approach challenges positivist assumptions of a *single truth*, highlighting the multiplicity and emotional complexity of human experience.

Building on this idea, Clandinin and Connelly (2000) propose a three-dimensional framework for NI consisting of temporality (past, present, future), sociality (personal and social dimensions), and place (the specific physical and contextual settings of experience). Researchers move inward (attending to emotions, hopes, and moral commitments), outward (engaging with social and cultural contexts), and backward and forward (examining how past experiences inform present actions and future possibilities).

Central to NI is the idea that stories are both the method and phenomenon of research. The research process is relational and dialogic, evolving through lived experience, discussion, introspection, and co-construction, rather than starting with predetermined theories. This

approach uncovers deeply held beliefs and emotional dimensions that may not be consciously articulated (Bell, 2002), making it particularly useful for exploring marginalised experiences.

Bruner (1991) aligns with this perspective, describing narrative as fundamental to how humans make sense of the world. Narratives are not just representations but the very process by which individuals create reality, identity, and cultural continuity.

3.2.2 Rationale for Narrative Inquiry

NI was chosen because it offers a way of exploring how people construct meaning through stories situated within social, cultural, and historical contexts. It is particularly suited to examining experiences that are relational, embodied, and shaped by power. Also, it allows attention to both what and how it is said. By doing so, it acknowledges that stories are co-constructed between researcher and participant (Riessman, 2008).

In this study, NI provided a framework for engaging with Gurkha veterans' accounts in a way that honoured storytelling as a culturally significant form of knowledge-making. It enabled the exploration of how personal experiences of activism intersect with broader historical contexts. My reflexive journal became an important tool in tracking interpretive shifts and ethical tensions (see Appendix C). This supported transparency in how stories were heard and held throughout the research process.

NI was selected over other methodologies because it best aligned with the study's epistemological and cultural positioning. For example, Interpretative Phenomenological Analysis (IPA) was considered for this study. However, IPA focuses primarily on individual sense-making and tends to fragment experience into discrete themes (Smith, Flowers, & Larkin, 2009). Whereas, NI was better suited to preserve the continuity and temporal flow of participants' life stories and to situate these within broader social and historical contexts. Therefore, it offered the most coherent methodological fit for exploring Gurkha veterans' experiences as it supported an interpretive, reflexive, and relational approach that could attend to both individual stories and the collective meanings emerging across them.

3.2.3 Cultural Significance of Storytelling in Nepali Contexts

Storytelling holds deep cultural importance in Nepal and aligns closely with the principles of NI. In both traditions, storytelling is more than communication. Instead, it is a way of making

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meaning, preserving memory, and expressing identity over time. In Nepal's diverse oral culture, stories function as living archives, sustaining historical memory and transmitting shared values, especially where written records are limited (Bhattarai, 2020; Diwasa et al., 2007; Jest, 1991).

Storytelling often occurs in communal and everyday settings, adapting to audience and context. Historical work also shows that Gurkhas have long used narrative forms, such as letters, songs, stories and devotional verse to interpret and communicate their experiences (Onta, 1994; Chudal, 2020). Chudal's (2020) examination of the story and poem of Ait Singh Gurung, a Gurkha prisoner of war recorded in the German Halbmondlager camp in 1916, further reveals Gurkhas as active readers, storytellers and meaning-makers. His engagement with literary, spiritual and ethical traditions reflects not a recent development but a deeply rooted cultural practice.

Furthermore, in ritual contexts, storytelling is viewed as *satya* (a truth-act) affirming moral and lived realities (Lecomte-Tilouine & de Sales, 2016). As Chudal (2020) notes, this flexibility allows stories to convey resistance, identity, and ethical insight. NI, with its emphasis on temporality, relational meaning, and lived experience supports to mirror these cultural practices.

3.3 Consultation with Experts by Experience

I consulted two individuals with lived experience and cultural knowledge relevant to this study. Both were Gurkha veterans I came into contact with through my personal and community connections. Given the scope and time limitations of this study, consultation was carried out on an individual rather than collective level. These two consultants provided cultural, linguistic, and contextual guidance throughout the research process. Broader community consultation was not undertaken due to ethical, practical, and time-related considerations, including the need to maintain participant confidentiality and to manage clear boundaries between consultation and participation. While this level of consultation offered depth and cultural insight, I recognise that it does not represent the full diversity of Gurkha or wider Nepali community perspectives.

The first consultant's activism led to legal challenges in the UK, which contributed to major policy changes addressing racial and religious discrimination affecting Gurkhas. I first

learned about his work through community networks and contacted him directly to explain the aims of my research and ask whether he would be willing to offer his views. He agreed to act as a consultant and reviewed my interview question, demographic information sheet and inclusion/exclusion criteria. His feedback helped ensure that the research was sensitive to the wider community and reflected Gurkha experiences respectfully.

The second consultant was a Gurkha veteran who assisted with translating the participant forms, and interview materials. I knew him personally through community connections and contacted him directly to discuss the study. After reviewing the research aims, he agreed to help with the translation. His work was then reviewed by my secondary supervisor, who is fluent in Nepali and English. This was to ensure accuracy.

Both consultants were given an overview of the research, including the aims and what their involvement would involve. Their contributions were voluntary as they did not wish to be reimbursed for their contributions. I also recognise that the consultation was limited in scope, as it focused on individual expertise rather than collective community involvement. Future research could benefit from a more participatory, co-produced approach involving wider community consultation at different stages of the research process.

3.4 Participants

Five Gurkha veterans participated in this study, all of whom were recruited in Nepal and had served in the British Army for 15 to 33 years with varying ranks.

Age of veteran was not treated as a strict selection criterion, as the age of Gurkha veterans varies depending on service duration. Under the Gurkha Pension Scheme, soldiers typically served for 15 years and could receive their pension from age 33, with most retiring at the rank of Corporal or below after 15-18 years of service (Ministry of Defence, 2007). At the time of interview, participants were aged between their early 60s and mid 70s and living in the UK.

Participants' involvement in the Gurkha Justice Campaign varied in duration and form, including hunger strikes, legal action, welfare organising, lobbying, and community mobilisation. They wrote down their motivations for taking part in the campaign as: seeking

equal rights, addressing discrimination by the British government, and honouring of ancestors who fought in the world wars.

To protect anonymity in a small, tightly connected Gurkha and Nepali community, individual profiles are not given in detail. Instead, aggregate demographic information is summarised in Table 10 to minimise the risk of deductive disclosure, particularly given the public roles some participants hold. Although only aggregate information is presented here, comprehensive demographic data were collected using a pre-interview demographic form (see Appendix D).

Eligibility for participation was defined using specific inclusion and exclusion criteria, as shown in Table 11.

Table 10: Demographic Summary of Participants

Category	Summary
Age (at time of study)	Early 60s to Mid 70s
Years of Service	15 to 33 years
Regiments	The Queen's Gurkha Engineers The Royal Gurkha Rifles
Places Served	Hong Kong, Brunei, Malaysia, Singapore, UK, Nepal, Canada, USA, Australia, New Zealand, Fiji, Norway, Kenya, Belize, Cyprus (UN), South Korea, India
Years Active in Campaigns	Early 1990s to present
Forms of Activism	Hunger strikes, legal challenges, lobbying, welfare organising, community leadership, protest coordination

Table 11: Inclusion and Exclusion Criteria for Participant Selection

Inclusion Criteria	Exclusion Criteria
• Gurkha veteran (must have served in the British Army) • Currently ongoing involvement in Gurkha Justice activism • Willingness to participate in a face-to-face interview • Consent to audio recording	• Not actively involved in the Gurkha Justice Campaign

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3.5 Recruitment

Initial recruitment began with a poster (see Appendix E) circulated via Gurkha Equal Rights, a grassroots group involved in promoting this cause. However, this approach yielded no responses. This may have been due to the formal and impersonal nature of the poster, as well as the sensitive context surrounding Gurkha activism. Reflecting on this, I recognised that unfamiliar or institutionally framed outreach may not generate trust within politically active or marginalised communities even when the researcher holds insider status.

A relational approach then followed. Through my secondary supervisor's networks, I was introduced to a Gurkha veteran who later invited me to a Gurkha Justice event hosted by the Federation of Nepali Journalists UK. This in-person context enabled direct dialogue, allowing me to explain the research aims and build trust with potential participants. From there, recruitment proceeded via snowball sampling. This is also consistent with NI and culturally situated forms of trust-building (Clandinin & Connelly, 2000).

I remained aware that snowballing could privilege more visible or publicly engaged activists. While the sample was not intended to be fully representative, it did end up including a range of activist experiences and military backgrounds.

3.6 Ethical Considerations

Ethical approval for this study was granted by the University of Hertfordshire Ethics Committee (UH Protocol Number: 0405 2024 Nov HSET; see Appendix F). A risk assessment was carried out using the University's Life and Medical Sciences protocol (see Appendix G).

Key ethical considerations are outlined below under informed consent, confidentiality, data protection, remuneration, and risk of distress.

3.6.1 Informed Consent

Participants were provided with a participant information sheet (see Appendix H) and consent form (see Appendix I) written in both English and Nepali. This outlined the research aims, participation details, voluntary involvement, and the right to withdraw. Written consent was obtained before each interview.

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To support understanding and build rapport, I conducted pre-interview phone calls with each participant. These calls allowed participants to ask questions, clarify expectations, and raise concerns. They were also important for establishing relational trust and ensuring that consent was an ongoing process.

3.6.2 Confidentiality

Confidentiality was a key concern due to the public roles some participants held within the Gurkha Justice campaign. Given the close-knit nature of the UK Gurkha and Nepali community, there was a risk that participants could be identified.

To mitigate this, I anonymised all participant data with pseudonyms and removed identifying details including regiments, ranks, hometowns, and specific roles in campaign events. While this reduced some contextual information, it was essential to protect participants' privacy.

After writing each narrative, I followed up with a post-interview call to ensure participants were comfortable with how they might be represented. No concerns were raised during this, and several participants shared feeling empowered in sharing their stories. I emailed each participant their narrative for review and invited feedback. Some provided feedback and suggested minor amendments or additions. These comments were integrated into the final version, which further supported the co-constructed and dialogic nature of the research process.

3.6.3 Data Protection

All data were handled in accordance with GDPR and University of Hertfordshire policies. Audio recordings, transcripts, and reflexive notes were stored on a password-protected OneDrive account accessible only to me. I transcribed each interview and identifiable information was removed during this process. A separate encrypted file linking pseudonyms to real identities was securely stored and deleted at the study's conclusion.

3.6.4 Remuneration

Each participant was offered a £20 voucher as a token of appreciation after their interview. I chose not to mention this offer in advance to respect cultural norms around voluntary

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participation, particularly in discussions of justice, memory, and identity, where upfront payment might be uncomfortable in the Nepali cultural context.

Several participants declined the voucher and requested it be donated instead. I donated the equivalent amount to the following charities: The Gurkha Welfare Trust, SSAFA, and The Forgotten British Gurkha.

3.6.5 Risk of Distress

I was acutely aware that this study explores deeply personal and politically charged experiences still ongoing for participants, inviting reflection on current injustices that could provoke emotional responses.

To mitigate harm, interviews were structured as open-ended narrative conversations, giving participants control over what to share, skip, revisit, or pause. This approach aligned with both NI and ethical research with vulnerable populations. At the end of each interview, I provided a debriefing sheet with mental health resources (see Appendix J).

I reflected on the ethical tension of inviting participants to share pain not yet socially or institutionally acknowledged. I recognised that storytelling could be both empowering and exposing, especially in the context of activism, trauma, and marginalised identity. These reflections shaped how I conducted the interviews and interpreted the narratives.

3.7 Data Collection

All interviews were conducted face-to-face between October and November 2024.

Interviews were flexible, respecting participants' comfort and autonomy, and interview locations were chosen by participants. This approach aligned with the relational nature of NI.

It is claimed that interview settings shape power dynamics, participant comfort, and data quality (Elwood & Martin, 2000; Liamputtong, 2010). Flexibility is key to ensuring openness, especially in cross-cultural contexts. An overview of the interview schedule is provided in Appendix K.

A procedure flowchart of the study is provided in Figure 3.

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3.8 Narrative Analysis

This study used narrative analysis to explore how Gurkha veterans make sense of their experiences with mental health, activism, and justice. Stories were viewed as socially situated acts of meaning-making, revealing how identity, power, and history intersect in participants' lives.

Riessman's (2008) typology of narrative analysis: thematic, structural and dialogic/performative was followed. These approaches were applied through Postcolonial Theory and CRT lenses, which offered critical perspectives for interpreting how narratives are shaped by racialised exclusion and colonial legacies (see Appendix L). The lenses informed interpretation and reflexive positioning, while the analytic process itself remained grounded in Narrative Inquiry. The three levels of narrative analysis and their corresponding theoretical applications are summarised in Table 12.

3.8.1 Data Familiarisation and Transcription

I transcribed all five interviews verbatim with bilingual elements in Nepali and English. Jefferson Notation was used to capture tone, pauses, and emotion in the transcripts (Jefferson, 2004, see Appendix M). Nepali terms were preserved without direct translation.

Transcripts were reviewed repeatedly, and I re-listened to recordings to remain attuned to tone, silence, and rhythm, which are often lost in writing. Reflexive notes documented my emotional responses, which informed the analysis.

3.8.2 Thematic Analysis – What is being said

This stage focused on identifying core meanings and recurring themes in the narratives, such as injustice, sacrifice, exclusion, and collective pride. Themes were grounded in cultural values, activist histories as well as postcolonial and racialised experiences of being Gurkhas.

3.8.3 Structural Analysis – How it is being said

Here, I looked at the narrative form, including how stories were sequenced and structured to create emotional impact such as turning points and evaluations (see Appendix N). Bilingual storytelling provided insight into how language and cultural register shaped tone and

emphasis, revealing narratives of resistance as well as evolving senses of belonging over time.

3.8.4 Dialogic/Performative Analysis – Why and for whom it is being said

This layer explored the interactional and performative function of storytelling, examining how identity was performed in relation to me as a British Nepali researcher and to broader audiences. Stories were seen as social actions, used to position the self morally and politically. Veterans often performed strength, dignity, and collective injustice, engaging cultural memory and activism.

Table 12: Narrative Analysis Methods and Theoretical Lenses

Method of Narrative Analysis	Description of Analysis	Theoretical Lens Applied
Thematic	Focuses on *what* is being said. The content of stories, core meanings, and recurring themes in participants' narratives.	**Postcolonial Theory**: Supports thinking around how colonial legacies are embedded in lived experience and meaning making. **CRT**: Supports thinking around themes of exclusion, racialised belonging, and injustice are narrated.
Structural	Focuses on *how* the story is being told such as its organisation, sequencing, rhythm, and narrative flow.	**Postcolonial Theory**: Narrative gaps and disruptions as legacies of displacement and historical erasure. **CRT**: Narrative structure reflects identity under racialisation (e.g. silence, emphasis, repetition).
Dialogic / Performative	Focuses on *why* the story is being told this way, for what purpose, and in relation to which audience. It explores how identity is performed and meaning co-constructed between speaker and listener.	**Postcolonial Theory**: Storytelling as cultural and political resistance; reclaiming agency in a colonial/postcolonial context. **CRT**: Counter-storytelling, voice, audience, and resistance.

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Figure 3: Procedure Flowchart

Research Design
Narrative inquiry framework
Social constructionist epistemology
Ethical approval obtained: University of Hertfordshire

↓

Consultation with Expert by Experience
Review of interview design and inclusion/exclusion criteria

↓

Participant Recruitment
Initial poster via Gurkha Equal Rights (no uptake)
Recruitment through community events and snowball sampling

↓

Pre-Interview Contact
Phone call with each participant
Opportunity to ask questions, clarify process, and build trust

↓

Data Collection
Face-to-face interviews (October to November 2024)
£20 voucher offered (some donated to charity)
Debrief sheet provided

↓

Transcription
Verbatim transcription by researcher
Jefferson Notation and reflexive notes included
Bilingual transcripts (Nepali English)

↓

Follow-up Contact
Discussion on anonymity
Participants reviewed narratives and provided feedback

↓

Data Management
Data anonymised and stored on UH OneDrive (password-protected)
Access limited to the researcher

↓

Data Analysis
Narrative analysis (Reissman, 2008)
Postcolonial Theory and Critical Race Theory lens
Reflexive journal maintained

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3.9 Quality of the Current Research

The quality of this study has been assessed using Tracy's (2010) Eight Criteria for Excellent Quality Framework. The full assessment is presented in Table 13.

Table 13: Quality Assessment of the Study

Criteria	Evidence
Worthy Topic?	The SLR highlights while research has explored the psychological impact of activism on veteran marginalised groups, Gurkhas remain largely absent from this discourse. This study addresses a timely and significant gap by exploring how Gurkha veterans narrate their mental health experiences in the context of long-standing pursuit of justice. It is politically relevant, socially necessary, and contributes to a more inclusive and decolonial understanding of veteran wellbeing.
Rich Rigour?	The study outlines its epistemological and ontological foundations, and how these shaped each stage of the methodology. NI was chosen for its cultural and experiential congruence. Interviews were conducted in participants' preferred language(s), and the fluid bilingual structure was retained during transcription and analysis. Pre-interview contact helped build trust and clarify expectations. Snowball sampling allowed relational access. Multiple layers of narrative analysis (thematic, structural, dialogic/performative) were used and guided by Riessman's (2008) narrative analysis. Reflexivity and attention to linguistic nuance were maintained throughout.
Sincerity?	Reflexivity was central to the study. I kept a reflective journal to document assumptions, emotions, ethical tensions, and interpretive decisions. As a British Nepali researcher, I critically engaged with my insider-outsider position and its impact on relationships, data interpretation, and ethical responsibility. Translation was treated as a non-neutral, interpretive act. My interpretations were also reviewed by my Nepali-speaking supervisor, who has extensive experience in Gurkha and Nepali diaspora research. This helped to maintain cultural and linguistic integrity.
Credibility?	Credibility was supported through thick, culturally embedded description and layered narrative analysis. Interviews were conducted and analysed in both Nepali and English to preserve tone and cultural meaning. Jefferson Notation captured paralinguistic and emotional cues. Individual narratives were reviewed by participants through post-interview follow-up calls to address any concerns around anonymity only. Translations and interpretations were double-checked by my Nepali-speaking supervisor, though dialectal variation may have still led to partial meaning loss. Reflexivity, transparency, and dialogic checking supported the trustworthiness of the findings.

Resonance?	Findings are embedded in broader cultural, political, and historical contexts. The use of culturally specific idioms, Nepali storytelling practices, and bilingual expression enhanced resonance with both insider and outsider audiences. Quotes were selected for emotional depth and cultural richness.
Significant Contribution?	The study contributes on several levels. Theoretically, it advances understandings of mental health experiences of activism and justice in an underrepresented, and minoritised population. Methodologically, it also shows that NI can work well, bilingually and reflexively in cross-cultural contexts. Practically, it offers insights into the lived experiences of Gurkha veterans, with implications for veteran mental health services, political recognition, and culturally attuned research practice.
Ethical?	Ethical approval was obtained from the University of Hertfordshire. Ethics were addressed at procedural, situational, and relational levels. Bilingual consent materials were provided, and pre-interview calls helped clarify participant rights and allow questions. Anonymisation strategies were carefully applied due to the risk of deductive disclosure in a small, interconnected community. To further safeguard anonymity, post-interview follow-up contact was used to share individual narratives, and all participants confirmed they had no concerns about identification. Interviews were conducted with emotional and cultural sensitivity, and bilingual debriefing materials with mental health resources were provided.
Meaningful Coherence?	The study maintained coherence across its research questions, theoretical commitments, and methodological design. NI shaped the entire research process. Reflexivity and ethical sensitivity were structurally embedded in how knowledge was produced, interpreted, and communicated.

3.9.1 Member Checking

Member checking is considered not a routine step in Narrative Inquiry (NI); Riessman (2008) notes that some narrative projects "go a long way beyond member checks" and that "member checks…are not the same as establishing 'validity'," because stories evolve and participants may not agree with the researcher's interpretation. Caution must be taken against treating member checking as a form of verification but acknowledges that it can be used reflexively within the relational and dialogic nature of NI.

In my study the sole purpose of member checking was to safeguard anonymity. Each participant received a draft of their individual narrative and was asked to confirm that they

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had no concerns as to how they were represented, particularly in regards to identification. All participants raised no issues, with one participant suggesting minor grammatical which did not alter substantive content. No narrative structure, plot, or thematic emphasis was changed. The member-checking process here was to serve an ethical function, not reshape stories.

3.9.2 Language, Translation, and Interpretive Validity

All interviews were conducted bilingually in Nepali and English by me. Interviews moved fluidly between Nepali and English depending on how participants chose to speak and the emotions they wished to convey. The transcriptions and analysis were similarly bilingual as I engaged with the data in the language in which stories were originally told. This allowed meanings to emerge in their most authentic form. Therefore, language was not viewed as neutral but as shaping meaning, emotion, and cultural nuance (van Nes et al., 2010).

I made a decision to not use translators as I felt that involving an external person could risk distancing the process from the relational and cultural familiarity that shaped the interviews and analysis. Translating personally allowed me to maintain a sense of continuity and intimacy with the data. This process also became part of my reflexive engagement. It encouraged me to notice how language, culture, and power intersect in meaning-making. Also, how my own bilingual position shaped the ways I interpreted and represented participants' voices. Preserving the bilingual structure allowed shifts in tone, idiom, and emotional nuance to remain intact.

Younas et al. (2021), Yunus et al. (2022), and McKenna (2022) argue that translation can risk the loss of meaning, and the inclusion of original language quotes is essential to maintain cultural integrity and interpretive accuracy. English translation was introduced during writing of the findings; for this, I tried to prioritise emotional and conceptual integrity over literal equivalence. Interpretive validity was further strengthened by review from my secondary supervisor, who is a fluent Nepali speaker with extensive experience in Gurkha and Nepali diaspora research. This added an additional layer of cultural and linguistic accountability. However, both of us also remained mindful that linguistic and ethnic variation within Nepali, such as dialects and regional idioms, means no single translation can fully capture the complexity of what was spoken.

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Overall, translation was treated as a complex interpretive act throughout the data analysis process. By treating language and translation as ethical and epistemological concerns, this approach aimed to preserve participants' voices and ensure the trustworthiness of the analysis through transparency, cultural specificity, and dialogic interpretation.

CHAPTER FOUR: FINDINGS

4.1 Chapter Overview

In this chapter, I present the findings, starting with the individual narrative accounts of each participant, followed by collective storylines that emerged across interviews. Points of convergence and divergence are highlighted to reflect both shared and unique aspects of experience.

Participant quotes are presented verbatim, including code-switching between Nepali and English. Original grammar and phrasing in English are retained to preserve the authenticity and performative quality of the storytelling.

Nepali quotes appear in italics, with English translations in plain text. Where English is italicised, this represents how participants spoke in English

4.2 Individual Stories

This section presents the individual stories of the five participants, in the order in which they were interviewed.

4.2.1 Biman

Biman is a retired Gurkha veteran in his 60s. I met him in a community space in a town with one of the largest Nepali communities in the UK. A prominent part of Biman's activism was his participation in a hunger strike, which challenges the postcolonial script of the obedient and grateful Gurkha (Caplan, 1995). Instead Biman offers a story of resistance, and survival.

At the centre of his story is moral injury: the denial of rights is felt not as a policy failure but as a betrayal by institutions he once served. It is also a critique of colonial legacy of the continuation of imperial logics that render the service of racialised soldiers valuable only in war, but disposable in peace.

hamro pitri harule tetro 200 barsha ladai garda pani…nyaaya payena

Our ancestors, despite fighting for as long as 200 years, still haven't received justice

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Drawing on Herman's (1992) theory of complex trauma, Biman's disillusionment reflects the cumulative effect of chronic institutional neglect. His experience illustrates what van der Kolk (2014) describes as the embodiment of trauma, where the body becomes a site where historical violence is stored, expressed, and sometimes resisted.

During his hunger strike, Biman experienced severe physical deterioration, dangerously high blood pressure, disorientation, memory loss as well as psychological symptoms such as paranoia and hypervigilance.

> *tyo belaama ma mentally ra physically ekdamai kamjor bhayo weak bhayo….Yahaan samma ki, mero blood pressure 200 hundred baai 100. Sugar level zero. Memory power only 10 percent*

> At that time, I became extremely weak, both mentally and physically. To the extent that my blood pressure reached 200 by 100. Sugar level zero. Memory power only 10 percent.

He suspected institutional sabotage during his treatment, refusing interventions without verified proof.

> *Tara malaai tyhaan nira eutaa DAR ayo…Yedi ma hospital gaen bhane, malaai poison diyera po maarchhan ki? (2.0) Mero suspect tyahaa nai thiyo.*

> But at that moment, I sensed a worst fear…If I go to the hospital, will they poison and kill me? That was my suspicion

These responses, while clinically unusual, are psychologically coherent within the context of systemic neglect and historical mistrust. As Herman (1992) and Kirmayer et al. (2007) note, trauma responses that may appear irrational through a clinical lens are often deeply rooted in survival strategies shaped by social and historical conditions.

Yet his suffering is not presented as passive. The hunger strike is strategically staged to force institutional recognition. The arc of his story which goes from escalation to near-death to survival is a deliberate narrative structure. It is his way to make pain legible.

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Yedi ma more gaye bhane, maile sakdina bhane ta mero bhok hadtaal baseko matlab audena::a. Tesai ko lagi pani ma baachnu parchha ... something I have to do until my last breath, until I get justice.

If I were to die, if I said I can't do this then there's no point of doing the hunger strike. That's why I have to survive…something I have to do until my last breath, until I get justice.

What carries him through this ordeal is *aatmabal* ("spiritual strength"). It refers to the deep, inherent power and vitality of the *Atman*, which is the true self or spiritual essence within a person. This inner force is seen as the source of resilience, willpower, and the capacity to endure hardship. Biman links his *aatmabal* directly to the blessings of his Gurkha ancestors and God.

Mero aatmabal le gardaa kheri ma (.) ma pitri haruko aashirvaad le gardaa kheri maa (.) Bhagwaan haruko kripaa le gardaa kheri ma baache (.) Ahile malaai URJA milyo (.) ek kisimko POWER milyo.

It is due to my inner strength, the blessings of [my] ancestors, and the grace of the god that I survived. Now, I have received energy - a kind of POWER.

This is not simply "willpower" but what he describes as a tangible force. His spiritual practices, which include imagined warmth in the cold, or cooling during heat, serve both as coping and resistance.

For example, ma pani pareko belaamaa maile ke soch the (.) wow ma chai ekdam garmi bhaako belaamaa air conditioning room ma basi raheko chu…⤒CHARKO ghaam laagaeko belaamaa…NO malai gham le pole ko chhaina, ma chai aile air conditioning room ma basi raheko chhu (1.0) TYO KALPANA GARNU parchha

For example, when I was about to faint, I would think, 'Wow, I'm sitting in an air-conditioned room on a very hot day… the sun is scorching… But no, the sun isn't burning

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me [because] I'm actually sitting in an air-conditioned room right now. That's what you should imagine.

These practices, often rooted in ritual and visualisation, echo trauma-informed grounding techniques. They exemplify what van der Kolk (2014) describes as the imagination's role in trauma recovery. However, for Biman, they are more than therapeutic as they are also acts of ancestral remembering. It is far from being abstract as he speaks of it as something tangible and summoned that kept him alive.

Jaba willpower cha (.) ma garchu, sakchu, (0.5) ma back to same (1.0) condition maa ma hunchu bhane ra afai afailai nai ENCOURAGE (1.0) gardai gae pachi rebuild hudo rahecha. Yo ekdamai maile anubhav gare

When there's willpower…when you constantly encourage yourself that I will do it, I can do it, I will return to the same state as before, rebuilding is possible. This is something I have truly experienced.

Drawing on Lazarus and Folkman's (1984) stress and coping theory, Biman's spirituality functions as emotion-focused coping. It is a mechanism for managing distress that cannot be immediately resolved. Simultaneously, his narrative reflects Antonovsky's (1987) idea of *salutogenesis*, where he sustains a sense of coherence by finding meaning in his suffering and seeing it as part of a bigger, moral journey.

maile ke samjhethen ⇑ancestor (.) Gurkha ancestor lai samjhinthen↓ vishwoyuddha pahilo bich pratham vishyuyuddha dosro vishvyuddha lagaayat Falkland War, Afghanistan War pani hamro Gurkhali le ladyon ta (.) ⇑nyaay paaena ta (.) ⇑Equal paaena ta (.) ⇑Equal treat bhayena ta (.) Tripakshiya sandhi anusaar equal treat hunnu parni tyo ta equal treat bhayena. Aba yo equal treat hunu parchha⇑, hijo mareko ladai gareko jijjubaje haru ko aasirbaad maile paaunu parcha. uhaanko kripaa paaunu parcha ra uhaanle napaae pani uhaanko santati harule nyaay paaunu parcha. Jo ahile survive bhayeko bhupuharu chha unle NYAAY paaunu parcha.

What I remembered were our Gurkha ancestors. In the First World War, the Second World War, the Falkland War, and the Afghanistan War, our Gurkhas fought. But they didn't get justice. They didn't get equal rights. They weren't treated equally. According to the Tripartite Agreement, there should have been equal treatment but that didn't happen.

Now, that equality must be realised. I must receive the blessings of our forefathers who fought and died. I must be graced by them and even if they did not get the justice, their descendants must receive it. Those surviving veterans must get justice.

In his view, the protest was not a conclusion, but a continuation.

↑tyo mission maa adig rahanu…AFNAI mission maa ho, mission chha (.) vision chha

Stay firm in that mission… It's your own mission, you have a mission, you have a vision His identity is forged not only through what he endured, but in how he reframes that suffering as part of a moral mission. The body, in his telling, becomes a political document and one that institutions must confront.

Ma mornu hundaina, ma kamjor hunu hundaina. Maile ghosanaa gareko, ma aafai bhok hartaal baseko yesko laagai, jaba samma haamile nyaaya paaundainu, taba samma ma BALIYO hunuparcha…Aafai le rojeko misson aafai le puraa garnuparchha.

I must not die; I must not become weak. I declared this myself, and I began this hunger strike for a reason. Until we receive justice, I must stay strong… I must complete the mission I chose

Biman ends his account with conditional hope. He sees opportunity in institutional shifts, particularly the election of a new government, but remains grounded in procedural accountability and a sense of intergenerational urgency. His narrative is both personal and collective; they are stories that shape identity, carry history, and speak to power.

Ma (1.0) campaigner pani ho, Gurkha pani ho, pidit pani ho (.) Aba yesai ko laagi chaain ajha maile eutaa mission tayaar paarera tyo mission ma hindiraheko chhu

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I am a campaigner, a Gurkha, and a victim. Now, for this reason, I have prepared a mission, and I am moving forward with that mission.

4.2.2 Nawang

Nawang is a Gurkha veteran in his 60s. We met at a Buddhist community centre. After struggling to find a quiet space there, he suggested we move to a nearby venue. This was a welfare office established by and for Gurkha veterans. The shift in location was symbolic as we conducted the interview in a space historically shaped by the very activism his story evokes.

Nawang began his story by recalling his enlistment in the British Army at the age of eighteen. This decision, he explains, was shaped by cultural and familial expectations.

Jaba ma chaai athaara barsha umer pugeko thiyo, ra tyo belaa chai aba haamro eutaa Nepal ko ma generation haru nai Gurkha Army ma bharti hune chalan thiyo, chai Indian army ani British army ma. Ra tyo belaa mero choice bhannu athavaa mero baba ko choice chaai British army ma bhaarti hos bhanne uhaan ko chahana thiyo.

When I turned eighteen, it was a tradition among [our] generation in Nepal to enlist in the Gurkha army either in the Indian or British army. At that time, it was both mine and my father's preference that I join the British army.

In this way, recruitment was embedded within a generational script. Gurkha recruitment itself can be argued to be a colonial construct because it is shaped by imperial ideas that turned military service into a tradition and thus ensured a steady, obedient supply of soldiers for British rule (Caplan, 1995; Des Chene, 1991).

From the outset, Nawang faced visible inequality including separate accommodation, uniforms, food, and forms of respect.

uniharuko (0.5) dulne, khaane time (.) aba lagai chaai dress haru pani bhinnataa thiyo. Ekdamai bhinnataa. Uniharu ekdam swasthya sanga hinthyo bhane hamro chai tyo ke thiyo bhane, tyo jun Army ko tyo pida Gurkha chaai niyam bhitra hamile garnu parne (.) hindnu parne hoina. Aba hamile tyo poshak haru anusar garnuparne garda kheri ani yo

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eutai camp bhitra basne kina alikati farak hola yo hamro bhanne teyti belai suru bhayo (.)
Teyti bujhdai janda kheri aba una haruko chaai talab bata suvidha hune talab chha
bhanne kura haru bistarai chal paundai gayo.

Their [British soldiers] time to hang out and eat were different. Even their clothing too was completely different. They moved around looking fit and healthy, while for us, what it was that we had to take the pain of performing things within the strict army rules. Now, when we were made to follow their dress code that's when the thought arose: why is there different treatment to us while we are living in the same camp? As I understood more, it became clear that they were getting better pay with more benefits attached.

Even within the same military, policies diverged as British soldiers operated under the Queen's Regulations, while Gurkhas were governed by brigade-specific rules.

Eutai nation ho bhane kina yesto farak?

If we are one nation, then why such disparity?

Euta Queen's regulation bhanthyo, tyo hunu parne laagau hunu parne chai Queen's
regulation ho. Haina? Hami lai kina bhanne hamile ta Queen's ko jagir gardai thien ta.
Tara hamile chaai tyo euta Brigade of Gurkha le chaai tya afai le euta tyo manpower
agency jastai garera unle afainle policy banauda raincha tya. Tyo policy chaai tyo yahan
chaai ke belayat ko (0.5) tyo law ma chaai tyo chaai illegal ho (1.0) Illegal hoi yo tyo.
Haina? Teskaran le ⇑teysari uhan harule chalaeko raichha, garda kheri hami chaai ke ho
bhane (1.0) sansarma ladai garera (1.0) sansar lai (1.0) belayat le afno upnivesh banayo.
Gurkhali ko karanle garda (.) ani bahaduri pani uniharule diyo. Tara ke ho bhane
hamilaai talab (.) suvidha (.) bhatta jun discrimination thiyo ra facilities ma hamro chaai
discrimination thiyo tyo ta aakash patal ko farak (.) Ekdamai farak.

There was something called the Queen's Regulation, something that should be followed, right? Why not for us? After all, we were serving under the Queen. But for us, the Brigade of Gurkhas acted like a separate manpower agency, creating separate policies on its own. And those policies, under British law are illegal. This is illegal. Aren't they?

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They operated like that, and we fought wars across the world while Britain turned much of it into colonies. It was because of the Gurkhas, who showed bravery too. But what is the matter of fact is that when it came to pay, allowances, facilities - we faced discrimination. The difference [between British soldiers and Gurkhas] was vast. An enormous difference.

For him, this was the lived reality of racialised difference within an institution that claimed unity. The Union Jack, once a symbol of duty, becomes a symbol of exclusion.

Tyo maharani ko Union Jack chhuyera haami kasam khaanchaun. Ani kina holaa bhanne bho.

We [too] swear an oath by touching the Queen's Union Jack. But I wondered why the discrimination?

These rhetorical questions mark a turning point. It can be considered an early form of critical consciousness (Freire, 1970), where contradiction becomes insight. The military, meant to represent unity, instead causes harm, enacting what Herman (2015) calls a rupture of trust in protective systems. This also reflects Fanon's (1967) view that alienation often precedes political awareness. In response, Nawang begins telling his story not from within the institution, but against it.

One of the most powerful moments in Nawang's narrative came through a metaphor.

Hamilai chai eti PIDA chha… ⇑Eti PIDA chha…mutu ma goli gadera (.) tyo goli nikaalna naskera tinai ghaau bhaisakaya ke hami chaai (.) ↓Eti pida chha.

We are in so much pain… so much pain. It's like having a bullet stuck in our heart. And because that bullet can't be removed, it has become a wound. So much pain.

Here, Nawang frames injustice as a persistent, embedded wound. It is not historical but lodged in the present: physically, socially, and psychically unresolved. As van der Kolk (2014) argues, trauma often embeds itself in the body when unprocessed.

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After retiring in his early 30s and returning home, he described his post-service life in Nepal on a small Gurkha pension as a growing suffocation.

Sabai nani haru syano thiyo. Tyo nani harulai education padhaunu parne…Sahar maa Sahar bazaar ma base pachhi, aba sahar bazaar ko chaai maintain garnuparne gardaakheri mero jammaa (1.0) pension chaai teyti belaa (0.5) Nauso Teytis [Nepali rupees] thiyo…⌈matrai nauso tetis (1.0) Ani nani ko fee ra tyhan ko rahan shahan tya hanko tirne tapain ko sabai utility bill haru hunchha ta yaha, ani hamro food (.) usko lagai ra nani haru padauna lai tyo malai chaai tyo ke ho bhane (.) Aba ghati ma paso lage jasto honta (.)

All my children were small. I had to educate them…After moving to the city, I had to maintain a city lifestyle. But my pension at that time was only 933 [Nepali rupees]. Just 933. Then there were fees for the children and cost of maintaining local lifestyles, all your utility bills here, and our food. To provide for that and educate the kids, for me, it felt like a noose tightening around my neck.

With a family to support and inadequate pension income, Nawang migrated to Brunei for work, again under a Gurkha structure. There, he encountered another form of systemic neglect in the form of expired military equipment being repurposed to Gurkha reserve units.

ETI::I dherai ke eti dherai discrimination.
So much. So much discrimination.

Rather than yield, Nawang transformed pain into political energy. In Brunei, constant surveillance and intimidation led to the detention and deportation of fellow campaigners. For Nawang, however, activism offered not only personal clarity but also a powerful sense of solidarity. What might have remained a source of clinical distress instead ignited collective mobilisation. As he recalled:

Sa'yog garne bhanda bhandai kasto bhayo bhane sabailai tyo bhanne ra tyhan hamile chaai tyo motivation garda kheri sabai tyhan chaai ek ek prakarko ke bhane tyo chai ubhar ayo tya ta. Eti jana Chetana ayo ki jagira chhodne ra je gari ni hami le andolan

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garnu parchha bhane [ma] pugaen. Tyo ta euta GRU Gurkha reserve unit bhanni ra euta gora harule chaai establish gareko Brunei sarkar ko lagi euta ʃpaltan nai ho (.) Ex haru ko laagi. Tara tyo camp bhitra nai testo bhayo hamro bhaepachi tyhan andolan haru andolan hunda kheri hamro sathi harulai pakdera lane bhayo (0.5) Nepal. Tya bata lane bhaye. Teysma ma pani pare (.) tara tesai chop one chop two chop three bhanera chhutaya ko chha. Tara chop one ma hamro egara jana sathi pare (.) ani chop two chop three DHERA::I jana maanche bhitra aaer tyo campaigner harulai chaai chhanera pathaune uni harule.

What happened when we were thinking about offering the support, and we asked everyone for help and motivated them it resulted in a kind of tide. There was awareness in many people that we came to a conclusion that we should launch a protest even if we had to leave our jobs and do whatever necessary to survive. That was a unit called the GRU (Gurkha Reserve Unit), established by British officers for the Brunei government - a full platoon of ex-servicemen.

But after we arrived, protests started inside the camp. And during those protests, many of our friends were arrested and taken back to Nepal. I was one of them. Then, they separated us under 'chop one', 'chop two', and 'chop three' groups. In 'chop one', eleven of our friends were taken. And in 'chop two' and 'chop three', many of them came inside [the camp] to single out campaigners and sent them away.

This awakening was not isolated. Rather, it emerged collectively, through shared pain and shared recognition of injustice. As Lazarus and Folkman (1984) describe in their theory of problem-focused coping, such action represents an adaptive response: regaining control through purposeful effort. In this way, activism became more than protest. It was a structure that offered moral meaning, restored agency, and forged routine amidst repression.

In the UK, Nawang's activism escalated. He worked alongside other campaigners to challenge pension discrimination, settlement rights, and immigration policies. When storying, Nawang often used legal terms like "Queen's Regulations," "brigade policy," and "settlement thresholds," and implied how these were not neutral, but rather tools meant to hide and maintain institutional racism. When he recalls the denial of settlement to the late Victoria

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Cross (VC) recipient Tul Bahadur Pun[13]. He mimics the rejection letter in broken English, mocking the absurdity of the decision:

> *Reject kina garyo reason ke ho bhanda kheri Tul Bahadur Pun VC (1.0) ((switches to English)) has not (1.0) the strong tie with (1.0) British government (1.5). That's why we reject (1.5) him (1.0) to settlement right bhane thiyo ⇑VC paune manche le kasari tyo strong tie hudena? Ani harek dui tin barsa ma chaai Buckingham Palace ma aaera chaai uslaai tyahan VC ko tyo abhinandan garthyo ⇑haina? bhanepachi kasari strong tie chaina bhanne kuraa tyo lekhna sakchha (.) Tyo sabai bhanda highest honour tyo VC ho (.)*

The reason they gave on why Tul Bahadur Pun VC's application for settlement was rejected is that Tul Bahadur did not have enough ties to the UK. But how could someone who received the Victoria Cross not have a strong tie? Every two or three years, he would be invited to Buckingham Palace and honoured in the name of the VC, right? So how can anyone write that he lacks a strong connection? The VC is the highest honour of all.

This aligns with the concept of mimicry in postcolonial theory. Bhabha (1994) describes as "almost the same, but not quite", when the colonised imitate the language or behaviour of the coloniser, but with subtle difference or irony that exposes the system's contradictions. Hence, by repeating the language almost exactly, Nawang uses mimicry as a form of performative irony. In narrative psychology, this can also be considered a counter-narration, where retelling of personal or collective experiences that challenge dominant stories and help restore a sense of voice, meaning, and agency (Bamberg & Andrews, 2004; Andrews, 2007).

Moreover, Nawang's story offers an intersectional critique to oppression. His activism extends beyond colonial injustice to caste-based hierarchies he witnessed growing up as young boy in Nepal. He touched on caste discrimination to illustrate how deeply embedded social injustices shaped his awareness from an early age.

> *eti dherai nagarik vibhed thiyo Nepal ma ETI DHERA::AI vibhed thiyo ki tapai bhanera sadhyai chaina kina mero ekjana saathi thiyo (0.5) ma school jandaa kheri Kaji bhanthyo*

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[13] A Gurkha soldier who was awarded the Victoria Cross in 1944 for his bravery in Burma during World War II. He was later denied settlement rights in the UK, a decision that became a key point in the Gurkha veterans' rights campaign.

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usko naam . Tyo bato bata school jandaa kheri uhan chaai Bishwakarma hunu huncha. Ani uhanle sadhain bhari usko aama le chaai (0.5) tyahan tyo Kaji lai liyera bato ma basi [rahanu] hunu hunthyo (.) ma chai thulo thien. Uha chai sano thiyo. Ani tya dekhi nani (0.5) "yo mero chora lai school ma lagaera puryaideo ani timile farkayera lyaideu, hai?" bhanthyo ke uhale. Ani tyo chai estai falana esto arule pitchha bhanera rocha (.) Ama lai chaai teyti tyo bichara jaatiya vibhed thiena. Bichara jaatiya vibhedle tyo samajik vibhedle gardaa kheri sanskriti vibhedle garda kheri usko AAMA laai teyti pir hunthyo ↑ Ahile maile tyo mahsus garcha.

There was so much civic discrimination in Nepal, so much discrimination that it's hard to even describe. When I used to go to school, I had a friend named Kaji. He was a Bishwakarma[14]. While walking to school, his mother, she would always bring him to the road and sit there with him. I was big and he was small. And his mother would say to me from this point 'Please take my son to school, and bring him back too, okay?.' He would cry to his mother because someone would beat him up. His mother, she went through so much caste, based discrimination. Caste discrimination, social discrimination, and cultural discrimination caused her so much pain. Now, I understand that feeling.

In linking this early memory to his broader critique, Nawang challenges the idea that injustices exist in isolation. Instead, he foregrounds how systems of caste, colonialism, and economic power are intertwined. His account reflects an intersectional perspective (Crenshaw, 1989), showing how multiple oppressions overlap in lived experience. It also aligns with postcolonial feminist thought (Mohanty, 2003), which emphasises the entanglement of global and local hierarchies. Rather than isolating injustices, Nawang's narrative reveals their mutual reinforcement.

Furthermore, Nawang's reflections on mental health are subtle. Rather than using clinical language or pathologising his experiences, he speaks through the language of moral duty, endurance, and pain.

Dukkha lagcha. ↓ Dukkha lagcha, ekdam dukkha lagcha.

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[14] A lower-caste community group in Nepal, traditionally associated with craftsmanship, carpentry, and blacksmithing. Members of the Bishwakarma caste have historically faced social and economic discrimination.

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It hurts. It really hurts, deeply.

Yet even amid this, he holds onto hope.

tara malai ke lagchha bhane feri ek prakarle yo ek din (0.5) yo nibharan huncha bhanne lagchha (2.0) Kina bhane manche lai tyo euta sapana dekhiena bhane (.) tyo bipana ma tyo kaam hudaina bhancha ta. Sapana ma dekhnu parcha, tara sapana chai feri teytibela sakinchha tara pani aafule NIDAUDA dekhine sapana ra afule parikalpana garne sapana ta alag hunchha, haina? Teskaranle garda kheri yo parikalpana gareko chhu. Yo yesto garchhu bhanera tesma badha archan aunchha, teysmaa dukkha chaai asadhyai bela belama pida huncha. Pida bhayepani tesko lagi chaai aba pidaa bhaisakepachhi site lagyo bhanne pani ko le garne hunchha. Ko le garne ta?..teyska agaadi badhnu parne huncha.

But what I feel is that one day, in some way, this will be resolved. Because if a person does not have a dream, they say, the work can't come true in reality. You have to dream but there are two kinds of dreams, one is the kind you see while sleeping. The other is the kind you create through imagination. Those two dreams are not the same, are they? That's why I've envisioned this. I've told myself; I will do this. But when you decide to do something, obstacles will come. There will be struggle. At times, the pain will be immense. But even after enduring that pain - can we really just say, 'That's it, I'm done?' Who else will do it? And so, we have to keep moving forward no matter what.

Towards the end of the interview, Nawang addresses me directly:

bhaye tapai euta Gurkha family baata aunu, tapai ko bau ta victim honta (.) Baje victim ho. Haami saba::ai victim ho.

Because you come from a Gurkha family. Your father is a victim, your grandfather is a victim. We are all victims.

This moment can be framed as a form of generational witnessing, where the burden of memory is handed from one generation to the next. In trauma studies, this is known as

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transgenerational resilience. It is the idea that, along with trauma, communities also transmit strength, resistance, and moral purpose across generations (Brave Heart, 1998; Denham, 2008).

Aavaj uthaunu parcha

We have to raise our voice.

4.2.3 Ghan Bahadur

Ghan is a retired Gurkha veteran in his 70s. We met at a local community support centre. He had invited me to one of his weekly welfare sessions. These spaces support elderly Nepali migrants and their newly settled families. That day, the session addressed biometric residency permits. Some of the older attendees brought their *lal book*[15] as proof of history and identity. The setting was intimate and communal, and it provided an entry point into Ghan Bahadur's story.

Ghan Bahadur started his story by explaining that while serving in the army, he tried to stay out of activism while in the army.

While serving, obviously I didn't want to get involved. But as soon as I left the army in 1997… there's so many factions and I tried to get everybody together.

For him, activism grew from the early disunity of Gurkha organisations he encountered after retirement. This marked a narrative turning point (McAdams, 2001), where identity shifted from service to advocacy. His role moved from disciplined soldier to moral leader and narrative custodian. His push for direct political dialogue with relevant authorities shows problem-focused coping (Lazarus and Folkman ,1984) call, in this case, meeting injustice with organised resistance.

However, this strategic posture of his does not mean his story is emotionally hollow. In fact, his emotional grammar appears subtle and coded in restraint. He asserts:

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[15] A military regulation book used by the British Army to record the service details and entitlements of Gurkha soldiers. It was historically a symbol of bureaucratic control and limited recognition of Gurkha service, often used to deny veterans' rights and benefits.

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I'm not really an emotional guy, you know… I'm very practical

My wife just says 'Mero budaa [my husband] Nothing disturbs him'

This self-description fits with trauma literature on affect suppression in military cultures (Shay, 1994; Litz et al., 2009). In the Gurkha context, this stoicism is further reinforced by Nepali cultural values that emphasise emotional restraint in the face of hardship. However, this stoicism cracks when he talks about witnessing the neglect of Gurkha veterans, and their widows.

*but there are some things that I'm REALLY sentimental about. And one of the things is
THESE guys, you know, they fought in the Millennium (.) you know (.) they fought in the
Borneo confrontation (.) And they gave their all (.) A lot of them died (.) and a lot of them
widows. Yeah and and (1.0) and they were LIVING in poverty in the hills (.) you know and
I walked around and I found these guys (.) This is not on, you know,*

This can be thought of as an expression of vicarious trauma as he carries the emotional burden of others' suffering. It is also grounded in intergenerational pain.

*sometimes the other emotion that I get is my talking about my mother, who raised so many
children, you know, the hardship that did. ↑And and she spoke to me a lot of the time, you
know? (0.5) That when you, when you at the time, if you ever (.) the British have treated us
very badly. And my Mum and Dad were very, very unhappy. And they used to tell me (.)*

His language also conveys grief for veterans still waiting for justice.

*We don't know where it's going to end up ↑so psychologically in that effect, it does affect
them [Gurkha veterans]* he says of veterans still waiting on equal pensions. He describes their hope as a kind of quiet desperation.

They're hoping against hope.

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This echoes what Boss (1999, 2006) refers to as ambiguous loss. This is a type of loss that remains unclear and lacks closure and has expanded to include institutional or societal ambiguity. In this context, veterans live in a state of psychological limbo, uncertain whether justice will arrive or their sacrifice will ever be fully recognised. This ongoing uncertainty, with no clear resolution or break, creates a quiet, ongoing trauma.

His own motivation is rooted in solidarity.

> *And that's one of the reason I want to take this up.. <u>I feel for them</u>*

This aligns with what Herman (1992) calls the restoration of control and connection. It is a core element in trauma recovery. For Ghan Bahadur, speaking out is a way to reclaim power and rebuild trust with others. His advocacy is a form of moral repair. This also resonates with moral injury theory, which identifies betrayal by trusted institutions as a profound source of psychological harm (Litz et al., 2009; Shay, 1994).

Ghan Bahadur also offers a cultural critique in relation to immigration and settlement policies. He speaks of how British systems misunderstand the Gurkha familial structure.

> *This is one of the things I'm saying is at 18 years of age, Gurkhas don't fly away (.)..<u>We live as a unit</u>.*

This reflects institutional misrecognition (Honneth, 1995) and cultural bereavement (Eisenbruch, 1991). From a CRT lens, policies that appear neutral reproduce racialised exclusion through bureaucratic values that ignore cultural difference.

Ghan Bahadur's critical thinking and intellect shaped his experience in the army, but this also became a liability within the rigid hierarchies of military culture.

> *there were other people who were educated like me (1.0) But for their own reason, didn't want to, you know to speak out. Speak out… everybody has their own reason. And we can't (.) you know <u>condemn</u> them.*

Speaking out not only drew reprimand from the British officers, but also the Gurkha officers.

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Batho bhayo [acting clever] means to them (.) you're trying to undermine a sort of thing which wasn't the case. It's just that when you were asking questions, (0.5) they don't like to be asked questions (.)

His experience reflects how colonial constructs like the martial race shaped Gurkha identity (Streets, 2004; Caplan, 1995). Under this view, Gurkhas were expected to be loyal, obedient, and physically strong but not intellectual (Caplan, 1995; Streets, 2004). By questioning, Ghan Bahadur challenged this stereotype. It can be argued that the Gurkha officers' responses align with Fanon's (1967) idea of self-policing under colonial pressure. Their defensiveness may reflect survival strategies in a system where questioning authority threatened their own precarious standing.

Ghan Bahadur shared a pivotal incident, which highlighted the linguistic gatekeeping of the English language. After writing a report in English on behalf of his unit, he was publicly reprimanded.

And then he said ((knocks loudly on the table)) "THEN WHO WROTE THIS REPORT?" (1.0) And I said, I wrote the report. So, he had me in the office. And then he went on and on and on and I felt that (1.0) it's going on, that's end of my career… I told "Saheb, you know, I was, I was told to write that"~ ↑ "No, no, no ((knocks on table)) you, you being clever"

Here, English functioned as a symbol of imperial access and exclusion (Ngũgĩ wa Thiong'o, 1986). From a CRT lens, this is epistemic exclusion. It is where legitimacy hinges on racialised language norms (Dotson, 2014). He also recalls the imposition of *Roman Gurkhali*, a colonial adaptation of Nepali script designed for British convenience.

we used to write reports in Nepali and forward it (1.0) So the the British officer said "no, no, we we wanted all in English". Because they they change from Nagri[16] to Roman

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[16] A script used in Nepal, India, and other South Asian countries for writing languages such as Nepali, Hindi, Sanskrit, and others.

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Gurkhali[17] (0.5) which is using you know Roman Gurkhali using the the the and all that.
And a lot of the pamphlets in those days and instructions were also in Roman Gurkhali

This erased cultural continuity and repurposed language as a tool of control. His preservation of these materials today signals both loss and resistance.

Ghan Bahadur's anecdotes about misunderstood commands and dismissed soldiers reveal how language created systemic vulnerability, with real consequences. These stories of linguistic misrecognition highlighted broader patterns of exclusion.

I've got a collection of words…It says ↑ "Ajibar, Ajiba::ar". And we knew what Ajibar meant that you would you go, you run up to that hill and you said ↑ Ajibar then you return what it was, was as you were, you see (1.0) and they didn't know what it was as you were, you know, Ajibar and all that…there's that bit of a in the old days and there was one issue where one guy was sent home (.) because when somebody in the new duty (.) you point your rifle ↑ "Halt who goes there". ↓ So and then the the officer says (1.0) 'Ground ram' round means he's going around and what he thought was "ground arm". Ground arm means put your weapon down. ↑ So he put his weapon down because he was obeying order (0.5) to the British officer. The British officer said (0.5) he's supposed to be challenging me, he's putting weapon down. And and something along the lines something happened and he was sent home (2.0) For a simple thing like that. Yeah. Without really understanding (1.0) that he couldn't understand English, what round round meant and ground arm meant.

Yet, even as he critiques the institution, he also reflects on the camaraderie:

We HAVE been integrated in British army. We fought alongside all the Brits (.) So it's not a case we never were integrated. We were comrades in arms, you know, and right in the war, you know, it's ↑ Johnny Gurkha[18] ↓ And you know, there's, there's so many things we

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[17] A transliteration system used to write Nepali in the Roman alphabet. This retains the phonetic sounds of the original Nepali language while using the Latin alphabet.
[18] A colloquial term used historically by British officers and civilians to refer to a Gurkha soldier. Often used in a paternalistic or diminutive manner, the term reflects both admiration for the soldier's courage and loyalty, and a sense of colonial hierarchy. It has since been viewed as a symbol of both respect and racial stereotyping.

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have in common. One of the, and a lot of the books you read now by British authors (0.5)
is the sense of humour we share with the Brits. You know, we, we laugh at each other and
that sort of thing that comes to the fore (0.5) We respect each other. Yeah, that's why (0.5)
Gurkhas are still in the British Army. British government would NEVER, EVER recruit
(0.5) ANYbody unless they are equal or not better than the Brits.

This duality of both critique and affection, complicates simplistic readings of betrayal or loyalty. Instead, it reflects emotional complexity and mutual regard, even within unequal systems.

Ultimately, Ghan Bahadur frames mental health but as responsibility and collective obligation. His narrative is sustained not by personal suffering, but by care for elderly comrades, widows, and those silenced by bureaucratic systems.

↑ But it's a <u>case of</u>, you know, the speaking for those who cannot speak for themselves.
That's that's what it is (.)

His speaks of his work in welfare sessions, legal advocacy, and community organising, which become a form of trauma-informed care, not in clinical terms, but as everyday social acts of duty. These are deeply ethical, relational, and rooted in solidarity.

Legacy also matters deeply to Ghan Bahadur; he speaks about his role and contributions towards curating Gurkha history. In the future, he wishes to eventually publish a collective Gurkha history.

I mean if you see my troves of things… hard disk and all that... And so many interesting
[things] even like Khukuri[19], you know. I'm trying to do something on Khukuri[20]. And once
you start that sort of thing, you find SO many things that you never know... I've learned a
lot of things which I never, ever knew.

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[19] A traditional curved blade, or knife, that is a symbol of the Gurkha soldiers. Used both as a tool and a weapon. It holds cultural significance in Nepali society, representing bravery, strength, and honour.

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These can be considered to be acts of epistemic resistance as they challenge the historical narratives of Gurkhas within British military memory and reclaim the authority to narrate it. Through these practices, Ghan Bahadur performs what McAdams (2001) would describe as a generativity script. It is a narrative arc in which legacy, rather than grievance becomes the anchor of identity. For Ghan Bahadur, this becomes a form of healing. He transforms trauma into action, and action into legacy.

4.2.4 Sagar

Sagar is a Gurkha veteran in his 60s. His story traces a Quest narrative (Frank, 1995), beginning with post-retirement disillusionment, evolving into collective struggle, and culminating in a stance of enduring but cautious hope. His narrative is shaped by slow realisations, moral injury, and the steady construction of meaning through activism.

Upon retiring in 1997, Sagar experienced what narrative psychology terms a moral rupture, a moment of sudden ethical disorientation. It was this awakening that led him to join a Gurkha organisation.

> *I started the Gurkha campaign in 1997 once I retired from the British Army (1.0) And it was realised that (2.0) the (1.0) term and condition we serve, and then the term and condition the British people serve is quite different. Yeah. And it was not a same.*

The disparity *"eight or nine times less"* in pension value, was not only a financial injustice but for him, a moral wound. In line with moral injury theory (Shay, 1994; Litz et al., 2009), it reflects a betrayal of loyalty with racialised dismissal.

As Sagar's political consciousness developed, so did his awareness of the emotional consequences of prolonged injustice. In his story, mental health is framed as a persistent undercurrent. His mental health expressions are cautious and culturally modulated.

> *A little bit of… not really the mental thing, but a little bit of dissatisfaction… there is a always a little little mental ↑ small stress I would say stress yeah on the on the one corner of your mind*

Following Kirmayer (2007) and Summerfield (2001) research, such idioms reflect culturally mediated expressions of distress. It avoids clinical language. Sagar's suffering is not framed as disorder but as an ethical burden, a psychic residue of systemic injustice. This is not illness but rather an ethical disorientation. Rather than internalising this distress, Sagar transforms it into collective mobilisation. His activism functions as problem-focused coping (Lazarus & Folkman, 1984).

> *we campaign on the basis of should be given equal right and equal pension.*

The campaign becomes a structured mode of healing. It is his way to push back against helplessness and reassert control.

> *if we not* <u>*campaign*</u> *and then we will not achieve, haina [right]? Equal. So that is the our actually on our mental health anyway. I mean there's a sort of a sort of a disparity*

Sagar also critiques how the British military's restrictive policy for Gurkhas around family accompaniment created emotional fragmentation.

> *Six years garesakepachi matrai paunthyo ani tya bata you can only keep it for two and half year three years and then then you take back to the Nepal and then again you are, we call it Mugleshi, haina, single ho*

> Only after six years would you get it. And from then on, you could only keep it for two and a half to three years. Then you had to take it back to Nepal. And again, you were… we used to say *Mugleshi* right? It means single.

It exemplifies what Eisenbruch's (1991) theory of cultural bereavement calls a rupture in familial and communal identity, when kinship systems are systemically disrupted under institutional control. Sagar's reflection *"Nowadays people could not live that way"* signals a re-evaluation of previously normalised harm.

After migrating to the UK, Sagar continued his activism. He was directly impacted by the 1997 cut-off denying Indefinite Leave to Remain to pre-1997 retirees and was among those denied settlement rights.

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I think in 2004 (2.0) 2004 British government announced er (1.0) indefinite leave to remain those who retired from 97 er July 1ˢᵗ 1997 and but (0.5) they're not allowed the indefinite to leave to pre July 1997. So I was the pre July 1997. Yeah. So we thought that it was unfair (1.0) So that that probably er affect probably most of the (3.0) Gurkha ex servicemen's er mental health as well because you work together other and then one group got it the indefinite indefinite leave to remain, the other group didn't get it yeah like a pre 97 didn't get it

Through a CRT lens, the 1997 cut-off illustrates the racialised governance of Gurkha veterans. The arbitrary date functions as a form of bureaucratic bordering, preserving colonial hierarchies through legal technicalities. As Sharma (2020) notes, such policies reflect imperial time, where inclusion is determined not by service, but by state control over racialised subjects. This fractured Gurkha identity, dividing peers into *deserving* and *undeserving* reinforces exclusion under the guise of neutrality (Gillborn, 2006; Fanon, 1967).

Sagar's eventual reunion with his family, when they came to join him in the UK, offered some emotional repair:

I was <u>happy</u>. I'm in another world. <u>We</u> can benefit our morale

However, the core injustice remains unresolved:

our main aim was pension (0.5) Pension is still there. So pension is not <u>still</u> equal

One of the most emotionally resonant scenes is Sagar's recollection of elderly Gurkhas crying during a community meeting.

maile euta bhupu ko organise garethyo (1.0). Ani tya chai buda haru tin charso jati thiyo (1.0)…↑uniharu chai yaha ayo…Ani uniharule yaha dherai English haru nabujne ani GP jana nasakene…Ani sabai chij testo huda kheri chai (0.5)…uniharulai ekdaam ekdaam stressful ta bhayo. Ani ekdam (1.0) fikar lagyo tara (0.5) problem solving ko idea bhayena ta, haina? Ani tyantira maile tya euta MP thiyo (0.5) tyo garda kheri ta tiniharu ko agaadi

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saab royo (1.0) Tyo buda budi (.) Pakka royo. Ani TYA bata malaai pani kasto feel bhayo bhane (.) kina bhane mailaai ta mero family ta yaha thiyo (0.5) mailai ta tyo tyo manche le kati feel bhayi racha bhanni ta thaha hudena ta. And then (0.5) tyo bela maa chaai ke bujyo bhane haina really yo buda budi lai chaai samasya pare rahechha natra ta teti kai ta asu jhardena.

I had organised a group of veterans. There were about three to four hundred elderly people. They came here, but many of them didn't understand English and couldn't even go to the GP. When everything was like that, they became extremely stressed. They were really worried, but they had no idea how to solve their problems, right? At that time, there was a MP with me. And when all of this happened, those elderly men and women cried, in front of the MP. They truly cried. That's when I felt something deeply. Because my family was here, I had never really understood how much pain those people were carrying. And at that moment, I understood yes, these elderly people were facing real problems. Otherwise, they wouldn't have shed so many tears.

Though Sagar often downplays his own distress, this moment of empathic witnessing reorients his understanding. Drawing from vicarious resilience theory (Hernández et al., 2007), we see how witnessing the pain of others deepens his moral commitment rather than breeding despair.

The long duration of the struggle, its repeated bureaucratic deferrals, and the internal differences among Gurkha organisations produced a kind of chronic strain. His reflections on divisions between pre- and post-1997 retirees, or on in-group disagreements around the migration of elderly veterans, suggest that colonial logics of exclusion have not only shaped policies but have infiltrated relationships.

> *Level of understanding is different… same goal, but different ways.*

This reflects what Fanon (1963) described as the internalisation of colonial reason, where divisions within marginalised groups mirror the logic of exclusion. Some campaigners advocated hunger strikes, others preferred diplomatic engagement. Sagar critiques both the ideological fragmentation and institutional delays, which cost them.

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Pension case bypass bhayo

The pension case was bypassed.

Moreover, he situates the current pension struggle within a larger political and historical frame. He describes how Gurkhas were *bich ma rakhyo* (placed in the middle), which becomes a striking metaphor for racial liminality and institutional compromise. This echoes what Fanon (1963) describes as the internalisation of colonial logic, where inequality is normalised through layered hierarchies.

hamro Gurkhali ko chai bhindai er system thiyo, Gurkha Pension Scheme (.) Haina. Ani British ko chai Armed Forces Scheme…Ani, uniharule tyo pension pailaa settle gardaa kheri unaharule, compare with the Indian Army. …Haina, 1947 ma chai pailaa pailaa Gurkhas chaai sabai together India ma thiyo (0.5) ani pachi jaba British le India chhodne bhayo (.) 1947 ma (0.5) British India chodera aune bhayepachi. British le chaai er haami koi Gurkhali paltan laai laanchu (.) bhanera unaharule chaar ota regiment lyaayo. Tyo chaar ota regiment lyaepachhi hamilaai Malayaisa ma rakhyo (1.0). Haina. Ani Malaysia ma rakhe pachhi unaharule unaharule chaai tyo sabai ke re facilities haru sabai dinda kheri welfare facilities dindakheri chaai unaharule India ko (0.5) compare garyo. Tara India bhandaa ⌃maathi tara British ko solider bhandaa muni (0.5) bich maa rakhyo (3.0) Bich maa rakhyo (2.0) Ani tara tyo belaa maa (.) maile bujeko kati manchhe haru unhappy thiyo (0.5) campaign garyo. Tara unharu lai discharge pathaai diyo… Ahile pani seven and a half maatrai chha (0.5) pension maa chaai really bhanne [ho] bhane er three goona kaam chha hamro (1.0) ⌃Hai. TYO chaai mental effect chaai sabai lai parecha (.) Laure haru laai.

Our Gurkhas had a different system, it was the Gurkha Pension Scheme, right? And the British had the Armed Forces Scheme…And when they first settled that pension, they compared it with the Indian Army. Right? It is because before 1947, originally all the Gurkhas were together under India. And later, when the British decided to leave India, in 1947, the British said, "We will take some of the Gurkha regiments with us," and they brought four regiments. After bringing those four regiments, they stationed us in Malaysia. Right? And after putting us in Malaysia, when they gave all the… what do you say… all

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those facilities, when they provided welfare facilities, they compared it with India. But they placed us above India, and below the British soldiers - they kept us in the middle. In the middle. And at that time, from what I understood, many people were unhappy, and they campaigned against it. But those people were discharged…and sent home. Even now, it's only seven and a half. In terms of pension, in reality, our pension is three times less. That has had a mental effect on everyone, on the Lahures [Gurkha soldiers].

His narrative is layered and non-linear, moving between personal reflections and policy critique, with references to Select Committees, European Court cases, and embassy meetings This reflects his philosophy of activism as strategic engagement.

diplomatic and political talk is a solution

Nevertheless, Sagar remains focused on long-term gains and maintains optimism.

we achieve a lot like 1997 ko pension ra ahile ko pension maa er dherai pension bridhi bhako chha. Haina? 1997 ma jasto mero mero estimate chaai probably 8 times less thiyo bhane (.) ahile three times less chha (.) That is a good achievement…And it WAS something like a impossible to achieve anyway…but STILL still our equal right is not there but I should think we still campaign it.

We have achieved a lot. For example, the pension in 1997 compared to now, there's been a huge increase, right? As far as I estimate, the pension in 1997 was probably eight times less. Now it's about three times less. That's a good achievement. And it was something that seemed almost impossible to achieve anyway. But still, our equal rights aren't there yet and I think we should still continue to campaign for it.

Despite legal delays, Sagar continues to campaign. He is motivated by what can be described as critical hope (Zembylas, 2014).

Are we on the right track or not?

This recurring question captures the tension of long-term resistance. Sagar continues not because success is certain, but because justice demands effort, regardless of outcome.

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When asked about the Gurkha identity, Sagar affirms it without hesitation:

Gurkhali ko identity ta proud cha ta (.) Kina hami Gurkhali ko identity ahile ko matrai haina (.) diuso barsa pahila ko ho

The Gurkha identity is something to be proud of. Because it's not just recent. The Gurkha identity goes back over two hundred years.

Sagar constructs his mental health not as a state of wellness, but as a form of narrative survival. His activism is a coping mechanism, a justice-seeking act, and a communal practice. It is the act of continuing to care, protest, and hope.

<u>you don't do it</u>, you don't ask, you don't get it

4.2.5 Kaji

Kaji is a Gurkha veteran in his 60s. Although we had previously met through community events, our interview was postponed several times. When it finally took place, it was at his home, a space layered with personal and political symbolism. It was adorned with campaign materials and literature on Gurkha history, making his home a *living archive* of trauma (van der Kolk, 2014).

Kaji began his story by returning to his childhood. As a child, he served tea to pensionless Gurkhas who had fought in wars but returned home destitute. These men, he said, were "broken, but still proud." Witnessing their struggles seeded his sense of duty and long-term commitment to justice.

mainly er mero childhood maa pani, Gurkhali haru ko dukkha dherai dekhyo (1.0) Gau maa bhaeko buda budi harule pension paudaina thiyo (1.0) Pension paayeko pani thorai (0.5) ani uniharule school chhora chhori laai pathauna sakdena thiyo…I had to serve them tea…ma chaai dherai manchhe sanga bhetna payo (0.5) Una haru ko dukkha haru sunauthyo. Tehi bhayera they named me as Kaji.

Mainly, in my childhood, I saw a lot of suffering among the Gurkhas. In the village, the elderly didn't get pensions. And even when they did, it was very little. They couldn't afford to send their children to school. I used to serve them tea…I met a lot of people back then, many of them would tell me their hardships. That's why they gave me the nickname 'Kaji.'

Kaji chose to join the Gurkhas, drawn by the tradition and its promise of dignity. However, over time, he became disillusioned by the unequal treatment of Gurkhas. A turning point to his story came during a conversation with non-Gurkha colleagues, which revealed stark pension disparities. Kaji recounted the shame he felt when he had to disclose his minimal pension.

Ani [British soldier] le bhanyo ↓"ah I will get 60,000 plus lump sum…850 plus er pension per month… "What about you, X?" Ani, I don't want to tell you~ "WHY?" (.) "It's very shameful". ↓ "Come on, tell us". Bhanne pachhi ok if I have to OK "my pension will be £47 a month. When I just told them both of them (2.0) both of them, they JUMPED (0.5) ↑ "WHAAAAT?" (1.0)

And the British soldier said, "Ah, I'll get £60,000 as a lump sum… and over £850 a month in pension." Then he asked, "What about you, X?" I didn't want to tell them.
"Why?"
"It's very shameful."
"Come on, just tell us."
So I said, "Okay, if I have to… my pension is £47 a month."
As soon as I said it, both of them, both of them jumped and shouted,
"WHAAAAT?

They asked him:

↑*"WHY DON'T YOU COMPLAIN?"* ↓

I told them that I'm a Gurkha, we have got no place to complain

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Bhane pachhi, ani khera mero MIND nai divert bhayo ke. Ani teyspachadi ...Nepal maa campaign start garaun ki bhaneko

After that, my mind completely shifted. And after I thought... I should start a campaign in Nepal

For Kaji, this moment catalysed an awakening and decades-long commitment to activism. From a CRT lens, his story becomes a powerful counter-narrative, challenging the dominant image of the grateful Gurkha (Delgado & Stefancic, 2017). The 1947 Tripartite Agreement, which promised equal treatment is repeatedly referenced as a broken covenant.

we have a treaty in between three countries: India, Nepal and UK…That clearly says that in all matters of promotion, welfare and other facility facilities, the Gurkha troops should be treated on the same footing as the parent army (.) But they did not.

For Kaji, activism functioned not simply as a political act but as a form of existential and moral survival. His contributions extended far beyond protest or legal mobilisation and included the sustained provision of emotional, logistical, and practical support for fellow Gurkhas, widows, and recently arrived migrants. As he repeatedly noted, he gave of himself "physically, mentally, financially" to assist "thousands" of people.

His narrative reflects what Herman (1992) terms the reconstitution of agency, whereby trauma is rendered meaningful through socially engaged action. However, this process was accompanied by clear evidence of vicarious trauma and compassion fatigue (Figley, 1995). Kaji described prolonged exposure to the suffering of others, particularly elderly Gurkha veterans, many of whom sought his help in conditions of physical, social, and emotional vulnerability. This brought him into daily contact with distress and left him with a persistent sense of helplessness, compounded by perceived limitations in what he was able to achieve. In fact, this labour was visible during the interview itself as twice, Kaji was interrupted by calls from vulnerable community members asking for his help.

Main thing is as I tried to explain, I cannot see suffering of people, you know, and when the suffering of people comes in my mind where I could not do that much, even though I lost everything~ my time, physically, mentally, financially, yeah, I I have not achieved as I

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wanted…they're [Gurkha veterans] getting OLDER and older…And which makes my heart ache, you know, REALLY it hurts me and ↑when the day come for me ↓ so that ((cries)) I don't have to approach ((tearfully)) those people and of course, ○one day I want to be very happy ((tearfully, shakily)) ○I know thousands of people are appreciating

This excerpt encapsulates the emotional burden carried by Kaji. While his caregiving may be understood as a form of relational activism, it is also marked by significant psychological strain. Notably, the source of distress is not limited to external injustice but includes the internalised grief of being unable to meet all the needs placed upon him.

Kaji's experience illustrates that activism, particularly in postcolonial contexts where structural support is limited. It often entails the assumption of quasi-institutional roles by individuals. His unpaid, emotionally saturated labour such as assisting with welfare claims, organising funerals, and counselling elders, blurs the boundaries between political work and therapeutic responsibility. In this way, his narrative speaks to broader patterns in which racialised and migrant community leaders shoulder institutional failures through personal sacrifice. This can have significant mental health implications.

Yet it is in his emotional disclosures that Kaji's narrative deepens. His view of mental health challenges dominant clinical frameworks. He described physical symptoms, such as loss of appetite and insomnia, as manifestations of social pain and moral injury.

I have reported to my doctor (1.0) er saying that, I've got lots of pressure…nowadays I feel chest pain and I cannot eat (0.5) I don't have appetite

These idioms of distress align with Eisenbruch's (1991) concept of cultural bereavement, where trauma is expressed through culturally resonant language, often misunderstood by Eurocentric mental health systems. When he sought support, medical professionals responded with reductive advice, reflecting what Herman (1992) terms a double silencing: first by the injustice itself, then by the system's failure to recognise it.

Kaji also spoke about the stigma of mental health in the Nepali community.

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only Nepali people, they go to the GP is if there is pain (.) but they don't know the mental pain and the culture with the Nepali as well, they don't want to be told <u>mad</u>. You see, that means a sign of madness. Madness~ not <u>total</u> madness.

Cultural stigma, language barriers, and shame prevent many from seeking help.

the main problem is the <u>language</u>…they are suffering, but they cannot report to the GP (1.0) And there are not enough people to help them, guide them… <u>Unless</u> somebody~ for example, like I'm suffering a lot…But <u>unless</u> I report or <u>unless</u> somebody knows I'm suffering, I cannot get help. Yeah (0.5) So I just keep quiet suffer, that's all. But if I was able to speak. And a little bit conscious and if I had enough friend~ good friend, they could, they could, yeah, tell their GP.

His observations might not be a direct critique of healthcare access, but highlight how cultural and structural issues can limit access to services. Shame, stigma, and fear of being seen as *mad* often silence those who need help the most.

In his story, Kaji oscillates between despair and pride in describing his life's work.

sometimes I feel really sad (0.5) ↑"what for I <u>did</u>?" (1.0) And sometimes I questioned <u>myself</u>. But sometimes I feel very proud as well (1.0) ↓<u>Oh</u> (0.5) I <u>at least</u> tried to sacrifice my life (1.0)… No one on this <u>Earth</u> (0.5) would have that opportunity.

These emotional swings reflect what Herman (1992) calls moral survival. It is a psychological state of navigating long-term injustice while holding onto a sense of purpose. Kaji's frequent repetition of the phrase "physically, mentally, financially" serves as both catharsis and declaration. His tonal shifts, emotional intensity, and moments of silence during the interview signalled a profound emotional load.

However, within this, Kaji's narrative also challenges cultural norms of masculinity and military stoicism (Mahalik, Good, & Englar-Carlson, 2003; Randles & Finnegan, 2022). Throughout the interview, he became tearful multiple times particularly when speaking about

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elderly veterans, widows, and the suffering of young Nepali migrants in Southwest Asia and North Africa.

To be honest, I have cried (1.0) with <u>hundreds</u> ((tearfully))

I don't have enough power to approach everybody.

His willingness to express grief, exhaustion, and emotional vulnerability also disrupts dominant ideals of military strength and reframes what it means to be strong. In doing so, he offers a powerful counter-narrative to the silence often expected of Gurkha men, showing that care, emotion, and moral clarity are themselves acts of resistance.

Kaji ended the interview by reflecting on how the Gurkha campaign had consumed his life. His narrative shows that Gurkha veterans experience and construct mental health as a collective, cultural, and moral phenomenon. It is not as an isolated disorder. Instead, his suffering lives in his body, his memory, and his community ties.

After the interview, I thought back to the earlier delays and postponements. Although I cannot know for certain why he had initially put off the interview, hearing the depth of grief, emotional labour, and exhaustion in his story offered an insight. Perhaps the act of retelling these experiences, and carrying the community's suffering alongside his own, made the idea of the interview almost too heavy.

Also, Kaji was the only participant who became tearful. which I reflected on afterwards. Across all interviews, participants showed caution when mentioning manasik swasthya (mental health). For many, the phrase carried uneasy connotations. Some distanced themselves from the idea of mental health "mentally I don't have any problems" even when describing experiences of loneliness, anger, or exhaustion. Kaji stood out because, while he shared this caution, he was also the only one who spoke directly about his wellbeing. I remain careful not to over-interpret Kaji's tears, but I recognise that his emotion emerged within a shared space shaped by culture, gender, and trust. My prior contact with Kaji may have helped build a sense of comfort between us. As an older male veteran and community leader, he was positioned within ideals of Gurkha masculinity that emphasise strength and endurance, while I, as a younger female trainee clinical psychologist carrying out research,

occupied a different social and cultural position linked to education and mental health. Within this intersection, emotion may have felt both risky and permissible. It may have been constrained by stigma, yet enabled by respect and relational safety.

4.3 Collective Storylines

Collective storylines emerged from the narratives, reflecting key points of convergence and divergence across participants' accounts. While all engaged in activism as a response to injustice, they narrated it in varied ways: as awakening, as endurance, or an inherited duty. For some, activism was experienced as empowering or spiritually grounded. While for others, it was emotionally taxing, shaped by duty, fatigue, and sacrifice.

The main and sub-storylines are summarised in Table 14.

Table 14: Main Storylines and Sub-Stories

Main Stories	Sub-stories	
1. Stories of Awakening		
2. Stories of Enduring		
3. Stories of Holding On	3.1	Spiritual Resilience
	3.2	Family
	3.3	Collective Hope

4.3.1 1. Stories of Awakening

Awakening for Gurkha veterans means becoming conscious of the injustice they lived through. It was not a singular or linear moment but emerged slowly, often painfully. It is a process shaped by intergenerational memory, comparison, and contradiction. Some awakened through grief passed down from elders and all through direct experience of unequal treatment. For many, this realisation was not just empowering. It also brought confusion, anger, and sorrow.

While Freire's (1970) concept of *conscientização* provides a useful point here in helping to understand critical awareness as cultivated through dialogue and contradiction, the participants' stories go further than this. For many, awareness was not only cognitive. It was somatic, spiritual, and affective in what Gordon (1997) calls a *haunting* of unfinished historical violence. Participants did not awaken to injustice from a place of detachment; they awakened within it.

For some, this awakening began early through inherited grief. Kaji's and Ghan Bahadur's stories reflect transgenerational witnessing (Brave Heart, 1998; Denham, 2008), where memory is not just passed down as pain, but as moral responsibility.

mero childhood maa pani, Gurkhali haru ko dukkha dherai dekhyo…Una haru ko dukkha haru sunauthyo.

Mainly, in my childhood, I saw a lot of suffering among the Gurkhas…many of them would tell me their hardships - Kaji

[Mum] spoke to me a lot of the time, you know? …the <u>British</u> have treated us very badly. And my Mum and Dad were <u>very, very</u> unhappy. – Ghan Bahadur

For all participants, awakening came from the stark contrast between how they were treated and how British soldiers were treated. These were often observed during or after service. Such comparative moments were central. The gap in rights, pay, social and familial entitlements as well as post-retirement conditions was not abstract. It was directly lived and embodied. Such moments of comparison were central across all narratives.

Our pension and our our counterparts' pension was quite different and actually in that time around in 1997 it was probably (2.0) er eight or nine times less than the British counterpart. - Sagar

ma ta tin barsa family life ma farkera aye, gora haru ta maile dekhedekhi ni ta family sanga baschha, pariwar sanga baschha. Hami ta pariwar chhaina (.) Ani talab suvidhaa nai farak chha, pension ni farak chha.

I only returned to family life after three years [of service]. But the British soldiers, ever since I saw them, they lived with their families, stayed with their families. We didn't have our families with us. And the salary and facilities were completely different. The pension too was different. - Nawang

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THESE guys, you know, they fought in the Millennium…they fought in the Borneo confrontation (.) *And they gave their all* (.) *A lot of them died* (.) *and a lot of them widows*…and they were LIVING in *poverty* in the hills…This is not on, you know, And, and that's one of the reason I want to take this up. *And I feel for them -* Ghan Bahadur

haami chai chhutti chaai tapaainko tin barsa matrai jaana paaune … uni haru tyhaan ta tyo bidaaharu chha bhane jaanthe jaanthe.

We were only allowed to go on leave [holiday] every three years… but over there, they [British soldiers] went whenever they had holidays. - Nawang

Ani basic pay chaai (1.0).. bis pound.. Tyo basic pay ko adarmaa matrai hamilai tyo allowance dinda rahechhan (.) tyo allowance chaai pay ma thapera dinethe last ta haamro pay basic salary ta bis pound maatrai ho ta (1.0) ani tyo haamile uta chutti jaandaa kheri jammaa bis pound matrai paune. Aru napaune ke…Uni harule ta dherai mahina ko paudai rahechha tyo salary jati paunchha teyti gora harule ta break ma jaada… Ani pariwar sanga basna paudacha ani bho yo chaai pakka discrimination bhayo.

And [our] basic pay… was just twenty pounds. That allowance they gave us, it was based only on that basic pay. That allowance would be added into our salary. So in the end, our actual basic salary was just twenty pounds. And when we went on leave, we only received that twenty pounds - nothing else. Nothing more. But the British were receiving full pay, even during their break periods. Also, they got to live with their families.
So yes, this was definitely discrimination. - Nawang

haamilaai ta uniharule ta eutaa haamile chai baahira rupmaa BAAHIRA rupmaa sansaarmaa chaai Brave Gurkha bhayu ↓ haina? tara TYAHAN dekhi chaai eutaa chaai LABOUR jastai matrai honta haami (1.0) Uniharule ta treat gareko rahecha tya haina, treat ta eutaa labour lai jasto lai matrai garyo. ↑Labour ko pani ta euta right huncha ni ↓ Ajai usko ni right huncha. Tara haamilai ta tyo pani thena ni.

To the outside world, they [British Army] portrayed us as Brave Gurkhas, right? But from their side, we were treated as nothing more than labourers. The way they treated us, [it

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wasn't like soldiers at all] just like ordinary labourers. Even a labourer has rights, right? They have their own rights. But we didn't even have those - Nawang

Tyo mahaaraani ko Union Jack chhuyera haami kasam khaanchaun. Ani kina holaa bhanne bho.

We swear our loyalty by touching the Queen's Union Jack. Why is it this way? – Nawang

These moments work as counter-stories (Bamberg & Andrews, 2004), showing a core contradiction in Gurkha service: they were praised for their loyalty, but treated unfairly. For many, awakening was not just realising they were mistreated. It also meant rethinking what they believed in. It forced them to face the gap between the values they were idealised for like duty, sacrifice, and honour and the way they were actually treated, which was with inequality, silence, and exclusion. It also reshaped relationships to power, loss, and identity. Awakening for them was a moral and emotional turning point.

4.3.2 2. Stories of Enduring

Enduring for Gurkha veterans means surviving and carrying the emotional and physical toll of injustice. It is not framed as heroic resilience, but the quiet and often painful process of living with institutional betrayal, moral injury, and unacknowledged grief (Shay, 1994; Litz et al., 2009). Drawing from Herman's (1992) model of trauma and van der Kolk's (2014) theory of embodied memory, these narratives situate suffering not in clinical language but in everyday idioms and metaphor. In contrast to the mythic image of the fearless Gurkha, participants' narratives reveal that their resistance is carried as a burden marked by grief, exhaustion, and unresolved pain.

Not one participant described their distress in medical or diagnostic terms. Yet their narratives are saturated with signs of moral injury, intergenerational grief, mental exhaustion, and systemic erasure. Biman's story makes this painfully clear. His hunger strike was not simply a political act but a deeply embodied response to systemic injustice. He described extreme physical decline.

blood pressure 200 hundred by 100. Sugar level zero. Memory power only 10 percent.

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This is in line with Csordas (1994) concept of *somatic mode of attention*, where the body not merely as a site of suffering, but as a vehicle of resistance and testimony. His *aatmabal* (spiritual strength) serves both as emotional coping (Lazarus & Folkman, 1984). It is invoked, visualised, and summoned as resistance.

Kaji also frames his pain as somatic and moral. His story illustrates vicarious trauma (Figley, 1995) and compassion fatigue through caregiving and community organising. He voices his distress through bodily metaphors such as chest pain, sleeplessness, appetite loss. This aligns with Kohrt & Hruschka's (2010) insights into Nepali idioms of distress, where pain is expressed morally and somatically rather than clinically. He does not merely fight injustice; he internalises its cost.

Sagar and Ghan Bahadur offer more measured accounts of their distress. They speak in cautious tones such as "small stress", "not emotional". However, this is not necessarily denial. Rather, it reflects cultural idioms of containment. Sagar's phrase "a little stress on the corner of the mind" echoes what Kirmayer (2007) and Summerfield (2001) argue about emotional understatement as a culturally valid expression of pain. Moreover, Ghan Bahadur's stoicism is not necessarily absence of emotion, but an affective performance perhaps shaped by military culture and Nepali cultural beliefs that values this (Mahalik, Good, & Englar-Carlson, 2003; Kohrt & Harper, 2008). These performances of calm are tactical as they help maintain social stability, preserve dignity, and avoid showing vulnerability in systems that may not respond with care. Thus, enduring can be strategic too. It is a choice to stay composed in the face of injustice.

Moreover, enduring can also be embodied. Nawang does not describe his suffering clinically but expresses it through the metaphor of a bullet, describing injustice as lodged in the heart. It is something that cannot be removed, only endured.

Eti PIDA cha... tinai ghaau bhaisakeka hami.

So much pain… we have become that very wound

Here, enduring is also continuous. It circulates between memory and present-day discrimination. These are not just evocative phrases: they are embodied testimonies that align

with Csordas's (1994) insight that suffering becomes meaningful through its inscription in the body. The wound, unhealed, is both literal and symbolic as it is a permanent mark of systemic abandonment.

Enduring, in these stories, is what happens when pain cannot be resolved but only carried. Activism, while often framed as healing, sometimes exacerbates distress, especially when institutional betrayal compounds moral fatigue. Participants were not simply calling out injustice; they were carrying it, through the body, through speech, through spiritual wear. As Biman states:

> *Yedi mission complete na hundain ma mori gayeo bhane tyo maile bhok-hadtal baseko maile dukhha gareko matlab audena*

> If I die before the mission is completed, then all the suffering I endured by doing the hunger strike will have no meaning.

Here, resistance verges on cruel optimism (Berlant, 2011). This is the idea that the very hope these veterans cling to becomes, at times, the source of their exhaustion.

> *Before we die... soul should rest easy* - Ghan Bahadur

And this weight for them is existential.

4.3.3 3. Stories of Holding On

Holding on for Gurkha veterans means protecting a sense of purpose, identity, or connection, even while suffering. It is spiritual, relational, and political. It includes pride, ritual, silence, grief, and care. Their ability to hold on to faith, family, and collective identity was not a passive act but a deliberate effort to remain contained. This overarching narrative unfolds through three sub-stories: spiritual resilience, family, and collective hope. Together, these sub-stories reflect insights from critical community psychology, which views distress and resilience as shaped by social relationships, cultural context, and structural injustice rather than individual pathology (Kirmayer et al., 2011; Ungar, 2011).

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3.1 Spiritual Resilience

Participants' narratives revealed that mental health was not experienced in isolation but sustained through culturally embedded frameworks of meaning. Spirituality was central to this process. However, it appears in different ways for participants.

For Biman, spirituality provides a structure for imagining survival. He spoke of his hunger strike not only as protest but as an act sustained with *aatmabal* ("spiritual strength").

> *Gradually recover hunchha bhanne mero ekdam WILLPOWER chaai mero aatma bata auntho ke... something I have to do until my last breath, until I get justice... ma afu le afui laai inspire garyo afai le afainlaai encourage garyo.*

> I would have strong willpower coming from deep within my soul that I would gradually recover... it's something I have to do until my last breath, until I get justice... I inspired myself, I encouraged myself.

His endurance was not solely individual but spiritually relational through the imaged presence of ancestors, and by a spiritual framework that interpreted suffering as meaningful and anchored in collective rituals of sacrifice and loyalty.

For Kaji, spirituality is shaped by questions and doubts, not just belief. He openly wrestles with these feelings:

> *sometime again (1.0) ↑"are you there? ↓you know ↑"Are you there, God?" (0.5) ↑'If you are there, why people are suffering?" you know "why do I have to do this?" And that makes me mad as well.*

Even with this doubt, Kaji does not turn away from spirituality. Instead, he finds meaning in doing good. For him, being spiritual means living honestly and helping others.

> *And to make him [God] happy, you have to be honest. You have to be kind, generous. You have to see serve the people ...so that the God will be happy, so that your next life (1.0) will be better...That is called SPIRITUAL... In Nepali we call ADHYATMIK*

Here, *adhyatmik* (spirituality) becomes a practice of moral action. It is his way of navigating suffering through service. This aligns with Ungar's (2011) concept of *navigated resilience*, where strength lies not in rigid adherence to tradition, but in adaptive, value-driven responses to adversity.

This idea of spirituality as an everyday moral ethic also appears in Nawang's account. While his language is less overtly about God, his focus on *imaandaari* (honesty) reflects a similarly spiritual sense of justice and responsibility.

> *Teskaaran le kam se kam haamile euta pitri harule pani saraap chha bhanera haamile raakhnu imaandaari hunuparyo ta (1.0) ↓ Sabaibhandaa imaandaari hunu paryo.*

> Therefore, at the very least, we must be honest, otherwise, and acknowledge that even an act of ancestral curse may exist. Above all, we must be honest.

Across these accounts, spirituality is not an abstract belief but a grounded, culturally embedded practice of resilience. Whether through protest, service, or honesty, participants draw on spiritual frameworks to make suffering bearable and meaningful.

3.2 Family

Family emerged as emotional anchors through which participants' mental health was supported. Some participants described family as co-holders of the struggle and as a structure that gave meaning to their endurance. Ghan Bahadur describes this as central to his emotional stability during activism.

> *I'M content from my family. That's the first thing on my priority…my wife said, look, you know what you're doing and all that. I'm quite happy. She's not saying, you know, wasting time and all that. Yeah. So if she was saying all that, yeah, then it would be, it would actually have a detrimental effect on me.*

This highlights how stable family can provide a steady foundation during periods of prolonged struggle, offering continuity and support. It is deeply stabilising.

However, this proximity to family and sense of support was not available during service. Policies governing Gurkha soldiers systematically denied them the entitlement to live with or near their families. This restriction was not imposed on their British counterparts. The injustice of this prolonged separation, often lasting years, was particularly painful because of the cultural and emotional centrality of family in Nepali culture (Karmacharya et al., 2025). As Sagar stated:

We were separated…we are allowed er only (1.0) three years. And then for the whole period of 15 years there (0.5) that time…I'm in bit of a dissatisfaction

Family reunification, when it happened, could offer profound emotional relief. As Sagar later reflected:

My family joined with me. Haina. ↓ Nani haru sabai, join bhayo. So (.) I was <u>happy</u>. I'm in in another world.

My family joined me. All my children joined me. So, I was happy. I'm in another world

For him, this reunion offered emotional restoration. In contrast to systemic exclusion, family became a space where connection and belonging remained intact.

Yet not all family narratives were restorative. For Kaji, the emotional distance from his children reflected not only personal loss but as a consequence of the racially discriminatory military policies that separated Gurkhas from their families.

My children…they never come close to me

Kaji's loss was not simply personal, rather it is structurally produced through imperial discipline.

Family was then not only a source of comfort. It was something veterans fought to preserve, what they sometimes lost, and what helped them hold on. Whether through support or silence, presence or absence, family played a central role in how they understood their struggle and identity.

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3.3 Collective Hope

Hope, for many participants, was not a feeling but a shared duty. Despite fatigue and intra-group divisions, participants repeatedly returned to the idea of collective hope as an emotional necessity.

> *United hunai parcha (.) United nabhaye samma chai tapai ko ha::amile yo ke re hamro aim haru ↓achieve gardena (.) Haina? Hami lakshya haasil gardaina. United hunu parcha (.) United bhaisakepachi tapai ko Lakshya haasil tapai avashya garchau. ... ↑Tyo FUTNU bhaina*

> We must be united. Until we are united, we cannot achieve our goals, right? We won't be able to fulfil our mission. We must be united. Once we are united, we will definitely achieve our objectives…That unity must not break - Nawang

This reflects the concept of communal coping, where distress is processed not only individually but through shared meaning (Lyons, Mickelson, Sullivan, & Coyne, 1998). In this frame, mental health is not a private matter, but a collective, relational project. It is sustained through rituals, values, and emotional solidarity.

Sagar's reflections on Gurkha identity also functioned as emotional grounding.

> *Tyo ta Gorkhali ko identity ta proud chha ta (.) Tyo ta proud chha ni. Kina haami Gurkhali ko identity ahile ko matrai haina (.) diu so barsa pahila ko ho.*

> The Gurkha identity is something to be proud of. Of course it is. Because our Gurkha identity isn't just from today; it goes back two hundred years.

This historical continuity offered not just a symbolic anchor but an emotional throughline. It is a way to hold on to value in the face of systemic erasure.

However, the fragility of hope was never far from the surface. All participants feel the tensions within the different Gurkha organisations, which often produced fatigue, mistrust,

and political division. Therefore, it can be argued that the movement for justice functions not merely as a political initiative but as a shared emotional system. It is sustained through relational practices, moral striving, and remembrance. According to Brown and Pickerill (2009) activist movements need to cultivate emotional spaces for connection, empathy, and reflexivity. In the absence of these, collective action runs the risk of reproducing the very harms it seeks to challenge.

Holding on demonstrates that, despite the pressures of conflict and external injustice, collective hope must be continuously created, nurtured and protected.

4.4 Conclusion

These stories of *awakening, enduring*, and *holding on* show that Gurkha veterans understand and manage their mental health through moral, social, and political practices. Rather than viewing distress as individual, participants described it as historically shaped by injustice, memory, and ongoing struggle. For them, activism is not just a political act; it is also a way of holding themselves and each other together.

Alongside these shared storylines, individual narratives offered complexity, contradiction, and deeply personal modes of meaning-making. These accounts resist generalisation. Some stories were marked by silence or ambivalence, others by clarity or spiritual expression. Together, they remind us that while common themes exist, the experience of being a Gurkha veteran is not monolithic. These personal narratives are not just illustrations of collective themes. Instead, they are analytic sites in their own right, where identity, memory, and resistance which unfold in distinct and sometimes conflicting ways.

Furthermore, stories of home, family, spirituality, and legacy emerged as key foundations for communal resilience. These were not peripheral details but important in how participants sustained meaning, dignity, and connection in the face of institutional betrayal.

Taken together, these stories reveal not only how Gurkha veterans carry their distress, but also how they resist being reduced to it. Their accounts call for a rethinking of psychological distress. It is one that is historically situated, culturally embedded, and attentive to the enduring legacies of imperial harm.

CHAPTER FIVE: DISCUSSION AND CONCLUSIONS

5.1 Chapter Overview

In this chapter, I revisit the research question and summarise the key findings. I consider the strengths and limitations of the study and outline its clinical implications. I also discuss how the research will be disseminated, provide conclusions and my final reflections.

5.2 Revisiting the Research Aim

This study set out to explore the following question:

"How do Gurkha veterans experience and construct their mental health through activism and justice?"

5.3 Findings

Across all stories, a shared emotional and moral thread emerges of trauma. This is not experienced simply as individual pathology, but as cumulative, embodied, and transgenerational (Danieli, 1998; Yehuda & Lehrner, 2018). Participants rarely spoke about mental health directly, but narrated distress through idioms of betrayal, loss, cultural rupture, and moral responsibility (Nichter, 2010; Kohrt & Hruschka, 2010). Their experiences aligned less with diagnostic models and more with moral injury, complex trauma, and cultural bereavement (Litz et al, 2009). Interestingly, participants' experiences did not follow a fixed trajectory. Rather, they unfolded across a spectrum: from quiet suffering to public protest, from inner reflection to collective mobilisation. Some narratives were intimate and emotionally restrained; others were expressive, and spiritual. This tension between the personal and the political was a defining feature in how participants carried, made sense of, and resisted their psychological difficulties.

Participants' reliance on culturally grounded metaphors also suggests that Western diagnostic categories were insufficient in capturing their lived experience. Consistent with literature reviewed on Nepali mental health, participants often conveyed distress through idioms such as *dukkha* and *pida*, which are widely recognised cultural expressions of distress in Nepali communities (Kohrt & Hruschka, 2010; Simkhada et al., 2021; Upadhya, 2015). Nichter (2010) describes such idioms of distress as socially and morally meaningful ways of communicating suffering. Cross-cultural research shows that idioms of distress do not map

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neatly onto psychiatric categories but it rather reflects relational, ethical, and social interpretations of pain (Desai & Chaturvedi, 2017; Kohrt et al., 2014). Clinically, integrating such idioms into assessment and intervention has been shown to enhance cultural relevance, therapeutic alliance, and acceptability of care (Cork, Kaiser & White, 2019; Fabian et al., 2022). It also aligns with Kohrt and Hruschka's (2010) work in Nepal showing how emotional pain is often expressed through moral, spiritual, and somatic metaphors rather than clinical language. These insights further support findings by Simkhada et al. (2021) and Upadhya (2015), which show that pain is frequently somatised, spiritualised, or moralised rather than psychologised. More broadly, such cultural formulations of distress echo Kleinman's (1988) argument that illness experience is always socially constructed and shaped by locally specific cultural and moral contexts. Similarly, the SLR noted that many veterans from racialised groups narrated trauma not as disorder but as a moral and cultural struggle (Prescott, 2021; Lin, 2021).

Spirituality emerged as a powerful framework through which participants made sense of suffering, endurance, and resistance. Concepts like *aatmabal* ("spiritual strength"), karma, and ancestral blessings were not abstract beliefs but tangible forces that helped participants endure. This reflects the broader role of spirituality and faith in coping and meaning-making identified in transcultural contexts (Pargament, 2013). However, spirituality was not universally restorative. For some, it also imposed emotional constraints: the obligation to remain strong, honour ancestors, or spiritualise pain often left little room for vulnerability. Therefore, while spirituality offered support when institutions failed, it also carried the burden of historical injustice and moral duty. This complexity resonates with existing literature showing that spiritual frameworks can both buffer and burden individuals facing adversity (Exline et al., 2011; Luitel et al., 2015).

Participants spoke of identity not as fragmented but constantly negotiated, layered, and reconstructed. They moved between roles such as of the loyal soldier, disillusioned veteran, political voice, and bearer of ancestral legacy. This process also reflects what Hall (1996) describes as the ongoing production of cultural identity. Rather than describing identity breakdown, they often articulated a complex form of *identity labour* through resisting colonial representations and demanding recognition in a system that praised them symbolically but denied actual justice. This resonates with postcolonial analyses of the Gurkha figure as both celebrated and subordinated within imperial discourse (Caplan, 1995;

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Gurung, 2021) and parallels research on veterans' identity reconstruction after service (Caddick et al., 2015). It also reflects what Fanon (1963) and Bhabha (1994) theorise as acts of *resistance* and *hybridity*, where the colonised subject negotiates identity within structures that both valorise and marginalise them.

While these identity negotiations occurred at a personal and narrative level, they were also deeply shaped by broader socio-political realities. Participants described being publicly celebrated but materially neglected, a contradiction that created a form of *moral dissonance*. This aligns with Caplan's (1995) critique of the Gurkha figure as a racialised and mythologised emblem of empire and Gurung's (2021) analysis of how symbolic loyalty masks structural inequality. It also resonates with theories of moral injury and institutional betrayal, which highlight how violations of trust by authority systems can produce enduring psychological and ethical wounds (Litz et al., 2009; Smith & Freyd, 2014). At a structural level, this dynamic reflects what Fraser (1995) and Honneth (1995) describe as the tension between *recognition and misrecognition*, in which marginalised groups are depicted visible symbolically but denied material justice. These accounts echo Ahmed's (2012) critique of performative inclusion within racialised institutions and also align with findings from the SLR that show how trauma and identity are co-produced through the contradiction between visibility and disposability (Rosales, 2011).

Activism was another space of complexity. Some participants described protest, hunger strikes, or public storytelling as acts of resistance and healing. These were not just political. Rather, they were emotional and moral efforts, tied to ancestral duty and shared grief. This duality reflects what hooks (1994), and Watkins & Shulman (2008) identify as the *psychopolitical* dimension of activism, where collective struggle also becomes a site of meaning-making and repair. However, this orientation was not universal. Others described emotional fatigue, disillusionment, or the toll of continuous campaigning, which resonates with findings from research on activist burnout in social movements (Gorski & Chen, 2015). In some participants, activism was experienced less as empowerment and more as a burden inherited from earlier generations than a source of strength. Similar tensions have been noted in liberation and community psychologies, where resistance is both healing and exhausting (Martín-Baró, 1994; Kagan et al., 2019). This aligns with the SLR findings (Cruea, 2019; Chua, 2018) that caution against understanding activism as inherently healing as it notes that political mobilisation can reopen psychic wounds or generate new tensions.

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Ultimately, these findings invite a rethinking of trauma but as a moral, historical, and relational experience. They show how suffering is carried collectively, across generations and communities, and rooted in injustice, spiritual continuity, and a sense of responsibility. This echoes Visser's (2015) critique of traditional trauma theory, which often neglect the political, cultural, and enduring impacts of colonial trauma. Her call to move beyond Eurocentric, event-based, and secular frameworks is reflected in these accounts, which foreground narrative, ancestral duty, and shared meaning-making as central to understanding distress and resistance. Decolonial scholars have similarly called for moving beyond Eurocentric and secular paradigms towards plural, culturally grounded understandings of distress (Watkins & Shulman, 2008; Fanon, 1963).

Figure 4 provides a visual overview of the study's findings. The study's conceptual contributions are summarised in Table 15.

Table 15: Knowledge Claims Made by the Study

Knowledge Claims
1. Trauma is ongoing, embodied, and often transgenerational.
2. Distress is expressed through cultural idioms, not clinical language.
3. Spirituality gives strength but also creates pressure to endure.
4. Activism brings meaning but also emotional strain.
5. Gurkha veterans negotiated identity in response to colonial and racialised narratives.
6. Trauma, identity, and healing were fluid and contested. They challenge Western individualist frameworks.

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Figure 4: Conceptual Overview of Findings

Postcolonial Theory

Gurkhas as racialised subjects of British imperialism

Constructued through ideology of loyalty, bravery, docility

Honoured in public but materially and politically marginalised

Colonial narratives still shape identity and experiences

Critical Race Theory

Structural racism and exclusion

Institutional betrayal and inequality

Racialised narratives of loyalty and worth

Legal and policy neglect

Findings

Ongoing, embodied, and transgenerational trauma

Moral injury and institutional betrayal

Activism as resistance and emotional burden

Cultural idioms to express distress

Spirituality as strength and ethical constraint

Suffering as collective, moral, and relational

Identity as negotiated and postcolonially situated

5.4 Quality of the Current Research

The quality of this study has been assessed using Tracy's (2010) Eight Big Tent Criteria (see Table 13) under Methodology.

5.5 Strengths of the Study

This study makes a unique contribution by centring the voices of Gurkha veterans, who are an underrepresented group in mental health and veteran research. It is the first to explore how their mental health is constructed through activism and justice, offering a culturally and politically situated account of psychological distress that challenges dominant Western clinical frameworks.

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The study's critical and interpretive orientation offers an alternative, socially constructed understanding of the Gurkha, which moves beyond colonial and militarised representations through the lenses of Postcolonial Theory and CRT. These were used as interpretive lenses to explore how historical, racial, and geopolitical factors shaped participants' narratives (Bhabha, 1994; Fanon, 1963; Crenshaw, 1991).

NI was particularly well-suited to its socio-cultural and political context of Gurkha veterans (Riessman, 2008; Clandinin & Connelly, 2000). It supported lived experience, meaning making, and the co-construction of stories of how they narrated their own experiences. NI also resonated with Nepali storytelling traditions which are often dialogic, and emotionally expressive (Bhattarai, 2020; Diwasa et al., 2007; Jest, 1991). A further strength was the deliberate effort to retain participants' voices through quotes in Nepali and English. This allowed their narratives to speak for themselves, preserving the affective and cultural depth of their experiences.

Finally, the study demonstrates rigour through its transparent methodological choices, coherence between epistemology, theory, methodology, and the inclusion of thick, culturally grounded data. Ethical care was upheld throughout the research process, including post-interview contacts to ensure that participants' anonymity was protected. The integration of reflexive practice, and priority of ethical engagement further contributes to the credibility and trustworthiness of the study (Finlay, 2002; Berger, 2015).

5.6 Limitations of the study

This study involved a small group of Gurkha veterans, all of whom were actively engaged in activism or advocacy. While this aligns with NI's emphasis on depth over breadth (Riessman, 2008), it shaped the kinds of stories that emerged. Veterans who were disengaged from activism, located outside the UK, or experiencing distress in more private or unspoken ways were not represented. Their absence may reflect different understandings of suffering, silence, or withdrawal, which remain important but unexplored in this research.

Another limitation is the level of consultation undertaken with members of the Gurkha community. While two individuals with lived experience provided valuable insights throughout the research process, wider community consultation was not carried out. This was due to the scope and time limitations of this study Although these consultations added

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cultural and contextual depth, they cannot fully represent the diversity of perspectives within the wider Gurkha or Nepali communities. Future research could adopt a more participatory or co-produced approach by involving a broader range of community voices at different stages of the research process. Notably, Participatory Action Research frameworks emphasise ethical collaboration, shared ownership, and the redistribution of power in knowledge production; this helps to avoid tokenism and support decolonising practice (Lenette, 2022). Similar arguments are made by Caxaj (2015), who shows how Indigenous storytelling and participatory approaches can work together to challenge Western research hierarchies, centre community authority, and ensure that research meaningfully reflects local experience and priorities.

Language and translation presented additional challenges. Interviews were conducted bilingually, and efforts were made to preserve meaning through contextual translation and participant review. However, translation is inherently interpretive, and some nuance may have been lost or reshaped in the process of translating narratives from Nepali to English (Temple & Young, 2004). It has been argued that cross-language research inevitably involves layers of meaning negotiation and potential shifts in voice (Squires, 2009).

The research was conducted during a specific and emotionally charged phase of the Gurkha Justice Campaign. Therefore, participants' accounts were shaped by this political moment, including its frustrations, and hopes. As the campaign evolves, so too may the ways in which Gurkha veterans construct, remember, or revise their narratives. Interpretations in this study are therefore temporally and contextually bound.

5.7 Clinical Implications

This study highlights the need for clinical psychology to move beyond Western, individualised models of distress. The following implications offer directions for more culturally, spiritually, and structurally informed practice. See Table 16 for specific recommendations relevant to the growing Gurkha and Nepali community in the UK.

5.7.1 Rethinking Trauma

The findings from this study calls for a rethinking of how trauma is conceptualised, recognised, and treated within psychology. For Gurkha veterans, distress was not confined to individual pathology or discrete events but was experienced as cumulative, moral, and

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intergenerational. This aligns with critiques that dominant Western, event-based trauma frameworks often isolate suffering from the social, political, and historical conditions in which it emerges (Summerfield, 1999; Hinton DE, Lewis-Fernández, 2013).

Critical trauma theorists have highlighted that conventional, event-based models that are typically rooted in Western psychiatry, can risk pathologising survival while overlooking the structural and historical origins of suffering. Herman (1992) emphasised that trauma cannot be separated from contexts of power and oppression, while Fanon (1963) illustrated how colonial violence leaves enduring psychological wounds that can be present across generations. Also, trauma may persist relationally and symbolically (Brave Heart, 1998), which can shape how communities remember, grieve, and seek justice. These perspectives resonate with the participants' narratives, as for them trauma was entangled with racialisation, institutional betrayal, and longstanding inequities (Litz et al., 2009; Smith & Freyd, 2014).

Importantly, these findings suggest the value of moving beyond symptom-focused or decontextualised assessments. Thus, more collaborative, culturally situated formulations may be needed. In particular, ones that consider moral injury, intergenerational grief, and cultural idioms of distress would be helpful in understanding suffering in racialised and postcolonial contexts (Nichter, 2010; Kohrt et al., 2012). Approaches such as narrative therapy, liberation psychology (Martín-Baró, 1994), and the Power Threat Meaning Framework (Johnstone & Boyle, 2018) offer potential starting points for this shift as they locate distress within broader moral, relational, and sociopolitical worlds. Clinicians may also find value in meaning-making approaches that recognise ancestral, spiritual, and communal interpretations of distress (Kleinman, 2006; Watkins & Shulman, 2008).

Furthermore, there is an increasing recognition that trauma recovery may require community-based and collective forms of healing that extend beyond individual clinical encounters. Approaches such as community narrative practice, storytelling circles, peer-led groups, and communal rituals of remembrance have shown promise in restoring moral and social cohesion following collective adversity (Denborough, 2008; Kirmayer et al., 2011; Gone, 2013). Healing justice frameworks similarly highlight the need to address structural harm while nurturing collective wellbeing, particularly within racialised and marginalised

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communities (Ginwright, 2015). Ultimately, these approaches emphasise that healing is often a social process rooted in belonging, justice, and reciprocity.

For Gurkha veterans and their families, community-based interventions could include veterans' dialogue groups, intergenerational storytelling projects, or culturally adapted group therapies co-facilitated by trusted community leaders. Such interventions align with the communal ethos of Nepali cultural values, such as *sewa* ("service"), collective duty, and responsibility may support trauma processing within moral and cultural frameworks that these communities recognise as meaningful to them. It is important to note that these approaches are not intended to replace clinical work but to complement it by extending healing into shared, culturally anchored spaces.

At the policy level, trauma could be more effectively recognised as a cumulative and systemic phenomenon that persists through inequality, exclusion, and neglect. Legal inequities, social marginalisation, and symbolic recognition without material justice can perpetuate psychological harm and secondary trauma within communities such as the Gurkhas (Comas-Díaz et al., 2019). Hence, ignoring these conditions risks reinforcing the very dynamics that intensify their distress. Services as well as national strategies may therefore benefit from integrating cultural, historical, and moral understandings of trauma, as well as promoting approaches that are both clinically robust and socially accountable. These directions are consistent with current NHS commitments to delivering trauma-informed and culturally responsive care, which emphasise reducing disparities (NHS England, 2020; NHS England, 2023).

Finally, by drawing on critical and decolonial perspectives, the findings from this study invites psychology to reflect further on its epistemological boundaries. Dominant trauma theories have been shaped by Western paradigms that often fail to account for collective, spiritual, and relational experiences of suffering (Hook, 2012; Adams et al., 2015). For communities like the Gurkhas, expanding trauma theory toward more plural, culturally grounded ways of knowing may mean recognising trauma as an ongoing, intergenerational, and socially produced process.

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5.7.2 Recognising the Emotional Complexity of Activism

For many participants, activism was not just political strategy but a deeply emotional and moral practice. Protests, hunger strikes, storytelling, and organising became ways to reclaim dignity, share trauma, and challenge neglect. With limited formal support, activism often became the main way to express and make sense of suffering. This reflects wider findings that activism can serve as a site of healing, identity reconstruction, and collective meaning-making (hooks, 1994; Watkins & Shulman, 2008). However, this work was not always empowering. Some participants described exhaustion, strained relationships, and the heavy burden of carrying collective grief. For many, activism felt like an inherited sense of duty and responsibility.

Clinically, such complexity demands sensitivity. Gurkha veterans may present not only with trauma or moral injury, but with the emotional residue of prolonged advocacy such as burnout, guilt, powerlessness, and inner conflict. Moral injury frameworks emphasise how violations of trust and expectations can generate profound psychological distress (Litz et al., 2009), while institutional betrayal research helps explain why advocating against systemic neglect can intensify grief and anger (Smith & Freyd, 2014). Assessment and formulation could thus benefit from exploring how political roles and identity, as well as the sense of duty and responsibility shape their distress. Therapy might allow space for both pride and fatigue, supporting clients without undermining their values or commitments.

More broadly, the emotional labour of activism among racialised and postcolonial communities requires clinical approaches that recognise activism as a meaningful moral and relational experience rather than secondary or disruptive. Therapeutic work may involve validating the ethical and historical foundations of activism and supporting clients to navigate its emotional demands. Mental health policy could also attend more consciously to the psychological consequences of prolonged advocacy, particularly for groups who have experienced historical trauma, public scrutiny or delays to justice. For many racialised and postcolonial communities, activism may often be central to their healing and identity (Ginwright, 2015; Kagan et al., 2019). Mental health systems could consider integrating the emotional dynamics of resistance such as grief, hope, solidarity into their core practices to encourage clinicians move beyond individualised models of distress. At a policy level, overlooking the emotional cost of activism may represent a structural blind spot. Mental health policies would benefit from recognising the impact of sustained advocacy particularly

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for activists navigating historical trauma and public visibility. Funding could be used to support culturally grounded, co-produced interventions that honour activism as both a resource and a burden. It would be more effective for these to be designed in collaboration with Gurkha-led and similarly situated activist communities (Lenette, 2022; Caxaj, 2015). Finally, at the community level, healing cannot be confined to clinical spaces alone. Many participants in this study found sustenance through ritual, remembrance, and storytelling. Activism, for them, was not just political work, but tied to spiritual and ancestral work. Supporting this may require spaces that are not only trauma-informed but morally attuned to ensure cultural and ethical depth. This might include collaborating with trusted community figures such as other Gurkhas veterans, elders, religious leaders, or veteran advocates who carry cultural credibility within the community. Services and clinicians could, with consent, consult or co-develop care plans that reflect these perspectives by drawing on culturally embedded understandings of strength, duty, and healing.

5.7.3 Centring Cultural Idioms of Distress

A consistent theme across participants' narratives was the use of cultural idioms to express psychological and moral pain. Instead of clinical terms like mental health or diagnostic labels, participants spoke of *dukkha* ("suffering"), and *pida* ("pain"). These were terms rooted in moral, spiritual, and relational meanings. Research on idioms of distress shows that these expressions reflect culturally shaped ways of experiencing and expressing suffering, rather than being simple substitutes for standard psychiatric symptoms (Nichter, 2010; Kohrt et al., 2012; Kirmayer, 2007).

Responding to such a need requires more than cultural competence; it calls for an inclusive clinical epistemology. Cultural idioms should not be reduced to symptoms or translated uncritically into Western diagnostic categories as this risks erasing the relational and moral significance encoded in the language (Kleinman, 1988). Studies in the Nepali context illustrate this directly. For example, Kohrt and Hruschka (2010) begin their paper with the striking assertion from a humanitarian worker in Kathmandu that **"PTSD does not exist in Nepal"** (p. 1). They use this statement to illustrate how Western diagnostic categories have no direct equivalent in Nepali ethnopsychology, where distress is instead conceptualised through culturally specific ideas such as *man* ("heart–mind"), *saato* ("spirit"), and *dil* ("heart"). This invites a shift from symptom mapping to narrative exploration grounded in clients' cultural and relational vocabularies. Clinicians may therefore need to actively invite clients' "own

words," metaphors, and idioms when exploring distress rather. Encouraging clients to articulate suffering in culturally familiar ways can deepen therapeutic collaboration and reduce the risk of misinterpretation. This approach is supported by good-practice guidelines, which emphasise culturally responsive formulation and the importance of attending to cultural models of illness within clinical encounters (Improvement Cymru, 2023).

Furthermore, standardised assessments often miss the layered meanings behind such expressions, a limitation which has been documented in Nepali studies. Kohrt et al. (2016), for example, found that the Patient Health Questionnaire (PHQ-9), a self-report tool widely used in mental health services including the NHS, required adaptation to reflect Nepali idioms of distress, and that incorporating these idioms led to more accurate identification of people experiencing significant difficulties. Therefore, it remains important to be cautious about the limits of what such tools are able to capture.

Furthermore, there is a significance for this shift to extend beyond the therapy room. Mental health services may need to rethink assumptions about what constitutes evidence, insight, or effective treatment. Relying on verbal expression and individual ways of coping can risk excluding those who express pain through the body, community, or spirit (Kleinman & Benson, 2006). Services could consider integrating cultural practices like rituals, storytelling, and collective reflection into conventional care and care pathways; this aligns with evidence that communal approaches support healing and meaning-making (Denborough, 2008; Kirmayer et al., 2011).

Structurally, national mental health strategies might usefully address the exclusionary effects of relying on Western psychiatric frameworks. Diagnostic paradigms that ignore cultural idioms may contribute to misdiagnosis, disengagement, and poor therapeutic fit (Lewis-Fernández et al., 2014). Policies could support care models that treat culturally rooted epistemologies and meaningful explanations of suffering as important to delivering care that is responsive to the community's lived realities.

5.7.4 Engaging Spiritual and Ancestral Meaning-Making

Spirituality emerged as a central framework through which participants made sense of suffering, survival, and resistance. Concepts such as *aatmabal* ("spiritual strength"), *karma*, and ancestral blessing were not peripheral beliefs but vital interpretive tools. This also

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reflects broader findings that South Asian communities often understand distress through relational, moral, and spiritual frameworks rather than discrete psychological categories (Kleinman, 1988; Kohrt & Harper, 2008). Specifically, Nepali cultural models emphasise connections between emotional pain, spiritual imbalance, social disharmony, and ancestral contexts (Kohrt & Hruschka, 2010).

Clinicians may therefore need to recognise spirituality as central to how many Gurkha veterans experience distress and healing, which may require ethical sensitivity. Clients may speak of karmic imbalance, divine powers, or ancestral burden rather than clinical symptoms. Integrating such worldviews into formulation aligns with literature on spiritually integrated and culturally adapted therapy, which emphasise honouring clients' metaphysical beliefs as meaningful explanatory models (Pargament, 2007; Hodge, 2018). Tools such as spiritual genograms, legacy interviews, and culturally adapted life reviews might help explore where these beliefs offer strength, and where they could potentially constrain emotional expression (Hodge, 2001; Walsh, 2010).

At the service level, secular clinical frameworks often appear to marginalise spiritual perspectives. Yet for many communities, including Nepali and other South Asian groups, spirituality functions as a shared relational infrastructure that shapes identity, morality, and belonging (Fernando, 2010; Kirmayer, 2007). Services could therefore consider integrating training on spiritual expressions of distress and working in partnership with spiritual, religious, and community leaders to develop models of care that reflect clients' worldviews. Approaches such as somatic, expressive, and ritual-based practices have been effective in settings where spirituality is woven into daily life and healing traditions (Gone, 2013; Denborough, 2008) rather than purely verbal or cognitive approaches.

Recent work in Nepal supports this direction. Luitel et al. (2025) found that traditional faith healers continue to be central figures in mental health care, interpreting suffering through moral and relational imbalances including with ancestors, spiritual loss, or social disharmony. Their practices such as ritual, prayer, storytelling, and attentive presence often serve therapeutic functions and reflect culturally grounded paths to recovery. These findings suggest that respectful collaboration between clinical services and spiritual healing systems may enhance culturally resonant care (Jordans et al., 2010; Luitel et al., 2025).

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At the policy level, the exclusion of spirituality seems to reflect deeper structural biases against communal and moral epistemologies, particularly those from racialised and postcolonial communities (Adams et al., 2015; Hook, 2012). For Gurkha veterans, healing may be inseparable from questions of honour, continuity, and justice. Policy could also aim to support services co-designed with spiritual and cultural stakeholders, recognising spirituality as a potential public infrastructure of wellbeing.

5.7.5 Building Culturally Meaningful Mental Health Support

This study also shed light on the ongoing barriers to mental health support for the UK Nepali community. For some participants, despite enduring psychological distress, help-seeking was uncommon. Literature on Nepali and Gurkha mental health in the UK establishes significant underuse of mental health services due to fears of shame, unfamiliarity with available resources, and a lack of culturally appropriate care (Simkhada et al., 2021; Thake, 2014). Terms such as *pagal* ("madness") continue to carry strong stigma (Chase et al., 2018). These concerns seem to reflect wider trends among the UK's growing Nepali population, where mental health services remain underused. To address these gaps, evidence from cultural adaptation research highlights the importance of modifying therapeutic approaches to align with clients' cultural values, metaphors, and communication styles. Frameworks for culturally adapted interventions emphasise that adapting language, meaning, and delivery can enhance engagement, retention, and clinical outcomes among racialised and migrant communities (Falicov, 2009; Rathod et al., 2017; Arundell et al., 2021). It encourages services to move beyond generic ideas of "cultural sensitivity" and instead adopt systematic, collaborative, and community-informed adaptations that reflect the worldviews and lived realities of such communities. Placing these principles at the centre of service design may help reduce barriers to care and prevent feeling pressured to "fit" into unfamiliar therapeutic models.

Access to services was raised in one interview. Kaji spoke about his difficulty finding support that felt relevant. During follow-up calls, participants were invited to reflect further on barriers to care. Two participants responded with practical insight.

> English is second language. Senior citizens can't converse. NHS must have interpreters at the hospital. Family members can't be readily available. It's very important. It'll be a big help. *(*Nawang)

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You need compassionate interpreters. For the next 10–15 years, we need paid people, hourly, to help these elderly and make their lives easier. We have volunteers, but not enough. (Ghan Bahadur)

Language barriers and the availability of skilled, culturally sensitive interpreters are well-documented issues for the Nepali community and other racialised groups in the UK (Simkhada, 2021; Sah, 2024; Memon et al., 2016; Ochieng, 2013). These accounts from the participants highlight the need for interpreter provision to be embedded as a core component of service delivery. Services could also include co-designed formats like drop-ins, and peer-led groups. Outreach delivered in trusted community spaces such as cultural centres, veterans' welfare associations, or places of worship, may help in reducing stigma and allow distress to be contextualised within familiar communal frameworks (Fernando, 2010; Kirmayer, 2007).

Placed alongside these structural barriers, Drahm-Butler's (2015) critique helps clarify why culturally grounded approaches are important. It is argued that counselling and therapy can be experienced as colonising when people are framed as "the problem," assigned diagnostic labels, or required to express suffering through biomedical concepts that ignore histories of injustice. Many communities therefore experience therapy as forced or stigmatising. The invitation to honour storylines of pride, creativity, resistance and survival resonates strongly with the participants' of this study whose distress is inseparable from their historical context.

Within Nepal and across the global South, culturally grounded narrative approaches offer clear alternatives. *The Story Kitchen* (Luintel, 2024) supports women affected by conflict-related violence through story circles, double listening and survivor-to-survivor documentation. This enables women to define justice on their own terms and reshape stigmatising narratives. Similarly, *Seasons of Change* (Scharinger, 2019) adapts narrative practices using Nepali seasonal metaphors and rituals to support reflection, change and double-storied accounts of resilience. Also, Work with children affected by the Maoist conflict through the *Tree of Life* (Woods, 2011) demonstrates how story-based workshops can provide psychosocial assessment without pathologising but instead foregrounding one's strengths, hopes and relational resources.

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Other culturally resonant forms of expression, such as *dohori*, which is a dialogic and improvisational song tradition, has been shown to evoke tacit knowledge, emotion and collective reflection (Bhatta, 2024). This suggests how therapeutic processes may already exist within Nepali expressive culture. Additionally, participatory intervention design also shows promise within this context. Paudyal et al. (2025) co-produced a storytelling video intervention with Nepali migrant workers. The findings demonstrate that this method enabled migrants to shape narrative content, portray coping practices and articulate their psychosocial concerns. Participants within the study also emphasised the value of having a platform to speak in their own terms and challenge deficit-based portrayals imposed about migrant workers.

Taken together, these examples suggest that culturally meaningful mental health support for Gurkha veterans may benefit from community-led narrative practices such as story circles, peer-led dialogue groups, adapted Tree of Life workshops, or co-produced storytelling interventions. Recent decolonial scholarship also highlights storytelling as a praxis through which racialised and marginalised communities reclaim voice, resist epistemic dominance, and generate healing knowledge grounded in lived experience and collective identity (Samuel & Ortiz, 2021; González & Sánchez-Lasaballett, 2025). Integrating such approaches would align with the moral, historical, and relational nature of distress described in this study without pathologizing individuals' experiences.

The significance of relationality within these narrative approaches also echoed through this study's process itself. Despite holding an insider position, my initial recruitment efforts through a poster received no responses. This seemed to highlight that insider status alone does not guarantee access or trust, particularly when outreach feels institutional. This echoes research showing that insider identity alone does not guarantee trust, especially when initial contact feels formal or institutional (Chavez, 2008; Dwyer & Buckle, 2009). Participation in this study only became possible through relational engagement. These experiences suggest the importance of trust-based outreach models that reflect community norms of relationality and familiarity.

At the policy level, Gurkha veterans are often excluded from universalist models that centre white, Western, and combat-specific frameworks. Their mental health needs appear to be shaped by structural forces such as racialisation, immigration policy, and postcolonial

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marginalisation. This has also been reflected in broader migrant health disparities (Gee & Ford, 2011; Virdee, 2019). Equitable care might involve redistributing power and resources, with Gurkha veterans and Nepali community leading the design and oversight of services (Lenette, 2022; Caxaj, 2015).

Finally, many Gurkha veterans already seem to engage well in community spaces. Such spaces often take the form of cultural centres, religious institutions, and informal peer networks that bring together the community. However, these settings are frequently sustained through voluntary efforts within the Nepali community, often volunteers from the community themselves. Systems could recognise and invest in these spaces as vital social infrastructure could improve wellbeing, if done in genuine partnership with Gurkha and Nepali-led initiatives and community organisations (Kagan et al., 2019; Ginwright, 2015). These recommendations align with the Patient and Carer Race Equality Framework (NHS England, 2023), which requires NHS mental health providers to co-produce actions with racialised communities and address inequalities in access, experience, and outcomes. They also support the Advancing Mental Health Equalities Strategy (NHS England, 2020), which promotes partnership with under-served groups to develop culturally responsive care pathways. For Gurkha veterans, applying these principles through services like Op COURAGE: Veterans Mental Health and Wellbeing Service (NHS, 2024), would enhance access and ensure culturally informed care. This aligns with the Armed Forces Covenant Duty, which requires NHS bodies to consider and reduce disadvantage (Ministry of Defence, 2022).

5.7.6 Liberation and Clinical Psychology

These findings invite clinical psychology to expand its ethical and epistemological scope. Dominant models are often grounded in Western assumptions that individualise pain and frame recovery in secular, cognitive–behavioural terms. Yet for many participants, suffering was collective, historical, and spiritual. This was shaped by colonial legacies, systemic exclusion, racialisation, and moral injury. Recovery was pursued through protest, ritual, prayer, and storytelling, rather than through conventional therapeutic spaces.

Liberation psychology (Martín-Baró, 1994) offers a valuable alternative: a psychology grounded in the lived realities of oppressed communities, oriented toward social transformation rather than adaptation. It encourages clinicians to act as witnesses, collaborators, and co-learners rather than experts. This requires asking not only "what

happened to you?" but also "what happened to your people?" and "what structures continue to harm you?". Liberation-oriented approaches also emphasise acknowledging and naming structural violence, supporting collective identity, and honouring local epistemologies of suffering and survival (Watkins & Shulman, 2008; Adams et al., 2015). It also suggests the importance of holding space for suffering that is ethical, relational, and politically produced. In this view, the therapeutic space could become a place for restoring dignity, supporting resistance, and recognising the moral and relational dimensions of distress.

This is not a rejection of current clinical practice, but rather as a possible deepening of its purpose by asking: Whose knowledge counts? Whose knowledge is trusted? What forms of pain are recognised, and what kinds are ignored? Decolonial scholars argue that clinical encounters must attend to epistemic justice and ensure that marginalised communities have their cultural and experiential knowledge taken seriously within care systems (Bhakuni & Abimbola, 2021; Hook, 2012). Healing, as the participants in this study show, may not come from individual insight alone, but from collective acts of remembrance, resistance, and spiritual continuity. For clinical psychologists, there is a professional and ethical duty to practise with cultural humility, inclusivity, and respect for diverse worldviews (HCPC, 2023). Meeting the needs of Gurkha veterans and similar communities might therefore require psychology to evolve structurally, ethically, and epistemologically.

Table 16: Clinical Recommendations for Gurkha and Nepali Communities

Area	Clinical Implication	Key Recommendations
1. Rethinking Trauma	Gurkha veterans experienced trauma not as isolated events but as sustained moral, relational, and historical ruptures.	• Clinicians and researchers might consider moving from event-based assessments toward relational, narrative, and contextual formulations, such as the Power Threat Meaning Framework (Johnstone & Boyle, 2018). • Moral injury, colonial oppression, and intergenerational grief may be recognised as central themes that influence wellbeing across generations (Litz et al., 2009; Brave Heart, 1998). • It could be valuable to integrate cultural communication forms (e.g., metaphor, silence, proverbs) into therapeutic dialogue.

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		• Considering the moral and spiritual dimensions of distress, it is likely that engaging trauma as an ethical and political experience may lead to more culturally responsive formulations (Summerfield, 1999).
		• Community-based and collective therapeutic models (e.g., storytelling circles, veterans' dialogue groups, collective narrative practices, and remembrance rituals) could be incorporated to support moral repair and shared healing (Denborough, 2008; Kirmayer et al., 2011). These approaches recognise trauma as a social process rooted in belonging, justice, and reciprocity. It also extends therapy beyond the individual to community spaces.
2. Recognising the Emotional Complexity of Activism	Activism was both a source of strength and emotional strain for Gurkha veterans.	• Formulations might centre activism as emotionally, morally, and politically significant (Chua, 2018; Cruea, 2019). • Therapists may integrate collective narrative therapy principles to explore pride, exhaustion, and injustice through storytelling circles, veterans' dialogue groups, and community reflection. • Family and community perspectives might be included when considering activism's psychological toll. • Activism itself may represent a restorative practice that reclaims dignity and moral agency. • Services could consider addressing burnout and grief as legitimate consequences of prolonged advocacy.
3. Centring Cultural Idioms of Distress	Distress was embodied and articulated through culturally embedded idioms.	• It would be useful to recognise idioms of distress as culturally informed knowledge systems (Kohrt & Hruschka, 2010; Kohrt et al., 2016). Inviting and working with clients' own words within assessment and formulation can strengthen cultural

		relevance, deepen therapeutic alliance, and improve acceptability of care (Cork et al., 2019; Fabian, 2018).
		• Dialogical and narrative methods could be used to surface moral and spiritual meaning-making.
		• Somatic and metaphorical expressions of pain may be validated as legitimate communicative forms.
		• Training might include recognition of idioms such as *pida*, *dukkha*, and metaphors of karmic imbalance or broken honour.
		• It is likely that reducing reliance on symptom checklists would promote more culturally grounded assessment.
4. Engaging Spiritual and Ancestral Meaning-Making	Spirituality and ancestral responsibility were central to how many Gurkha veterans understood suffering, endurance, and help-seeking.	• Formulations may include spiritual beliefs (e.g., *aatmabal*, ("spiritual strength"), karma, ancestral duty where these shape meaning and coping (Kohrt & Harper, 2008).
		• Clients might be supported to explore both the strength and pressure these beliefs bring.
		• Therapy could integrate expressive, ritual, and embodied modalities such as storytelling, remembrance, and symbolic offerings.
		• Training programmes might benefit from incorporating competence in working with spiritual and moral idioms of distress.
5. Building Culturally Meaningful Mental Health Support	Despite levels of distress, mental health care was often perceived inaccessible due to stigma, mistrust, or systemic barriers.	• Therapeutic approaches might be culturally adapted to align with clients' values, metaphors, communication styles, and explanatory frameworks, with consideration of established cultural adaptation models (Falicov, 2009; Rathod et al., 2017; Arundell et al., 2021).
		• Services might be co-produced with Gurkha and Nepali communities, embedding cultural priorities and

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		communal ethics (Lenette, 2022; Caxaj, 2015).
		• Outreach may be delivered through temples, community halls, and veterans' associations using familiar moral frameworks.
		• Interpreters could be embedded as permanent staff rather than ad hoc resources (Memon et al., 2016; Ochieng, 2013).
		• Organisations might develop long-term, equitable partnerships with community groups and Gurkha welfare organisations (Khan & Hardy, 2020).
		• Community-based participatory approaches may help redefine effectiveness around belonging, dignity, and justice (Lenette, 2022).
		• Collaborative engagement with traditional faith healers, *Jhankris*, and local religious institutions like temples, monasteries/*gumbas*, churches could enhance culturally acceptable care pathways. Training healers to identify and refer severe cases is likely to strengthen trust and bridge treatment gaps (Luitel et al., 2025).
		• Many Gurkha veterans already engage meaningfully in community spaces such as cultural centres, religious institutions, and informal peer networks which are often led by volunteers. There could be investment into this by partnering with Gurkha and Nepali-led initiatives (Kagan et al., 2019).
6. Liberation as Healing: Reimagining Clinical Psychology	Healing was described as reclaiming dignity, bearing witness, and restoring justice.	• Therapeutic frameworks may draw on Liberation Psychology, Postcolonial Theory, and CRT to embed historical and structural awareness in care (Martín-Baró, 1994; Hook, 2012; Adams et al., 2015).

		• Definitions of healing might expand to include dignity, activism, and cultural continuity.
		• Therapy could function as a relational and political space where structural harm and racism are acknowledged (Fernando, 2010).
		• Practitioners may support ancestral memory, storytelling, and cultural pride as therapeutic acts (Watkins & Shulman, 2008).
		• It is likely that recognising activism and justice work as pathways to recovery may enhance empowerment and collective wellbeing.
		• Practitioners might cultivate cultural humility, positional reflexivity, and awareness of historical asymmetries within therapeutic and institutional contexts (HCPC, 2023).
		• Dialogue around trust, loyalty, and betrayal could be facilitated within therapy to acknowledge colonial histories of allegiance and loss.
		• Anti-racist and decolonial supervision may help prevent reenactment of colonial hierarchies and support reflective, ethical practice.
		• Training curricula might integrate postcolonial, liberation, and critical-race frameworks to prepare clinicians for equitable and culturally responsive work.
7. Gurkha Mental Health and Institutional Responsibility	Psychological distress was shaped by decades of policy exclusion, racial inequity, and moral injury from institutional betrayal.	• Policy and clinical reviews might explicitly name harms such as pension inequality and systemic neglect as ongoing contributors to distress (Smith & Freyd, 2014; Virdee, 2019).
		• Future initiatives could commission Gurkha-led research and service evaluations centred on this community's lived experience.

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- Veteran service design may benefit from embedding equity and anti-racist frameworks (NHS England, 2020; NHS England, 2023).
- Institutions might fund culturally grounded, community-led support spaces.
- It could be valuable to develop mechanisms for accountability and restorative justice at governmental and organisational levels.

5.8 Future Research

Considering the temporal positioning of this study being conducted during an ongoing and uncertain phase of Gurkha campaigning, future research could explore how Gurkha veterans' narratives evolve over time. Particularly, in relation to whether justice is achieved, denied, or delayed. Such work could offer insight into the psychological experiences across different political and historical moments.

This study found that family members often served as key emotional supports and witnesses to Gurkha veterans' activism. Prior research (Kiruppalini, 2022) also suggests that Gurkha family systems are shaped by complex social, emotional, and cultural dynamics. Future research could examine how struggles over justice are co-experienced within family systems. It would also be interesting to explore especially how narratives of resistance and justice are passed on, reinterpreted, or challenged by family.

Future research could adopt a fully Participatory Action Research (PAR) approach, enabling participants to co-define the aims, interview questions, and even the definition of *mental health* itself (Lenette, 2022; Caxaj, 2015). Due to time and resource constraints, such an approach could not be fully realised in this study. However, its potential to reshape how research is done with Gurkha communities remains significant. This would support deeper community ownership and reflect more culturally grounded epistemologies. PAR is increasingly recognised as important for working ethically with communities whose knowledge systems have been historically marginalised (Tuck, 2009; Smith, 2012*).

5.9 Dissemination

Initial dissemination began with a presentation of the SLR at the British-Nepal Academic Council (BNAC) conference. This forum brings together scholars, researchers, and practitioners working on Nepal-related issues. Presenting the SLR helped introduce and situate the study and opened space for curiosity and dialogue around mental health.

The findings from the study will also be presented at the next BNAC conference in 2026. It will also be written up for publication in an appropriate academic journal.

Also, equally important is the commitment to ensure that the findings are shared with the communities to whom is being researched. Planned non-academic dissemination will include:

- Translating key findings into Nepali.
- Sharing accessible summaries and talks through community organisations, veterans' groups, and local cultural events.
- Creating alternative outputs such as community reports, visual storytelling tools, videos, and radio content.
- Collaborating with grassroots organisations

To contribute to policy dialogue, findings will also be shared with:

- MPs representing towns with large Gurkha communities, many of whom have supported lobbying efforts on Gurkha rights.
- The All-Party Parliamentary Group (APPG) in Nepal.
- The Defence Committee, where issues relating to non-UK veterans, including mental health, have recently been discussed.

As whole, this aims to ensure the research not only informs academic and clinical conversations, but also reaches those engaged in advocacy, community care, and policy reform.

5.10 Final Conclusions

This study explored how Gurkha veterans construct and make meaning of mental health through activism and struggles for justice. The findings show that activism functioned both as a source of psychological strain and as a means of emotional, moral, and political repair. Participants articulated these experiences through culturally embedded expressions rather

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than clinical terminology, revealing alternative ways of understanding distress and resilience (Kohrt & Hruschka, 2010; Kirmayer, 2007).

A key finding was that trauma was historical, intergenerational, and ongoing across all narratives. Experiences of betrayal, injustice, and loss were embedded within family, community, and ancestral duty. This challenges trauma paradigms that locate suffering within the individual, detached from history and power (Fanon, 1963; Brave Heart, 1998; Herman, 1992). Clinically, this reframes trauma as a moral and relational experience rather than a symptom cluster.

Supporting Gurkha veterans and the wider UK Nepali community requires moving beyond individualised, biomedical models of care. Mental health interventions must be contextually responsive, culturally grounded, and attuned to the complex histories and continuing inequities that shape how distress and healing are lived (Watkins & Shulman, 2008; NHS England, 2023).

These insights invite psychology to hold trauma as an ongoing moral dialogue between suffering, endurance, and resistance as this is inseparable from history and power.

5.11 Final Reflections

This study has been powerful and deeply personal. As a member of the community I was researching, this work was never just analytical. It was emotionally and ethically complex. It required vulnerability and continual reflexivity.

Holding multiple identities brought both connection and responsibility. There were times I felt pressure to represent my community *well*, to protect participants, to manage my interpretations with extra care. At other times, I felt the weight of the *psychologist* role, to analyse, to explain, to interpret. Navigating these tensions meant continually asking myself not just what I was researching, but why and for whom.

When I presented my SLR at the BNAC conference, one Nepali attendee remarked that campaigning could not possibly affect campaigners' mental health. This was sad to hear, perhaps because it reflected how unseen or dismissed emotional suffering can be within our

own community. However, I also saw how this discussion began to unsettle their assumptions. It showed me that research can indeed disrupt.

This study has never felt neutral. The lives of Gurkha veterans are political, and so too must be the psychology that seeks to understand them. This study process has affirmed that separating mental health from the contexts that shape it is not ethical or effective. Rather, our practice must be socially aware, culturally attuned, and unafraid to take a stand. As I look ahead to my future practice, I hope to carry these lessons with me to approach my practice with this humility.

The idea for this study came to me in 2023, and as I complete it in 2025, the struggle for Gurkha justice remains unchanged. It is still unresolved with little progress made. While I do not claim this study captures every Gurkha veteran's experience, I hope it honours the stories that were shared with me and acknowledges the emotional labour participants have done, often at great personal cost.

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APPENDICES

Appendix A: SLR Quality Assessment (Tracy, 2010)

Assessment Matrix

Score	Meaning
0	Absent
0.5	Somewhat present
+	Present
++	Sufficiently present

Paper	Worthy Topic?	Rich Rigour?	Sincerity?	Credibility?	Resonance?	Significant Contribution?	Ethical?	Meaningful Coherence?	T
A War within a War: A World War II Buffalo Soldier's Story Black & Thompson (2012)	++ Relevant, timely, and significant-significant examination of veterans' resistance against systemic inequalities	+ Multiple interviews over months with detailed data collection 4, but limited by single case design	+ Clear methodological transparency, limited discussion of researcher biases	+ Rich narratives and historical documentation, lacks triangulation with other participants	+ Expressive presentation of veteran activism but limited generalisability	++ Important theoretical and practical insights into veterans' mental health through activism	+ Clear procedural ethics, limited discussion of relational ethics	++ Clear connection between research aim, method with theoretical framework	11

Study									
British Nuclear Test Veterans: The Complexities of Identity, Health and Wellbeing, and the Ageing Process Prescott (2021)	++ Relevant and timely study of veteran activism (with BNTV population)	+ Systematic data collection with 41 interviews, though generalisability limited	++ Research displays sincerity through clear self-reflexivity and transparency about challenges	+ Description and concrete details of veterans' experiences	++ Representation through creative nonfiction approach	++ Novel methodological framework for understanding veteran activism	+ Clear procedural ethics for vulnerable population	++ Strong alignment between aims, methods and findings	13
Coming out in camouflage: A queer theory perspective on the strength, resilience, and resistance of lesbian, gay, bisexual, and transgender service members and veterans Ramirez, & Sterzing (2017)	++ Relevant and timely examination- LGBT veterans' resistance and mental health experiences	+ Strong theoretical framework but limited detail on sample selection and size	+ Some transparency about methods but limited self-reflexivity	+ Rich descriptions through veterans' narratives but lacks member checking	++ Strong transferability and impact through compelling veteran stories	++ Novel focus on strength-based resistance strategies	0.5 Limited discussion of ethical considerations	++ Clear alignment between aims, methods and findings	11.5

Study									
Emotional Mobilization of Chinese Veterans: Collective Activism, Flexible Governance and Dispute Resolution Hu & Wu (2021)	++ Relevant and timely, understudied area of veterans' emotional mobilisation and activism	+ Comprehensive data collection with 50 interviews and multiple sources, though geographic limitations	+ Acknowledges challenges in accessing participants and topic sensitivity	+ Detailed descriptions of veterans' experiences, multiple data sources but limited member checking	++ Strong transferability across veteran activism contexts, expressive representation of emotional experience	++ New insights into veterans' psychological experiences through activism, theoretical advancement	+ Clear procedural ethics, limited discussion of relational aspects	++ Well-aligned methodology and goals, clear connection between findings and theoretical framework	12
Fighting the Peace at Home: Mexican American Veterans and the 1944 GI Bill of Rights Rosales (2011)	++ Highly relevant examination of veterans' mental health through resistance lens	+ Mixed methods with oral histories and archival research, limited sample size but detailed contextual analysis	+ Clear methodology discussion, limited reflection on researcher positionality	++ Rich veteran testimonials and detailed accounts, multiple data sources and historical documentation	+ Transferable findings about veteran activism, strong narrative presentation of experiences	++ Important insights into mental health and resistance, novel theoretical framework connecting activism to wellbeing	+ Appropriate handling of sensitive topics, protection of veteran narratives	++ Clear alignment between aims and methods, strong connection between findings and theoretical framework	12
Fog of War: Psychopharmaceutical "Side Effects"	++	+	++	+	+	++	+	++	12

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and the United States Military Chua (2018)	Highly relevant and timely examination of veterans' mental health through activism lens	Strong theoretical framework and extended fieldwork (15 months), though heavily relies on single case. Comprehensive sample of 35 veterans and 15 family members	Clear methodological transparency and acknowledgment of research process	Detailed ethnographic descriptions but limited triangulation. Multiple veteran perspectives included	Expressive representations of veteran experiences, though generalizability limited by regional focus	New insights into veteran activism and mental health constructions	Evidence of procedural ethics with veteran participants	Clear alignment between research aims, methods, and findings	
Remembering forgotten heroes and the idealisation of true love: Veteran memorial activism in contemporary China Lin, J.Z. (2021)	++ Highly relevant and timely-issue of veteran activism and memory-making in challenging systemic inequalities	++ Extensive ethnographic fieldwork with detailed data collection and analysis processes	+ Shows methodological transparency but limited discussion of researcher reflexivity	++ Thick description and multiple veteran perspectives through ethnographic approach	++ Creates evocative representations of veterans' experiences and transferable findings	++ Makes theoretical and practical contributions to understanding veteran activism	+ Demonstrates consideration of veteran communities but limited explicit discussion of ethical procedures	++ connects research goals, methods, and findings in a cohesive narrative	14

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Sacrificial Limbs of Sovereignty: Disabled Veterans, Masculinity, and Nationalist Politics in Turkey Açiksöz (2012)	++ Highly relevant- addresses issues of veteran identity formation through activism and institutional experiences	++ Extensive ethnographic fieldwork with multiple data collection methods including interviews with 35 veterans, observations, and archival research	+ Demonstrates transparency about research challenges and fieldwork complexities	++ Rich ethnographic detail and multiple data sources including interviews, observations and media analysis	++ Provides transferable insights into veteran activism and identity formation through detailed narratives	++ Makes theoretical and practical contributions to understanding veteran activism and mental health experiences	+ Shows consideration of procedural ethics but limited discussion of relational ethics	++ Research methods align with goals, connecting veteran experiences to broader sociopolitical contexts	14
The War At Home: Black Vietnam Veterans and their Organizing Techniques During the Black Power Era Cruea (2019)	++ Highly relevant and timely- issue of veterans' political activism and mental health experiences through resistance	+ Uses interviews and historical analysis with veterans, though sample size details limited	+ Shows transparency in research process and veterans' varying experiences	++ Thick description through veteran testimonies and multiple voices	++ Demonstrates transferable findings about veteran activism and trauma experiences	++ Makes important theoretical and practical contributions to understanding veteran activism and mental health	+ Considers veterans' experiences respectfully, though explicit ethical procedures not detailed	++ Connects veteran activism to mental health outcomes through coherent analysis	13

Writing Yourself Home: US Veterans, Creative Writing, and Social Activism Usbeck (2021)	++ Timely exploration of veterans' mental health through activism, highly relevant to current civil-military relations	+ Strong theoretical framework combining trauma theory and activism, though sample details limited	+ Clear methodological transparency but limited researcher reflexivity	+ Detailed analysis of veterans' writing projects with multivocal perspectives	++ Findings transferable across veteran activism contexts	++ Important theoretical and practical insights into veterans' mental health construction through activism	+ Considers relational ethics in veteran-civilian interactions	++ Clear alignment between aims, methods, and findings in examining veterans' writing as activism	12
Total:	20	12	12	14	17	20	9.5	20	

Appendix B: Thematic Coding Matrix Informing the Development of Descriptive Themes

1: War Within a War	2: British Nuclear Test Veterans	3: Coming Out in Camouflage	4: Emotional Mobilization of Chinese Veterans	5: Fighting the Peace at Home	6: Fog of War	7: Remembering Forgotten Heroes	8: Sacrificial Limbs of Sovereignty	9: The War at Home	10: Writing Yourself Home
Black veterans' contributions erased from history.	Veterans feel abandoned by the government.	LGBTQ+ soldiers forced to conceal identities.	Chinese veterans protest government neglect.	Mexican-American veterans denied GI Bill benefits.	Military overprescribes psychopharmaceuticals.	Some veterans engage in memorial activism to be remembered.	Disabled veterans glorified in rhetoric but ignored in policy.	Black Vietnam veterans felt they fought two wars (one at home and one abroad)	Creative writing as a way to process trauma.
Black soldiers expected to be patriots despite segregation.	Medical conditions linked to nuclear exposure ignored.	Many veterans face dishonourable discharges due to identity.	Veterans distrust institutions due to repeated betrayal.	Veteran-led organisations emerged to challenge systemic exclusion.	Psychopharmaceuticals overlooked for harmful side effects.	Digital platforms used to bypass state-controlled narratives	Veterans required to "prove" their suffering to receive benefits.	Police violence against Black veterans after service.	Memoirs help veterans reshape identity.
Camaraderie among veterans strengthened collective resistance.	Camaraderie among veterans strengthened collective resistance.	Activism as a means of reclaiming LGBTQ+ identity.	Emotional networks sustain resistance efforts.	Struggles tied into larger civil rights movements.	Veterans seek alternative mental health treatments.	Storytelling as a form of activism and resistance	Veterans challenge state narratives through advocacy.	Military PTSD support often excludes Black veterans.	Veterans use poetry and storytelling for healing.
Black veterans disproportionately assigned to high-risk combat roles.	Veterans denied compensation for radiation-	LGBTQ+ service members continue to face	Anger fuels activism but also leads to burnout.	Government selectively honours some veterans	Veterans abandoned after active service ends.	Public largely unaware of the struggles of certain	Disability pensions are difficult to obtain due	Black veterans surveilled and criminalised for activism.	Writing workshops serve as spaces for

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	related health issues.	discrimination post-repeal.		while ignoring others.		veteran groups.	to bureaucratic barriers.		collective healing.
Black soldiers faced violence from white officers in their own military units.	Veterans were misinformed about radiation risks and their health impacts.	LGBTQ+ veterans discharged under discriminatory policies struggle to access post-military employment.	Chinese veterans organiSed large-scale protests to demand pensions.	Mexican-American veterans faced employment discrimination post-service.	Military medical studies suppressed data on adverse psychopharmaceutical effects.	Public memorials often fail to recognise contributions of marginalised veterans.	Disability benefits process is intentionally complicated to limit government payouts.	Black Vietnam veterans disproportionately targeted by policing after service.	Veterans use writing as a way to control their own historical narratives.
Post-war policies systematically disadvantaged Black veterans economically.	Veterans experienced intergenerational trauma due to lack of medical recognition.	LGBTQ+ veterans turned to community networks after rejection from formal veteran institutions.	Some veteran protests led to minor policy shifts, but major grievances remain unaddressed.	Mexican-American veterans formed alliances with civil rights organisations to amplify their struggles.	Alternative healing methods such as meditation and peer counselling as responses to pharmaceutical dependence.	Oral history projects by families of deceased veterans attempt to preserve erased stories.	Veterans report feeling discarded once they are no longer "useful" to the military state.	Lack of mental health support for Black veterans led to high rates of homelessness and incarceration.	Writing therapy programs have been adopted by various veteran organizations as an alternative form of treatment.
Black veterans faced housing discrimination post-service.	Nuclear veterans' medical data was intentionally withheld by the government.	LGBTQ+ veterans faced workplace discrimination after forced discharge	Chinese veteran protests suppressed by state media.	Mexican-American veterans were often classified as "unqualified" for benefits.	Military psychiatric programs prioritised compliance over care.	Forgotten veterans' movements highlight gaps in historical records.	Veterans were denied long-term healthcare benefits due to legal loopholes.	Black Vietnam veterans lacked access to VA services.	Writing circles created spaces for veterans to collectively reframe their trauma.

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Black veterans experienced heightened surveillance under COINTELPRO.	Nuclear test survivors had to prove exposure-related illnesses for decades.	LGBTQ+ veterans were denied service medals and recognitions posthumously.	Chinese veterans used online activism to bypass government censorship.	Mexican-American veterans were denied military burial rights.	Overmedication of veterans led to increased addiction and dependence.	Veteran memorial activism sought to reclaim erased histories.	Disability status often used by the state as a means to disqualify claims.	Black veterans' activism was often dismissed as militant radicalism.	Veterans used self-published memoirs to counter official military narratives.
Black veterans, experiencing DuBois' "double consciousness," used activism to navigate racism and reconstruct identity.	British nuclear test veterans sought medical validation of their suffering while rejecting mental designations.	LGBTQ+ veterans fought military erasure through personal storytelling.	Chinese veterans reframed exclusion as political, leading to widespread protests.	Mexican-American veterans moved from individual grievances over denied benefits to broader Chicano movement activism.	Antiwar veterans turned systemic neglect into broader critiques of militarism.	Disabled Turkish veterans resisted state narratives of being passive recipients of care.	Kuomintang veterans erased from war histories and denied pensions.	Black veterans denied housing, work assistance, and loans upon return.	Veterans used self-expression to take charge of their own trauma.

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Appendix C: Excerpts of Reflections from Reflective Journal

8/11/24 After an Interview

At the start of the actual interview, I immediately noticed a shift. He chose to speak only in English. His English was more fluent, precise and perhaps almost deliberate. At first, he was composed, careful even, but as the interview progressed, his storytelling became more animated. He gesticulated a lot and his voice more expressive. He role-played and embodied different characters (his seniors, fellow campaigners, his younger self). It became a performance, and I found myself drawn in. I found myself leaning in more, wanting to push and even intrude further compared to previous interviews.

Balancing openness and subtle guidance in the interview were a challenge. I felt an internal push and pull. Should I follow the natural flow of his narrative, or should I steer him more? Was I shaping the conversation too much? I was trying to stay mindful of my own biases and yet I wondered whether I was projecting too much onto this interaction.

One of the most unexpected aspects of this interview was its tone. The positive and gentle framing of the Gurkha-British relationship took me by surprise. So much of the dialogue surrounding the campaign is steeped in deficit, injustice, and struggle, but this conversation introduced an element of hope that I hadn't anticipated.

9/3/25 After Transcribing an Interview

After finishing transcribing, I found myself feeling unsatisfied. More so than with the other interviews. At moments, I found myself disagreeing with the participant's viewpoints at certain points, which I had not strongly felt before with the other participants. I felt frustrated at the possibility that perhaps than the others, he seemed to be more 'wary' of what he was saying, more cautious in his responses. However, this reaction made me pause. Where was this frustration coming from? Was I frustrated because I was imposing my own expectations onto the participants? Had I expected them to speak in a certain way, to push against the system in ways that aligned with my own perspective?

This made me reflect on the nuances within the campaign. Those involved holding divergent perspectives on certain issues. His stance was shaped by his own lived experiences, just as my perspective is shaped by mine. Where did his viewpoint come from and what shaped it? How does this diversity of thought fit into the broader landscape of the campaign?

14/3/25 After Narrative Workshop

After the narrative workshop, I thought more about the idea that *"the story is not the experience"*. At first, it felt abstract but the more I sat with it, the more it challenged how I had been approaching my data. I realised I had often treated stories as direct reflections of reality. This prompted me to ask: what do I really mean when I say I'm analysing someone's narrative? Am I looking for "what happened," or am I paying attention to how they've chosen to tell it, and what that choice might mean?

The workshop also made me reflect on my own positioning. As a researcher, I bring expectations such as implicit ones into the room. I don't always notice when I'm hoping for a certain kind of narrative, or when I start reading into why a participant might be telling a

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story a certain way. However, the workshop reminded me to resist the urge to "explain" the story. The story itself is the data.

04/06/25 Anonymity Issue
This week I found myself in reflection around the issue of anonymity. It came about from a recent team supervisory meeting specifically, the concern that even with pseudonyms, some participants in my study might still be identifiable. It's something I had thought about before, but this conversation brought it into sharper focus.

Initially, I considered the idea of offering participants the option to be named using their real names. In activist work, it is thought that naming can sometimes be empowering as a way of claiming voice, visibility, and ownership over one's narrative. I could see how this might appeal, especially given the political and justice-oriented nature of the stories shared. However, as I sat with this possibility, discomfort grew. I kept thinking about the dynamics at play in those conversations: my own position as an insider, the trust participants had placed in me, and the subtle ways that deference or agreement can show up in Nepali cultural contexts. Would offering the option to be named genuinely feel like a free choice? Or might it be received as a suggestion they were expected to agree with? No one had explicitly asked to be named. That, in itself, felt important. I began to question whether I was projecting a particular idea of what empowerment should look like. Sometimes, protection is the more ethical route.

In the end, I decided to maintain anonymity and keep their pseudonyms. I'm also planning to recontact participants to let them know about these concerns and offer them the chance to review or revise anything they feel uneasy about. This feels like the most careful and relationally accountable approach.

Again, this has reminded me again that ethical research isn't a checklist. It's messy, fluid, and often sits in the grey areas. I feel especially in insider work, this responsibility deep.

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Appendix D: Participant Demographic Form (English & Nepali)

Participant Background Information Sheet

Participant ID:

Personal Details

Age:

Gender:

Ethnicity:

Education Level:

Current Living Situation (e.g., living with family, alone; country of residence):

Location in Nepal:

Army Background

Name of Regiment:

Year Joined the Army:

Completed Years of Service:

Rank at Retirement/Discharge:

Places Served:

Involvement in the Gurkha Campaign

Year and Period of Involvement:

Role in Campaign:

Motivation for Participation:

Are you affiliated with any organisation?:

Confidentiality Statement

Your responses will be kept confidential and used only for research purposes. Your personal information will not be shared with any third parties.

Thank you for your participation.

Gurkha Veterans' Narratives of Mental Health, Activism, and Justice

व्यक्तिगत विवरण फाराम

सहभागीको पहिचान नम्बर (आइडी):

व्यक्तिगत विवरण
उमेर (पूरा भएको):

लिङ्ग:

जातियता:

शिक्षा स्तर:

हालको बस्ने अवस्था (जस्तै, परिवारसँग बस्ने, एक्लै; बस्ने देश):

नेपालको ठेगाना:

सैन्य सेवाको पृष्ठभूमि
रेजिमेन्टको नाम:

भर्ती भएको साल:

सेवा गरेको पूरा वर्ष:

सेवानिवृत्त भएको साल:

सेवानिवृत्त हुँदाको पद:

सेवा गरेका ठाउँहरू :

गरेको मुख्य कामको किसिम:

गोर्खा अभियानमा संलग्नता
गोर्खा न्यायको अभियानमा संलग्न भएको साल र अवधि

अभियानमा लिएको भूमिका (पद)

अभियानमा सहभागीताको लागि प्रेरणा

कुनै संस्थामा आवद्धता छ कि ?

तपाईंले दिनु भएका सूचनाहरू गोप्य राखिने छ र तिनलाई केवल यो अध्ययनमा मात्र प्रयोग गरिने छ । तपाईंका व्यक्तिगत विवरणहरू अन्य कुनै तेस्रो पक्षलाई दिइने छैन ।

सहभागिताका लागि धन्यवाद ।

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Appendix E: Recruitment Poster

Appendix F: Ethical Approval Notification

University of Hertfordshire **UH**

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Krishtina Gurung
CC	Dr Maja Jankowska
FROM	Dr Simon Trainis, Health, Science, Engineering and Technology ECDA Chair
DATE	22/07/2024

Protocol number: **LMS/PGR/UH/05748**

Title of study: Gurkha Justice Campaigns: Narrating Mental Health Experiences of Gurkha Veterans

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Krishna Adhikari (External/Secondary Supervisor)
Dr Bandana Datta (Project Consultant)

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 22/07/2024

To: 01/06/2025

Appendix G: Life and Medical Sciences Risk Assessment

UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

FORM EC5 – HARMS, HAZARDS AND RISKS:
ASSESSMENT AND MITIGATION

Name of applicant: Krishtina Gurung   Date of assessment: 02/07/24

Title of Study/Activity: Gurkha Justice Campaigns: Narrating Mental Health Experiences of Gurkha Veterans

If you are required to complete and submit a School-specific risk assessment (in accordance with the requirements of the originating School), it is acceptable to make a cross-reference from that document to form EC5 in order not to have to repeat the information twice. The purpose of Form EC5 is to consider how a participant might react to the activities in the study and to indicate how you will manage such reactions; the Form also addresses the safety of the investigator and how any risks to the investigator will be managed.

Activity Description					
1. IDENTIFY RISKS/HAZARDS	2. WHO COULD BE HARMED & HOW?		3. EVALUATE THE RISKS		4. ACTION NEEDED
Activities/tasks and associated hazards Describe the activities involved in the study and any associated risks/ hazards, both physical and emotional, resulting from the study. Consider the risks to participants/the research team/members of the public.

In respect of any equipment to be used read manufacturer's instructions and note any hazards that arise, particularly from incorrect use.) | Who is at risk? e.g. participants, investigators, other people at the location, the owner / manager / workers at the location etc. | How could they be harmed? What sort of accident could occur, eg trips, slips, falls, lifting equipment etc, handling chemical substances, use of invasive procedures and correct disposal of equipment etc. What type of injury is likely? Could the study cause discomfort or distress of a mental or emotional character to participants and/or investigators? What is the nature of any discomfort or distress of a mental or emotional character that you might anticipate? | Are there any precautions currently in place to prevent the hazard or minimise adverse effects? Are there standard operating procedures or rules for the premises? Have there been agreed levels of supervision of the study? Will trained medical staff be present? Etc/ | Are there any risks that are not controlled or not adequately controlled? | List the action that needs to be taken to reduce/manage the risks arising from your study for example, provision of medical support/aftercare, precautions to be put in place to avoid or minimise risk or adverse effects NOTE: medical or other aftercare and/or support **must** be made available for participants and/or investigator(s) who require it. |
| Interview process, whether face-to-face or online | Participants and researcher | Emotional stress or triggering of traumatic memories for participants.

Researchers may experience emotional distress or secondary trauma from | A detailed information sheet (Appendix F) and consent form (Appendix G), explaining the nature of the study, will be provided to all | No | Pre-interview briefing will be held to inform participants about the study's purpose, potential emotional triggers, and their right to withdraw at any time.

A debriefing session will be conducted post-participation to participants, offering |

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		hearing participants' traumatic experiences or witnessing their emotional reactions.	participants beforehand. A comfortable and private environment will be ensured for face-to-face interviews. This be advised for online interviews as well. Researcher, who is trained in mental health, will continuously monitor and evaluate participants' well-being throughout the interviews. Researcher can use supervisory meetings and supervision to discuss challenging interactions, receive guidance and debrief with the research team. Researcher to engage in self-care practices and ongoing reflection.		information on available support services (Appendix E). Access to supervision and support from the research team for researcher. Researcher will maintain a reflexive journal to process personal emotional responses.
Exposure to and discussing campaign-related stressors	Participants and research team	Heightened emotional distress due to ongoing potential challenges or setbacks in the campaign. For researcher, continuous exposure to emotional or distressing content may lead to burnout.	A detailed information sheet (Appendix F) and consent form (Appendix G), explaining the nature of the study, will be provided to all participants beforehand. Participants will be reminded of the option to pause or terminate the interview at any time. Researcher can use supervisory meetings	No	Pre-interview briefing will be held to inform participants about the study's purpose, potential emotional triggers, and their right to withdraw at any time. A debriefing session will be conducted post-participation to participants, offering information on available support services (Appendix E). Participants will be offered the option to review their interview transcript. This gives participants the opportunity to ensure their experiences and perspectives are accurately captured, clarify statements, correct inaccuracies and add additional information if necessary.

			and supervision to discuss challenging interactions, receive guidance and debrief with the research team. Researcher to engage in self-care practices and ongoing reflection.		Access to supervision and support from the research team for researcher. Researcher will maintain a reflexive journal to process personal emotional responses.
Discussing potentially aspects of the Gurkha Justice Campaign and British Army policies, that may be deemed 'controversial' by some.	Participants and research team	Engaging in contentious discussions can lead to emotional stress for participants. Researchers may encounter criticism for exploring controversial topics, especially if research findings are contentious or challenge established norms (e.g. discussing controversial topics related to military policies).	Informed consent (Appendix G) will be obtained that includes clear explanations of how participant confidentiality and safety will be protected throughout and after the study. Research team to be cognisant in cultural sensitivity and conflict resolution to navigate potentially contentious discussions respectfully and responsibly To monitor and moderate discussions to prevent escalation.	No	Participants will be offered the option to review their interview transcript. This gives participants the opportunity to ensure their experiences and perspectives are accurately captured, clarify statements, correct inaccuracies and add additional information if necessary. Access to supervision and support from the research team for researcher. Researcher will maintain a reflexive journal to process personal emotional responses.
Travelling to interview location	Participants and researcher	Travel-related risks, including accidents, delays and unfamiliar locations. If journey is long, it may cause physical discomfort, fatigue and stress to all.	To plan travel routes in advance, use reliable transportation methods and carry emergency contacts. Provide participants with detailed information about travel arrangements, including directions to interview locations and contact information in case of emergencies.	No	

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Use of computers and display screens for online interviews	Participants and researcher	Prolonged use of computers and display screens may lead to eyestrain, headaches or musculoskeletal discomfort to all. Connectivity problems or technical glitches could disrupt interviews, leading to frustration or incomplete data collection.	Participants will be provided with instructions on how to prepare their computer and environment for the interview, including recommendations for ergonomic setup and minimising distractions. Researcher will offer technical support will be offered to participants before and during the interview to troubleshoot any connectivity issues or software problems. Regular screen breaks will be encouraged and taken.	No	Researcher is familiar with the interview platform and will have a contingency plan for switching to alternative communication methods if needed (e.g. telephone).
Physical risks when conducting face-to-face interviews	Participants, researcher and staff at the premises	Physical risks associated with the premises, such as trips, slips, and falls.	A thorough safety inspection of the premises to identify potential hazards (e.g., loose cables, uneven flooring, obstructed walkways) will be conducted by staff at the premises before the interviews. Walkways to be clear and free from obstacles. Any loose cables or wires that could cause tripping to be secured. Areas will be well-lit to prevent trips and falls. Warning signs for any areas that might pose a risk (e.g., wet floors) will be used.	No	Standard operating procedures or rules for the premises are in place. The Forgotten British Gurkhas has agreed to allow interviews and will ensure safety standards are met. Interview locations will always be approved and verified by the supervisor.

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			Researcher will meet the participant at the entrance and guide participants safely around the premises to the interview room. Participants will be briefed on safety protocols and emergency procedures upon arrival. A member of staff familiar with the premises will be available to assist participants and the principal investigator if needed.		
Conducting face-to-face interviews alone with participants	Researcher may face safety or emergency situations without immediate support. Participants, if an emergency occurs and the researcher needs to manage the situation alone.	Although there will be staff present at the premises, the researcher will be alone with the participant in a separate room during interviews. This arrangement introduces risks associated with lone working, such as physical safety and emergencies as well as the capability to handle such emergencies without immediate assistance.	Lone working arrangements to include notifying the research supervisor and relevant staff at the premises about details of the scheduled interview such as the location and duration of lone working. Regular check-ins with the researcher supervisor will also be arranged during this period. Researcher will have access to their mobile phone with emergency contacts, which will include research supervisor's. Staff at the premises will always be made aware of the researcher's presence.	No	Ensure any accidents, incidents, or near-misses are promptly reported to research supervisor. Researcher is also aware of the University of Hertfordshire's incident reporting procedures (including for major incidents) and has access to the University's Incident Reporting Form.

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			Researcher is able to handle lone working, including managing emergencies and maintaining personal safety effectively.		
Risk of transmission of infectious diseases when conducting face-to-face interviews	Participants, researcher and staff at the premises	Risk of contracting infectious diseases, including COVID-19, during face-to-face interactions.	Participants, the researcher, and staff at the premises to be vigilant for any symptoms of infectious diseases, including COVID-19, prior to face-to-face interviews. If anyone exhibits symptoms of infectious diseases, interviews will be postponed until symptoms have resolved, and will be rescheduled accordingly. Or virtual interview options will be offered. Interview rooms will be well-ventilated. Seating will be arranged to maintain a safe distance of at least 1-2 meters between the researcher and participants during interviews. Interview spaces will be cleaned and disinfected before and after each session. Hand sanitisers and face masks will also be available. Researcher to monitor updates from health authorities regarding infection control	No	Standard operating procedures or rules for the premises are in place. The Forgotten British Gurkhas has agreed to allow interviews and will ensure safety standards are met. Participants and staff will be informed of the nearest medical facilities and support services in case of symptoms or exposure.

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			guidelines and adjust protocols accordingly.		
Conducting interviews using Zoom	Participants and researcher	Technical issues (connectivity problems, interruptions) data security and privacy concerns.	Zoom's security features, such as password protection for meetings and enabling waiting rooms to control participant access will be used. Participants will be provided with clear instructions on how to join Zoom meetings securely and ensure they understand their rights regarding data protection and confidentiality.	No	Contingency plans will be in place for switching to alternative communication methods (e.g., telephone interviews) or rescheduling the interview if technical difficulties persist.
Data handling and confidentiality	Participants, researcher and research team	Participants' sensitive personal information could be compromised if data is not securely stored.	Informed consent will be obtained from participants regarding data collection. Personal data including recordings, transcriptions, consent forms, and demographic information will be anonymised and securely stored in an encrypted file on UH OneDrive. These files will be password protected throughout the research period and will be deleted upon completion of the research project in June 2025. Pseudonyms will be used to protect participants identities	No	

| | | | and minimise the risk of re-identification.

Access to confidential data will be limited to the researcher and research team only. | | |
|---|---|---|---|---|---|
| Managing well-being throughout the research process. | Researcher and Research Team | Balancing the demands of conducting research with the need to support participant well-being may result in work-related stress or burnout. | Engaging in self-care and maintaining a healthy work-life balance will be encouraged within the research team.

Regular review of safety and ethical procedures with the supervisor.

If necessary, to establish regular debriefing sessions or reflective practices (if necessary) to discuss challenging research.

Structured research plan leading up to submission has been developed. | No | |

Appendix H: Participant Information Sheet (English & Nepali)

Participant Information Sheet

Title: Gurkha Justice Campaigns: Narrating Mental Health Experiences of Gurkha Veterans

Introduction
Thank you for taking an interest in this research. This participation information sheet hopes to offer you an overview of the present research study by stating why this research is being conducted and what your participation would involve.

Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision.

Please do take your time to decide whether or not you wish to take part.

About the researchers
My name is Krishtina Gurung and I am a Trainee Clinical Psychologist at the University of Hertfordshire. This research is being conducted as part of my Professional Doctorate in Clinical Psychology. I also have a personal connection to this topic as I come from a Gurkha family background, with both my father and grandfather having served in the 6th Queen Elizabeth's Own Gurkha Rifles (6GR).

This project is being supervised by Dr Maja Jankowska (Principal Lecturer & Senior Research Fellow in Clinical Psychology at the University of Hertfordshire) and Dr Krishna Adhikari (Centre for Nepal Studies UK).

What is purpose of this study?
This study aims to explore the psychological experiences of Gurkha veterans actively participating in justice campaigns. In light of the longstanding grievances and ongoing bilateral meetings, it is important to understand how these factors may affect the mental health of those actively involved in advocating for change. By participating in this study, you will contribute to a deeper understanding of the psychological challenges faced by Gurkha veterans engaged in the current campaign for justice. Your insights will help shed light on the unique mental health experiences within this context and may inform future interventions and support services tailored to address their needs effectively.

Who can take part?
Participation in this study is open to individuals worldwide who meet the following criteria:

- You must be a former member of the Gurkha regiment who has served in the British Army.
- You should currently be actively involved in the ongoing justice campaign for a minimum of one year. This could mean that you are presently participating in a meaningful and ongoing capacity, such as attending meetings, contributing to activities or engaging in advocacy efforts regularly.

- You must be willing to participate in an interview to discuss your experiences of the campaigns and the role it has played in your mental health.

Do I have to take part?
No. It is entirely your decision whether you would like to participate in this study. Should you accept to take part, you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw at any stage of the interview without giving a reason. You can also withdraw up to 2 weeks after the interview.

What will happen if I decide to take part in the study?
If you would like to participate, you will be asked to take part in one audio-recorded interview which will last around between 60 – 90 minutes.

The first thing to happen will be me contacting you to arrange an interview at a date and time which is convenient you. The interview can take place face-to-face at one of our designated interview locations. Alternatively, it can also take place over video call (e.g. Zoom).

During the interview, you will be talking about your experience of being involved in the campaign.

What are the possible disadvantages of taking part?
Though there are no obvious disadvantages of taking part in this research, sometimes engaging in discussions about your experiences may evoke emotional responses. If this is the case, you can opt out or stop the interview, alternatively you can pass onto the next question. Information about sources of support will be offered after the interview.

What are the benefits of taking part?
By participating, you contribute to understanding the mental health experiences shaped by the Gurkha Justice Campaigns. Your insights may inform culturally sensitive mental health interventions and advocate for more inclusive support services tailored to the evolving needs of Gurkha veterans and their families in the UK.

What will happen to the data collected within this study?
The information collected about you during the interview will be treated with strict confidentiality. Any identifiable details will be anonymised and kept separate from the interview itself, ensuring your privacy as a participant. Interview transcripts will also undergo anonymisation before data analysis, and any direct quotes used in the report will be fully anonymised.

For added security, all data, such as recordings, transcriptions, consent forms, and demographic information, will be stored electronically in encrypted files on the University's OneDrive. These files will be password-protected throughout the research period. All data will be securely deleted upon the completion of the research project in June 2025.

What will happen to the results of the study?

The results of this study will be used for academic research purposes as part of my Professional Doctorate in Clinical Psychology. Quotes from your interview will be used as excerpts in the research reports and publications. They will be analysed, interpreted and presented in my doctoral thesis.

Additionally, findings may be shared through academic publications, conferences or presentations. Efforts will be made to disseminate the results within the Gurkha community too. It is my hope that by sharing and disseminating these findings, we can advocate for meaningful change and improve the support available to Gurkha veterans who have been affected by the issues highlighted in this research.

Who has reviewed this study?
This study has been reviewed by:
The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority
The UH protocol number is <enter>

Who can I contact if I have any questions?
If you would like further information or would like to discuss any details personally, please get in touch with me by email: k.gurung2@herts.ac.uk

Alternatively, if you prefer to speak with someone else, you can reach out to the research supervisors, Dr Maja Jankowska: m.jankowska@herts.ac.uk or Dr Krishna Adhikari: krishna.adhikari@anthro.ox.ac.uk

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Hertfordshire
AL10 9AB

Thank you for reading this information and giving consideration to taking part in this study.

<center>सहभागीका लागि जानकारी पत्र</center>

<center>गोर्खा न्याय अभियान: गोर्खा दिग्गजहरूको मानसिक स्वास्थ्य अनुभवहरू वर्णन गर्दै</center>

परिचय

यस अनुसन्धानमा चासो लिनुभएकोमा धन्यवाद । यो जानकारी पत्रमा यो अनुसन्धान किन सञ्चालन भइरहेको छ भन्ने बारेमा विस्तृत विवरण दिने कोसिस गरिएको छ । यो पत्रमा अध्ययनमा तपाईंको सहभागिताका विविध पक्षका बारेमा आवश्यक जानकारी दिइएको छ ।

कृपया यो अध्ययन सम्बन्धी निम्नलिखित विवरणहरू ध्यानपूर्वक पढनु होला । आवश्यक लागेमा यो विषयमा अरूसँग पनि छलफल गर्न सक्नुहुनेछ ।

अनुसन्धानकर्ताहरूको बारेमा जानकारी

मेरो नाम कृष्णा गुरुङ हो र म हार्टफोर्डशायर विश्वविद्यालयमा प्रशिक्षार्थी क्लिनिकल मनोविज्ञानविद्को रूपमा कार्यरत छु । मैले उक्त विश्वविद्यालयमा क्लिनिकल मनोविज्ञानमा व्यावसायिक विद्यावारिधि (पीएचडी) गर्दैछु र यो अध्ययन त्यही सिलसिलामा गर्न लागिएको हो । म ब्रिटिश गोर्खा पारिवारिक पृष्ठभूमिबाट आएकी हुँ । मेरो बुबा र हजुरबुबा दुवै जनाले महारानी एलिजाबेथको आफ्नै छैठौं गोर्खा राइफल्स् (६ जीआर) मा सेवा गर्नु भएको थियो । यसकारण गोर्खा सम्बन्धी यो अध्ययनमा मेरो व्यक्तिगत चासो र सम्बन्ध पनि रहेको छ।

यस परियोजनामा निम्नलिखित दुई जना सुपरिवेक्षक हुनुहुन्छ: हार्टफोर्डशायर विश्वविद्यालयकी बरिष्ठ लेक्चरर डा. माजा जानोस्का, र नेपाल अध्ययन केन्द्रका डा. कृष्ण अधिकारी ।

यस अध्ययनको उद्देश्य के हो ?

यस अध्ययनको उद्देश्य भूतपूर्व गोर्खाहरूले समान न्यायका लागि चलाएको अभियान/आन्दोलनमा सक्रिय रूपमा सहभागी भूपू गोर्खा अभियन्ताहरूको मनोवैज्ञानिक अनुभवहरूको खोजी गर्ने हो । गोर्खा न्यायको आन्दोलन लामो समयदेखि चलिरहेको छ र अझै पनि उनीहरूका धेरै गुनासा/मुद्दाहरू बाँकी छन् । यो अभियानले न्याय प्राप्तिका लागि सक्रिय अभियन्ताहरूको मानसिक स्वास्थ्य तथा जीवन पद्धतिमा कस्तो असर पारको छ वा पार्न सक्छ भनेर बुझ्न महत्त्वपूर्ण हुन्छ । तपाईंले यस अध्ययनमा भाग लिएर न्यायको लागि हालको अभियानमा संलग्न गोरखा अभियन्ताहरूले सामना गरेका मनोवैज्ञानिक चुनौतीहरूलाई गहिरो रूपमा बुझ्ने हाम्रो प्रयासमा योगदान दिनुहुनेछ । तपाईंको भोगाई र गहिरो अनुभवबाट न्यायका लागि चलेका अभियानहरूले अभियन्ता/आन्दोलनकारीहरूको मानसिक स्वास्थ्यमा कस्तो प्रभाव पार्छन् र उनीहरूका आवश्यकताहरूलाई प्रभावकारी रूपमा सम्बोधन गर्न भविष्यमा कस्ता सहयोग कार्यक्रम वा सेवाहरू आवश्यक हुन्छन् भनेर बुझ्न मद्दत पुग्ने छ ।

यो अध्ययनमा कसले भाग लिन सक्छ?

यस अध्ययनमा निम्नलिखित मापदण्डहरू पूरा भएका व्यक्तिहरूले लागि भाग लिन सक्नु हुनेछ:

• ब्रिटिश सेनामा भर्ती भई गोर्खा रेजिमेन्टमा सेवा गरेको,
• तपाई ंहाल चलिरहेको न्याय अभियानमा कम्तिमा एक वर्ष सक्रिय रूपमा संलग्न हुनुपर्छ। यसको मतलब यो हुन सक्छ कि तपाई ंहाल अर्थपूर्ण र निरन्तर क्षमतामा भाग लिइरहनुभएको छ, जस्तै बैठकहरूमा भाग लिने, गतिविधिहरूमा योगदान गर्ने वा नियमित रूपमा वकालत प्रयासहरूसहित संलग्न हुने।
• तपाईंले अभियानका अनुभवहरू र यसले तपाईंको मानसिक स्वास्थ्यमा खेलेको भूमिकाबारे छलफल गर्न अन्तर्वार्तामा सहभागी हुन इच्छुक हुनुपर्छ।

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के मैले यो अध्ययनमा भाग लिनै पर्छ?

यस अध्ययनमा तपाईंको सहभागिता स्वैऐच्छिक हो। तपाईंलाई यो जानकारी पत्रको एक प्रति पढ्न र आवश्यकता अनुसार प्रश्न सोध्नका लागि दिइनेछ। यदि तपाईं अध्ययनमा भाग लिन चाहनुहुन्छ भने, छु भनी सहमति फारममा हस्ताक्षर गर्नु पर्नेछ। अन्तर्वार्ताको कुनै पनि चरणमा तपाईंलाई इच्छा लागेन भने कुनै कारण नदिई आफ्नो सहमति फिर्ता लिन स्वतन्त्र हुनुहुन्छ। चित्त नबुझे अन्तर्वार्तापछि दुई हप्तासम्म पनि सहमति फिर्ता लिन सक्नु हुन्छ।

मैले अध्ययनमा भाग लिने निर्णय गरेमा के हुन्छ?

तपाईंले दिने सूचनालाई राम्रोसँग अभिलेख राख्न सकियोस् भनेर तपाईंको अनुमतिमा अन्तर्वार्तालाई अडियो रेकर्ड गरिने छ। अन्तर्वार्ता लगभग एकघण्टादेखि डेढघण्टासम्मको हुनेछ।

तपाईं सहमत भएपछि सबभन्दा पहिला मैले तपाईंलाई सुविधा हुने मिति र समयमा अन्तर्वार्ता मिलाउनको लागि सम्पर्क गर्नेछु। तोकिएको पायक पर्ने कुनै ठाउँमा व्यक्तिगत रूपमा भेटेर अन्तर्वार्ता गरिने छ। त्यसो गर्न सम्भव नभएमा आपसी सहमतिमा भिडियो कल (जस्तै जुम) मा पनि अन्तर्वार्ता गर्न सकिने छ।

अन्तर्वार्ताको क्रममा तपाईंको गोर्खा न्यायको अभियानमा रहेको संलग्नता, मानसिक स्वास्थ्य संबन्धी अनुभव र मनोवैज्ञानिक प्रभावका बारेमा बारेमा कुराकानी हुनेछ।

के यो अध्ययनमा भाग लिएर मलाई कुनै हानी हुन्छ ?

सामान्यतया यस अनुसन्धानमा भाग लिँदा तपाईंलाई कुनै हानी हुँदैन। तर कहिलेकाहीँ तपाईंका अनुभवहरूको बारेमा छलफलमा गर्दा भावनामक असर पर्न सक्छ। यस्तो अवस्था आएमा अन्तर्वार्ता रोक्न वा अर्को प्रश्नमा जान सक्नु हुनेछ।

यो अध्ययनमा भाग लिएर के फाइदा हुन्छ?

सहभागी भएर, तपाईंले गोर्खा न्याय अभियानले आकार दिएका मानसिक स्वास्थ्य अनुभवहरू बुझ्न योगदान दिनुहुन्छ।यसबाट नीति निर्माताहरू सुसूचित भई सांस्कृतिक रूपमा संवेदनशील र सुहाउँदो किसिमको मानसिक स्वास्थ्य सेवाका नीति तथा कार्यक्रमहरू बनाउन सहयोग पुग्न सक्छ। यसबाट भूप गोर्खा र उनीहरूका परिवारका के कस्ता आवश्यकता छन् बुझी सो अनुरूप थप समावेशी सेवाहरू निर्माण गर्नका लागि वकालत गर्न सकिन्छ।

यस अध्ययनमा सङ्कलन गरिएको सूचनालाई के गरिन्छ ?

यस अध्ययनमा सङ्कलन गरिएका सूचनालाई गोप्य राखिने छ र पहिचान खुल्ने व्यक्तिगत विवरण हटाएर सुरक्षित गरिने छ।
यी गोपनियता र सूचनाको सुरक्षाका नियमहरू अन्तर्वार्तामा दोभाषेको रूपमा काम गर्ने, वा अन्तर्वार्ता ट्रान्सक्रिप्ट (टाइप) गर्न सघाउने सबैमा लागु हुन्छ। परियोजनामा संलग्न सबै व्यक्तिहरूलाई गोपनियताको संझौतामा हस्ताक्षर गराइने छ। लिखित जानकारी, जस्तै सहमति फारमहरू इन्क्रिप्टेड उपकरणमा भण्डारण गरी पासवर्ड राखेर सुरक्षित गरिनेछ। अडियो रेकर्डहरू र टाइप गरिएका ट्रान्सक्रिप्टहरूलाई पनि सोही अनुसार सुरक्षित गरिनेछ। सूचना सुरक्षणसम्बन्धी GDPR नियमहरूलाई पूर्ण पालना गरिने छ। अनुसन्धान परियोजना समाप्त भएपछि सबै सूचनालाई मेटाइने छ।

अध्ययनबाट प्राप्त हुने नतिजालाई कसरी प्रयोग गरिन्छ?

यस अध्ययनको नतिजाहरू क्लिनिकल साइकोलोजीमा मेरो व्यावसायिक विद्यावारिधिको शोधपत्रका लागि प्रयोग गरिने छ। यससम्बन्धी अनुसन्धान प्रतिवेदन र प्रकाशनहरूमा तपाईंको अन्तर्वार्ताका कुराहरू पनि उद्धरण गर्न सकिनेछ। सूचनाको उद्धरण, विश्लेषण, र व्याख्या मेरो शोधपत्रमा पनि प्रस्तुत गरिने छ। तिनीहरूलाई शैक्षिक प्रकाशनहरू, र अन्य प्राज्ञिक शोधपत्रहरूमा पनि प्रस्तुतीकरण गर्न सकिने छ। अध्ययनबाट प्राप्त हुने नतिजा/निष्कर्षलाई गोर्खा समुदायमा पनि

बाड्ने कोसिस गरिने छ । आशा छ कि यी निष्कर्षहरू प्रसार गरेर, हामीले अर्थपूर्ण परिवर्तनको लागि वकालत गर्न/ आवाज उठाउन सक्ने छौँ र त्यसबाट भूपू गोर्खाहरूलाई उपलब्ध हुने सहयोगमा सुधार गर्न सकिने छ ।

यदि कुनै प्रश्नहरू छन् भने म कसलाई सम्पर्क गर्न सक्छु?
यदि तपाइँ यो अध्ययनको बारेमा थप जानकारी चाहनु हुन्छ वा व्यक्तिगत रूपमा कुनै पनि कुरा छलफल गर्न चाहनुहुन्छ भने, कृपया मलाई निम्नलिखित इमेल मार्फत सम्पर्क गर्नु होला: k.gurung2@herts.ac.uk. यदि तपाइँ यस विषयमा अरू कुनै व्यक्तिसँग कुरा गर्न चाहानु हुन्छ भने, तपाइँ यो अध्ययनका सह-सुपरिवेक्षक डा. कृष्ण अधिकारीसँग सम्पर्क गर्न सक्नुहुन्छ: फोन: ०७८६१४९२६५४, इमेल: krishna.adhikari@anthro.ox.ac.uk.

अध्ययनका बारेमा तपाईंसँग कुनै गुनासा रहेका छैनन होला भन्ने आशा गरेकी छु । यदि तपाईंसँग अध्ययनको सिलसिलामा मबाट भए गरिएका व्यवहार वा तौर तरिकाको कुनै पनि पक्षमा गुनासो वा सरोकार छ भने कृपया हार्टफोर्डशायर विश्वविद्यालयका सचिव वा रजिस्ट्रारलाई निम्नलिखित ठेगानामा लेखी पठाउन सक्नु हुनेछ :

ठेगाना
Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Hertfordshire
AL10 9AB

यो जानकारी पत्र पढ्नु भएकोमा धन्यवाद । यस अध्ययनमा भाग लिने विचार गर्नु भएकोमा पनि अग्रिम धन्यवाद ।

Gurkha Veterans' Narratives of Mental Health, Activism, and Justice

Consent Form

Title of Research: Gurkha Justice Campaigns: Narrating Mental Health Experiences of Gurkha Veterans

Researcher: Krishtina Gurung

Supervisors: Dr Maja Jankowska, Dr Krishna Adhikari

<u>Consent Form</u>

1. I have read and understood the participation information sheet for the above study.
2. I have had the opportunity to contact the researcher and ask questions relating to the study.
3. I have been informed that I am free to decline participation and I am able to leave the study without giving a reason before or during the interview.
4. I have been informed that my data will be anonymised and stored securely.
5. I consent to the audio recording of my interview.
6. I consent to the use of quotes from my interview to be used as excerpts in the research reports and publications. I have been made aware that this data will be treated as anonymous and confidential.
7. I consent to taking part in the above study.

If you would like to be contacted when the results are published, please leave your email address or contact number here:
_____

Signature of participant .... Date.............................

Signature of Researcher .... Date.............................

सहमति फाराम

गोर्खा न्याय अभियान: गोर्खा दिग्गजहरूको मानसिक स्वास्थ्य अनुभवहरू वर्णन गर्दै

शोधकर्ता: क्रिष्टिना गुरुङ

सुपरिवेक्षक : डा. माया जानकोस्का डा. कृष्ण अधिकारी

सहमति:

१. मैले माथि उल्लिखित अध्ययनका लागि तयार पारिएको सहभागिका लागि जानकारी पत्र पढेको र बुझेको छु ।

२. मैले शोधकर्तालाई सम्पर्क गर्ने र अध्ययनसँग सम्बन्धित प्रश्नहरू सोध्ने अवसर पाएको छु ।

३. मलाई अध्ययनमा सहभागी हुन वा नहुन स्वतन्त्रता छ र मैले अन्तर्वार्ता अघि वा सोही बेला पनि कुनै कारण नदेखाई अध्ययन छोड्न सक्नु भन्ने कुराको जानकारी गराइएको छ ।

४. अन्तरवार्तामा दिएको सूचनाबाट नामथर आदि खुल्ने पहिचान हटाएर गोप्य र सुरक्षित तरिकाले राखिने कुरा मलाई जानकारी गराइएको छ ।

५. म मेरो अन्तर्वार्तालाई अडियो रेकर्ड गर्न सहमत छु ।

६. शोध प्रतिवेदन तथा प्रकाशनहरूमा मेरो अन्तर्वार्ताका अंशहरू उद्धरण/प्रयोग गर्न म सहमत छु । यसरी प्रयोग हुने सूचनामा मेरो नाम पहिचान नखुलाइने र गोप्य राखिने छ भन्ने कुरा मलाई जानकारी छ ।

७. म माथि उल्लिखित अध्ययनमा भाग लिन सहमत छु ।

यदि तपाईं अध्ययनको नतिजा प्रकाशित हुँदा सम्पर्कमा रहन चाहानु हुन्छ भने कृपया आफ्नो इमेल वा सम्पर्क नम्बर दिनु होला: _____

सहभागीको हस्ताक्षर   मिति

शोध्कर्ताको हस्ताक्षर   मिति

Gurkha Veterans' Narratives of Mental Health, Activism, and Justice

Appendix J: Participant Debrief Information Sheet (English & Nepali)

Debrief Information Sheet

Title: Gurkha Justice Campaigns: Narrating Mental Health Experiences of Gurkha Veterans

Thank you for participating in our study exploring the mental health experiences of Gurkha veterans actively engaged in justice campaigns. Your contributions are invaluable to our efforts to understand how longstanding grievances and ongoing discussions shape the mental health of those advocating for change.

In recognition of the potential emotional impact of participating in research on sensitive topics, we want to ensure you have access to support resources that may be helpful for your well-being:

Op COURAGE: Veterans Mental Health and Wellbeing Service
Op COURAGE offers free NHS mental health services for all ex-serving members of the UK Armed Forces and service personnel. You can access their services in various ways:
- Directly contacting Op COURAGE yourself, or through a family member or friend.
- Asking your GP or other healthcare representative to refer you.
- Seeking referral through a charity.

For more information and to find out how to contact the Veterans Mental Health and Wellbeing Service in your area, please visit:
https://londonveteranservice.nhs.uk/who-we-are/

Combat Stress
Combat Stress provides a dedicated mental health support helpline, offering confidential advice and support, free of charge, for veterans, family members, and carers.
- 24/7 Helpline number: 0800 138 1619
- Website: https://combatstress.org.uk/

Togetherall
Togetherall offers 24/7 safe and anonymous support to all UK serving personnel, veterans, and their families.
- Website: https://togetherall.com/en-gb/mental-health-support-for-all-uk-armed-forces-veterans/

The Samaritans
The Samaritans provide a 24/7, free, and confidential helpline for anyone experiencing emotional distress.
- Freephone: 08457 909090
- Website: https://www.samaritans.org/

Data Withdrawal

Gurkha Veterans' Narratives of Mental Health, Activism, and Justice

You have the right to withdraw your data from the study at any time. If you decide to withdraw, please contact me via email: k.gurung2@herts.ac.uk and we will ensure that your data is removed from our records. Alternatively, if you prefer to speak with someone else, you can reach out to the research supervisors, Dr Maja Jankowska: m.jankowska@herts.ac.uk or Dr Krishna Adhikari: krishna.adhikari@anthro.ox.ac.uk for assistance with this.

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following
address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Hertfordshire
AL10 9AB

Thank you once again for your valuable contribution to this research study.

अन्तर्वार्तापछि सहभागीका लागि संक्षिप्त विवरण

गोर्खा न्याय अभियान: गोर्खा दिग्गजहरूको मानसिक स्वास्थ्य अनुभवहरू वर्णन गर्दै

न्याय अभियानमा सक्रिय रूपमा संलग्न गोरखा दिग्गजहरूको मानसिक स्वास्थ्य अनुभवहरूको अन्वेषण गर्ने हाम्रो अध्ययनमा भाग लिनुभएकोमा धन्यवाद। लामो समयदेखिको गुनासो र निरन्तर छलफलहरूले परिवर्तनको वकालत गर्नेहरूको मानसिक स्वास्थ्यलाई कसरी आकार दिन्छ भनेर बुझ्नको लागि हाम्रो प्रयासहरूको लागि तपाईंको योगदान अमूल्य छ।

संवेदनशील विषयमा भएको अध्ययनमा सहभागी हुँदा पर्नसक्ने भावनात्मक प्रभावलाई मध्यनजर गर्दै तपाईंको सुस्वास्थ्यका लागि उपयोगी हुन सक्ने सहयोगी संस्था तथा स्रोतहरूमा पहुँच होस् भनेर निम्नलिखित सेवाका बारेमा जानकारी दिएका छौं :

Op COURAGE: Veterans Mental Health and Wellbeing Service
(अप करेज: भूतपूर्व सैनिकको मानसिक स्वास्थ्य र सुस्वास्थ्यसम्बन्धी सेवा)
अप करेज संस्थाले बेलायती सेनाका सबै भूतपूर्व सदस्यहरूलाई निशुल्क रूपमा राष्ट्रिय स्वास्थ्य सेवा (NHS) का मानसिक स्वास्थ्य सेवाहरू प्रदान गर्दछ । तपाईं विभिन्न तरिकाले उनीहरूको सेवा लिन सक्नु हुन्छ :

- अप करेजलाई आफैं वा परिवारको सदस्य वा कुनै साथीमार्फत सिधै सम्पर्क गरेर ।
- आफ्नो जीपी वा अन्य स्वास्थ्य सेवाका प्रतिनिधिलाई रिफर गर्न अनुरोध गरेर ।
- कुनै परोपकारी सँस्था (च्यारिटी) मार्फत रिफरका लागि व्यवस्था गरेर ।

थप जानकारीका लागि र आफ्नो क्षेत्रमा रहेको Veterans Mental Health and Wellbeing Service मा कसरी सम्पर्क गर्ने, थाहा पाउन निम्न साइटमा जानु होस्
https://londonveteranservice.nhs.uk/who-we-are/

Combat Stress (कम्ब्याट स्ट्रेस)
कम्ब्याट स्ट्रेसले भूतपूर्व सेना, तिनका परिवारका सदस्य र हेरचाह गर्ने मानिसलाई निशुल्क तथा गोप्य सल्लाह दिनका लागि समर्पित मानसिक सेवा (हेल्प) लाइनको व्यवस्था गरेको छ:

- २४ सै घण्टा हप्ताका सातै दिन चल्ने हेल्पलाइन नम्बर ०८८ १३८ १६१९
- वेबसाइट: https://combatstress.org.uk/

Togetherall (टुगेदरअल)
Togetherall ले बेलायती सैन्य सेवामा हाल कार्यरत व्यक्तिहरू, भूतपूर्व सैनिक र तिनका परिवारका सदस्यहरूलाई २४ सै घण्टा हप्ताका सातै दिन सुरक्षित र गोप्य सेवा प्रदान गर्दछ ।

- वेबसाइट : https://togetherall.com/en-gb/mental-health-support-for-all-uk-armed-forces-veterans/

The Samaritans (द समारिटनस्)

द समारिटनसले भावनात्मक (मानसिक) समस्यामा परेका जो सुकैलाई पनि २४ सै घण्टा हप्ताका सातै दिन निशुल्क र गोप्य सेवा प्रदान गर्दछ:

- निशुल्क फोन: ०८४५७ ९०९०९०
- वेबसाइट: https://www.samaritans.org/

दिएको सूचना फिर्ता लिने

तपाईंले यस अध्ययनका लागि आफूले प्रदान गरेको सूचना कुनै पनि बेला फिर्ता लिनसक्ने अधिकार राख्नु हुन्छ । यदि तपाईंले सूचना फिर्ता लिने निर्णय गर्नु भयो भने मलाई k.gurung2@herts.ac.uk मा इमेल गर्न सक्नुहुन्छ । त्यसपछि हामीले अभिलेखबाट तपाइको सूचनालाई हटाउने छौँ । यदि तपाईंले यसबारेमा म बाहेक अन्य कसैसँग कुरा गर्न चाहनु हुन्छ भने यो अध्ययनका सुपरिवेक्षकहरू: डा. माया जानोस्कालाई : m.jankowska@herts.ac.uk मा वा डा. कृष्ण अधिकारीलाई krishna.adhikari@anthro.ox.ac.uk मा सम्पर्क गरेर सहयोग माग्न सक्नु हुन्छ ।

अध्ययनका बारेमा तपाईंसँग कुनै गुनासा रहेका छैनन होला भन्ने आशा गरेकी छु । यदि तपाईंसँग अध्ययनको सिलसिलामा मबाट भए गरिएका व्यवहार वा तौर तरिकाको कुनै पनि पक्षमा गुनासो वा चिन्ता छ भने कृपया हार्टफोर्डशायर विश्वविद्यालयक सचिव वा रजिस्ट्रारलाई निम्नलिखित ठेगानामा लेखी पठाउन सक्नु हुनेछ :

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यस अध्ययनमा भाग लिएर पुर्‍याउनु भएको महत्त्वपूर्ण योगदानका लागि पुन: धन्यवाद ज्ञापन गर्दछु

Appendix K: Interview Schedule

<u>INTERVIEW SCHEDULE</u>

Title: Gurkha Justice Campaigns: Narrating Mental Health Experiences of Gurkha Veterans

Introduction to the research purpose and objectives:
Thank you for meeting with me today. This study aims to explore your experiences as a Gurkha veteran engaged in the Gurkha Justice Campaigns. I am particularly interested in understanding how your involvement in these campaigns has affected your mental health. My focus is less on the specific details of the campaign itself and more on exploring your emotions, the ways your mental health has been affected and how you navigate your personal experiences within this broader context.

Explanation of the interview process, consent and confidentiality:
Before we begin, I want to explain the interview process. I would like to ask for your consent to audio record this interview. This recording will help ensure that I capture our conversation accurately, which is essential for the research findings.

Everything we discuss today will be used solely for the purposes of this research. Your personal details will be anonymised in the final write-up, and only myself and my supervisory team will have access to your data. All personal information will be password-protected securely and stored in an encrypted file on the university's OneDrive.

Do you have any questions about the process? Do you consent to participate and to be recorded?

Press record

Beginning the interview:
Thank you once again for agreeing to meet with me. The purpose of this interview is for you to share your experiences as someone who has been actively involved in the Gurkha Justice Campaigns.

The interview may take between 60-90 minutes but we can take breaks whenever you need to. If any question feels uncomfortable or distressing, let me know, and we can move on. You also have the right to stop this interview at any point and you do not need to provide a reason.

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I have one initial question to start us off and I may prompt you with additional questions as we go along. Please feel free to share as much as you are comfortable with.

Do you have any questions before we begin? Are you ready to start?

Introductory question:
Engaging in activism can be a deeply personal and sometimes challenging experience, with individuals navigating a variety of emotions and experiences along the way as they advocate for change and justice.

With this understanding of the complex nature of activism, I'm eager to explore your experiences with the Gurkha Justice Campaigns.

Can you tell me about your journey with the Gurkha Justice Campaign and how it has shaped your mental health?

Possible prompts:
1. What are some positive experiences you have had while participating in the campaign?
2. Have there been any negative experiences or challenges you have faced during your activism?
3. Have you noticed any changes in your mental health since you started participating in the campaigns?
4. How do you take care of yourself when dealing with the stress or demands of the campaign?
5. Have there been any moments of difficult feelings, and how have you managed those?
6. Can you share a specific instance where your involvement in the campaigns led to a significant change in your perception of yourself or your place within the community? How did this change impact your mental health?
7. What motivates you to continue your involvement in the Gurkha Justice Campaigns despite any challenges you might face?
8. What kind of support have you received from your community, family, or friends regarding your involvement in the campaigns?
9. How do you balance your activism with other aspects of your life (e.g., family, work, community involvement)?
10. What coping strategies have you found most effective in managing the emotional demands of activism? Have there been any strategies that you have found less helpful?
11. In what ways have your relationships with other activists or supporters influenced your mental health during the campaign?

12. Looking ahead, what are your hopes and aspirations for both your mental health and your continued involvement in activism? How do you envision integrating your past experiences into your future journey as an advocate?

Concluding the interview:
Is there anything you wanted to discuss that we haven't covered yet?

STOP RECORDING

Debriefing:
How did you find the interview? Do you have any immediate concerns or feelings you'd like to share?

Before we end, I want to acknowledge that discussing your experiences today may have been challenging. Your well-being is important to us. I will provide you with a debrief sheet that includes information on support resources available to you. This debrief sheet outlines mental health support organisations and resources should you wish to access them. Please feel free to discuss any questions or concerns you may have about this information.

Additionally, you have the option to review your interview transcript. Reviewing the transcript allows you to ensure that your experiences and perspectives have been accurately captured. This process provides you with the opportunity to clarify any statements, correct any inaccuracies and add any additional information that you feel is important. It also gives you a chance to reflect on the interview content and ensure that your narrative is represented in a way that aligns with your intentions. If you choose to review your transcript, please let me know and I will send you a copy.

Thank you very much for your time and for sharing your experiences with me. If you have any questions or if anything comes up after the interview that you would like to discuss, please do not hesitate to contact me.

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Appendix L: Narrative Analysis Example

Transcript	Thematic – What is being said?	Structure – How is it being said?	Performance – Why is it being said?	Co-construction – Researcher reflection and context	Postcolonial/CRT Lens – Power, resistance, identity
	What is being said about Gurkha identity, military service, migration, mental health, and activism? What emotions or values are conveyed?	How is the story organised? Are there turning points? Repetition, rhythm, silences? Does it flow or feel fragmented?	Why might the participant be telling this story now? Who is the implied audience (e.g., community, institutions)? What identity is being performed?	How do I, as a British Nepali researcher, influence the storytelling? What is left unsaid? What was the setting/context of the interview?	Are there signs of resistance to dominant narratives (e.g., colonial loyalty, Britishness)? Are counter-narratives about justice or exclusion present? How are race, empire, and voice constructed in the story?
I): hearing people say those things, how does that make you feel? (P): Yeah it does~ I'm I'm not really an emotional guy, you know. I I I. If if I have a dead body, someone dies (0.5) you know, I'm very practical and that's one of the reason why when somebody died and all the thing, you know, I went one and then everybody every time X. So a lot of things~ but there are some things that I'm REALLY sentimental about. And one of the things is THESE guys, you	expresses emotional restraint but describes deep empathy and responsibility for older Gurkha veterans and their families. He criticises ongoing poverty, generational injustice, and silence of British officers. He stresses intergenerational cohesion among Gurkhas and positions himself as a voice for the voiceless.	narrative builds gradually from stoic to emotion to intense feeling, marked by pauses, rhetorical questions, and rising emotional pitch. Repetition ("we live together", "that's the main thing") reinforces key values like unity, loyalty, and care. T ransitions between topics (parents, children, G10) follow an emotional rhythm rather than linear logic.	identity rooted in emotional integrity, history, and family. The audience includes the community, British institutions, and future historians.	My identity may invite these layered reflections on Gurkha collectivism and injustice.	Postcolonial – challenges loyal colonial subject trope by exposing poverty and abandonment faced by Gurkhas despite military service. He challenges British silence and positions Gurkhas as deserving of exceptional consideration due to cultural specificity. CRT – He highlights systemic inequality (e.g., intergenerational discrimination, exclusion from benefits), speaks for marginalised voices, and exposes how institutional structures fail to

know, they fought in the Millennium (.) you know (.) they fought in the Borneo confrontation (.) And they gave their all (.) A lot of them died (.) and a lot of them widows. Yeah and and (1.0) and they were LIVING in poverty in the hills (.) you know and I walked around and I found these guys (.) This is not on, you know, And, and that's one of the reason I want to take this up. And I feel for them. And that's why I want to do my part in trying to help as much as I can. And and of course, ↑ the pension, yes, that might come in ↓ but I want to get their dependent in (.) their children (.) and they will work. And they have a thread, you know? Yeah, yeah. And and you know that we are as a one, you know, we're very close, native. This is one of the things I'm saying is at 18 years of age, Gurkhas don't fly away (.) You know, children (.) we live together as I live together with my son. And					recognise culturally embedded family systems (e.g., extended family living).

yes. And so therefore this is a normal thing for Gurkhas. And I've even stated that we got here British officers (.) WHY DON'T THEY SPEAK? They're so EXPERT in gurkhas and Gurkhas are, they've gone to Nepal and all that. We live as a unit. Yeah, yeah, yeah, yeah. And I mean, there might be a few few separated, but certainly we live together. So therefore, we must be considered (.) exceptional to this case. But we are now gaining a bit more ground on that. So, so it is and (.) I do want to do something for them. And that's the emotional side of things. You know, sometimes the other emotion that I get is my talking about my mother, who raised so many children, you know, the hardship that did. ↑ And and she spoke to me a lot of the time, you know? (0.5) That when you, when you at the time, if you ever (.) the British have treated us very badly. And my

Mum and Dad were very, very unhappy. And they used to tell me (.) you know, and of course they, they didn't know what I was going to be and all that. But now I feel for that and I feel for these people (.) And that is my sole purpose. (0.5) You know, not to be X, doing and all that you know, I don't want to come into the limelight and all that~ which I don't do. But that's the main thing (.) That's my connection (0.5) to the the older generation. But the younger generation, you know, they, they are now same as the British. So obviously I don't have to speak (.) for them. ↑ But it's a case of, you know, the speaking for those who cannot speak for themselves. That's that's what it is (.)

Appendix M: Transcription Symbols adapted from Jefferson (2004)

Symbol	Example	What the symbol represents
(.)		Indicates a brief pause; too short to measure in seconds
(1.5)		Indicates time in seconds between end of a word and the start of the next word
[ ]	A: Okay [overlap] B: [overlap]	Indicates overlapping talk
Underlining	I know	Indicates emphasis.
::	I fe::el okay	Indicates prolongation of word
↓↑		Shift in pitch to higher pitch or lower pitch
Capital letters	It ACTUALLY made it worse	Indicates words that are louder than the surrounding speech by the same speaker.
∘ ∘	∘I didn't have help∘	Indicates speech that is softer than the surrounding speech by the same speaker.
" "	He said "What are you doing?"	Indicates imitation or quoting someone else.
(xxx)	He is (xxx)	Indicates inaudible speech.
hhh	It was hard…hhh	Indicates in-breath or breathiness.

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Appendix N: Mapping Narrative Trajectories of Participants

BIMAN'S NARRATIVE TRAJECTORY

Long-term Gurkha Activism
↓
Hunger strike (moral decision)
↓
Physical + Mental Collapse
↓
Exclusion
↓
Personal Transformation
↓
Hope + Optimism

NAWANG'S NARRATIVE TRAJECTORY.

Early Recruitment + Loyalty
↓
Realisation of Inequality
↓
Post-retirement Disillusionment
↓
Activist Emergence (Brunei, UK)
↓
Systemic Critique
↓
Legacy + Intergenerational Hope

GHAN BAHADUR'S NARRATIVE TRAJECTORY

Military Exit, Factionalism, Legal Struggles
↓
Political Advocacy
↓
Exclusion + Broken Promises
↓
Moral Authority + Emotional Anchoring
↓
Legacy, Rewriting + Resistance

SAGAR'S NARRATIVE TRAJECTORY.

Early Disparity
↓
Retirement + Initial Campaigning, Nepal
↓
UK Immigration Injustice (Post 2004 IRL split)
↓
Migration to UK + Family Separation
↓
Campaigning in the UK
↓
Partial Successes
↓
Ongoing Pension Inequality
↓
Reflection + Morale

KAJI'S NARRATIVE TRAJECTORY

Childhood Witness of Injustice
↓
Military Service + Disillusionment
↓
Post-Service Realisation + Early Activism
↓
Independent Activism + Legal Challenges
↓
UK Campaign + Collective Mobilisation
↓
"Sacrificial" Leadership
↓
Mental + Physical Health Impact

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