

THE IMPACT OF DISCHARGE TYPE ON MILITARY TO CIVILIAN REINTEGRATION:
CONFORMITY TO MASCULINITY AS A MODERATING FACTOR

by

Kirsten L. Thiemke

A Dissertation Submitted in
Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy
in Educational Psychology

at

The University of Wisconsin-Milwaukee

August 2024

ABSTRACT

THE IMPACT OF DISCHARGE TYPE ON MILITARY TO CIVILIAN REINTEGRATION: CONFORMITY TO MASCULINITY AS A MODERATING FACTOR

by

Kirsten L. Thiemke

The University of Wisconsin-Milwaukee, 2024
Under the Supervision of Professor Dr. Stephen Wester

Literature has shown that reintegrating back into civilian life and mentality has proven to be one of the most difficult aspects of transitioning from military service. Based on aspects such as qualifications for benefits, perceived stigma, and amount of community support, discharge status at the time of separation has been shown to have an impact on how separated service members reintegrate. Additionally, rigid adherence to the hypermasculine environment of the United States military could serve to further complicate reintegration for service members. The current study evaluates the relationship between discharge status and military to civilian reintegration, with adherence to traditional masculinity as a potential moderating factor utilizing a self-report survey containing a demographics questionnaire with prompts regarding discharge status, the Military to Civilian Questionnaire, and the Conformity to Masculine Norms Inventory (CMNI). Results indicated no significant relationship between discharge status and reintegration issues for separated service members, no significant relationship between CMNI scores and reintegration issues, and no moderation effect utilizing discharge type and CMNI as an interaction. However, a subscale related to masculinity, Self-Reliance, was found to be a significant predictor of reintegration issues. Implications for future research include focusing on service members with atypical discharge status and their lack of visibility both within civilian and veteran communities and how that impacts research and successful reintegration. Additionally, a call is made for

further research into how masculinity is discussed and treated in the field of psychology, especially for veterans who may hold masculinity-related core values.

© Copyright by Kirsten L. Thiemke, 2024
All Rights Reserved

DEDICATIONS

To my mom, who made sure that I never had to question who to go to for a shoulder to cry on, a friend to laugh with, and a soft place to land when I needed it.

To my dad whose endless hard work and sacrifice has awed, humbled, and inspired me every single day, without whom none of this would have been possible.

To my big sister, who I've spent a lifetime trying to emulate – thank you for lending me a little bit of your drive and tenacity.

To my best friend, who never let me forget, even for a moment, that she believed in me.

And to my little brother, whose unconditional love and admiration continues to inspire me to be a little bit better every single day.

TABLE OF CONTENTS

<i>Abstract</i>	<i>ii</i>
<i>Dedications</i>	<i>v</i>
<i>List of Tables</i>	<i>vii</i>
<i>Acknowledgements</i>	<i>viii</i>
 Chapters	
<i>Chapter 1: Introduction</i>	<i>1</i>
Hypotheses	8
<i>Chapter 2: Literature Review</i>	<i>10</i>
Military Separation	10
<i>Atypical Separation</i>	11
Masculinity	19
Reintegration Concerns	36
<i>Chapter 3: Methodology</i>	<i>47</i>
Data Collection	48
<i>Participant Safety</i>	49
<i>Measures</i>	49
Analyses	57
<i>Assumptions</i>	59
<i>Chapter 4: Results</i>	<i>62</i>
Hypotheses	62
Analyses of Main Effects and Interaction Effect	63
<i>Subscale Analyses</i>	64
<i>Chapter 5: Discussion</i>	<i>68</i>
Implications	73
Limitations	76
Future Research	78
<i>References</i>	<i>82</i>
<i>Appendices</i>	<i>88</i>
Appendix A:	88
Appendix B:	91
Appendix C:	92
Appendix D:	96
Appendix E:	97

LIST OF TABLES

Table 1. Demographics (Age).....	52
Table 2. Demographics (Race/Ethnicity).....	52
Table 3. Demographics (Era of Service).....	53
Table 4. Demographics (Branch of Service).....	53
Table 5. Test for Multicollinearity	59
Table 6. Test for Multicollinearity [Centered Data]	60
Table 7. Subscale Interactions (Model Summary).....	65
Table 8. Subscale Interactions (ANOVA)	66
Table 9. Subscale Interactions (Coefficients)	67

ACKNOWLEDGEMENTS

First and foremost, I would like to express my gratitude to my dissertation committee chairman and academic advisor, Dr. Stephen Wester, for taking a chance on me and for encouraging my curiosity, while grounding my thinking and allowing me to explore, without letting me flounder. I would also like to thank my dissertation committee, Dr. Xu Li, Dr. William Lorber, and Dr. Christopher Lawson, for their contributions, guidance, and support through this process.

Chapter 1: Introduction

Due to recent developments in the ways that wars are fought, the weaponry utilized, and medical advancements, more United States military service members than ever before are returning home alive, but with severe injuries (Libin et al., 2017). Consequently, service members who may have made plans for long military careers and have entrenched themselves wholly into that world, suddenly find themselves separating prematurely and unplanned from military service due to physical or psychological injury (Libin et al., 2017). As a result, this population makes up a much larger group than in previous wars and/or conflicts (Libin et al., 2017), which leaves a greater number of displaced military veterans at risk for complications post-service. For many military veterans, reintegration into civilian life comes with incredible struggles across various domains of functioning. Researchers have attempted to understand not only the ways in which veterans struggle to reintegrate, but also particular risk factors associated with the various reintegration struggles. One of these factors is separation or discharge type. While it makes common sense to assume that those separating prematurely and/or with anything but an Honorable discharge from the military may generally have a more difficult time reintegrating, the lack of research focusing specifically on veterans with anything but the typical discharge experience could be resulting in a critical knowledge gap for civilian clinicians working with returning veterans. Additionally, adherence to traditionally hypermasculine ideals and behaviors associated with military training and service may prove to further complicate the reintegration process.

Vandello and Bosson (2013) present the concept of “precarious manhood,” a theory which postulates three core tenets: Manhood as a hard-earned or achieved status, manhood as potentially fragile and impermanent, and manhood as a status which requires confirmation,

primarily from others. Because hyper-masculinity is a trained, encouraged, and arguably essential aspect of successful military service, it is expected that deviations would incite backlash, thus provoking the unflinching dedication to it. The idea that manhood is a status that must be earned, rather than a simple biological marker of age and/or experience, reflects the hyper-masculine enculturation that occurs early on in basic training and is reinforced throughout time in the service (Vandello & Bosson, 2014). Shields (2016) describes this socialization as the entrance into the “warrior masculinity” culture, which presents this version of manhood, that of stoicism, strength, toughness, aggression, and exaggerated heterosexuality, as the ideal soldier. Part of the maintenance of this earned manhood is the repeated demonstration of masculine behaviors, such that the status of masculinity for the moment becomes slightly less precarious especially in the face of gender status threat or emasculation (Vandella & Bosson, 2013).

In a study conducted by Saucier et al. (2015), slurs against masculinity which mocked men as anything less than a “real man” by being somehow in violation of traditional masculine norms (ie: homophobic, feminine, bravery slurs) were highlighted as most offensive. Consequently, these slurs were the ones which elicited concerted efforts to somehow repair that perceived damaged social status (Saucier et al., 2015). Vandella and Bosson (2013) describe risky behavior and aggression as commonly utilized and acceptable demonstrations of manhood. Beginning in basic training, service members are consistently given opportunities to “prove” their manhood through combat training which emphasizes fighting and conquering of other humans (Romaniuk & Loue, 2017). Those who don’t, face the unfortunate possibility of being “othered” or unassigned that masculine status – a status which at its core in the military, is seen as a necessity for survival (Romaniuk & Loue, 2017). Additionally, hazing is commonly utilized as an initiation and/or “rite of passage” of sorts (Parks & Burgess, 2019). This is an almost

ritualized form of abuse inflicted upon an initiate in order to solidify the power differentials and compliance with the norms and standards (DiRosa & Goodwin, 2014). In the military, hazing has been long recognized as a typical form of initiation to signify that those who endured or complied with the often risky, humiliating, and/or painful maltreatment were acceptable members of the unit and ready for military life (DiRosa & Goodwin, 2014). Although there are now rules and regulations in place meant to discourage it, hazing remains one of the ways in which service members are expected to demonstrate their masculinity and cement their dedication to the group norms and ideology, while simultaneously weeding out the “weak” (DiRosa & Goodwin, 2014). For example, Travis Alton of Texas A&M University, recalled his experience of hazing as a voluntary member of the student military training program, Corps of Cadets and the Fish Drill Team – a freshman cadet rifle drill team run by “the hounds,” consisting of nine upperclassmen advisors:

“Alton claims that during FDT [Fish Drill Team], the freshmen endured “hell week,” which involved intense training prior to the spring semester. During this week, the freshman also received nightly dorm visits from the hounds in which the students either witnessed, participated in, or had knowledge of beatings, kicking, and slapping of other FDT members. Alton claimed he was singled out for special treatment, claiming he had his chapped lips twisted and jerked and had his head taped like a mummy... At the end of the school year, members of the FDT could try out to become an FDT “hound.” Despite his alleged abuse, Alton wanted to be a hound. The selection process was extremely rigorous and included a “hound interview.” Alton claims that during his interview, the defendants poked him in the eye and punched him in the face. They then turned out the lights and repeatedly beat him all over his body. After turning the lights on, Alton claims the defendants forced him to stand at attention, gave him a knife, and made him cut a three to four-inch gash into his shoulder” (Parks & Burgess, 2019, pp. 7-8).

Although an extreme example, the above-described behavior represents some of the risky and aggressive behavior and endurance commonly expected as demonstration of masculine status. With the widely recognized set of norms and customs regarding manhood and masculinity within the military, in addition to pressure from peers and superiors, soldiers generally emerge

with a structured understanding of how to comply and conform in a way that might make it extremely difficult to separate from once their military service has ended (Shields, 2016). In this case, that conformity may represent a number of important safety mechanisms that veterans may feel uncomfortable abandoning. These safety mechanisms may include the simple knowledge of having a set of rules to follow given the (sometimes unplanned or unwanted) separation from the highly structured military environment, the pride that comes along with earned masculinity, identification with and acceptance from their peer group, emotional suppression as protection from painful memories and emotions (and emasculation), and the risk of losing control without firm stoicism (Shields, 2016).

Moreover, O'Neil, Wester, Heesacker, and Snowden (2017) suggest the idea of looking at masculinity as a heuristic – that is that the concept masculinity may be understood as the category of a collection of behaviors, fallible but sufficient enough to conceptualize and solve certain problems and situations at hand. Looking at gendered masculine behaviors in the context of military service proves to be useful, as the contextual truths of what military service members must do in the service of their country requires swift and decisive conceptualization and action, and those actions most closely align with what is thought of as traditionally masculine behaviors and ideals. For instance, Bryan, Jennings, Jobes, and Bradley (2012) describe the militaristic “warrior ethos” (p. 98) in which service members are trained which emphasizes “honor, integrity, selfless service, duty, and courage in the face of adversity.” While this ethos is not immediately linked to masculinity, the ways in which those characteristics are achieved within the military setting are steeped in traditionally masculine ideals such as emotion suppression, pain tolerance, and use of aggression and violence in the name of a greater good or collective goal (Bryan et al., 2012). Utilizing this heuristic of military masculinity saves cognitive exertion

and time, and is therefore idealistic for military soldiers, especially in combat situations where split second decisions are the difference between life and death.

The hyper-masculine environment that military personnel are enculturated into from the moment that they begin basic training sets a precedent for military members' expected roles and behavior, even long after the end of their military careers (O'Loughlin, Cox, Ogrodniczuk, & Castro, 2020). For instance, O'Loughlin et al. (2020) cite the traditionally masculine behaviors of restrictive emotionality and self-reliance as deficits for trauma recovery due to the unwillingness to seek help and the avoidance of discussing trauma-related experiences and feelings. This heightened awareness of and adherence to traditional masculinity which usually paves the way for successful military careers, especially within a combat setting, may promote difficulties upon civilian reintegration (O'Loughlin et al., 2020). Thus, this mentality, while ideal for cultivating efficient soldiers, often manifests in significant social and personal deficits outside of the military setting (O'Loughlin et al., 2020). In the context of masculinity as a heuristic, this could be seen as the inability to pull from a different heuristical category, as it were, when faced with civilian and community struggles rather than the highly structured and often pressured conditions of the military.

Although reintegration into civilian life has been studied within the context of adherence to traditional masculinity before, the current study aimed to evaluate the effects of discharge type on reintegration and how adherence to traditional masculinity influences these effects. I expected to find that separating under anything other than "normal" (normal used loosely as a term to describe the majority Honorable discharge) circumstances would yield lower levels of reintegration success, while levels of adherence to traditionally masculine norms and ideals would moderate those effects such that lower levels would be associated with more reintegration

success. The distinction between military separation types is an important but often overlooked factor in predicting what kinds of issues returning service members will face and how pervasive those struggles will be. Whether a veteran's service was cut short due to an unplanned separation could play a significant role in post-service attitude, beliefs, and functioning amongst other considerations (Libin et al., 2017). In an unplanned separation, Libin et al. (2017) describe an experience for some of a grief-like process of reintegration, in which the service member mourns the loss of their desired military career, while at the same time navigating the new, perhaps reluctant, role of civilian, in which there is no longer a mission to work towards. This role, in which the aforementioned, hyper-masculine ideals of "warrior ethos" (p.98) (Bryan et al., 2012) no longer seem relevant, could leave some former service members feeling lost and as if their lives now lack significant meaning. Relatedly, Levant and Richmond (2016) discuss masculine roles that are almost universal across all cultures are that of provider, protector, and procreator. Upon separation and having been stripped of the quintessential "protector" role that comes with being a soldier, the other role that stands to be threatened is that of "provider" when military careers come to an abrupt and/or unexpected end. Having been wholly immersed in an environment in which these roles were lived and adhered to day by day, the sudden shift may have a deep and enduring effect on personal identity and self-conception as a man within society, leaving former service members vulnerable to acting in ways which exemplify this soldier identity, even when it may not be contextually appropriate (Smith & True, 2014; Levant & Richmond, 2016). Additionally, because personal identity along with career and vocation can be so deeply intertwined with meaning-making, this concern could be especially salient in terms of navigating perceived meaning of life outside of a military identity and/or military job or mission (see: Career Construction Theory, Savickas, 2013).

It may also be important to delve deeper into specific discharge type, as this will play an enormous role in the support received by service members upon arrival back home.

Characterizations of military discharge are either administrative or punitive, and the important distinction between the two is that an administrative discharge is not meant to act as a punishment whereas a punitive discharge is (Veterans Legal Clinic, 2016). Holliday and Pederson (2017) cite several distinct discharge types including Honorable discharge, General Under Honorable Conditions, Other than Honorable, Bad Conduct Discharge, and Dishonorable. A service member discharging under Honorable conditions has met the expected performance and conduct standards set forth by the military of both conduct and performance, and is separating on agreeable terms (U.S. Department of Defense, 2014). A separation categorized as General Under Honorable Conditions (General) denotes a generally acceptable standard of conduct and performance that outweigh any wrongdoings (U.S. Department of Defense, 2014). An Other than Honorable discharge is a type of administrative discharge denoting discharge under circumstances in which the service member seriously deviated from expected military conduct and performance (U.S. Department of Defense, 2014). Bad Conduct and Dishonorable discharges are the discharge types which constitute punitive discharges and refer to separation from the military under conditions in which the service member exhibited a pattern of deviation from the acceptable standards and behaviors of the United States military (U.S. Department of Defense, 2014). These types of discharges are considered punitive and may only be given by a court martial (U.S. Department of Defense, 2014).

Although many veterans experience difficulties upon reintegration into civilian life, military service traditionally concludes under favorable conditions for service members including access to post-service benefits and care. However, for those who separate under less

favorable conditions including unplanned and anything less than Honorable discharge, there is a risk for heightened reintegration issues. Military masculinity, a mindset that many soldiers are completely enculturated into during their time in the service, may prove to exacerbate these issues. The study sought to add to the current gap in literature, thus shedding light on the issues potentially faced by newly returned veterans who experience a separation and reintegration process that is outside of the norm. This data provides vital information for clinicians serving this population in terms of presenting issues, questions to consider, and potential variations in treatment planning, including consideration of special issues regarding masculine values and ideals.

Many reintegration issues are linked to problems created and/or exacerbated by certain mindsets, benefit deficits, and lack of preparation associated with type of discharge from the military. Additionally, service members' trained, strict adherence to many traditional masculine ideologies seems to produce and perpetuate various cognitions and behaviors related to difficulties reintegrating, especially in the context of less than ideal discharge situations. The proposed research questions were as follows: Does discharge type impact reintegration success in military veterans? Does adherence to traditional masculine norms impact reintegration success in military veterans? Is there an interaction between discharge type and adherence to traditional masculine norms on reintegration success in military veterans? For this study, discharge type was an independent variable, while participants' score on the Military to Civilian Questionnaire (M2C-Q) (Sayer et al., 2011) served as the dependent variable.

Hypotheses

I hypothesized that atypical discharges, defined for the purpose of this study as anything other than Honorable discharge, would yield higher levels of reintegration difficulties on the

M2C-Q (Sayer et al., 2011), indicating that an atypical discharge may lead to more difficulty reintegrating into civilian life. Second, I hypothesized that higher scores on the Conformity to Masculine Norms Inventory (CMNI) (indicating conformity to traditionally masculine norms) would yield higher levels of reintegration difficulties on the M2C-Q (Sayer et al., 2011) indicating that strong conformity to traditionally masculine norms may lead to more difficulty reintegrating into civilian life. Finally, I hypothesized that there would be an interaction between discharge type and adherence to traditionally masculine norms/ideals (i.e., CMNI scores) which would moderate the relationship between discharge type and reintegration difficulties. For reference, statistical moderation occurs when the strength and direction of the relationship between two variables depend on the inclusion of a third variable typically in the form of an interaction term (Baron & Kenny, 1986). In this case, while there may or may not be a statistical relationship between discharge type and reintegration difficulties, the degree to which discharge type affects reintegration difficulties is directly dependent on one's adherence to masculinity. Specifically, I expected to see that even in situations of atypical discharge, lower scores on the CMNI, indicative of a less rigid adherence to traditional masculinity, would yield lower levels of reintegration difficulties.

Chapter 2: Literature Review

Military to civilian struggles are a pervasive reality plaguing an estimated half of all returning veterans attempting to reintegrate into civilian society (Larson & Norman, 2014). This number varies from study to study, with some estimates reaching approximately three quarters of all returning service members (Larson & Norman, 2014). The Military to Civilian Questionnaire (M2C-Q) defines post-deployment reintegration as, “post-deployment achievement of satisfactory levels of functioning at home, at works, in relationships, and in the community” (Sayer, 2011). The M2C-Q measures this post-deployment achievement within the domains of Personal Relationships, Productivity, Community Participation, Self-Care, Leisure, and Perceived Meaning in Life (Sayer et al., 2011). Additionally, current research suggests that separation type and elements of strict adherence to traditional masculinity may play a role in exacerbating these issues.

Military Separation

The Department of Defense (DoD) defines the characterization of separation as being “based upon the quality of the Service member’s service, including the reason for separation...” (U.S. Department of Defense, 2014). Quality of service is decided based upon the standards set forth by the Department of Defense and the DoD military departments and on the military’s long-standing customs and traditions (U.S. Department of Defense, 2014). Behavior that negatively impacts a Service member’s perceived quality of service includes anything that may reflect negatively on the military as a whole and the standards set forth, or that damages the highly regarded order and discipline (U.S. Department of Defense, 2014). The DoD also note that reason for separation including specific circumstances is taken into consideration regarding separation characterization (U.S. Department of Defense, 2014). Other considerations include

Service member's age, length of service, grade, physical and mental fitness and ability, and overall standards of conduct and performance (U.S. Department of Defense, 2014).

The DoD describe several major characterizations of military separation: An Honorable discharge denotes a separation under which the individual has met all expected standards of service and engaged in acceptable conduct throughout their service, or that the service member has earned merits during time of service such that any other characterization for discharge would be inappropriate. A general (under Honorable conditions) denotes a Service member who has performed their duties in a generally acceptable way, and essentially that the positive aspects of the Service member's service have outweighed any negatives (U.S. Department of Defense, 2014). Finally, a characterization of under other than Honorable (OTH) conditions denotes a separation under which the Service member has displayed a pattern of behavior that is significantly opposed to the expected standards and conducts of behavior outlined above (U.S. Department of Defense, 2014). Examples of such behavior include abuse of a "special position of trust" or acts of omission that put the security of the United States or health and wellbeing of others within service at risk (U.S. Department of Defense, 2014). Holliday & Pederson (2017) describe that approximately 1% of veterans receive punitive discharges characterized as "Bad Conduct" or "Dishonorable" discharges, and that these discharges are the result of a court-martial. When a Service member violates the Uniform Code of Military Justice (UCMJ), a court-martial process is initiated which is comparable in many ways to civilian criminal court processes (Holliday & Pederson, 2017).

Atypical Separation

Because the majority of service members are honorably discharged, the gap in the literature regarding anything but an Honorable, or what will be defined as a "typical" discharge,

is wide (Holliday & Pederson, 2017). This leaves trainees and clinicians interested in working with this population at a disadvantage when entering the field, potentially unprepared for the special considerations that may come with treating separated service members whose service ended under unique conditions. Discharge type for many will have an impact on personal and psychological resilience, as well as how they relate both to the military experience and the experience of returning to the civilian community (Holliday & Pederson, 2017). However, for every separated military service member, discharge type has a more tangible impact on access to and eligibility for resources and benefits, which will ultimately influence personal welfare and mental health (Holliday & Pederson, 2017). Some of the benefits that eligible veterans are able to receive include access to physical and mental health care, home loan benefits, educational benefits, and VA compensation and pension benefits (Holliday & Pederson, 2017).

Holliday and Pederson (2017) acknowledge that very little research has been done to address psychosocial challenges and post-service needs faced by veterans separating under anything but a typical separation, but that what little research has been done has focused largely on veterans receiving punitive discharges. To address this perceived gap, Holliday and Pederson (2017) focused on a sample of 734 young adult veterans aged 18-34, with Honorable, General, and OTH discharge statuses to assess differences in mental health symptoms, substance use, perceived stigma on seeking treatment, and attitudes towards seeking mental health treatment. Of the 734 veterans sampled, 84.5% reported Honorable discharges, 11.6% General, and 4% reported OTH discharges (Holliday & Pederson, 2017). Measures utilized included a demographics/military history questionnaire, the Patient Health Questionnaire – 2 (PHQ-2), the Generalized Anxiety Disorder 7-Item Scale (GAD-7), the Primary Care Posttraumatic Stress Disorder Screen (PC-PTSD), a single question TBI screen, the Alcohol Use Disorders

Identification Test (AUDIT), the Cannabis Use Disorders Identification Test – Revised (CUDIT-R), a 6-item scale measuring perceived stigma towards psychological treatment adapted from a separate measure regarding military soldiers’ mental health-related stigma, and finally the Attitudes Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPHS-SF) (Holliday & Pederson, 2017).

Holliday and Pederson (2017) found evidence that veterans who have experiences of conduct issues during their service and separate under conditions other than Honorable show greater signs of mental health issues. Additionally, evidence from this study shows an increase in psychosocial issues in veterans who received OTH or punitive discharges (Holliday & Pederson, 2017). More specifically, although a similar percentage of veterans across discharge status reported combat exposure (Honorable at 89.8%, General at 89.2%, and OTH at 96%), it is important to note that veterans receiving OTH discharges did report significantly more severe combat experiences than veterans reporting Honorable discharges (Holliday & Pederson, 2017). Furthermore, veterans receiving General or OTH discharges tended to report more negative attitudes towards help-seeking and greater perceived stigma towards help-seeking than veterans receiving Honorable discharges (Holliday & Pederson, 2017).

Increased risk of suicidality is among the various risk factors associated with discharge type and in particular, the resources available to those who discharge under atypical circumstances (Hoffmire et al., 2019). According to Hoffmire et al. (2019), from 2005 – 2016, suicide rates of United States veterans have increased by a startling 25.9%, and primarily amongst young veterans aged 18 – 34 years old (at 78.6%). Because of the differences in benefit eligibility through the Veterans Health Administration (VHA), Hoffmire et al. (2019) set out to assess differences in suicide rates between veterans of varying discharge types. Although access

to VHA services was expanded in 2017 to include some previously ineligible veterans (with OTH discharges), perceived lack of access and confusion regarding eligibility may still act as a deterrent in the usage of these services (Hoffmire et al., 2019). Additionally, VHA eligibility for services for veterans with OTH discharge status are considered on a case-by-case basis, and benefits were not expanded to include veterans with a punitive discharge (Hoffmire et al., 2019).

To assess differences in suicidality amongst various discharge types, Hoffmire et al. (2019) looked at data from veterans participating in the Survey of Experiences of Returning Veterans (SERV), which is a longitudinal study examining post-deployment experiences and coping amongst veterans both utilizing and not utilizing VHA services. Researchers assessed separation type utilizing a single question which included choices of Honorable, administrative, and punitive (Hoffmire et al., 2019). It is important to note that only two veterans included responses of punitive and were removed from the data pool (Hoffmire et al., 2019). Data on suicide ideation (SI) was assessed using the Columbia Suicide Severity Rating Scale which prompted respondents to indicate whether they had experienced “active thoughts of killing themselves” within the past 3 months (Hoffmire et al., 2019).

Hoffmire et al. (2019) found that veterans with administrative discharges were approximately 2.5 times more likely to endorse SI (23.1%, 95% CI=12.8) than were veterans reporting Honorable discharges (10.6%, 95% CI=8.4), with those receiving OTH discharges scoring even higher (33.3%, however precision was noted to be “extremely low”). Time since separation also factored into the relationship between discharge type and SI such that SI was only significantly related to discharge type amongst veterans separating within the past two years (Hoffmire et al., 2019). Confounding variables assessed included past SA, combat, PTSD, depression, and drug dependence, and after accounting for these variables, discharge type was no

longer associated with SI (Hoffmire et al., 2019). Finally, another noteworthy finding was that SI was not significantly related to discharge type amongst veterans who had reported recent MHS usage, but that amongst veterans without recent MHS usage, administrative discharge was significantly related to SI (Hoffmire et al., 2019). Results revealed several relevant implications: The first is that although risk factors for SI (the mental health factors assessed as confounding variables) accounted for SI being more common amongst veterans with administrative charges, Hoffmire et al. (2019) suggested that administrative discharges may result from or perhaps trigger/exacerbate mental health issues. Furthermore, these findings may also reveal that access to MHSs may lessen the risk of SI in veterans with administrative charges, thus alluding to the idea that access to resources is an important factor in mitigating SI for veterans who may not have easy access to the care and benefits that they need (Hoffmire et al., 2019).

Because eligibility for VA health benefits were not expanded to include veterans with OTH discharges until 2017, very little research has been conducted on the specific needs of veterans with this unique discharge status (Tsai & Rosenheck, 2018). Tsai and Rosenheck (2018) asserted that veterans with “bad papers” have historically been disregarded by society due to the negative connotations that come along with these types of discharges, including the stance that veterans receiving OTH and punitive discharges are “unpatriotic, negligent of their duty to serve, and undeserving” (p. e153). Recently, however, some have argued that some veterans have received these discharge statuses as a result of mental health deterioration and combat-related stress, thus leaving them vulnerable to issues such as homelessness, substance use disorders, suicide ideation, and incarceration (Tsai & Rosenheck, 2018). Partly in an effort to reduce the number of suicides amongst veterans, the Veterans Health Administration Directive 1601A.02 was issued in June of 2017 so that former service members with an OTH discharge could access

emergency mental health care through the Veterans Crisis Line or by visiting the VA Emergency Room, Urgent Care Center or Vet Center, so that the veteran could be stabilized and the risk of harm or suicide could be mitigated (U.S. Department of Veterans Affairs, 2017 as cited by Tsai & Rosenheck, 2018).

To further understand the unique health needs of veterans with OTH discharges, Tsai and Rosenheck (2018) analyzed data of a nationally representative sample of veterans, taken from the 2001 National Survey of Veterans, which included over 20,000 veterans. Demographic and health care coverage information were gathered were self-reported while physical and mental health data was evaluated through the 12-item Short Form (SF-12) health survey in which a score of 50 (ranging from 0 – 100) is considered a “normal” level of functioning, and lower scores are indicative of lower levels of functioning (Tsai & Rosenheck, 2018). Veterans with Honorable and general discharges were compared to those with OTH discharges on sociodemographic characteristics, physical and mental health, and health care coverage (Tsai & Rosenheck, 2018). Because this study focused explicitly on veterans with OTH discharges who could theoretically benefit from the new directive, all veterans who reported disHonorable discharges or bad conduct were excluded from the study (Tsai & Rosenheck, 2018).

Results of these analyses indicated that overall, veterans with OTH discharges tended to be significantly younger (mean age of 42.6 and 57.9 respectively; AOR = 0.93, $p < 0.001$) and to record significantly lower SF-12 mental component scores than those who received Honorable or general discharges (mean score = 46.4 and 52.4 respectively, AOR = 0.97, $p < 0.001$) (Tsai & Rosenheck, 2018). Tsai and Rosenheck (2018) stress that these results are consistent with other findings which indicate that discharges related to misconduct are associated with mental health and substance use issues.

Prior research has indeed demonstrated that military discharge associated with misconduct is related to unfavorable community outcomes such as the risk of homelessness, high levels of mental illness, substance use disorders, and suicidality (Elbogen et al, 2018). Furthermore, studies have also shown a relationship between subsequent PTSD and discharge status such that those who received a dishonorable or other discharge showed higher rates of PTSD compared to those with Honorable discharges (Elbogen et al, 2018). In a related study, Elbogen et al. (2018) further analyzed specific characteristics and historical issues related to veterans with OTH discharges in an effort to better understand the issues facing this population and their related needs. For these analyses, researchers grouped subjects into several groups: Demographics, military characteristics (history of being deployed to a warzone, combat exposure on the Combat Exposure Scale (Keane et al., 1989), number of tours served), historical characteristics (childhood violence, childhood sexual assault, trauma before military service on the Traumatic Life Events Questionnaire (Kubany & Haynes, 2000), family history of depression, schizophrenia, PTSD, bipolar disorder, drug addiction, alcohol addiction, and prison experience among parents or siblings), situational characteristics (cohabitating, permanent residency, MOS social support scale, full time work status, incarceration), and clinical characteristics including but not limited to number of current health problems, number of current diagnoses, screens for sleep, depression, general stress, suicide, PTSD, drug and alcohol use disorders, psychiatric hospitalizations, and outpatient treatment (Elbogen et al, 2018).

Results revealed several interesting findings: First, as indicated in prior studies, older age was significantly associated with lower percentage odds of OTH, as was higher levels of education (Elbogen et al, 2018). Although findings indicated no significant relationship between OTH discharge status and trauma and military history, results did show that combat exposure

was nearly 25% higher in veterans with an OTH discharge compared to veterans of other discharge status (Elbogen et al, 2018). Furthermore, an OTH discharge status was more than 50% more likely in veterans who reported a family history of depression or illicit drug use. Veterans with less ideal situational characteristics (unmarried status, past incarceration, lower levels of social support) were also shown to be at an increased risk of OTH (Elbogen et al, 2018). Unsurprisingly, history of psychiatric hospitalization, a SCID diagnosis of major depressive disorder and drug use issues also yielded significantly higher odds of OTH discharge (Elbogen et al, 2018). These findings further support the notion that atypical discharge status is related to risk factors and certain vulnerabilities upon attempted reintegration and thus, must be given special consideration for mental health services and treatment (Elbogen et al, 2018).

Another “atypical” separation scenario includes unplanned separation due to unforeseen circumstances or injury. In a qualitative study focusing on the self-report experiences of veteran participants, Libin et al. (2017) explored perspectives on unplanned separation and community reintegration amongst veterans separated after a traumatic brain injury (TBI). After an initial 5-participant focus group, researchers conducted subsequent interviews, some with veterans who had already participated in the focus group and others who had not, expanding on questions and perceptions from the initial focus group (Libin et al., 2017). Overall, 8 veterans were recruited and participated in the study (Libin et al., 2017). Of the questions asked of participants examples include, “What qualities should community reintegration clinicians have to make them most acceptable and effective to veterans?”, “Do you think veterans would like a high level of structure, like in the military, in a community reintegration program?”, and “Could you share your personal experience with mTBI, and how you think about what you have experienced?” (Libin et al., 2017).

Between the focus group and individual interviews, three important themes regarding community reintegration emerged from the data, the first theme being the veterans' relationship with the military (Libin et al., 2017). Interestingly, veterans described their separation from the military as traumatic in and of itself because of the way that the separation is involuntary and the loss of self-esteem and resentment that comes along with a medical discharge (Libin et al., 2017). One veteran stated, "Medical is bad. Not completing your term is bad. Getting kicked out is bad... I know that no one wanted in their right mind, wanted to leave the military without completing their service or doing the right thing" (Libin et al., 2017). The second theme described by the veterans was the relationship with the civilian community, which was characterized by feeling like civilians did not and could not understand military life and the nuances associated with military training and service and perceived lack of purpose and worth (Libin et al., 2017). Furthermore, Libin et al. (2017) noted that some veterans also reported difficulty upon reintegration due to the perceived opposition between their values as military veterans and civilian values, specifically noting feelings of guilt for the use of violence during service. The final theme that emerged was the veterans' relationship with the VA, citing it as both a barrier and facilitator for reentry into civilian life (Libin et al., 2017). Some veterans noted that although well-intentioned, many practitioners were perceived as lacking insight into core military-related issues, thus leaving veterans feeling dismissed and diminished and lacking motivation to engage in treatment (Libin et al., 2017).

Masculinity

To begin a discussion of the study of men and masculinity, it seems pertinent to offer a brief overview of the Gender Role Strain Paradigm (GRSP), which asserts that gender roles are not biological, but socially constructed and maintained through a patriarchal socioeconomic

order (Pleck, 1995 as cited by Levant & Richmond, 2016). Considered to be the main theoretical model in this area, GRSP grew out of feminist scholarship which actively fought against the more essentialist views that gender roles formed as a result of biological differences between sexes (Levant & Richmond, 2016). Instead, Thompson and Pleck (1995, as cited by Levant & Richmond, 2016) suggested the term “masculinity ideology” to encompass this construct within the research which assesses attitudes towards men and male gender roles and the expectation not that males will inherently have sex-specific characteristics, but that they *should*. Furthermore, Levant & Richmond (2016) identify a shared set of standards and expectations associated with men and masculinity throughout most of the world as a result of the shared masculine social roles across most cultures: provider, protector, and procreator.

In the review of Pleck’s (1983; 1995) ideas surrounding male gender norms and the strain associated with those roles, Levant and Richmond (2016) described how the GRSP inspired research on three types of male gender role strain: Discrepancy strain is described as perceived failure to live up to one’s own ideal version of what a man should be, which is a version of a man steeped in traditional masculine ideology, leading to negative psychological consequences such as low self-esteem (Pleck, 1995 as cited by Levant & Richmond, 2016). Second, dysfunction strain denotes the concept of negative outcomes occurring due to adherence to male gender role norms (Pleck, 1995 as cited by Levant & Richmond, 2016). Finally, trauma strain represents specific groups of men such as professional athletes, men of color, and veterans who are hypothesized to be particularly impacted by gender role strain (Pleck, 1995 as cited by Levant & Richmond, 2016).

O’Neil et al. (2017) contribute to the discussion of masculinity by offering a perspective that urges the field of psychology away from the handling of masculinity as an inherently

negative and to progress to a space in which masculinity can be discussed in terms of contextual choices and a deeper, more nuanced understanding of the ways in which men construct and act upon their identities. In this critique of Gender Role Conflict Theory (GRC; O’Neil, Helms, Gable, David, & Wrightsman, 1986 as cited by O’Neil et al., 2017), gender roles, and specifically masculine gender roles, are presented in terms of functionality – an idea that, up to this point, had been largely ignored due to its social implications and potential misuse. For instance, O’Neil et al. (2017) describe how despite intent, scholarship that has depicted the functionality of masculinity and masculine gender roles has historically been exploited to excuse and justify sexist attitudes and behavior. However, O’Neil et al. (2017) also point out that in order to effectively conceptualize masculine identity and ideals, that one must develop an additional understanding of masculine ideals and behavior beyond dysfunction.

O’Neil et al. (2017) propose the idea of masculinity as a heuristic category from which men pull to assess a situation and then employ a behavior designed to achieve a desired outcome. Heuristics can be used to speed up the process of decision-making in certain situations and reduce the cognitive load associated with the task of interpreting and conceptualizing specific situations and the general world (O’Neil et al., 2017). This is an implementation that is designed to be efficient and “good enough,” not to yield perfect results (O’Neil et al., 2017). Indeed, this usage of mental shortcuts, especially in the context of masculinity, can certainly yield undesirable results (see: GRC theory, O’Neil et al., 1986), but should not be categorized as an inherent negative or positive, but rather another tool used to make sense of the complexities of the world and to respond efficiently and appropriately (O’Neil et al., 2017). The decrease of reaction time necessary to formulate a response to a situation is likely an evolutionary adaptation, used to help ensure survival (O’Neil et al., 2017). This is an especially salient note

given the necessity for quick decision-making and action in a combat situation for military service members. In this context, a lack of heuristic category, or a readily available “guide” for behavior based upon the immediate circumstances around them, could be the difference between life and death in what are so often incredibly time-sensitive conditions.

As evidenced by the precarious manhood theory proposed by Vandello and Bosson (2016), loss of masculinity or manhood can be a crushing blow to self-esteem and self-worth, and an especially critical concern in a setting that fosters hyper-masculine ideals such as the military. Additionally, Shields (2016) identified that language can be a catalyst for maladaptive behavior and a barrier to treatment and healing. As such, Saucier et al. (2015) examined the expression and impact of slurs against men and masculinity. For this examination, researchers conducted several studies developed to further conceptualize and understand this concept. In study 1, researchers developed what they referred to as a “taxonomy” of slurs against men and masculinity (Saucier et al., 2015). 96 men were recruited from several communities in central Kansas and were asked to list ten slurs that they would be offended by if somebody were to use these slurs against them or in reference to them (Saucier et al., 2015). The guidelines were left intentionally vague to encourage a broad range of responses (Saucier et al., 2015). Using the garnered responses, Saucier et al. (2015) were able to identify seven themes that emerged from the data: *Homophobic slurs* (ie: queer), *feminine slurs* (ie: bitch), *intelligence slurs* (ie: dumbass), *bravery slurs* (ie: coward), *physical slurs* (ie: fat ass), *ethnic slurs* (ie: cracker), and *general personality slurs* (ie: asshole, loser, douchebag). Slurs that were identified as directly attacking masculinity were the slurs that challenged heterosexuality (homophobic slurs), represented feministic characteristics (feminine slurs), or called into question the individual’s bravery (bravery slurs) (Saucier et al., 2015).

Study 2 examined which slurs might initiate an aggressive reaction by asking men to identify whether they'd ever had a physically aggressive response to a slur and asking them to indicate which slurs initiated the response (Saucier et al., 2015). Once again, the format of the study was exploratory in that it left free-response space for men to report details and encouraged elaboration of stories regarding these incidences (Saucier et al., 2015). Results indicated that nearly half of all participants had gotten into a fight due to the usage of a slur against them (Saucier et al., 2015). 32% of the men reported feminine slurs as the slur that instigated their aggressive responses, 29% reported homophobic slurs, 20% reported ethnic slurs, 15% provided general personality slurs, 10% provided intelligence slurs, 5% reported physical slurs, and 5% provided slurs that fell into the "other" category (Saucier et al., 2015). Nobody gave a bravery slur response (Saucier et al., 2015).

Study 3 examined responses to specific categories of slurs by assessing participants' rated offensiveness across categories (Saucier et al., 2015). Participants were asked to indicate on a scale of 1-9 (1 = not at all offended and 9 = extremely offended) how offended they would be if targeted by this slur, and on a scale of 1-9 (1 = not at all likely and 9 = extremely likely) how likely they would be to use physical aggression if targeted by this slur (Saucier et al., 2015). Results for this study showed that men were more likely to be offended by and respond physically to slurs that targeted their masculinity (ie: homophobic, feminine, and bravery slurs) as compared to the other categories of slurs (Saucier et al., 2015). In pairwise comparisons, results indicated that participants reported a tendency to be most offended by homophobic slurs, followed by feminine and intelligence slurs, then followed by bravery and general personality slurs, and finally followed by physical slurs (Saucier et al., 2015). Comparably, results showed that participants would be most likely to respond with physical aggression if targeted by

homophobic slurs followed by feminine and bravery slurs, followed by general personality slurs, intelligence, and then physical slurs (Saucier et al., 2015).

Finally, participants' scores on the Masculine Honor Beliefs Scale (MHBS) were examined in comparison with participant's reactions and perceptions of the different slurs categories (Saucier et al., 2015). This was to assess whether, as hypothesized, that adherence to masculine honor beliefs would correlate with higher levels of perceptions of perceived offensiveness and aggressive reactivity to all categories of slurs, and whether that relationship would strengthen with slurs against masculinity (Saucier et al., 2015). The results indicated that the relationship existed as predicted in that higher scores on the MHBS were significantly and positively correlated with higher perceived offensiveness ratings on the questionnaires and with the likelihood of a physically aggressive response (Saucier et al., 2015). Finally, as hypothesized, this relationship was stronger between slurs against masculinity and the MHBS ($r = .35$, $p < .001$) than between other slurs not related to masculinity and the MHBS in perceived offensiveness ($r = .21$, $p = .01$; $r_{diff} = .14$, 95% confidence interval lower limit = .05, upper limit = .23). (Saucier et al., 2015). Similarly, aggressive reactivity to slurs against masculinity were also more strongly positively correlated with scores on the MHBS ($r = .33$, $p < .001$) than that of slurs not related to masculinity ($r = .24$, $p = .004$; $r_{diff} = .10$, 95% confidence interval lower limit = .01, upper limit = .17) (Saucier et al., 2015). Because adherence to masculine honor beliefs denote things such as belief in the virtue of manhood and being proud of one's own masculinity, it stands to reason that slurs against masculinity would be more impactful for those who subscribe to higher levels of adherence to those beliefs, thus initiating a more aggressive response to this perceived threat to manhood (Saucier et al., 2015).

Within military culture, the ideal soldier is hyper-masculine and entrenched in “warrior masculinity” which champions stoic silence in the face of significant physical and psychological adversity (Shields, 2016). With this norm firmly cemented in the culture, stigma regarding psychological stress remains a pervasive truth leading to potential lack of language to express these issues and reluctance within the community to seek help (Shields, 2016). To explore the narrative surrounding psychological trauma and masculinity in the male veteran experience, Shields (2016) examined masculinity and military culture through review of relevant literature, consideration of the interaction between the military culture and the “culture of mental disorder” (Shields, 2016, p. 65), and then finally analysis of three narratives across the domains of popular culture (the movie ‘300’), psychiatric conversations around the DSM-5, and the trauma narrative of an individual military veteran (Shields, 2016). Essentially, Shields (2016) set out to examine what it was about the specific language and narratives surrounding both masculinity and professional trauma discourse that so alienated and inhibited male military veterans from seeking and receiving treatment and relief.

Over the course of these analyses, Shields (2016) found evidence that popular culture serves to perpetuate the idea of the unflinchingly masculine warrior – unaffected and stoic in the face of even the most traumatic events, and unfailingly agentic. That, intersected with the psychiatric discourse surrounding trauma which serves to reinforce the idea of trauma responses as abnormal and disordered, can ultimately lead to feelings of defectiveness and weakness amongst service members (Shields, 2016). Specifically, the narrative of the former service member interviewed further supported this line of thinking: “Jack’s story provides a poignant example of how the subjective experience of the traumatized veteran is colonized by concerns

about agency, and how the inability to remain stoically unaffected in the face of horror is a significant source of the distress he experiences” (Shields, 2016, p. 71).

Overall, Shields (2016) offers a picture of how normal responses to traumatic experiences are stigmatized as weakness and are therefore deemed unacceptable emotional responses which threaten self-perception as both a man and a soldier (Shields, 2016). The expectation that one is unaffected by combat or any other trauma because of higher masculine behavioral expectations becomes the catalyst for shame and humiliation once trauma responses inevitably occur (Shields, 2016). Dealing with the potential fallout of a perceived “failure” to live up to the hyper-masculine standards of the ideal man and soldier can be just as or even more traumatic than the trauma which caused the emotional response itself (Shields, 2016). This can leave male veterans vulnerable to dealing with shame in isolation in their trauma responses and disconnected from the resources meant to initiate healing due to the disordered language surrounding a DSM-V PTSD diagnostic criteria (Shields, 2016).

Many of the traditional masculine gender role norms (TMGRNs) are socialized and developed in boys and men in society from a young age, while some men go through a second, more intense socialization within the military (Lorber & Garcia, 2010). This socialization focuses on areas such as emotional control, self-reliance, and concealment of perceived weakness (Lorber & Garcia, 2010). Lorber and Garcia (2010) addressed military secondary socialization in the context of male OEF/OIF veterans presenting with high levels of TMGRNs and the unique ways in which those are expressed within this population. Most significantly, this unique presentation not only acts as a risk factor for the development of higher levels of traumatic stress responses and other mental health issues, but can act as a barrier for treatment seeking and healing due to the high rates of therapeutic dropout in this population (Lorber &

Garcia, 2010). Due to the relative youth and lack of life experiences prior to military experience and/or combat of many of these veterans, the opportunity to develop adequate emotion regulation skills may have been drastically reduced (Lorber & Garcia, 2010). Additionally, given the more recent enculturation into the military lifestyle, thus the more recent masculine re-socialization that has occurred with OIF/OEF veterans, adherence to and employment of the familiar traditionally masculine responses to difficult situations may be more pervasive and warrant closer consideration (Lorber & Garcia, 2010).

Lorber and Garcia (2010) first discussed the masculine ideal of strength and independence and the way in which this mindset exacerbates feelings of isolation in mental health issues. For instance, Lorber and Garcia (2010) noted a tendency for OIF/OEF veterans to conceal psychological symptoms from one another due to this belief in strength and independence which promotes the idea that one shouldn't be feeling these things. Undeniably, this military masculinity ideal lends itself to the belief that service members should be invulnerable to and unaffected by the effects of combat and other potentially traumatic military experiences (Lorber & Garcia, 2010). This in turn, can lead to veterans feeling alone in their experiences of psychological distress and PTSD symptoms and a belief that they are the only ones experiencing it (Lorber & Garcia, 2010). Relatedly, Lorber & Garcia (2010) emphasize the higher rates of substance use (and misuse) as a means of coping amongst OIF/OEF veterans because of the lack of emotional processing, citing research that notes that alcohol use is higher than even amongst Vietnam veterans (see: Erbes, Curry, & Leskela, 2009).

Finally, Lorber and Garcia (2010) acknowledged the high rates of dropout of psychotherapy within this population and theorized that stigma related to masculine identity and perceived masculine expectations may play a role. "Stigma reinforced by masculinity issues,

recent military experience, war-related distress, and limited emotion regulation skills may contribute to dropout by making psychotherapy particularly aversive for male OEF/OIF veterans” (Lorber & Garcia, 2010). In an effort to destigmatize therapy and help-seeking for this population of veterans, it is suggested that these unique components not only be considered, but that treatment be modified and molded to fit the subsequent unique needs of this population (Lorber & Garcia, 2010). Suggestions include utilizing psychoeducation to conceptualize and normalize traumatic experiences and their neurological effects, and how TMGRNs have been and can be adaptive, but can be maladaptive if too rigidly adhered to (Lorber & Garcia, 2010). By decreasing the negativity and de-pathologizing the utilization of TMGRNs while still addressing and working through them, Lorber and Garcia (2010) assert that therapists can potentially aid veteran clients in addressing, experiencing, and processing emotions, and reduce dropout rates in psychotherapy.

As observed in prior research, young military service men are often unwilling to disclose psychological distress and issues, and unlikely to ask others for any sort of help, leaving them vulnerable to the difficulties that come along with post-service mental health issues (Green et al., 2010). In a UK-based study of ex-military servicemen, Green et al. (2010) examine the ways in which masculinity is constructed, performed, and utilized in and after military service, and how expression of emotional distress is therefore impacted. Specifically, researchers set out to examine the following: “How is hegemonic masculinity embedded in the construction of a male soldier identity?” ; “What impact does this have on their expression of distress and access to support?” ; “How does this inform our understanding of constructions of masculinity and response to emotional distress?” ; “What are the practical implications of the findings in terms of support for ex-soldiers?”

To assess these questions using a qualitative method, a sample of 20 former service members, all Army except for one, were recruited to participate in majority face-to-face (a small number were conducted via the telephone) individual interviews (Green et al., 2010). Participants were asked about their personal and military history, their experiences post-separation, and were then asked to respond to several vignettes which depicted a military service member exhibiting distress in several different ways in order to elicit a deeper discussion of personal emotional experiences and mental health issues (Green et al., 2010). Green et al. (2010) noted that the use of the vignettes was especially convenient for those who had a desire to discuss mental health and topics relating to personal emotional experience but were wary of personalizing it too much. Upon examination of the resulting transcripts, the themes that emerged from the data were congruent with similar studies conducted in the past in how military masculine identity is constructed, and how this identity can be both a risk and benefit for emotional recovery (Green et al., 2010).

Green et al. (2010) found through this research that hegemonic masculinity plays a significant role in the construction of the “soldier identity” in that many of the demands that make the model soldier are steeped in traditionally masculine ideals. For instance, critical to surviving the demands of military life and combat, physical and mental strength and endurance were found to be essential traits developed during military training, one participant stating, “training breaks you down and then rebuilds you in a different way – that’s the way they make soldiers” (Green et al., 2010). Additionally, other participants noted the ways in which physical proficiency was linked to aggression and that only after enacting aggressive behaviors and limiting perceived passiveness does one become a ‘man’ and ideal soldier (Green et al., 2010). Development of a bond or “brotherhood” was also described to be one of the core elements of

constructing the soldier identity, compounded with the ability to both dish out and withstand the bantering that comes along with it (Green et al., 2010). This bantering is proposed to help define the masculine norms which forge bonds between service members, thus enabling them to work as a unit (Green et al., 2010). Put simply, these bonds help ensure survival. Finally, separating from the military is thought to leave some sort of wound on one's perception of their own masculinity, as separation itself can be deemed emasculating (Green et al., 2010). Resettling into civilian life can be difficult for some, as generally accepted and widely encouraged overly masculine behaviors are no longer acceptable in the civilian world (Green et al., 2010). So much of a former service member's identity was forged through construction of the ideal soldier, that many separate from the service feeling like they lack in personal identity when they no longer have use for these hypermasculine, warrior ideals (Green et al., 2010).

Upon examination of expression of emotional distress, Green et al. (2010) found that unsurprisingly, many former service members found that they lacked the language to express their emotional distress due to the "unwritten rule" that a man does not express a perceived "weak" emotion such as fear. The expectation to push emotions off to the side and complete the mission, so to speak, makes sense in the context of survival – both of the individual and the unit. One cannot be fully focused on the mission if too entrenched in their own emotions, scared, distressed, or otherwise, thus, putting both himself and his teammates in danger, the prospect of which is unacceptable in a military setting (Green et al., 2010). In addition, former service members also recalled the fear that speaking out about their own emotional distress, or any sort of mental health issue was a threat to their futures in the service (Green et al., 2010). Predictably, service members reported turning to alcohol to help cope with uncomfortable and distressing emotions, one participant stating, "We were all drinking, drinking ourselves to death, or trying to

anyway” (Green et al., 2010). Even so, many participants reported the use of alcohol as a coping mechanism and the subsequent knowledge that it was a maladaptive way of coping which often led to maladaptive interpersonal behaviors and acted as a barrier to help-seeking. Of particular interest, it was noted, that in special circumstances that those who had “earned it” and had developed the necessary bonds within the “brotherhood” were allowed overt displays of emotional expression (Green et al., 2010). In fact, several participants shared that this bond of brotherhood was a significant protective factor with one participant even noting that his development of severe mental health issues post-service may have turned out differently had he not been separated from his comrades (Green et al., 2010).

Ownership over and reconstruction of masculinity in a way that works for veterans’ help-seeking and wellbeing is a promising concept for those struggling with emotional distress. In an 18-month qualitative study examining male combat veteran’s own narratives surrounding their experiences of masculinity and PTSD, a population of UK veterans involved in a veterans’ residential surfing charity for veterans experiencing PTSD took part in both an initial interview, some in a follow-up interview, and finally an observation study (Caddick et al., 2015). The group of participants consisted of 15 veterans and 1 member of civilian emergency services with a diagnosis of PTSD, ages ranging from 27 to 60 years old, who had all experienced front-line duties and combat (Caddick et al., 2015). 10 of the military veterans had a reported PTSD diagnosis (Caddick et al., 2015). Researchers participated in and observed daily life during surf camps and several residential weeks in order to not only get a more accurate representation of veterans’ unfiltered attitudes, habits, and conversations, but to observe the ways in which masculinities were enacted by the veterans (Caddick et al., 2015). Observations took place over the contexts as follows: during 18 of the surf camps, during informal meetings at the charity’s

headquarters, and 3 separate residential weeks in which the researcher was able to live and participate in (Caddick et al., 2015).

During data analysis, several overarching themes emerged which centered around veterans' PTSD experiences and responses and how those intersected with ideas and habits of masculinity (Caddick et al., 2015). The first theme, "*Responding and non-responding to PTSD: masculine habitus as a danger to wellbeing*," highlighted the ways in which the veterans' "masculine habitus" impacted their ways of response and non-response to PTSD (Caddick et al., 2015). "Masculine habitus" encompasses masculine practices and ways of being, learned and developed in the military setting, and enacted in various ways including the way that veterans perceive, conceptualize, and act upon the world around them (Bourdieu, 2005 as cited by Caddick et al., 2015). Personal strength, self-reliance, stoicism in the face of adversity, male friendship and bonding, and an action-oriented approach to problems are some of the ideals of traditional masculinity that were entrained and socialized into the veterans, thus becoming the ways in which they dealt (or did not deal with) their PTSD (Caddick et al., 2015). For example, one participant quoted his prior thoughts regarding his PTSD: "It's like the old military sort of ways; just man-up and get on with it" (Caddick et al., 2015, p. 101).

Another theme that emerged from the data was that of, "*Fighting' PTSD: enacting masculinity as a resource for wellbeing*" (Caddick et al., 2015). In this theme, masculinity actually served as the impetus for help-seeking in that veterans were able to garner "masculine capital" by facing PTSD head on and fighting it rather than ignoring it, which was an approach that was valued by the other veterans with PTSD (Caddick et al., 2015). Masculine capital is presented as a way to explain the power and authority that comes with displays of typically masculine behaviors amongst other men (Caddick et al., 2015). Caddick et al. (2015) explain,

“Among these veterans, masculine capital was gained not by denying suffering and remaining stoic, but through actively dealing with PTSD; through fighting it” (p. 102). The masculine behavior displayed here takes on that idea of fighting through and action-oriented approaches to problem-solving, thus meeting the masculine values and ideals of the group whilst simultaneously gaining back some of the lost “masculine capital” as a result of the PTSD diagnosis and displayed vulnerability (Caddick et al., 2015).

“Banter and the narrative environment as a source for wellbeing” was the third theme emerging from the data (Caddick et al., 2015). Banter is regarded in this case as a positive and proactive storytelling approach to dealing with PTSD amongst a group of trusted men (Caddick et al., 2015). This “hypermasculine banter” helps to re-establish a sense of camaraderie, thus cultivating important interpersonal bonds and connections (Caddick et al., 2015). These bonds are an integral component of healing and solidarity, especially amongst military veterans who value manhood and masculinity in many of the same ways and have had to learn through military training to rely on the guy next to them (Caddick et al., 2015). These positive-focused stories and banter serve as a platform to engage in mutual support of their own and each other’s mental health care and wellbeing while simultaneously allowing them to uphold their own masculine ideals without the threat of lost masculine capital (Caddick et al., 2015).

The final theme that emerged was, *“Contradictions of help-seeking: upholding masculinity as both danger to, and resource for, wellbeing”* (Caddick et al., 2015). In this theme, asking for and receiving help comes at a great risk for many men attempting to uphold their ideas of masculinity due to the perception of distress that comes with PTSD as weakness (Caddick et al., 2015). However, Caddick et al. (2015) were able to identify ways in which the veterans manage to maintain masculine capital while simultaneously receiving the help they need: When

help-seeking is initiated by others in a way which is perceived as “forcing” the veteran to “face up to his problems,” help-seeking becomes more compatible with masculinity and action-oriented approaches to facing problems (Caddick et al., 2015). Additionally, Caddick et al. (2015) identified that having already proven their masculinity through military service, thus having built up masculine capital, some veterans were able to conceptualize directly asking for help as a form of taking action, rather than as an admission of weakness.

It has been well-documented that adherence to rigid traditionally masculine ideals can have negative repercussions for male service members during transition out of military service to civilian life. In fact, O’Loughlin et al. (2020) cited that approximately 25% of Canadian veterans (Dallaire & Wells, 2014) and 44% of American veterans (Segal & Segal, 2004) reported a challenging reintegration into civilian life. Given that a difficult reintegration tends to be a risk factor for other issues later on such as homelessness, addiction, unemployment, and suicidality amongst other, these numbers are worrying in regards to the long-term health and functioning of military service members (O’Loughlin et al., 2020). Among the factors contributing to this difficulty, are the trained and encouraged adherences to the structure and values of the military and their alignment with the traditionally masculine ideals of toughness, dominance, and control (O’Loughlin et al., 2020). O’Loughlin et al. (2020) sought out to identify which factors of masculinity most strongly contributed to this difficulty in transition. Specifically, researchers examined the relationship between five different components of traditional masculinity (restrictive emotionality, avoidance of femininity, toughness, dominance, and self-reliance) and four factors associated with a difficult military to civilian reintegration (PTSD, depression, perceived social support, and alcoholism) (O’Loughlin et al., 2020).

Participants for the study were 289 Canadian veteran men participating in a group which attempts to facilitate successful transition from military to civilian life, ages ranging from 23 to 76 years old (O'Loughlin et al., 2020). Participants were asked to complete several measures including one that measured the study of belief in adherence to traditionally masculine norms called the Male Role Norms Inventory – Short Form (MRNI-SF; Levant, et al., 2013 as cited by O'Loughlin et al., 2020). Specifically, O'Loughlin et al. (2020) looked at the subscales of restrictive emotionality, self-reliance through mechanical skills, avoidance of femininity, dominance, and toughness. Other measures completed by participants were the Posttraumatic Stress Disorder Checklist-5 (PCL-5; Weathers et al., 2015), the Beck Depression Inventory II (BDI-II; Beck et al., 1996), the Multidimensional Scale of Perceived Social Support (MPSS; Zimet et al., 1988), and the Alcohol Use Disorders Identification Test (AUDIT; Saunders, 1993). Linear regression analyses were conducted to predict the how endorsement of these facets of masculinity contributed to military to civilian reintegration challenges (O'Loughlin et al., 2020).

Results indicated that facets of masculinity did appear to be significantly correlated with the outcome variables regarding difficulty transitioning back to civilian life (O'Loughlin et al., 2020). Restrictive emotionality was found to be the only facet of the identified subscales of masculinity that was a significant predictor of PTSD and was significantly associated with PTSD ($B = 0.79, p < .001$) (O'Loughlin et al., 2020). Additionally, restrictive emotionality was also the only significant predictor of both depression and perceived social support, thus was also found to be significantly associated with depression ($B = 0.57$) and perceived social support ($B = -1.02, p < .001$) (O'Loughlin et al., 2020). Finally, avoidance of femininity was found to be a significant predictor of and significantly associated with alcohol related problems ($B = .14, p < .05$).

Although prior research has shown that many, if not all, of these facets to contribute to reintegration difficulties, given these results, O'Loughlin et al. (2020) concluded that restrictive emotionality is the facet of traditional masculinity resulting in the most widespread reintegration difficulties of the ones examined. Additionally, avoidance of femininity was found to be related to alcohol related problems which is in alignment with previous research studied on the topic (O'Loughlin et al., 2020). Avoidance of exhibiting stereotypically feminine emotional responses (ie: sadness, hurt, fear) would lead to veterans having to find an alternate way of coping, and consuming alcohol seems to be the "masculine" way of coping with stress and psychological discomfort (O'Loughlin et al., 2020).

Reintegration Concerns

In an effort to identify the types of civilian reintegration issues faced by returning veterans, Sayer et al. (2010) examined responses on a survey regarding community reintegration from a sample of 754 Iraq-Afghanistan veterans receiving care from the VA. This study came out of a necessity to assess not only psychiatric issues plaguing returning veterans, but functional reintegration concerns as well (Sayer et al., 2010). Sayer et al. (2010) assert that for many veterans, resolution of issues related to work, home, and school functioning are just as, if not more, important than psychiatric symptom reduction. Moreover, up until this point, Iraq-Afghanistan veterans' long-term adjustment was widely unstudied as most research focused on development and presentation of psychiatric symptoms within the year after returning (Sayer et al., 2010). Finally, gaps in the current research regarding Iraq-Afghanistan veterans' preferences for treatment were addressed to account for differences in age, education, and comfort with technology. (Sayer et al., 2010). Associations between possible PTSD, reintegration problems, and treatment preferences were also explored (Sayer et al., 2010).

Difficulties reintegrating were assessed both with one item gauging overall trouble reintegrating, and then with several items assessing difficulties within the following functional domains: Social Relations, Community Participation, Perceived Meaning in Life, and Self-Care and Leisure Activities (Sayer et al., 2010). Participants were asked to assess difficulties readjusting on a Likert scale ranging from 1 = no difficult to 5 = extreme difficulty (Sayer et al., 2010). Participants were also asked to check ‘yes’ or ‘no’ on nine questions regarding problems experienced since returning home from deployment including issues such as divorce/separation, legal problems, and job loss (Sayer et al., 2010). Participants then were given a list of 12 possible services to assess variations to check the ones they were interested in and asked to give an indication of how they would like to receive information and services regarding reintegration concerns (Sayer et al., 2010). Overall physical and mental were addressed with the 12-item Short-Form Health Survey (Ware, et al., 2007), PTSD was evaluated using the Primary Care PTSD Screen (Prins et al. 2004), and alcohol and drug issues were screened for using the Two-Item Conjoint Screen (Brown, 2001), and data was analyzed using logistic regression methods (Sayer et al., 2010).

Results indicated that approximately 40% of participants noted some to extreme difficulty in readjusting to civilian life overall within the past 30 days, with at least 25% reporting having some to extreme difficulty in each of the domains analyzed (Sayer et al., 2010). Some of the most notable results were as follows: 57% of participants reporting more problems controlling anger while 56% of participants reported difficulty confiding or sharing personal thoughts and feelings (Sayer et al., 2010). Nearly half the participants (49%) reported some to extreme difficulties taking part in community activities and belonging in civilian society (Sayer et al., 2010). 45% of participants reported difficulty keeping up with nonmilitary friendship and

42% noted difficulty getting along with their spouse or partner (Sayer et al., 2010). 47% of veterans reported difficulty with enjoying or making good use of free time and 42% reported both difficulty with finding meaning or purpose in life and lost touch with spirituality or religious life (Sayer et al., 2010). 96% of the participants indicated that they would be interested in services for community reintegration support with the majority of veterans indicating interest in resources to provide information on VA benefits (83%), information on schooling, employment or job training (80%), and educational material to help self (75%) (Sayer et al., 2010). PTSD was also found to be associated with drug/alcohol problems and with worse scores on the Short Form Health Survey (Sayer et al., 2010). Among the veteran participants who met criteria for probable PTSD, odds of reporting some to extreme difficulty in the functional domains assessed were significantly higher, with odds ratios ranging from 2.21 to 8.89 (Sayer et al., 2010). Sayer et al (2010) also noted that veterans both with and without probable PTSD most commonly reported problems with controlling anger (Sayer et al., 2010).

Reintegrating back into a civilian setting after immersion into the military culture can be a difficult task for various reasons for both service members and their families. Bowling & Sherman (2008) cited a study conducted by Hoge et al. (2004) in which a survey of 894 Army service members reported the stressful situations that they had endured during service: 95% reported observing dead bodies or human remains, 93% reported having been shot at or receiving small-arms fire, 89% reported an attack or ambush, 65% reported seeing injured or dead Americans, and 48% reported being responsible for the death of an enemy soldier. This range of experience along with the total and complete enculturation into the military lifestyle can leave some service members floundering upon reintegration. Bowling & Sherman (2008) outlined four tasks of reintegration and the potential complications that may arise with each.

The first of these reintegration tasks, “Redefining roles, expectations, and division of labor,” alludes to the difficulties that service members and their families might face both in relating to each other again and in relearning how to coexist in a civilian space (Bowling & Sherman, 2008). Hutchinson & Banks-Williams (2006, as cited by Bowling & Sherman, 2008) eloquently described the process of reintegration for service members and their families, stating, “in many instances, a traumatized soldier is greeting a traumatized family, and neither is ‘recognizing’ the other.” In essence, service members may be dealing with a wavering sense of self-identity whilst also in the midst of the incredibly vulnerable position of reintegrating into a community of people with whom they may no longer entirely understand or identify with (Bowling & Sherman, 2008). Coming home to a household which has adapted and functions separately from that of the returning service member may feel foreign and uncomfortable in terms of division of labor, roles, and expectations (Bowling & Sherman, 2008). Because life went on and adaptations were made by their family in their absence, veterans may feel superfluous and alienated when attempting to integrate back into their civilian familial roles (Bowling & Sherman, 2008).

Second of the four tasks is the job of “managing strong emotions” (Bowling & Sherman, 2008). Many service members return home to a litany of celebrations, feelings of happiness upon reuniting with loved ones, and pride (Bowling & Sherman, 2008). However, often following the influx of positive emotions come emotions such as related to anxiety and hypervigilance, depression, suicidal thoughts, and other trauma and stress-related responses (Bowling & Sherman, 2008). Irritability and anger are also common, as are risk-seeking behaviors to simulate the adrenaline rush associated with combat and military lifestyle (Bowling & Sherman, 2008). Managing these emotions can be a hefty task, especially without the proper coping skills and

resources to help navigate such intense emotional territory. As a result, misuse of drugs and/or alcohol, PTSD diagnoses, domestic violence, and suicidality are genuine risks.

Third of the tasks that service members must navigate upon reintegration is “abandoning emotional constriction and creating intimacy in relationships” (Bowling & Sherman, 2008). Emotional constriction or suppression is one of the most pertinent issues facing veterans attempting the reintegration process. Service members are trained to suppress emotions that don’t further the cause or the mission, leaving anger as the only acceptable emotional experience as other emotional experiences may leave soldiers vulnerable to harm or the inability to execute daily expected tasks (Bowling & Sherman, 2008). Additionally, families may have had to emotionally constrict as well to deal with the loss of their family member on deployment (Bowling & Sherman, 2008). This functional emotional suppression becomes less functional when reintegrating back into a family unit. Therefore, while for many it feels as if it is the only safe way to function, former service members must now contend with the idea that the skills fostered to create a great soldier are now considered widely maladaptive and are expected to begin the task of learning to discontinue this emotional suppression. (Bowling & Sherman, 2008).

Finally, Bowling and Sherman (2008) describe the fourth task as “creating shared meaning.” Service members and their families, although both experiencing deployment, are experiencing deployment from a wholly unique individual perspective (Bowling & Sherman, 2008). While former service members may struggle with disclosing their experiences in the military and in combat, family members may also be afraid to ask for fear of triggering negative emotional responses (Bowling & Sherman, 2008). This leaves service members at heightened

risk for social isolation and withdrawal, and families at risk for disintegration (Bowling & Sherman, 2008).

Smith and True (2014) examine a less discussed but equally significant post-deployment mental health concern – that of identity crisis or what have been termed as “warring identities.” Unlike veterans returning home from previous eras of service, OIF (Operation Iraqi Freedom) and OEF (Operation Enduring Freedom) veterans are not drafted into service, rather, they’ve joined willingly and largely enthusiastically (Smith & True, 2014). Thus, Smith and True (2014) note that many place an elevated importance on their “soldier identity” and role as military personnel and may have a more difficult time disconnecting from that role upon separation. To gain a deeper perspective on this phenomenon, the researchers conducted one-on-one interviews with 26 United States service members, none of which were soldiers whose roles were completed “removed from harm” (ie: satellite communication engineers) (Smith & True, 2014). Twelve of the interviews were conducted by one author with veterans who had not been receiving routine health care through the VA and 14 were conducted by the second author with veterans who had been receiving this care (Smith & True, 2014). Five of the veterans interviewed were women while the rest were men, 12 of the 26 were self-identified minorities, and ages ranged from 22 years to 48 years old (Smith & True, 2014). Interviews were semi-structured and included prompts such as, “tell me about your experiences while deployed” and “what, if any, issues have you been dealing with since your return?” (Smith & True, 2014, p. 4).

Upon examination of the data collected from the interviews, one of the themes that emerged was the feeling of isolation and alienation that veterans experienced upon reintegration (Smith & True, 2014). Veterans described feeling disconnected from the civilian world and a perceived lack of understanding of the burdens that they carried upon return home (Smith &

True, 2014). Furthermore, veterans reported that their interpersonal relationships suffered not only because of the feelings of isolation and detachment, but because the service members themselves had been perceived as “changed” and no longer relatable to their civilian loved ones (Smith & True, 2014). This is compounded with the civilian world’s lack of understanding of military culture, meaning making, and recognition within that culture (Smith & True, 2014). For example, one soldier identified that he had received the Combat Infantry Badge, but that because of the lack of contextual knowledge associated with that award in a civilian setting, the award was rendered relatively meaningless upon reintegration into civilian life, and that esteemed piece of the soldier’s identity no longer seems relevant (Smith & True, 2014). Contrastingly, other interviewees identified the pressure of having to live up to media stereotypes of heroism and self-sacrifice, and how this pressure can feel daunting and emotionally cumbersome (Smith & True, 2014).

Two more themes that emerged were the idea that military service requires its service members to fully integrate into the unique culture of the military, which emphasizes collectivism, trust in one another, and has been likened to the creation of a new “family” or “brotherhood” (Smith & True, 2014; Bryan et al., 2012). The emphasis on being a part of the team and combat identity is a crucial aspect of military identity, meant to ensure survival and completion of military missions (Smith & True, 2014). As such, service members have essentially been stripped of their individual identity and autonomy and have instead adopted a sense of obedience to authority and a collectivist identity, a transformation that becomes all the more relevant amongst younger recruits who haven’t had as much life experience developing their own individual identity or sense of autonomy in the civilian world (Smith & True, 2014). The danger of combat situations makes solidarity between soldiers even more palpable, eliciting

the potential for the formation of deep bonds and caring between service members (Smith & True, 2014). In many ways, this unit becomes the individual's new family, and the danger of combat so normalized, that reintegration into civilian family and life is even more difficult (Smith & True, 2014). This lack of autonomy and sense of individual identity becomes problematic upon reintegration due to the potential for feelings of overwhelm with civilian responsibilities and difficulties with forming a solid sense of self outside of the team and the soldier identity (Smith & True, 2014; Bryan et al., 2012). Smith & true (2014) suggest that this warring identity may act as a catalyst for or present as widely normalized and diagnosed mental health issues for returning soldiers (such as PTSD), and that, "the disease-oriented view of PTSD research not only runs the risk of pathologizing soldiers, it fails to consider how an individual's transformed conception of self impacts mental health and well-being" (p. 11). Bryan et al. (2012) also cite this identity crisis and the resulting issues with reintegration as a risk factor for veteran suicide, as well. Relatedly, Ahern et al. (2015) in a qualitative study of their own identified three themes which matched the themes that emerged from the current study including, "military as family," "normal is alien," and "searching for a new normal," indicating that these experiences seem to be widely universal.

Many veterans have either planned to or have made a career of their time in the military, and because of this, some of the most common reintegration difficulties upon early and/or unexpected separation surround gaining and maintaining employment and financial stability. In a qualitative study exploring returning veterans' work experiences, Keeling et al. (2018) recruited several groups of veterans to participate in focus groups – two groups served before 9/11 and two after 9/11 (Keeling et al., 2018). Overall, a total of 33 veterans took part in the focus groups (Keeling et al., 2018). Researchers utilized a semi-structured interview with open-ended

questions focusing on the following: Journey from military to civilian employment, methods of finding work, barriers and enablement to employment, and experiences of services used (Keeling et al., 2018).

After analyzing the data for master themes, Keeling et al (2018) identified two discussed in this particular research: Organizational and societal barriers and Personal barriers.

Organizational and societal barriers included five subthemes including less than Honorable discharge, lack of transition support, starting over, negative experiences of support services, and employer stigma and discrimination (Keeling et al., 2018). As noted in other research, discharge status impacts not only the access to and types of services that veterans receive, but can also influence the amount of time that separated service members are allotted to prepare for that separation, leaving veterans vulnerable to issues with gaining meaningful employment after service (Keeling et al., 2018). Lack of transition support was noted even though post 9/11 veterans had access to the Transition Assistance Program while pre 9/11 veterans did not (Keeling et al., 2018). However, veterans indicated the perception that the TAP program wasn't very useful and that it was simply a "box checking exercise" (Keeling et al., 2018). Among the issues with lack of support, some veterans reported feeling unsupported by leaders one they were leaving due to the prioritization of service members who were continuing on in the service (Keeling et al., 2018). Finally, veterans also expressed feeling misled by the unrealistic expectations that military life had created about civilian life and the ease of which they would find employment (Keeling et al., 2018).

The subtheme of "starting over" indicates veterans feelings of being at a disadvantage in civilian life having given so much of their lives to military service (Keeling et al., 2018). Lack of transferrable skills from a military setting to a civilian one was commonly reported, while others

discussed being unable to gain entry to civilian jobs due to possible lack of college degrees or civilian work experience despite having a college degree (Keeling et al., 2018). Veterans in the focus groups also reported negative experiences of support services including poor service delivery, receiving little information about any type of support and benefits, and civilian service providers' inability to understand the unique needs and communication styles that come with service members returning from a military environment (Keeling et al., 2018). Finally, perceived employer stigma and discrimination was reported by focus groups who also admitted to not disclosing their veteran status on job applications because of it (Keeling et al., 2018). One individual shared regarding an interview in which he disclosed his veteran status, "And then they asked me how long ago did I leave combat zone? And I told them three years, and then they told me, 'oh, then you're good, we don't want to deal with guys who just came back'" (Keeling et al., 2018, p. 11). Keeling et al. (2018) point out that there is indeed little evidence to support the existence of this discrimination, thus the stigma and discrimination is discussed regarding perception of and not necessarily existence of.

The two subthemes that emerged from the data for Personal barriers were planning and preparation and military and civilian cultural clash (Keeling et al., 2018). Planning and preparation were noted issues, the cause of which many veterans attributed to a lack of motivation to prepare, and not necessarily lack of tools (Keeling et al., 2018). One veteran noted that most service members weren't necessarily thinking about finding employment upon reintegration, but about other things such as reuniting with family and friends (Keeling et al., 2018). Finally, a lack of cohesion between military and civilian culture was also a noted barrier to veteran employment, which reportedly led to feelings of frustration in the workplace and even issues in maintaining that employment (Keeling et al., 2018). The lack of cohesion or team-focus

in the civilian work place is one of the most noticeable differences between military and civilian work (Keeling et al., 2018). Whereas everything was done with and for the team and the cause before, the autonomy and individualistic tendencies of civilians may seem foreign, selfish, and frustrating for a separated service member (Keeling et al., 2018). Ultimately, the inability to integrate into a new, civilian role, especially if separation was unplanned or unwanted can act as a barrier to gaining and maintaining employment and become a threat to identity and self-esteem in the long run (Keeling et al., 2018).

Chapter 3: Methodology

Adherence to traditional masculinity was assessed as a moderating variable utilizing Burns & Mahalik's (2008) Conformity to Masculine Norms Inventory (CMNI). Assuming an already established causal relationship exists between predictor and criterion variables, a moderating variable would be a variable that changes the strength and/or direction of that previously established relationship (Baron & Kenny, 1986). In this case, masculinity was predicted as a moderating variable due to the relationship between military culture and masculinity, and the already-established relationship between discharge type and reintegration from previous literature. Discharge type has been shown through prior research to impact reintegration in several ways including through mental health concerns, access to VA benefits, and physical/mental injury (see for example: Libin et al., 2017; Elbogen, et al., 2018; Holliday & Pederson, 2017). Thus, I predicted a linear relationship between discharge type and the M2C-Q (Sayer et al., 2011) regardless of conformity to masculinity. However, research in this area has shown that certain aspects of rigid masculinity that are promoted and encouraged in military culture can exacerbate issues related to reintegration problems (see for example: Lorber & Garcia, 2010). These issues were predicted to then intensify difficulties related to unique Discharge type for many reasons including but not limited to limited recovery resources and psychoeducation around masculine role norms and reintegration, limited time to adapt to the idea of separation from the military, and potential identity crisis upon the shift from "soldier" to "civilian." Conformity to masculine norms then, as measured by the CMNI (Burns & Mahalik, 2008), was predicted to moderate this relationship in that scores on the CMNI, or more conformity to masculine norms, would alter the strength of the already established relationship between discharge type and reintegration problems.

Data Collection

To collect the data to assess this relationship, I conducted a series of online recruitment efforts over social media, specifically targeting male-identifying veterans of eighteen years or older. After obtaining permission from the administrators of several veterans' pages on Facebook and Reddit, I posted a recruitment flyer which contained information regarding the study and a link to a Qualtrics survey (Please see Appendix A). The Qualtrics survey began with a demographics survey (please see Appendix E) which assessed participants' race/ethnicity, age/era of service, branch of military service, discharge and separation type, and time since removal from military service. The survey then moved on to the M2C-Q (please see Appendix D) to gauge the population's reintegration difficulties within several domains of functioning (Personal Relationships, Productivity, Community Participation, Self-Care, Leisure, and Perceived Meaning in Life) (Sayer et al., 2011). The final survey that participants completed was the Conformity to Masculine Norms Inventory which was used as our "masculinity" variable to assess conformity to traditional masculine norms (Burns & Mahalik, 2008) (please see Appendix C).

Power Analysis

Because there is no prior literature directly addressing the research questions analyzed in this study which I could utilize to anticipate effect size, I had to instead predict effect size based on the hypothesized relationship between the variables, and a realistic expectation for recruitment and the amount of participants willing to engage with the research. Thus, anticipating a medium effect size (f^2) at 0.15, $p = .05$, and a statistical power of 80%, a power analysis was run utilizing the free statistical software, G*Power (Faul, et al., 2009). This analysis

indicated that I would need a minimum sample size of 103 in order to detect a medium effect size.

Participant Safety

Data was collected via an online Qualtrics survey which was distributed in an online format. Participants were not prompted to share personal, identifying information such as names or date of birth. Participants were deidentified using unique survey completion ID numbers. Collected data is stored on a password protected USB flash drive to ensure participant privacy and safety more fully. To further ensure participant safety, surveys included information about the Veteran's Crisis Line, a phone number to reach the hotline, and a link to the confidential chat. Additionally, participants were given information on eligibility and accessing of VA mental health resources. I did not receive any feedback from veterans in regard to whether they used the information to explore eligibility and/or access VA mental health resources. However, I did receive some feedback via Facebook comments on the recruitment post and one direct message. The most common feedback was on the perceived "weirdness" of the questions, particularly on the CMNI. This piece will be discussed further in the discussion section of this document. Another common piece of feedback was disappointment from female-identifying veterans that recruitment was only for male-identifying veterans.

Measures

Demographics Questionnaire.

The short answer/demographics questionnaire was first on the Qualtrics survey. The first short answer survey question encouraged participants to state what they "believe are the most pressing concerns facing separated military personnel and what is lacking in current support services for separated military personnel(.)" The second short answer survey question asked

participants, “What could current services (VA systems, local community services, etc.) do to address the areas that are lacking and/or make you as a former service member feel more supported?” The demographics portion included the following: Race/ethnicity (American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White), age (18 – 29, 30 – 49, 50 – 64, 65+), era of service (World War II, Korean, Vietnam, Post-Vietnam, Gulf War, Post-9/11 Era Gulf War) branch of military service (Army, Navy, Air Force, Marine Corps, Coast Guard), discharge type (Honorable, general (under Honorable conditions), other than Honorable, punitive), separation (planned or unplanned), medical discharge (yes or no), and how many years the service member has been removed from service (<1 year, 1-5 years, 6-9 years, 10+ years). Although none of the demographic information aside from discharge type and gender was analyzed as part of the current research question, the information was collected in a two-fold effort: the first, was to garner an idea of the scope of individuals who participated in the study to see whether the information gleaned would be generalizable to the wider population, and the second was to have to utilize for future research in this area.

Demographic Analysis Results.

Demographic data collected included race/ethnicity, age, era of military service, branch of military service, whether separation was planned or unplanned, whether discharge was medical, and years removed from service. Data was collected from an initial 257 participants from both Reddit and Facebook online veteran groups. Data was cleaned to ensure that it was both reliable and authentic. Exclusion material included participants who took less than 10 minutes to complete the survey based on an average of three personal completions of the survey. This was to weed out potential “bots” and participants who were simply randomly responding.

Participants who did not complete the M2C-Q or did not answer the discharge question were excluded due to the fact that they could not contribute to the research question. Participants with incomplete CMNI surveys were also excluded because total scores could not be calculated. The data cleanse yielded a final total participant count of 126¹.

Greater than half of the participants were between 30 – 49 years old (52%), and 30.4% fell between the ages of 50- and 64-years accounting for the vast majority of participants. (please see Table 1). Of the 126 final participants, the majority identified racially/ethnically as White or Caucasian at 61.4%, with Black or African American identifying participants following at 14.2% (please see Table 2). 67% of participants reported serving in the Gulf war era or the post-9/11 gulf war era (please see Table 3). It is important to note that some participants reported serving across multiple eras over a long military career. Participants' branch of service consisted of majority Army and Marine Corps veterans who accounted for 36.5% and 34.1% respectively (please see Table 4).

For reported discharge type, 40.2% reported an Honorable discharge (Typical), while 52.8% reported General (Under Honorable Conditions), and 7.1% reported Under Other Than Honorable Conditions. No participants reported a Dishonorable discharge. Additionally, 75.6% of participants indicated that their separation from service was planned, while 24.4% indicated an unplanned separation. Participants who were medically discharged made up the vast majority of participants at 84.9% versus 15.1% who were not. Finally, about half of the participants (49.6%) had been separated from service between 1 and 5 years. 21.3% reported being separated

¹ Instead of using the 10-minute survey completion time, I cleansed the data again using the Mahalanobis distance to assess for outliers. This yielded 6 additional participants for a total n of 132. However, rerunning the main analyses did not yield a significant change in the results.

for 6 – 9 years, and 21.3% reported being separated for 10+ years. The last 7.9% had only been separated for less than one year.

Table 1

Demographics: Age

Age (in years)	Frequency	Valid Percent
18-29	18	14.4%
30-49	65	52.0%
50-64	38	30.5%
65+	4	3.2%

Table 2

Demographics: Race/Ethnicity

Race/Ethnicity	Frequency	Valid Percent
American Indian	5	3.9%
Alaska Native	12	9.4%
Asian	6	4.7%
Black or African American	18	14.2%
Native Hawaiian or Other Pacific Islander	3	2.4%
White or Caucasian	78	61.4%
Prefer not to say	2	1.6%
Other	3	2.4%

Table 3

Demographics: Era of Service

Era of Service	Frequency	Valid Percent
World War II	3	2.5%
Korean	3	2.5%
Vietnam	11	9.1%
Post-Vietnam	17	14.0%
Gulf War	33	27.3%
Post-9/11 Era Gulf War	48	39.7%
Other	6	5.0%

Table 4

Demographics: Age

Age (in years)	Frequency	Valid Percent
Army	46	36.5%
Navy	25	19.8%
Air Force	11	8.7%
Marine Corps	43	34.1%
Coast Guard	1	0.8%

Conformity to Masculine Norms Inventory (CMNI).

The Conformity to Masculine Norms Inventory (CMNI) (Mahalik et al., 2003) assesses the degree to which individuals conform or do not conform to traditionally masculine norms relating to the dominant culture of the U.S. The CMNI is a 94-item inventory based on 11 distinct subscales: Winning, Emotional Control, Risk-Taking, Violence, Power Over Women, Dominance, Playboy, Self-Reliance, Primary of Work, Disdain for Homosexuals, and Pursuit of Status. Participants are instructed to indicate their level of personal agreement with each of the 94 items on a 4-point Likert scale ranging from SD (Strongly Disagree) to SA (Strongly Agree). Because this study deals only with participants' adherence and identification to gender norms and ideals, the CMNI is ideal for this study in that it reflects only conformity or nonconformity to male gender role norms rather than the stress or pathology that may be linked to male gender role norms. For the purpose of this study, along with overall conformity, I evaluated subscales of Emotional control, Risk-Taking, Self-Reliance, Violence, and Primary of Work based upon these specific scales' association with military training.

For example, the Emotional Control subscale denotes emotional restriction and/or suppression, or the idea that "boys don't cry" (Burns & Mahalik, 2011). While this is a common script for masculinity in general, this ideology is especially salient in a military setting in which emotional suppression is an adaptive resource trained into and utilized by military personnel not only to survive, but to "maximize combat effectiveness" (Bryan et al., 2012). This leads to the expectation of mental toughness – that one should not only be able to survive, but to function at a high level through extreme physical and emotional distress (Bryan et al., 2012). Example questions evaluating this subscale include, "It is best to keep your emotions hidden" and "I prefer to stay unemotional."

Furthermore, evaluating the CMNI subscale of Violence in relation to masculinity and military training should come as no surprise given the overarching theme of military training which is in essence, utilizing violence and aggression in service of the “greater good” (Bryan et al., 2012). This combined with the idea that manhood is in a constant state of tenuity, in which acts of masculinity such as aggression and risk-taking need to be enacted as proof (Vandello & Bosson, 2013), violence in the military community is a relative commonality. Sample items in this subscale include, “I am willing to get into a physical fight if necessary” and “I think that violence is sometimes necessary.” There are also items that require reverse scoring such as, “If there is going to be violence, I find a way to avoid it.”

Overall, previous research has shown the CMNI to be a valid and reliable measure of adherence to traditional masculinity, separate from specific stress and/or problems that come from gender role or masculinity. The CMNI subscales also provide more detail about specific constructs related to traditional masculinity which will be useful in identifying relationships between these constructs and military discharge type on military reintegration. However, a limitation to the CMNI includes the sample on which it was normed, which was majority Caucasian, heterosexual college students (Mahalik et al., 2003). Evidently, this lack of diversity within the sample population on which the scale was normed raises concerns regarding this inventory’s generalizability to the overall veteran population.

CMNI Scoring Range Results.

Likert-scale scoring on the CMNI ranged from 0 – 3 with 0 being Strongly Disagree and 3 being Strongly Agree. The highest score on the CMNI scale was 282 which averages to 3. The mean score was 158.72, averaging to approximately 1.69, with a standard deviation of

approximately 33.7 or 0.36 averaged. This reveals that the average participant's responses on the CMNI fell somewhere between "Disagree" and "Agree" with a slight lean towards "Agree."

Military to Civilian Questionnaire (M2C-Q).

The Military to Civilian Questionnaire (M2C-Q) is a 16-item questionnaire, with items rated on a 5-point Likert scale ranging from 0 (No difficulty) to 4 (Extreme difficulty). The M2C-Q was created to measure post-deployment achievement in work, home, relationships and the community over the past 30 days. These levels of achievement are assessed across six domains: Personal Relationships, Productivity, Community Participation, Self-Care, Leisure, and Perceived Meaning in Life, with the items across these domains summed to achieve a total score ranging from 0 – 64 (Sayer et al., 2011). Higher scores represent greater levels of reintegration difficulty. It is important to note that domains more relevant to individuals returning home with particular physical disabilities were not included such as mobility and functional dependence. Sample questions for the M2C-Q include, "*Over the past 30 days, have you had difficulty with... Keeping up with friendships with people who have no military experience?*" and "*Finding meaning or purpose in life?*"

The M2C-Q was normed on 745 OEF/OIF veterans utilizing VA healthcare, accessed through national VA administrative databases. This questionnaire was developed based on a literature review on "functioning problems among veterans, measures of psychological functioning, measures of community integration used for patients with disabilities, descriptions of reintegration problems among combat veterans, and qualitative data from a study examining factors associated with PTSD treatment seeking among veterans" (Sayer et al., 2011, p. 664). To assess reliability, researchers conducted item-total correlations, interitem correlations, and Cronbach's alpha. The M2C-Q was found to have high internal consistency (Cronbach's $\alpha =$

.95), indicating support for strong reliability. Item-total correlations for each of the 16 items ranged from $r = .48$ to $r = .78$. Additionally, Cronbach's alpha did not significantly change with the removal of any item.

The M2C-Q provides a psychometrically sound way to assess common reintegration issues into a single measure of reintegration difficulty/success. This questionnaire thus materializes the seemingly abstract concept of reintegration concerns into a well-defined measure able to be utilized in research in this area. Because the M2C-Q was developed utilizing a sample of OIF/OEF veterans, however, this does raise concerns regarding the generalizability to vets from different eras. Additionally, this sample only includes veterans utilizing VA resources which only represents about half of the population of U.S. veterans, and the questionnaire was not tested for stability over time and subjectivity to change.

M2C-Q Scoring Range Results.

Likert-scale scoring on the M2C-Q ranged from 0 – 4 with 0 being “No Difficulty” and 4 being “Extreme Difficulty.” The highest score on the M2C-Q was 4, indicating that at least one participant reported experiencing extreme difficulty in all facets of reintegration assessed. The mean score on the M2C-Q was approximately 1.24 with a standard deviation of approximately .996. This indicates that the participants in this study were reporting “*a little*” to “*some*” reintegration concerns on average.

Analyses

To analyze the data, I used a series of linear regression models to assess whether masculinity and discharge type interacted in their effect on reintegration difficulties. Discharge Type and CMNI scores were entered as predictor variables, as well as the interaction term between Discharge Type and CMNI scores. Discharge Type was split into two categories: The

first discharge category was Typical which denotes an Honorable discharge, while the second discharge category was Atypical which denotes anything other than an Honorable discharge. The discharge types were split this way for several reasons: the first is the sheer difference in percentages of service members who discharge with an Honorable discharge (with the vast majority separating under and Honorable discharge) as opposed to any other discharge type. The second reason lies in the understanding of what it takes to receive a discharge that is anything other than Honorable, with a General (Under Honorable Conditions) denotation still implicating some level of difficulty and/or perceived misconduct during service.

It should be noted that this study originally proposed categories of “Typical” consisting of Honorable and General (Under Honorable Conditions) discharges, while “Atypical” would consist of Under Other Than Honorable Conditions and Dishonorable discharges. However, upon review of the collected data, several problems arose. When looking at the percentages of each endorsed discharge type, there were no participants who endorsed a Dishonorable discharge, and only 7% of the sample endorsed an Under Other Than Honorable Conditions discharge type. Obviously, with the variables split this way, the sample was not balanced. Additionally, upon talking to psychologists at the VA and reading through posts in the veteran subreddit groups, I realized that that there was still a significant distinction between an Honorable and General discharge. One of those distinctions was that even though a General discharge is not a “negative” or punitive discharge, this type of discharge still denotes that there were some issues during the veteran’s time in service that somebody with an Honorable discharge didn’t have. Another note was that within the veteran community, it is widely believe that it is “difficult” to receive anything other than an Honorable discharge, and this “otherness” may lend itself stigma and other issues with disconnection. To mitigate these concerns, I decided

to go with the aforementioned variable groupings after consulting with my committee chair and seeking approval from the other members of my committee that this change to the original proposal was acceptable².

Assumptions

Data was tested for all assumptions associated with a multiple regression model. When testing for independence of observations, the results showed that there was no autocorrelation, as assessed by a Durbin-Watson statistic of 1.843. Data was also tested for linearity by plotting the studentized residuals against the unstandardized predicted values and showed an approximate linear relationship. There was also homoscedasticity as assessed by visual inspection of the same scatterplot and utilizing Levene's test (Levene Statistic = 0.893). Initial analyses to test for multicollinearity showed that there were indeed issues with multicollinearity (please see Table 5). To rectify, the IV and DV were centered, and the analysis was run again. This time, there was no evidence of multicollinearity, as evidenced by no tolerance values less than 0.1 (lowest tolerance value = 0.286) (see Table 6 for comparison). It is important to note that the centered data was then used for all analyses above, as well. Data was also checked for any significant outliers, high leverage points, or influential points. The data showed no significant outliers as evidenced by no value about 3 standard deviations, no high leverage points as evidenced by no leverage values above 0.2, and no influential points as evidenced by no Cook's distance values above 1. Finally, I tested for normality by way of visual inspection of the normal P-P Plot of Regression Standardized Residual. Visual inspection showed an approximately normal distribution.

² Using the data mentioned in footnote 1, I reran the analyses without grouping the Discharge Type variable so that there were three levels (Honorable, General, and OTH) instead of two. However, the new analyses did not yield any significant results.

Table 5*Test for Multicollinearity 1*

Model	Collinearity Statistics	
	Tolerance	VIF
Discharge Type	1.000	1.000
Discharge Type	1.000	1.000
CMNI	1.000	1.000
Discharge Type	.0370	27.39
CMNI	.2860	3.500
Discharge Type*CMNI	.0330	30.14

Table 6*Test for Multicollinearity 2 [Centered Variables]*

Model	Collinearity Statistics	
	Tolerance	VIF
1) Discharge Type	1.000	1.000
2) Discharge Type	1.000	1.000
CMNI	1.000	1.000
3) Discharge Type	1.000	1.000
CMNI	.2860	3.500
Discharge Type*CMNI	.2860	3.499

I first assessed the relationship between discharge type and reintegration concerns, and then assessed whether that relationship changed with the introduction of the CMNI as the moderator. I also tested these interactions utilizing several specific subscales of the CMNI as predictor variables, including Emotional Control, Risk-Taking, Self-Reliance, Violence, and Primary of Work. This allowed me to analyze whether certain subscales or specific masculine

beliefs/behaviors had more of an impact on the relationship between discharge type and reintegration than others.

Beginning this study with the assumption that discharge type would impact reintegration in a linear fashion, the thought was that adherence to traditional masculinity was a variable that would alter the strength of that linear relationship. Given the previous literature outlined regarding how adherence to masculine norms can have psychological impacts that cause harm for returning veterans, one could reasonably theorize that less rigid adherence to traditional masculinity should act as a protective factor for reintegration issues despite Discharge type, in that as scores on the CMNI go down (less conformity to masculine norms), so too should scores on the M2C-Q (indicating lower levels of reintegration difficulties) (Sayer et al., 2011).

Chapter 4: Results

The aim of these analyses was to identify whether Discharge Type impacted military to civilian reintegration success, if adherence to traditional masculine norms impacted military to civilian reintegration success, and if there was an interaction effect between Discharge Type and adherence to traditional masculine norms on military to civilian reintegration success indicative of a moderated relationship. The results of a series of multiple regressions analyses are highlighted in the following section. However, it should be noted that the analyses indicated no significant linear relationship between either predictor variable or the outcome variable, thus rendering a moderated relationship impossible.

Hypotheses

I predicted that atypical discharges would yield higher levels of reintegration difficulties on the M2C-Q (Sayer et al., 2011), indicating that an atypical discharge may lead to more difficulty reintegrating into civilian life. The next prediction was that higher scores on the CMNI (indicating conformity to traditionally masculine norms) would yield higher levels of reintegration difficulties on the M2C-Q (Sayer et al., 2011) indicating that rigid conformity to traditionally masculine norms may lead to more difficulty reintegrating into civilian life. Finally, I hypothesized that there would be an interaction between discharge type and CMNI scores on reintegration success such that scores on the CMNI would act as a moderator for Discharge Type on reintegration difficulties. I expected to see that even in situations of atypical separation, that lower scores on the CMNI, indicative of a less rigid adherence to traditional masculinity, would yield lower levels of reintegration difficulties.

Analyses of Main Effects and Interaction Effect

To test for a significant relationship between the independent variables and dependent variables, a series of multiple regressions were run, including a linear regression analysis of Discharge type on M2C-Q scores, a linear regression analysis of CMNI scores on M2C-Q scores, and an interaction term between Discharge type and CMNI scores on M2C-Q scores.

As stated above, there was no significant relationship between the predictor and outcome variables. For model 1 (discharge type only), discharge type did not significantly predict M2C-Q scores, $\beta = -.128$, $t(-1.442) = .152$, $p > .05$. Additionally, $R^2 = .016$, $F(1, 125) = 2.078$, $p = 0.152$, indicating that very little variability of M2C-Q scores is accounted for by discharge type. Thus, for hypothesis 1, the prediction that atypical discharges would yield higher levels of reintegration difficulties on the M2C-Q was not supported.

Similarly, the addition of the CMNI in model 2 yielded nonsignificant results. Addition of CMNI scores did not significantly predict M2C-Q scores, $\beta = -.084$, $t(-.945) = .347$, $p > .05$. Additionally, the CMNI did not explain a significant proportion of the variance in M2C-Q scores, $R^2 = .023$, $F(2, 124) = 1.485$, $p = 0.231$. Thus, the prediction that higher scores on the CMNI would yield higher levels of reintegration difficulties on the M2C-Q was also not supported.

Model 3 which included the addition of the interaction effect between Discharge Type and CMNI also yielded nonsignificant results. Recall that this model includes the potential moderation and the results indicate that there is no moderation effect. The interaction did not significantly predict M2C-Q scores, $\beta = -.207$, $t(-1.252) = .213$, $p > .05$. Similarly to the first two models, the interaction did not explain a significant proportion of the variance in M2C-Q scores,

$R^2 = .036$, $F(3, 123) = 1.517$, $p = 0.213$. Consequently, the hypothesis that CMNI would moderate the relationship between Discharge Type and M2C-Q not supported.

Subscale Analyses

I decided to further analyze the data using a multiple regression model which included the discharge types as well as the CMNI subscales of “Primary of Work,” “Violence,” “Self-Reliance,” “Emotional Control,” and “Risk-Taking.” This model revealed an R^2 value of 11.1% with an adjusted R^2 of 6.7%, and while this is considered a small effect size (Cohen, 1988), it does show that the model utilizing these specific subscales rather than the CMNI as a whole is positively correlated with reintegration concerns. Scores on the five subscales and discharge type statistically significantly predicted scores on the M2C-Q, $F(6, 120) = 2.504$, $p = .026$. However, only the subscale of “Self-Reliance” added statistically significantly to the prediction, $\beta = .241$, $t(2.057) = .042$, $p < .05$, indicating that when all of the other variables are held constant, scores on the M2C-Q, representing higher levels of reintegration difficulties, will increase with higher reports of self-reliance.

Finally, I analyzed the interaction effects between all five subscales and Discharge Type by running five independent regression models – each with Discharge Type, one subscale, and then the interaction for each individual subscale. Unfortunately, all models yielded nonsignificant results, indicating that the interactions between individual chosen subscales and Discharge Type did not explain a significant proportion of variance in M2C-Q scores and that the masculinity subscales did not moderate the relationship between Discharge Type and M2C-Q scores. See tables 7-9 for detailed statistical analyses results.

Table 7*Subscale Interactions (Model Summary)*

Model(s)	Predictors	R²	R Square Change	F Change	Sig. F change
1	DT, Violence, DT*Violence	0.033	0.033	1.394	0.248
2	DT, Emot_Cont DT*Emot_Cont	0.073	0.040	2.622	0.077
3	DT, Risk, DT*Risk	0.079	0.006	0.376	0.688
4	DT, Self_Rel DT*Self_Rel	0.105	0.026	1.710	0.185
5	DT, Prim_Work, DT*Prim_Work	0.125	0.020	1.282	0.281

DT = Discharge Type

Violence = Violence

Emot_Cont = Emotional Control

Risk = Risk-Taking

Self_Rel = Self-Reliance

Prim_Work = Primacy of Work

Table 8*Subscale Interactions (ANOVA)*

Model(s)	Predictors	F	Sig.
1	DT, Violence, DT*Violence	1.394	0.248
2	DT, Emot_Cont DT*Emot_Cont	1.907	0.098
3	DT, Risk, DT*Risk	1.456	0.190
4	DT, Self_Rel DT*Self_Rel	1.526	0.147
5	DT, Prim_Work, DT*Prim_Work	1.487	0.145

DT = Discharge Type

Violence = Violence

Emot_Cont = Emotional Control

Risk = Risk-Taking

Self_Rel = Self-Reliance

Prim_Work = Primacy of Work

Table 9*Subscale Interactions (Coefficients)*

Model(s)	Predictors	β	t	Sig.
1	DT, Violence, DT*Violence	-0.218	-1.438	0.153
2	DT, Emot_Cont DT*Emot_Cont	-0.064	-0.260	0.795
3	DT, Risk, DT*Risk	-0.165	-0.733	0.465
4	DT, Self_Rel DT*Self_Rel	0.045	0.831	0.831
5	DT, Prim_Work, DT*Prim_Work	0.175	0.660	0.511

DT = Discharge Type

Violence = Violence

Emot_Cont = Emotional Control

Risk = Risk-Taking

Self_Rel = Self-Reliance

Prim_Work = Primacy of Work

Chapter 5: Discussion

Given the unique aspects of the modern United States military, which sees voluntary service, higher survival rates given medical advancements, and rigid expectations and standards of masculine behavior both during and post-service, this study sought to examine the relationship between discharge type and how separated service members fare upon reintegration, while also investigating potentially impactful features of masculinity.

My predictions were that atypical discharges, defined as anything other than an Honorable discharge, would yield higher levels of reintegration issues, that higher conformity to masculine norms would yield higher level of reintegration issues, and finally that conformity to masculine norms would moderate the relationship between discharge and reintegration issues. As highlighted in the results section, these main predictions were not supported by the data.

It has been well-established through previous research that discharge status does seem to be associated with some post-service personal and community reintegration struggles. For instance, some of the research has indicated that veterans who carry OTH discharges (more associated with conduct issues) tend to be more associated with certain facets of unsuccessful community reintegration, such as an increased risk of homelessness (Elbogen, et al., 2018). Holliday & Pederson (2017) noted that those who separated under a discharge status other than Honorable tended to have greater mental health issues and more negative attitudes and greater perceived stigma towards seeking help. Suicidal ideation was cited as another common issue amongst veterans with less than desirable discharge statuses, particularly amongst those who had been separated for two years or less (Hoffmire et al., 2019).

Clearly, the main results of the data indicating that discharge type has little to no impact on reintegration success seems to contradict what prior literature has already established. In

looking at potential explanations for why this might be, one might consider the target population of the research. It is no secret that it is more difficult and ethically fragile to recruit research participants from vulnerable populations. Veterans, particularly those with “bad papers” are a distinctively vulnerable population with potentially limited access to the resources necessary for participation in a study such as this one. As a researcher hoping to engage with this community, the demographic results made it abundantly clear that I missed a vital step in the recruitment process by not considering the obstacles faced by this population, and specifically developing ways to overcome them.

Paired with lack of interest, lack of perceived personal or community benefit, potential mistrust in the academic/research institution itself, and lack of researcher access to veteran populations in general, recruiting from a veteran population becomes a weighty and precarious task. Furthermore, there seem to be varying motivations for veterans’ participation in research, but one study focused on reasons for veterans’ participation in health research found that several themes emerged including a desire to help or improve things in some way for other people, improve their own situation, and whether they felt they were a good “fit” (Cook, Melvin, and Doorenbos, 2017). This study’s focus on assessing reintegration issues between a variety of different discharge statuses posed a unique obstacle in recruitment and data collection, which ultimately could have influenced the outcome of the study, as well. Literature focused on veterans with “bad papers” has indicated that these individuals are more likely to endorse a challenging psychosocial history such as low social support, a family history of drug abuse, past incarceration, and past mental health concerns (Elbogen, 2018). Further, they may also face stigma regarding their patriotism and deservedness of benefits and are widely disregarded and neglected by society (Tsai & Rosenheck, 2018). The lack of ties to the military and to a wider

community of veterans leaves these separated service members at higher risk of social isolation (Elbogen, 2018).

Given the stigma associated with being a veteran or separated service member with anything other than an Honorable discharge, perceived personal goodness of fit may have deterred potentially beneficial participants with other discharge statuses from even considering participating. Particularly, veterans with OTH or punitive discharges may not even really personally identify with the veteran community because of neglect and shame, but may very well be the target population needed to enhance the power of this particular study.

Additionally, these truths lend credibility to the idea that veterans with OTH or punitive discharges are less visible within society and the community, and less accessible to researchers than are those with typical discharges. Internet recruitment, particularly in this study, takes place through avenues which foster discussion, friendship, and support between veterans. These internet support groups become communities in and of themselves. However, knowing that veterans with “bad papers” tend to be socially isolated and disconnected from the veteran community, it makes common sense to ascertain that these are not the veterans that you will find engaging in online veteran community support groups. Additionally, given the high number of risk factors associated with atypical discharges including mental illness, past and current psychosocial issues, and a high risk of homelessness (Tsai & Rosenheck, 2018), one could even go so far as to say that many may not even have access to these online communities.

This is not to say that the data did not consist of some participants with atypical discharge statuses. Indeed, more than half of the participants reported a General (Under Honorable Conditions) discharge, and a small minority reported their discharge status as Other Than Honorable. However, the sample for this study consisted of veterans who were already engaged

in these forums. Whether participants had a typical discharge status or not, participants were willing to engage in conversation, with at least some level of personal and community support, and a way to access information regarding benefits and resources, even if not through a VA system. Thus, the core demographic experiencing some of the difficulties, reintegration concerns, and barriers to overall wellness discussed in the literature cited above was most likely not well-represented in the sample recruited for this study.

It is also critical to remember that all of the measures utilized for this study were virtually administered self-report measures which always leaves room for response bias. Adherence to traditionally masculine ideals was one of the key influences examined when looking at impact on veteran post-separation reintegration, both on its own and in conjunction with discharge status. However, adherence to rigid masculine thinking and ideals may very well have been one of the factors that impacted the accuracy of the results when looking at reported reintegration difficulties.

Lorber & Garcia (2010) discuss the societal development of traditionally masculine gender role norms (TMGRNs) in boys and young men and the secondary socialization that happens in the hyper-masculine military environment. This strong, secondary socialization emphasizes all of the norms and ideals related to western traditional masculinity and essentially doubles down on them. As such, many service members are more entrenched than the average non-military civilian in the masculine warrior mentality – things like relying on oneself, intense emotional control and constriction, concealment of any perceived weakness or struggle, and of course their role as protector and provider (Levant & Richmond, 2016; Shields, 2016).

Many of the questions on the M2C-Q are asking veterans to report that they are having difficulties with things such as finding and maintaining work, performing their duties adequately,

providing for their families, and being a good husband and/or father. For some participants, admitting to struggles in these areas may look like admitting to “failure” in carrying out the traditionally masculine social obligations and duties that are so important to personal identity and self-worth. This study is essentially asking veterans, who may hold these masculine values and ideals in high regard, to be candid about problems that they may be facing or things that they are not “handling,” when traditionally masculine norms will tell them that this is shameful. In fact, recall that Shields (2016) noted that perceived failure to live up to these hyper-masculine standards can be traumatic in and of itself. As such, participants in this study may have underreported or “downplayed” certain reintegration concerns, purposely or not, to “save face” even in their own minds.

This distinction in potential response bias (see: Van del Mortel, 2008) could be meaningful for this study because the CMNI asks a series of questions that have become increasingly socially sensitive since the conception of the measure itself. As mainstream society moves towards higher levels of tolerance for differences in things such as gender identity, sexual orientation, and mental health awareness, and away from acceptance of violent behaviors and more traditionally masculine attitudes, respondents may too be filtering their answers to socially sensitive questions. The desire to appear more socially “good,” whether that desire is conscious or not, may outweigh a respondent’s intention to answer as truthfully as possible. If this occurred in the context of this study, the data regarding adherence to traditionally masculine norms may have been skewed, and while response bias was not measured specifically for this study, could warrant further investigation in future research.

Recall that I further investigated the relationship between discharge type, CMNI scores, and M2C-Q scores utilizing five different subscales of the CMNI, which represented different

aspects of traditional masculinity, rather than the score of the CMNI as a whole. This model did yield significant results, although the subscale of “Self-Reliance” was the sole statistically significant predictor in the model, indicating that higher levels of self-reliance is positively correlated with more severe reintegration issues while holding all other variables constant.

Mahalik et al. (2003) noted that self-reliance is related to disconnection from others which relates to emotional disconnection as measured by other masculinity scales. Although emotional control was not a significant predictor in the model assessed as part of this study, self-reliance’s relationship to it as measured by other masculinity scales does point to at least a thematic correlation with reintegration in the direction hypothesized. This suggests that conveying a sense of emotional control even when in distress or simply not speaking up or expressing when something is wrong, especially in terms of trauma-related experiences, could be a contributing factor to the issue of self-reliance and disconnection when it comes to reintegration concerns within the veteran community.

Implications

Given the lack of any sort of significant results between discharge status and reintegration concerns, it would be unwise to ascertain any real implications from this study on reintegration. However, given the lack of responses from veterans with OTH discharges and punitive discharges in general, one significant insinuation is that veterans with discharge statuses traditionally seen as less desirable are underrepresented both in research, and within the wider veteran and civilian community. Even online, where many people feel comfortable hiding behind anonymity, seeing posts from veterans with or relating to OTH or punitive discharges was extremely rare in the veteran forums assessed while recruiting participants for this study. This underrepresentation both in the community and in research further alienates separated service

members of these discharge statuses, possibly perpetuating the idea to them and to other veterans that they are undeserving of health, support, community, and even consideration. Perhaps then, the implication is that more concerted and selective measures need to be taken for future research recruitment with this population so that their voices are being amplified and their concerns are being heard. Eventually, the hope is that in making this population more visible, that it will enable the fostering of community engagement and support for the unique needs of separated service members with atypical discharges.

One of the biggest takeaways from the results of this study may be simple fact that more research is needed to understand the complexities of the potential relationship between military service, service separation, life after service, and masculinity, rather than an overarching assumption the masculinity can only foster negative consequences. Furthermore, there is also an indication that although the field has come a long way in terms of inclusivity and gender expression, that perhaps there has been a misstep or overcorrection in the way that masculinity and masculine behavior is discussed and treated. Lorber & Garcia (2010) discussed the high rates of therapeutic dropout in male OIF/OEF veterans as compared to female veterans and suggested that stigma related to rigid ideals of traditional masculinity may be a contributing factor. However, researchers also emphasized the importance of acknowledging the strengths related to masculinity as well as the potential pitfalls in psychoeducation (Lorber & Garcia, 2010). This key element for professionals tasked with the job of helping men who hold traditionally masculine values and ideals may too often be overlooked, leading to a sense of judgement and isolation, and ultimately loss of trust in helping professionals and the system as a whole. Bearing in mind self-reliance's relationship to reintegration issues, I suggest that perhaps destigmatizing masculinity within the field of psychology and mental health is a pertinent concern in and of

itself, so that those who may be impacted by overly rigid masculinity the most feel comfortable seeking help.

Accepting the generally agreed upon consensus that certain aspects of traditional masculinity can be harmful and/or exacerbate mental health issues in men, the above mentioned problems would potentially leave these men more vulnerable to social/emotional concerns and with a diminished capacity to entertain the idea of seeking help. For instance, these men could already be dealing with the negative consequences of some rigid traditionally masculine ideals and ways of thinking. Because of the potential concern about the way that they might be perceived, judged, or even disrespected based upon their beliefs and/or experiences, they may simply not give help-seeking a chance. Or they may drop out at the slightest sign of judgement due to being on high alert for it based on things like certain words/phrases, tonality, and body language. This is an especially significant concern when dealing with service members whose reintegration and/or recovery has been plagued by moral injury – or the emotional fallout of events in which individuals have perpetuated, failed to stop, bore witness to, or heard of acts which are misaligned or even violate their moral beliefs and/or experience (Levi-Belz, Shemesh, & Zerach, 2022). These are also known as potentially morally injurious events (PMIEs) and of course, are prevalent in the high-stress environment of the military and combat (Levi-Belz, Shemesh, & Zerach, 2022). With moral injury comes the potential for overwhelming guilt and shame (Levi-Belz, Shemesh, & Zerach, 2022). This could ultimately lead to more withdrawal due to the fear of being judged for things done or behaviors developed when there was little to no choice, in the midst of a fight-or-flight response, life or death situations, or even as a coping mechanism or survival tactic to deal with the long-term exposure to combat and war.

The aforementioned concerns of judgement coupled with potential guilt/shame that may already exist could leave professionals without even the chance of educating patients about potentially harmful expressions of certain facets of masculinity in the long run. Simply put, if a helper is not willing to hear their client out, or is perceived as lacking understanding of or tolerance for their values and ideals initially, what foundation has been laid in terms of respect and trust between client and helper that would encourage the client to entertain the notion that some of their habits/enactments of their masculine ideology could potentially be maladaptive moving forward? This approach could prove to foster both therapeutic resistance and a lack of trust, which could not only perpetuate the problem with lack of professional help-seeking within this population, but could permeate into their personal lives as well, leaving them vulnerable to social isolation and a permanent dissonance between their military “selves” and ideology, and their civilian reality.

Limitations

The most overt limitation of this study was that over half of the participants identified as white. This limits the generalizability of the research because veterans of other races/ethnicities were underrepresented overall. In making overarching conclusions based upon a majority white sample, researchers cannot adequately account for differences in culturally unique behaviors and worldviews, experiences, biases, and sociopolitical contexts (race relations, SES, access to resources, etc.). Another limitation in terms of sample is that it was comprised of very few veterans who disclosed an OTH discharge status and represented no veterans endorsing punitive discharges. In a sense then, the sample lacked participants for whom this research was supposed to really focus on and for whom it could most benefit in the long run, thus potentially skewing the results.

Another way in which the scope of this research was limited was that the use of the VA for participant recruitment was not a viable option. The use of veterans through the VA system would have made the data more reliable, as this would have been insurance that the participants were actually separated service members because of their involvement in the system. However, various discharge statuses were needed to conduct the research. Veterans with punitive discharges are not represented at all through the VA, and up until recently, veterans holding other than Honorable discharge statuses were not even eligible for any kind of care or benefits through the VA system. Further, there are still many barriers and deterrents to benefit access for the previously ineligible veterans (Hoffmire, et al., 2019). Additionally, although veterans with General (under Honorable conditions) discharges do have access to VA benefits, the fact remains that the vast majority of VA users have Honorable discharges, and it is rare to see otherwise. These limitations through the VA system all but eradicated the potential to recruit veterans with less typical discharge statuses, therefore limiting the scope of potential data collection.

One of the most common comments/complaints received from those who looked at or participated in the survey was that the questions regarding masculinity were “weird,” along with a sense of general irritation towards it. It begged the question of which aspects of the survey struck a chord with some of the participants and why they felt uncomfortable or irritated with them. While I can only speculate, it may have been some of the more socially sensitive subscales such as “disdain for homosexuals,” “violence,” and “power over women” that made some participants feel uncomfortable or even as if they were being generalized in an offensive manner. Recognizing these concerns forces one to concede that not only could this have limited the scope of participants, but could have had an impact on the way in which participants engaged with the material. As mentioned before, biased responding is always a concern for self-report studies, but

the idea that participants may have felt irritated or judged by the material leaves even more room for issues with honesty or accuracy in responses.

Another limiting factor for this study was the fact that it was conducted fully online. While online research is a convenient way to recruit and cast a wide net for participants of various backgrounds, experiences, and demographic, it is also much more difficult to ensure that the data received is reliable. The use of incentives, although helpful in garnering interest in participation, also has the potential to attract participants who are not serious about answering the questions in a valuable or reliable manner but are simply responding randomly in order to get through the survey to be eligible for the incentive. Furthermore, there is certainly a tradeoff between the convenience of online survey distribution and completion and the reliability of doing so in person. Of course, it only makes sense that participants who are willing to engage in the research in person might have more of a sense of obligation and motivation to engage with the material in a thorough and thoughtful manner. The researchers in this case would also have more control over the environment in which the participants are engaging with the material to ensure things like minimal noise and distractions, and access to clarifications if necessary. The use of the internet allowed this research to be more convenient and accessible, especially within a population that is already difficult to recruit from, but unquestionably left room for factors that could have muddied the data such as inattentive responding, interruptions, distractions, and misinterpretation of the material.

Future Research

Keeping in mind the idea that because of the self-report nature of this study that there may be a high level of response bias, particularly socially desirable responding, future studies might attempt to identify which subscales of the CMNI are causing the most socially desirable

responding. This could be done utilizing scales that have been developed and validated to distinguish socially desirable responding in research. Hence, researchers may be able to untangle which aspects of masculinity represented by the CMNI seem to be the most socially sensitive, and perhaps later, understand why. In doing so, future research surrounding the idea of conformity to traditional masculinity could be more reliable and more useful to those in the helping profession.

Although the M2C-Q is a valid and reliable resource to utilize in assessing for reintegration success or problems post-deployment, this assessment was not created specifically for reintegration concerns related to permanent separation, which is what this study was attempting to capture. In the future, it may be beneficial to utilize this model again to assess for reintegration concerns with an inventory that assesses permanent separation specifically rather than post-deployment separation, such as the Military-Civilian Adjustment and Reintegration Measure (M-CARM) (Romaniuk, Fisher, Kidd, & Batterham, 2020). This is a reliable and valid 21-item measure consisting of 5 subscales which include “Purpose and Connection,” “Help seeking,” “Beliefs about civilians,” “Resentment and Regret,” and “Regimentation.” (Romaniuk, et al., 2020). While many of the same general ideas are assessed in both measures, the M-CARM delves deeper into psychological adjustment which may foster a better understanding of the core, internal issues that permanently separated service members face. Essentially, not only measuring whether these individuals are functioning but *how* they are functioning and their quality of life. Moreover, a measure like this could provide further insight not only into the fact that there are overarching reintegration concerns, but in what domains those reintegration issues are occurring. This information could be especially valuable assessed in tandem with discharge status and

adherence to masculinity, since prior research has shown similar psychological and societal strains associated with both areas.

Other areas that warrant further investigation are the areas of willing or planned versus unwilling or unplanned separation. Recall that these phenomena were briefly discussed for this study under the wider umbrella of general impact of discharge and/or separation on veteran reintegration. However, they were not parceled out within the data to assess specifically for interaction of these distinctive separation situations with how veterans reintegrate back into civilian life after separation. A sudden or forced separation, even if typical, could prove to have a unique impact on meaning-making, self-esteem, and even personal identity (see: Career Construction Theory, Savickas, 2013), especially within the military where it is common and encouraged for a much deeper personal enmeshment between person and vocation than is usual for other careers. It could prove tremendously constructive to assess for specific reintegration issues and issues with psychological adjustment in this context, since it is not uncommon for veterans' careers to be cut short due to physical injury or mental health concerns.

The final and potentially most tangibly significant future research direction for mental health providers centers around masculinity research within the veteran community. The negative impacts of masculinity have been overwhelmingly documented in the research within the field of mental health, and even though some researchers have begun to contextualize masculinity and masculine behaviors in a more balanced way, there is still a wide disparity in the literature. In fact, in a content analysis conducted which reviewed 590 research articles published in the *Psychology of Men and Masculinities*, researchers found that only 15% of those articles focused on positive psychological perspectives (Cole, Moffitt-Carney, Patterson, & Willard, 2021). The suggestion that rigid masculinity is not ever problematic is of course ludicrous, and

the data from this study does not suggest this. However, given the lack of relationship found in this study between adherence to masculine behaviors and reintegration concerns, this does leave room to perhaps take a different theoretical approach down the line. With the knowledge that some researchers have already started looking into not only the disparity between positive and negative perspectives of masculinity, but in how elements of masculinity could even prove to be useful (see Caddick et al., 2015), it might be wise to begin moving towards a deeper understanding of positive masculinity within the veteran community. Specifically, I suggest a push towards research that focuses on identifying how certain features of masculinity may potentially be protective rather than harmful in the context of reintegration into the civilian world, especially when focusing on specific risk factors associated with atypical discharges.

This type of research could potentially lay the foundation for data-backed methods of helping veterans through reintegration after various kinds of discharges using methods that are more positive and strengths-based. Especially early on in the relationship when trust and therapeutic alliance is still being built, it could be critical to have the language and perspectives to positively connect with a veteran who may have deeply held values and beliefs centered around traditionally masculine roles and ideals. The importance of positivity and strengths-based approaches for those who may have more rigidly masculine ideals heightens when taking into consideration the already precarious state of many recently separated service members' sense of personal identity, self-esteem, and self-worth, especially if their discharge status was in any way atypical. In this way, professionals have the tools at their disposal for interventions focused on personal strengths rather than deficits when and if appropriate, and the potential to build the trust and alliance necessary to *successfully* challenge maladaptive masculine behaviors when they arise.

References

- Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, *51*(6), 1173–1182. <https://doi.org/10.1037/0022-3514.51.6.1173>
- Bowling, U. B., & Sherman, M. D. (2008). Welcoming them home: Supporting service members and their families in navigating the tasks of reintegration. *Professional Psychology: Research and Practice*, *39*(4), 451–458. <https://doi.org/10.1037/0735-7028.39.4.451>
- Burns, S. M., & Mahalik, J. R. (2011). Suicide and dominant masculinity norms among current and former United States military servicemen. *Professional Psychology: Research and Practice*, *42*(5), 347–353. <https://doi.org/10.1037/a0025163>
- Bryan, C. J., Jennings, K. W., Jobes, D. A., & Bradley, J. C. (2012). Understanding and Preventing Military Suicide. *Archives of Suicide Research*, *16*(2), 95–110. <https://doi.org/10.1080/13811118.2012.667321>
- Caddick, N., Smith, B., & Phoenix, C. (2015). Male combat veterans’ narratives of PTSD, masculinity, and health. *Sociology of Health and Illness*, *37*(1), 97–111.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). New York: Psychology Press.
- Cole, B. P., Moffitt-Carney, K., Patterson, T. P., & Willard, R. (2021). Psychology of Men and Masculinities’ focus on positive aspects of men’s functioning: A content analysis and call to action. *Psychology of Men & Masculinities*, *22*(1), 39–47. <https://doi.org/10.1037/men0000264>

- Cook, W.A., Melvin, K.C. and Doorenbos, A.Z. (2017). US military service members' reasons for deciding to participate in health research. *Research in Nursing and Health*, 40, 263-272.
<https://doi-org.ezproxy.lib.uwm.edu/10.1002/nur.21785>
- DiRosa, G. A. & Goodwin, G. F. (2014). Moving away from hazing: The example of military initial entry training. *AMA Journal of Ethics*, 16(3), 204-209.
[doi:10.1001/virtualmentor.2014.16.3.msoc1-1403](https://doi.org/10.1001/virtualmentor.2014.16.3.msoc1-1403)
- Elbogen, E. B., Wagner, H. R., Brancu, M., Kimbrel, N. A., Naylor, J. C., Swinkels, C. M., Workgroup, V. M.-A. M., Fairbank, J. A., & VA Mid-Atlantic MIRECC Workgroup. (2018). Psychosocial risk factors and other than honorable military discharge: Providing healthcare to previously ineligible veterans. *Military Medicine*, 183(9/10), e532–e538.
<https://doi-org.ezproxy.lib.uwm.edu/10.1093/milmed/usx128>
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41, 1149-1160. Download PDF
- Green, G., Emslie, C., O'Neill, D., Hunt, K., & Walker, S. (2010). Exploring the ambiguities of masculinity in accounts of emotional distress in the military among young ex-servicemen. *Social science & medicine* (1982), 71(8), 1480–1488.
<https://doi.org/10.1016/j.socscimed.2010.07.015>
- Hoffmire, C.A., Monteith, L. L., Holliday, R., Park, C. L., Brenner, L. A., & Hoff, R. A. (2019). Administrative military discharge and suicidal ideation among post-9/11 veterans. *American Journal of Preventive Medicine*, 56(5), 727–735.
<https://doi.org/10.1016/j.amepre.2018.12.014>

- Holliday, S. B., & Pedersen, E. R. (2017). The association between discharge status, mental health, and substance misuse among young adult veterans. *Psychiatry Research*, 256, 428–434. <https://doi.org/10.1016/j.psychres.2017.07.011>
- Keeling, M., Kintzle, S., & Castro, C. A. (2018). Exploring U.S. Veterans' post-service employment experiences. *Military Psychology*, 30(1), 63–69. <https://doi.org/10.1080/08995605.2017.1420976>
- Kiselica, M. S., Benton-Wright, S., & Englar-Carlson, M. (2016). Accentuating positive masculinity: A new foundation for the psychology of boys, men, and masculinity. In Y. J. Wong & S. R. Wester (Eds.), *APA handbook of men and masculinities* (pp. 123–143). American Psychological Association. <https://doi.org/10.1037/14594-006>
- Kiselica, M.S. & Englar-Carlson, M. (2010). Identifying, affirming, and building upon male strengths: The positive psychology/positive masculinity model of psychotherapy with boys and men. *Psychotherapy (Chicago, Ill.)*, 47(3), 276–287. <https://doi.org/10.1037/a0021159>
- Kubany, E. S., Haynes, S. N., Leisen, M. B., Owens, J. A., Kaplan, A. S., Watson, S. B., & Burns, K. (2000). Development and preliminary validation of a brief broad-spectrum measure of trauma exposure: the Traumatic Life Events Questionnaire. *Psychological assessment*, 12(2), 210–224. <https://doi.org/10.1037//1040-3590.12.2.210>
- Larson, G. E., & Norman, S. B. (2014). Prospective prediction of functional difficulties among recently separated Veterans. *Journal of Rehabilitation Research and Development*, 51(3), 415–428. <https://doi.org/10.1682/JRRD.2013.06.0135>
- Levant, R. F. and Richmond, K. (2016). Gender role strain paradigm and masculinity ideologies. In Y.J. Wong and S. R. Wester (Eds.), *APA Handbook of Men and Masculinities*.

- Levi-Belz, Y., Shemesh, S., & Zerach, G. (2023). Moral injury and suicide ideation among combat veterans: The moderating role of self-disclosure. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 44(3), 198–208. <https://doi-org.ezproxy.lib.uwm.edu/10.1027/0227-5910/a000849>
- Libin, A. V., Schladen, M. M., Danford, E., Cichon, S., Bruner, D., Scholten, J., Llorente, M., Zapata, S., Dromerick, A. W., Blackman, M. R., & Magruder, K. M. (2017). Perspectives of veterans with mild traumatic brain injury on community reintegration: Making sense of unplanned separation from service. *American Journal of Orthopsychiatry*, 87(2), 129–138. <https://doi.org/10.1037/ort0000253>
- Lorber, W. & Garcia, H. A. (2010). Not supposed to feel this way: Traditional masculinity in psychotherapy with male veterans returning from Afghanistan and Iraq. *Psychotherapy (Chicago, Ill.)*, 47(3), 296–305. <https://doi.org/10.1037/a0021161>
- Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P. J., Gottfried, M., & Freitas, G. (2003). Development of the Conformity to Masculine Norms Inventory. *Psychology of Men & Masculinity*, 4(1), 3–25. <https://doi.org/10.1037/1524-9220.4.1.3>
- O’Loughlin, J. I., Cox, D. W., Ogrodniczuk, J. S., & Castro, C. A. (2020). The Association Between Traditional Masculinity Ideology and Predictors of Military to Civilian Transition Among Veteran Men. *The Journal of Men’s Studies*, 28(3), 318–338. <https://doi.org/10.1177/1060826520911658>
- O’Neil, J. M., Wester, S. R., Heesacker, M., & Snowden, S. J. (2017). Masculinity as a heuristic: Gender role conflict theory, superorganisms, and system-level thinking. In R. F. Levant and Y. J. Wong (Eds.), *The Psychology of Men and Masculinities*.

- Parks, G. S. & Burgess, J. (2019). Hazing in the United States military: A psychology and law perspective. *Southern California Interdisciplinary Law Journal*, 29(1), 1–63.
- Romaniuk, M., Fisher, G., Kidd, C., & Batterham, P. J. (2020). Assessing psychological adjustment and cultural reintegration after military service: development and psychometric evaluation of the post-separation Military-Civilian Adjustment and Reintegration Measure (M-CARM). *BMC Psychiatry*, 20(1), 531–531. <https://doi.org/10.1186/s12888-020-02936-y>
- Saucier, D. A., Till, D. F., Miller, S. S., O'Dea, C. J., & Andres, E. (2015). Slurs against masculinity: Masculine honor beliefs and men's reactions to slurs. *Language Sciences*, 52, 108-122.
- Savickas, M. L. (2013). Career construction theory and practice. In S. D. Brown and R. W. Lent(Eds.), *Career development and counseling. Putting theory and research to work.* (pp.147–183). Hoboken, NJ: John Wiley & Sons, Inc.
- Sayer, N.A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, M., & Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services*, 61(6), 589 – 597.
- Sayer, N. A., Frazier, P., Orazem, R. J., Murdoch, M., Gravely, A., Carlson, K. F., Hintz, S., & Noorbaloochi, S. (2011). Military to civilian questionnaire: A measure of postdeployment community reintegration difficulty among veterans using Department of Veterans Affairs medical care: Postdeployment Community Reintegration Measure. *Journal of Traumatic Stress*, 24(6), 660–670. <https://doi.org/10.1002/jts.20706>
- Shields, D. M. (2016). Military masculinity, movies, and the DSM: Narratives of institutionally (en)gendered trauma. *Psychology of Men & Masculinity*, 17(1), 64–73. <https://doi.org/10.1037/a0039218>

- Smith, R. T., & True, G. (2014). Warring Identities: Identity Conflict and the Mental Distress of American Veterans of the Wars in Iraq and Afghanistan. *Society and Mental Health*, 4(2), 147–161. <https://doi.org/10.1177/2156869313512212>
- Tsai, J., & Rosenheck, R. A. (2018). Characteristics and health needs of veterans with other-than-honorable discharges: Expanding eligibility in the Veterans Health Administration. *Military medicine*, 183(5-6), e153–e157. <https://doi.org/10.1093/milmed/usx110>
- U.S. Department of Defense. (2014) U.S. Department of Defense. Enlisted administrative separations (DOD Instruction 1332.14). U. S. Department of Defense; Arlington, VA.
- U.S. Department of Veteran Affairs, Veterans Health Administration. (2017). Other than honorable discharges: Impact on eligibility for VA health care benefits (VHA publication No. 10-448).
- Van de Mortel, T. F. (2008). Faking it: social desirability response bias in self-report research. *Australian Journal of Advanced Nursing*, 25(4).
- Vandello, J. A., & Bosson, J. K. (2013). Hard won and easily lost: A review and synthesis of theory and research on precarious manhood. *Psychology of Men & Masculinity*, 14(2), 101–113. <https://doi.org/10.1037/a0029826>
- Veterans Legal Clinic. (2016). Underserved: How the VA Wrongfully Excludes Veterans with Bad Papers. San Francisco, CA.

Appendices
Appendix A:

University of Wisconsin-Milwaukee

Informed Consent to Participate in Research

Study title: THE IMPACT OF SEPARATION TYPE ON MILITARY TO CIVILIAN REINTEGRATION: MASCULINITY AS A MODERATING FACTOR

Researcher[s]:

Stephen Wester, Ph.D.
Principle Investigator
Professor of Counseling Psychology
Department of Educational Psychology
University of Wisconsin—Milwaukee

Kirsten Thiemke, M.S., NCC
Student Co-Principle Investigator
Doctoral Student in Counseling Psychology
Department of Educational Psychology
University of Wisconsin – Milwaukee

Kylee Holbrook
Student Research Assistant
Educational Psychology Master's Student
Department of Educational Psychology
University of Wisconsin-Milwaukee

We're inviting you to participate in a research study. Participation is completely voluntary. If you agree to participate, you can always change your mind and withdraw. There are no negative consequences, whatever you decide.

What is the purpose of this study?

Through this study, we would like to determine whether there is a relationship between military discharge type, masculinity, and reintegration concerns.

What will I do?

We ask that you complete a demographic questionnaire and two surveys in which you will be asked questions assessing conformity to traditional masculinity and military to civilian reintegration. Conformity to traditional masculinity refers to the degree to which you may or may not adhere to the traditionally accepted/expected standards of masculinity within the United States. For instance, you will be asked to state the degree to which you agree or disagree with certain statements regarding showing emotions, attitudes towards women, risk-taking, and others. Military to civilian reintegration refers to functioning following separation from the military and reintegration back into civilian life. Questions include areas of functioning such as relationships both platonic and romantic, gaining and maintaining employment, and overall physical health. This study will take approximately 30-40 minutes to complete.

Risks

- Online data being hacked or intercepted: This is a risk you experience any time you provide information online. We are using a secure system to collect this data, but can't completely eliminate this risk.
- Breach of confidentiality: There is a chance your data could be seen by someone who shouldn't have access to it. We're minimizing this risk in the following ways:
 - No identifying data is collected in the survey and each participant is recorded as a random response ID via Qualtrics.
 - Those who wish to participate in the raffle drawing will be linked to a separate Qualtrics survey in which they will share a valid email address. This survey is not associated with any of the data collected in the original survey.
 - We'll store all electronic data on a password-protected, encrypted computer.
- While your email is not being collected on the main survey there is a small chance that the two surveys could be linked
- Some questions may be personal and/or upsetting. Participants are free to skip any question they are not comfortable answering.
- The National Suicide Hotline (Veteran's Crisis Line) 1-800-273-8255, press 1, is a resource that participants may utilize if they find any part of the survey difficult and find themselves in crisis. This resource also includes a confidential chat feature and a text feature. More information can be found on this webpage: <https://www.veteranscrisisline.net/>
- This webpage describes eligibility criteria for VA healthcare: <https://www.va.gov/health-care/eligibility/>

Possible benefits: No personal benefits identified. Overall, this study could provide vital information for clinicians serving the veteran population in terms of presenting issues, questions to consider, and potential variations in treatment planning. This may potentially serve as a catalyst for further research in this area and for creation/modification of more appropriate support service for former military service members of unique discharge status.

Estimated number of participants: 500

How long will it take? Approximately 30 minutes.

Costs: None.

Compensation: Participants will be eligible to be entered into a prize drawing for one of 5 Amazon gift cards, worth \$20. Participation in the study is not necessary in order to be eligible to enter the drawing. All eligible individuals will be able to access the second survey regardless of survey completion in which they can enter their email to be included in the prize drawing.

Future research: De-identified data (all identifying information removed) may be shared with other researchers. You won't be told specific details about these future research studies.

Funding source: None.

Confidentiality and Data Security

No personal identifying information will be collected for the purpose of this study.

Where will data be stored? Data is anonymous, stored on non-networked account with password protection on a secure computer. You will be given PI (principal investigator's) contact information which can be found at the bottom of this document.

How long will it be kept? The American Psychological Association requires that all data be kept for 7 years post publication. Data is anonymous, stored on non-networked account with password protection on a secure computer. Data may be used in another research study at some

point in the future.

Who can see my data?

- We (the researchers) will have access to de-identified (no names, birthdate, address, etc.). This is so we can analyze the data and conduct the study.
- The Institutional Review Board (IRB) at UWM, the Office for Human Research Protections (OHRP), or other federal agencies may review all the study data. This is to ensure we're following laws and ethical guidelines.
- We may share our findings in publications or presentations. If we do, the results will be presented in aggregate (grouped) and de-identified (no names, birthdate, address, etc.) data. If we quote you, we'll use pseudonyms (fake names).

Contact information:

For questions about the research, complaints, or problems: Contact Kirsten Thiemke at kthiemke@uwm.edu or Dr. Stephen Wester at srwester@uwm.edu

For questions about your rights as a research participant, complaints, or problems: Contact the UWM IRB (Institutional Review Board; provides ethics oversight) at 414-662-3544/irbinfo@uwm.edu.

Please print or save this screen if you want to be able to access the information later.

IRB #: 22.258

IRB Approval Date: 5/19/2022

Agreement to Participate

If you meet the eligibility criteria below and would like to participate in this study, click the button below to begin the survey. Remember, your participation is completely voluntary, and you're free to withdraw at any time.

- I consent to participate in the current survey. I certify that I am at least 18 years old, a male, and served in the United States military
- I do not consent to participate in the current survey

Appendix B:

LOOKING FOR FORMER UNITED STATES MILITARY SERVICE MEMBERS FOR RESEARCH PARTICIPATION!

- Purpose is to assess the impact of military discharge/separation type on veteran reintegration outcomes.
- Participation involves completion of an online survey
- Eligible veterans must be 18 years or older and male-identifying.
- Former service members of ALL discharge/separation statuses welcome to participate!
-
- Survey link located above

All valid participants are eligible for entrance into a giveaway of one of five \$20 Amazon giftcards!

For more information, contact me at kthiemke@uwm.edu



Appendix C:

The following pages contain a series of statements about how people might think, feel or behave. The statements are designed to measure attitudes, beliefs, and behaviors associated with both traditional and non-traditional masculine gender roles.

Thinking about your own actions, feelings and beliefs, please indicate how much **you personally agree or disagree with each statement** by circling SD for "Strongly Disagree", D for "Disagree", A for "Agree", or SA for "Strongly agree" to the left of the statement. There are no right or wrong responses to the statements. You should give the responses that most accurately describe your personal actions, feelings and beliefs. It is best if you respond with your first impression when answering.

-
1. It is best to keep your emotions hidden SD D A SA
 2. In general, I will do anything to win SD D A SA
 3. If I could, I would frequently change sexual partners SD D A SA
 4. If there is going to be violence, I find a way to avoid it SD D A SA
 5. It is important to me that people think I am heterosexual SD D A SA
 6. In general, I must get my way SD D A SA
 7. Trying to be important is the greatest waste of time SD D A SA
 - I am often absorbed in my work SD D A SA
 8. I will only be satisfied when women are equal to men SD D A SA
 9. I hate asking for help SD D A SA
 10. Taking dangerous risks helps me to prove myself SD D A SA
 11. In general, I do not expend a lot of energy trying to win at things SD D A
SA
 12. An emotional bond with a partner is the best part of sex SD D A SA
 13. I should take every opportunity to show my feelings SD D A SA
 14. I believe that violence is never justified SD D A SA
 15. Being thought of as gay is not a bad thing SD D A SA
 16. In general, I do not like risky situations SD D A SA
 17. I should be in charge SD D A SA

18. Feelings are important to show SD D A SA
19. I feel miserable when work occupies all my attention SD D A SA
20. I feel best about my relationships with women when we are equals SD D A SA
21. Winning is not my first priority
22. I make sure that people think I am heterosexual
23. I enjoy taking risks SD D A SA
24. I am disgusted by any kind of violence SD D A SA
25. I would hate to be important SD D A SA
26. I love to explore my feelings with others SD D A SA
27. If I could, I would date a lot of different people SD D A SA
28. I ask for help when I need it SD D A SA
29. My work is the most important part of my life SD D A SA
30. Winning isn't everything, it's the only thing SD D A SA
31. I never take chances SD D A SA
32. I would only have sex if I was in a committed relationship SD D A SA
33. I like fighting SD D A SA
34. I treat women as equals SD D A SA
35. I bring up my feelings when talking to others SD D A SA
36. I would be furious if someone thought I was gay SD D A SA
37. I only get romantically involved with one person SD D A SA
38. I don't mind losing SD D A SA
39. I take risks SD D A SA
40. I never do things to be an important person SD D A SA
41. It would not bother me at all if someone thought I was gay SD D A SA
42. I never share my feelings SD D A SA
43. Sometimes violent action is necessary SD D A SA

44. Asking for help is a sign of failure SD D A SA
45. In general, I control the women in my life SD D A SA
46. I would feel good if I had many sexual partners SD D A SA
47. It is important for me to win SD D A SA
48. I don't like giving all my attention to work SD D A SA
49. I feel uncomfortable when others see me as important
50. It would be awful if people thought I was gay
51. I like to talk about my feelings SD D A SA
52. I never ask for help SD D A SA
53. More often than not, losing does not bother me SD D A SA
54. It is foolish to take risks SD D A SA
55. Work is not the most important thing in my life SD D A SA
56. Men and women should respect each other as equals SD D A SA
57. Long term relationships are better than casual sexual encounters SD D A SA
58. Having status is not very important to me SD D A SA
59. I frequently put myself in risky situations SD D A SA
60. Women should be subservient to men SD D A SA
61. I am willing to get into a physical fight if necessary SD D A SA
62. I like having gay friends SD D A SA
63. I feel good when work is my first priority SD D A SA
64. I tend to keep my feelings to myself SD D A SA
65. Emotional involvement should be avoided when having sex SD D A SA
66. Winning is not important to me SD D A SA
67. Violence is almost never justified SD D A SA
68. I am comfortable trying to get my way SD D A SA
69. I am happiest when I'm risking danger SD D A SA

70. Men should not have power over women SD D A SA
71. It would be enjoyable to date more than one person at a time SD D A SA
72. I would feel uncomfortable if someone thought I was gay SD D A SA
73. I am not ashamed to ask for help SD D A SA
74. The best feeling in the world comes from winning SD D A SA
75. Work comes first SD D A SA
76. I tend to share my feelings SD D A SA
77. I like emotional involvement in a romantic relationship
78. No matter what the situation I would never act violently
79. If someone thought I was gay, I would not argue with them about SD D A SA
it
80. Things tend to be better when men are in charge SD D A SA
81. I prefer to be safe and careful SD D A SA
82. A person shouldn't get tied down to dating just one person SD D A SA
83. I tend to invest my energy in things other than work SD D A SA
84. It bothers me when I have to ask for help SD D A SA
85. I love it when men are in charge of women SD D A SA
86. It feels good to be important SD D A SA
87. I hate it when people ask me to talk about my feelings SD D A SA
88. I work hard to win SD D A SA
89. I would only be satisfied with sex if there was an emotional bond SD D A
SA
90. I try to avoid being perceived as gay SD D A SA
91. I hate any kind of risk SD D A SA
92. I prefer to stay unemotional SD D A SA
93. I make sure people do as I say SD D A SA

Appendix D:

These questions ask about how you have been doing since returning home from your OEF/OIF deployment. Please read each question and then rate the amount of difficulty you have been having over the past 30 days.

Over the past 30 days, have you had difficulty with...

- Dealing with people you do not know well (such as acquaintances or strangers)?
- Making new friends?
- Keeping up friendships with people who have **no** military
- Keeping up friendships with people who **have** military experience (including friends who are active duty or veterans)?
- Getting along with relatives (such as siblings, parents, grandparents, in laws and children not living at home)?
- Getting along with your spouse or partner (such as communicating, doing things together, enjoying his or her company)?
- Getting along with your child or children (such as communicating, doing things together, enjoying his or her company)?
- Finding or keeping a job (paid or non-paid or self-employment)?
- Doing what you need to do for work or school?
- Taking care of your chores at home (such as housework, yard work, cooking, cleaning, shopping, errands)?
- Taking care of your health (such as exercising, sleeping, bathing, eating well, taking medications as needed)?
- Enjoying or making good use of free time?
- Taking part in community events or celebrations (for example festivals, PTA meetings, religious or other activities)?
- Feeling like you belong in "civilian" society?
- Confiding or sharing personal thoughts and feelings?
- Finding meaning or purpose in life?

	No Difficulty	A little Difficulty	Some Difficulty	A lot of Difficulty	Extreme Difficulty	Does Not Apply
● Dealing with people you do not know well (such as acquaintances or strangers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Making new friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Keeping up friendships with people who have no military	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Keeping up friendships with people who have military experience (including friends who are active duty or veterans)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Getting along with relatives (such as siblings, parents, grandparents, in laws and children not living at home)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Getting along with your spouse or partner (such as communicating, doing things together, enjoying his or her company)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Getting along with your child or children (such as communicating, doing things together, enjoying his or her company)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Finding or keeping a job (paid or non-paid or self-employment)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Doing what you need to do for work or school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
● Taking care of your chores at home (such as housework, yard work, cooking, cleaning, shopping, errands)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Taking care of your health (such as exercising, sleeping, bathing, eating well, taking medications as needed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Enjoying or making good use of free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Taking part in community events or celebrations (for example festivals, PTA meetings, religious or other activities)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Feeling like you belong in "civilian" society?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Confiding or sharing personal thoughts and feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
● Finding meaning or purpose in life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Appendix E:

What do you believe are the most pressing concerns facing separated military personnel and what is lacking in current support services for separated military personnel?

What could current services (VA systems, local community services, etc.) do to address the areas that are lacking and/or make you as a former service member feel more supported?

Please indicate your ethnicity/race

- American Indian (1)
- Alaska Native (2)
- Asian (3)
- Black or African American (4)
- Native Hawaiian or Other Pacific Islander (5)
- White or Caucasian (6)
- Prefer not to say (7)
- Other, please specify (8) _____

Please select the category that includes your age

- 18 – 29 (1)
 - 30 – 49 (2)
 - 50 – 64 (3)
 - 65+ (4)
-

Please select your era of military service

- World War II (1)
 - Korean (2)
 - Vietnam (3)
 - Post-Vietnam (4)
 - Gulf War (5)
 - Post-9/11 Era Gulf War (6)
 - Other, please specify (7) _____
-

Please indicate the branch of the military in which you served

- Army (1)
 - Navy (2)
 - Air Force (3)
 - Marine Corps (4)
 - Coast Guard (5)
-

Please select your discharge type at time of separation

- Honorable (1)
 - General (Under Honorable Conditions) (2)
 - Under Other Than Honorable Conditions (3)
 - Punitive (4)
-

Please indicate whether your separation was planned or unplanned

- Planned (1)
 - Unplanned (2)
-

Were you medically discharged?

- Yes (1)
 - No (2)
-

Please indicate how many years you have been removed from military service

- Less than 1 year (1)
- 1-5 years (2)
- 6-9 years (3)
- 10+ years (4)