

This chapter proposes warrior identity problem (WIP) as a new diagnostic category and subcategory of identity problem. Identity problem occurs in late adolescence due to interference in identity development and an absence of character synthesis. WIP appears to develop as a solution to identity problem in some individuals. Because I have observed WIP only in combat veterans of military service, my main focus will be on WIP in relation to the military. The extent to which this condition occurs among the nonmilitary is uncertain, but it seems likely that it may be found in other populations of young adults.

### LITERATURE REVIEW

Erikson (1959) posited identity formation as a lifelong, evolving configuration consisting of the integration of personal traits, assets, experiences, identifications, defenses, and “consistent roles” (p. 116). Identity problem is a diagnostic category listed in the American Psychiatric Association’s *Diagnostic and Statistical Manual (DSM)*. According to *DSM-IV* (APA, 1994) identity problem is to be used “when the focus of clinical attention is uncertainty about multiple issues relating to identity, such as long-term goals, career choice, friendship patterns, sexual orientation and behavior, moral values, and group loyalties” (p. 685). *DSM-III* recognized identity disorder, and the change from a disorder to a problem represented a shift in the way of thinking about this condition. (I have more to say about this later.)

#### *Late Adolescent Development*

Some attention to late adolescence may offer an understanding of the developmental background for identity problem and WIP. The

attainment of formal operations in some adolescents allows them to think and plan in a new trial-action, less limited fashion than in the preceding stage of concrete operations. However, formal operations is present in only 20% to 35% of late adolescents (Dulit, 1972).

During adolescent development, a second individuation occurs, which implies that individuals cease to attribute their difficulties to parents or others and begin to assume responsibility for their own actions (Blos, 1968). The reorganization stage of the normal adolescent mourning process is going on simultaneously in late adolescence. This involves wishes to be free of parental and other authorities' restrictions, testing one's omnipotentiality, achieving a sense of fidelity and commitment to self and object choice, and the need to explore and manage reactions in relation to same and opposite-sex individuals, while still adjusting to object loss, and with a less-fluid superego (Sugar, 1968).

According to Blos (1968), the end of adolescence requires personality consolidation, which involves character formation and the resolution of four developmental preconditions. These preconditions are the second individuation process, dealing with the residual trauma of childhood, developing ego continuity, and establishing a sexual identity.

The late adolescent has tasks to complete before adulthood begins. These are consolidation, separating from parents, identity formation, achieving genital primacy and a sexual identity, and developing a time perspective (Buhler, 1968; Neugarten, 1969); making a commitment to a life goal and development of intimacy and friendships (Erikson, 1959, p. 122–132); and the further development and harmonizing of the ego, superego, and ego ideal. Issues from previous developmental stages need to be reworked, refined, and harmonized. Identity formation is the major psychological development in late adolescence and involves a sense of self and competence that harmonizes, and has continuity, with the community and culture.

### *Identity Foreclosure in the Military*

In an earlier publication (Sugar, 2003), I described the modal late adolescent in the military; and a review of this description may help to explain the salience of adolescent identity issues for some youth in the military. An enlistee is likely to have an average (or lower) IQ, concrete thinking, few coping skills, an incomplete education, few (or absent) goals for the future, and often a foreclosed identity. Such

adolescents usually have not attained intimacy; a time perspective; or a sense of identity or harmony between ego, superego, and id. Neither have they achieved consolidation of personality or character or a sense of independence or autonomy. They have increased dependency, decreased learning opportunities, and little capacity for self-observation. In addition, they have had little or no opportunity to try out different ego ideals.

Many enlistees are told, "The army will make a man out of you." In other words, an identity will be given them, and a foreclosed one at that, by the army. A song among enlisted troops is, "Kiss me good night, sergeant-major. Tuck me in my little bed . . ." It expresses hostile dependency wishes to authority, with the sergeant in the maternal role and the platoon or company commanding officer in the paternal role. The platoon (or company) becomes a substitute family, with the authority figures in the parental role and the other platoon members as brother warriors.

A study by Gray and Steinberg (1999) found that families with excessive psychological control seem to stifle autonomy in their youngsters. This decreases their ability for self-reliant decision making and may lead to problems in moral reasoning. If the military is viewed as a substitute family with excessive control of the adolescent, then it seems to follow that autonomous and individual superego functioning by youth are largely curtailed because they are controlled by the military. The adolescents' options for autonomy are sealed, or very limited, because of the structure and strictures of the military life. The military teaches them to become warriors.

Although the authoritarian and rigid military structure stifles most independent, autonomous functioning, it provides a very exaggerated phallic cult for a foreclosed identity, that of a warrior. For most youth who have a two- or three-year enlistment, this is a temporary identity and may even serve as a moratorium without impeding later normative identity development. If they remain in the military permanently, the identity of warrior is appropriate for that endeavor.

### *Delineation of Warrior Identity Problem*

Erikson (1959) felt that acute identity diffusion occurred in some youth during late adolescence after exposure to "a combination of experiences which demand simultaneous commitment" (p. 123) to physical inti-

macy, decisive occupational choice, energetic competition, and psychosocial definition. These youth also have identity diffusion, disturbed time perspective, intimacy problems, and industry diffusion.

Erikson (1959) noted that such conflicts are sometimes expressed subtly by choosing a negative identity, that is, an identity that rejects the roles and ideals offered by one's family or immediate community. The negative identity provides the young person with his own individual corner, that is, some semblance of autonomy to counter the excessive ideals demanded by "morbidly ambitious parents or seemingly already realized actually superior ones" (pp. 131–132). Such an identity is based on the most undesirable, or dangerous, roles, or identifications. Conceivably, this may be due to unconscious rebellion against parents; but the negative identity also offers a slightly more organized, cohesive, and thus more real, identity than the aimless, unfocused identity the youth have had with just identity problem. It is my hypothesis that WIP develops on the foundation of identity problem and a negative identity.

The effort to learn about the childhood and adolescence of veterans with WIP is difficult; data based on recollections are cloudy and idealized because they are retrospective and often obtained after a lengthy chronological gap. Despite the problems with much of these data, we should not conclude that nothing can be known about the pathogenesis of identity problem and negative identity, or that these conditions appear in late adolescence *sui generis* without any forebears. Further research may enlighten us about this area, but in the meantime, clinical observation will have to serve as the basis of our knowledge.

When late adolescents with identity problem and negative identity enter the military, whether in an effort to find themselves or by drifting, they may appear to fit in suitably if they go along and comply. The military may provide a stabilizing focus for them via the regimentation and accountability involved in becoming a warrior.

For those with identity problem and negative identity who develop WIP, the military provides a resolution for their identity problem, because it gives them organization, purpose, increased self-esteem, and a sense of competence and value to the military and the community at large in pursuit of their goal of being warriors. On the surface and for a period of time, they seem to be dutiful soldiers. However, they do not fit the pattern of the good soldier for very long, and soon they begin to disobey. Frequently, they have major disciplinary problems, and foment strife against military authority. These troublesome behav-

iors are due to their negative identity and wish to have some sense of autonomy (Erikson, 1959).

Soldiers with WIP have no close buddies due to manipulation or exploitation of their comrades, after which the relationship usually ends. A similar pattern occurs in their relationships with women. Their reckless, warriorlike behavior endangers themselves and their comrades and frequently includes substance abuse. Although some may appear to be suitable for promotion, if they advance in rank, they often lose their stripes.

Thus, WIP is a condition seen in males who enter the military with incomplete adolescent development. It is characterized by a distinctive pattern of behavior, together with a history of identity problems and a negative identity.

WIP seems to be a further developmental pathway for identity problem and is a solution to the aimlessness that is part of identity problem. This solution is helpful for a time, until it is obvious that it is not sociosyntonic with the military, because the pathological behavior interferes with military duty, lasting goals, fidelity, commitment, morals, and relationships. WIP has special significance for adolescent and military psychiatry because most military personnel are late adolescents.

### *Differentiation Between WIP and the Identity of the Good Warrior*

A good warrior is highly esteemed in the military, and this is sociosyntonic and ego-syntonic. In contrast to a soldier with WIP, the warrior is a good, dutiful soldier, although the warrior identity can also occur outside the military. For example, it is part of the regional identity of the Southern Highlands in the United States, where it is ego- and sociosyntonic with the regional culture (Sugar, 2002). But the warrior identity does not have the pathological aspects of WIP such as identity diffusion, or the absence of a coherent and acceptable sense of self. In fact, the warrior identity is an organized identity that is well accepted in that region. Although some of the values and goals in the Southern Highlands region differ from those in some other regions of the United States, they are valued and accepted there, and warrior identity is a part of it (Sugar, 2002). Nevertheless, WIP may occur in that region as well as anywhere else.

*Denial of Past and Present*

Some cases of WIP involve a denial of the past and present identity, which are replaced by a fabricated new warrior identity. For example, following the Vietnam War, a number of applicants for veterans' benefits at Veterans Administration (VA) hospitals endorsed combat PTSD symptoms, but there were no confirmations of combat duty in official military records. Later, some of them admitted fabricating combat duty: some had never been in the combat theatre, and others were never outside the United States. They confabulated to establish a past as heroic warriors. It is likely that they also aimed for pensions or other VA benefits, although this could not be determined. Cases of confabulated identity are not rare; Erikson (1959) described a high school girl from the Midwest who confabulated a childhood in Scotland. The following is an example of such a "wannabe" with WIP.

*Case 1*

When this veteran applied for help in the PTSD program, he endorsed almost all symptoms for combat-related PTSD and gave a vivid history of heroic behavior during his military service. This was so outstanding and convincing an anamnesis that all personnel viewed him as such a true hero that he should be eligible for the Congressional Medal of Honor. He was bright and articulate, but it seemed that his symptoms kept him from functioning well in a job or establishing a stable relationship or family.

Over a number of months after he entered the program, he added confusing data and contradictions, especially when challenged by the other patients. When his military records arrived without documentation of his heroic claims, service in the units he listed, or combat duty, he was removed from the PTSD program. This led him to complain about unfairness and poor military records and to make threats of political repercussions for the VA's failure to acknowledge his heroic duty and the mistreatment of a veteran.

Eventually, he admitted vaguely to fabrication of details of his story. However, he tried to revive his claims with each new mental health professional. Because he did not remain in therapy for very long with any therapist due to absenteeism for long periods, he made no progress.

His avoidance obscured learning about his early years and family history or understanding the dynamics of his behavior. This interfered with attempts to help him.

*Negative Identity and WIP*

In Crumley's 1987 novel, *One to Count Cadence*, the character, Pvt. Morning, appears to have had an identity problem in college that led to his expulsion and unfulfilled educational and vocational goals. He had problems with intimacy, morals, friendships, and competition, as well as with diffusion of industry. His parents were well-educated, straight-laced high achievers. Although the character seems to be very bright, it is possible that he felt he could not emulate his parents or their achievements, or fulfill their demands. Therefore, as a civilian, he developed a negative identity along with his identity problem.

After leaving college, the Pvt. Morning character lost contact with his parents and had no close friends. Without any goals for the future, he drifted into the peacetime U.S. Army. There, he disrupted life for himself and those around him with repeated breaches of regulations and dangerous behavior. After courageous combat against rebels in the Philippines, he deserted the U.S. Army to join the rebels' fight against the Philippine government. It is evident that he had multiple unsettled identity issues about long-term goals and career choice, as well as problems with friendships, moral values, and group loyalties. He had developed WIP while in the military and continued to manifest signs of this condition.

Krummel, another character in the Crumley (1987) novel, also has difficulties suggestive of identity problems. Although Krummel received an M.A. in literature, he floundered vocationally. His brief but unsuccessful marriage ended in divorce, with no children. He never sought a teaching position but only drifted until he joined the U.S. Army. Although educated and endowed with superior intelligence and leadership ability, this character never applied for officer candidate school. He had no long-term goals, close friendships, or commitments to anyone, including his family of origin.

As a sergeant and squad leader in a communications unit, Krummel performed well for a short time. He soon became aware of Pvt. Morning (a member of his squad) and his problems, but he protected him and

even took unnecessary risks for him. Then he realized that they were both the same.

Eventually, becoming increasingly aware of his family history and his own identity, Krummel proudly labeled himself a warrior from a family of warriors (confusing WIP with warrior identity). The following passage, in which this character describes his awareness of what being a warrior meant to him, depicts the features of what I have defined as WIP.

I am the eldest son of generations of oldest sons, the final moment of a proud descent of professional killers, warriors, men of strength whose only concern with virtue lay in personal honor.

But I still misunderstood a bit that day, I still confused being a soldier with being a warrior. That small, mean part of me which had wanted to care about rank and security and privilege was dying, and with the death of order began the birth of something in me monstrous, ah, but so beautiful. My heritage called, and though it would be many long moons before I answered, the song had burst my cold, ordered heart and I hated in the ringing sweep of the sun, and I lived [Crumley, 1987, p. 92].

With this epiphany, the Krummel character now had a focus with a consistent role, more self-esteem, and more organization in his identity, although a warped one. Previously, his negative identity had been mostly under control, but he had enjoyed it vicariously via Pvt. Morning's misconduct. Now, it was no longer contained as he became flagrantly antiauthority, failed to maintain proper boundaries between himself—as a noncommissioned officer—and his men, and disregarded regulations, as it pleased him. He had problems with relationships, with intimacy, and with women. Later, both during and after combat (which he experienced as a kind of rapture), he flourished in his identity as a warrior, despite being wounded.

Krummel disconnected from Morning for no discernible reason. His code of personal honor was at odds with the definition of a duty-bound soldier. His frequent disregard of army regulations (which he was often unable to rationalize) led to his departure from the U.S. Army to become a mercenary. He still lacked commitment, long-term goals, fidelity, moral values, and close friends. But he had purpose now as an undisciplined warrior. Although his WIP made him unable to behave in accor-



dance with the army's requirements, it allowed him to be a mercenary (Crumley, 1987).

### *WIP After Military Life*

On return to civilian life, the incomplete adolescent development of those with WIP becomes evident to the community as inappropriate to adult functioning. With the loss of the vocational outlet for their WIP, confusion is introduced into their identity, which is now at odds with the expectations of society.

Other factors that may contribute to the problems of veterans with WIP are separation anxiety, loss of the support of a cohesive company or combat unit with its sense of mission (and with it the regressive effect of the group, which decreases demands for individual autonomy), and the absence of a focus for their hostile dependency. Veterans have to cope with a job loss because they are no longer military employees, but those with WIP are unprepared and unskilled for civilian vocations. It is not hard to imagine their anxiety about a future without a job and without some anchoring point. They have no company commander or first sergeant to give them directions.

After being ambivalently dependent and having some of their anti-authority behavior accepted (more or less) in the military, those with WIP find that, in civilian life, their previous behavior is unacceptable. If they were somewhat competent in the military, that vocational experience provides some increased self-esteem for veterans with WIP, especially if they were not discharged for misconduct or other unacceptable reasons.

In combat, many soldiers with WIP relate that they developed an affinity for killing, describing it as "a high, like sex." They sought dangerous missions to repeat the pleasure of killing a human. If they had a period without such, some of them said that they felt empty and as though they were "missing something vital." As part of their WIP, many also had an ecstasy experience that they wanted to pursue and rekindle by killing. A patient with WIP spontaneously brought photos of the enemy bodies he had mutilated in Vietnam. He then detailed his actions leading to the photos and gleefully enjoyed the reexperiencing.

To adapt to civilian life, veterans with WIP need (but may be unable) to suitably repress, or suppress, these urges. I suggest that some with WIP pursue risky ventures to have a similar level of excitation and

discharge via violence, in an effort to maintain their distorted warrior image. They have feelings of confusion about guilt versus righteous behavior about their past murderous behavior, because it was sanctioned by the military authorities. Their superego functioning is unstable, because they are uncertain about moral values. As civilians, they are in conflict with civil authorities for reckless behavior, which adds to their confusion.

After military service, veterans with WIP often have additional feelings of disruption and confusion in their sense of identity, because they are without focus or purpose and unable to behave as they did in the military. They are unable to plan beyond the immediate future as a result of limited experience outside the military, limited education, and a limited view of the world and their own potential. Usually, life is unstable for them and beset with multiple problems: multiple spouses, polysubstance abuse, legal problems, and (for some) depression and PTSD (the latter also interfering with long-term goals by foreshortening the future).

In the military, the negative identity of soldiers with WIP may be overlooked sometimes, and if it is not too disruptive, it is considered to be ordinary griping by soldiers. However, the continuing negative identity (Erikson, 1959) of veterans with WIP leads them to denigrate the military and the VA and all its staff. Everything in the United States is given a dystopian slant, including the treating physicians. The feeling of these veterans that no place is safe from harm appears to be based partly on this negative identity and partly on their suspiciousness toward everyone, especially authorities.

An uncommon pattern seen in some veterans with WIP consists of eschewing substance abuse and womanizing while condemning others who pursue those goals. Their attitude about their military career is one of grandiose rectitude, seeing it as the high point of a lifetime, because it gave them purpose and they were fairly competent in it.

Despite being over the age limit, many veterans with WIP tried to reenlist during the Gulf War, hoping to have a valued identity again by acceptance in the military family. In contrast, the veterans without WIP had no interest in reenlisting, whether they had been in combat or not. A pattern of identity diffusion is apparent in veterans with WIP, because their vocation-identity as warriors is tied to their community and culture, which is the organization of warriors—the army—and their sense of dependency on it continues, but they are no longer in the military.

*Case 2*

This man was the second of two boys born into an educated, middle-class family in moderate circumstances. His childhood was uneventful, as were his high school years. Sometimes his grandmother succeeded in shielding him from parental wrath for some juvenile antics. After easily doing well in academics in high school, he entered college without any specific goal or vocation in mind. There he drifted into absenteeism and poor grades, with drunk and disorderly behavior. This led to failure in his freshman college year.

He then joined the army at age 19 and became a tech sergeant during his next two years of duty, one of which was in combat in Vietnam. He was demoted during his tour of duty due to infractions (major and minor) of discipline. Combat was so pleasurable that he compared it with sexual intercourse and missed it if none occurred for a while. He reveled in recounting the atrocities he had committed.

Following army discharge, he failed again in college by acting out as he had done previously, despite his above-average IQ. He bragged about his many sexual adventures while in, and out of, his three marriages, all of which ended in divorce. He had limited contact with his children and did not support them. Social interaction with male peers was confined to obtaining drugs.

His polysubstance dependency and shifting, menial jobs to buy drugs led to severe economic difficulties. He provoked legal problems by racing his motorcycle at 100 miles per hour, defying and shooting at pursuing police officers and resisting arrest. At times, these chases ended in escape; at other times, he had motor vehicle accidents, hospitalizations, jail terms, suspension of his driver's license, and probation. Then he drove without a license and continued his illegal and provocative behavior.

He appeared to still be struggling to adapt his military past and identity as an undisciplined, courageous, and capable warrior who sometimes had been a squad leader to civilian life, although it was 25 years since he had been in combat. By provoking the police into high-speed chases and confrontations, he seemed to be attempting to recreate his combat days. He had identity diffusion and problems with intimacy, relationships, and friendships. Absence of a time perspective, vocational goals, a reliable superego, commitment, and fidelity were additional problems.

This patient had, as an adolescent, turned away from the values of his parents, who were highly educated, successful academics and much admired by their peers and the community. It appears that his identity problem was initiated as a negative identity, which was apparent in his freshman year of college when his acting out became self-injurious. He seemed to feel that he could not succeed in the arena of his parents' superior achievements. Nor could he compete successfully with his brother (with whom he had minimal contact), who had graduated from college, served honorably in the military, and now was very successful in his marriage and chosen career.

This patient's WIP, which unfolded during his army service, remained fixated into middle age. When he fractured a lower limb in a motorcycle accident, resulting in limited mobility for many months, he had another identity crisis with distressing symptoms. This led to a referral from the orthopedics department and then diagnosis and treatment for his combat PTSD, substance abuse, and major depression. It was not until later, when the role his pathological identity played in his psychiatric illness became apparent, that the diagnosis of WIP was added.

After a number of years of combined therapy (individual and group) and pharmacotherapy, with many interruptions, his depression lifted. He discontinued substance abuse; obtained good, regular employment; stabilized his relationship with his current mate; and took responsibility for her and their children. He even made substantial efforts to reestablish a connection with his other children and succeeded partially. Eventually, he discontinued idealizing his former identity and behavior, the recall of which now led to anxiety for the first time.

Zaczek (1994) wrote autobiographically of his military service and treatment for combat PTSD. He described himself as a crew chief in Vietnam at age 19, with his identity diffused, and he recalled power displays to cover his fear. Trust of comrades was a very significant part of the job. His self-esteem increased with his job, "to feel I was doing something important" (p. 84). He assessed the present with "Maybe I wasn't whole, but I had value to others and to myself! I was a crew chief! But now I am . . . I am . . . what? No crew chief. No feeling . . . empty shell! I am . . . not . . . anything. What am I?" (p. 124).

His writing suggests that he may have had an identity problem before military service and then developed WIP while in the military. He appears to be a veteran with WIP, because he evinces confusion and

emptiness. After improvement with therapy, he could review and share it in his writing.

### *Differential Diagnosis*

A detailed developmental, family, behavioral, and vocational history may help to clarify the unfolding of warrior identity problem and the individual's underlying dynamics. The differential diagnosis should consider personality disorder not otherwise specified (PDNOS), antisocial personality disorder, and borderline personality disorder. PDNOS is used when the personality disorder is not classifiable as a specific personality disorder. This may be the consideration when features are present of more than one specific personality disorder, but they do not meet the full criteria for one disorder. The diagnosis may also be applied when a particular personality disorder that is not included in the classification is appropriate, such as impulsive or immature personality disorder.

For the diagnosis of antisocial personality disorder, there has to be evidence of a conduct disorder before age 15. The findings in borderline personality disorder that distinguish it from WIP are frantic efforts to avoid real or imagined abandonment, recurrent suicidal behavior, gestures or threats of self-mutilation, unstable and intense interpersonal relationships that alternate between extremes of idealization and devaluation, affective instability or severe dissociative symptoms, inappropriate intense anger or difficulty controlling anger, and impulsivity (American Psychiatric Association, 1994, pp. 645–673).

Since combat PTSD may be expressed via antisocial behavior (Copen, 1964), it may be difficult to differentiate from WIP without a very detailed developmental and family history. The diagnosis of combat PTSD requires a different history with different particulars related to combat-related symptomatology, including anxiety symptoms. Although substance abuse is frequent in PTSD and WIP, it should not be considered as the significant or differentiating comorbid disorder, but only as an accompanying disorder in WIP. In assessing veterans, if the concern with PTSD or depression does not overlook the patient's behavior in high school and early adulthood, it might lead to a comorbid diagnosis of WIP.

The diagnosis of WIP may be a consideration for student mental health facilities. It might be useful to inquire into the student's fantasy

life, as well as obtaining details of acting out and family history, rather than minimizing the acting out as student high jinks or a phase.

With awareness of this condition, the second case might have been diagnosed as WIP in the college mental health clinic. Possibly, the two major characters in the novel by Crumley (1987) could have been diagnosed similarly, but then we would not have had that novel.

### *Reconsidering Identity Disorder and Identity Problem*

In *DSM-III-R* (American Psychiatric Association, 1987), identity disorder was listed as a separate disorder involving five factors (of which the first had seven subheadings), three of which were needed for the diagnosis. However, regardless of the number of factors, the diagnosis required “severe subjective distress regarding uncertainty about a variety of issues relating to identity” (p. 90). The differential diagnosis included normal conflicts associated with maturing; schizophrenia; schizophreniform disorder; mood disorder; and borderline personality disorder.

In *DSM-IV* (1994, p. 685) and *DSM-IV-TR* (2000, p. 313) this diagnosis was replaced with identity problem. This is applied when “the focus of clinical attention is uncertainty about multiple issues relating to identity.” Severe subjective distress was omitted from this diagnosis.

The reasons for discontinuing this diagnosis and substituting identity problem are unclear. Perhaps a revisit and a reconsideration of the diagnosis and the issue of severe subjective distress would be useful. Late adolescents, and adolescents generally, have alloplastic expression of distress more often than autoplasmic expressions. For the adolescent with identity disorder, this leads to much perturbation for the family, school, and community. Accordingly, the youth may not present with a great deal of distress, especially if, as is frequently the case, the parents are the ones complaining about offspring who can’t seem to get hold of themselves and can’t get or stay with a job, and so on. A well-known example from the literature is Biff’s identity problem (disorder) and the reaction of Willy Loman, his father, to his lack of direction or vocation, in Arthur Miller’s (1949) play, *Death of a Salesman*.

If “subjective” were deleted from the diagnostic considerations for the diagnosis of identity disorder, the list of factors for it would be consonant with identity problem and would allow the diagnosis of identity disorder, were it to be revived. Then it could be applied, instead

of identity problem, which could then be deleted. In that case, I would suggest that WIP be renamed to become warrior identity disorder and considered as a subcategory of identity disorder.

The terms identity disorder and warrior identity disorder would serve better than identity problem and warrior identity problem, because a condition labeled as a problem lacks the robustness that a diagnosis should have. The listing of a problem also makes for difficulty in considering it seriously or in having its treatment paid for by insurance companies.

## TREATMENT CONSIDERATIONS

There often is a comorbid condition such as major depression, substance abuse, or combat PTSD in veterans, along with WIP symptoms. Individual supportive and insight-oriented dynamic psychotherapy and concomitant group psychotherapy appear to be helpful for veterans with WIP. Pharmacotherapy should be provided for the comorbid condition(s). In the course of such combined therapy, many of those with WIP may stabilize, improve significantly, and have further development of their identity.

In an open-ended therapy group, these patients may experience acceptance and have some of their dependency needs met through group support. In addition, as veterans, they may feel that they are back with their band of brother warriors. They may become loyal and strong supporters of their fellow patients and therapy. From this base, they often develop some new and lasting relationships outside therapy.

Some have resumed their education, and others have moved into stable vocations and relationships in the course of their therapy. As they made progress with their interrupted development, some had marked improvement in their moral values and acceptance of themselves, and some further character synthesis. In some cases, their improved super-ego functioning led to expressions of pacificism; and others had a need for spirituality and they became devoted members of a religion.

## CONCLUSIONS

Warrior identity problem (WIP) is proposed as a further development of identity problem, which is a precursor for it, and it is a subcategory

of identity problem. It occurs among late adolescents in the military who have identity problem, and it is a solution to the identity problem. It may be masked and may be taken as the presentation of a good soldier-warrior in the military for a time. But it is a pathological identity, carries a high risk, and may be fixated for many decades after military service. Warrior identity problem has special significance for adolescent and military psychiatry because most military personnel are late adolescents or young adults.

Differential diagnosis should rule out personality disorders. Warrior identity problem often has a comorbid diagnosis such as substance abuse, major depression, or combat PTSD. On further scrutiny, some of those diagnosed as PDNOS may have WIP. It may be very useful to consider resuming the diagnosis of identity disorder by removing the unnecessary limitation of subjective distress. In that case, warrior identity problem would become warrior identity disorder and would be a subcategory of identity disorder.

If the concept of WIP is accepted, it may be very useful in student mental health clinics, the military, and in VA hospitals. With therapy (especially combined individual and group therapy), there may be significant further development in identity and improved function in many spheres.

#### REFERENCES

- American Psychiatric Association (1987), *Diagnostic and Statistical Manual* (3rd ed., rev.). Washington, DC: American Psychiatric Press.
- American Psychiatric Association (1994), *Diagnostic and Statistical Manual* (4th ed.). Washington, DC: American Psychiatric Press.
- American Psychiatric Association (2000), *Diagnostic and Statistical Manual* (4th ed. rev.). Washington, DC: American Psychiatric Press.
- Blos, P. (1968), Character formation in adolescence. *Psychoanalytic Study of the Child*, 23:245–268. New Haven, CT: Yale University Press.
- Buhler, C. (1968), The course of human life as a psychological problem. *Hum. Develop.*, 11:184–200.
- Copen, E. G. ed. (1964), Psychiatric service to military personnel in Vietnam. In *Proceedings of Social and Preventive Psychiatry Short Course*. Washington, DC: Walter Reed Army Institute of Research.
- Crumley, J. (1987), *One to Count Cadence*. New York: Random House, Vintage Contemporaries edition.



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- Dulit, E. (1972), Adolescent thinking à la Piaget: The formal stage. *J. Youth & Adol.*, 1:281–301.
- Erikson, E. H. (1959), *Identity and the Life Cycle*. New York: International Universities Press.
- Gray, M. P. & Steinberg, L. (1999), Unpacking authoritative parenting: Reassessing a multidimensional construct. *J. Marriage Fam.*, 61:574–587.
- Miller, A. (1949), *Death of a Salesman*. New York: Penguin Books, 1998.
- Neugarten, B. L. (1969), Continuities and discontinuities of psychological issues in adult life. *Hum. Devel.*, 12:121–130.
- Sugar, M. (1968), Normal adolescent mourning. *Amer. J. Psychother.*, 22:258–269.
- Sugar, M. (2002), *Regional Identity and Behavior*. New York: Kluwer Academic/Plenum.
- Sugar, M. (2003), Late adolescence and combat PTSD. In: *Adolescent Psychiatry*, ed. L. Flaherty, Hillsdale, NJ: The Analytic Press, 27:307–321.
- Zacsek, R. (1994), *Farewell Darkness*. Annapolis, MD: Naval Institute Press.

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