

An Overview of the Stigmatization of Soldiers in the Context of Mental Health from a Social Work Perspective

Askerlerin Ruh Sağlığı Bağlamında Yaşadıkları Damgalanmaya Sosyal Hizmet Perspektifinden Genel Bir Bakış

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ABSTRACT

Due to its nature, the army is an environment with a high risk of mental illness. Research shows that mental health stigma is a common and serious barrier to early and effective treatment for mental disorders that result from the stress of military operations. Given the need for timely and effective mental health intervention, it is important to understand the barriers to seeking mental health help in a military context. Although there is stigma related to mental health in the studies and compilations carried out in the civil and military context in the national and international literature, there is no literature on mental health stigmatization in the military context, especially in the national literature. This study is a compilation research created by reviewing the national and international literature. In this article, it is aimed to present some innovative social work interventions in order to address the sources of stigma that hinders access to mental health care and the factors that reinforce them, in a military context, to potentially reduce stigma and to maximize the benefit of mental health care.

Keywords: Social stigma, escape from the labeling, social work intervention

ÖZ

Ordu doğası itibarı ile ruhsal hastalık riski yüksek bir ortamdır. Araştırmalar ruh sağlığına ilişkin damgalanmanın, askeri operasyonların stresinden kaynaklanan ruhsal bozuklukların erken ve etkili tedavisinin önündeki yaygın ve ciddi bir engel olduğunu göstermektedir. Ruh sağlığı ile ilgili olarak zamanında ve etkili müdahalenin gerekliliği göz önünde bulundurulduğunda askeri bağlamda ruhsal sağlığa ilişkin yardım aramanın önündeki engelleri anlamak önemlidir. Ulusal ve uluslararası literatürde sivil ve askeri bağlamda gerçekleştirilen araştırmalarda ve derlemelerde ruh sağlığına ilişkin damgalanma yer alsa da özellikle ulusal literatürde, askeri bağlamda ruh sağlığına ilişkin damgalanma ile ilgili bir literatüre rastlanmamıştır. Bu çalışma ulusal ve uluslararası literatürün gözden geçirilmesiyle oluşturulan derleme bir araştırmadır. Bu makalede, ruh sağlığı hizmetine erişimi engelleyen damgalanmanın kaynaklarının ve bunları pekiştiren unsurların, askeri bağlamda ele alınması, damgalanmanın potansiyel olarak azaltılması ve ruh sağlığı hizmetinden faydalanabilmenin en yüksek düzeye ulaştırılması için bazı yenilikçi sosyal hizmet müdahalelerinin sunulması amaçlanmıştır.

Anahtar sözcükler: Toplumsal damgalanma, etiketlemeden kaçış, sosyal hizmet müdahalesi

Introduction

When people do not know or have no knowledge, they become nervous, frightened, and tend to exclude, stigmatize and distinguish them by attributing a negative meaning to the phenomenon-person (Soygür and Cankurtaran 2007). One step after stigmatization is discrimination and after that it is an act of destruction. The history of humanity is full of countless examples of this kind (Soygür 2004). Individuals diagnosed with a mental illness may also face various difficulties by being stigmatized.

Stigma related to mental illness is an important barrier to accessing mental health care for the general population and the military population (Corrigan 2004, Greene-Shorridge et al. 2007, Kim et al. 2010, Shrivastava et al. 2012). Stigma related to mental health in the military context may differ from stigmatization in the civilian field due to differences between civilian and military mental health care systems and military and civilian cultures (Skopp et al. 2012). Research on stigma in the military context primarily focuses on explaining

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the phenomenology of the issue and why veterans benefit less from mental health services (Dickstein et al. 2010), and states that interventions aimed at reducing stigma are needed (Green-Shortridge et al. 2007).

Studies have shown that assignments may cause serious mental disorders such as Posttraumatic Stress Disorder (PTSD), major depression, substance abuse and suicide, as well as result in impaired social functioning and difficulties in working skills (Kang et al. 2003, Hoge et al. 2004, Smith). , 2015, Brignone et al. 2017). In a study conducted in Turkey, it was shown that the mental health of 66.7% of the participating veterans was negatively affected by the fight against terrorism (Başçılar and Karataş 2020). In addition, it has been understood that personnel experience significant work stress during military activities, even if there are no conflicts (Pflanz and Sonnek 2002). Despite such information, military personnel hesitate in accessing mental health services because of the fear of harming their job or being stigmatized (Greenberg et al. 2003, Hoge et al. 2004).

In the operations that started with the fight against terrorism in Erzurum and Şemdinli in Turkey in 1984 and are still continuing, almost all Turkish Armed Forces and Gendarmerie General Command personnel (the number of personnel included in the 2021 Gendarmerie General Command and Turkish Armed Forces Activity reports are officers, non-commissioned officers, specialists). 623,555, including sergeants, reserve officers, reserve NCOs, contracted privates, privates and civil servants and workers), especially combatant personnel, are considered to have served at least once during their term of office. It shows that exposure to war and terrorism increases the risk of mental illness in military personnel and that they are concerned about stigma in accessing treatment.

Based on this necessity, in this study, it is aimed to create a resource for practitioners to realize the psychological stigma experienced by soldiers in the context of mental illnesses, to understand the causes of stigmatization and to perform anti-stigmatization practices. No study on mental stigma in the military context has been found in the national literature. It is thought that a suitable start will be made with this study. In this study, firstly, the source and types of stigma experienced by soldiers in the context of mental illnesses were examined in the light of national and international literature. Then, social work interventions aimed at reducing mental stigma were discussed according to empowerment-oriented social work practice levels, and the study was concluded with results and recommendations.

Stigma of Soldiers in the Context of Mental Health

According to Goffman (1963), stigmatization, conceptualized in a sociological framework, is a quality that deeply discredits the individual and reduces the individual from a whole and ordinary person to a tainted and shrunken person (Watson et al. 2017). Stigma is an important obstacle to participation in society, opportunities and recovery such as education, employment, safe housing, social connections, health services for people diagnosed with mental illness (Watson and Eack 2011, Yüksel 2012, Holder et al. 2019). Goffman (1963) stated that the difference between a stigmatized and an unstigmatized person does not reflect a reality, but a perspective problem, just like stereotypes in mental health (Watson et al. 2012). When stigmatization is considered as a process, it manifests itself as labeling at the beginning and discrimination at the end with the effect of variables such as age, gender and beliefs (Bilge and Çam 2010). While studies show "bad character" or "upbringing" as the root of mental illness, it has been observed that shame, fear, insecurity and intolerance related to mental illnesses and the feeling of exclusion from society come to the fore, and the society tries to minimize its interaction with these individuals and tries to put a social distance between them. (Huxley 1993, Martin et al. 2000, No. 2004). While individuals with a diagnosis of mental illness struggle to cope with the symptoms of the disease, to work, to live independently and to lead a quality life, on the other hand, they may fall behind in seeking treatment and recovering due to stigma anxiety (Link et al. 1997, Rüsç et al. 2005, Shrivastava et al. . 2013, John et al. 2015).

A report describing stigma in a military context stated that stigmatization has many aspects and it is a dynamic process in which the soldier perceives and internalizes this situation as a labeled identity against himself or those diagnosed with mental illness (Acosta et al. 2014). However, requirements regarding the prevalence of mental illness and confidentiality of treatment in a military context are quite different from those in civilian settings. In this case, it is useful to mention the difference in conditions that may contribute to the stigma of soldiers with mental illness. The first difference is experienced during the selection of military candidates. Soldiers are investigated in terms of mental illness before they join the military service, and those with some mental disorders such as schizophrenia and bipolar disorder, which are discussed more in the general literature, are not accepted into the military. This leads to the conclusion that such disorders, which are common in the civilian population, are not as common among soldiers as they are in the civilian population. On the other hand, mental disorders such as Post-traumatic Stress Disorder (PTSD) are more common in the military population. However,

studies in the literature focused more on stigma associated with schizophrenia and depression, and were less discussed in the context of PTSD stigma, which is common in the military (Acosta 2014). Studies have reported that military personnel returning from conflicts and operations suffer from psychiatric disorders such as PTSD, major depression, and alcohol abuse (Hoge et al. 2004, Hoge et al. 2006, Thomas et al. 2010, Zinzow et al. 2012, Ünlü 2014). . The second difference is that the private and business areas of the soldiers are closer than their counterparts in the civilian sector. Soldiers can receive health services in their own institutions, and in this case, the concern that commanders and superiors can access this information may contribute to the perception of stigmatization of the soldier (Acosta et al. 2014). The third difference, in the context of the norms and values of the corporate culture, expectations such as not leaving soldiers behind, warrior morality, being resilient, being self-sufficient and fortitude can contribute to mental health stigma in the military population or differentiate the related phenomenon, unlike the civilian population (Dickstein et al. 2010). , Skopp et al. 2012, Acosta et al. 2014). The last difference is related to the demographic structure of the army. Unlike the civilian population, the military has more youth at risk in the context of mental disorders, and related studies show that men perceive more stigma and seek help later than women in seeking help (Acosta et al. 2014)

Studies have shown that military personnel significantly emphasize the fear of stigma at a higher rate than their civilian counterparts, and this can be considered as a factor that prevents soldiers from benefiting from mental health services adequately (Kim et al. 2010, Vogt 2011, Weeks et al. 2017). It is stated that the stigma anxiety of soldiers is related to its effects on coping mechanisms, interpersonal relationships, attitudes towards seeking treatment and intentions to seek treatment in the short term, and on the individual's well-being, quality of life, treatment initiation and treatment success in the long term (Acosta et al. 2014, Kulesza et al. 2015)

Despite the prevalence of mental health-related stigma in the military context in the international literature, only a few studies have been conducted to develop conceptual models that can explain how stigma arises in the military setting and how it can negatively affect treatment use. The first of these is the study of Greene-Shortridge et al. (2007), which emphasizes negative stereotypes and addresses social stigma and internalized stigma. Another is the 2012 study by Ben-Zeev et al., who tried to transfer stigma and stigma change from the civilian population to the military context in order to better understand the threat of stigma in the military population (Ben-Zeev et al. 2012).

The processes that reveal and reinforce mental stigma in the military context and the types of stigma will be discussed in the next section, based on the relevant existing literature, mainly based on the models of Greene-Shortridge et al. (2007) and Ben-Zeev et al. (2012). will be taken.

Social Stigma

“Social Stigma” is defined as the general public's reaction to individuals with mental health problems. In addition, social stigma is a phenomenon that includes social groups that support stereotypes about individuals with mental health difficulties and seek treatment and then act against them (Ben-Zeev et al. 2012, Skopp et al. 2012). This stigma is related to shared cultural beliefs that can lead to acts of open discrimination and hostility towards individuals with mental disorders by the society and thus the military organization (Steward 2008). Within the military, there is a concern that soldiers will be negatively labeled or rejected by the society in accessing mental health services (Skopp et al. 2012). In a study, it was determined that social stigma associated with receiving counseling services due to mental health problems is expected (Iversen et al. 2011). It is also stated that the relationship of the soldiers with the unit commander and the friendliness of the unit where they work in seeking help reduce the stigma related to mental health (Greene-Shortridge et al. 2007).

Impact of Culture

In terms of soldiers being in their own subculture, this subculture by its very nature distinguishing the soldier group from other groups may have a stronger influence on the soldier group, and the influence of misinformation and the media on the influence of culture as a source of social stigma is significant.

How people perceive mental illness, how they name it, what coping behaviors they exhibit, how they experience the illness, its etiology, development, seeking treatment and compliance with treatment are directly related to the values of the society and cultural structure. In this context, it is important to focus on cultural factors in order to understand the relationship between the patient and the mental health system (Waxler 1974, Ünal 2000, Taşkın 2007, Jimenez et al. 2012). In the military context, especially among soldiers who experience Posttraumatic Stress Disorder (PTSD) symptoms and think that they have a mental illness, the concern that their fellow soldiers and commanders will think negatively indicates that the military group can internalize social beliefs about mental problems. Because of the symptoms of PTSD, soldiers may give up seeking help due to social

stigma anxiety, fearing social exclusion (Greene-Shortridge et al. 2007). Because in the military environment, soldiers with mental health problems can be seen as people who cannot cope with their problems, who cannot control their mental states or who are a threat to the safety of their fellow soldiers (Crandall and Moriarty 1995, Greene-Shortridge et al. 2007). In the military unit, attitudes such as being tough-tempered and self-sufficient are instilled in the soldiers in order to ensure their readiness for war. This belief system is a process that also contributes to the idea that seeking help is a sign of weakness and that strong, self-confident individuals cannot have any problems or hurts (Hoge et al. 2004). In addition, commanders under pressure to remain ready for war may also be reluctant to seek spiritual help for themselves and their soldiers, fearing that it may reduce readiness for duty and create negative personal and professional consequences (Olden et al. 2010).

Misinformation and the Effect of the Media

The relationship between the level of knowledge and attitudes about mental illnesses is not very clear, and in some cases, having accurate information leads to more positive attitudes or more negative and rejecting attitudes. Here, the psychopathology type of the mental illness rather than the person's knowledge of the mental illness may be the determinant of the attitudes of the people (Taşkın 2007). In addition, in the process of examining any social phenomenon today, the power of mass media in influencing the attitudes and judgments of individuals cannot be ignored. Most people get their knowledge of mental illness either from contact with patients with these conditions or from the mass media. In this sense, people benefit from the language, concepts, shapes and images used by the media (Byrne 1997, Soygür and Özalp 2007, Thornicroft 2014;). The media can continue to be stigmatized by giving narrowly focused stories based on stereotypes to the public. In addition, the media can also be a tool of information aimed at challenging and changing stereotypes (Byrne 2000).

In a study on attitudes towards mental illnesses in England and Russia, it was determined that being educated and familiarity with mental illness were effective in developing greater tolerance to these illnesses (Shulman and Adams 2002). In another study, it was determined that there were negative expressions reflecting the stigmatization of people with mental illness in the print media (Nawková et al. 2012). In studies conducted, it has been observed that veterans have negative stereotypes and negative information about themselves about the label of mental illness and treatment (Pietrzak et al. 2009, Mittal et al. 2013).

Internalized Stigma

Stigma by society is the reaction of the general population towards people with mental illness. Internalized stigma, on the other hand, is the prejudice that individuals with mental illness develop interest in negative feelings such as shame and inadequacy, and it is the internalized form of the way they are portrayed in the population against mental illnesses (Corrigan and Watson 2002, Taşkın 2007, Skopp et al. 2012, Ben-Zeev et al. 2012). In fact, stigmatization is associated with the acceptance of these approaches and prejudices by a subgroup surrounded by the prejudiced approaches of the dominant culture. As a result, the feeling of self-confidence decreases and thus the process causes internalized stigma. This situation develops in parallel with the society's stigmatization of the individual (Rüsch et al. 2006, Karagöl-Çalışkan and Beyazyüz 2013).

Studies examining beliefs about mental health treatment among soldiers reveal that internalized stigma is a more deterrent to seeking mental health treatment than social stigma (Gould et al. 2010, Kim et al. 2011). It is stated that soldiers are prepared for war with the influence of beliefs that idolize power and slander weakness, and that it is expected of them to cope with the consequences of war and they believe that they should be able to cope with the symptoms of mental illnesses alone (Lorber & Garcia, 2010, Stecker et al. 2011). In a study, it was revealed that soldiers diagnosed with PTSD felt stigmatized and abandoned after seeking help, and many of them did not seek help because of fear of being excluded and being shown the door and perceived as weak (Gould et al. 2010, Sharp 2015).

Escape from Labeling

Mental health stigma is defined as "social-cognitive processes that motivate people to avoid the label of mental illness when associated with mental health care" (Corrigan 2004). Avoidance of labeling is a term used to describe situations where individuals deliberately do not accept symptoms or participate in mental health services in order to avoid the stigma and negative consequences that a formal diagnostic label can bring (Ben-Zeev et al. 2012). Corrigan (2004) identified label avoidance as perhaps the most important factor in stigma that hinders care seeking.

Some studies conducted in Turkey have shown that individuals with mental illnesses are the most discriminated group and that fears and stereotypes about these illnesses cause labeling (Soygür and Cankurtaran 2007, Baysal

2013). Because individuals with mental disorders are generally perceived as strange, frightening and dangerous in society. These misunderstandings are often accompanied by negative behaviors that include unsympathetic and hostile attitudes (Bostancı 2005). Studies show that people are labeled as "mentally ill" and the psychiatric treatment process increases the rate of putting the identity of the person into this definition (Link et al. 1989, Corrigan 2004). Given the perceived harm that can result as a result of seeking treatment, many soldiers may not want to be described as "mentally ill". This type of label avoidance is perhaps the most insidious way that stigma can interfere with seeking care in a military context, as soldiers with concerns about their psychological health can hide it (Corrigan and Matthews 2003, Hamilton and Ajzen 2007). When soldiers benefit from mental health services, they may worry that instead of being labeled, this will have many negative consequences in the professional, social and economic fields (Hogue et al. 2007, Weeks et al. 2017). In addition, soldiers are also concerned about the privacy concerns associated with their mental health records, which may lead to their retirement by ending their military career due to mental illness (Olden et al. 2010).

In summary, the consequences of mental stigma can include negative labeling among the general and military population, threatening social reactions such as discrimination, avoidance of treatment, exclusion, and even situations that lead to violence and suicide. The main effect of stigma is that it creates a vicious circle that further increases discrimination (Shrivastava et al. 2012). According to Pescosolido et al. (1999), society has developed different levels of discrimination and stigma, even among mental illness groups (Corrigan 2004). As a result, stigmatized people may come to believe that they will be personally rejected by members of society because of their tagged status and associated meanings (Kondrat and Early 2011).

If we think of stigma as a process, it is important to emphasize the dynamic nature of stigma. Stigma is not a static concept that exists or does not exist, but is a complex process that can change from day to day and from minute to minute depending on changes in relationships and context (Acosta et al. 2014). Considering this dynamic situation, it would be beneficial to include social work interventions at different levels in order to reduce mental stigma in the military context and to benefit soldiers from mental health services.

Social Work Interventions against the Stigma Experienced

Social work is an important discipline in the field of mental health. Social workers have various roles and responsibilities, starting from the diagnosis of the disease, to the preventive, treatment, rehabilitation and follow-up stages. It is important to evaluate the roles and responsibilities correctly in order to treat patients with a holistic perspective during the treatment of mental illness (Abay and Çölgeçen 2018). In the military context, it was determined that acknowledging a psychological problem was perceived as more stigmatizing than admitting a medical problem, and soldiers were more concerned about stigmatization and were more uncomfortable discussing psychological problems than medical problems (Britt 2000). One study highlighted the need to include social work in challenging the effects of stigma. In the same study, it was also stated that social work should play a much more important role in combating stigma and discrimination regarding mental health through policy development, involvement of mental health beneficiaries in planning and development, benefiting from experiences of stigma and developing multidisciplinary cooperation (Gormley and Quinn. 2009).

Research has shown that mental health stigma in the military context influences mental illness treatment-seeking behavior, and military personnel have similar concerns about mental health problems and the negative impact on their careers in receiving treatment. Social work interventions against discrimination and stigma within the social justice mission of social work can provide important advantages in this context.

Social work is related to the interaction between the individual and his/her environment (Bland and Renouf 2001). The influence of social and cultural factors in the formation of mental illnesses cannot be denied, at the same time, the influence of society can be seen in the emergence of many social problems after the emergence of mental illnesses (Saruç and Duyan 2009). Scheyett (2005), a social work academic, pointed out that the empowerment approach is a key principle in reducing stigma. He also stated that empowerment is important in mental disorders in order to see opportunities related to one's own condition (Gormley and Quinn 2009). According to Şahin, empowerment is both a tool and a goal for social work and describes the client as a strong individual who has not yet been able to use the powers, skills and abilities that exist in his potential (Şahin 2002). Empowerment-based social work practice reframes it from a process of gathering information to identify problems with information gathering to discover resources to strengthen solutions (Lee and Hudson 1996). In this process, the social worker creates client-oriented partner relationships and deals with power differences (Lee 2001, Miley et al. 2004, DuBois and Miley 2019). The social worker contextualizes the socio-political dimensions of personal problems and expands potential solutions beyond personal adjustment to include a

critical awareness with macro-level change by addressing social injustice (DuBois and Miley 2019). In addition, it supports interventions to objectify and externalize experienced problems, not to accept individuals as problems, by facilitating a process for individuals to develop positive thoughts and feelings about their own lives, to take more control of their lives, and to create a meaningful vision for the future (Combs). and Freedman 2012; Black 2020).

Empowerment-based social work practice includes three dimensions. These; personal power (such as people's sense of competence, mastery, control, and self-esteem); interpersonal power (such as interdependence, power of influence, partnership, social support, status); socio-political power (recognition (privilege), citizenship rights, control of resources, access to opportunities and social justice) (Lee 2001, Miley O'Melia & DuBois, 2004). These dimensions of the empowerment approach can be associated with the micro, mezzo and macro levels of social work. Social work emerges with the interaction between the individual and his environment, and these are closely related to the individual, family, community and other conditions of the society (Bland and Renouf 2001).

All these implications can find their way into social work practice, theory, education, policy and research, and at different levels in social work practice. In the next section, examples of empowerment-oriented interventions to reduce the stigma experienced by soldiers at these levels in the context of mental health are discussed.

Micro Social Work Interventions Focused on Personal Empowerment

Personal empowerment includes the information that individuals are resilient and that individuals can achieve more constructive results with collective work (Adams 2003). Effective micro social work interventions in the military context require social workers to understand the military culture and its subcultures when working with soldiers and veterans, as well as the quality of their therapeutic relationship (Wooten, 2015, Forbes et al. 2019). People with mental illness may feel negative emotions and hide their illness (Kalinowski and Risser 2000). In this context, social workers can address stigma issues by recognizing societal values and personal prejudices. This may require personal study and/or therapy (Ahmedani 2011). In this context, social workers have important responsibilities in many issues such as identifying the unmet needs of people and supporting them to continue their daily lives (Bland and Renouf 2001). According to Hoge et al. (2007), the key to reducing stigma in the military context is to offer mental health care as a routine aspect of health care. Soldiers should be informed about their reactions to stress and confidentiality should be given importance (Coll et al. 2012). Even if soldiers have not internalized the stigma, they may also face barriers to accessing mental health care, such as lack of time or transportation difficulties. In a study, it was stated that the barriers to benefiting from mental health services exacerbate the relationship between the soldiers (work stressors) and depression (Britt et al. 2008).

The empowerment approach sees stigmatized individuals not as passive targets of prejudice, but as active participants who focus on avoiding negative consequences and try to create positive results by understanding their social lives (Shih, 2004). Studies conducted in this context emphasize self-stigmatization and loss of self-esteem in people affected by mental illness, while in personal empowerment; It has been shown that studies such as access to information, ability to make choices, assertiveness and development of self-esteem contribute to the individual in the context of the subject (Chamberlin and Schene 1997, Sartorius, 2002). The role of the social worker here can be determined as a problem-solving consultant, resource manager, and educator (DuBois and Miley 2019). Studies suggest cognitive therapy, behavioral therapy and psycho-education to become stronger from the stigma experienced (Corrigan 1997, Corrigan and Calabrese 2005, Mittal et al. 2012), Coringan (2002) for personal empowerment not bad foresight, but healing, cooperation and community. prioritizes the focus on treatment. In all this framework, different micro-level social work interventions can be carried out to reduce the types and effects of stigmatization in the military context.

Cognitive Behavioral Therapies

Researchers who have studied the effects of stigma on treatment use in a military context have also highlighted the potential benefit of cognitive techniques. Cognitive-behavioral therapies can be used against the perceived stigma associated with mental health treatment and the belief that seeking treatment will bring stigma (Stecker et al. 2007).

Technology-Based Treatments

Today, technology-based treatment methods are becoming more used in PTSD, especially among military personnel. These techniques may be helpful for those concerned about treatment-related stigma and bypassing some of the logistical barriers to treatment, including geographic and regional restrictions. An example of this

is the DE-STRESS model (Cukor et al. 2010). In addition, it can facilitate participation in treatment, education and research with telehealth and related methods (Forbes et al. 2019).

Nature Therapy

Most of the nature-based approaches include concepts focusing on strengths (Hawkins et al. 2016, Er et al. 2020, Barut and Kara, 2020, Kara 2022). The thought of being close to nature and the environment provides various psychological benefits to people. As an example, nature and horse therapies have shown positive results on veterans (Hyer et al. 1996, Beder et al. 2012, Johnson 2018).

Art Therapy

Verbal interventions can be emotionally challenging for the military/veteran and individuals may avoid talking about trauma because of their negative feelings associated with the trauma (Er 2021). In such cases, together with art therapy, a psychotherapeutic intervention area is provided that helps people to safely express and nonverbally externalize their inner experiences, especially fragmented memories caused by trauma and emotional struggles due to sustained physical and cognitive injuries, and to communicate with memories (Howie et al. . 2002, Walker et al. 2016).

Mezzo Social Work Interventions Focused on Interpersonal Empowerment

In a military context, mezzo social work intervention includes understanding the military as part of a family system and the military unit in military organizations, respecting military missions through the needs of the family system and the interactions between these systems (Wooten 2015). Because social workers try to strengthen the relationships between people in order to improve, repair and protect the welfare of the individual, family, group, organization and society (Aldoğan 2018). In this context, long-term anti-stigma programs that take into account military culture emphasize how to reduce organizational barriers that friendship and peer support can encourage so that people feel they can seek help outside of their immediate environment (Greene-Shortridge et al. 2007). In a study conducted in England, it was observed that 98% of the personnel stated that they could talk to their fellow soldiers or colleagues in the same duty (Greenberg et al. 2003). The development of interpersonal relations gains importance at this point, and social work interventions that are carried out at the mezzo level, especially about social support, are necessary.

Interpersonal Psychotherapy

Interpersonal psychotherapy focusing on social functioning may be the focus of experimental research, especially since individuals with PTSD in the military population often experience impaired relationships with their families, friends, and colleagues. For example, patients showed significant improvements in the treatment of interpersonal psychotherapy (Bleiberg and Markowitz 2005).

Family Therapy

Studies show that continuous support and encouragement from loved ones increases initiation and maintenance of treatment in soldiers and veterans (Murphy et al. 2017). Because families can be among the groups that stigmatize the victim the most (Lee et al. 2005). Family interventions for PTSD patients can focus treatment on reducing stress on the family system (Cukor 2010). For example, families are supported with dual-based treatment techniques, including cognitive and behavioral therapy, and cognitive interventions that address maladaptive thoughts about trauma (Monson 2008).

Macro Social Work Interventions Focused on Socio-Political Empowerment

In macro social work intervention in the military context, social workers must define the military establishment as both the employing and living space. In addition, military rank should also understand the socioeconomic status of military personnel, the rank of military personnel and their families, which influence their social status and behavior in military facilities, institutions and communities, and the wider military and socio-political sphere, and the rules thereon (Wooten 2015).

The World Health Organization states that the origin of stigmatization and discrimination against mental patients, and even the focus of combating these problems, should be at the center of society (WHO, 2001). While making a bio-psycho-social evaluation of individuals, social workers aim to increase the social functionality of the individual and to deal with the problems with their social dimension (Büber et al. 2015). Social work accepts social justice as a basic need in its work against stigma in the field of mental health (Gormley and Quinn 2009)

and defines inequalities in the use of mental health services as an important public health problem (Holder et al. 2019). In this context, stigma is a global problem and effective strategies to reduce or eliminate stigma should be established through policy, and at the macro level, social workers should use their professional skills to advocate for policy change (Corrigan et al. 2001).

While social work works with social stigma, it intervenes in many issues such as ensuring public participation, enabling the accessibility of services, supporting the use of appropriate technology, ensuring interdisciplinary cooperation and promoting health (Gajendragad et al. 2016). At the macro level, social workers are also instrumental in leading larger targeted educational efforts aimed at reducing stigma (Ahmedani 2011, Kara, 2019). Scheyett (2005), one of the authors who contributed to stigma in the field of social work, in his studies on social interventions to be made against stigma, mentions that studies should be done to change attitudes in reducing stigma and three different interventions are needed to change the negative perceptions underlying attitudes. These;

1. **Opposition:** It is a study that aims to correct negative attitudes about mental illnesses. One example is the work of mental health advocacy groups that explicitly reject false portrayals of mental illness in film and television (Dickstein 2010).
2. **Education:** Education involves disseminating accurate and reliable information about mental illness to correct misconceptions and reduce stereotypes (Dickstein 2010).
3. **Communication:** It aims to support contact with individuals with mental illness in a safe environment, to confront individuals with implicit or explicit negative thoughts, to challenge their beliefs and to reduce social distance (Dickstein 2010).

Social work deals with advocacy and social justice issues in ways not seen in other helping professions, dealing with environmental/social pressures rather than simply focusing on functioning in mental health status (Anderson and Carter 2003). Holistic skills in defiance, education and communication can give social work a distinct professional advantage and be associated with a strategy of protest. In the second strategy, education, in the military context, accurate information about the causes and treatment of problems such as PTSD can affect the perspective of institutions in the wider military culture about such disorders (Corrigan and Penn 1999; Sayer et al. 2009). There are studies showing that the third strategy that encourages communication is the most successful technique in reducing stigma (Corrigan and Penn 1999).

At this point, it is clear that understanding how the military context affects stigma against mental illness and empowering social workers as change agents is critical for effective social outreach and advocacy.

Conclusion

It is seen that stigma related to mental health is a serious problem for both society and military population. The literature discussed in this study shows that stigma related to mental health in the military context is caused by the culture of the society of which the soldiers are a part, misinformation, and social stigma and internalized stigma originating from the media. In addition, the anxiety of stigmatization towards mental illnesses during military service may lead to the development of label avoidance behavior related to mental illnesses. Stigma at all these levels interact with each other and may interfere with seeking psychosocial support and psychiatric treatment.

In the study, stigma related to mental health is explained in the military context with reference to the general population, and the sources and reinforcing elements of the processes that reveal stigma are defined. However, in the military context, it has been understood that the stigmatization and reinforcing elements of mental health operate differently from the civilian process in the context of its own nature and culture. In the military context, the necessity of social work interventions based on the empowerment approach that includes the cultural competence of social workers has been understood. At this point, the importance of social work skills, which can handle both social and internalized stigma, understand army culture and transfer it to their practices, is also revealed in the study.

In the military context, it has been expressed in different studies that when mental stigma prevents early diagnosis and treatment, it negatively affects the readiness of the soldier for duty. In the military context, it is clear that diversifying the treatment and care services aimed at reducing stigma will enrich the mental stigma with the existing micro, mezzo and macro level practices and empowerment approach. In addition, reducing stigma related to mental health and improving understanding of encouraging participation in treatment should be another important effort by reviewing innovative and up-to-date approaches.

It is important to benefit from the creative perspective of social work in social work interventions to be made at micro and mezzo level in the context of personal and interpersonal empowerment dimension, which is included in empowerment-based social work practices, in providing an environment where the soldier can express his trauma and emotions apart from the traditional treatment environment, and to increase their self-esteem and coping skills. In addition to the logistic support that will facilitate the search for treatment for the mental health of the soldiers, long-term practices and goals should be worked on to maintain a healthy state as a force that increases the quality of life and is ready for duty. This situation points to an area where social work can intervene not only for the present but also for the future.

Professional practices in the field of social work are carried out not only when people's needs arise, but because it is their right (Karataş 2002). What is perhaps needed, according to Greene-Shortridge et al. (2007), is organizational policies and programs that are both acceptable to mental health practitioners and, more importantly, acceptable to those in command positions who aim to support soldiers in receiving mental health support.

In this context, socio-political empowerment, which is a social work practice based on the empowerment approach, provides a wide range of social work at the macro level, especially with its social justice mission, its ability to handle the social context, especially in preventing social stigma and using the methods of working with the community. It is important to be aware of the institutional factors and policies in military institutions that lead to stigma. Because while these factors are the source of social stigma, they can also contain elements that support the internalized stigma and label escape process. For this, the social justice mission and social workers need to be more effective than the existing institutional policies. Equal conditions should be provided for the soldiers to benefit from mental health services like other health services that soldiers benefit from, and public policies that will eliminate stigma should be revealed. The role of advocate, educator and researcher of social work in fighting against stigma, creating new policies using education and communication and changing the social context are among the appropriate roles for such services.

As a result, it is clear that social work needs to take on many tasks as a strong member of the treatment team in understanding and reducing the stigma of mental health in the military context, developing new intervention methods, taking measures to encourage participation in mental treatment for soldiers in clinical studies and increasing resources.

References

- Acosta JD, Becker A, Cerully JL, Fisher MP, Martin LT, Vardavas R et al. (2014) *Mental Health Stigma in the Military*, Santa Monica, CA, RAND Corporation.
- Ahmedani BK (2011) Mental health stigma: society, individuals, and the profession. *J Soc Work Values Ethics*, 8:41-416.
- Barut B, Kara Y (2020) Ekolojik sosyal hizmet perspektifinden hortikültürel terapi. *Toplum ve Sosyal Hizmet*, 31:218-240.
- Beder J, Sullican-Sakaeda L, Martin TP (2012) Animal-assisted intervention. In *Advances in Social Work Practice with the Military* (ED J Beder): 239-251. New York, NY, Routledge.
- Ben-Zeev D, Corrigan PW, Britt TW, Langford L (2012) Stigma of mental illness and service use in the military. *J Ment Health*, 21:264-273.
- Bleiberg KL, Markowitz JC (2005) A pilot study of interpersonal psychotherapy for posttraumatic stress disorder. *Am J Psychiatry*, 162:181-183.
- Britt TW (2000) The stigma of psychological problems in a work environment: Evidence from the screening of service members returning from Bosnia. *J Appl Soc Psychol*, 30:1599-1618.
- Britt TW, Greene-Shortridge TM, Brink S, Nguyen QB, Rath J, Cox AL et al. (2008) Perceived stigma and barriers to care for psychological treatment: Implications for reactions to stressors in different contexts. *J Soc Clin Psychol*, 27:317-335.
- Byrne P (2000) Stigma of mental illness and ways of diminishing it. *Adv Psychiatr Treat* 6:65-72.
- Coll JE, Weiss EL, Yarvis JS (2012) No one leaves unchanged-Insights for civilian mental health care: Professionals into the military experience and culture. In *Advances in Social Work Practice with the Military*. (ED J Beder):18-33. New York, NY, Routledge.
- Combs G, Freedman J (2012) Narrative, poststructuralism, and social justice: Current practices in narrative therapy. *Couns Psychol*, 40:1033-1060.
- Corrigan P (2004) How stigma interferes with mental health care. *Am Psychol*, 59:614-625.
- Corrigan P, Matthews A (2003) Stigma and disclosure: Implications for coming out of the closet. *J Ment Health*, 12:235-248.
- Corrigan PW, River LP, Lundin RK, Penn DL, Uphoff-Wasowski K, Campion J et al. (2001) Three strategies for changing attributions about severe mental illness. *Schizophr Bull*. 27:187-195.
- Crandall CS, Moriarty D (1995) Physical illness stigma and social rejection. *Br J Soc Psychol*, 34:67-83.

- Cukor J, Olden M, Lee F, Difede J (2010) Evidence-based treatments for PTSD, new directions and special challenges. *Ann N Y Acad Sci*, 1208:82-89.
- Dickstein BD, Vogt DS, Handa S, Litz BT (2010) Targeting self-stigma in returning military personnel and veterans: A review of intervention strategies. *Mil Psychol*, 22:224-236.
- Er F (2021) Askerlerde başlıca ruhsal-davranışsal sorunlar ve sosyal hizmet uygulamaları. In *Askeri Sosyal Hizmet* (Eds H Sakarya, A Çetinkaya Büyükbodur, Ç Ademhan Tunaç):183-206. Ankara, Nika Yayınevi.
- Er F, Canatan Ç, Barut B, Kara Y (2020) Sosyal hizmet uygulamalarında ekopsikolojiyi düşünmek. *AURUM Sosyal Bilimler Dergisi*, 5:73-82.
- Forbes D, Pedlar D, Adler AB, Bennett C, Bryant R, Busuttill W et al. (2019) Treatment of military-related post-traumatic stress disorder: challenges, innovations, and the way forward. *Int Rev Psychiatry*, 31:95-110.
- Gormley D, Quinn N (2009) Mental health stigma and discrimination: The experience within social work. *Practice: Social Work in Action*, 21:259-272.
- Gould M, Adler A, Zamorski M, Castro C, Hanily N, Steele N (2010) Do stigma and other perceived barriers to mental health care differ across Armed Forces? *J R Soc Med*, 103:148-156.
- Greene-Shorridge TM, Britt TW, Castro CA (2007) The stigma of mental health problems in the military. *Mil Med*, 172:157-161.
- Hawkins BL, Townsend JA, Garst BA (2016) Nature-based recreational therapy for military service members: A strengths approach. *Ther Recreation J*, 50:55-74.
- Hoge C, Auchterlonie J, Milliken C (2006) Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *JAMA*, 295:1023-1032.
- Hoge CW, Castro CA, Messer SC, McGurk D, Cotting DI, Koffman RL (2004) Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *N Engl J Med*, 351:13-22.
- Hogue CW, McGurk D, Thomas JL (2007) Association of post-traumatic stress disorder with somatic symptoms, healthcare visits, and absenteeism among Iraq War veterans. *Am J Psychiatry*, 164:150-153.
- Holder SM, Peterson ER, Stephens R, Crandall LA (2019) Stigma in mental health at the macro and micro levels: implications for mental health consumers and professionals. *Community Ment Health J*, 55:1-6.
- Huxley P (1993) Location and stigma: a survey of community attitudes to mental illness: enlightenment and stigma. *J Ment Health*, 2:73-80.
- Hyer L, Boyd S, Scurfield R, Smith D, Burke J (1996) Effects of outward bound experience as an adjunct to inpatient PTSD treatment of war veterans. *J Clin Psychol*, 52:263-278.
- Iversen AC, Van Staden L, Hughes JH, Greenberg N, Hotopf M, Rona RJ (2011) The stigma of mental health problems and other barriers to care in the UK Armed Forces. *BMC Health Serv Res*, 11:31.
- Johnson RA, Albright DL, Marzolf JR, Bibbo JL, Yaglom HD, Crowder SM (2018) Effects of therapeutic horseback riding on post-traumatic stress disorder in military veterans. *Mil Med Res*, 5:3.
- Kara Y (2019) Makro sosyal hizmet çerçevesinde sivil toplum kuruluşlarının önemi. *AURUM Journal of Social Sciences*, 4:155-169.
- Kara Y (2020) Yeni bir yaklaşım olarak dilbilimsel sosyal hizmet. *Toplum ve Sosyal Hizmet*, 31:1703-1718.
- Kim P, Britt T, Klocko R, Riviere L, Adler A (2011) Stigma, negative attitudes about treatment, and utilization of mental health care among soldiers. *Mil Psychol*, 23:65-81.
- Kim PA, Thomas JL, Wilk JE, Castro CA, Hoge CW (2010) Stigma, barriers to care, and use of mental health services among active duty and national guard soldiers after combat. *Psychiatr Serv*, 61:582-588.
- Kondrat DC, Early TJ (2011) Battling in the trenches: Case managers' ability to combat the effects of mental illness stigma on consumers' perceived quality of life. *Community Ment Health J*, 47:390-398.
- Kulesza M, Pedersen ER, Corrigan PW, Marshall GN (2015) Help-Seeking stigma and mental health treatment seeking among young adult veterans. *Mil Behav Health*, 3:230-239.
- Lee S, Lee MT, Chiu MY, Kleinman A (2005) Experience of social stigma by people with schizophrenia in Hong Kong. *Br J Psychiatry*, 186:153-157.
- Link BG, Cullen FT, Struening EL, Shrout PE, Dohrenwend BP (1989) A modified labeling theory approach to mental disorders: An empirical assessment. *Am Sociol Rev*, 54:400-423.
- Lorber W, Garcia HA (2010) Not supposed to feel this: traditional masculinity in psychotherapy with male veterans returning from Afghanistan and Iraq. *Psychotherapy (Chicago, Ill.)*, 47:296-305.
- Mittal D, Drummond KL, Blevins D, Curran G, Corrigan P, Sullivan G (2013) Stigma associated with PTSD: perceptions of treatment seeking combat veterans. *Psychiatr Rehabil J*, 36:86-92.
- Monson C, Fredman S, Adair K (2008) Cognitivebehavioral conjoint therapy for PTSD: application to operation enduring and Iraqi Freedom service members and Veterans. *J Clin Psychol*, 64:958-971.
- Murphy D, Palmer E, Hill K, Ashwick R, Busuttill W (2017) Living alongside military PTSD: a qualitative study of female partners' experiences with UK Veterans. *J Mil Veteran Fam Health*, 3:52-61.
- Nawková L, Nawka A, Adámková T, Rukavina TV, Holcnerová P, Kuzman MR et al. (2012) The picture of mental health/illness in the printed media in three Central European countries. *J Health Commun*, 17:22-40.

- Olden M, Cukor J, Rizzo AS, Rothbaum B, Difede J (2010) House calls revisited: Leveraging technology to overcome obstacles to veteran psychiatric care and improve treatment outcomes. *Ann N Y Acad Sci*, 1208:133-141.
- Pietrzak RH, Johnson DC, Goldstein MB, Malley JC, Southwick SM (2009) Perceived stigma and barriers to mental health care utilization among OEF-OIF veterans. *Psychiatr Serv*, 60:1118-1122.
- Scheyett A (2005) The mark of madness: Stigma, serious mental illnesses and social work. *Soc Work Ment Health*, 3:79-97.
- Sharp ML, Fear NT, Rona RJ, Wessely S, Greenberg N, Jones N (2015) Stigma as a barrier to seeking health care among military personnel with mental health problems. *Epidemiol Rev*, 37:144-162.
- Shrivastava A, Johnston M, Bureau Y (2012) Stigma of Mental Illness-1: Clinical reflections. *Mens Sana Monogr*, 10:70-84.
- Skopp NA, Bush NE, Vogel DL, Wade NG, Sirotnin AP, McCann RA et al. (2012) Development and initial testing of a measure of public and self-stigma in the military. *J Clin Psychol*, 68:1036-1047.
- Stecker T, Fortney JC, Hamilton F, Ajzen I (2007) An assessment of beliefs about mental health care among veterans who served in Iraq. *Psychiatr Serv*, 58:1358-1361.
- Stecker T, Fortney JC, Sherbourne CD (2011) An intervention to increase mental health treatment engagement among OIF Veterans: a pilot trial. *Mil Med*, 176:613-619
- Steward WT, Herek GM, Ramakrishna J, Bharat S, Chandy S, Wrubel J et al. (2008) HIV-related stigma: adapting a theoretical framework for use in India. *Soc Sci Med*, 67:1225-1235.
- Thomas JL, Wilk JE, Riviere LA, McGurk D, Castro CA, Hoge CW (2010) Prevalence of mental health problems and functional impairment among active component and National Guard soldiers 3 and 12 months following combat in Iraq. *Arch Gen Psychiatry*, 67:614-623.
- Vogt D (2011) Mental-health related beliefs as a barrier to service use for military personnel and veterans: A review. *Psychiatr Serv*, 62:135-142.
- Walker MS, Kaimal G, Koffman R, DeGraba TJ (2016) Art therapy for PTSD and TBI: A senior active duty military service member's therapeutic journey. *Arts Psychother*, 49:10-18.
- Watson, AC, Eack SM (2010) Oppression and stigma and their effects. In *Mental Health and Social Problems: A Social Work Perspective* (Eds NR Heller, A Gitterman):21-43. New York, NY, Routledge.
- Watson AC, Fulambarker A, Kondrat DC, Holley LC, Kranke D, Wilkins BT (2017) Social work faculty and mental illness stigma, *J Soc Work Educ*, 53:174-186.
- Weeks M, Zamorski MA, Rusu C, Colman I (2017) Mental illness-related stigma in Canadian military and civilian populations: a comparison using population health survey data, *Psychiatr Serv*, 68:710-716.
- Wooten, NR (2015) Military social work: Opportunities and challenges for social work education. *J Soc Work Educ*, 51:6-25.
- Zinzow HM, Britt TW, McFadden AC Burnette CM, Gillispie S (2012) Connecting active duty and returning veterans to mental health treatment: Interventions and treatment adaptations that may reduce barriers to care, *Clin Psychol Rev*, 32:741-753.

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