

Chapter 25

PSYCHOLOGICAL WELL-BEING

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INTRODUCTION

The part can never be well unless the whole is well.

—Plato (circa 425–347 BCE)

The highest achievement by humans is happiness.

—Aristotle (circa 384–322 BCE)

The philosophies of Plato and Aristotle are relevant today for understanding the concept of psychological well-being. Plato expressed the idea that a human is made up of parts that contribute to a physical, psychological, and spiritual whole and that all parts that constitute the whole must be healthy for the being to be well. Aristotle built upon his mentor's philosophy by adding that the ultimate goal of humans is happiness. He characterized this state as an achievement because it requires effort.

Military service members, their families, and civilians may strive to achieve or maintain psychological well-being. However, the life of a military service member involves challenges and situations that differ from civilian life. The US military has been an all-volunteer force since 1973, and people who

decide to serve are willingly signing up for a lifestyle that includes occupational stress; the possibility of dangerous, life-threatening encounters; and separations (sometimes frequent) from significant others. These lifestyle requirements may make the people who choose military service different from people who do not. Research findings aid understanding and improvement of the lives of service members and their families in all areas, including that of psychological well-being.

Military medical officers (MMOs) play an important role in identifying individual, family, and unit opportunities to sustain or improve psychological well-being among those they serve. In addition to caring for patients, MMOs must advise commanders and maintain and practice self-care.

DEFINITIONS

Well-Being

A state of health and wellness, the ability to judge life positively,^{1–3} and to achieve a balance between positive and negative affect.⁴ In general terms, well-being refers to physical, emotional and psychological conditions.

Psychological Fitness

Psychological fitness is one of eight components of Total Force Fitness,⁵ and includes internal resources, external resources, and operational outcomes. Internal resources are present to some degree within every individual. They include awareness, levels of optimism, coping, decision-making, engagement, and active disengagement. External resources are not intrinsic to an individual; they originate from the environment and include training, leadership, and various fitness and wellness programs. Operational outcomes represent the consequences of applying internal and external resources to a circumstance. These outcomes include quality of life, mental health, sleep, drug use, and suicide. For example, an individual who is psychologically fit may have excellent coping skills and seek out wellness programs to deal with challenging situations, avoid risky behaviors, and enhance quality of life. Psychological fitness has been identified as

a positive and valued state that should be achieved to help optimize human performance. Utilization of the three components described above help individuals reach that goal.

Psychological Well-Being

Integrated concepts of well-being and psychological fitness are crucial to understanding psychological well-being (PWB). PWB includes the following six components of positive psychological functioning^{6,7}:

1. Positive evaluations of oneself and one's past life (self-acceptance).
2. A sense of continued growth and development as a person (personal growth).
3. The belief that one's life is purposeful and meaningful (purpose in life).
4. The possession of quality relations with others (positive relations with others).
5. The capacity to manage effectively one's life and surrounding world (environmental mastery).
6. A sense of self-determination (autonomy).

Approaching and achieving these components of psychological fitness help achieve the goal or state of PWB.

FOUNDATIONS OF PSYCHOLOGICAL WELL-BEING

PWB is an important component of human performance optimization. It can be discussed independently, but it impacts and integrates with states of social and physical well-being. For example, poor PWB may lead to diminished social and physical well-being.⁸ All conditions of well-being are needed for human balance and health.

Positive PWB is associated with biological correlates that protect health,⁹ and the development of PWB for physicians can help them adapt to demands of the medical profession.¹⁰ A good understanding of PWB can help the MMO to (1) optimally care for patients (service members and families); (2) appropriately advise commanders with regard to how PWB of service members and families impacts readiness and performance of service members; and (3) maintain and practice self-care.

Behaviors Relevant to Psychological Well-Being

To understand PWB and how to achieve or help others to achieve it first requires consideration of behaviors, cognitions, and motivations, as well as spiritual factors, that contribute to PWB. These factors must be integrated for each individual seeking to achieve PWB. Behaviors that affect PWB include exercise, leisure activities, eating, sleep, drug use, and sexual behavior. These behaviors may have a positive or negative effect.

Exercise

Individuals who exercise are more satisfied with their lives and happier than individuals who do not exercise.¹¹ Specifically, individuals who exercised two to three times per week are less depressed, angry, and stressed; are more trusting; and perceived their health to be better compared to people who do not exercise much.¹² Exercise is important for everyone, but may be especially beneficial for people with physical health (eg, cancer, cardiovascular diseases, arthritis, and sexual dysfunction) and psychological problems (eg, major depression¹³); pregnant women¹⁴; and teenagers.¹⁵

Leisure activities also enhance PWB.¹⁶ Activities like tai chi¹⁷; yoga¹⁸; and group activities¹⁹ improve PWB by reducing stress and anxiety, improving mood, increasing self-esteem, and reducing social isolation. Satisfaction with leisure activities clearly correlates with benefits to PWB.²⁰

Eating

Proper nutrition (eg, eating fruits, vegetables, lean meat, fish, and whole grains) is linked to positive

PWB^{21,22} and fewer depressive symptoms,²³ whereas a diet of processed or fried foods, refined grains, sugary products, and beer is associated with poorer outcomes.²¹ Comfort foods—typically, foods high in sugar and carbohydrates—can enhance PWB acutely. Eating ice cream, for example, is associated with increased positive affect.²⁴ However, too much intake of these kinds of foods can lead to excessive weight gain that may decrease PWB over time.

Food deprivation generally decreases PWB and is related to psychological distress.²⁵ The term “hangry” has been coined to describe situations in which a person is angry as a result of hunger. Although this word may be amusing, it is a fairly common phenomenon and is possibly related to decreases in self-control as a result of hypoglycemia. Low glucose in the prefrontal cortex, the area of the brain responsible for self-control, may be related to increases in aggression and violence.²⁶ When the prefrontal cortex is deprived of energy, such as in the case of hypoglycemia from not eating, an individual may experience reductions in self-control. Being hangry is an interesting emotional manifestation of a state of physiological need that is important to consider in terms of well-being.

Sleep

People spend more than a quarter of their lives sleeping, and quality sleep affects performance and PWB.²⁷ Most healthy adults need 7 to 9 hours of sleep each night.²⁸ However, most individuals, including military personnel, do not get enough sleep (or enough quality sleep). Lack of sleep negatively affects PWB. Chronic insufficient sleep is related to increased experience of pain (eg, body pain, back pain, and stomach pain) as well as compromised optimistic outlook and social functioning (eg, rating on friendliness, efficiency, and sociability).²⁹ Getting 8 hours of sleep increases optimistic outlook and social functioning.²⁹

Drug Use

Drug use can affect PWB, whether legal (eg, alcohol, nicotine, caffeine, or drugs prescribed to the user) or illegal (eg, street drugs such as opiates, prescription drug abuse, or inappropriate use of performance enhancing drugs). Licit drugs are used by many people to enhance PWB and to attenuate stress.³⁰ However, it is important to understand the health risks of repeated drug use, including physical health dangers and decreases in PWB when drug dependence develops and during abstinence from addictive drugs (both licit

and illicit).³⁰ Illicit drugs also are sometimes used to enhance PWB acutely, but long-term effects usually lead to decreases in PWB for psychobiological, social, and legal reasons. MMOs must be aware of the effects drug use has on PWB and educate commanders and patients about these potential dangers.

Sexual Behavior

Being sexually active is linked to better physical health and likely to PWB. Lack of a healthy sexual relationship or being in an unhealthy sexual relationship is associated with poor PWB. For example, in women, self-reported sexual dissatisfaction is correlated with lower PWB.³¹ Further, unwanted sexual behaviors (ranging from verbal comments, nonverbal communication, or uninvited touching to sexual assault) have powerful and lasting negative effects on PWB. Of particular relevance to the military community, it has been reported that women who deployed to a combat zone were more likely to have experienced sexual stressors than female service members who did not deploy.³² In addition, sexual abuse has been associated with decreased PWB (eg, depression and poor body image).³³

Cognitive Processes Relevant to Psychological Well-Being

Cognitive processes include attention, awareness or perception, thoughts, and beliefs. Cognitions both affect and reflect PWB.

Awareness

Awareness is an aspect of consciousness that entails a perception of one's environment. The manipulation of awareness (eg, mindfulness) affects well-being. For example, individuals who are able to balance work and life demands, and completely detach from work during off hours, are more satisfied with their lives, have less stress, and fully engage while at work.³⁴ Mindfulness, used by marines and soldiers, is associated with decreases in perceived stress³⁵ and increased performance.³⁶

Beliefs and Appraisals

The experience of stress or negative emotions depends on a person's beliefs or attitudes about the situation or the way in which he or she assesses or appraises the situation. For example, having an optimistic outlook can lead to better PWB. The term

optimism is used to describe the extent to which people hold generally favorable expectancies for their future.³⁷ Optimism is related to increases in PWB,³⁸ while pessimism (belief that bad things will happen in the future³⁹) decreases PWB. Specifically, optimism is related to indicators of better psychological and physical health; responses to adversity; emotional well-being; and relationships.³⁷ In contrast, pessimism is related to less life satisfaction⁴⁰ and more depressive symptoms.^{40,41} The ability to generate vivid mental imagery of positive future events, instead of focusing on negative thoughts or "thinking traps" (eg, catastrophizing), results in better PWB.⁴²

Religiosity and spirituality are also related to PWB.^{43–46} In particular, spiritual fitness enhances resilience, health, and well-being.⁴⁷ Spiritual fitness refers to domains related to the human spirit (eg, values, feelings, aspirations) encompassed by spiritual beliefs and practices, but is not specific to a particular religion or faith.⁴⁸

Resilience

The American Psychological Association defines psychological resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress."⁴⁹ Resilience factors represent individual or group-level variables that contribute to a decrease in the negative reactions to stressors.^{50,51} Individual resilience factors include effective behavioral and cognitive coping skills. Group resilience factors may relate to effective leadership or support from the unit. An interesting analysis of survey data collected from deployed service members (Mental Health Advisory Team [MHAT-VI]) indicated that although soldiers reported similar rates of combat exposure, there was little similarity in scores on a measure of PTSD symptoms.⁵² This analysis highlights the marked variability in response to stressor exposure experienced by individual service members and suggests differential effects of resilience factors.

Resilience and resilience training are receiving substantial attention in the military to help service members prevent and recover from physical and psychological stressors. It is noteworthy that "thriving" (to grow and develop subsequent to stress such that the individual becomes stronger⁵³) is an ideal that maximizes PWB. The MMO plays a key role in translating the science behind resilience into practical and applicable tools that unit commanders and individuals can use to enhance their ability to deal with stress, thereby enhancing PWB.

Emotional Factors Relevant to Psychological Well-Being

Positive emotions enhance and reflect PWB, whereas negative emotions are inversely related to PWB. Individuals who are skilled at recognizing and regulating their own emotions and the emotions of others are said to be high in emotional intelligence. High emotional intelligence is related to increased PWB.⁵⁴

Emotional arousal (or stress) is related to performance and psychological state following the classic Yerkes-Dodson inverted U-shaped function (Figure 25-1). Some individuals seem to thrive under extreme stress (eg, Navy SEALs and other special operations forces), and the point at which the effects of stress go from positive to negative differs from person to person. Many factors seem to affect this point, including genetics, prenatal environment, childhood stress, personality, resilience, and other factors. The relationship between PWB and particular levels of arousal or stress, therefore, depend on the individual and on situations.

Medical professionals experience job stress and burnout. These demands are negatively related to PWB. Further, individuals who lack social support from supervisors and coworkers display worse PWB and more unfavorable work outcomes.⁵⁵

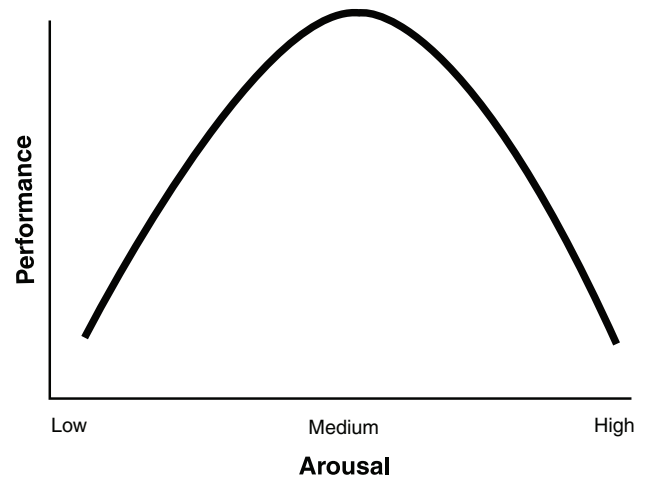


Figure 25-1. Depiction of the Yerkes-Dodson Law of Optimal Arousal. As one's arousal or stress level increases, so does performance and hedonic (or emotional) state; however, when stress is high and exceeds one's coping ability, performance and hedonic state decrease.

Data source: Yerkes RM, Dodson JD. The relation of strength of stimulus to rapidity of habit-formation. *J Comp Neurol Psychol.* 1908:459–482.

Adapted from: <https://en.wikipedia.org/wiki/File:OriginalYerkesDodson.svg>.

MILITARY LIFE AND PSYCHOLOGICAL WELL-BEING

Military service affects the PWB of service members and their families. It ultimately affects units and the military community, readiness, training, and even the achievement of military missions.

Psychological Well-Being and the Service Member

Military researchers have investigated the psychological effects of war for decades. Modern conflicts with increased survivability have shed new light on the relationship between stressful and traumatic encounters and individual health and performance. There is now a greater appreciation for this relationship, and increased attention is paid to the role of mental or behavioral health in readiness to fight and fitness for duty. Greater emphasis is now placed on holistic health, patient-centered care, individualized medicine, and reduced stigma. The services now recognize that military life affects PWB in service members and their families and that this impact is present in home, garrison, deployed, and combat situations.

Despite the stressful and often dangerous nature of military service, active duty military members are more likely to psychologically thrive than civilians. This thriving

may occur because of beneficial resources associated with military service, including job security and financial compensation.⁵⁶ For instance, a majority of Army officers (70%) report satisfaction with pay.⁵⁷ Although many junior soldiers (about 30%) report financial hardship,⁵⁸ it is not clear if these concerns predated enlistment (eg, existing debt) or developed during military service. Free financial counseling and educational services are offered by the military and may help soldiers improve their financial situations and reduce stress. Other advantageous resources available to service members include tuition assistance, tax-free housing, subsidized childcare, free medical care, special pay, and bonuses (for retention of soldiers with specific skills).

The military culture also offers social benefits that contribute to PWB. Social support and unit cohesion are both important determinants of PWB for service members. In addition, high levels of perceived support from the community, unit leadership, and base agencies reduced service members' concerns about their spouses' ability to cope with deployment-related stressors.⁵⁹ This perception of support for the nondeployed spouse mitigates one potential stressor on the deployed service member.

Leadership

Another key variable for PWB in the military, given its hierarchical structure, is leadership. Quality of life in the military is highly dependent on leadership.⁵⁷ Survey data collected from deployed service members indicate that strong leadership was significantly correlated with improved morale and cohesion, fewer mental health problems, and fewer ethical violations.⁶⁰ Similar surveys of comparisons across 28 platoons revealed that leaders who exhibit positive behaviors such as clear thinking, while not displaying negative behaviors such as showing favoritism, helped to reduce effects of combat exposures.⁶¹

Combat Stress

Despite the benefits of military service, there are obvious risks and potentials for poor outcomes with regard to PWB. To a certain extent some reactions to deployment-related stressors are expected. The Department of the Army coined the term “combat stress reactions” to describe the physical, emotional, cognitive, and behavioral reactions to these stressors and has defined it as “expected, predictable, emotional, intellectual, physical, and/or behavioral reactions of a Soldier who has been exposed to stressful events in combat.”⁶² This definition normalizes the reaction to combat-related stressors and also provides a framework to identify and assess maladaptive responses, with the intention of early intervention. Of these various reactions, service members are most likely to report physical symptoms to their medical provider. These reactions represent physiological responses and arousal to combat stressors. Muscle tension, sleep disturbances, and headaches are physical symptoms that may be reported by service members experiencing combat stress. It is imperative that medical providers understand how reactions to combat stress can manifest physically and how they may present in patients.

Injury

These stressful or traumatic exposures can have deleterious effects on PWB. In the last decade extensive research has been done on the effects of combat on mental health, indicating increased rates of posttraumatic stress disorder (PTSD), depression, anxiety, substance abuse, and other functional impairments.^{51,63,64} Some believe that combat-related PTSD may be an occupational hazard of military service.⁶⁵ Aside from the psychological effects of stress exposures resulting from combat, service members suffer from physical injuries as well. Injured veterans are more likely to

suffer from PTSD and mood-related disorders than noninjured veterans.⁶⁶ The relationship between physical injury and negative psychological effects may be (a) direct—physical injury may cause biological changes that affect psychological state; (b) indirect—physical injury may disrupt behaviors in ways that are psychologically upsetting; or (c) by other means such as disrupting sleep, which can inhibit both physical and psychological recovery.

Transitions

Experiences during deployment have a great effect on how a service member transitions back into the garrison environment. In their model of deployment-to-home transition, Adler and colleagues describe the following factors⁶⁷:

- deployment variables (experiences, anticipation of homecoming, meaningfulness);
- postdeployment variables (physical, emotional, cognitive, and social);
- quality of life (health, work, relationships); and
- other reintegration moderators like decompression, developing a narrative, unit variables, and anticipation of deploying again.

Deriving meaning from work while deployed and in garrison is particularly important for PWB. Finding meaning in work is associated with enhanced motivation and well-being.⁶⁸ If service members find their work while deployed to be meaningless, they may experience anger and resentment, leading to negative impacts on PWB. There may be less meaning associated with work upon return from deployment as well, for various reasons including a decrease in arousal associated with work in the postdeployment environment. Decreases in arousal postdeployment can lead to increased risk-taking behavior. This behavior may include unsafe driving, leading to more road accidents and even increased death rates due to accidents in the year following deployment.⁶⁹ Transition home can be difficult for all service members, regardless of their combat experience or mental health status, and should be appropriately planned, monitored, and assessed. Military medical providers play a key role in this entire process.

Psychological Well-Being and the Military Family

The transition to life at home for service members with families can also have a great impact on family relationships and on the PWB of family members. Military life has substantial impact on service members’

spouses and families. Family members experience various stressors such as relocation, social isolation, separation, and fear of or actual injury or death of the service member. The stressors may positively or negatively impact the PWB of the family member, depending on a number of variables. The wars in Iraq and Afghanistan have brought the longest family separations since World War II.⁷⁰ More than half of all combat deployments left at least one dependent family member behind.⁵⁸ These separations are difficult for service members and their families, and family stability is negatively affected by prolonged separation because of deployment.⁷¹

Spouse Well-Being

For female spouses, the length of separation is significantly associated with poor well-being.⁷² More specifically, deployment has been related to decreases in health-promoting behaviors including exercise, social interaction, rest, safety-related behaviors,⁷³ and greater perceived stress⁷⁴ for the nondeployed spouses. Further, nondeployed spouses often have psychopathological problems including major depression or generalized anxiety disorder; emotional, alcohol, or related family problems; and functional impairment in work and life,⁷⁵ sleep disorders, acute stress reactions, and adjustment disorders.⁷⁶

Care for Wounded Warriors

In addition to the effects of family separation, the demands associated with current wars include increased survival but greater care requirements for wounded warriors.⁵⁷ Specifically, PTSD can be a secondary traumatic stressor for family members. In one study, PTSD symptoms reported by military members predicted increased symptoms in their female spouses.⁷⁷ The MMO can impact these associations by including family members in the treatment services for PTSD and educating the family about combat-related reactions.⁶⁰ These steps may help improve treatment outcomes for the service member and lessen the impact of mental health problems on the family. Education for family members about physical injuries (eg, traumatic brain injury and limb amputation) is important so they understand the symptoms associated with these injuries (eg, fatigue, memory loss, frustration, and angry outbursts) and do not blame the service member.⁷⁸

Relationship Quality

Given that deployment has clearly identified effects on service members and their significant others' well-being, it is no surprise that there are further impacts

on intimate relationships and satisfaction. Marital relationships are affected by military service,⁷⁹ specifically in the following ways:

- disproportionate work–family balance⁸⁰;
- preparing for or recent return from deployment⁸¹;
- difficulty communicating, reestablishing emotional bonds, or renegotiating roles and responsibilities⁸²; and
- physical or mental health concerns for one or both partners.^{57,83,84}

Marital satisfaction is negatively correlated with PTSD and depression, although it is not significantly related to combat exposure by itself, suggesting that other factors are involved.⁸⁵ MMOs should be aware of these strains on marriage and relationships unique to military service and incorporate them into their practice and interactions with patients and families.

Coping

In addition to the perception of stress, coping style is predictive of PWB in female military spouses of deployed service members, and style of coping varies based on rank of spouse, whether she grew up in a military family, and experience of a previous deployment separation.⁷³ The ability of the spouse or family member to cope with the stress of military life and deployment is important. In a study of spouses from an Army infantry division, problem-focused coping strategies were more frequently endorsed than emotion-focused coping strategies. Problem-focused coping refers to changing or modifying the fundamental cause of stress, whereas emotion-focused coping refers to strategies that are effective in the management of unchangeable stressors.^{86–88} Problem-focused coping was related to fewer depression symptoms, especially in instances where the individual perceived little control over the situation.⁸⁹ In addition, access to social networks and sources of social support—similar to the situation for service members—is critical for families. Support from community and unit positively correlated with families' ability to adapt to stress.⁹⁰ Spouses who did not meet criteria for major depressive disorder or PTSD were more likely to report positive effects from deployment (more independence, more self-confident problem solving) than spouses who met criteria for major depressive disorder or PTSD.⁸²

Although separations because of military service are stressful and are associated with adverse psychological health outcomes, these separations are quite different from separations during past wars because of current

technology (email, phone, video call) that increase opportunities for communication and connectedness. Also, Internet and virtual communities may increase connectedness of family members to available sources of support.⁷⁰

Employment

Military spouses' employment is another important factor that affects PWB of military family members. Working contributes to the overall satisfaction of military spouses, providing additional compensation, personal fulfillment, independence, and other benefits.⁹¹ Unemployment can act as a chronic stressor⁹² and negatively affect PWB.⁹³ Education level of military spouses also may play a role in better PWB.

Children

Children of service members also are affected by military separations. Children in military families,

unlike most civilian children, live with the concern that their parent may be injured or killed during a combat deployment,⁹⁴ which may lead to emotional difficulties.⁹⁵ Length of the parent's deployment and the parent's rank (a variable that likely represents a complex set of family circumstances) are related to PWB. There is some evidence that child neglect and mistreatment increase for the children of enlisted service members during a combat deployment.⁹⁶ Increases in interpersonal violence in general are associated with combat deployment⁹⁷ and the length of deployment.⁹⁸ It is important for the MMO to be aware of these potential issues for family members, especially children. Additionally, the MMO can assist the unit command in preventing these poor outcomes associated with military service and deployment by educating them about the relationship between certain factors discussed here. For example, engaging in military-sponsored activities seems to enhance well-being.⁹⁹

KEY INDICATORS OF PSYCHOLOGICAL WELL-BEING

Key concepts relevant to PWB include positive affect; mindfulness; purpose and meaning in life; social support; unit cohesion; and core values, which are the heart of military service. These factors may change over time and circumstances, so a clear understanding of them can be used by MMOs and the people they treat to optimize PWB.

Positive Affect

Positive affect describes how much an individual experiences positive moods such as joy, interest, and alertness. According to research, this concept appears to be more beneficial with respect to health and mortality relative to negative affect, in which individuals tend to experience negative emotions such as anxiety, sadness, fear, anger, guilt and shame, irritability, and other such feelings or states (eg, Cohen and Pressman¹⁰⁰). Positive affect is directly associated with good sleep,²⁷ serves a protective role in cardiovascular disease,¹⁰¹ facilitates healthy aging,¹⁰² and is proposed as a buffer for the impact of psychosocial risk factors.

Mindfulness

Mindfulness can be conceptualized as the act of intentionally being acutely aware of what is going on internally and externally, without reacting.^{35,36,103,104} Mindfulness and its underlying awareness are inherent personality traits as well as capabilities that can be honed through training.^{103,104} Evidence for the benefits

of mindfulness is extensive and instructive.¹⁰³ Importantly, mindfulness can be helpful for many operational, leadership, and personal activities and is likely beneficial for enhancing resilience and overall health.¹⁰³ Many current military leaders use mindfulness as a tool to better prepare for a dynamic and uncertain future. Importantly, training in mindfulness has been shown to serve as a preventive measure against physician burnout.¹⁰⁴ It is an important concept that can and is impacting health and performance.

Meaning and Purpose

Meaning and purpose have been studied in the social sciences since the late 1980s. Meaning is described as "making sense, order, or coherence out of one's existence" and purpose "refers to intention, some function to be fulfilled, or goals to be achieved."¹⁰⁵ Most of the literature assesses meaning and purpose in pathological and psychopathological conditions, but in some instances meaning in life has been found to have a strong correlation with positive well-being.¹⁰⁶

Social Support

Social support involves the perception and reality of assistance and understanding provided by other people; this support can buffer or reduce stress and effects of stress.¹⁰⁷ Social support can be structural (eg, available social ties like marital, family, or church affiliations)¹⁰⁸ or functional (ie, not just available, but

available and able to meet the person's needs). In the military, positive unit environments facilitate social support and help individuals cope with stress.⁵⁷ Specifically, the relationships between work stress and morale, and work stress and depression, are moderated by the quality of the social environment.¹⁰⁹ Conversely, the absence of social support is a risk factor for physical and psychological problems.^{110–113}

The deployed or combat environment may present conditions under which service members need the most social support because they are removed from their usual social support networks of family and friends while facing new stressors. As a result, social support from the unit and other available services (eg, buddies, effective leaders, behavioral health professionals, chaplains) is crucial in the deployed setting. Reliance on members of the unit is part of military culture and is key to successful integration into military life. An individual who successfully integrates into a group can achieve a sense of belonging and increased self-worth, which contributes to positive health outcomes,¹¹⁴ whereas one who does not integrate may experience negative health effects.¹¹⁵ Social support buffers deleterious effects of stress on health.¹⁰⁷ Positive effects of social support can be reflected in neuroendocrine and immune response biomarkers,^{116,117} reduced psychological despair,¹¹⁸ and increased motivation toward self-care.¹¹⁹

Unit Cohesion

Unit cohesion is similar to social support, but with specific relevance for the military. It represents the degree to which individuals are bonded to one another and to their higher organization. Unit cohesion in the military is positively associated with readiness, performance of individuals and groups, and personal well-being.¹²⁰ Unit cohesion has been reported to moderate the relationship between combat exposure and posttraumatic stress in marines and Navy corpsmen.¹²¹ Belonging to a resilient group, with high morale, has a positive impact on the well-being of the service member.¹¹⁴

PSYCHOLOGICAL WELL-BEING AND THE MILITARY MEDICAL OFFICER

Role of the Military Medical Officer

The MMO plays a key role in PWB education, training, and evaluation for service members and their families. The MMO is charged with explaining the role of behaviors, cognitions, and motivations with respect to PWB. The MMO should educate individual patients and unit commanders about factors that impact PWB.

EXHIBIT 25-1

SERVICE CORE VALUES

Service core values are shared fundamental beliefs that cross service boundaries, but the unique aspects of each service are reflected in the differences among their top priorities.

Army

- Loyalty
- Duty
- Respect
- Selfless Service
- Honor
- Integrity
- Personal Courage

Air Force

- Integrity First
- Service Before Self
- Excellence in All We Do

Navy and Marine Corps

- Honor
- Courage
- Commitment

Core Values

Core values are qualities representing an individual's or organization's deeply held beliefs and fundamental driving forces. They define what an organization believes and how it resonates and appeals to others within the organization and throughout the external world. Core values should be part of each military member's belief system. Core values represent the solid core of each person, who they are, what they believe, and who they should want to be going forward. They provide guiding principles and can be used as a touchstone for service members. Each of the services has its own set of core values, as do most individuals. These core values are extremely important for PWB within, across, and throughout military communities (Exhibit 25-1).

Enhancing PWB may be as simple as improving eating, sleeping, or exercising. Patients may also alter the way they think about an issue. This is a more difficult way to enhance PWB but MMOs can assist and provide guidance. Changing motivations is the most difficult way to enhance PWB. If the issues go beyond the MMO's ability to treat (eg, psychopathology), the MMO must refer the patient

to the next appropriate level of care. If psychological and behavioral healthcare can be found in the same place as the MMO is providing care, then it may be as easy as walking the patient down the hall. In other cases it may be more difficult for an MMO to easily transition the patient to psychological care. MMOs should be aware of the referral process and available resources at each facility in which care is provided.

MMOs are also responsible for managing their own well-being, by monitoring and manipulating the factors discussed in this chapter. MMOs should be aware of the importance of self-care to maintain high levels of performance and to avoid physical or psychological burnout. A valuable complement to self-awareness is to rely on and encourage input from significant others and trusted colleagues with regard to the MMO's PWB. Perhaps the most valuable guideline to optimize one's own PWB is to remember the importance of balance in all aspects of professional and personal life.

Guidance to the Commander

The first step is to make the unit commander aware of potential threats to PWB and ways to improve PWB, and to educate the commander about how to make changes within the unit. Threats to PWB include the following:

- drug use,
- bias or prejudice,
- stress,
- injury, and
- transitions.

Framing the threats or challenges as detractors from accomplishing unit mission or decreasing readiness are often the most successful ways to effectively communicate the importance of PWB.

MMOs should remind the commander that psychological fitness is a key component to overall fitness and readiness. Commanders can support PWB among soldiers in a unit by promoting or providing the following:

- physical exercise;
- healthy eating;
- sufficient sleep;
- mindfulness;
- optimism;
- spirituality;
- social support;
- unit cohesion; and
- effective leadership.

It is recommended that MMOs educate unit commanders on specific threats and countermeasures to PWB.

PSYCHOLOGICAL WELL-BEING RESOURCES

Many tools and resources are available to MMOs, commanders, and soldiers and their families, ranging from online support to programs on base, such as:

- Adler AB, Bliese PD, Castro CAE, eds. *Deployment Psychology: Evidence-Based Strategies to Promote Mental Health in the Military*. Washington, DC: American Psychological Association; 2011 (<https://www.ajol.info/index.php/smsajms/article/viewFile/97397/86707>).
- Human Performance Resource Center (<http://hprc-online.org/about-us/about-hprc>).
- Family and morale, welfare and recreation (MWR) programs on base.
- Community service programs on base.
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (<http://www.dcoe.mil/>).
- Center for Deployment Psychology (<http://deploymentpsych.org/>).

SUMMARY

Healing is a matter of time but it is sometimes also a matter of opportunity.

—Hippocrates (460 BCE–370 BCE)

Psychological well-being is relevant to the lives of all people, but the challenges faced by service members and their families underscore the importance of maintaining and enhancing PWB. As discussed in this chapter, various behaviors, cognitions, and

motivations/emotions affect and reflect PWB. But as Hippocrates, the “father of Western medicine,” wisely advised more than 2 millennia ago, we can wait to heal and hope to achieve well-being, or we can take advantage of opportunities to heal. PWB is especially affected by finding opportunities to take meaningful actions. The MMO serves a key role in this pursuit for service members, units, patients, and self.

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