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Military Culture and Psychotherapy: Strange Bedfellows?

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Abstract. The military represents a distinct and overlooked cultural group. Because culture is germane to any effort to understand and treat disordered functioning, psychologists who work with service members or who plan on doing so should acquire the competencies needed to situate psychological treatment in the context of the needs and realities of military personnel. Psychologists must also remain aware of the many circumstances in military settings that pose ethical dilemmas in the provision of appropriate and effective mental health care. In this article, we describe military values and beliefs, military customs and courtesies, barriers to seeking psychological treatment in the military, and pathways for increasing psychologists' competence in providing culturally informed treatment to military personnel. We offer suggestions to guide future research on this neglected topic.

Keywords*:* culture, military, psychotherapy, treatment barriers, competence

Introduction

For many, the military is not only a profession, but a calling and way of life. According to Reger and Gahm (2008), "to the extent that a culture includes a language, a code of manners, norms of behavior, beliefs systems, dress, and rituals, it is clear that the Army represents a unique cultural group" (p. 22). Military culture is grounded in shared experiences, including education, training, deployment, injury to and loss of fellow service members, and post-deployment challenges (Hobbs, 2008; Soeters et al., 2003). As in many cultures, older members of the military transmit their perspective and knowledge on these shared experiences to younger service members. A military worldview, then, appear to be socially constructed via an interactive process of sharing narratives, setting examples, and maintaining expectations that enhances the ability of service members to navigate the demands of military and post-military life.

It is important to view the military as a culture because of its implications for the assessment and treatment of disordered psychological functioning that can impair service members. For example, PTSD affects a much larger number of service members than it does civilians, manifests differently in military personnel, and has high rates of comorbidity with other disorders and suicide (Creamer et al., 2011; Milliken et al., 2007; Moore & Penk, 2011; Wisco, et

al., 2012). In addition, there are unique issues in the psychological treatment of military personnel, including treatment barriers, which must be addressed in order to increase the availability and improve the success of psychotherapy.

Unfortunately, the military represents an overlooked cultural group (Hobbs, 2008; Soeters et al., 2003). Recently however, experts from various healthcare fields have come to agree that military cultural competence is an essential ingredient for the delivery of quality psychological treatment to military personnel (Meyer et al., 2016). Because culture bears on an understanding of disordered functioning and its remediation, psychologists who work with service members or plan on doing so need to develop for situating their work within the framework of military culture so as to better match elements of treatment with the realities of service members' lives. They must also recognize the many circumstances within military that can pose ethical dilemmas in providing appropriate care for service members.

In this article, we describe military values and beliefs, military customs and courtesies, barriers to service members seeking psychological treatment, and pathways for psychologists to increase their competence in providing culturally informed treatment. In presenting the military as a culture, we incorporate several formal dimensions of culture (Hofstede, 2001) that frame the military as a distinctive worldview.

Values and Beliefs

Notwithstanding individual differences (e.g., gender, race, ethnicity, religion), military personnel share motives that led them to volunteer for service. The cultural community they join also offers opportunities for solidarity in such domains as values and beliefs and customs and courtesies (Hobbs, 2008; Soeters et al., 2003).

Motivation to Join the Military

A key motivational factor for joining the military is patriotism. Moore and Penk (2011) note that an important incentive to join and continue serving in the military is the perception of what it means to be a citizen, along with a willingness to sacrifice for the military and the country. The centrality of patriotism to service members suggests that the military does not represent a career opportunity alone, but rather is an expression of identity. Another motivation for joining the military is a desire to belong. Service in the military offers opportunities for camaraderie and unity. Furthermore, the military affords a sense of purpose and can enhance self-esteem in service members. Other sources of motivation for joining the military include carrying on a family tradition and seeking a better quality of life.

Values across Military Branches

A significant feature of military culture is its strong value system, with each branch embracing both common and distinct values. These values are instilled during basic training or entry into a military academy, and are continually reinforced through the duration of service. Common values across branches of the military include honor, discipline, loyalty, integrity, courage, and commitment (Artiss, 2000; Coll et al., 2012; Hobbs, 2008; Soeters et al., 2003; Swain & Pierce, 2017). These values operate to forge solidarity and sacrifice, and appear to express a collectivistic orientation, which is necessary for the successful completion of specific military tasks and the overall protection of the nation and its interests. According to Christian et al. (2009), a basic difference between military and civilian cultures is the explicit collectivistic orientation of

the military versus the implicit individualistic orientation found in civilian life. The military works as a cohesive, interdependent unit with shared goals, priority of and loyalty to the group, and self-sacrifice when necessary (Hobbs, 2008; Moore & Penk, 2011; Soeters et al., 2003). This stands in contrast with the general public, which places greater importance on personal goals and their attainment. Such a culture would be catastrophic for the military. Without clearly laid out responsibilities, cohesive goals and coordinated effort, loyalty and dedication, and self-sacrifice, the military would be ineffective in its functioning, whether as a small unit or as a whole (Artiss, 2000; Coll et al., 2012; Swain & Pierce, 2017).

Military values can become so deeply rooted that they can generalize to service members' personal lives, for better or for worse. In some cases military values become so rigid that even when a service member disagrees with an order or a mission, he or she may feel compelled to obey because of an unbending adherence to military values. This is important for psychologists to keep in mind; although military personnel honor military values, they may do so out of a sense of duty and love of country, not necessarily because of genuine personal agreement (Coll et al., 2011). Civilian psychologists in particular should remain mindful of the biased, stereotypic belief that service members always agree with all military values, job duties, and orders. Furthermore, there may be different degrees to which military values are internalized based on the type and length of service. Active-duty personnel and those who have served longer are more likely to internalize military values than are reservists and new recruits.

Customs and Courtesies

Military customs and courtesies derive from its values and beliefs and contribute substantially to its distinctive culture. These customs and courtesies function to unite a heterogeneous group of service members in a common purpose and increase morale, discipline, and mission effectiveness (Artiss, 2000; Hobbs, 2008; Soeters et al., 2003; Swain & Pierce, 2017). Military customs are normative standards of behavior that obtain from long-standing traditions and are enforced informally by expectations that these traditions will be upheld. Military courtesies on the other hand constitute enforceable written guidelines for appropriate behavior.

The Chain of Command

A central feature of the military is its clear and rigid hierarchical organization. While a hierarchical system is common to many large organizations, the system of military rank is among the most open and transparent. Imperative to its viability and success, military rank provides a framework for job duties and allows for the delegation of tasks, creates needed power differentials and corresponding levels of responsibility and accountability, and demands obedience to authority (Artiss, 2000; Moore & Penk, 2011; Soeters et al., 2003; Swain & Pierce, 2017). The rank system also dictates with whom service members are allowed to socialize. Officers are not permitted to establish informal personal relationships with enlisted members. Doing so is termed *fraternization*, which can erode order and discipline (Swain & Pierce, 2017). Because of its hierarchical organization and strict adherence to regulations, it is not surprising that the military is characterized as having high power distance, another dimension of culture (Hofstede, 2001). Power distance is an index of the extent to which less powerful members of organizations expect that power will be distributed unequally. In military culture, both officers and enlisted service members accept a vertical culture with high power distance.

Communication Style

Like other cultures, the military has a language all its own, complete with abbreviations, acronyms (e.g., SNAFU), and jargon (e.g., "jarhead"). There are additional standards for culturally appropriate verbal communication, like the requirement that service members address superiors by their rank, followed by "Sir" or "Ma'am".

There are customs and courtesies for appropriate behavior at ceremonies, such as a commissioning, change of command, funeral, and retreat. For example, U.S. service members are to honor the flag during reveille and retreat and stand at attention during the national anthem while facing the flag. These verbal and nonverbal courtesies aid in transmitting cultural norms clearly and efficiently.

The military possesses other unique nonverbal forms of communication. Broadly speaking, military bearing describes the way that service members comport themselves in both military and civilian settings. Service members are expected to maintain a military bearing as a way to uphold the image of military professionalism. Even when a service member is not in uniform, he or she is expected to act as a representative of the military and to conduct himself or herself accordingly. This is especially important for officers (Swain & Pierce, 2017). For example, the U.S. Air Force requires "professional behavior, military bearing, respect for authority and high standards of dress and personal appearance, both on- and off-duty, at home and abroad" (Department of the Air Force, 2018, p. 9).

The Uniform

A military uniform is determined by branch of service, job title, and occasion. There are rigid regulations for when and how to wear uniforms and for personal appearance and hygiene, including hair length and style, facial hair, cosmetics, body piercings, and tattoos (Moore & Penk, 2011). Furthermore, many uniforms include various pin-on devices. Rank insignias, like those of the U.S. Army displayed below, specify a military title that allow service members to recognize another's rank quickly and act in accordance with required customs and courtesies (e.g., who is to salute first). Ribbons and medals are symbols of service, achievement, and heroism that military personnel receive and wear on certain uniforms. Service members are expected to wear their uniforms proudly and avoid behavior that detracts from or is inconsistent with the image of military professionalism (Secretary of the Air Force, 2018). Examples of prohibited behavior include public displays of affection and appearing intoxicated while in uniform.

Uniforms and their regalia are but one example of the high uncertainty avoidance that characterizes military culture. Uncertainty avoidance is another of Hofstede's (2001) dimensions of culture, and captures the level of comfort with ambiguity. Military culture expresses a strong preference for stability and predictability, adherence to rules and regulations, and defined and enforceable social standards, all of which operate to reduce deviance and strengthen conformity.

Problem-solving Approach

Military operations often involve decision-making and action in extremis, often accompanied by intense emotion due to the conditions and experiences that service members encounter. Military training teaches service members to analyze situations and solve problems in a rapid and logical way while simultaneously regulating their emotional reactions, both of which are necessary skills in combat (Artiss, 2000; Swain & Pierce, 2017). This aspect of military training and functioning captures Hofstede's (2001) cultural dimension of masculinity-femininity.

In the highly masculine military, emphasis is placed on rationality, goal-directedness, and effectiveness, rather than sensitivity and concern with the status of interpersonal relationships. For example, the U.S. Air Force utilizes the OODA (Observe, Orient, Decide, Act) Loop, which denotes a problem-solving process designed to empower the service member, enhance effectiveness in combat, and increase efficiency of the unit (Osinga, 2007). In this process, service members identify and gather data about a problematic situation (Observe), analyze the data and develop hypotheses about the source(s) of the problem (Orient), generate and prioritize possible solutions (Decide), and implement the most promising response as well as conduct an evaluation of the outcome (Act). If necessary, elements of the OODA loop are repeated until the problem is fully resolved.

Barriers to Treatment

Similar to the general population, military personnel face barriers to seeking and receiving psychotherapy (Hoge et al., 2004; Kim et al., 2010; Pietrzak et al., 2009; Warner et al., 2008). Fischer (2009) reported that the Military Health System recorded 39,365 cases of PTSD between 2003 and 2007. Yet, only 10% of male and about 25% of female active-duty service members were estimated to seek treatment (Corso et al., 2007). Furthermore, only 7% of those with PTSD were likely to make contact within the first year of symptom onset, with the median delay from symptom onset to undertaking treatment being 12 years.

Values Incongruent with Seeking Treatment

Not only do the values and norms of the military distinguish it as a culture, but they also introduce distinctive barriers to treatment (Hoge et al., 2004; Kim et al., 2010; Pietrzak et al., 2009; Warner et al., 2008). Creamer et al. (2011) point out that "military training, of necessity, generates styles of thought and behavior that may be inconsistent with help-seeking and response to treatment" (p. 163). Military men and women are trained to be mentally and physically fit and resilient in the face of adversity. Military culture rejects weakness, and seeking psychological treatment is often associated with personal weakness (Creamer et al., 2011; Denning et al., 2014; Moore & Penk, 2011; Warner et al., 2008). Thus, if a service member is psychologically impaired, the member and/or their superiors may believe that he or she is incapable of performing at a minimally acceptable level. Furthermore, an impaired service member seeking treatment may fear how their peers perceive them, particularly that they are disappointing them (Nayback, 2008; Pietrzak et al., 2009; Warner et al., 2008). Ineptitude, whether real or imagined, can be detrimental to the individual and unit. If a service member is too impaired to perform his or her duties, failure could result in aborted missions and loss of life. If members of a unit question the abilities of a fellow service member, military protocol could be compromised owing to their compensatory behavior; that is, a unit member may lose focus on his or her responsibilities given a competing duty to monitor and aid a peer suspected of be impaired.

Stigma

A significant barrier for many cultures in seeking psychological treatment is the stigma associated with mental illness. In the military, this can include fear of what service members may think or feel about a fellow service member with a psychological disorder, as well as how the service member judges himself or herself (Kim et al., 2010; Pietrzak et al., 2009). One study revealed that perceptions of stigma were greatest among military personnel who tested positive for

disordered functioning and were in greatest need of treatment (Wisco et al., 2012). Stigma can trigger or reinforce doubts and other unfavorable views about the need for and effectiveness of psychological treatment. Based on these concerns, military personnel may avoid seeking treatment and conceal their symptoms when mandated to be screened for mental illness (Pietrzak et al., 2009; Wisco et al., 2012). Some researchers also believe that service members face greater stigma than do civilians because of the potential consequences to their career if diagnosed with a psychological disorder, especially PTSD.

Confidentiality and Harm to Career

Hoge et al. (2004) found that 63% of OEF/OIF veterans who screened positive for a psychological disorder reported concerns about being viewed as weak. Their primary concern was about potential career damage, such as denial of future deployments, adverse treatment by superiors, or medical discharge from the service (Kim et al., 2010; Moore & Penk, 2011; Pietrzak et al., 2009; Warner et al., 2012). Especially for active-duty personnel whose careers rely on their ability to deploy, a psychological diagnosis can threaten their career advancement.

A study by Kim et al. (2010) found that active-duty personnel were more aware of stigma and less likely to seek mental health treatment than National Guard veterans. This finding underscores active-duty members' concern about potential harm to their careers, as their jobs entails direct military service, whereas most National Guard veterans have civilian jobs. The less severe occupational consequences for reservists than for active-duty members may partially explain the higher prevalence of diagnosed mental disorders among reservists (Denning et al., 2014).

While concern about harm to one's career is legitimate, Seal et al. (2009) found that service members who failed to seek treatment for conduct-related problems were actually at greater risk for separation from the military. Service members who sought treatment before the emergence of conduct-related problems were at lower risk of experiencing negative career consequences.

Although ethical and legal guidelines regarding confidentiality serve to protect civilians undergoing psychological treatment, there are additional limitations and exceptions to confidentiality for military personnel in psychotherapy (Castro et al., 2011). Rule 513 of the U.S. Military Rules of Evidence (U.S. Department of Defense, 2019) protects confidential communication between service members and mental health practitioners. However, this rule can be countermanded in a number of instances that fall short of civilian thresholds for violating confidentiality. For instance, psychologists must not only ensure the safety of service members, other military personnel, and dependents, but also property, classified information, and the fulfillment of a mission. They are also obliged to report a service member who contemplates committing a victimless crime (e.g., fraud). Furthermore, in cases of redeployment or promotion, the medical records of military personnel can be requested by the Department of Defense for review (Castro et al., 2011). However, even when none of these exceptions apply, service members may fear that confidentiality will be broken, with consequences that could jeopardize their careers.

In these ethically conflicting circumstances, psychologists need to clarify their role, the purpose of services they provide, the clinical data they intend to gather, and the limits of confidentiality with both the service member and commanding officer in keeping with the *Ethical Principles and Code of Conduct* of the American Psychological Association (2017), namely

Standards 3.05 on Multiple Relationships, 3.07 on Third-party Requests for Services, and 4.02 on Discussing the Limits of Confidentiality.

Psychologists are to abide by their professional code of ethics, and are not entirely bound by the Military Rules of Evidence (U.S. Department of Defense, 2019). When ethics codes and military rules collide, psychologists face a difficult choice as to which to uphold. Because psychologists are obligated to follow their professional code of ethics, adhering to Military Rules of Evidence can pose a legal risk in addition to an ethical dilemma, whose resolution can have adverse consequences for the psychologist.

Civilian psychologists working with military personnel may not be aware of the Military Rules of Evidence (U.S. Department of Defense, 2019) and are therefore less likely to disclose confidential information when required (e.g., a security breach). Although civilian psychologists have long been advised to cultivate awareness of and sensitivity to cultural definitions of confidentiality, they may find it difficult to apply ethical standards of behavior codified by the military without additional training and supervision from their military counterparts.

Military psychologists may also find themselves in an ethical bind due to the dual role of being a service member and a practitioner whose decisions can affect fellow service members. According to the ethics code of the American Psychological Association (2017), psychologists must clarify the roles, expectations, and rules of confidentiality to the client when a dual role is mandated by an institutional policy (Standard 3.05 on Multiple Relationships). This can clarify expectations for the service member, but not necessarily assist military psychologists in resolving their dual-role dilemma. For example, a military psychologist who values loyalty and commitment to fellow service members may feel a responsibility to maintain confidentiality about a diagnosis when it could be detrimental to a service member's career. However, if a military psychologist is mandated to report the diagnosis to a service member's commanding officer, that psychologist will find his or her professional values and obligations at odds.

Time Constraints

Many psychotherapeutic interventions require a significant amount of time, which can be incompatible with the responsibilities and schedules of active-duty personnel, employed veterans, or service members located far from treatment facilities (Hoyt & Candy, 2011; Wisco et al., 2012). Active-duty personnel often experience abrupt changes in assigned duties, irregular schedules, transfers to other military bases, and deployments in wartime. The rapid pace and variable schedules of military life can interfere with fixed individual appointments and group-therapy sessions (Hoyt & Candy, 2011), and necessitate that psychologists devise brief, flexible approaches to treatment that allow a service member to return to duty quickly. While psychologists can request that a service member be excused from his or her duties in order to attend sessions, the service member's commanding officer would typically have to grant approval for such absences. Winning approval to pursue psychotherapy can become especially problematic when a psychologist believes that a certain duty may be inappropriate for a service member at risk, and the commanding officer denies time-off (e.g., when gunfire may trigger PTSD symptoms in a service member who is required to complete shooting practice). Psychologists are advised to cooperate with the commanding officer when necessary and weigh the likely risks and benefits to the service member of missing training exercises or duties.

Missing training in order to receive psychological treatment has other costs, including disruption to the cohesion of a unit, raised suspicions that a service member is impaired and unable to complete assigned duties, and the reinforcement of avoidant coping by the affected service member (Milliken et al., 2007). Nevertheless, the safety of both the service member and unit must remain a top priority.

Other Barriers

Other perceived barriers to seeking psychological treatment as reported by military personnel include being unaware of where to go and who to ask about such services, as well as not knowing what services are available (Hoge et al., 2004; Hoyt & Candy, 2011; Pietrzak et al., 2009; Seal et al., 2010; Warner et al., 2008). Inadequate insurance coverage for psychological treatment can be another barrier, especially for reservists who have fewer benefits and limited access to them than do active-duty military personnel.

Increasing Cultural Competence

Understanding the cultural differences between military and civilian populations is paramount for psychologists to provide efficient and effective treatment for military personnel. As described above, military culture embraces a distinctive set of values and beliefs along with customs and courtesies. It offers a way of life that emphasizes hierarchical organization, linear thinking, specific styles of communication, and strict codes of dress and behavior. The worldview of military personnel also shapes the way they develop, understand, and respond to psychological impairment, treatment, and recovery.

Psychologists unfamiliar with military culture are likely to encounter challenges that parallel those of working with civilians who identify with a particular cultural group (Coll et al., 2012; Meyer et al., 2016; Moore & Penk, 2011). Because of this, psychologists are mandated by professional ethics codes to limit their work to domains in which they are competent. Competence in providing psychological services to military personnel can be acquired in various ways, including formal education and training, supervised professional practice, and via certificate programs. Novice psychologists must take the necessary steps to build a knowledge base and skill set with which to become familiar with military culture and deliver appropriate treatment to service members.

As with any other culture, psychologists must understand and respect military culture so that they can adapt their treatment to fit the situational and psychological realities of service members' lives (Hoyt & Candy, 2011; Meyer et al., 2016; Moore & Penk, 2011). Without doing so, psychologists risk imposing their cultural biases and stereotypes onto clients. Beyond the potential harm to and/or premature termination of service members, the imposition of one's values, whether intentional or inadvertent, violates a core ethical tenet to respect diversity. As an example, assuming that all service members are soldiers or demonstrating ignorance of basic titles and ranks will surely hamper efforts to establish rapport.

The literature is clear that military personnel are often hesitant to speak with civilian psychologists out of concern that they will not be able to understand the nature of the service member's experiences (Coll et al., 2012; Hoge et al., 2004; Meyer et al., 2016; Warner et al., 2008). Moore and Penk (2011) recommend that psychologists become familiar with military abbreviations, acronyms, and jargon since this is the basis for effective communication in military settings. Linguistic facility will demonstrate psychologists' knowledge and respect for military

culture, just as it would with civilian clients who identify with their particular culture. By using military language, psychologists enter the culture with which service members identify and indirectly valorize military culture as a strength. This can be difficult for civilian psychologists to do as the multiple meanings of abbreviations, acronyms, and jargon can be challenging to decipher. When psychologists are unfamiliar with terms that a service member uses, they should ask the service member, just as they would with a client of another culture. A direct inquiry demonstrates interest and provides service members with an opportunity to educate the psychologist and disclose more comfortably and fully. In turn, the therapeutic alliance is strengthened, and treatment effectiveness enhanced.

Psychologists are enjoined not to feign understanding of the information disclosed by service members. Inauthentic behavior can lead a service member to distrust the psychologist or sense that he or she does not care enough to seek clarification. Moreover, owing to their training to appraise situations and make decisions based on risk, service members can quickly gauge the genuineness of a psychologist's interest and ability to understand (Logan & Stevens, 2014). Building rapport with a service member is a critical step in overcoming stigma and fostering meaningfully engagement in psychotherapy.

Deliver Customized Evidence-based Treatment

In order to provide efficient and effective psychological treatment for service members, it is critical to draw upon evidence-based therapies for this population, not necessarily empirically supported interventions designed for civilians. Research has shown that that U.S. Army personnel do not have as successful outcomes as do civilian clients after being treated for PTSD (Fischer, 2009). This finding generalizes to cognitive therapies which, though evidence-based, tend to be ineffective in modifying the maladaptive trauma-based schemas of service members (Logan & Stevens, 2014). Other studies have discovered that veterans who prioritize avoidance over improvement in self-regulation report less meaning, purpose, and joy (Kashdan et al., 2010). Specifically, avoiding the negative secondary consequences of PTSD (e.g., losing a job or spouse) impeded improvements that veterans with approach strivings were able to achieve (e.g., improved job performance or parenting).

Thus, administering a generic intervention to service members, albeit evidence-based, may prove inadequate, whereas adapting an intervention to fit military values and goals can improve the chances for desired treatment outcomes. In this regard, we recommend time-limited and solution-focused psychotherapies because they correspond with service members' problem-solving orientation and limited availability to participate regularly in treatment.

Capitalize on Military Values and the Warrior Ethos

Although certain military values and norms can constitute barriers to psychological treatment, they also provide a cultural lens for psychologists to better understand service members' needs and to adapt treatment accordingly (Meyer et al., 2016). For instance, by understanding the importance of not displaying weakness, a psychologist can appreciate the service member's hesitancy to undergo psychotherapy instead of perceiving it as resistance, which can elicit countertransference (Moore & Penk, 2011). Psychologists can also effectively address the issue of stigma early in treatment by acknowledging the challenges that service members face, assuaging their concerns, and highlighting their courage in seeking professional help, thereby working through a potential therapeutic impasse.

Because military personnel are trained to be solution-focused, psychologists can implement solution-focused therapies and be more proscriptive in their approach. Adapting treatment in this way builds on a service member's strengths, specifically linear problem-solving, which can help them view treatment as being congruent with their cognitive style and further reduce stigma. Adopting a solution-focused approach can also assist service members in transferring the problem-solving skills they have acquired (Osinga, 2007) to the task of resolving their mental health issues, thereby empowering them as active agents in their recovery and indirectly raising their self-esteem.

Psychologists can also highlight service members' accomplishments in treatment that mirror their warrior ethos (Artiss, 2000; Moore & Penk, 2011; Swain & Pierce, 2017), such as the courage to seek treatment for the sake of the unit (e.g., loyalty, self-sacrifice), having the courage and discipline to complete difficult therapeutic tasks (e.g., exposure therapy), and valor in confronting problems head-on (Christian et al., 2009). Such an approach is akin to the therapeutic technique of reframing in which clients are assisted to re-evaluate their behavior in more positive ways. Reframing rests on the assumption that a client's core worldview must be respected and kept intact while at the psychologist simultaneously challenges specific maladaptive beliefs and behavior (Treviño, 1996). Thus, service members are assisted in viewing psychotherapy as a choice made from strength rather than from weakness, which can reduce stigma and contribute to favorable treatment outcomes.

Validate Fears and Rebuild Resilience

A common fear for those with PTSD is a reoccurrence of the traumatic event. Psychological treatment must take into account the possibility that active-duty service members will at some point be reexposed to stressful or traumatic incidents (Creamer et al., 2011; Milliken et al., 2007; Moore & Penk, 2011; Wisco et al., 2012). Unlike civilians who suffer from PTSD, military personnel are significantly more likely to encounter the same trauma-producing event in the future (Logan & Stevens, 2014; Nayback, 2008). It is important to validate this anticipatory fear and work to restore confidence being able to cope with it. In addition to ameliorating current symptomatology, psychologists should rebuild and strengthen resilience so as to prevent a relapse in functioning should a traumatic event be encountered again.

Conclusion

The disappointing record of treatment failure with military personnel has been attributed to the lack of culturally informed psychologists and interventions (Meyer et al., 2016). In this article, we have framed the military in terms of culture by linking military values and beliefs as well as customs and courtesies to broad dimensions of culture, specifically individualism-collectivism, power distance, uncertainty avoidance, and masculinity-femininity (Hofstede, 2001). Culture plays an increasingly vital role in understanding psychological disturbances, in designing appropriate and effective psychotherapeutic interventions, and in anticipating ethical dilemmas that may arise in the course of treating diverse clients. Although differences in the mental health care of military and civilian populations have been discussed in the literature, little research has examined the success of approaches designed to minimize the barriers and improve the outcomes of psychological treatment through the lens of military culture. Research on ethical issues that civilian and military psychologists encounter in their work with service members in various settings is also long overdue.

Studies are needed to empirically test the suggestions we have offered for increasing the cultural competence of psychologists who work with military personnel and for identifying what else can be done to overcome treatment barriers and adapt treatment to the distinctive needs and circumstances of this population (Meyer et al., 2016). It is essential that researchers not homogenize the military by assuming that all service members are alike in their professional worldviews and experiences. Therefore, studies should examine which psychological interventions work well with military personnel in different branches of the armed forces based on rank, length of service, and nature of service. Finally, because a majority of research conducted with military personnel has sampled White male veterans, it is important to establish whether the proposed adaptations to psychological treatment will benefit service members who identify with diverse sociodemographic groups (e.g., women, ethnic and racial minorities, LGBTQIA+ personnel, Muslims) (Moore & Penk, 2011).

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