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Review

Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans

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HIGHLIGHTS

- Current interventions/supports for veterans have focused primarily on PTSD.
- PTSD in veterans is infrequent while transition stress is highly prevalent.
- Transition stress is multifaceted and can lead to serious mental health problems.
- We review and elaborate on components of transition stress.

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ABSTRACT

Although only a relatively small minority of military veterans develop Posttraumatic Stress Disorder (PTSD), mental health theory and research with military veterans has focused primarily on PTSD and its treatment. By contrast, many and by some accounts most veterans experience high levels of stress during the transition to civilian life, however transition stress has received scant attention. In this paper we attempt to address this deficit by reviewing the wider range of challenges, rewards, successes, and failures that transitioning veterans might experience, as well as the factors that might moderate these experiences. To illuminate this argument, we briefly consider what it means to become a soldier (i.e., what is required to transition into military service) and more crucially what kind of stressors veterans might experience when they attempt to shed that identity (i.e., what is required to transition out of military service). We end by suggesting how an expanded research program on veteran transition stress might move forward.

1. Introduction

More than 1.7 million of the 2.6 million soldiers deployed to Iraq and Afghanistan have transitioned back to civilian life with another one million expected to do so over the next five years (Zoli, Maury, & Fay, 2015). It will likely be many years before revelation of the full psychological impact of these recent military campaigns is made known (Steenkamp & Litz, 2013). Such protracted military engagements, combined with the varying duration of service commitment lengths, make it difficult to discretely identify, track, and compare affected at risk groups (Lineberry & O'connor, 2012) both during the period of service and beyond. Even more problematic, despite the looming uncertainty of future treatment needs, currently available interventions for returning veterans have focused narrowly on extreme psychopathology, and typically only on Posttraumatic Stress Disorder (PTSD).

The narrow focus on PTSD and its treatment has proved to be

problematic for several critical reasons. First, transitioning veterans who might need services often do not seek PTSD treatment. Their reluctance is driven by concerns about stigmatization (Hoge et al., 2004; Stecker, Fortney, Hamilton, & Ajzen, 2007), beliefs they do not meet criteria necessary to qualify, or that their treatment preference is in conflict with offered or prioritized services (Markowitz et al., 2016). The latter is particularly salient as the Veterans Administration (VA) currently mandates the prioritization of prolonged exposure (PE) and cognitive processing therapy (CPT) for PTSD (Friedman, 2006; Institute of Medicine, 2007; VA DoD, 2010; Yehuda & Hoge, 2016a, 2016b). Correspondingly, mental health care providers within the VA and military treatment facilities (MTF) are highly trained in PE and CPT following a nationwide rollout (Rauch, Eftekhari, & Ruzek, 2012; Smith, Duax, & Rauch, 2013) and these treatments are tracked with institutional performance measures (Yehuda & Hoge, 2016a, 2016b). Thus, a large proportion of funded research at academic VAs and MTFs

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prioritizes the research of PTSD ([Congressionally Directed Medical Research Programs, 2016](#)) and on optimizing the efficacy and recruitment of Veterans to only PE and CPT ([Yehuda & Hoge, 2016a, 2016b](#)). More troubling however, even among veterans who do participate in these clinical treatments, a majority continue to suffer elevated symptom levels while dropout rates have remained extremely high ([Steenkamp, Litz, Hoge, & Marmar, 2015](#)), suggesting an urgent need for new types of interventions and supports ([Steenkamp, 2016a, 2016b](#)).

Second, and perhaps even more imperative, although the serious and often debilitating nature of PTSD is beyond question, the available empirical evidence indicates that *PTSD typically occurs in only a relatively small population of returning veterans*. Studies of veterans deployed in the recent conflicts in Afghanistan and Iraq (OIF/OEF) have estimated the range of PTSD prevalence between 4.7% and 19.9% ([Magruder & Yeager, 2009](#)). However, the upper-limit of these estimates is likely exaggerated due to variability in the quality of the studies. Notably, studies employing methodologically rigorous design elements, such as prospective data collection and population sampling procedures, have consistently documented PTSD rates under 10% ([Berntsen et al., 2012](#); [Bonanno et al., 2012](#); [Donoho, Bonanno, Kearney, Porter, & Powell, 2017](#); [McNally, 2012](#)).

We propose here that in order to address the expanding needs of returning veterans, veteran treatments and supports need to move beyond their nearly exclusive focus on PTSD to consider the wider range of challenges, rewards, successes, and failures that transitioning Veterans might experience, as well as the factors that might moderate these experiences. To illuminate this argument, we begin by briefly considering what it means to become a soldier (i.e., what is required to transition into military service) and crucially what kind of stressors veterans might experience when they attempt to shed that identity (i.e., what is required to transition out of military service). One of the primary reasons for past failures in veteran treatments, arguably is that the dominant focus on PTSD has obfuscated other, often highly pressing transition issues. Research has documented, for example, that many returning veterans may struggle regardless of whether they have PTSD or not. Recent population survey studies have suggested that *44% to 72% of Veterans experience high levels of stress during the transition to civilian life*, including difficulties securing employment, interpersonal difficulties during employment, conflicted relations with family, friends, and broader interpersonal relations, difficulties adapting to the schedule of civilian life, and legal difficulties ([Morin, 2011](#)). Struggle with the transition is reported at higher, more difficult levels for post-9/11 veterans than those who served in any other previous conflict (i.e. Vietnam, Korea, World War II) or in the periods in between ([Pew Research Center, 2011](#)). Crucially, *transition stress has been found to predict both treatment seeking and the later development of mental and physical health problems, including suicidal ideation* ([Interian, Kline, Janal, Glynn, & Losonczy, 2014](#); [Kline et al., 2010](#)). What is more, the majority of first suicide attempts by veterans typically occur after military separation ([Villatte et al., 2015](#)).

There has been considerable discussion of Veterans and the transition from military to civilian life in the media and popular press (e.g., [Jenkins, 2014](#); [Junger, 2010, 2016](#); [Rose, 2017](#)), but at present there is little empirically-derived evidence to substantiate many of these experiential and observational claims. Despite the imperative need for greater knowledge about how different aspects of transition stress might influence veterans' long-term adjustment, at present most of the research on veteran transition has been limited to cross-section self-report studies. The lack of theoretical framework and empirical support to more precisely identify salient factors before, during, and after the transition, has impeded the development of new forms of transition programming. And as a result at present almost no resources are available to address the cognitive, emotional, behavioral, or psychological impacts of the soldier-to-civilian transition. Our goal in the current manuscript is to elucidate a preliminary outline of what we believe

to be the most promising areas for future study and for the development of possible interventions and supports, and to suggest ways these areas might be more systematically examined.

2. Becoming a soldier

Individuals who choose to serve must first undergo an explicit period of training in which they are instructed and immersed in practical skills training and indoctrinated in military standards, ethics, and values ([Lieberman et al., 2014](#); [McGurk, Cotting, Britt, & Adler, 2006](#)). The crucible of entry level training is meant to strip away the vestiges of the civilian identity and transform men and women into Soldiers, Sailors, Airmen, and Marines. The transition from civilian to military life requires rapid acclimatization to an institutionalized lifestyle in which individuals are obligated to submit to a cornucopia of novel situations such as: concentrated unremitting supervision; intense physical training in the form of more routine forms such as running but also ruck marching, obstacle course training, and teambuilding drills; group meals in which eating is constrained by time; and separation from loved ones ([Lieberman et al., 2014](#)). What follows for these individuals is a systematic evolution as day-by-day soldiers are instructed and supervised on how to do nearly everything. Moreover, service members are held accountable by both their peers and superiors through various practices, including shaming and penalization that serve to reinforce the cultural expectation that the military requires perpetual responsibility and readiness ([McGurk et al., 2006](#)). This transition is perceived as stressful as established by self-report of increased levels of anxiety and the presence of cortisol at the start of basic combat training (BCT; [Lieberman, Kellogg, & Bathalon, 2008](#)).

The intent of the intense and regimented training environment is to transform civilians into soldiers who are militarily competent and dedicated to their organization ([McGurk et al., 2006](#); [U.S. Department of the Army, 2010](#)). A key feature of entry level and unit training events is the demand of creating cohesion and interconnectedness between previously disparate individuals. The cohesiveness of the collective operational element at any level, or its unit cohesion, is the perception of group integration and personal bonding resulting from recurrent positive interactions ([Martin, Rosen, Durand, Knudson, & Stretch, 2000](#)). This dynamic has long been regarded as a critical piece of overall military capability and readiness ([Williams et al., 2016](#)). High levels of unit cohesion is positively related to general mental health outcomes ([Martin et al., 2000](#)), well-being ([Griffith, 2002](#)), enjoyment and belonging ([Bales, 1950](#)), satisfaction of personal needs and goals ([Deutsch & Solomon, 1959](#); [Loomis, 1959](#)), self-identity ([Hogg & Turner, 1987](#)), and moderation of the negative effects of accumulated traumatic events ([Martin et al., 2000](#)). Robust unit cohesion within a small operational unit, such as a platoon or squad, potentially acts as a social resource that can help to buffer the stress experienced by new recruits during basic combat training (BCT) ([Hobfoll & Schumm, 2002](#)) and combat operations. The peer-bonding that occurs during training events is grounded in the service member's ability to trust other members of their unit and the general ability to function and work as a team ([Siebold, 2007](#)). Relationships formed during a period of service are consequently described by many veterans as some of the closest they form in their lives ([Pivar & Field, 2004](#)).

As service members progress during entry level training and beyond, they are presented with increasingly difficult and complex challenges meant to increase their confidence, shape their professional identity, and begin developing the physical stamina necessary to meet the demands of military service and combat ([Crowley et al., 2015](#); [Lieberman et al., 2014](#); [Williams et al., 2016](#)). This process is farther refined during advanced and individual unit training. In hindsight, most veterans see these as positive experiences. Indeed the vast majority of post-9/11 Veterans have indicated that their time in the military has fostered their personal maturation (93%), taught them valuable lessons about collaboration (90%), and improved their self-

confidence (90%) (Pew Research Center, 2011).

More importantly, perhaps, is that for most new recruits the process of entering the Armed Forces occurs during a seminal age-related transition period. Approximately half (50.3%) of Active Duty enlisted personnel are 25 years of age or younger, with 43.8% of the entire military force in that age bracket (Demographics Military One Source, 2015). In other words, a majority of the U.S. Armed Forces can be described developmentally as in the period of emerging adulthood (Arnett, 2000, 2007). The emerging adulthood period typically encompasses the age range from 18 to 25 years, and is a period of considerable opportunity as well as challenge (Chung et al., 2014). The importance of this period for later development is evidenced by the multifaceted issues that present themselves during this time and the patterns of adaptation that follow (Arnett, 2011; Erikson, 1968; White, 1966). Even without the stressor of entry level military training and potential deployment to international conflict zones, emerging adulthood is a time in which global self-esteem is especially likely to change (Chung et al., 2014) and is a period of rapid development and considerable vulnerability (Lieberman et al., 2008; Lieberman et al., 2014; Vickers, Hervig, Walton-Paxton, Kanfer, & Ackerman, 1997). Moreover, the process of becoming an adult frequently brings forth key struggles surrounding personal identity and the formulation and reconciliation of beliefs and evaluations of the self (Chung et al., 2014). In a developmentally normative period of self-exploration, the military offers concrete answers to common existential questions and then reinforces them through training events and real-world operational experience.

In spite of, or more accurately due to, the seemingly effective manner in which self-esteem and positive self-regard are cultivated during military training and experiences, these qualities also become a focal point of the psychological changes that often characterize the period of transition out of the military. Caspi and Roberts (2001) suggest that changes in stable self-esteem can occur generically as a result of a range of transitions and major life events. Irrespective of their level of self-esteem or belief in their own abilities during active service, many soldiers find the transition out of service and assimilation back into civilian life unexpectedly protracted and complex. Exiting soldiers often find themselves unprepared for the instability of the initial phases of transition, and how this period may threaten their sense of self and self-worth. During this time they may struggle with any number of inter-related concerns, including unresolved or prolonged grief and bereavement over fallen comrades, loss of their previous military identity, nostalgia for the order and purpose that characterized their service experiences, a sense of moral injury, confusion about military-civilian differences, and changing masculine roles.

2.1. Grief and bereavement

Death and loss are an inevitable consequence of armed combat and sometimes also occur as a consequence of high intensity, real-world training. Not surprisingly, most soldiers report at least some loss experience during their time in service. What is surprising, however, is how little research this area has received. Only a few studies are available on veterans' experiences of grief and bereavement and these studies suggest problematic levels of grief. A study of treatment-seeking veterans reported grief symptoms as high as bereaved people who had recently lost a spouse (Pivar & Field, 2004). Moreover, veterans' grief symptoms in this study were uniquely predicted by their attachment to the men in their wartime unit, how close they were to a "buddy" during the war, and the number of war-related losses they experienced. Importantly, neither PTSD nor depression symptoms were meaningfully associated with these same factors, suggesting that grief reactions are a unique and often difficult aspect of the veteran transition. As enduring or unresolved grief has been identified as a unique syndrome separate from depression, anxiety, and PTSD (Bonanno, Galea, Bucciarelli, & Vlahov, 2007; Shear et al., 2011), the presence of such distinct symptoms indicate the need for targeted treatment (Pivar & Field, 2004).

Unlike the War in Vietnam, where US soldiers were frequently rotated in and out of units (Kaplan, 1987), Veterans of recent conflicts primarily remain with the same unit, following completion of entry level and advanced individual training, throughout the train-up to deployment, deployment, and redeployment (Army Regulation 614-6, 1985). The aggregate time spent together, forced interdependency, and the shared hardships potentially leads to unanticipated and complex levels of affective bonding between Service Members. While this bond may act as a protective factor in the development of PTSD (Pivar & Field, 2004), the actual or perceived loss or weakening of these bonds during the transitional period and beyond may be associated with increased distress over the life span. The prevalence of veterans' grief reactions is not yet fully understood. However, a recent large-scale survey study indicated that more than 20% of soldiers returning from deployments in Iraq and Afghanistan reported difficulties with grief due to war-related losses (Toblin et al., 2012).

2.2. Loss of the military self

In addition to bereavement associated with the loss of important relations from within the military, grief-like reactions may also result from any event that produces chronic and widespread disruption in schemas related to self-worth and worldview in conjunction with broad, stable changes in social environment (Harvey & Miller, 1998). More recently, bereavement literature has shown that grief response intensity is linked to levels of disturbance in day-to-day life and the ability to engage in consistent, meaningful pursuit and interactions, demonstrated by loss of self-image, esteem, and/or efficacy (Papa & Maitoza, 2013; see also Brown et al., 1996; Schulz, Boerner, Shear, Zhang, & Gitlin, 2006). Consequently, grief symptoms may result from losses of any type that influence sense of stability or continuity of life (Carlson, Johnston, Liiceanu, Vintila, & Harvey, 2000; Hobdy et al., 2007; Papa & Maitoza, 2013). Archer and Rhodes (1993, 1995) found that the level of grief symptoms, when utilizing a semi-structured interview meant to capture complicated grief (i.e., Prigerson et al., 2009), was associated with loss of important aspects of the self, indicated by the intensity of the person's beliefs about the general merit of work in life and the perceived significance of the previous job. Moving from a highly significant job to a more menial job either as a placeholder before moving on to higher education, trade school, or as a means of making ends meet potentially manifests conditions which highlight the inherent differences in military and civilian contexts. A meta-analysis by McKee-Ryan, Song, Wanberg, and Kinicki (2005) established that job loss was related to significant decreases in well-being and that such decrements were highly related to work-role centrality (the extent to which work provides more or less meaning to one's life) and loss of self-image, esteem, and efficacy (Papa & Maitoza, 2013; see Creed, Lehmann, & Hood, 2009). Together these findings suggest that veterans may experience grief-like symptoms in response to the perceived loss of their military self (even if done voluntarily) and the roles, values, and sense of purpose this lifestyle may have held for them.

2.3. Autobiographical memories and the memorialization of service

The experience of military life is often bookended by *turning points*, occasions that impact life trajectories (Cohen, 2008; Rutter, 1996), and *transitions*, events marked by changes in external circumstances and daily life (Brown, Hansen, Lee, Vanderveen, & Conrad, 2012). Autobiographical memory (AM) researchers utilize such events to help explain the nature and organization of AM. Phenomenologically, the experience of remembering turning points and transitions are prospectively intense and vivid (Enz & Talarico, 2016). Memories for 'momentous events,' similarly defined as turning points, tend to be particularly distinct, and momentous novel events or 'originating events' (Pillemer, 1998), such as entry level military training, potentially serve a directive function in AM (Enz & Talarico, 2016; Pillemer,

1998, 2001). While turning points and transitions may be remembered with heightened emotional intensity and lucidity, memories of transition-linked turning points might even be more salient than memories exclusively of turning points or transitions (Enz & Talarico, 2016; Graber & Brooks-Gunn, 1996). As transitions serve to organize AM and turning points anchor the life story, entry in to and exit out of military service potentially creates watershed moments which serve to accentuate the period in between. This accentuation may help explain why the majority of veterans desire to return to service and many possess general regrets about leaving the military (Zoli et al., 2015).

In addition, it appears more active service members and veterans are making efforts to memorialize time spent in service via tattooing than past generations. While a majority of service members who possess tattoos enter the service with at least one tattoo (Lande, Bahroo, & Soumoff, 2013), acquisition of new tattoos or first tattoos warrant exploration vis-à-vis memory effects. McNally, Lasko, Macklin, and Pitman (1995), in a study with Vietnam veterans with PTSD, unexpectedly found regalia-wearing veterans disproportionately retrieved memories from the Vietnam War compared to other veterans who retrieved relatively recent memories. While the regalia wearing of past conflicts (i.e. baseball hats, combat medals, fatigues, and POW/MIA) does not appear to be as customary in the generation of service members who served in Iraq and Afghanistan, tattooing conceivably replaced this tradition, for some, as a means of representing or honoring time in service. For those who do have tattoos symbolizing time in service or memorializing those killed in combat, consideration of their impact on autobiographical memory and transition stress merit investigation. The concept of tattooing is particularly relevant due to the proximity and permanency of the memorialization. For those experiencing sub-clinical levels of grief or distress, memorializing can facilitate the return to psychological health as it encourages integration and positive remembrance (Watkins, Cole, & Weidemann, 2010). However, for those who struggle with coping, anniversary reactions (Bornstein & Clayton, 1972) tend to be greater in severity (Morgan, Hill, Fox, Kingham, & Southwick, 1999; Morgan, Kingham, Nicolaou, & Southwick, 1998) and memorializing may herald an intensification of symptoms. Thereby, those unable to separate themselves from constant memorialization (i.e. commemoration tattoos) may experience an even greater surge of symptoms during already symptomatically-prone periods. More generally, a better understanding of how veterans memorialize their time in service is worthy of exploration.

Additionally, the *reminiscence bump*, a disproportionate number of autobiographical memories in middle-aged and older adults dating from adolescence and early adulthood (Koppel & Berntsen, 2014; Rubin, Wetzler, & Nebes, 1986), is widely considered a distinctive and defining feature of autobiographical memory (Koppel & Berntsen, 2014; see also: Eysenck & Keane, 2010; Goldstein, 2015; Rathbone, Moulin, Conway, & Holmes, 2012). With the increased focus on service member suicide, it has been determined by the VA Suicide Prevention Program (2016) that approximately 65% of all veterans who died from suicide in 2014 were aged 50 years or older—the period in which the reminiscence bump may be particularly vivid or intense. To date, there has been little investigation into the connection between the reminiscence bump and veteran suicidality.

2.4. Service-connected nostalgia

Veterans of military service may rely heavily on nostalgic memories of their service experiences as a means of controlling or counteracting civilian transition struggles. As previously stated, a majority of veterans desire to return to service and many possess general regrets about leaving the military (Zoli et al., 2015). Nostalgia as defined by Sedikides, Wildschut, & Baden, 2004, suggests a multifaceted emotional experience in which the self is the primary protagonist in a sentimental longing for the past by which people promote and cultivate virtuous aspects of the self (Wildschut, Sedikides, Arndt, & Routledge, 2006). As

people are generally moved to protect and enhance the positivity of self-concept (Sedikides & Gregg, 2003; Alicke & Sedikides, 2009; Sedikides & Strube, 1995) mechanisms of self-protection and self-enhancement are activated when a context is perceived as threatening (Campbell & Sedikides, 1999; Pinter, Green, Sedikides, & Gregg, 2011; Sedikides, Green, & Pinter, 2004; Wildschut et al., 2006). Thereby, negative affect can serve as a primary trigger of nostalgia (Wildschut et al., 2006) as nostalgia often appears in the presence of fears, dissatisfactions, worries, and insecurities (Davis, 1979)—all potential consequences of major life events such as the transition out of military service. What is more, the robust benefits associated with nostalgia, such as heightened feelings of social connectedness (Wildschut et al., 2006; Wildschut, Sedikides, Routledge, Arndt, & Cordaro, 2010; Zhou, Sedikides, Wildschut, & Gao, 2008), increases in positive self-regard (Wildschut et al., 2006), enhanced defenses against existential threat (Juhl, Routledge, Arndt, Sedikides, & Wildschut, 2010; Routledge et al., 2011), and propagating existential meaning (Routledge et al., 2011), may be reduced or absent in situations of heightened discontinuity between the present self and the object of nostalgia (Iyer & Jetten, 2011). Verplanken (2012) demonstrated, for example, that those with a propensity towards repetitive and persistent worrying (Watkins, 2008) showed enhanced symptoms of anxiety and depression following experimentally induced nostalgia. Examination of the impact of service-connected nostalgia during the period of transition and beyond is needed to begin teasing apart the function and impact of nostalgia as a regulation strategy for veterans of military service.

2.5. Moral injury and the effect of the civilian-military divide

Moral injury has been defined as “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009; Maguen & Litz, 2012). Moral injuries are not well captured by current conceptualization of PTSD or other adjustment disorders (Litz et al., 2009). The aforementioned VA directive mandating PE and CPT for PTSD necessarily situates trauma at the forefront of Veteran treatment. Taken as a whole, the body of research on potentially morally injurious acts, such as combat-related guilt (see Marx et al., 2010), killing or taking of a life (see Maguen et al., 2010, 2011), exposure to atrocities (Beckham, Feldman, & Kirby, 1998), failing to prevent the death of a fellow soldier (e.g., Grunnert, Smucker, Weis, & Rusch, 2003), and disposing of dead bodies (e.g., Ursano & McCarroll, 1990) suggest that these events are not only associated with PTSD but with a cornucopia of other mental health concerns. With the emphasis on fear memories in evidence-based models of treatment (e.g. Foa, Steketee, & Rothbaum, 1989), it is likely that minimal attention is paid to the impact of events with moral and ethical implications (Litz et al., 2009). For these reasons, trauma- and non-trauma focused events that might provoke shame and guilt in veterans are not typically assessed or targeted for treatment (Litz et al., 2009) and when they are, treatment remains largely ineffective in treating the guilt and shame associated with morally injurious events (Steenkamp et al., 2011). Veterans experience of shame and guilt-related distress may be farther exacerbated by immersion in civilian contexts in which there is minimal shared experience and understanding. While there is no concrete data to indicate disparity rates between the civilian and veteran experience, a cursory internet search returns media articles with such titles as: The Civilian-Veteran Survival Field Manual (VAntage Point, 2011); Veterans Employment Toolkit: Common Challenges During Re-adjustment to Civilian Life (U.S. Department of Veterans Affairs); The Case For Sticking Close To Your Veteran Community (Task & Purpose, 2015) suggesting that the veteran community feels at increasing odds with the civilian community at large and vice versa. The transition from active military duty to civilian life may be farther compounded by the profound differences in how these two spheres of existence are understood. Eighty-four percent of post-9/11 Veterans believe that the civilian public does not understand

the problems faced by those in the military or by their families, a belief also shared by the majority (71%) in the general public (Pew Research Center, 2011). A more recent survey also found that roughly 40% of civilians believe that the majority of the 2.8 million post-9/11 Veterans suffer from a mental health condition (Military Times, 2016). In addition, approximately half of civilians say the wars have made little difference in their lives (Pew Research Center, 2011) while 40% of Veterans report ‘getting socialized to civilian culture’ as a key transitional challenge (Zoli et al., 2015). Despite the extent of this divide, surprisingly little research is available on the ways perceptual differences might inform veteran mental health or treatment.

2.6. Stereotype threat

Relatedly, stereotype threat, the risk of confirming a negative stereotype about one's group (Steele & Aronson, 1995), is more likely to arise and produce potentially inhibiting effects when the individual is highly identified with the group to which the negative stereotype applies (Schmader, 2002). The media has tended to represent veterans of recent wars as predominantly either broken warriors or unhinged and armed. It is not uncommon for example to view headlines such as “Police get help with vets who are ticking bombs” (USA TODAY), “Experts: Vets’ PTSD, violence a growing problem” (CNN), and “Veteran charged with homeless murders: Hint of larger problem for US military?” (Christian Science Monitor) (Hoit, 2012). Given such sensationalized press, it seems unlikely that the average American possesses an accurate understanding of the veteran experience. Complimentarily it is likely that many service members with mental health challenges may not seek out mental health services for fear of confirming these unsavory stereotypes.

The sensationalized image of veterans struggling to reintegrate has roots in the post-Vietnam era, when veteran organizations advocated for wider recognition of the psychological toll of war (Phillips, 2015). Unfortunately, a more nuanced approach has not been adopted in the wake of increased sympathy towards veteran struggles. A considerable theoretical and research enterprise has developed to examine the role of stereotype threat within schools and workplaces (see Croizet & Claire, 1998; Nguyen & Ryan, 2008; Spencer, Steele, & Quinn, 1999; Steele, 1997). Adopting a similar program of research on veterans' experience would provide critical information about an under-explored, non-pathological piece of the veteran transition.

2.7. Socialized masculinity and stoicism

Another key source of transition stress may be rooted in the socialized masculinity of the military. Members of the military are molded, both explicitly and implicitly, by the cultural norm that warfare and the wagers of war are masculine by nature. This comes about in part due to the physical isolation of entry level training, training exercises, and deployments, the general community insulation by way of gated military installations, and the widespread use of behavior modification and reinforcement. Aside from the various social implications, a large body of research suggests that the more men ‘do their gender’ and define themselves along traditional gender roles, they less likely they are to seek psychological care (Addis & Mahalik, 2003).

Stoicism is a factor of the stereotypical masculine gender role (e.g., Cheng, 1999; Jansz, 2000; Murray et al., 2008) and the modern day “warrior mindset” neatly aligns with many of its tenets. In both definition and meaning, stoicism has remained nearly unchanged for thousands of years (Brennan, 2005; Murray et al., 2008; Still & Dryden, 1999). The classic Greek Stoic philosophy advocates calm in the face of hardship (Sharples, 1996), and the ability to modulate the evaluation of events as good or bad (Seddon, 2005). Suppression and emotion control are fundamental components of the modern construct (Wagstaff & Rowledge, 1995). According to this philosophy, suffering is not inevitable and can be averted by greater acceptance of the ebb and flow

of life (Ellis, 1994; Still & Dryden, 1999). This precept is similarly reflected in the theoretical framework of cognitive therapy that suggest stoicism may be adaptive and efficacious in the treatment of anxiety disorders (Nathan & Gorman, 2002). There is some evidence to suggest a positive association between stoicism and resilience (see Ahlström & Sjöden, 1996). Yet, stoicism has also been found to result in individuals who require certain medical care failing to seek it out (Hinton, 1994; Pinnock, O'Brien, & Marshall, 1998). However, none of these studies have examined the impact of stoicism and its impact on treatment seeking for those with psychopathology. Moreover, no studies have assessed a population in which stoicism is explicitly cultivated. For transitioning service members the shift from a military environment that universally promotes stoicism and expects such behavior from its members into an environment that does not foster such attitudes, the obligation to uphold the “virtues” of their previous profession may be a source of considerable internal dissonance. Further investigation into the effects of stoic minimization and negative attitudes towards help-seeking behavior in a military population is thus greatly needed.

Women in the military are socialized in a similar manner. With the increase in suicide rates among women veterans doubling between 2001 and 2014 in comparison to their civilian counterparts (85% increase during this time period for Veterans versus 40% for civilians), there remain large barriers to care for veterans of both genders (U.S. Department of Veterans Affairs, 2016). The military's emphasis on masculinity as well as its potentially striking divergence from the arguably more diversified gender roles and norms that characterize civilian life seems a possible source of transition stress. Yet, as is the case for many of the components we reviewed above, there is again almost no research on this phenomenon.

3. Moving forward

The various transition factors we've reviewed above suggest an obvious imperative for a broader clinical and research agenda regarding veteran psychological health. In this final section, we consider what such a framework might look like and offer suggestions about how the field might move forward. To begin with, there is a clear need for greater study and understanding of the heterogeneity in veteran mental health outcomes. In making this point, we want to be perfectly clear that we are in no way discounting the immense difficulties that veterans with PTSD might face. By the same token, however, we would argue that work with traumatized veterans is impeded when the distinction between PTSD-related symptoms and other broader transition difficulties and stressors is blurred. Accepting that there is no panacea, we argue that it is only when these heterogeneous difficulties are better understood that we will be able to develop a suitable repertoire of interventions that can appropriately target relevant symptomatology or help protect against the deleterious areas of the transition.

Up to the present, the bulk of research and theory on Veteran populations has focused primarily on correlates of psychopathology with little emphasis on other factors (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003; Schultz, Glickman, & Eisen, 2014). The data on predictors in prospective military-to-Veteran studies has been limited largely to the most basic demographic or situational factors with only occasional attention to psychological variables (e.g., Berntsen et al., 2012; Bonanno et al., 2012; Engelhard et al., 2007). This narrow focus is contrasted by the broader thrust in civilian stress and trauma research on the range of psychological mechanisms that moderate between multi-faceted stressors and outcomes has helped to illuminate both resilient adaptation and dysfunctional patterns of post-adversity adjustment (Bonanno, 2004; Bonanno et al., 2007; Bonanno, Brewin, Kaniasty, & Greca, 2010; Galatzer-Levy & Bryant, 2013). It is imperative, as the sobering failures in veteran mental health treatments would suggest, that research on veterans in transition adopt a similarly broad perspective.

An ideal research design to begin understanding this complex,

multifaceted experience should whenever possible encompass prospective data collection beginning at entry level basic training and continuing while soldiers are in active duty and then repeatedly after they complete their military service. Such a design is entirely feasible as a number of studies have already utilized a similar approach (e.g., Berntsen et al., 2012; Engelhard et al., 2007; Smith, Ryan, Wingard, Slymen, Sallis, & Kritz-Silverstein, 2008). The Army Study to Assess Risk and Resilience in service members (Army STARRS) is currently using this approach to address suicide and increase knowledge about risk and resilience factors for suicidality and its psychopathological correlates (Schoenbaum et al., 2014). What has not been done however is the inclusion of robust prospective measurements that capture how soldiers and later Veterans experience these periods, their values, roles, expectations, stresses and strains. Such a design would also make it possible to tap into soldier's psychological strengths and deficits, such as their ability to regulate emotional (Gross & Thompson, 2007; Mennin, Holaway, Fresco, Moore, & Heimberg, 2007) and cognitive processes (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008), take advantage of social resources to buffer stress and effort (Coan & Sbarra, 2015; Coan, Schaefer, & Davidson, 2006), and flexibly modify their behavior across different situational demands (Bonanno & Burton, 2013; Kashdan & Rottenberg, 2010). A prospective design would also allow for a fuller understanding of the complex aspects of the transition stressors, including the various domains reviewed in this paper, how these stressors might vary or interact across individuals and how they might be moderated or exacerbated by individual strengths and deficits. With such data it would be possible for example to measure soldiers' experience of training and then active duty, as well as their psychological strengths and deficits, and then to utilize this information in the service of predicting their future outcomes as well as how interventions and supports might best facilitate soldiers as they make the key transition back to civilian life.

There is a great deal yet to understand. As we have attempted to show, the transition into and then back out of military life is complex and multifaceted. Soldiers and veterans are undeniably resilient, both by selection and by training. But they are not superhuman. The process of transitioning and reintegrating back to civilian life is often stressful and can generate lasting psychological difficulties. Our intention was not to fully explain soldier-to-civilian transition stress largely because an adequate conceptual framework for understanding this type of stress does not yet exist. Rather, we attempt to review theoretically and empirically relevant aspects of human behavior that could be justifiably mapped onto the soldier-to-civilian transition in the hopes of stimulating new research in this area. We have by no means covered all possible sources of that stress, and we have only sketched how research and theory in this area might move forward. However, we emphasize that the failure to appreciate the collective complexity of the transition into and out of the military, in addition the caustic influence of PTSD, would only perpetuate the misunderstanding and ongoing stagnation surrounding current veteran treatment. It is our hope that the current article will push the study and understanding of veterans' experiences beyond its current narrow focus on PTSD, and foster new research, new understanding, and new ideas about how to best intervene and support veterans of all generations.

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