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## Disrupting Social Order: Proposed Mechanisms to Altering Societal Perceptions on the Outcomes of Trauma in Veterans Diagnosed with PTSD

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**Disrupting Social Order: Proposed Mechanisms to Altering Societal Perceptions on the  
Outcomes of Trauma in Veterans Diagnosed with PTSD**

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Honors Capstone Project

Advised by Dr. Aaron Smith

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## Abstract

The lives of individuals are affected by the narrative created by the majority. This societal narrative is oftentimes distorted, reflecting the attitudes showcased in the media, resulting in the alienation of certain populations. Veterans diagnosed with Post-traumatic Stress Disorder (PTSD) is one such group and the focus of this activist essay. Despite the grievous sacrifices made in the name of honor, freedom, and national security, American veterans continue to wage a war closer to home as they struggle to reintegrate into society. The portrayal of war experiences in traditional media (i.e. News networks) and productions media (i.e. cinema) propagates stigmatization as it popularizes deficit-based perceptions. This popularization of deficit-based approaches becomes an expectation in the public narrative, stereotyping veterans as hostile and preventing reintegration. A key argument of this essay is to popularize Post-traumatic Growth (PTG) to normalize asset-based perceptions within the public narrative of veterans diagnosed with PTSD. Normalizing PTG to the extent that it becomes an expected outcome of trauma is the key to helping veterans reintegrate, ultimately allowing a highly skilled population to contribute to the advancement of American society.

## **Introduction**

This research is an undertaking like none I have ever done before. When I first started thinking about what I wanted to achieve with this article, I was fearful of the consequences that lacking an activist mindset would bring. Make no mistake, I am affected by many societal issues, I just never acted upon my inner thoughts, beliefs, and feelings. This article has given me a chance to evaluate what it means to be an activist and how one can publish ideas in a way that is easily accessed, understood, and has the potential to change society in a small but meaningful way. With that said, the topic of my research came from being forced to rethink the way I think about my career goals in the mental health field. Drawing upon the literature and theories I have explored over the last few months, I came to realize that society's perspective on the mental health industry is that of ignorance and bias. This perspective is detrimental to those who are diagnosed with disorders that deviate from social order. That is, people who suffer from mental disorders that have a reputation of being disruptive.

The aim of this study is to explore the preconceived notions that society has about veterans who suffer from Post-Traumatic Stress Disorder (PTSD) and to offer explanations as to why PTSD patients find difficulty in integrating back into society. In addition, I propose different ways that the mental health industry can collaborate with veterans to promote a positive outlook on the outcomes of trauma by introducing the concept of Post-traumatic Growth (PTG). The hope is, by juxtaposing and normalizing PTSD and PTG as potential outcomes of trauma, societal expectations of a veterans' behavior will adapt, thus allowing veterans to integrate back into society.

## **Setting the Stage on Perception**

Perception is a fickle thing. Coined by Helmholtz in 1867, as *unconscious inference*, perception builds the foundation upon which society understands the world. According to Barlow

(1990) perception and learning are closely related so that one cannot exist without the other. In addition, perception is a series of computations that enables society to make reliable and versatile assumptions about worldly phenomena. That is where the danger lies: in assumptions. Perception is rife with assumptions created by individual and collective experiences. The mind has a knack for filling in the blanks with information that is often biased and tainted. Despite being in a world where a plethora of information is available, ignorance runs rampant as society easily falls into the trap of relying on previous experience to fill in the gaps, consequently tainting perception. Mohatt (2014) describes this phenomenon perfectly when referring to social narratives, “Memories of past traumatic events are constructed within social...contexts, which often determines what is remembered and how it is interpreted...[disqualifying] other people’s knowledge and [limiting] what may be discussed publicly”. A perpetual popularity contest exists as discourses fall in and out of favor.

I bring up the capricious nature of public discourse and perception as it is an important factor that leads to the alienation of veterans who have been diagnosed with PTSD. Only the most accessible, widespread, and popular media have a say in the information that the public receives. The average person trusts popular discourse implicitly and labels according to limited understanding. Consequently, the symptoms experienced by people diagnosed with PTSD, “...recurring memories or nightmares, sleeplessness, loss of interest, numbness, anger, or irritability, and being constantly on guard” (Doerr, 2019), become the person, defines the person. Anyone diagnosed with PTSD is labeled as aggressive, hostile, and angry, thus, living in perpetual isolation as someone who is not functional nor accepted in society (Jakupcak et al., 2007). While these behaviors may be evident in some experiences of PTSD, it cannot account for all and should not be used to define a living, breathing person. Nevertheless, because these symptoms have been

popularized in culture and is an expected outcome of trauma, veterans are perceived as broken, unable to participate in normal activities of daily life and cannot contribute to the growth of industry and economy. This is the standard expectation, and thus, this is the mountain that veterans must climb to reach acceptance.

### **Perception as a Malleable Social Construct**

Having established the fact that ignorance breeds harmful perceptions, I now shift to a more hopeful analysis. The wonderful thing about perception is that it is malleable. That is, perception is closely linked to the interconnected relationship between perspective and learning. As a person learns and becomes accustomed to novel pieces of information, new perspectives are generated and thus perceptions can be altered. Research by Blair (2002) captures this analysis perfectly by suggesting four ways to configure malleability in automatic systems that create stereotypes and prejudice: 1) through the influence of self and social motives, 2) specific strategies catered to fostering malleability, 3) the perceiver's focus of attention, and 4) the configuration of stimulus cues (that is, how external information is organized). By using these four mechanisms, a person is able to influence internal biases and alter the way they think about social constructs. If society adopts these mechanisms as a way to influence and manipulate collective thinking, there is no telling what kinds of issues we will be able to solve and who we will be able to save in the process.

In the previous section, I claimed that society's view of veterans, who have been diagnosed with PTSD, is that of anxious expectation that often leads to veterans being outcasts and labeled as pariahs. In providing adequate help for veterans to integrate back into the activities of daily life, it is imperative that this societal perception be changed. How do we take charge of such an undertaking? The answer is theoretically simple and practically complex: By utilizing the far

reaches of the media to popularize an alternative diagnosis, and consequently treatment, to trauma experienced by veterans.

### **The Impact of the Media**

Ever since the birth of the printing press, the media has been notorious for focusing on specific angles of news coverage, with the intent to paint a story in a specific light. With the dawn of the technological era, this manipulation has increased tenfold, to the detriment and exploitation of the public, and specifically to those who stand as a contradiction to social order.

Each region in the world subscribes to specific beliefs, viewpoints, and values, each of which is exacerbated by the monopoly of certain forms of media. Consequently, the portrayal of PTSD to the wider public is tainted with hidden agendas aimed at creating profit and/or advocating for a specific dogma. A seemingly harmless example of this comes from the research conducted by Armstrong & Olatunji (2009) who traced the coverage of PTSD in the media since 1988 and found that “mainstream media outlets in the United States have focused...on the issue of sensitivity [regarding PTSD patients]”. Seemingly harmless, this kind of coverage promotes a narrative that disables veterans and cautions the public to be extra sensitive in their presence, promoting the idea of “walking on eggshells” or that “a bomb will go off”. In addition, a headline in *Time* magazine exclaims “The Hidden Scars of Battle” and another on *CBS news* states “New Cases of PTSD Soar Among Soldiers”, as if society is in the middle of a PTSD pandemic (Armstrong, 2009). A climate of anxious anticipation festers where veterans are seen as vessels of violent behavior. In addition to news coverage, Hollywood has used the complex nature of PTSD in movies since the time news agencies were covering it. A simple search of “PTSD in movies” brings up a plethora of romanticized renditions and interpretations. Movies such as *Shutter Island* and *Forest Gump* have

provided simple, digestible portrayals that have become a part of pop culture and is the expected experience for all veterans. In society's eye, veterans are defined by their diagnoses and are expected to behave accordingly in the dysfunctional, aggressive, and hostile manner that often accompanies veterans in pop culture.

This is how PTSD has been popularized and romanticized. This is how, according to Kirmayer (2014), you make something a part of historical knowledge- by promoting it with a series of news events, publications, and media productions. And this is exactly what society needs to do with the alternative diagnoses I mentioned in the previous paragraph.

### **Exploring Asset-Based Perception**

I have spent the last few sections alluding to an alternative outcome that veterans experience, and I finally take the time to explore this. The outcome I am referring to is known as Post-traumatic Growth (PTG). Before I specifically start exploring the definition, experience, and benefits of normalizing PTG, I need to create a precedent for an asset-based perception of veterans as this is the foundation of PTG.

The term "asset-based perceptions" comes from Khasnabis & Goldin (2020) article on Trauma as a systemic problem and is defined as "describing a child/family/community by either explicitly or implicitly emphasizing their strength, assets, competencies, capabilities and/or potential". This term stands in stark contrast to the deficit-based perception, defined as "describing child/family/community by...emphasizing their challenges, limitations, constraints, and/or pathologies", that society has regarding veterans (Khasnabis & Goldin, 2020).

Viewing individuals who have been diagnosed with PTSD from an asset-based perspective enables society to focus on the positive outcomes of trauma, and thus, draws attention to the competencies



that veterans hold and not the negative symptoms. To be clear, an asset-based perspective does not demean, reduce, or distract from the negative experiences that come from trauma, but instead advocates for a parallelism: negative and positive experiences exist together in a sort of comorbidity.

As I argued in previous paragraphs, negative outcomes of trauma have been normalized through extensive media exposure, and it is time to shed some light on positive outcomes so a certain kind of equilibrium can be reached. For veterans to be accepted as human beings with quality minds, society needs to expect negative outcomes along with positive outcomes that enable them to contribute to society in a meaningful and effective way. Thus, I propose a kind of affirmative action on popularizing positive outcomes of trauma from an asset-based approach. I explore this proposition in the next few sections by taking a closer look at the benefits of Post-traumatic Growth on an individual and societal level.

### **Post-traumatic Growth**

Post-traumatic Growth as defined by Tedeschi (1999) as the process by which individuals experience personal growth, in many facets of life, as a result of having to cope with trauma. These individuals create a personal narrative that gives meaning to their trauma. Individuals often report experiencing positive changes in their outlook on life, higher creative aspirations, more intimate connections with people and an increased sense of resilience. Mohatt (2014) provides an excellent example of this: “one may see benefit in becoming more self-reliant after the death of a parent so as to result in a positive reinterpretation of the event’s aftermath, despite the pain caused by the loss. In contrast to contamination narratives, redemption and cognitive transformation narratives are positively associated with well-being and resilience”. The operative term being “positive

cognitive transformation”. Think about this claim. This definition is explicitly contrasted with societal expectations regarding the negative outcomes that individuals experience after trauma and utilizes the asset-based approach I discussed in the previous section.

Regarding the prevalence of PTG in veterans, an important study by Hawker & Nino (2017) found five key predictors of PTG in war veterans (that is, factors that indicate a likelihood of experiencing PTG after war)- remaining connected to other veterans, connecting and feeling supported by loved ones, working with therapists, time, and developmental reading. In addition to these predictors, of the ten Iraq and Afghanistan war veterans who were interviewed and experienced high levels of PTG, only seven reported experiencing PTSD. This fact creates a strong precedent for the prevalence of PTG in veterans. This claim is supported by Dr. Wu’s podcast on the *Misconceptions of PTSD* in veterans. According to a study mentioned in her podcast, it is a misconception that all veterans who go to war come back psychologically damaged. Instead, 95% of veterans reported that their time on duty helped them mature, taught them collaboration, and helped build confidence in themselves.

### **Post-traumatic Growth Outcomes as an Expectation**

Now that a solid definition of PTG has been established, this next section will be dedicated to proposing three different ways in which society should use positive outcomes of trauma to change the perception of veterans.

The first way comes from popularizing Post-traumatic Growth in the same way that Post-traumatic Stress has been popularized. Suggestions include producing movies, books, and TV shows with characters that experience Post-traumatic Growth and storylines as well as themes that people can look to in reference. Through this kind of exposure, PTG will become a part of the

public narrative and will eventually become an expected outcome of trauma, just like PTSD. Make it accessible to the public, even to the extent to which it is romanticized. This is where the concept of affirmative action comes into play. Much like business, law and medical industries are doing to promote female participation in the workforce and thus are intentionally hiring females as a way to breach the gender gap, so too can society ensure the promotion of PTG.

The second suggestion addresses the need for education. Most people go through their whole lives without even hearing about Post-traumatic Growth, and for those who do know about it are unwilling to accept the validity of it because of the lack of education on the subject. The idea that the mind of an individual has the power to turn a negative experience into a positive outcome seems incomprehensible. To remedy this, introduce Post-traumatic Growth as a topic taught in schools. Teach it alongside Post-traumatic Stress to emphasize the importance of knowing both. Through educating the youth of today and the adults of tomorrow, society may be able to slowly change its perspective to that of positive, asset-based perception instead of negative, deficit-based perception.

Finally, a plethora of accessible research exists on Post-traumatic Stress and only a handful on Post-traumatic Growth. Scientific, clinical, social, and individual research on PTSD has been conducted since WWII and has grown into one of the most well-known diagnoses in psychology. Why not do the same with PTG? Conducting more research on PTG may result in its establishment as a legitimate outcome of trauma in the eyes of the public. Once you legitimize PTG, there is no telling how the collective perception on veterans may change.

### **Additional Research and Potential Critiques**

What I have proposed in this article is not without potential nor limits. Therefore, it is important to explore both when considering how one can improve upon the research discussed in this article.

The first critique I want to unpack involves the problem regarding generalizability, assumptions and the applicability of the research discussed in this article. All research discussed in this article draws upon the experience of white male veterans, and thus, my own research directly applies to this demographic. This creates an issue when assuming that all demographics of veterans are perceived in the same way by society and experience outcomes of trauma in the similar manner discussed in this paper. Matsui & Taku (2016) discuss this regarding the diverse experiences of PTG evident in patients with many different ethnic backgrounds and identities. They caution healthcare workers about drawing assumptions based on general research, urge the intentionality of creating individual treatment plans based on diversity and claim that everyone experiences PTG in a unique way. My analysis and evaluation of the research may be applied to other demographics, but it is important to note that generalizations and assumptions can be harmful and reductionist. Therefore, it is important to acknowledge where this research is coming from and who it can be explicitly and implicitly applied to.

The second critique involves the asset-based and deficit-based approaches I discussed in previous sections. I acknowledge that some thought processes may argue that taking away attention from deficits may result in “sugar-coating” and or minimizing the negative outcomes of trauma. This view may argue that, overtime, the opposite effect may occur where only positive, asset-based outcomes are expected, and thus, minimize the negative, deficit experiences of trauma.

I completely acknowledge this as a potential consequence that needs to be actively managed and examined.

Regarding further exploration of the topic, I propose a few different avenues of research that will address the critiques mentioned above. Regarding the first critique, I propose that additional research expand upon the relationship between PTG outcomes and individuals from diverse backgrounds. In addition, research should be conducted on how society perceives veterans who do not identify as male and/or white. This will provide substantive indications for how to possibly alter societies perceptions on these demographics. Looking at the second critique, it is important to conduct and publish research exploring the benefits and drawbacks of an asset-based approach. Giving an objective view is essential in trying to convince anyone to evaluate their own thought processes. It would also be useful to create a set protocol that draws attention to both PTG and PTSD. Making this available to the public, training healthcare workers in the intricacies of this protocol and encouraging them to be cognizant of both may prevent the dominance of one over the other.

### **A Lasting Impact**

By accepting the fundamental fact that perception is a malleable social construct and through the acknowledgment of Post-traumatic Growth as a reliable and legitimate outcome for veterans along with PTSD, the process of integrating veterans back into daily life is an attainable goal. In theory, I am arguing for a very practical way to address the issues of veterans being misunderstood and homeless: address societal perception, change societal perception, consequently reintegrate veterans into society. Yet, it is a task that seems daunting, to say the least. In reality, this will be a long process spanning generations; individuals from different

disciplines collaborating, essentially re-creating the societal narrative. It is not an easy fix. It is not a short-term fix. Society is losing valuable power, skill, and intelligence because of its skewed perception and comfort in its own view of the world and the people in it. By integrating veterans back into the community, society will gain much in the way of contribution to economic growth and prosperity. The key to all of this comes from societal values and the power of collective effort and group mobility. At the end of the day, it's a choice, a choice that must be actively made about how comfortable we all are in the current social order. And how willing we are to disrupt it.

**Effects of Public Perception on Veteran's Reintegration into Society**

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Dr. Alex Czopp

June 9<sup>th</sup>, 2021

### **Abstract**

A growing body of research explores the diagnosis of Post-traumatic Stress Disorder in veterans and the portrayal of PTSD in traditional news and production media as a contributing influence on the reintegration of veterans into civilian life. This study aims to understand the relationship between the diagnosis and portrayal of PTSD in traditional media and this relationship's effects on veteran's ability to reintegrate into society. Posttraumatic Growth is suggested to mitigate the effects of the media and a PTSD diagnosis. Participants were randomly assigned to a set of descriptors to gauge the influence of negative and positive statements and a PTSD and PTG diagnosis on evaluations of Hire-ability and Attitude regarding veterans. After conducting a two-by-two univariate analysis of variance, the results suggest that a negative description of veterans combined with a PTSD and PTG diagnosis results in a more favorable attitude regarding veterans, contrasted with a PTSD-only diagnosis. The results of this study encourage the widespread popularization of PTG to introduce asset-based thinking into public discourse. This in turn, may enable a smoother reintegration process for veterans suffering from PTSD.



## Introduction

Veterans who return from war face barriers that prevent their reintegration into civilian life. These barriers create a “civil-military cultural gap” that separates veterans from civilians as two distinct cultural groups are formed (Demers, 2011). A veteran’s identity is infused with a collectivist mentality that stands in direct opposition to the individualistic nature of Western civilian life. Military regimes promote self-sacrifice, obedience, and creation of bonds “that transcends all others” ultimately creating individuals capable of turning off their emotions and “depersonalizing the act of killing ‘the other’” (Demers, 2011). Consequently, this cultural divide prevents civilians from truly understanding the struggles veterans face, resulting in the general lack of understanding of veterans and their efforts, ultimately preventing their reintegration (Demers, 2011).

In addition to this cultural divide, the romanticization and popularization of Post-traumatic Stress Disorder (PTSD) exacerbates the biases and negative attitudes that people have regarding veterans. These deleterious perceptions develop due to overexposure and inaccurate portrayals of PTSD in traditional news media and production media, such as movies. Armstrong and Olatunji (2009) followed news coverage of PTSD over the span of 4 different wars. The researchers found an increase in news media coverage of PTSD at the end of the Iraq war in 2007, bringing a national awareness to the public. This national awareness was wrought with negative assumptions based on the media’s misuse of complex, nuanced psychological theory regarding PTSD. In addition, Vassar et al. (2020) evaluated the depiction of PTSD symptoms in war movies, in accordance with the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. According to the research, across 42 movies, 84% portrayed veterans as experiencing intrusive and negative symptoms of PTSD, creating a monopoly on the potential behaviors that veterans could experience

and skewing the public's perception about the mental health of veterans. Skewing the public's perception creates an automatic expectation that all veterans diagnosed with PTSD behave similarly to the ones shown in the media. Stereotyping in this way, where the public gains a bias, propagates negative societal attitudes.

The introduction of a positive, asset-based approach to the diagnoses and treatment of veterans is suggested as a potential mechanism to mitigate the formation of negative biases. Tedeschi (1999) explores one such phenomenon, Post-traumatic Growth (PTG), wherein survivors of violence learn to cope with their trauma in a positive way. Survivors of violence who experience PTG often report high levels of creativity and personal growth as well as positive changes in identity, philosophy, and goals. Veterans who experience PTG are able to revise their schemas about themselves, others and the future, resulting in positive meaning-making, enabling them to move through the reintegration process more smoothly than those without the development of PTG (Tedeschi, 1999).

Based on the research discussed, this study aims to understand the influence that the diagnosis of PTSD and PTG have on the reintegration of veterans into society. Participants will be randomly assigned to read positive or negative statements regarding veterans, followed by reading descriptors about a veteran that has been diagnosed with PTSD-only or a veteran that has been diagnosed with PTSD and PTG.

Diagnosis and statement type will interact in such a way that the effect of Diagnosis Type on Hire-ability and Attitude evaluations will differ based on Statement Type. Specifically, when assigned to the negative statement type, the PTSD and PTG diagnosis will increase the evaluations of Hire-ability and Attitude regarding veterans compared to the PTSD only diagnosis. When assigned to the positive statement type, the PTSD and PTG diagnosis will have a much larger

positive effect on the evaluations of Hire-ability and Attitude regarding veterans compared to the PTSD only diagnosis.

## **Method**

### **Participants**

For this survey-based study, the SONA research system at Western Washington University was used to recruit psychology students in exchange for class credit. Of the 61 participants, aged 18-39, 60.7% were white and 54.1% were female.

### **Procedure and Material**

Participants were randomly assigned to read general negative or positive statements regarding the experiences of veterans after experiencing trauma. Negative statements included veteran's hostile and aggressive behavioral tendencies and inability to integrate back into society (*Many veterans diagnosed with Post-traumatic Stress Disorder (PTSD) report increased insistences of feeling and acting angry, aggressive, and hostile, making it hard to connect with others and to lead a normal life after experiencing trauma*). Positive statements included symptoms of Posttraumatic Growth and ability to integrate back into society (*Veterans find meaning in their traumatic experiences, allowing them to cope in positive ways that often result in an increased sense of personal strength*).

Participants were then randomly assigned to read about a veteran diagnosed with Post-traumatic Stress Disorder only or a veteran diagnosed with Post-traumatic Stress Disorder and Post-traumatic Growth. Participants assigned to the PTSD-only condition read about a veteran suffering from severe hallucinations and nightmares as well as inability to cope with trauma in a positive way by consuming alcohol as a coping mechanism. Participants assigned to the PTSD and PTG condition read about a veteran who experienced the same symptoms of PTSD but with

added positive coping mechanisms such as attending Alcohol's Anonymous meetings and ability to reintegrate into society more effectively by working at the local Veteran's Hospital.

Participants used a Likert scale where a score of 1 corresponded to Strongly Disagree and a score of 7 corresponded to Strongly Agree to evaluate their likelihood of hiring their assigned veteran (*I would be comfortable working with Lieutenant Cross, Lieutenant cross would bring good ideas and experiences to the group, I would not want to hire Lieutenant Cross*) with a Cronbach's alpha of 0.77. Negatively worded items were included to ensure participant awareness of questions and were reverse scored appropriately.

In addition to an evaluation of Hire-ability, participants used the same scale (1=Strongly Disagree and 7= Strongly Agree) to evaluate their general Attitudes regarding their assigned veteran (*Lieutenant Cross is a fully functioning member of society, Lieutenant Cross is processing his trauma in a positive way, Lieutenant Cross is not emotionally and mentally stable to interact with people*) with an alpha of 0.80. Negatively worded items were included to ensure participant awareness of questions and were reverse scored appropriately.

## **Results**

### *Willingness to Hire Veteran*

A 2 (Veteran diagnosis: PTSD and PTG or PTSD only) x 2 (Veteran statement: Positive or Negative) univariate analysis of variance (ANOVA) on participants' willingness to hire their assigned veteran. The main effect of Veteran Diagnosis was not statistically significant,  $F(1, 55) = 3.48, p = .068, \eta_p^2 = 0.06$ . Participants did not differ in their evaluations of veteran hire-ability when assigned to PTSD and PTG diagnosis ( $M = 4.6$ ) or the PTSD-only diagnosis ( $M = 4.0$ ). In addition, the main effect of the Veteran Statement was also not statistically

significant,  $F(1, 55)=0.01, p=.946, \eta_p^2=.00$ . Participants did not differ in their evaluations of hire-ability when assigned to the positive statement ( $M=4.3$ ) or the negative statement ( $M=4.3$ ).

The interaction between Veteran Diagnosis and Veteran Statement was not statistically significant  $F(1, 55)= 1.84, p= .181, \eta_p^2=0.032$ . Since the interaction was not statistically significant, no simple effects tests were conducted.

These findings do not provide support for the hypothesis that the effect of Diagnosis Type would differ when assigned to a positive or negative statement. Although diagnosis type increased hire-ability of veteran, this effect occurred for all veterans and did not differ based on statement types.

#### *General Attitude Towards Veteran*

A 2 (Veteran diagnosis: PTSD and PTG or PTSD only) x 2 (Veteran statement: Positive or Negative) univariate analysis of variance (ANOVA) on participants' general attitude towards their assigned veteran. The main effect of Veteran Diagnosis was statistically significant,  $F(1, 55)= 8.20, p= .006, \eta_p^2=0.13$ . Participants evaluated the PTSD and PTG diagnosed veteran ( $M=4.5$ ) more favorably than the PTSD-only diagnosed veteran ( $M=3.7$ ). In contrast, the main effect of the Veteran Statement was not statistically significant,  $F(1, 55)=0.01, p=.926, \eta_p^2=.00$ . Participants did not differ in their evaluations of general attitude when assigned to the positive statement ( $M=4.0$ ) or the negative statement ( $M=4.1$ ).

The interaction between Veteran Diagnosis and Veteran Statement was statistically significant  $F(1, 55)= 7.05, p= .010, \eta_p^2=0.11$ . Simple effects test indicates that, when participants read a negative statement, the PTSD and PTG diagnosis ( $M=4.8$ ) was evaluated more favorably than the PTSD-only diagnosis ( $M=3.3$ ). In contrast, when participants read a positive statement, there was no effect of Veteran Diagnosis,  $F(1, 55)=0.02, p= .882,$

$n_p^2=0.00$ . The PTSD-only diagnosis ( $M=4.0$ ) was not evaluated any differently than the PTSD and PTG diagnosis ( $M=4.1$ ).

These findings provide partial support for the hypothesis that the effect of Diagnosis Type would differ when assigned to a positive or negative statement. Although the PTSD and PTG diagnosis increased participants general attitude when assigned to a negative statement, there was no effect when assigned to a positive statement.

### **Discussion**

The purpose of this study was to explore the implications that societal biases have on veterans diagnosed with PTSD- only and veterans diagnosed with PTSD and PTG. In other words, through priming participants with negative and positive statements regarding veterans, this study hoped to understand the relationship between veteran diagnoses and skewed societal perceptions. Specifically,

The results suggest that positive and negative biases alone do not influence public perceptions of veterans. However, the relationship between negative biases and veteran diagnosis do influence public perceptions to the extent that a negative bias and diagnosis of PTSD-only as well as PTSD and PTG dramatically alters participant perception. These findings align with the initial hypothesis that the negative statement type and a PTSD-only diagnosis would be evaluated less favorably, suggesting that negative priming and PTSD diagnosis propagates negative bias within individuals. Furthermore, the results indicate that when participants were negatively primed, their attitude towards their assigned veteran positively increased when diagnosed with PTSD and PTG, suggesting Post-traumatic Growth as a catalyst for change in individual perception of veterans. Contrary to the hypothesis that positive statements would lead to positive influences in participant attitudes regarding veterans diagnosed

with PTSD-only or PTSD and PTG, the present results suggest no such effect. This could be due to positive framing having less of an impact on participant decision making than negative framing. Mittal and Ross (1998) postulated that individuals in a positive mood are “smarter” at processing information than those in a negative mood. Participants randomly assigned to the positive statement were potentially less influenced than those assigned to the negative statement. In addition, demand characteristics may have influenced participants who were assigned to the positive statement and PTSD-only conditions. Participants assigned to the positive statement potentially assumed that there was implied PTG in the PTSD-only condition, causing them to, incorrectly, surmise that the study was about PTG, resulting in less of an influence where the positive conditions were concerned.

No substantial conclusions could be made regarding the influence that statement type and veteran diagnosis have on veteran Hire-ability, and as such, is a limitation to this research. This could be due to the incorrect measurement of the construct of willingness to hire veteran. An example of this comes from items such as *Lieutenant Cross would work well with a group* and *I would be comfortable working with Lieutenant Cross*. These questions do not indicate participant’s willingness to hire their assigned veteran, rather indicates their willingness to work with their assigned veteran. As such, no definitive conclusions could be made. In addition to the Hire-ability construct as a limitation, participants read about heterosexual men. This is a limitation to the study as the results cannot be directly applied to the post-trauma experiences of veterans who identify with other demographics. To address these limitations, future research suggestions include evaluating the hire-ability measure so that it reflects the intended construct. Examples of measures include *Lieutenant Cross is a strong candidate for work, I am willing to hire Lieutenant Cross* and *Lieutenant Cross’s adverse experience do not affect my willingness to*

*hire him.* In addition, future research must include conditions where participants are randomly assigned to a veteran described with diverse identities and backgrounds.

Despite these limitations, the present study has enhanced our understanding of the relationship between societal perception and veteran diagnosis and can be applied to the influence that the media has on public perception of veterans diagnosed with PTSD. The results are consistent with Vassar et al.'s (2020) work on evaluating portrayals of PTSD in popular war movies, which suggested that inaccurate and negative portrayals of PTSD propagate harsh stigmatization, which, in turn, can lead to a detrimental change in public attitude towards veterans who are re-entering society. The media plays a large role in influencing public implicit bias; provoking PTSD prevalence controversy fueled by misguided information (Armstrong & Olatunji, 2009). The hope is to influence public discourse regarding veterans and their diagnosis and to potentially increase awareness of positive outcomes of trauma, such as PTG. This study has illustrated the positive influence that a diagnosis of PTG can have on the perception of veterans. This research provides opportunities for organizations to implement an asset-based approach to veteran treatment as well as acts as a catalyst for change within media coverage of PTSD and the popularization of PTG as a way to mitigate negative perceptions. These applications could potentially lead to a more open-minded and compassionate society, ultimately resulting in more successful reintegration of veterans into society.



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