




From “Hooah” to “Om”: Mindfulness Practices for a Military Population

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Abstract

Mindfulness practices, in general, have a growing body of evidence of effectiveness for improving both physical health and mental health. Further, these practices are showing promise when implemented with military populations for mental health issues such as posttraumatic stress disorder. Challenges arise for practitioners in understanding the military's cultural differences and the functional aspects of mindfulness that may be specifically useful to military members. We outline strategies for referring military members to quality services and instruction, as well as best practices for connecting with military clients. Recommendations are made for further research with female service members and using single-case design.

Keywords: *mindfulness, military, PTSD, yoga, meditation*

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Introduction

Mind–body medicine are practices that focus on learning control of the mind to improve the health and wellness of the body. These include mindfulness interventions, such as meditation, mindfulness-based stress reduction (MBSR), yoga, and martial arts. Mindfulness is a quiet awareness of one's internal and external world using the five senses while engaging in any activity (Schiraldi, 2009). An understanding of intentional mindfulness is the first step in mindfulness interventions, whether it is relaxation breathing with an internal focus or purposeful movement patterns of yoga with an interaction of internal and external (Weiler, 2013). There is a growing body of empirical evidence demonstrating the effectiveness of mind–body strategies for improving psychological health, reducing depression and anxiety, improving stress resilience and coping

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skills, and facilitating self-care and physical health through stress reduction benefits (Grossman et al., 2004). Mind–body strategies have been found to reduce blood pressure (Palta et al., 2012), reduce cholesterol (Ornish et al., 1998), and reduce pain symptoms (Zeiden et al., 2011).

Mindfulness practices such as yoga, meditation, and Tai Chi offer the potential to support military populations (including active duty, veterans, and military families) as both an adjunct to therapy and as a preventative stress-management technique (Gray & Litz, 2005; Lombardo & Gray, 2005). Mindfulness practices may support recovery for individuals with posttraumatic stress disorder (PTSD; Bormann et al., 2008; Schiraldi, 2009; Stankovic, 2011; Vujanovic et al., 2011). Likewise, mindfulness practices may help with pain management in veterans (Groessler et al., 2008). Mindfulness practices can also help soldiers cope with predeployment stress (Stanley et al., 2011), decrease sleep disturbances (Harb et al., 2009), and support the development of soldier resilience (Rees, 2011). Mindfulness practices may also support military care providers to prevent burnout and compassion fatigue in those who provide support services to soldiers (Duerr, 2008; Welcome Home Vets, Inc., 2011). One survey of active duty military, retirees and spouses reported that 81% of respondents had used complementary and alternative medicine (CAM) strategies (including mindfulness techniques) as adjuncts to health care; most indicated that they would like CAM treatments to be available at military treatment facilities (McPherson & Schwenka, 2004).

Military populations may have unique challenges related to the use of mindfulness practices. Individuals in the military may have misconceptions of mindfulness practices and feel that mindfulness practices are contradictory with the “warrior ethos” (Cantrell & Dean, 2007; Sheppard et al., 2010; Tick, 2005). Likewise, access issues may occur for individuals stationed in remote areas. Further, mindfulness instructors may have limited experiences with a military population and minimal understanding of the unique stressors of military lifestyle (Sheppard et al., 2010).

The purposes of this article are to (a) review the benefits of mindfulness practices for a military population and (2) provide guidelines for using mindfulness practices with active duty military, veterans, and military families. While the article is primarily informed by research and information about the U.S. military forces, implications and recommendations may be relevant for other military populations; specific national and cultural contexts should be considered for non-U.S. military populations. The article will support mindfulness practitioners who want to ensure quality of service in teaching mindfulness strategies to military populations. The article will also support mental health providers and health care providers who want to understand appropriate applications of mindfulness techniques as an adjunct to mental health care for military populations and to offer strategies for identifying qualified mindfulness practitioners for referrals and collaborative work in support of the mental health care of active duty military, veterans, and military families.

Defining Military Populations

Bonura and Lovald (2015) have proposed that effective support of military members requires the development of “military cultural competency.” Practitioners should have a baseline understanding of military populations, including the unique needs, challenges, and opportunities for service to population subgroups (i.e., active duty service members, prior service members, including disabled veterans and retirees, and military family members). Military clients bring with them a unique set of experiences, insights, challenges, and skills. Each one of them has been exposed to and influenced by their branch of service, rank structure, and military operations (Sheppard et al., 2010). Developing a plan to do this effectively may present a unique challenge for a predominantly civilian health care environment (Sheppard et al., 2010).

Military Population Demographics

Only 0.5% of the American population serves in the armed forces at any given time (Eikenberry & Kennedy, 2013). According to the 2019 Bureau of Labor Statistics report, only 8% of adults in the United States are veterans. As of 2018, women are 17% of the active duty force (Kamarck, 2019). Women make up 10% of the total population of veterans (Bureau of Labor Statistics, 2019). Among adult women in the United States over the age of 18, only 2% have prior military service (Newport 2012). Twenty-four percent of adult men are veterans, but only 12% of men aged 25–34 are veterans, and only 14% of men aged 35–39 are veterans. The higher overall percentage of men with prior military status reflects the larger proportion of older men who served via the draft during prior conflicts such as World War II, Korea, and Vietnam. Among men over age 65, more than 50% have prior military service, and among men aged 85–89, 80% have prior military service. Significantly, though the veteran population as a portion of the overall U.S. population has been decreasing since 1990 (as older male veterans have died), the percentage of the veteran population who have a service-connected disability has continually increased since 1990 (U.S. Department of Veterans Affairs, 2019a). As of 2017, according to the Department of Veterans Affairs (2017a), the largest population of veterans served in the Vietnam War (more than 7 million veterans still living). However, among those veterans receiving disability compensation, there are more veterans receiving disability benefits related to the Persian Gulf Wars (including all U.S. involvement in the Middle East since 1990) than there are living veterans receiving disability compensation for all prior conflicts (U.S. Department of Veterans Affairs, 2017a).

It is helpful for health and wellness providers and individuals within health care settings who serve military populations to have some understanding of the military, in order to serve these individuals (Sheppard et al., 2010). It is also helpful to understand the differences in experience that veterans may have, based on their era and time of service, and their level of disability. Practitioners should consider that among younger veterans, regardless of disability level, experience in a combat zone is likely. A 2011 RAND report indicated that 73% of active duty Army members had deployed to either Iraq or Afghanistan (Baiocchi, 2013). While the integration of women into the combat arms (i.e., infantry and armor branches in the Army) has been occurring slowly since 2016 (Kamarck, 2019), many female service members have already and continue to deploy to combat zones in military specialties such as intelligence, foreign language, and medical. Specific statistics regarding the percentage of female service members with at least one deployment to Iraq and Afghanistan could not be identified. Research indicates that female service members may experience unique psychological stressors in response to combat zone deployments (Gibbons et al., 2012).

The Military Lived Experience

There are key components to military structure which may impact how the military individual engages. It is helpful for both leaders at the institutional level and practitioners at the individual level to understand the general military structure and consider the specific demographics and requirements of the military clients in their setting or institution. The Army, Air Force, Navy, Coast Guard, and Marines each have a unique culture and an individual affiliated with each of these branches of service will likely reflect the culture and mission of their branch of service. Furthermore, rank structure affects personal identity within the service, with different norms and standards for enlisted, noncommissioned officers (i.e., senior enlisted) and officer ranks (Bonura & Lovald, 2015; Sheppard et al., 2010).

There are differences in the lived military experience for active duty service members versus those in the reserves. Likewise, reserve service members may experience differences based on reserve status, particularly reserve service members on permanent active duty or called to active duty during war. Further, cultural differences based on military structure will affect all of those within the culture, and family members may experience and reflect those differences. The experiences of an Army spouse may be fundamentally different from the experiences of a Marine Corps spouse, just as the experiences of the spouse of an enlisted service

member will be distinct from those of an officer spouse. Family members of active versus reserve service members will likewise have unique challenges. Within the spouse population, civilian female spouses of military service members will experience different challenges than will civilian male spouses of military service members, as will service members who are married to another service member (Bonura & Lovald, 2015; Sheppard et al., 2010).

When working with military individuals, consider each person's history of military training, acquisition of reflexive skills, and history of reinforcement. These are part of military cultural norms. A service member's military occupation specialty has a set of relevant trained skills. Consider the differences in training between someone trained in information technology related to electronic warfare and those trained in hand to hand combat such as members of the infantry. There may be significant differences between training focused on computer interaction with an enemy versus learning how to interact with the enemy in hand-to-hand combat. Overarching all of the military occupation specialty trainings is the fight like you train mentality. Even in simulations, the service member is expected to be operating at 100% capacity. The trained skills become second nature and unintentional, even reflexive. A keen observation ability and focus on all external stimuli are hallmarks of these skills. The strong ability to evaluate external factors like topography and enemy positions saves lives. Situational awareness and high levels of vigilance are rewarded through successful missions but also from the command leadership. Promotions and commendations are given to those who excel in managing the external world. The extensive training, reflexive skills, and the support that comes from this external focus may be the opposite of an internal mindfulness-based focus, even if both require present moment awareness. The internal awareness of oneself required in mindfulness practices may feel counterintuitive in contrast to the basic training of a service member. Simply expressed, not paying attention to what is going on in the environment may be considered a dereliction of duty (Cantrell & Dean, 2007; Sheppard et al., 2010; Tick, 2005).

Defining a Prevalent Psychological Disorder in the Military Population

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) provides a category for Trauma and Stressor-Related Disorders. Military service members are a cross section of society and may experience any type of clinical mental disorder in their life. The prevalence of PTSD among veterans of military combat is from 30-50% (American Psychiatric Association, 2013). Diagnosis includes exposure to a traumatic event, intrusive symptoms, avoidance behaviors, negative cognitions and mood, high levels of arousal, and clinical distress in social and daily functioning. There can be a delayed expression of symptoms, even years after the trauma. The *Diagnostic and Statistical Manual of Mental Disorders* (fifth edition) explains that military service members' prognosis may be affected by environmental factors such as whether they participated in war behaviors, such as killing a combatant, or viewing others engaging in war behaviors. PTSD is associated with an increased risk of suicide. Traumatic brain injury may exist as a different diagnosis as it is a common physical injury for those experiencing combat. Neurocognitive symptoms may overlap between PTSD and traumatic brain injury, as there is a 48% likelihood of co-occurrence (American Psychiatric Association, 2013). People with PTSD have an 80% increase in other mental disorders, depression, bipolar, or anxiety (American Psychiatric Association, 2013). Military members' substance use has been estimated up to 40% (Hoge et al., 2004; Jakupcak et al., 2010).

It is also helpful to understand that all military conflicts, past and present, are an attack on the senses (Hoge et al., 2004). This may have implications for mindfulness and internal awareness training. Although not specifically exposure training, initial experiences with mindfulness training may lead to remembering conflict experiences and cause distress (Gray & Litz, 2005). Practitioners should be prepared for this before

implementing mindfulness strategies and provide the opportunity for support and debriefing (Gray & Litz, 2005; Turner et al., 2005).

When Mindfulness Works to Support Psychological Health

Research with veterans has found that those with PTSD are about 25% more likely than veterans without PTSD to use CAM treatments for stress management (Micek et al., 2007). A 2011 survey of all Veterans Administration hospitals found that 89% of Veterans Affairs (VA) facilities offered some form of CAM treatment, primarily in the treatment of stress management, anxiety disorders, PTSD, depression, and pain (Veterans Affairs Healthcare Analysis and Information Group, 2011). These statistics speak to a growing understanding that while conventional medicine is effective when dealing with acute trauma and illness, military populations need more support and care with chronic issues and conditions exacerbated by stress. To further understand this relationship, Cushing and Braun (2018) conducted a meta-analysis of the use of mind–body therapies, including yoga and mindfulness, for PTSD in veterans; across 15 included studies, results indicated that mind–body therapies offer promise for supporting veterans in managing PTSD symptoms. At present, VA does not recommend complementary strategies as a primary treatment approach for PTSD; in accordance with VA best practices, many VA facilities use complementary strategies, such as mindfulness-based training, as a complement to therapy and pharmacological interventions (U.S. Department of Veterans Affairs, 2017b).

Different approaches may be necessary for different military populations. Practitioners should consider their ability to work with the various groups, including active duty military; disabled former military or medically retired military; retired military, who may or may not have service-connected disabilities and health issues; and military spouses and children (Dekel & Monson, 2010; Lombardo & Gray, 2005; Turner et al., 2005). General considerations when working with the military are to have a basic understanding of the structure as discussed (i.e., the five primary branches of service, officer versus enlisted, active duty versus reserves), and to understand that the basic organizational and leadership structure is layered and hierarchical, from the bottom up. Even the lowest ranks, young adults who may be recently out of high school, have a great deal of responsibility and autonomy in their position (Sheppard et al., 2010).

A commonality among many treatments for PTSD and associated disorders is that they are multicomponent and are usually implemented stepwise through phases (Foa et al., 2009). Several protocols include relaxation training and may also include breathing techniques, meditation, muscle relaxation, and movement modalities such as yoga. From an experimental perspective, when multicomponent interventions do not include component analysis, it is difficult to determine which aspects are effective (Foa et al., 2009). Still, multicomponent strategies are considered to be the best approaches for PTSD and trauma-related stress (Gray & Litz, 2005; Turner et al., 2005).

There are several other treatment protocols with demonstrated potential for combat-related PTSD symptoms, for instance, cognitive processing therapy, dialectical behavior therapy, group therapies, art therapy, and psychopharmacotherapy. While these methodologies are not primarily mindfulness-based, they may include mindfulness strategies in their implementation (Foa et al., 2009).

Relaxation and Deep Breathing

Broadly classed as stress management techniques, slow, diaphragmatic breathing has been used to decrease physiological arousal and negative mood. Progressive muscle relaxation addresses physical tension (Foa et al., 2009). Both require a practice of mindfulness. Research consistently shows that mindfulness training is an effective strategy in helping people learn how to manage stress and reduce anxiety. Deep breathing is

particularly effective for reducing anxiety. Learning to control the breath is a powerful strategy, because it helps the individual learn to control energy, awareness of anxiety, and reactivity to stressors. Deep breathing also conditions the autonomic nervous system to be less reactive overall. One study found that when participants practice yoga breathing strategies for 25 minutes per day over six months, their anxiety scores dropped by 44% (Doria et al., 2015).

Best Practices for Mindfulness with a Military Population

Both authors are experienced yoga instructors and practitioners with experience teaching military populations. Collectively, the authors have gained approximately 50 years of experience as members of military families, as well as through working on military bases, and receiving extensive military support training. Best practices offered in this section reflect the authors' experiences teaching mindfulness strategies to military populations and in military settings, along with empirical evidence in the literature regarding best practices for interaction with military populations. As practitioners, it is essential to take advantage of any continuing education opportunities provided by the VA or veteran's organizations like Welcome Home Vets. These opportunities will likely offer additional information on best practices working with vets by instructors who are vets (Bonura & Fountain, 2014; Kognito, 2018).

Identifying Qualified Mindfulness Instructors

Practitioners who intend to recommend mindfulness strategies to military individuals as a supportive strategy for stress management, should first gain familiarity with mindfulness practices by trying various practices. For instance, mental health providers and health care providers may want to try meditation, yoga, MBSR, Tai Chi, and other martial arts. It may also be helpful to access academic journals publishing empirical research on mindfulness practices, including work specifically within the military setting or at the Veteran's Affairs hospitals. These articles provide a growing body of empirical evidence for the beneficial use of mindfulness strategies with military populations. It is also helpful for health care providers to establish relationships with appropriately qualified instructors in their areas. Look for a skilled, trained instructor with credentials through an appropriate, relevant credentialing organization, such as the Yoga Alliance (<https://www.yogaalliance.org/>) or the American Council on Exercise (<https://www.acefitness.org>). The individual should have a background in working with military population and understanding of unique challenges of military and be CPR certified if teaching a physical modality such as yoga, Tai Chi, or martial arts (Bonura & Fountain, 2014).

Recommendations in Practice

Military clients are adults and usually very self-reliant; even children who are military family members may have higher levels of independent activity and responsibility than children in civilian families, due to the unique constraints of military life. Practitioners should avoid providing any value-laden comments or asking questions when someone leaves early or does not follow along in the mindfulness exercise. Military members appreciate standard operating procedures and structure. Best practices include written class schedules and staying on topic. Practitioners should be on time and fully prepared. Military members are used to operations not going as planned but appreciate when they do. In military lingo a change to a previous order is called a fragmentary order. Changing class structure can be like a fragmentary order. Practitioners should provide a no-chaos zone (Bonura & Fountain, 2014).

Family influence

In working with military populations, practitioners should consider the stressors, needs, and influence of the military family members. For instance, military family members experience chronic stressors that are

different from nonmilitary populations, including frequent moves and recurrent periods of separation from the military service member. According to the 2019 Blue Star Family Survey, more than a third of military families have no one in their local area to ask for a favor, such as assistance with childcare or transportation. These practical stressors may be essential to address in any stress-management training for military family members. Mindfulness-based training groups may offer an opportunity to form community connections for military family members. Practitioners should also consider how family members may influence the service member. Military spouses who practice mindfulness-based strategies may support the military service member in using mindfulness-based strategies as stress reduction, even if the military service member is not directly receiving mindfulness-based training.

Language use

In yoga, martial arts, and other Eastern-based disciplines, use basic routines, simple verbiage, and common names for positions. For instance, in yoga, use the phrase “warrior pose” instead of the Sanskrit name virabhadrasana (Bonura & Fountain 2014; Weiler, 2013). Experienced yoga practitioners may find tools such as the Yoga Journal Pose Finder helpful in translating Sanskrit pose names to more user-friendly English-based descriptions and names (available at <https://www.yogajournal.com/pose-finder>).

Modalities

Consider different schools of yoga; some geared toward fitness yoga or gentle yoga may accommodate different student needs. For example, one derivative of hatha yoga is power yoga, a fast-paced format that includes aerobic activity. This more physically challenging yoga has found a home in many VA centers and military bases (Connected Warriors, <http://connectedwarriors.org/>). Older adult veterans within the VA hospital system may prefer adapted modalities, such as Chair-based Yoga, depending on their physical health and chronic pain.

Focus on fitness

Any reference to fitness and or physical training will make relaxation training more palatable. Consider deep breathing and progressive muscle relaxation as foundational strategies to support learning mindfulness techniques. Avoid more esoteric environmental approaches to mindfulness, for instance, do not use candles, incense, or mantras (Weiler, 2013).

Practice sensitivity to each student

Considering the hypersensitivity in some people with PTSD or general anxiety, instructors should limit hands-on corrective feedback and avoid close proximity to relaxation students. Additionally, instructors can suggest that eyes do not have to be closed for any of the activities. Keeping smaller class sizes, particularly in small classrooms, may reduce anxiety. Above all, teach to the needs of the student (Angeletti, 2016; Kognito, 2018; Weiler, 2013).

Offer military analogies

Relaxation and mindfulness strategies which are referred to in military history may support some military students in conceptualizing the practice. Effective recommendations for reading for both service members and practitioners include Sun Tzu’s (ca. 500 B.C.) *The Art of War*, Tick’s (2005) exploration of Native American warriors, and Homer’s (ca. 800 B.C.) *The Odyssey*.

Sun Tzu’s work is a mainstay in many military training schools. It is a treatise on leadership, control, intentional observation, and preparation before, during, and after conflict. Above all, the text expresses strategizing for success without battle through awareness of oneself and the environment.

Tick (2005) expounded on Native American traditions, rituals, and healing the warrior's soul. The author recounts that returning warriors have acquired strength and wisdom. The veterans are honored and returned to normalcy by connecting with elders and completing rituals.

The ancient tale of Homer's *Odyssey* is the story of a returning veteran from the Trojan Wars. The detailed account describes Odysseus having flashbacks, avoiding family, experiencing guilt for having survived, and many other characteristics of PTSD. The allegory reflects the phases of returning to normal after war and shows treatment through support by family and comrades.

Summary and Conclusions

Overall, mindfulness-based modalities, including MBSR, yoga, Tai Chi, other forms of the martial arts meditation, and breathing training, offer potential to support military personnel in managing stress as well as clinical conditions. Mental health providers, educators, and mindfulness instructors should be informed about the various conditions for which mindfulness strategies are empirically supported and understand the unique needs and constraints of military service members, military veterans, and military family members (Fletcher et al., 2017). The VA already offers mindfulness-based interventions and supports the use of mindfulness-based training with veterans, through their Whole Health for Whole Life program (U.S. Department of Veterans Affairs, 2019b). Mental health providers interested in using mindfulness-based strategies as an adjunct to care are encouraged to develop their own mindfulness-based practices to support understanding of both the benefits of and challenges inherent to mindfulness-based practices.

Limitations

Military service members are a cross-section of American society. It is important not to overgeneralize the military culture and characteristics as absolute. Military members are influenced by their premilitary experiences. Not all clinical characteristics present the same in every person. As such, to overgeneralize mindfulness as a panacea would be short-sighted. Further, recent critics are concerned with both the "McMindfulness" approach that strips mindfulness-based practices from their Buddhist context (Purser, 2019) and the potential religious complications of mindfulness for Western Christian individuals (Wong, 2018). Any discussion of mindfulness as a potential intervention must consider the cultural context and the personal needs and comfort of individual practitioners.

Future Directions

Even with the growing evidence, more research is needed on using mindfulness strategies with the military population as a possible treatment variable for PTSD, stress management, depression, and resilience training. Further, there is a need for more research with female service members. As Vietnam-era veterans are currently the largest population of veterans in the United States, research addressing the use of mindfulness as a strategy for managing pain and psychological distress among older adults may also be useful. Future research should combine both randomized controlled studies and single-case design.

Mindfulness interventions are not one size fits all. Individuals need individualized programs. Practitioners wishing to add to the body of evidence supporting mindfulness practice may implement the applied research method, single-case design (Bailey & Burch, 2002). Single-case design is empirically supported and may be a more manageable approach for practitioners, thus allowing them to collect and present experimental data from successful programming for individuals (Bailey & Burch, 2002; Müller-Engelmann et al., 2019). Although making an argument for applied single-case design is a topic for another article, it holds that practitioners already extrapolate successful intervention strategies for clinical use from published works

regardless of methodology. A review by Cushing and Braun (2018) indicated successful outcomes of mindfulness modalities from both single group and randomized research.

Randomized controlled studies of mindfulness as an intervention for specific health conditions relevant to veteran populations may be feasible for grant-funded research at the institutional level within VA health care settings and may offer further support for medical funding for mindfulness health care interventions.

Individuals in the service of the nation have unique considerations in terms of clinical conditions and treatment protocols. The goals of this article were to disseminate useful information about mindfulness practices with military populations and to support improved clinical outcomes through an understanding of military culture and needs.

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