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The Stigma of Mental Health Treatment in the Military: An Experimental Approach

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ABSTRACT

The stigma of mental health treatment in the military may operate via the stereotype that soldiers who seek treatment are weak. Perceptions of weakness derive from the belief that treatment violates military norms of group cohesion and individualistic coping. This vignette study examines the effects of group-centric motivation and a shared ingroup on weakness perceptions. Results show no effect of the experimental variables on perceived weakness. However results yield support for the hypothesis that contact with others who have sought treatment will reduce stigma. Also, officers stereotyped treatment seekers as weak more than did junior enlisted personnel.

INTRODUCTION

The stigma of mental health treatment in the U.S. military remains a pervasive barrier to care for today's service personnel (Hoge et al. 2004; McFarling et al. 2011). Seeking treatment is stigmatized as a "weak" act in the military, violating the norm of individual strength in coping with the demands of military service (Gibbs et al. 2011). Due in large part to fear of stigma from fellow soldiers, some personnel returning from deployments with mental illness symptoms may forgo professional help (Hoge et al. 2004; Kim et al. 2011). Yet a new generation of veterans is returning with chronic mental health problems such as depression and posttraumatic stress disorder (PTSD; Litz 2008).

Sociological stigma research may contribute to current knowledge by acknowledging the importance of the norm context in which stigma occurs (Phelan et al. 2008). Examples of the U.S. military's cultural norms include group cohesion and individual strength in coping with trauma (Kirke 2010; McFarling et al. 2011). While these norms help to maintain a unified fighting force, their enforcement may foster divisions between individuals seen as fit for duty and individuals seen as too weak to handle the stressors of military service.

This study examined the potential for three factors to mitigate stereotyping of treatment seekers . I tested the effects of two experimental manipulations on weakness perceptions in the U.S.

military, utilizing a 2 X 2, four-condition vignette design on a sample of active-duty U.S. Army personnel. The first manipulation is the vignette soldier's stated motivation for seeking treatment, which is either group-centric or individualistic. Group-centric motivation is justification for treatment that highlights benefits for the soldier's unit, whereas individualistic motivation highlights individual, medical benefits. The second manipulation is shared ingroup membership; the soldier described in the vignette is either a member of the same platoon as the research participant or a different platoon. The study instrument also asked participants across the entire sample about their past contact with others who have sought treatment to test the contact hypothesis as it applies to the military setting and the weakness stereotype.

I predicted participants would perceive the soldier in the vignette to be weaker if he was seeking treatment for individual reasons versus group-centric reasons and if he was in a different platoon than the participant versus the same platoon. Results did not support these predictions. However results did yield support for the contact hypothesis in this context, as past contact with individuals who have sought mental health treatment was associated with less perceived weakness of the soldier seeking treatment. Also, officers perceived the soldier seeking treatment to be significantly weaker than did junior enlisted soldiers. I begin by briefly outlining the theoretical basis and predicted outcomes of the study, then describe the methods and findings.

THEORETICAL DEVELOPMENT AND PREDICTIONS

The negative stereotyping of individuals may emanate from cultural values which serve to divide individuals into contrasting groups (Phelan et al. 2008). In the military, individuals who seek mental health treatment may be stereotyped and isolated as "weak" individuals. Yet despite the importance of group norms in producing divisions, stigma research tends to focus more on individual than group processes (Link and Phelan 2001). This study examines the importance of maintaining a group norm, ingroup membership, and interpersonal contact in affecting stereotyping in military culture.

Military bases represent total institutions in that they are confined social spheres in which individuals are re-socialized into new identities and taught to abide by new norms (Goffman 1961; Zurcher 1967). Examples of these norms in the military include group cohesion and individual strength in coping with trauma (McFarling et al. 2011; Kirke 2010). One function of the stigma process may be to preserve group norms (Phelan et al. 2008).

Stated motivation for treatment may significantly alter reactions from the individuals' peers. Ridgeway (1982) demonstrated the importance of motivation for low-status individuals in a group interaction, showing that women in mixed-sex groups achieved significantly higher status when they behaved in a group-oriented rather than self-oriented manner. In the military setting, group-centric motivation may reduce negative stereotypes of the mentally ill, and may also preserve the shared focus on maintaining cohesion. I thus expect the use of group-centric motivation to result in less stigmatizing responses.

Hypothesis 1: Participants will perceive soldiers who describe seeking treatment to benefit group cohesion to be less weak than soldiers who describe seeking treatment for their own individual benefit.

Research in Social Identity Theory finds that the categorization of people into groups leads to preference for one's own ingroup and depersonalization of the outgroup (Hogg 2003). The Common Ingroup Identity Model (CIIM; Gaertner and Dovidio 2000) has yielded further empirical support for the power of a shared ingroup to mitigate interpersonal conflict within the group. This model states that the more two people from contrasting groups identify themselves as members of a superordinate group, the less likely they are to exhibit prejudice toward one another. I expect that a shared ingroup membership may reduce some of the conflict based on other interpersonal differences such as whether or not individuals have sought mental health treatment.

Hypothesis 2: Participants evaluating soldiers within their same platoon who have sought mental health treatment will perceive them to be less weak compared to participants who evaluate soldiers in a different platoon.

Research has shown a link between contact with the mentally ill and stereotyping, as individuals who report contact with the mentally ill perceive them to be less dangerous when compared with individuals who report no such contact (Corrigan et al. 2001; Link and Cullen 1986; Penn et al. 1999; Trute et al. 1989). Stereotyping is part of the stigma process, leading to group divisions and felt discrimination. Individuals who report previous contact with mentally ill individuals tend to be less stigmatizing of the mentally ill, desiring less social distance from them (Chung et al. 2001; Corrigan et al. 2001; Ingamells et al. 1996; Read and Harre 2001). Due to its potential to reduce stereotypes and resulting stigma, contact with the mentally ill has been cited as a strategy for reducing the stigma of mental illness (Watson and Corrigan 2005).

In the military, weakness is a dominant stereotype of treatment seekers, leading to risk of stigma (McFarling et al. 2011). Although weakness is a different stereotype than dangerousness, both are crucial components of the stigma process in their respective settings. Dickstein et al. (2010) suggest the potential for contact to reduce stigma within the military; however, no studies have tested the applicability of the contact hypothesis to mental illness in the military setting. I predict previous contact with individuals who have sought mental health treatment to decrease perceived weakness of U.S. soldiers who choose to seek treatment, as this stereotype may be an important component in producing discrimination for treatment seekers in the military setting. That is, I expect the effect of contact on the dominant stereotype of weakness (in the military) to be similar to the effect of contact on the dominant stereotypes of the mentally ill in other settings. This prediction is independent of the experimental conditions, and should hold across the different vignette scenarios.

Hypothesis 3: Participants who report contact with close friends or family members who have sought mental health treatment will perceive a fellow soldier who seeks treatment to be less weak compared to participants who report no such contact.

METHODS

Participants were active-duty U.S. Army personnel (N=563) at a large military base in the southern United States. Table 1 presents demographic information on the sample.

Table 1: Participant Demographics

	N	%
Sex		
Male	512	90.9
Female	51	9.1
Race		
White	362	64.2
African-American	97	17.2
Other	104	18.5
Age		
17-21	130	23.1
22-25	158	28.1
26-30	127	22.6
31+	148	26.2
Education		
High School or Less	275	48.8
Some College	203	36.1
Four-Year College +	57	10.1
Marital Status		
Married	310	55.1
Not Married	253	44.9
Current Rank		
Lower Enlisted	181	32.2
Noncommissioned Officers	351	62.3
Warrant Officer +	31	5.5

Procedure

The soldiers responded to a 25-item survey containing a vignette paragraph, 11 items gauging stigma directed toward the vignette subject, and the contact measure. The 11 stigma items are located in the study instrument in Appendix A, although only the final item on perceived strength of the soldier (named "Specialist [SPC] Thompson") is used in this analysis. After responding to demographic questions, participants read paragraphs which contained a scenario with a fictitious fellow soldier who is seeking mental health treatment during a deployment to Afghanistan. The four conditions are as follows:

Condition 1: SPC Thompson is seeking treatment for purposes of group cohesion and is in the same platoon as the research participant.

Condition 2: SPC Thompson is seeking treatment for individual medical reasons and is in the same platoon as the research participant.

Condition 3: SPC Thompson is seeking treatment for purposes of group cohesion and is in a different platoon than the research participant.

Condition 4: SPC Thompson is seeking treatment for individual medical reasons and is in a different platoon than the research participant.

After reading the vignette and responding to the stigma items, participants answered three questions about their personal mental health background, including the question gauging contact with individuals who have sought mental health treatment.

Vignette Design

The vignette subject was a male soldier of neither low nor high status in terms of rank. SPC Thompson's ethnicity was left ambiguous. The vignettes introduced a scenario in which the soldier was expected to face negative reactions for seeking treatment rather than solely for a mental illness. Thus SPC Thompson is currently deployed and seeking treatment for insomnia and high stress, two symptoms of PTSD. PTSD is largely viewed as caused by the experience of serving in combat (Gibbs et al. 2011), and so the cause of SPC Thompson's PTSD may be attributed to factors outside his control. The *act of seeking treatment* was expected to lead to stereotyping rather than the deployment-related mental illnesss symptoms. Appendix B presents the vignettes.

Independent Variables

To determine whether contact with others who have sought mental health treatment has an effect on labeling the vignette subject as weak, participants answered the question "Have any of your close friends or family members sought mental health treatment?" of all participants. Slightly less than half (49%) of participants responded "yes" to the question.

The first experimental variable is stated motivation for seeking treatment. To manipulate group-centric motivation, the soldier in these vignettes is seeking treatment because he "feels that his platoon will benefit from the psychological treatment because he will be more alert on group missions and will be able to communicate more effectively with team members." The other condition represents defiance of the norm of group cohesion, in that the soldier feels that treatment will allow him to "sleep through the night and reduce his stress levels." I expect the soldier seeking treatment for individualistic reasons will be perceived to be weaker in the minds of study participants than the soldier who is acting to benefit his unit.

The second experimental variable is shared ingroup. The soldier in the vignette is either said to be in the same platoon as the research participant or in another platoon serving in a different

location. I expect the shared ingroup of a common military unit to mitigate the interpersonal bias that may arise due to SPC Thompson's decision to seek treatment.

Dependent Variable

Perceived strength, the dependent variable, is measured with the post-vignette statement "SPC Thompson is a strong soldier" to which the participants indicated level of agreement on a scale from 0 to 9, ranging from "not at all agree" to "very strongly agree." Responses were recoded so that higher scores indicated more perceived weakness. The mean for the recoded dependent variable was 3.021 with a standard deviation of 2.742.

ANALYSIS AND RESULTS

Five hundred sixty-three participants are included in the analysis. Thirty-three participants out of the original 596 cases (5.5%) were missing data and were excluded from the analysis.

Appendix C shows the correlation matrix of the key variables in this analysis. The mean scores of perceived weakness for the four conditions were as follows (higher scores indicate more stigmatizing responses):

Condition 1 (Group-Centric Motivation, Shared Ingroup): 3.07

Condition 2 (Individualistic Motivation, Shared Ingroup): 3.13

Condition 3 (Group-Centric Motivation, No Shared Ingroup): 2.78

Condition 4 (Individualistic Motivation, No Shared Ingroup): 3.14

I conducted an ANOVA to test for main effects of group-centric motivation and shared ingroup as well as the interaction of the two, controlling for gender, race, and rank. Preliminary analysis revealed no effects of age, education, marital status, or number of deployments, so these variables are excluded from all final analyses.

Group-centric motivation had no effect on perceived weakness ($F=1.15$; $p=.284$), nor did a shared ingroup ($F=0.03$; $p=.869$) or the interaction effect ($F=0.36$; $p=.550$). Thus, ANOVA results do not support hypothesis 1, that group-centric motivation would reduce stereotyping. Results also do not support hypothesis 2, that a shared ingroup would reduce stereotyping.

To test hypothesis 3, that past contact with individuals who have sought treatment would reduce negative reactions, I ran a regression of perceived weakness on contact, controlling for gender, race, rank, and the main effects of the experimental variables. Results appear below. The coefficient for mental health contact is significant and negative, indicating that individuals who have had contact with friends or family members who have sought psychological treatment perceive SPC Thompson to be significantly less weak than individuals with no such contact. Unexpectedly, rank is also significant in the model ($p<.05$), indicating that military officers are significantly more stigmatizing of individuals who seek treatment than junior enlisted personnel.

Table 2: Linear Regression of Perceived Weakness on Contact and Controls, Robust Standard Errors in Parentheses; Dependent Variable = Perceived Weakness

Independent Variable	Coefficient
Sex (1=female)	-.021 (.408)
Race	
African-American	-.194 (.318)
(reference = white)	
Other Race	.242 (.309)
Military Rank	
Non-commissioned Officers	.089 (.256)
(*reference = Junior Enlisted)*	
Warrant Officers +	1.251* (.537)
Experimental Variables	
Shared Ingroup	.175 (.231)
Group-Centric Motivation	-.259 (.232)
Mental Health Contact	-.654** (.239)
Constant	3.263 (.299)
R-squared	.027
N	563

* p<.05; **p<.01; ***p<.001

DISCUSSION AND CONCLUSION

I predicted that soldiers with past interpersonal contact with individuals who had sought mental health treatment would perceive a fellow soldier seeking treatment to be significantly less weak than soldiers with no such contact. Results support this hypothesis, in that contact is a significant factor associated with less perceived weakness of SPC Thompson. Thus, this study extends the contact hypothesis to both the military setting and the stereotype that seeking mental health treatment in the military is a weak act. More research may yield insight into how to best facilitate interpersonal contact, and on what terms such contact is most beneficial.

Results do not support the hypotheses that group-centric motivation for treatment and the presence of a shared ingroup would each independently lead to less stereotyping of SPC Thompson as weak. However, contact with real individuals who have sought treatment may be a better indicator of closeness to the mentally ill, when compared to the shared ingroup manipulation employed in this study.

The finding that officers perceive SPC Thompson to be weaker than do junior enlisted soldiers may suggest the importance of high status individuals in preserving group norms. If, as suggested, stigma functions to preserve the norm of individual strength in coping with stress, the role of officers in stigmatizing others may be to enforce the norm. Implications include difficulties in implementing policies to combat stigma, as such policies may be passed on in a "top-down" manner. Future research may include rank not only as a control measure, but also as a variable in the vignettes themselves. This may clarify whether officers will stigmatize fellow officers or only lower-ranked personnel.

This study explored the effects of three factors on the commonly-held stereotype in the U.S. military that soldiers who seek mental health treatment are weak. Results suggest some similarities between the military setting and other settings, in that contact and status are both important factors affecting the stigma process. However, the attempt to use an experiment founded in the military's norms of group cohesion and group processes theories did not yield significant findings. Findings do suggest the importance of contact with others who have sought mental health treatment for reducing perceptions of weakness. Future research should explore methods of facilitating contact between individuals who have and have not sought treatment, as this appears to be an integral factor associated with lower levels of stigma.

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APPENDIX A (STUDY INSTRUMENT)

Understanding Interpersonal Interaction in the U.S. Military
Study Instruments

This study is designed to investigate some factors which may have an effect on interpersonal interactions within the U.S. military. Dr. Jeffrey Lucas (contact information below) is conducting this study of U.S. Army personnel at Fort Sill, Oklahoma.

This study is anonymous: Your responses are anonymous because you do not provide your name or any other identifier. Only members of the University of Maryland research team will have access to completed answer forms. Only group statistics will be reported after answer sheets are electronically scanned.

Information collected in this study will be used for research: No individual information will be released to anyone. Your responses will be combined with the responses of other soldiers.

There is no professional or personal risk to you in participating in this study: Your participation is entirely voluntary, and you may choose not to answer any particular question(s).

Instructions for marking answers:

- Use a # 2 pencil only
- Do NOT use ink pens
- Make heavy black marks that completely fill the circle
- Clearly erase any answer you wish to change
- Do not make stray marks on the answer sheet

Section 1: Demographic Questionnaire

1. What is your gender?
   A. Male
   B. Female

2. What is your race?

   A. White
   B. Black or African-American
   C. Native American, American Indian, or Alaska Native
   D. Asian American, Asian-Indian, Pacific Islander, Chinese, Filipino, Japanese, Korean, or Vietnamese
   E. Other

3. What is your current age?

   A. 17-21 years
   B. 22-25 years
   C. 26-30 years
   D. 31-40 years
   E. 41-50 years
   F. 51-60 years
   G. 61 years or older

4. **AS OF TODAY**, what is the highest school grade or academic degree that you have?
   A. Less than 12 years of school (no diploma)
   B. GED or other high school equivalency certificate
   C. High school diploma
   D. Technical/trade or vocational school
   E. Some college, but did not graduate
   F. 2 year college degree
   G. 4 year college degree (BA/BS or equivalent)
   H. Some graduate school
   I. Master's degree (MA/MS or equivalent)
   J. Doctoral degree (PhD/MD/LLB or equivalent)

5. What is your marital status?

   A. Married

B. Legally separated or filing for divorce
C. Divorced
D. Widowed
E. Never married

6. How much active duty time do you have in the military?

A. 1 year or less
B. 2-3 years
C. 4-5 years
D. 6-7 years
E. 8-9 years
F. 10-11 years
G. 12-13 years
H. 14-15 years
I. 16-17 years
J. 18 years or more

7. What is your rank?

A. E1-E3
B. E4
C. E5
D. E6
E. E7-E9
F. W1-W5
G. O1-O3
H. O4 or above

8. How would you rate the level of cohesion and/or solidarity in your unit ?

A. Very high
B. High
C. Moderate
D. Low
E. Very low

9. How many times have you been deployed overseas as part of either Operation Iraqi Freedom or Operation Enduring Freedom?

A. Never
B. Once
C. Twice
D. Three or more times

Section 2: Vignette Scenario and Questions

Please remember that your answers to all questions will remain anonymous, as you have not provided any identifiers. Also, only the research team, and NO members of the U.S. Army, will have access to your completed answer form.

Instructions: Please read the following paragraph and respond to the questions **as if you were in the situation described**:

You are deployed to Afghanistan. Specialist Thompson, who is a member of your platoon, is considering seeking psychological treatment. For the past two months he has not slept well and has suffered from nightmares and high stress. He feels that his platoon will benefit from the psychological treatment because he will be more alert on group missions and will be able to communicate more effectively with team members. In order to seek treatment, he will have to travel to another base, which requires him to miss two days of work with your platoon.

Please rate the extent to which you agree with the following statements based on the following scale: 1 = Not at all Agree; 10 = Very strongly agree.

10. I would strongly oppose SPC Thompson's choice to seek mental health treatment.

11. If given the choice, I would elect NOT to serve on a group mission with SPC Thompson.

12. I would spend down time with SPC Thompson, such as eating meals or playing sports.

13. SPC Thompson is a potential danger to his platoon members while armed with a weapon.

14. I would highly recommend SPC Thompson for a promotion.

15. SPC Thompson is likely to suffer from anger issues.

16. Due to his decision to seek treatment, I would lose some respect for SPC Thompson.

17. I would expect SPC Thompson to make valuable contributions to his platoon.

18. SPC Thompson is a mentally ill individual.

19. SPC Thompson is being selfish by seeking mental health treatment.

20. SPC Thompson is a strong soldier.

Section 3: Mental Health Background

Please remember that your answers to all questions will remain anonymous, as you have not provided any identifiers. Also, only the research team, and NO members of the U.S. Army, will have access to your completed answer form.

22. Have you personally sought mental health treatment since the age of 18 (such as an appointment with a psychiatrist, psychologist, or social worker)?

A. Yes
B. No

23. Have you sought mental health treatment since you have been in the military?

A. Yes
B. No

24. Have any of your close friends or family members sought mental health treatment?

A. Yes
B. No

Section 4: Opinion Survey

Please remember that your answers to all questions will remain anonymous, as you have not provided any identifiers. Also, only the research team, and NO members of the U.S. Army, will have access to your completed answer form.

25. Soldiers who seek mental health treatment are weaker than soldiers who do not.

A. Agree
B. Disagree

APPENDIX B (VIGNETTE SCENARIOS)

Condition 1: Shared Ingroup, Group is Recipient of Benefits
You are deployed to Afghanistan. Specialist Thompson, who is a member of your platoon, is considering seeking psychological treatment. For the past two months he has not slept well and has suffered from nightmares and high stress. He feels that his platoon will benefit from the treatment because he will be more alert on group missions and will be able to communicate more effectively with team members. In order to seek treatment, he will have to travel to another base, which requires him to miss two days of work with your platoon.

Condition 2: Shared Ingroup, Individual is Recipient of Benefits
You are deployed to Afghanistan. Specialist Thompson, who is a member of your platoon, is considering seeking psychological treatment. For the past two months he has not slept well and has suffered from nightmares and high stress. He feels that seeking treatment will allow him to sleep through the night and reduce his stress levels. In order to seek treatment, he will have to travel to another base, which requires him to miss two days of work with your platoon.

Condition 3: No Shared Ingroup, Group is Recipient of Benefits
You are deployed to Afghanistan. Specialist Thompson, who is a member of a different platoon

serving in another location, is considering seeking psychological treatment. For the past two months he has not slept well and has suffered from nightmares and high stress. He feels that his platoon will benefit from the treatment because he will be more alert on group missions and will be able to communicate more effectively with team members. In order to seek treatment, he will have to travel to another base, which requires him to miss two days of work with his platoon.

Condition 4: No Shared Ingroup, Individual is Recipient of Benefits
You are deployed to Afghanistan. Specialist Thompson, who is a member of a different platoon serving in another location, is considering seeking psychological treatment. For the past two months he has not slept well and has suffered from nightmares and high stress. He feels that seeking treatment will allow him to sleep through the night and reduce his stress levels. In order to seek treatment, he will have to travel to another base, which requires him to miss two days of work with his platoon.

APPENDIX C (CORRELATION MATRIX FOR KEY VARIABLES WITH MEANS AND STANDARD DEVIATIONS; N=563)

	Mean (SD)	Perceived Weakness	Shared Ingroup	Group Motivation	M. H. Contact	Officer Rank
Perceived Weakness	3.021 (2.742)	---	.029	-.038	-.111**	.089***
Shared Ingroup	.494 (.500)	.029	---	.006	-.041	-.052
Group Motivation	.540 (.499)	-.038	.006	---	-.068	.020
M. H. Contact	.492 (.500)	-.111**	.029	-.068	---	.043
Officer Rank	.055 (.228)	.089***	-.052	.020	.043	---

AUTHOR'S NOTE

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