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Identity-Informed Case Formulation in Military Mental Health

Clinical Applications of the Military Identity Model

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WHY MATTERS

Military service can become part of the self.

PURPOSE

A reason to contribute
A sense that the work matters

BELONGING

Unit, service and shared experience
A place within a collective

CAPABILITY

Competence, mastery and usefulness
A way of knowing what I can do

VALUES

Duty, loyalty, courage, service
Standards for who I should be

STATUS & ROLE

Rank, responsibility and credibility
A recognised place in the system

SELF

Where all of this converges
The answer to “who am I?”

Over time these can become part of the answer to: **Who am I?**

DISRUPTION

When the role changes, more than the role may be lost.

Injury	Medical downgrade	Non-deployment	Transition / discharge	**Moral or institutional rupture**

Loss or disruption may involve **purpose • belonging • role • status • continuity of self**

Royal Commission accounts make loss of identity particularly visible around transition, but disruption can also occur while someone is still serving.

Same symptoms. Different processes.

Service member A

Low mood
Anhedonia
Withdrawal
Sleep disturbance
Feeling on edge
Worthlessness
Alcohol use

“My unit moved on without me. I don’t know where I belong now.”

Service member B

Low mood
Anhedonia
Withdrawal
Sleep disturbance
Feeling on edge
Worthlessness
Alcohol use

“If I need help with this, I’m not the soldier I thought I was.”

Same symptoms. Different meanings. Different formulation implications.

THE ARGUMENT

Identity is clinical content.

Presenting problem • Risk • Engagement • Help-seeking • Treatment response

Identity is shaped by culture, but it is more than cultural context. Where it is salient, it belongs within biopsychosocial and cultural formulation.

WHERE THIS COMES FROM

A clinical observation, tested against the published literature

MILITARY MEDICINE, 00, 0/0:1, 2024

A Scoping Review of Military Culture, Military Identity, and Mental Health Outcomes in Military Personnel

Carolyn Heward; *Wendy Li, PhD*; *Ylona Chun Tie, PhD*;
CAPT Pippa Waterworth, PhD, Psychology Corps, Army, Australian Defence Force (ADF) (Reserve)†

ABSTRACT

Introduction:
The military is a unique cultural institution that significantly influences its members, contributing to the development and transformation of their identities. Despite growing interest in identity research in the military, challenges persist in the conceptualization of military identity, i[illegible] understanding h[illegible]orms, assessing the influence of military culture on identity development, and evaluating [illegible]lth. The primary objective of this scoping review was to map the complexities of military [illegible]dentity and its effects on mental health.

Materials and Methods:
A scoping review of the literature was con[illegible]gs Institute Scoping Review Methodology. Studies were included if they described military c[illegible]mental health, resulting in 65 eligible studies. The extracted data were thematically analyze[illegible]ulture impacts military identity and mental health and well-being.

Results:
Multiple identities were evident within [illegible]overarching identities, loyalty and military, overall conferring positive mental health outcomes. Where these identities were hidden or disrupted, poorer mental health outcomes were observed.

Conclusions:
The scoping review conducted in this study challenges the notion of military identity as a singular concept promoting positive mental health outcomes. It highlights its multifaceted nature, revealing that individuals may face identity concealment and disruptions during periods of transition or adjustment, resulting in adverse mental health outcomes. To capture the complexity of military identity, the authors developed the Military Identity Model (MIM). Military leaders,

SCAN ME

15,744

records identified

65

studies included in the final review

Heward, Li, Chun Tie & Waterworth (2024), Military Medicine

WHAT THE REVIEW FOUND

Military is not singular.

Protective

when authentically expressed

Risk

when hidden, disrupted or lost

Multiple, co-existing identities, not one singular “military identity.”

The Military Model

Positive mental health outcomes

Pride
Belonging
Overall positive adjustment
Post-traumatic growth

Negative mental health outcomes

Self-esteem and identity:
Low self-esteem (due to role conflict, internalisation of inferiority, lost purpose)
Guilt/shame/weakness
Sense of senselessness/lost purpose
Self-stigma

Emotional challenges:
Emotional suppression
Difficulty with self-compassion/meaning-making/forgiveness
Anger
Disconnection/poor life satisfaction

Risky behaviours and mental health:
Risky/hazardous substance use
Increased suicide risk
PTSD/Trauma and Common mental health conditions
Suicidal ideation/behaviour

Source: Heward, 2024

L Loyal identity

Duty, comradeship, immersion in the collective

Core

- Duty
- Comradeship
- Collective

Protective

- Belonging
- Purpose
- Mutual responsibility

Watch for

- Self-subordination
- Difficulty leaving the group
- “Others have it worse”

Warrior identity

Strength, invincibility, lethality

Core

- Strength
- Mastery
- Action

Protective

- Capability
- Confidence
- Persistence
- Readiness

Watch for

- Vulnerability = failure
- Injury as threat
- “I should handle this”

H Hidden identity

Emotional containment. Identity suppression.
The composed client may not be "fine". They may be performing fine.

Listen for the gap between the professional presentation and the private self.

Five disrupted identities

Morally injured

Guilt, shame, violated values, betrayal.

Failed warrior

Perceived failure to meet the warrior standard.

Stigmatised

Weakness, silence, unreliability.

Spoiled warrior

The defining experience never happened.

Loss of Identity

Role, purpose, belonging and self disrupted.

Five disrupted identities

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Loss of Identity

Role, purpose, belonging and self disrupted.

Same starting material. Opposite outcome.

AUTHENTIC

belonging • pride • purpose • resilience

HIDDEN / DISRUPTED

shame • grief • isolation • self-condemnation

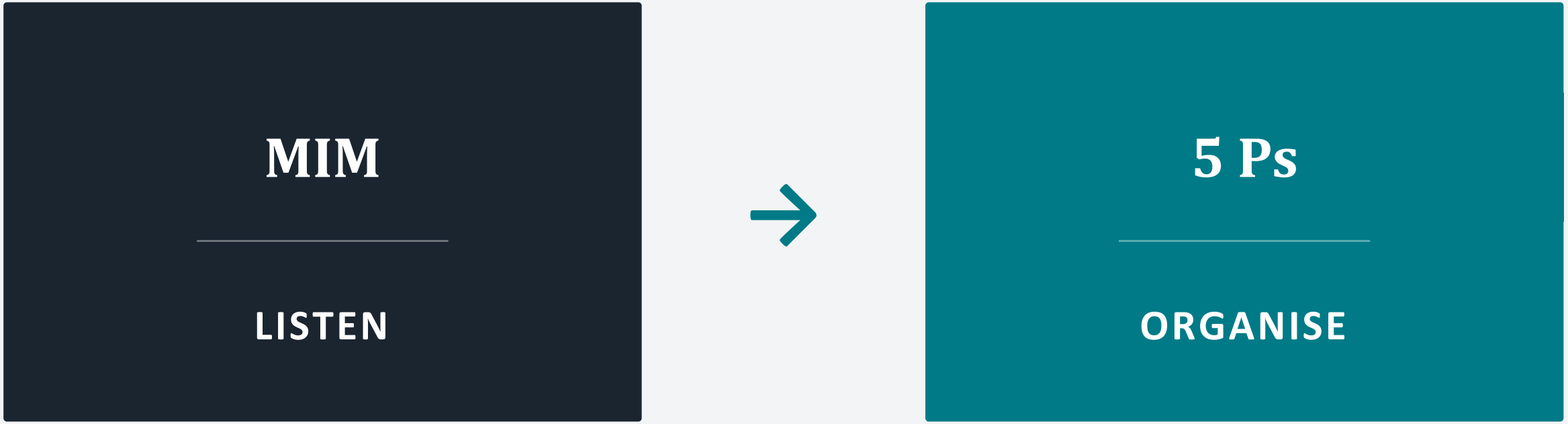
AN IMPORTANT CAUTION

This is not a typology.

- Do not assign clients to a single type.
- Multiple identity threads can coexist, conflict and change over time.
- The clinical task is to understand meaning, function and consequence.

FROM MODEL TO METHOD

MIM first. Five Ps second.



Identity-informed assessment asks what the experience means to the military self.

Macneil, C., Hails, J., & Forbes, D. (2012)

Identity inside the Five Ps

Presenting

How is Identity distress showing up now?

Predisposing

How was this Identity built?

Precipitating

What threatened, disrupted or exposed it?

Perpetuating

What keeps the Identity disruption active?

Protective

What Identity resources remain intact?

ASSESSMENT

Identity-informed questions

Not more questions. Different work.

Symptoms	→	**meaning**
Behaviour	→	**function**
Words	→	**identity content**
Help-seeking	→	**perceived cost**

* Military Cultural Formulation Interview – Meyer et al (2022)

ASSESSMENT

Questions that open

> *“You’ve used the word ‘broken’. What is that word actually pointing at for you?”*

> *“What did being able to do that role say about who you were?”*

> *“What do you think it would mean about you if people knew how much you were struggling?”*

> *“What parts of being a [service member] still feel like you, even now?”*

LISTEN FOR

Same phrase. Different process.

“Others have it worse.”

Possible loyal-identity process

My needs come after the group.

“I’ve handled worse than this.”

Possible warrior-identity process

If I am capable, I should handle this too.

ONE CASE, WORKED IN FULL

SGT David

32, Australian Army Sergeant, 13 years in a combat-arms role

Medically downgraded after injury, can no longer deploy

Depression, anger outbursts, increased alcohol use

His unit has deployed without him for the first time

Composite, de-identified clinical pattern.

SERGEANT DAVID

The conventional clinical read

Mood

Low mood
Anhedonia
Worthlessness
Hopelessness

Behaviour

Withdrawal
Alcohol use
Irritability and anger outbursts
Reduced performance

Risk

Passive suicidal ideation
Increasing isolation
Alcohol as coping

Accurate, but is it sufficient?

THE PIVOT

What has happened to David's sense of who he is?

Medical reclassification

↓

Warrior capability threatened

+

Unit deploys without him

↓

Loyal belonging threatened

The symptoms sit inside an identity story.

"I'm no use to anyone now".

Presenting

Standard clinical formulation

- Depression
- Anger
- Alcohol misuse

Identity-informed formulation adds

- Failed Warrior Identity
- Hidden shame around reduced capability
- Threatened usefulness and belonging

Sample questions:

- *“How would you describe yourself as a service member right now?”*
- *“When you say you feel ‘useless’, what does being useful mean to you as a soldier?”*

Predisposing

Standard clinical formulation

- Joined young, 13 years in combat arms
- Strong capability and “doing” culture
- Military role organised purpose and belonging

Identity-informed formulation adds

- Strong Warrior Identity, capability central to self-worth
- Strong Loyal Identity, contribution and belonging central to self
- Fewer established anchors outside military service

Sample questions:

- *“What did military service give you that became important to who you are?”*
- *“What came to tell you that you were good at your job, or a good soldier?”*

Precipitating

Standard clinical formulation

- Medical reclassification following injury
- Unit deploys without him for the first time

Identity-informed formulation adds

- Downgrade activates Failed Warrior Identity
- Unit deployment threatens Loyal Identity, belonging and role continuity
- Two valued processes disrupted in close succession

Sample questions:

- *“What did the downgrade mean to you about yourself as a soldier?”*
- *“What was it like when the unit deployed and you weren't going with them?”*

Perpetuating

Standard clinical formulation

- Ongoing alcohol use
- Avoiding unit social events
- Reluctance to seek help

Identity-informed formulation adds

- Hidden Identity, concealing distress and reduced capability
- Stigmatised Identity, help-seeking risks confirming weakness or unreliability
- Unit avoidance protects from painful comparison with former self
- Alcohol provides temporary distance from shame and identity disruption

Sample questions:

- *“Are there parts of what you're going through that you feel you need to keep from other people at work?”*
- *“What do you imagine might happen if people at work knew how much you were struggling?”*

Protective

Standard clinical formulation

- Supportive peers and chain of command
- 13 years of experience and demonstrated capability

Identity-informed formulation adds

- Loyal Identity remains intact: service and contribution still matter
- Warrior Identity is broader than current physical capability
- Experience, judgement, credibility and leadership remain intact
- Respect from peers and command may reinforce a valued military self

Sample questions:

- *“What parts of being a soldier still feel like you?”*
- *“What still allows you to feel that you are contributing?”*

David’s identity-informed formulation

Presenting

Failed Warrior Identity disruption expressed through depression, anger and worthlessness

Predisposing

Strong Warrior and Loyal Identities, with capability, contribution and belonging central to self

Precipitating

Medical downgrade threatens Warrior Identity; unit deployment disrupts Loyal belonging

Perpetuating

Hidden Identity supports concealment; Stigmatised Identity raises the cost of help-seeking; avoidance and alcohol provide short-term relief

Protective

Loyal Identity remains intact; experience, judgement, credibility and leadership remain available; peers and command support belonging

What changes clinically?

Same evidence-based care.
Different formulation target.

target • pacing • language • sequencing • engagement

Treatment planning for David

Behavioural activation

Restore valued contribution, not just activity

Cognitive work

Target meanings such as ‘If I can’t do the role, I’m useless’

Grief work

Name loss of role, capability and belonging

Identity continuity

Explore ways of maintaining valued aspects of military identity

When formulation misses

- Treating identity-laden language as symptom content without exploring its meaning.
- Recognising values without understanding how they became tied to military identity.
- Treating concealment or guarded disclosure as avoidance without asking what it protects.
- Understanding loss of role without recognising loss or disruption of self.
- Assuming transition requires replacing military identity rather than adapting or carrying it forward.

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Cultural safety is part of formulation.

Values

Treat military values as content, not preference.

Rank and role

Recognise their psychological and social weight during and after service.

Trust

Understand what makes disclosure feel safe or consequential.

Curiosity

Military literacy helps; individual meaning still has to be asked.

A BRIEF EXTENSION

When a role becomes part of who you are

- Some roles become more than occupations.
- They organise belonging, purpose, values, competence and self-worth.
- When access to the role is disrupted, the loss may be occupational and identity-based.

Military | Police | Firefighting | Paramedicine | Elite sport

CLOSE

Three things to take with you

1

Identity work is clinical work.

It belongs inside formulation.

2

Look beneath the presenting problem.

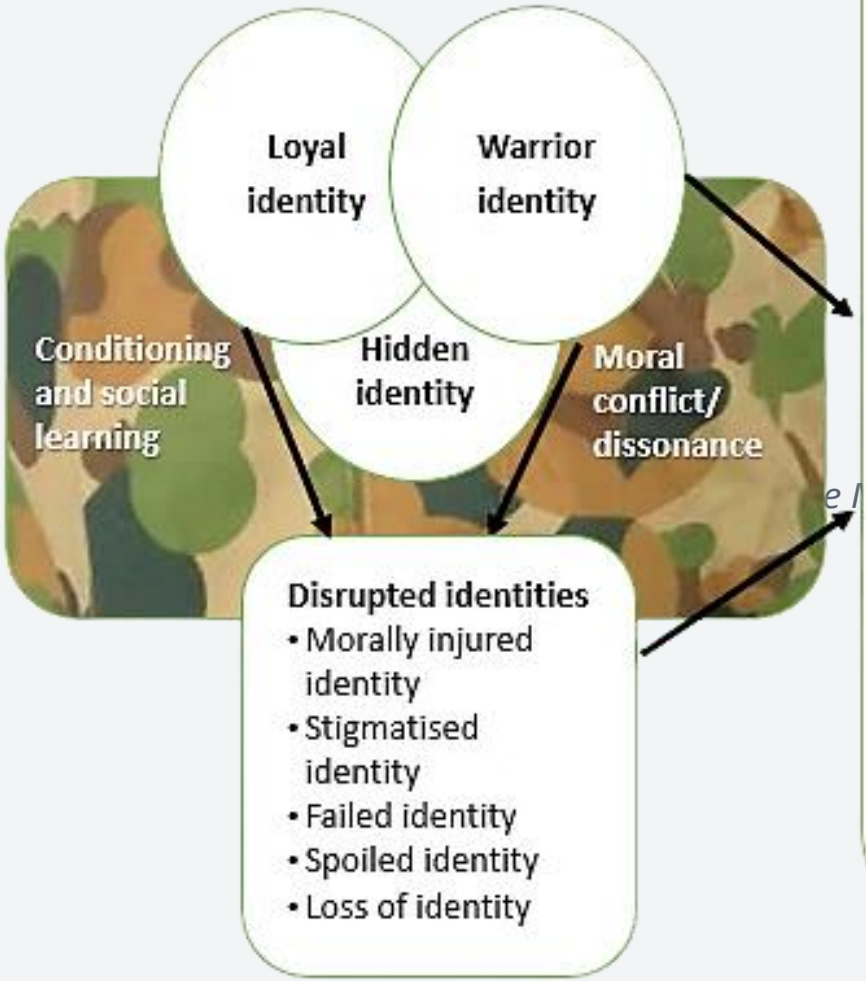
What idenity process is active, hidden or disrupted?

3

Military values are content.

Understand them before trying to change anything.

Questions



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PTSD/Trauma and Common mental health conditions
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