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Mental health in the army: The main psychopathologies and the role of military psychology

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INTRODUCTION

Military psychology has changed dramatically over the years, moving from a limited focus on psychological damage related to combat to a broad area devoted to the welfare of active duty members and veterans. This shift represents a more comprehensive understanding of mental health that goes beyond the conventional boundaries of psychiatric diseases, to adopt a comprehensive strategy that tackles the various issues that military people encounter.

The origins of military psychiatry can be traced back to World War I, when the term "shell shock" emerged to describe the psychological impact of combat on soldiers (Glass, 1971). At first, the field's focus was on identifying and treating the acute psychological harm caused by combat. But military psychology evolved along with the amplitude of military conflicts and the character of battle. The significance of psychological resilience and support networks had become clearer by World War II, which prompted the development of a more sophisticated strategy that considered more general psychological concepts.

Military psychology has since developed into a distinct discipline, characterized by its integration of various subdisciplines of psychology to address the unique challenges faced by military personnel. These challenges include the stress of combat, the reintegration into civilian life, and the psychological impact of prolonged exposure to war. The complexity and demands of military duty increased, highlighting the need for comprehensive mental health support systems. As a result, military psychology was established as a vital facet of military operations, stressing not just short-term therapeutic interventions but also long-term assistance for soldiers and veterans, and preventative care.

One of the key developments in the field has been the expansion of the definition of mental health. The World Health Organization (2022) definition of mental health reflects a broader understanding of the concept, encompassing emotional, psychological, and social well-being. This shift has highlighted the need for more inclusive and accessible mental health care within the military, addressing issues such as the availability of services and the complexity of mental health evaluations. Historically, mental health assessments in the military have been conducted by psychiatrists, but there is growing recognition of the role that psychologists play in providing comprehensive care (WHO, 2022).

The growth of military psychiatry in response to evolving demands and understanding is exemplified by its history from its inception during World War I to its emergence as a respectable field by World War II. Rather than focusing on specific theories, military psychology applies a variety of psychological techniques to suit the demands of military

personnel in a contextually appropriate manner. This method acknowledges that the psychological difficulties experienced by service members are a result of both the cumulative impact of pressures related to military life and combat.

Among the most pressing mental health issues faced by military personnel are anxiety disorders and Post-Traumatic Stress Disorder (PTSD). Anxiety disorders, including Generalized Anxiety Disorder (GAD) and panic disorder, are prevalent in military populations and can significantly impact both individual well-being and operational effectiveness. GAD is characterized by excessive and ongoing worry about a variety of life-related issues, which can cause symptoms like exhaustion, restlessness, and disturbed sleep. As for panic disorder, it is characterized by recurrent panic attacks that produce severe physical and psychological suffering and frequently result in a fear of losing control (APA).

Conversely, post-traumatic stress disorder (PTSD) arises after being exposed to traumatic situations, like violent incidents or combat. Adverse changes in mood and cognition, avoidance of reminders of the trauma, intrusive memories or flashbacks, and increased arousal and responsiveness are all signs of post-traumatic stress disorder (PTSD). An individual's mental and emotional state can be severely impacted by PTSD, which can seriously hinder day-to-day functioning (APA).

Maintaining the general efficacy of military operations depends on addressing these mental health issues. Considering this, Military Resilience Training (MRTR) has become an essential part of contemporary military curricula. The goal of MRTR is to increase psychological resilience in troops so they can thrive despite the stress and trauma that come with serving in the military. The goal of this program is to improve mental, emotional, and behavioural flexibility through exercises, mindfulness exercises, and support group involvement.

The incorporation of innovative technologies, including virtual reality, into MRTR programs has increased their efficacy even more by offering accurate simulations of combat environments. By guiding military personnel through the intricacies and unpredictability of contemporary combat, these immersive training environments enhance their operational preparedness and resilience (Tornero-Aguilera et al., 2024; Turliuc & Balcan, 2024).

This thesis, in brief, examines the development of military psychology, the effects of PTSD and anxiety disorders on military members, and the role that resilience training plays in easing these difficulties, with the aim to provide a thorough understanding of the advancements in military mental health support and their implications for service members' effectiveness and

well-being, by looking at the historical development of military psychiatry, the current state of mental health care in the military, and the efficacy of resilience training programs.

CHAPTER 1
MENTAL HEALTH- FROM WORLD WAR I TO NOWADAYS AND THE BIRTH OF MILITARY PSYCHOLOGY

The study of mental health within the military context has gained increasing importance over the past century, evolving from a narrowly defined medical concern to a comprehensive psychological approach that addresses the multifaceted needs of soldiers and veterans. Initially, military psychiatry was primarily focused on addressing immediate psychological trauma resulting from combat, often termed as "shell shock" during the early 20th century (Glass, 1971). However, as the understanding of mental health expanded, so did the scope of military psychiatry, gradually incorporating broader psychological principles and practices. This development emphasizes how critical it is to treat mental health conditions while also encouraging psychological health and resilience among military personnel.

The advancement of military psychology as a separate discipline has been crucial in aiding both veterans and active duty military personnel. Military psychology has developed to provide extensive support systems, starting with its roots in the aftermath of World War I, when the necessity for psychological services became apparent, and continuing through to its current applications. These programs are made to help with the psychological issues that members of the military services deal with, such as the strains of active duty and the difficulties of transitioning back into society. The role of military psychology has thus expanded to encompass preventative care, therapeutic interventions, and ongoing support, reflecting a more comprehensive approach to mental health within the military (M.D. Matthews, J.H. Laurence, 2012).

1.1 Development of mental health's role

By the 2022 definition of the World Health Organization (WHO), "mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. […] Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes".

The role of mental health in the army has changed in the past century. As stated by Alruwaili et al. (2023) in “Supporting the Frontlines: A Scoping Review Addressing the Health Challenges of Military Personnel and Veterans”, military personnel and veterans face distinct health challenges due to the intricate interplay of their service experiences, the nature of warfare, and their interactions with both military and civilian healthcare systems. Furthermore, the range of stressors they encounter, from routine stress to traumatic events, contributes to various mental health issues.

To this account, a significant concern is the disparity in healthcare accessibility and quality. The civilian healthcare system's capacity limitations and the shortcomings of the military healthcare system have always been an issue (Alruwaili et al., 2023). In fact, since World War I, military psychologists have been stationed in general and convalescent hospitals, consultation services, rehabilitation centers, disciplinary barracks, and mental health clinics. Despite these various roles, they have frequently voiced dissatisfaction with their rank and status, compensation, privileges, and occasionally the unwarranted limitations placed on their opportunities.

The extent to which healthcare psychologists could operate independently of medical supervision is a significant issue in both military and civilian settings. In the military, the authority to conduct and report on various evaluations with administrative implications is often closely tied to one's status within the organization, making it a potentially sensitive and emotionally charged issue. Notably, the policies regarding this authority vary considerably across the different branches of the military. In the Army, for example, it was challenging to find any policies that authorized psychologists to conduct major types of military psychiatric evaluations. One of the most common administrative assessments in the military is for discharge due to unfitness or unsuitability due to character and behaviour disorders, as established by the Army Regulation 635 – 212. When a soldier was being considered for separation for these reasons, the unit commander had to refer the individual for a medical evaluation, which included a mental status examination. Although this type of evaluation was well within the expertise of psychologists, the regulation specifically required that to be conducted by a psychiatrist or, if unavailable, another physician (Rosenheim, 1981).

As for now, the procedures for discharging military personnel due to mental health issues, including who has the authority to conduct evaluations and make discharge decisions, can vary significantly between different countries' armed forces. While there are some commonalities, such as the involvement of medical professionals and commanding officers, each nation's military has its own specific regulations and protocols, although in most militaries

around the world, a medical evaluation, including an assessment of mental health, is mandatory when there are concerns about a service member's mental fitness, and this evaluation is still usually carried out by a psychiatrist rather than a psychologist (USA, UK, Canada and Germany army regulations; Military Psychiatry Textbooks).

Nevertheless, even though it took some time for clinical psychology to become fully integrated into military organizations across the globe, its eventual inclusion had a significant impact on troop management and mental health care. Holzberg et al. (1947) explain that the United States Army began using clinical psychology on a large scale relatively late in World War II, but that despite this late start, clinical psychology made significant contributions, particularly in the areas of diagnosing and treating neuropsychiatric conditions and supporting soldiers' general well-being. These successes quickly gained the field's respect and recognition within the psychiatric profession, confirming the field's significance in military health care systems (Holzberg et al., 1947).

1.2 Military psychiatry and its evolution- from medicine to psychology.

The history of psychological testing may be traced back to World War I, a major change in military tactics that is noticeable when examining the role of psychology in battle. Prior to this, cognitive skills were not given as much importance in the selection process as physical strength and endurance. But a new strategy was required due to the intricacy of the weapons and technology used in World War I. To properly operate modern weapons systems and other equipment, soldiers now required to be literate and cognitively skilled.

This led to the introduction of psychological testing to assess soldiers' intellectual and personality suitability for specific military roles, establishing a foundation for the future integration of psychology into military operations (M.D. Matthews, J.H. Laurence, 2012).

Before World War I, mental illnesses in military personnel, much like in civilian life, were narrowly defined, mostly encompassing severe and bizarre psychotic abnormalities. However, reports from the early battles on the Western Front in 1914 described a new psychiatric disorder called 'shell shock', which was so widespread that it became a significant military issue. This situation necessitated the establishment of military psychiatry, especially since these mental disorders were of environmental origin. Despite its usefulness, the contributions of military psychiatry during World War I were overlooked once the war ended (Glass, 1971).

In World War II, during March and April 1944, a tiered network of psychiatric services, similar to those in World War I, was established. The experiences of World War II

demonstrated that interpersonal relationships and external circumstances were at least as crucial as individual personality traits and characteristics in determining effective coping behaviour (Glass, 1971). In fact, during World War II, the development of more advanced aptitude tests continued. The General Classification Test (GCT), for example, which was based on a subset of four of Thurstone's primary mental abilities, was employed to categorize recruits into four general classifications based on their aptitude for learning (M.D. Matthews, J.H. Laurence, 2012).

After hostilities ceased, military psychiatry retained the equal status with medicine and surgery that it had achieved during World War II. Specialized training programs were established alongside other branches of military medicine, leading to the creation of a cadre of career military psychiatrists. When the Korean War abruptly began in June 1950, military psychiatry quickly moved to re-establish the World War II system of mental health care, both domestically and abroad. An echeloned network of services for psychiatric casualties was operational within months of the conflict's onset. After the Korean War, military psychiatry in the US and overseas continued to refine locally based mental health service techniques. Finally, soon after World War II, a considerable number of demobilized physicians entered specialty training in psychiatry, leading to a substantial expansion of such training programs. There was also a notable increase in applicants for graduate training in psychology, social work, and other social sciences (Glass, 1971). The study of human behaviour is a complex undertaking, leading to the development of numerous specialties or subfields within psychology that focus on key aspects of the human experience. To this account, military psychology was finally recognised as a subfield.

Military psychology isn't defined by a specific content area or set of theories; rather, it is characterized by the unique context in which psychology is applied, so within the military. This means that all traditional subdisciplines of psychology, such as clinical, cognitive, and social psychology, are represented among military psychologists. Both uniformed and civilian psychologists work to serve the military, providing mental health services, conducting research, assisting with personnel selection, and addressing the psychological challenges faced by military personnel. Their work demonstrates the adaptability of psychological principles to meet the unique demands of military life in nearly every country.

Clinical and counselling psychologists generally operate within the military's medical community, providing services such as behavioural therapy, psychotherapy, and medication management. However, clinical psychologists also play a direct role in supporting commanders involved in combat and other operations, including survival, evasion, resistance, and escape

(SERE), as well as psychological operations (PsyOps). Additionally, they contribute to interrogation and detention efforts, with a strong emphasis on respecting human dignity and rights. This mission-focused subfield is known as 'operational psychology' (Matthews & Laurence, 2012).

1.3 Military psychology as support to soldiers and veterans

Military psychologists are unified by their focus on the military, rather than by the traditional divisions within psychology, and the field of military psychology is global in its reach. Mental health professionals are crucial in this domain. Worldwide, thousands of psychologists in uniform are dedicated to preparing, supporting, and caring for military personnel and their families as they navigate the challenges of combat, peacekeeping, and humanitarian missions. Licensed clinical and counselling psychologists serve as commissioned officers in all branches of the military's mental health system (M.D. Matthews, J.H. Laurence, 2012).

The military operates in conditions that are unimaginable to civilians. The combination of task-related and environmental stressors, along with the constant risk of life-threatening injuries, significantly impacts human performance in the demanding environment of combat. Infantry soldiers often carry over one hundred pounds of gear into battle and may be required to function in nearly continuous operations for several days with minimal or no sleep. Military psychologists examine the psychological and physiological responses to such stress in order to create training programs and operational strategies that help soldiers perform at their best under these extreme conditions. To achieve this, they study the effects of fatigue, sleep deprivation, work overload and underload, life stress, environmental factors, and a variety of other stressors on soldier performance (M.D. Matthews, J.H. Laurence, 2012).

In "Psychology in the public sector: addressing the psychological effects of combat in the U.S. Navy" (2005) Sammons suggests that the response of military psychology during war or major public crises can foreshadow the profession's success in less perilous times. Besides, public-sector psychologists' ability to offer assistance and enhance public welfare during conflict or turmoil typically leads to a higher demand for psychological services afterward. This trend indicates the effectiveness of the psychological interventions during such crises and highlights the need for both immediate clinical care and long-term policy development to address the psychological impacts of war or disaster.

As a matter of facts, many veterans face challenges with mental health and functioning, although many do not seek treatment, and dropout rates are high. Some research indicates that veterans prefer collaborating with providers or peer support specialists who are also veterans. Furthermore, studies involving trauma-exposed veterans suggest that some veterans prefer working with female providers (Yeterian & Dutra, 2022). The results of the studies conducted by Yeterian and Dutra (2022) suggest that having access to mental health providers who are also veterans could lower the barriers to seeking treatment for veteran patients.

Sub-diagnostic mental health conditions related to military service, such as moral injury or remote combat trauma, have made it more challenging to assess the risks of war (McDaniel et al., 2023). The concepts of battle fatigue, combat stress, and posttraumatic stress disorder (PTSD) emerged directly from observing the impact of combat stress on soldiers' adaptation. Officially recognized as a psychopathology by the American Psychiatric Association after the Vietnam War, PTSD continues to receive significant attention in the context of twenty-first-century conflicts (M.D. Matthews, J.H. Laurence, 2012).

The Department of Veterans Affairs established the Readjustment Counselling Service (RCS) to meet the mental health needs of veterans, active-duty military people, and their families. This curriculum addresses a wide range of issues, including trauma, anxiety, depression, and the challenges of transitioning to civilian life. Recognizing that standard mental health services may not be sufficient to meet these needs, the RCS provides specialized care. According to Bryan et al. (2024), providing care for this population necessitates a range of treatment modalities to effectively address psychiatric illnesses associated with fighting as well as more general ones, fostering overall wellness and successful readjustment (Bryan et al., 2024).

1.4 The main psychopathologies that affect soldiers and veterans

As said above, the events, experiences, and issues that the military personnel faces can easily cause the development of a mental disorder, or psychopathology.

The American Psychological Association (APA) defines psychopathology as:

1. “The scientific study of mental disorders, including their theoretical underpinnings, etiology, progression, symptomatology, diagnosis, and treatment. This broad discipline draws on research from numerous areas, such as psychology, biochemistry, pharmacology, psychiatry, neurology, and

endocrinology. The term in this sense is sometimes used synonymously with abnormal psychology;

2. the behavioural or cognitive manifestations of such disorders. The term in this sense is sometimes considered synonymous with mental disorder itself".

In other words, one of the main challenges in the army comes when dealing with the mental state of each soldier. As cited, one of the first recognised mental issues coming from the war is 'shell shock', "coined by the soldiers themselves. Symptoms included fatigue, tremor, confusion, nightmares and impaired sight and hearing. It was often diagnosed when a soldier was unable to function, and no obvious cause could be identified. Because many of the symptoms were physical, it bore little overt resemblance to the modern diagnosis of posttraumatic stress disorder" (APA, 2012).

Posttraumatic stress disorder, along with anxiety disorder and panic disorder, are just a few of the many mental disorders that affect the military personnel, but many research and studies confirm them to be the main psychopathologies to affect soldiers and veterans. These can all be found in the Diagnostic and Statistical Manual of mental disorders (DSM-5), of which the fifth and latest edition has been published in 2013 by the American Psychiatric Association. It helps diagnose and classify mental disorders using concise and explicit criteria designed to facilitate objective assessments of symptom presentations across various clinical settings, such as inpatient, outpatient, partial hospital, consultation-liaison, clinical, private practice, and primary care, as explained by the American Psychiatric Association.

The functions of military psychologists and military psychology are becoming increasingly important considering these difficulties. To meet the psychological and emotional requirements of service personnel who are deployed overseas, army clinical psychologists are at the forefront of the behavioural health care field. They serve as both therapists and preventative specialists. Beyond conventional therapy, their duties also include fostering mental wellness, averting psychological problems before they worsen, and building troops' general resilience.

In addition to their clinical duties, these psychologists serve as army officers and soldiers, playing a crucial role in the success of military operations. Their dual role presents unique ethical challenges, requiring them to navigate complex situations where their duties as healthcare providers intersect with military objectives. To effectively manage these challenges, military psychologists must have a deep understanding of their ethical code, military regulations, military law, and the mental health laws of the countries in which they operate. This knowledge is essential to ensure they provide care that is not only effective but also

ethically sound, maintaining the trust and well-being of the service members they support (Moore & Reger, 2005) (Kennedy & Moore, 2008) (Johnson et al., 2014).

Proactive mental health training has become standard practice due to the difficulties and strains of serving in the military. This kind of psychoeducation encourages general mental health and aids in issue prevention. The goals of resilience and stress inoculation training are to keep deployed service members healthy and to get military troops ready for the psychological toll that combat takes. They receive instruction in methods including progressive muscular relaxation, guided imagery, deep breathing, and relaxation. Additionally, service members are trained to recognize signs of stress in others, such as peers and subordinates. Another goal of the training is to decrease the stigma associated with seeking mental health treatment. Because members of the high-risk military community carry firearms and may be less likely to seek or adhere to treatment, frequent mental health screenings, individual and group teaching, and early intervention are crucial (M.D. Matthews, J.H. Laurence, 2012) (M.D. Matthews, J.H. Laurence, 2012).

To this account, current ethical guidelines require psychologists to self-assess their competence and take steps to limit or discontinue clinical work if they can no longer provide competent care. However, even under ideal conditions, individuals, including psychologists, often struggle to accurately evaluate their own performance. Moreover, when deployed to combat zones and working continually with severely traumatized and injured service members, evidence indicates that they are susceptible to compassion fatigue and secondary trauma syndromes (Moore & Reger, 2005) (Kennedy & Moore, 2008) (Johnson et al., 2014).

Due to the mental stress and challenges faced by military personnel and their families, mental health professionals often utilize a strengths-based resilience approach when working with this population. This approach is carefully structured around the military deployment cycle, which involves the pre-deployment, deployment, and post-deployment stages. By focusing on the inherent strengths and resilience within military families, clinicians help them navigate the unique pressures of military life, such as prolonged separations, frequent relocations, and the uncertainty of deployment. This strengths-based approach has proven to be highly effective, enabling many families not only to endure these challenges but also to thrive despite them, fostering stronger relationships and a greater sense of cohesion even in the face of adversity.

Resilience is deeply ingrained in military families, often passed down through generations, becoming a core part of family life and childhood development. These families frequently embrace discipline and a strong determination to survive, often accepting self-

sacrifice as part of their journey. However, the reintegration process remains difficult for many military and veteran families. Behavioural health treatments, initially adapted from other trauma-related conditions, have sometimes been ineffective or even harmful when applied to veterans. Additionally, treatments addressing moral injury from participation in war are still being developed, leaving many civilian therapists unprepared for these therapeutic conversations in the current cultural climate. While the risk factors, such as family conflict, dissolution, stress, depression, and suicide among military families, are well understood, effective interventions remain less clear (Canfield, 2024).

1.5 Substance abuse and coping mechanisms- a recurrent issue in the army

When we face a stressful situation, our minds naturally try to manage the stress through coping mechanisms. These are strategies or behaviours, like seeking support or taking a break, which help us handle the emotions and challenges brought on by stress. Some coping mechanisms are healthy and effective, while others might be less helpful or even harmful. The National Institutes of Health (NIH) states that "coping is defined as the thoughts and behaviours mobilized to manage internal and external stressful situations. It is a term used distinctively for conscious and voluntary mobilization of acts, different from 'defense mechanisms' that are subconscious or unconscious adaptive responses, both of which aim to reduce or tolerate stress. When individuals are subjected to a stressor, the varying ways of dealing with it are termed 'coping styles,' which are a set of relatively stable traits that determine the individual's behaviour in response to stress. These are consistent over time and across situations. Generally, coping is divided into reactive coping (a reaction following the stressor) and proactive coping (aiming to neutralize future stressors)".

Generally, coping mechanism can be useful, but among people suffering for mental health there can be an excessive use of dysfunctional copying mechanisms. Both for civilians and military personnel they can turn into a maladjusted and malfunctional lifestyle. For instance, substance use disorder (SUD), generally called substance abuse, is one of the main issues arising from a wrong use of coping mechanisms. The National Cancer Institute (NCI) defines substance abuse as "the use of illegal drugs or the use of prescription or over-the-counter drugs or alcohol for purposes other than those for which they are meant to be used, or in excessive amounts. Substance abuse may lead to social, physical, emotional, and job-related problems".

Posttraumatic stress disorder (PTSD) and substance use disorders are common and difficult diagnoses, especially among veterans, which emphasizes how important it is to comprehend and manage this comorbidity. Veterans suffer disproportionately from overdose deaths, which can be up to twice as high as in civilian populations. Without a doubt, military service is linked to these disorders: active duty members exposed to battle have a significantly higher likelihood of abusing prescription opioids and using illicit heroin. This issue necessitates immediate attention since it has a substantial impact on society and healthcare systems in addition to having an adverse effect on veterans' health and well-being. In order to address the particular difficulties that veterans encounter and lessen the effects of these conditions, effective treatment approaches are crucial. Veterans in the armed forces also have insomnia at prevalence rates that are almost twice as high as those in the general community. Other psychological problems, such as substance abuse (such as cannabis usage) and perceived stress, frequently coincide with insomnia. Higher previous levels of insomnia are linked to greater increases in perceived stress, and higher levels of prior stress are associated with increased cannabis use. Although veterans who use cannabis may benefit from it in some ways, most notably in terms of stress reduction, it may also exacerbate the symptoms of insomnia. Consequently, the stress-relieving benefits of increased cannabis use may worsen sleeplessness in veterans with long-term sleep issues (Watkins et al., 2023) (Cesur et al., 2024) (Davis et al., 2023).

Problematic alcohol use poses a significant threat to the behavioural health of active-duty Service Members (ADSM), prompting numerous calls from government agencies to better understand the factors driving alcohol misuse within the military. Motives for alcohol use are thought to be changeable targets for prevention and intervention since they are good predictors of behaviours linked to alcohol use. Research supports the body of military literature already in existence by demonstrating that the most frequently related motive to increasing alcohol usage is the use of alcohol to cope with stress, such as anxiety. New research, however, also emphasizes enhancement motives, or drinking to obtain a satisfying internal reward, as a component that influences alcohol consumption outcomes just as much, if not more. Additionally, research underscores significant differences between the motives for alcohol use (i.e., coping vs. enhancement) and the impact of these motives (i.e., effect size) on alcohol consumption patterns among junior enlisted personnel compared to non-commissioned officers. (NCOs) Among that, alcohol misuse and posttraumatic stress disorder (PTSD) frequently occur together. As said above, research shows that alcohol consumption is more

common in the military and is often used as a coping mechanism for stress. However, alcohol use can lead to various health and social issues (Kearns et al., 2024).

Another coping mechanism that is an issue within the military personnel is excessive gambling, or gambling disorder, which can lead to significant biopsychosocial issues, including financial struggles, relationship challenges, and mental and physical health problems. Gambling activities vary significantly, but most can be categorized as either strategic, involving skill and decision-making, or non-strategic, which rely entirely on chance. In a study carried out by Grubbs et al. (2023), results showed that those who favoured strategic gambling were generally younger, more likely to be men, and less likely to have a nicotine use disorder or PTSD. These findings suggest that individuals with PTSD tend to prefer non-strategic games, indicating a possible unique vulnerability to gambling problems associated with non-strategic gambling, particularly among military veterans.

Among that, for military Service Members a gambling disorder may also result in the denial or revocation of security clearances, hindered career advancement, and early termination of their military careers. As a consequence, recent congressional mandates have required the U.S. Department of Defense to screen for problematic gambling, with the effectiveness of these screenings depending on both the prevalence of the problem and the sensitivity and specificity of the assessment tools (Segura et al., 2023).

Finally, another significant issue that frequently arises within the military community is the prevalence of eating disorders (EDs). Even though eating disorders are notably common among military personnel and veterans, much of the research on the variability in eating disorder presentations has been primarily focused on civilian populations. This has caused a void in our knowledge of the elements that fuel eating disorders' emergence and persistence in the context of the military. Those in the military face unique stressors such as the psychological effects of deployment and combat, the necessity to maintain physical fitness, and the requirement to follow weight restrictions. Eating disorders can be exacerbated or developed because of these stresses. Furthermore, the military's emphasis on discipline, self-reliance, and secrecy may lead to underreporting and insufficient treatment of mental diseases. Therefore, in order to ensure that military personnel and veterans receive the support and care they need, it is imperative to expand research efforts to better understand how eating disorders manifest in military settings and to develop targeted interventions that address the unique needs of this population.

The link between eating disorders and harmful substance use, which causes psychosocial impairment, is well-documented in the literature. Military veterans may be particularly at risk

for both issues due to stressors related to deployment. A 2024 study by Chen et al. found that female veterans exhibited higher levels of bulimic symptoms (binge eating and purging). Among women, these bulimic symptoms predicted future harmful use of alcohol, marijuana, and other drugs. In contrast, male veterans were more concerned with weight and body image, often engaging in excessive exercise and muscle building. For men, restrictive symptoms were linked to future harmful use of alcohol, marijuana, and other drugs.

CHAPTER 2
ANXIETY DISORDERS AND POST TRAUMATIC STRESS DISORDER

Within the military community, anxiety disorders pose a serious mental health risk due to the pressures, combat exposure, and expectations of military life, which can exacerbate pre-existing vulnerabilities. Among these conditions, post-traumatic stress disorder (PTSD), panic disorder, and generalized anxiety disorder (GAD) are particularly common and severe, adversely affecting military personnel' quality of life and ability to do their jobs.

Excessive worry is a peculiarity of generalized anxiety disorder, which can be worsen by the hard and important decisions required in military environments. Panic disorder, characterized by sudden panic attacks, can be triggered by the constant vigilance needed in combat. On the other hand, PTSD originates from traumatic events like combat or witnessing death, can lead to severe anxiety, flashbacks, and impaired functioning.

Maintaining overall military effectiveness, as well as the mental health of each soldier, depends greatly on understanding and treating these disorders. Because of the stressors that soldiers encounter, such as the need to make quick decisions and the prospect of injury, the development and prevalence of these diseases are facilitated. As a way to minimize their effects and guarantee both the safety of soldiers and the operational readiness of military units, focused interventions and support systems are crucial.

2.1 Anxiety disorder

The American Psychiatric Association (APA) states that “anxiety is a normal reaction to stress. Mild levels of anxiety can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention. Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety. Anxiety disorders are the most common of mental disorders. They affect nearly 30% of adults at some point in their lives. However, anxiety disorders are treatable with a number of psychotherapeutic treatments. Treatment helps most people lead normal productive lives.

Anxiety refers to anticipation of a future concern and is more associated with muscle tension and avoidance behaviour. Fear is an emotional response to an immediate threat and is more associated with a fight or flight reaction – either staying to fight or leaving to escape danger.

Anxiety disorders can cause people to try to avoid situations that trigger or worsen their symptoms. Job performance, schoolwork and personal relationships can be affected. In general, for a person to be diagnosed with an anxiety disorder, the fear or anxiety must be out of proportion to the situation or be age-inappropriate [and] hinder their ability to function normally.

[...] The causes of anxiety disorders are currently unknown but likely involve a combination of factors including genetic, environmental, psychological and developmental. Anxiety disorders can run in families, suggesting that a combination of genes and environmental stresses can produce the disorders".

Regarding the symptoms, anxiety and worry are linked to three or more of the following six symptoms. It is important to note that these symptoms must have been present for the majority of days over the past six months. Specifically, anxiety and worry are often accompanied by at least three of the following six symptoms, with these symptoms being evident on more days than not during the preceding six-month period:

1. Restlessness or feeling keyed up or on edge;
2. Being easily fatigued;
3. Difficulty concentrating or mind going blank;
4. Irritability;
5. Muscle tension;
6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).

Several types of anxiety disorders include generalized anxiety disorder, panic disorder (with or without agoraphobia), specific phobias, agoraphobia, social anxiety disorder, separation anxiety disorder, and selective mutism. (DSM-5) In this thesis we are going to deal with generalized anxiety disorder and panic disorder.

Generalized anxiety disorder "involves persistent and excessive worry that interferes with daily activities. This ongoing worry and tension may be accompanied by physical symptoms, such as restlessness, feeling on edge or easily fatigued, difficulty concentrating, muscle tension or problems sleeping. Often the worries focus on everyday things such as job responsibilities, family health or minor matters such as chores, car repairs, or appointments". Generalized anxiety disorder (GAD) is a prevalent condition, impacting approximately 3% of the population annually. It is observed that the disorder occurs twice as often in women compared to men. While GAD usually develops in adulthood, it can start at any age. The disorder tends to follow a chronic course and is frequently linked to substantial functional impairment and a reduced quality of life (APA; MSD Manual).

As for panic disorder, the primary characteristic is the occurrence of recurrent panic attacks, which involve an intense mix of physical and psychological distress. During a panic attack, the American Psychiatric Association states that multiple symptoms can arise simultaneously, including:

- Palpitations, a pounding heart, or a rapid heart rate;
- Sweating;
- Trembling or shaking;
- Sensations of shortness of breath or feeling smothered;
- Chest pain;
- Dizziness, light-headedness, or feeling faint;
- A choking sensation;
- Numbness or tingling;
- Chills or hot flashes;
- Nausea or abdominal discomfort;
- Feelings of detachment;
- Fear of losing control;
- Fear of dying.

The severity of these symptoms leads many people who are experiencing a panic attack to mistakenly believe they are suffering from a fatal illness, for example a heart attack, which is why many seek emergency medical attention. Panic attacks can be both predicted or unanticipated, and between the ages of twenty and twenty-four is when panic disorder typically first appears. It can also coexist with other mental health conditions like depression or PTSD (APA).

2.2 Post-traumatic stress disorder

The American Psychiatric Association states that "PTSD is a mental health condition that can affect those who have gone through or observed a traumatic incident, sequence of events, or situation. This could have an adverse effect on someone's mental, bodily, social, and/or spiritual well-being and be perceived as emotionally or physically damaging or even fatal. Examples include rape/sexual assault, historical trauma, natural disasters, major accidents, terrorist acts, war/combat, intimate partner violence, and bullying. Although PTSD has been dubbed many names in the past, including "shell shock" during World War I and

"combat fatigue" after World War II, it is not limited to veterans of combat. PTSD can occur in all people, of any ethnicity, nationality or culture, and at any age.

People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch".

The DSM-5 divides the criteria from 0 to 6 years old for kids, and from 6+ for adults, which is what we are going to deal with. Among that, it states that PTSD can develop following various forms of trauma exposure, including:

1. Direct Experience: personally going through the traumatic event;
2. Witnessing: observing the traumatic event as it happens to others;
3. Learning About Trauma: being informed that a close family member or friend has experienced a traumatic event, particularly if the event involved violent or accidental death;
4. Repeated or Extreme Exposure: encountering distressing details of traumatic events frequently or in extreme situations, such as first responders dealing with human remains or police officers exposed to child abuse cases. This does not include exposure through media unless it is work-related.

Furthermore, PTSD is characterized by a variety of symptoms listed by the American Psychiatric Association, which emerge after experiencing a traumatic event. These symptoms fall into four main categories:

1. Intrusion Symptoms:
    - Recurrent, involuntary, and distressing memories or flashbacks of the traumatic event;
    - Distressing dreams related to the event;
    - Intense psychological or physiological reactions to reminders of the trauma.
2. Avoidance Symptoms:
    - Persistent efforts to avoid thoughts, feelings, or reminders associated with the trauma, such as avoiding certain places, people, or conversations.
3. Negative Alterations in Cognition and Mood:
    - Difficulty remembering key aspects of the traumatic event;
    - Persistent negative beliefs or expectations about oneself, others, or the world;

  - Distorted thoughts about the cause or consequences of the trauma, leading to self-blame or blaming others;
  - Negative emotional states like fear, anger, guilt, or shame, alongside a diminished interest in activities and feelings of detachment from others.
4. Alterations in Arousal and Reactivity:
  - Symptoms such as irritability, angry outbursts, reckless behavior, hypervigilance, exaggerated startle response, concentration difficulties, and sleep disturbances.

For a diagnosis of PTSD, these symptoms must persist for more than one month, cause significant distress or impairment in daily functioning, and not be attributable to substance use or another medical condition (DSM-5).

2.3 Military Resilience Training

As was previously mentioned, military gendarmes are easily subjected to stressful circumstances, which can be harmful to both mental and physical health. Their jobs are physically demanding and thus can cause problems such as anxiety, PTSD, and physical exhaustion. Resilience-boosting and strength-enhancing activities, like consistent exercise, mindfulness exercises, and support group participation, are essential for troops, which need to engage in these activities in order to ward off the bad impacts they face. These efforts help them better manage stress, recover from trauma, and maintain their overall well-being.

The American Psychological Association defines resilience as "the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands.

A number of factors contribute to how well people adapt to adversities, including the ways in which individuals view and engage with the world, the availability and quality of social resources, and specific coping strategies. Psychological research demonstrates that the resources and skills associated with resilience can be cultivated and practiced" (APA).

To successfully navigate the many and different challenges that come with being in the military, psychological resilience is essential. These difficulties include having to uphold strong discipline, frequently moving from city to city, which includes handling social readjustments, put up with demanding physical demands, deal with unpredictably harsh environmental circumstances, and work in places lacking in infrastructure. In addition, military members must deal with the ongoing ambiguity around their roles in addition to having to

spend a lot of time away from their families. In this context, resilience is not merely beneficial—it is vital. It enables service members to manage the unique stressors of combat and plays a critical role in preventing the onset of both mental and physical illnesses that could compromise their effectiveness.

Military resilience is defined as the capacity of individuals to withstand, recover, and even grow from the setbacks and stressors that inevitably arise in the course of their duties. This resilience is dependent on the optimal functioning of both physiological and psychological systems, ensuring that service members can maintain elevated levels of performance and combat effectiveness even in the most challenging circumstances.

Enhancing psychological resilience among troops is not only possible but can be accomplished through straightforward interventions. Across the globe, various armed forces have successfully implemented modules and programs aimed at building psychological resilience within their ranks. As militaries continue to modernize in preparation for future combat scenarios, the importance of strengthening resilience has become increasingly apparent. Military leaders worldwide are placing a greater emphasis on resilience as a key component of readiness for the unpredictable and dynamic challenges of 21st-century warfare.

Singapore, Russia, Ukraine, and Iran are examples of the several armed forces from different countries that are actively engaged in researching and refining resilience training techniques. This is essential in order to make sure that their personnel are prepared to face the psychological demands of modern combat. However, the specific details of these resilience-building initiatives often remain undisclosed, reflecting the sensitive nature of military preparedness (Panda et al., 2024).

To enhance the military training and general well-being of soldiers, specialized programs have been created, to face the growing concern over mental health issues among service members. One of the most relevant interventions is Military Resilience Training (MRTR). As a matter of fact, MRTR plays an important role as it comprehends the psychological factor, meaning to reduce perceived stress, enhance the perception of available adaptive resources, and most importantly to improve resilience. It differs from traditional military training, historically focused primarily on physical conditioning, as MRTR incorporates elements that target psychological resilience and decision-making effectiveness under pressure. This approach is furthermore ameliorated by the integration of advanced technologies, such as virtual reality and wearable devices, which are doubtlessly an innovative essential tool for training outcomes, and also plays a role in supporting the overall well-being of soldiers.

Military training keeps evolving, which highlights the strong advocacy for the adoption of realistic, immersive simulations that accurately reflect the complexities of modern warfare as it evolves itself. These advanced training environments are crucial for preparing military personnel to navigate the unpredictable and high-stress conditions they may encounter in combat. MRTR has been demonstrated as effective, through its ability to reduce perceived stress, increase awareness of adaptive resources, and strengthen the overall resilience of military personnel, making it a key component of modern military training strategies (Tornero-Aguilera et al., 2024; Turliuc & Balcan, 2024).

CONCLUSIONS

In summary, this thesis has examined the dynamic and developing area of military psychology, highlighting its importance in meeting veterans' and soldiers' mental health requirements. Since its beginnings during World War I to treat acute psychological trauma associated to battle, such as "shell shock," the profession has experienced enormous growth. To improve resilience and general well-being among military personnel, military psychology now includes a comprehensive strategy that incorporates a number of psychological principles.

The evolution of military psychology reflects broader changes in the understanding and treatment of mental health within the military context. Military soldiers encountered an increasing variety and intensity of psychological obstacles as wars got longer and more complicated. The initial emphasis on treating acute trauma from warfare has given way to a more all-encompassing approach that offers therapy interventions, preventative care, and ongoing support for both veterans and active duty personnel.

This thesis has also highlighted the broadening of mental health definitions, as evidenced by the World Health Organization's 2022 definition, which includes emotional, psychological, and social well-being. This broader understanding has prompted the military to recognize the necessity of more inclusive and accessible mental health care. Nevertheless, there are still major obstacles to overcome, especially in terms of service availability and the intricate nature of mental health assessments, typically conducted by psychiatrists instead of psychologists. Furthermore, the historical development of military psychiatry, from its origins in World War I to its establishment as a respected field by World War II, has been thoroughly examined. Unlike other branches of psychology, military psychology is characterized not by specific theories but by its contextual application, integrating various subdisciplines to meet the unique psychological needs of military personnel. This contextual approach acknowledges that the psychological challenges faced by service members are not solely the result of combat but also stem from the cumulative stressors associated with military life.

The thesis has also delved into the significant mental health challenges faced by military personnel, particularly anxiety disorders and Post-Traumatic Stress Disorder (PTSD). Anxiety disorders, including Generalized Anxiety Disorder (GAD) and panic disorder, are prevalent within military populations and can severely impact both individual well-being and operational effectiveness. PTSD, with its complex symptomatology of intrusion, avoidance, negative cognitive alterations, and heightened arousal, remains a significant concern, particularly due to its potential to impair daily functioning over the long term.

Addressing these mental health challenges is essential not only for the well-being of individual soldiers but also for maintaining military readiness. In this regard, Military Resilience Training (MRTR), which aims to develop psychological resilience and assist soldiers in adjusting to and thriving despite the hardships of military duty, has emerged as a crucial tool. In order to improve training outcomes, this training stresses the development of mental, emotional, and behavioural flexibility and uses cutting-edge technologies like virtual reality to replicate actual combat scenarios.

This type of training is essential because it can equip military personnel with the knowledge and abilities needed to manage the psychological pressures of contemporary warfare and military life. Through improving stress management skills and operational effectiveness, MRTR is a vital component in equipping soldiers for whatever obstacles they may encounter in the course of their duty.

In closing, this thesis has suggested that military psychology has evolved into a comprehensive field dedicated to the mental health and well-being of soldiers and veterans. The advancements in understanding and addressing mental health challenges within the military, coupled with the implementation of resilience training programs, have significantly contributed to the overall effectiveness and readiness of military personnel. However, as the nature of warfare and the demands placed on soldiers continue to evolve, so too must the strategies and support systems designed to address their psychological needs. Future developments in military psychology will likely focus on further refining these approaches, ensuring that soldiers are not only prepared for the challenges of combat but are also supported in their journey toward long-term psychological health and resilience.

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