ABSTRACT

The Psychosocial Implications of Being Lesbian, Gay, And Bisexual Military Personnel in a Post

Don't Ask, Don't Tell Era

by

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Scholarly research on sexual minority military personnel was silenced until the United States (U.S.) Congress passed the Don't Ask, Don't Tell (DADT) Repeal Act of 2010. Not only did the repeal liberate lesbian, gay, and bisexual (LGB) military personnel from serving in silence, but also impelled military researchers to conduct studies pertaining to this population. However, research on LGB military personnel remains scant for counselors and other healthcare providers. Military personnel in the U.S. are experiencing unprecedented levels of alcohol and other substance use disorders, mental health disorders, and suicide. Speculating that LGB military personnel are at a greater risk for these psychosocial issues was reasonable, as research has indicated an increased risk of psychosocial factors for LGB civilians. This descriptive phenomenological study discovered new knowledge of LGB military personnel and veterans who were serving or had served post-DADT from all branches of the U.S. Military. This study employed Minority Stress theory and its model as a framework to explain psychosocial implications of having a minority sexual identity for LGB military personnel. The study's results are addressed, which include participants' sexual identity development and expression, military

culture experienced by LGB military personnel, participants' lived experiences after the repeal of

DADT, and the psychosocial implications associated with having a minority sexual identity.

THE PSYCHOSOCIAL IMPLICATIONS OF BEING LESBIAN, GAY, AND

BISEXUAL MILITARY PERSONNEL IN A POST DON'T ASK, DON'T TELL ERA

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Jeffrey Franklin Robinson-Thomas

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by

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CHAPTER 1: INTRODUCTION

This chapter introduces a research study that will examine the lived experiences of Lesbian, Gay, and Bisexual (LGB) military personnel in a post Don't Ask, Don't Tell era and the phenomenon of their psychosocial implications related to their sexual orientation. Included in this chapter is the background of the study, statement of the problem, the justification for the study, research questions, significance of the study, and definition of terms. This chapter will conclude with a brief summary.

Background of the Study

As one of the oldest United States (U.S.) institutions, the U.S. Military officially dates back to 1775 (Maslowski, 2007). The U.S. Military has a deeply embedded culture to match its enduring existence. Moreover, the U.S. Military holds enlisted military personnel to high standards of moral conduct. The Uniform Code of Military Justice (UCMJ), which Congress formally enacted in 1950 (Mucciaroni, 2008), regulates these standards of conduct. While military policies have a long history of barring sexual minorities from serving in the U.S. Military (Belkin, 2011; Estes, 2007; Herek, 1996; Moradi, 2009), the U.S. Military took a firm stand against homosexuality after World War II (Herek, 1996). As such, Department of Defense (DoD) Directive 1332.14 and Article 125 of the UMCJ essentially declared homosexuality incompatible with military service (Herek, 1996; Mucciaroni, 2008). The trend toward separating sexual minorities from the military culminated near the end of the Carter Administration in 1981, which had explicitly based discharges of sexual minorities on this perceived incompatibility. Between 1980 and 1990, the U.S. Military discharged 16,919 men and women under the separation category of homosexuality (Herek, 1996).

Lesbian, gay, and bisexual civil rights activists, as well as, lesbian and gay service members publicly challenged their military discharge in court; thus, leading to the introduction of legislation in the U.S. Congress to reverse the ban in 1992. By the beginning of 1993, sexual minorities began to anticipate being able to serve openly in the U.S. Military following the Clinton presidential election (Herek, 1996). To such end, as a candidate for President of the U.S., William ("Bill") Jefferson Clinton, made a campaign promise in 1992 to lift the ban on sexual minorities serving in the U.S. Military (Mucciaroni, 2008). While the American people elected Bill Clinton as President of the U.S. in 1993, history reflects that he was unsuccessful at making good on his campaign promise. Consequently, he was forced to compromise, as the U.S. Congress and high-ranking military officials did not support lifting the ban.

Thus, the passage of Public Law 103-160 (10 U.S.C. § 654), better known as, "Don't Ask; Don't Tell"(DADT) was the compromise made by President Clinton in 1994. While DADT not only silenced sexual minorities in the U.S. Military for 17 years (Belkin, 2011; Estes, 2007), the law also silenced scholarly research inquiry pertaining to sexual minorities serving in the U.S. Military (Estes, 2007; Ramirez et al., 2013; Trivette, 2010). However, on September 20, 2011, the U.S. Congress passed the Don't Ask, Don't Tell Repeal Act of 2010 (Pub. L. No. 111-321, H.R. 2965, S. 4023), which liberates LGB U.S. Military personnel from serving in silence and scholarly research pertaining to this population. The investigator of this study seeks to discover new knowledge of sexual minority military personnel serving in a post-DADT era and contribute to the paucity of research available for counselors working with this population.

Problem Statement

According to Bagalman (2013) of the Congressional Research Service and the Substance Abuse and Mental Health Services Administration (SAMHSA; 2012), U.S. Military personnel

are experiencing unprecedented levels of mental health disorders, alcohol and other substance use disorders, and suicide. For example, studies have reported between 36.9 and 50.2 percent of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans in the Veterans Administration (VA) health care system have received a mental health disorder diagnosis (SAMHSA, 2012). Posttraumatic stress disorder (PTSD) is the most common mental health disorder faced by returning troops, as evidenced by 27% of OEF and OIF veterans that uses VA healthcare have received a diagnosis of PTSD. Psychiatrists at the VA have projected one-in-three soldiers will incur PTSD after serving in OEF and OIF. That rate is two times higher for U.S. Military personnel that have served two tours of duty, an estimated 40% of all troops (Bagalman, 2013).

Service members of the U.S. Military experience substance use disorders, namely alcohol use disorders that also have an effect on the civilian society. For example, studies have reported the abuse of alcohol is common among OEF and OIF veterans (Calhoun, Elter, Jones, Kudler, & Straits-Tröster, 2008; SAMHSA, 2012). Furthermore, OEF and OIF veterans who have experienced trauma may increase their drinking or drug use. For example, one study of VA healthcare users reported that more than 11% of all OEF and OIF veterans were diagnosed with a substance use disorder (SAMHSA, 2012; Seal et al., 2011). Data from the VA reflect that nearly 22% of OEF and OIF veterans with PTSD also have a substance use disorder, including a substance use disorder with prescription medications (SAMHSA, 2012). For example, a recent national study of OEF and OIF veterans in the VA healthcare system reported that military personnel diagnosed with mental health disorders, particularly PTSD, were more likely to receive an opioid prescription for pain-related conditions versus military personnel with no mental health diagnoses (SAMHSA, 2012). According to SAMHSA (2012), VA physician

prescriptions for pain relievers quadrupled between 2001 and 2009—some 3.8 million prescriptions.

Regarding other mental health disorders, VA health care doctors diagnosed 36% of OEF and OIF veterans with depression and other mood disorders (Bagalman, 2013). According to SAMHSA (2012), data from the National Survey on Drug Use and Health from 2004-2007 reported an estimated 9.3% of U.S. veterans, between 21 and 39 years old, experienced at least one major depressive episode in the past year. Female OEF and OIF veterans are more than twice as likely (16.6%) as male veterans (8%) to have experienced a major depressive episode in the past year (SAMHSA; 2012). Veterans Administration data also reported that female veterans are twice as likely than male Veteran counterparts to screen positive for sexual trauma (SAMHSA, 2012) and such trauma is associated with co-occurring disorders that include PTSD, depression, and anxiety disorders (Street, Vogt, & Dutra, 2009). Between 10 and 20 percent of OEF and OIF veterans have been diagnosed with a traumatic brain injury (TBI), which can also result in depression, anger, changes in personality, and suicidal ideation.

The Substance Abuse Mental Health Services Administration (2012) reported 144 out of 490,346 OEF and OIF veterans committed suicide for an overall rate of 21.9 per 100,000 between 2002 and 2005. Miles (2010) reported 94 men and 4 women OEF and OIF veterans committed suicide in the fiscal year 2009. Kemp and Bossarte (2012) reported an average of 22 veterans committed suicide every day in 2010. This figure equates to one suicide every 65 minutes. According to SAMHSA (2012), this number is likely higher, as California, Illinois, and Texas do not report suicide data to the Veteran's Administration. Moreover, this number does not take into account active-duty service members who completed suicide. As found in the general population, veterans who are male complete suicide at a higher rate than female veterans;

however, the suicide rate for women veterans is nearly twice that of women in the general population (SAMHSA, 2012). Consequently, the VA has increased their suicide prevention efforts because of the more than 6,000 military veteran suicides annually (Miles, 2010; SAMHSA, 2012).

According to Matarazzo et al. (2014), the Lesbian, Gay, Bisexual, and Transgender (LGBT) population within the military has the potential to be particularly vulnerable to suicide despite the lack of research with this at-risk subpopulation. Blosnich, Bossarte, and Silenzio (2012) cited 11% of sexual minority veterans (N = 61) reported seriously considered attempting suicide within the past year compared to 3% of heterosexual veterans (N = 1639) reported considering suicide during the same period. Herrell et al. (1999) conducted a study (N = 4774) with Vietnam era veterans of which 14% of them with at least one same-sex partner had attempted suicide compared to 3% of veterans with no reported same-sex partner.

Speculating that LGB military personnel are at a greater risk for the aforementioned psychosocial issues is reasonable, as researchers have indicated this to be the case for LGB civilians (cf. Kertzner et al., 2009; Meyer, 2003; Meyer & Northridge, 2007; Pascoe & Smart Richman, 2009; Ussher, 2009). However, an important distinction is that sexual minority status alone is not the reason for the prevalence of mental health issues in the LGB population. Rather, these researchers have suggested that the stressors related to having a stigmatized sexual identity are the reason for increased prevalence. Not only does a growing body of evidence reveal that stress experienced by sexual minorities adversely affects their mental health (SAMHSA, 2012b), evidence also shows that stress experienced by sexual minorities makes them more vulnerable to substance use disorders (Eliason, 2010; SAMHSA; 2012b). Following is a discussion on the prevalence for substance use and mental health disorders that are associated with having a

civilian sexual minority identity, and will frame psychosocial implications of a sexual minority identity using Minority Stress Theory (Meyer, 2003; 2007) in the next chapter.

The Center for Substance Abuse Treatment (CSAT; 2001) developed a primer on substance abuse treatment for lesbian, gay, bisexual, and transgender (LGBT) individuals with the following propositions. Alcohol and other drug (AOD) use have historically played a significant role in the LGBT community. While the LGBT acronym is an "umbrella term" that seeks to be inclusive, this study is examining the lived experiences of sexual minority service members. Transgender service members are not represented in the current study for two reasons. First, transgender individuals were not able to serve in the U.S. Military at the time this study went through the Institutional Review Board (IRB) process. Second, this study is not examining the lived experiences of gender identity minorities.

Lesbian, gay, and bisexual individuals may use and abuse AOD due to greater psychosocial stressors, such as sexual stigma. Other factors related to LGB individuals' AOD use may include a sexual identity struggle (e.g., internalized stigma) that results from internalizing society's messages, as well as, experiencing familial and childhood adversity. Regarding overall AOD use, CSAT (2001) reported LGB people are more likely to use alcohol and drugs, experience higher rates of substance use disorders, are less expected to abstain from use and are more likely to continue heavy drinking later into life when compared to heterosexual individuals.

The Substance Abuse Mental Health Services Administration (2012b) reported that depression affects civilian gay men at higher rates, often with more severe problems for men who conceal their sexual orientation. Moreover, civilian gay men are at greater risk for suicide attempts and completions. Civilian lesbians tend to have higher rates of major depressive

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episodes and anxiety disorders, including PTSD. Civilian bisexual men and women consistently report higher levels of depression and anxiety with some studies reporting rates similar to civilian lesbians and civilian gay men, while others show higher rates of prevalence (SAMHSA, 2012b).

The investigator has thus far reviewed psychosocial implications of having a minority sexual identity, including mental health disorders, alcohol and other substance use disorders, and a combination thereof, also known as co-occurring disorders in this chapter. Also discussed in this chapter has been suicidality for both military personnel and sexual minority civilians. Following is a discussion to justify the reason this study is needed.

Study Justification

Sexual minorities in the U.S. have lived closeted lives for decades because of having a stigmatized identity and military culture further compounds this. However, Gates (2010) estimated that 2.8% of U.S. Military personnel, some 70,781 active-duty service members, and 870,000 veterans identified as a sexual minority. Two years later, Gates (2012) estimated 3.8% of U.S. adults self-identify as LGB. However, enumerating LGB individuals is challenging and problematic, as individuals define sexuality differently. For example, individuals who engage in same-sex behavior regularly may not identify as lesbian, gay, or bisexual. Nevertheless, with the nascent state of LGB U.S. Military personnel being able to serve openly and hypermasculinity (cf. definitions of terms) in the U.S. Military, speculating that the numbers are likely higher than the estimates above is reasonable. This study justifiably adds to the dearth of literature available for counselors and other allied healthcare professionals.

History reflects researchers have studied LGB people from a pathological paradigm in past decades (Meyer, 2003; 2007). Moreover, history also reflects the U.S. Military framed their

decision to ban LGB people from serving using a pathological framework (Herek, Chopp, & Stohl, 2007). For example, 43 of 6,661 articles published in mainstream psychological and counseling journals addressed gay and lesbian issues from 1978 to 1989 (Buhrke, Ben-Ezra, Hurley, & Ruprecht, 1992), well after the American Psychiatric Association (APA) had declassified homosexuality as a pathological disorder in 1973 (Herek et al., 2007).

However, after the American Psychological Association established guidelines for conducting psychotherapy with LGB persons, significant progress has been made towards the inclusion of LGB concerns in mainstream psychological and counseling journals. To such end, a recent search of scholarly and peer-reviewed research was conducted using the search terms, "LGB counseling and psychology" from 1974, when the APA voted to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM) II, to 2016. This search returned 881 results. Furthermore, he conducted another search of scholarly and peer-reviewed research using the search term, "LGB U.S. Military" from 1951, the oldest date available using the East Carolina University library search engine, to 2016. This search resulted in 196 results.

Due to the scarcity in prior research, the purpose of this study is to study the phenomenon of being LGB military personnel in a post-DADT era. The implications of this study are an increased understanding of LGB service members serving in a post-DADT era while informing counselors, healthcare professionals, and their educators of the unique challenges with which this population is faced. A benefit is this study will add to the limited body of research available on the psychosocial implications of LGB military personnel for counselors and other healthcare professionals working with sexual minorities serving in the U.S. Military in a post-DADT era.

Research Questions

Theories of ontology and epistemology, which underpin the foundation of qualitative research, will be employed to answer the research questions of this study. Ontology is the study of a person's way of *being* in the world (Denzin & Lincoln, 2011; Patton, 2002). Epistemology is the study of knowledge, that which a person has, and that how they have come to that knowledge (Denzin & Lincoln, 2011; Patton, 2002). This investigator aims to answer the following two research questions from both an ontological and epistemological position.

Research Question 1: What are (or what were) the lived experiences of U.S. Military service members or veterans who identify as lesbian, gay, or bisexual in a post Don't Ask, Don't Tell (DADT) era?

Research Question 2: What phenomena of psychosocial implications do U.S. Military service members or veterans experience (or what did they experience) who identify as lesbian, gay, or bisexual in a post Don't Ask, Don't Tell era?

Study Significance

This significance of this study is to understand the lived experiences of LGB military personnel in a post-DADT era that will inform the knowledge, skills, and abilities of counselors, healthcare providers, and their educators based on the dearth of literature available for these professionals who work with U.S. Military personnel. Moreover, health disparities among the LGB military population are critical issues for mental and physical healthcare providers, health educators, and policy makers (Goldbach & Castro, 2016; Stebnicki, Grier, & Thomas, 2015). Stebnicki et al. (2015) suggested health disparities for LGB military personnel occur because of (a) lack of educational and training opportunities to counselors and other helping professionals, (b) reluctance and/or fear of disclosing sexual minority identity to helping professionals, and (c)

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fear of retribution, stigma, and discrimination in career advancement. Goldbach and Castro (2016) asserted the health care needs of LGB service members remain mostly unknown with comprehensive acceptance and integration in the U.S. Military yet to be achieved.

Thus, this study will contribute to the paucity of research available to counselors and other healthcare professionals who work with LGB U.S. Military personnel. Given the nascent state of sexual minorities serving openly in the U.S. Military, few studies have examined what LGB service members are experiencing or have experienced since the repeal of "Don't Ask, Don't Tell." Moreover, a search of doctoral dissertations of qualitative inquiry on this subject returned even fewer results. To such end, addressing gaps in knowledge and best practices to serve LGB military personnel and veterans is imperative (Goldbach & Castro, 2016).

Therefore, an exhaustive description of this phenomenon and a fundamental structure of understanding the experiences, including those experiences that manifest in psychosocial implications, of LGB Military personnel who are active duty or have served since the repeal of Don't Ask, Don't Tell will be provided. In short, the objective is to address a societal issue by determining if LGB U.S. Military personnel have parallel or more severe psychosocial experiences with LGB civilians. This investigator also seeks to honor all the men and women serving or who have served, particularly by descriptively relating the lived experiences of those service members who identify lesbian, gay, or bisexual.

While this study may illustrate the theoretical problems that have social justice implications, creating change is not the goal of this study. For example, social justice research typically addresses power, privilege, and oppression to eradicate suffering (Charmaz, 2011). This study also expects to address power, privilege, and oppression, as the literature reflects LGB

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civilians experience. However, given the nascent state since the repeal of DADT, eradication of suffering or any other social injustice is not the objective.

<div align="center">**Definition of Terms**</div>

This section will provide definitions of the operational terms utilized in this study. The first section provides definitions of study terms. The second section provides definitions unique to the U.S. Military.

Study Terms

Bisexual. The term bisexual refers to being sexually attracted to individuals of more than one sex. Bisexual may be used to describe self-identity, sexual behavior, or both and a range of a person's sexual attractions. Bisexual people may be monogamous, non-monogamous, or celibate (SAMHSA, 2012b).

Closeted. The term closeted may refer to sexual minorities that conceal their sexual orientation from others. The literature refers to the concept of "concealment" as "being in the closet" in the vernacular (Corrigan & Matthews, 2003).

Coming Out. Coming out refers to the process that is unique and highly individualized for every individual. The process may occur in two stages: First, when individuals acknowledge and accept their sexual orientation; and, second, individuals begin to disclose their identity to others (Matthews, 2007). SAMHSA (2012b) stated "coming out" is also known as "coming out of the closet" or being "out" in the vernacular.

Gay. The literature reflects the term "gay" most commonly, which describes men who are predominately or solely attracted to other men. Some women prefer to identify as gay in lieu of a lesbian identity. Someone who identifies as gay may have sex with someone of the same sex, the opposite sex, or may be celibate (SAMHSA, 2012b).

Heterosexism. Heterosexism is a form of oppression that privileges heterosexual beliefs, values, behaviors, and attitudes as the norm while rejecting, denying, stigmatizing, ignoring, or denigrating other sexualities (Miville, Romero & Corpus, 2009; SAMHSA, 2001).

Homo- or Bi- phobia. The root of the discrimination experienced by sexual minorities based on negative feelings or attitudes towards non-heterosexual behavior, identity, relationships and community (Finnegan & McNally, 2002). Some lesbian and gay individuals feel a sense of betrayal from bisexual individuals and therefore may hold negative feelings or attitudes towards them (Potoczniak, 2007).

Homosexual. Homosexual people are primarily or exclusively attracted to people of the same sex. The term can refer to lesbian, gay, or bisexual individuals. Some homosexual people have attractions to the opposite sex, but only have sex with the same sex. Others who consider themselves homosexual may have sex with men and women, while others may be celibate (SAMHSA, 2012b). Some sexual minorities resist the term homosexual because of its medical and psychological use in the literature (American Psychological Association [APA], 1991).

Hypermasculinity. The term hypermasculine or hypermasculinity refers to emphasis or exaggeration of the male gender role and stereotypical male behavior (e.g., aggressor, strong, physical, protector, warrior, sexual). The belief that violence is manly, the experience of danger is exciting, and women are inferior to men, which men may exhibit as callousness, including sexual attitudes towards them (Levy, 2007) may result in the U.S. Military operationalizing hypermasculinity (Mosher & Tomkins, 1988).

Internalized homophobia. The term internalized homophobia, which the literature also refers to as internalized stigma, involves an intrapsychic conflict between what people think they

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should be (i.e., heterosexual) based on internalizing societal messages and how they experience their sexuality (i.e., as homosexual or bisexual; Herek et al., 2007).

Lesbian. A woman that is primarily attracted to women. She may have sexual experiences with only women, men and women, or be celibate (SAMHSA, 2012b).

Minority Stress. The term minority stress characterizes chronic stress experienced by minorities, specifically sexual minorities in this dissertation, because of stigmatization, marginalization, and lack of institutional and social supports within a predominantly heterosexual society (Meyer, 2003; 2007; SAMHSA, 2012b; Warren & Barber, 2009).

Psychosocial. Psychosocial variables act as predictors of behavior, cognitions, risk, severity, or some other factors that may relate to behavioral research, such as health outcomes. Psychosocial variables encompass both the social and psychological aspects of individuals' lives and cover a broad range of both positive and negative factors. Social factors include quality of life, health behaviors (e.g., alcohol consumption, smoking status, drug use), physical activity level and socioeconomic status. Personal factors include depressive symptoms, perceived stress level, anxiety, and mood. Psychosocial variables are often interrelated and can be used to predict behavioral and/or health outcomes (Long, & Cumming, 2013).

Sexual orientation. Sexual orientation refers to the enduring emotional, romantic, and/or sexual attractions to men, women, or both sexes. Individuals base their sense of identity on their said attractions, behaviors, and membership in a community. Research suggests sexual orientation ranges on a continuum from exclusive attraction to the opposite sex and exclusive attraction to the same sex (APA, 2011).

Military Terms

This section covers U.S. Military acronyms and terms. The acronyms and terms in this section comprise of those found within the U.S. Department of Defense (DoD) Dictionary of Military Terms (2015) unless otherwise cited.

Active duty. Full-time duty in the active military service of the United States, including active duty or full-time training duty in the Reserve Component. Also called AD. See also active duty for training and inactive duty training.

Articles of Uniform Code of Military Justice. The articles found within the Uniform Code of Military Justice (UMCJ) are the directives, both procedural and lawful that all service personnel must follow.

CONUS. The acronym CONUS stands for within the Continental United States. For example, service members stationed at Fort Bragg in Fayetteville, North Carolina, would have a permanent station said to be CONUS.

Green Dot. The U.S. Air Force Green Dot initiative is a strategy to prevent sexual assault, family violence, abuse, and suicide. An officer designated to provide training and accept reports of violence in their unit is referred to as a "Green Dot" in the Air Force vernacular (U.S. Air Force Academy Public Affairs, 2017).

MOS. The acronym MOS stands for Military Operations Specialty in all branches of the U.S. Military except the U.S. Navy. A service member's MOS is analogous to jobs found in the *Dictionary of Occupational Titles.*

NEC. The acronym NEC stands for Navy Enlisted Classification and is the equivalent of a MOS in all other branches of the U.S. Military (Navy Personnel Command, 2016).

OCONUS. The acronym stands for outside of the Continental United States. For example, if service members stationed at Bagram Airfield in Afghanistan would have a permanent station said to be OCONUS.

PCS. This acronym stands for a permanent change of duty station. For example, if a service member's duty station is changed, they are said to "PCS."

PDS. This acronym stands for permanent duty station, where a service member is permanently assigned irrespective of a temporary assignment or deployment.

Post-DADT. The acronym DADT stands for "Don't Ask, Don't Tell," (Pub. L. 103-160, 10 U.S.C. § 654), which was in effect for 17 years (1994 – 2011) until its repeal on September 20, 2011 when the U.S. Congress repealed DADT (H.R. 2965, S. 4023) and President Barack Obama signed it into law (Estes, 2007; Belkin 2011). This study will examine the era of post-DADT.

Reportable incident. Any suspected or alleged violation of Department of Defense policy or other related orders, policies, procedures or applicable law [e.g., UCMJ], for which there is credible information.

Reserve component category. This category identifies an individual's status in the Reserve Component. The three Reserve Component categories are Ready Reserve, Standby Reserve, and Retired Reserve. A specific Reserve Component category designation identifies each reservist.

SAFE kit. The medical and forensic examination kit used to ensure controlled procedures and safekeeping of any bodily specimens in a sexual assault case.

TDY. This acronym refers to a temporary duty assignment or "military duty yonder," which is considered military slang.

UCMJ. The acronym UMCJ refers to the Uniform Code of Military Justice, which the U.S. Congress formally enacted in 1950. The UMCJ is the military equivalent of laws that pertain to U.S. civilians.

Veteran. A person who served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable (Cornell University Law School, n.d.).

Veterans Administration. The U.S. Veterans Administration or VA is the federal agency responsible for coordinating services and benefits for all honorably discharged veterans.

Chapter Summary

This chapter introduced the research study that will examine the lived experiences of Lesbian, Gay, and Bisexual (LGB) military personnel in a post Don't Ask, Don't Tell era, as well as, the phenomena of psychosocial implications related to their sexual minority status. This chapter included the background of this study, statement of the problem, the justification for the study, research questions, significance of the study, and defined both study and military terms utilized by this study. What follows in the next chapter is a review of the literature.

CHAPTER 2: LITERATURE REVIEW

In this chapter, a review of the literature on the phenomena of lived experiences and psychosocial implications for Lesbian, Gay, and Bisexual (LGB) military personnel after the repeal of Don't Ask, Don't Tell (DADT) follows. To that end, this investigator conducted a systematic review (Grant & Booth, 2009) to appraise and synthesize the literature available. The analysis from conducting a systematic review resulted in a common theme related to psychosocial implications of being LGB military personnel, which serves as the framework of the literature review. The chapter begins by connecting this study with imperatives of counselor education and counseling related to LGB military personnel. Thereafter, the chapter theoretically contextualizes three types of stigma posited by Herek et al. (2007) that sexual minorities experience in general. The three stigmas are sexual stigma, felt stigma, and internalized stigma. Following is a review of the implications of psychosocial stressors that civilian sexual minorities experience from a theoretical perspective using Minority Stress Theory. While studies specific to LGB military personnel on this subject are essentially are non-existent, he addresses the challenges to examining the psychosocial wellbeing of LGB military personnel. This review continues with the examination of five studies that have been conducted post-DADT with an emphasis towards mental health characteristics of sexual minority veterans. This chapter concludes with a review of a study on psychosocial wellbeing for civilian sexual minorities. The review of psychosocial wellbeing will allow this investigator to compare and contrast the lived experiences of LGB military personnel derived from this study to that found in the literature.

Counselor Education and Professional Counseling

The Council for Accreditation of Counseling and Related Educational Programs (CACREP), which accredits graduate counseling training programs that demonstrate excellence

in academic standards, has an expectation that programs "reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society" (CACREP, 2016, p. 9). Chapter 1 of this study addressed that the U.S. Armed Forces has a culture of its own. Thus, military culture requires counselors with knowledge, skills, and abilities to work with service members, veterans, and military families. Counselor training programs, such as the one found in the Department of Addictions and Rehabilitation Studies at East Carolina University (ECU), have added courses and a certificate program specific to Military and Trauma Counseling (ECU, 2016) to meet the projected needs given the ongoing shortage of professional counselors in the TRICARE system (Department of Defense/Veterans Administration [DoD/VA], 2014). Moreover, CACREP (2016) requires counseling curriculum to include eight common core areas of the foundational knowledge required for counselor trainees, of which social and cultural diversity is one, in order to receive accreditation.

The American Counseling Association (ACA) Code of Ethics states in Section F.7.c that, "Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors" (ACA, 2014, p. 14). To such end, "Counselor educators actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice" (ACA, 2014, p. 15). The Commission on Rehabilitation Counselor Certification (CRCC) Code of Professional Ethics for Rehabilitation Counselors states in Section H.2.b. that, "Rehabilitation counselor supervisors are aware of and address the role of cultural diversity in the supervisory relationship" (CRCC, 2010, p. 20). Similar to the ACA, the CRCC (2009) states rehabilitation counselor educators infuse material related to cultural diversity into courses and workshops for the development of professional rehabilitation counselors. Counselor educators are ethically bound to providing counseling trainees with

increased knowledge and skill development in working with diverse populations, such as U.S. Military personnel, including those of whom identify as lesbian, gay, and bisexual.

Regarding professional practice, the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC; 2013), a division of the ACA, developed competencies for counseling clients who identify as lesbian, gay, bisexual, queer, questioning, intersex, and ally (LGBTQQIA) individuals. This set of counseling competencies does not address transgender individuals because the ALGBTIC and ACA adopted separate counseling competencies specific to transgender individuals. Section C.18 of these competencies state competent counselors will continue to seek awareness, knowledge, and skills with attending to issues specific to sexual minorities (p. 13). The ALGBTIC Counseling Competencies for LGBTQQIA individuals state counselors continue to gain specialized training in (a) social and cultural underpinnings of this community (B.10), (b) mental health issues (B.4), (c) knowledge of heterosexism (B.5, B.6, B.7), (d) internalized prejudice (B.7), (e) intersecting identities and accompanying developmental tasks (B.8), and (f) use language, techniques, and interventions that affirm, accept, and support the autonomy of intersecting identities for sexual minorities (E.5) to name a few. These particular competencies were chosen because this chapter broadly addresses these subjects. While counselors who work with military personnel need to acquire competence specific to the culture of the military, cultural competence to work with LGB individuals needs to be acquired by all counselors. To that end, what follows in the next section puts sexual stigma in context.

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Sexual Stigma

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Herek et al. (2007) conceptualized sexual stigma towards sexual minorities as, "society's shared belief system through which homosexuality is denigrated, discredited, and constructed as

<div align="center">

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</div>

invalid relative to heterosexuality" (p. 172). Recognition that sexual stigma encroaches on the lives of sexual minorities led to the development of theoretical models of minority stress, which is stress uniquely experienced by minority group members because of their stigmatized status (Cochran, Sullivan, & Mays, 2003; Herek et al., 2007; Meyer, 2003). Meyer (1995) suggested three key minority stressors for Lesbian, Gay, and Bisexual (LGB) individuals: (1) external, objective events and conditions that are stressful; (2) expectations of such events and the vigilance required by this expectation; and, (3) internalization of negative societal attitudes. Herek et al. addressed these stressors by describing corresponding constructs, such as felt stigma, sexual stigma, and internalized homophobia. The sections that follow address these constructs in more detail.

Felt Stigma

Felt stigma refers to individuals' awareness of stigma's prevalence, experiencing stigma's manifestations, and applying a subjective response to the experience of having been stigmatized. Furthermore, felt stigma often motivates stigmatized minorities to engage in anticipatory, protective behaviors to avoid enactments of stigma. When conceptualized as a potential stressor, felt stigma is related to psychological theories of stress and coping (Herek et al. 2007; Meyer, 2003). Thus, felt stigma could be viewed as motivating minorities to appraise both the threat posed by social situations and alternatives and their resources for avoiding harm to themselves. If the threat happens to exceed minorities' available resources for responding, they engage in some form of coping behavior.

Herek et al. (2007) asserted coping could be either problem focused or emotion-focused, and either prospective or reactive. Problem-focused coping employs strategies that seek to reduce or remove a stressful situation in practical ways in advance of (i.e., prospective) or during

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(i.e., reactive) the situation directly (McLeod, 2009). For example, if a gay service member walks into the "chow hall" and observes a table full of service members who have previously disparaged him and he chooses to leave in advance of them calling him derogatory names that would be considered a problem-focused coping strategy. Whereas emotional focused coping employs strategies that seek to reduce the negative emotional response relative to the stress again in advance of or during the situation. For example, if this same service member above was short on time and had no choice but to eat then and the service members yelled derogatory names at him, he could distract himself by making use of his social support network (e.g., calling a friend).

Sexual Stigma

Herek et al. (2007) asserted minorities might call upon a variety of stigma management strategies. For example, sexual minorities employ concealment as a strategy to control who knows about their stigmatized sexuality (Meyer, 2003). Most sexual minorities find this task quite complicated, as disclosure means revealing an intimate part of themselves and is often a process that requires deep thought and planning; hence, the terms "coming out" or "coming out of the closet" found in the literature. Clearly, heterosexuals who routinely disclose their sexual orientation without giving thought to it when speaking of or introducing their spouse do not experience the angst of disclosing their sexual orientation. To such end, some heterosexual people regard sexual minorities who choose to disclose their sexual orientation as inappropriate because the norm is heterosexuality. Herek et al. suggested once people know an LGB person is a sexual minority, many people regard this information about the LGB person as the most important information possessed about that person. Moreover, people who regard the individuals' LGB orientation as the most important information about that person may minimize

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any unique qualities that person may possess as an individual or ignore the person altogether. Consequently, this primacy conclusion may result in perceiving all LGB people as the same.

The singular focus of sexual identity (e.g., lesbian, gay, or bisexual) may result in the perpetuation of stereotypes with respect to sexual minority status. A stereotype is a static view that all or most members of a particular group share features that are unrelated to their group membership (Herek et al., 2007). Examples of stereotypes commonly applied to sexual minorities include gay men are effeminate, and lesbians are masculine (Herek, 2002). Consequently, the safest strategy for sexual minorities may be hiding their stigmatized status, or "passing" as a heterosexual and is unique to sexual minorities. Herek et al. (2007) asserted passing requires discretion such that individuals refrain from disclosing private information, concealment by actively preventing others from obtaining information, and fabrication by deliberately providing false information. Researchers have conceptualized sexual orientation disclosure and concealment as strategies that sexual minorities employ to manage their identities in the face of cultural and organizational stigma against their sexuality (Croteau, Anderson, Distefano, & Kampa-Kokesch, 2000; Moradi, 2009). Passing often results in leading a double life, an inference with social interactions, many practical problems, and psychological and physical effort. An example of when organizational and cultural stigma, as well as the law, required concealment by an enlisted gay service member, and yet resulted in dire consequences is now discussed.

Estes (2007) conducted a qualitative study garnering rich, meaningful data from gay and lesbian veterans who served during the era of DADT. Leading a double life in the military eventually had fatal consequences for a 19-year-old Private stationed at Fort Campbell, Kentucky. This Private had begun exploring the gay community in nearby Nashville, Tennessee.

When rumors began to spread about this Private's sexuality, other military personnel began calling him derogatory names on a daily basis. The taunting continued despite this Private complaining to his superiors. Then, later one evening at a party outside of his barracks, this Private got into a physical altercation with an 18-year-old Private. Estes reported while the altercation had nothing to do with the 19-year-old Private being gay, as he knocked the 18-year-old Private down, the taunts escalated. Estes (2007) reported the younger Private was ashamed of being beaten by, "a fucking faggot," (p. 230) and decided to get revenge. Estes reported the younger Private beat the older Private with a baseball bat later that night, as he lay sleeping, and he died the next day.

Ironically, DADT required all of the aforementioned strategies, including disclosure, discretion, concealment, and fabrication from sexual minority military personnel, what scholars (Belkin, 2003; Moradi, 2009; Trivette; 2010) argued were harmful to the cohesion and camaraderie in military culture, as well as the code of honorable conduct. Estes (2007) interviews with lesbian and gay veterans confirmed this to be their experience while serving during DADT. For example, an Army Sergeant who deployed to Kosovo in 2002, and then to Iraq in 2004, spoke of having to change the pronoun of his significant other from he-to-she when talking with other military personnel. Estes (2007) reported another Army Sergeant who served two tours in Afghanistan, stated, "I knew what I was getting into, as I was openly gay when I enlisted" and "I knew I would have to stay in the closet to keep my job" because it was something he loved doing (p. 246).

Internalized Stigma

Internalized stigma, which the literature refers to as internalized homophobia for sexual minorities, is internalizing society's negative messages and attitudes about sexual minorities,

accepting them as valid and deserved, and consequently thinking maladaptive thoughts about one's self while feeling negatively towards the self (Herek et al., 2007). Weinberg (1972) coined the word homophobia, which encompasses internalized homophobia, the self-hatred that homosexuals manifest towards themselves. As noted by Herek et al. (2007), other theorists, including the frequently cited work of Allport (1954), view that members of a stigmatized group experience psychological problems because of accepting society's negative appraisal of them are not exclusive to sexual minorities. Nonetheless, Herek et al. (2007) asserted,

> In contrast to the hostility that heterosexuals direct at homosexuals (e.g., exogenous homophobia), internalized homophobia necessarily involves an intrapsychic conflict between what people think they should be (i.e., heterosexual) and how they experience their own sexuality (p. 189).

Other researchers and theorists have referred to internalized homophobia with other terms and have widely operationalized this term in various ways. However, this study will utilize the aforementioned definition (cf. definition of terms). Thus far, a review on felt stigma, sexual stigma, and internalized stigma (i.e., internalized homophobia) contextually, as they apply to sexual minority status has occurred. What follows is a discussion of the theoretical basis of minority stress.

Minority Stress Theory

The minority stress framework derives from various psychological and social theoretical orientations (Dentato, 2012). Social psychological theories underscore intergroup relations and the impact of minority position on health (Meyer, 2003). Social comparison and symbolic interactionism (cf. Chapter 3 for definitions) provide meaning-making to the worlds of individuals and aid in their organization of experiences. Scholars have suggested interactions

with others are crucial for the development of a sense of self and wellbeing (Kertzner, Meyer, Frost, & Stirratt, 2009; Meyer, 2003). Thus, symbolic interactionism suggests that when people attribute negative regard from others, this may lead to negative self-regard.

Stress researchers have identified both individual and social stressors related to external events and/or conditions. While a number of factors mitigate or exacerbate minority stress, such as higher socioeconomic status or a lack of social support, both discrimination and prejudice are the basis of minority stress. Furthermore, alienation from social structures, norms, and institutions has long concerned social psychologists. According to Meyer (2003; 2007), minority individuals experience conflicts with the values of the dominant culture, which dictate norms and social structure, and experience incongruences that can accumulate and ultimately comprise mental and physical health. For example, prior to the U.S. Supreme Court declaring Section 3 of the Defense of Marriage Act (DOMA; Pub.L. 104-199) unconstitutional in 2013, sexual minority military personnel could serve openly in the U.S. Military, yet the government neither recognized nor sanctioned their marriages and families. As such, spouses and families of sexual minority military personnel did not experience any of the benefits that their heterosexual counterparts garnered, including medical care, relocation costs, and survivor benefits.

Researchers have studied the experience of prejudice and discrimination and have found these stressors can have broad effects on mental and physical health (Kertzner et al., 2009; Pascoe & Smart Richman, 2009). Numerous studies have shown that minority individuals with frequent and accumulated stress responses, because of significant levels of prejudice are more susceptible to poor mental and physical health (Kertzner et al., 2009; Meyer, 2003, 2007; Pascoe & Smart Richman, 2009; Ussher, 2009). Pascoe and Smart Richman (2009), conducted a meta-analysis of 134 articles and found substantial evidence exists for the harmful health effects of

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discrimination across the spectrum of mental health, including anxiety and depression, from psychological distress to wellbeing in the laboratory and community studies. While all individuals experience general stressors, not all stressors are the same.

Meyer (2003, 2007) suggests the following three assumptions regarding minority stress. First, minority stress is unique and specific to members of a stigmatized minority group. Second, minorities experience chronically high levels of stress, which is relatively static in social and cultural structures, in addition to everyday stressors experienced by all people. These additional stressors require adaptation effort of minorities of stigmatized identities above that required by individuals in the majority. Third, minority stress occurs at a macro level, as found in societal institutions, structures, and processes. Moreover, these structures, processes, and institutions are well beyond an individual level of events or conditions that characterize general stressors people experience. To illustrate this point, several definitions are supplied, namely oppression, prejudice, and power, as stated by the American Counseling Association (2009),

> Oppression has been defined in the counseling literature as an equation: oppression = prejudice x power. Prejudice is the maintenance of incorrect conscious or unconscious attitudes, feelings, and beliefs that members of a cultural group are inferior or that a group's cultural differences are unacceptable. All people have prejudice. Power is the ability to control access to resources, including control of the images of what is culturally appropriate. Power and power over others are maintained and used on individual, cultural, and systemic levels. All people do not have the same access to power and power over others (p. 383).

According to Pohlmann and Whisenhunt (2002), the history of the U.S. is rife with cases of landmark congressional laws and executive orders on civil rights that ended the oppression of

minorities. While there are many landmark congressional laws and executive orders pertaining to civil rights, this investigator has chosen to address the following five examples. First, the Women's Suffrage Movement sparked the 19th Amendment, which granted women the right to vote after decades of oppression and ultimately advanced women's equality. Second, in 1954, a landmark U.S. Supreme Court case, Brown v. Board of Education (347 U.S. 483) declared segregation of black and white students unconstitutional because doing so violated the Equal Protection Clause of the 14th Amendment. Third, a decade later, the civil rights movement gave way to landmark legislation, The Civil Rights Act of 1964 (Pub.L. 88-352) that outlawed discrimination based on race, color, sex, national origin, and religion. Fourth, the disability rights movement resulted in the Americans with Disabilities Act of 1990 (Pub.L. 101-336) that prohibited discrimination of persons with disabilities. Fifth, the gay rights movement resulted in the *"Don't Ask, Don't Tell Repeal Act of 2010"* (Pub. L. 111-321), overturning the Defense of Marriage Act (Pub.L. 104-199), and the Supreme Court of the U.S. ruling same-sex marriage to be a constitutional right (135 S. Ct. 2071) on June 26, 2015, in the case of Oberfell versus Hodges. In all of the above cases, as indicated by history, social structures, social processes, and institutions oppressed minorities while remaining persistently chronic and stable for many decades.

Just as women, people of color and persons with disabilities have experienced oppression, so too have sexual minorities. With oppression equaling prejudice multiplied by power (American Counseling Association [ACA], 2009), all of these factors can lead to minority stress by virtue of having a minority status (Kertzner et al., 2009; Meyer, 2003, 2007; Pascoe & Smart Richman, 2009). For instance, being LGB was a pathological mental disorder until 1973, when the American Psychiatric Association declassified and removed homosexuality from the

Diagnostic and Statistical Manual of Mental Disorders-II (DSM-II). Yet, Meyer (2003) asserted

the DSM-II's heritage has persisted such that much research has esoterically disseminated there

is a significant prevalence of mental health disorders among sexual minorities. Thus, such

studies have failed to recognize that having a sexual minority status, which may lead to being

stigmatized and oppressed, is the reason for the significant prevalence, not sexual minority status

in and of itself. Stated differently, research indicates stressors associated with being a sexual

minority (e.g., oppression, discrimination) increases the prevalence of mental health disorders in

LGB individuals (Kertzner et al., 2009; Meyer, 2003, 2007; Pascoe & Smart Richman, 2009;

Ussher, 2009). Research also indicates the effects of workplace harassment of sexual minorities

contribute to physical and mental health symptomatology (Bloeser, 2015; Moradi, 2009; Smith

& Ingram, 2004; Tuomi, 2014).

Meyer (2003; 2007) asserted there is no consensus regarding specific stress processes that

have an effect on sexual minorities. However, Meyer suggested that psychological theory, stress

literature, and research on the health of the LGB population provides articulation of a Minority

Stress Model (2003), which fall along a continuum from distal to proximal stress processes.

Whereas distal stress processes are external, objective events and conditions, proximal stress

processes are internal, subjective events that rely on perceptions and appraisals of the individual.

For example, distal stress processes could be experiencing rejection, prejudice, or discrimination

because of sexual minority identity. Proximal stress processes are the outcome of distal stressors,

such as concealing one's minority identity or internalizing negative feelings about one's self

(e.g., internalized homophobia) or own minority group. Consequently, the accumulation of distal

and proximal stressors can lead to chronically high-stress levels and in turn, can cause poor

mental and physical health over time. A discussion on how identity and stress factor into Minority Stress Theory follows.

Identity and Stress

Meyer (2003, 2007) stated characteristics of minority identity, such as the prominence of minority identity in individuals' sense of self might also be associated with minority stress and its effect on health outcomes. Thus, individuals' characteristics of identity have the propensity to affect their mental health, including when interacting with stressors. Meyer (2003, 2007) asserted a strong commitment to any identity might increase the weight of stressors specific to that identity; however, a stronger identity may also ameliorate the weight of stressors specific to that identity. For example, if a military service member that identifies as a lesbian has strong affiliations in the LGB community along with solid natural supports, this may improve her reaction to stressors (e.g., workplace heterosexism) related to her identity that she experiences when working. Stated differently, having natural supports and integration within her community may act as a mediator to stressors. On the other hand, work-related stressors that require concealment of a sexual minority stigmatized status, are not only linked to poor mental health outcomes (Moradi, 2009; Smith & Ingram, 2004), but also may be linked with lower military unit cohesion (Belkin, 2011; Moradi, 2009; Trivette, 2010).

Meyer (2003; 2007) also cited prominence, valence, and level of integration with individuals' other identities potentially related to stress. For example, LGB military personnel with racial/ethnic identities have multiple hierarchal identities to manage. The term multiple hierarchal identities refer to individuals having multiple identities that they manage in a hierarchal manner. For example, people of color who are serving in the U.S. Military with a minority sexual orientation (e.g., LGB) must decide what their primary, secondary, and tertiary

identity is which may differ in different settings (Stets, 2006). In addition, social comparison influences prominence, valence, and level of integration. The term social comparison comes from the work of Festinger's (1954) Social Comparison Theory. Festinger asserted the belief that all individuals have an internal drive to gain an accurate self-evaluation by comparing one's self to what can be found in individuals' social milieu, such as social status, predicates the premise of social comparison.

However, group membership in the U.S. Military is likely to hold prominence given military culture (Estes, 2007). The term prominence of identity or salience of identity encompasses the many role identities that an individual may have, which are organized in a salience hierarchy (Stryker, 2007). The more salient or prominent the identities of an individual, the more likely he or she will behave in a role that is consistent with role expectations associated with that identity and seeks out situations that provide an opportunity to enact the identity. Interviews conducted by Estes (2007) with gay service members all reflected that their military identity was primary while serving irrespective of their sexual orientation.

Meyer (2003; 2007) suggested valence connects to self-validation and refers to the evaluative features of identity (i.e., value-weighted forms of identity). The term valence identity refers to the evaluative features of individuals' identity and interacts with self-validation. Once individuals overcome negative self-evaluation, accept, and affirm parts of the identity by incorporating the identity into their hierarchy of identities, the more improvement in the valence of identity (Meyer, 2003). To that end, a discussion on identity utilizing sexual identity developmental models, which incorporate the concept of identity valence follows.

Sexual Identity Development Models

Much of the literature on LGB mental health has focused on elevated levels of psychological distress related to same-sex identity (Battle & Crum, 2007; Savin-Williams, 2008). Yet, research has not adequately addressed specific stages and developmental tasks implied in the coming out process that is associated with mental health outcomes (Battle & Crum, 2007). A summary of the Battle and Crum (2007) argument is provided, as they address three main reasons for the lack of research related to sexual orientation per se. First, an inconsistent operationalization exists of LGB identities particularly with respect to behavioral versus identity-based definitions. Second, researchers commonly have difficulty obtaining reliable samples of individuals exhibiting same-sex sexual orientation before self-labeling occurs and comfort follows with this new identity. Third, the use of probability sampling with this population both challenges and hinders researchers because how identity functions with respect to LGB psychological health are still unclear. Moreover, sexual orientation is both complex and multidimensional such that sexual identity development is not linear and does not follow the same trajectory for all individuals.

Nonetheless, sexual identity development models provide referential frames to explore psychosocial conflicts and resolutions when helping professionals conceptualize and formulate clients' sexual identity (Cass, 1979; McCarn & Fassinger, 1996; Matthews, 2007; Miville et al., 2009, Ortiz, 2009; Ritter & Terndrup, 2002; Thomas, 2016). For example, counselor educators and counselors can use the models to address a variety of milestones and common struggles that occur for many sexual minorities in search of a positive sexual identity. Despite the lack of empirical research, theorists have suggested that multiple environmental factors and intrapsychic changes influence sexual minority identity development. In addition, values and beliefs about

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one's self-concept are core elements of one's identity (Miville et al., 2009; Ortiz, 2009). Sexual

identity development encompasses multiple identity factors, many of which have corresponding

developmental tasks, including racial and cultural aspects, gender role differences,

socioeconomic status, and generational differences (Ritter & Terndrup, 2002; Thomas, 2016).

The Cass (1979) seminal stage-specific model of lesbian and gay identity development

resulted in the evolution of sexual identity development models by other theorists (Thomas,

2016). Bisexual identity is often ignored, "either explicitly or implicitly, and bisexuals are

included in research inconsistently (Battle & Crum, 2007, p. 334). Yet, the models found in

Table 1 are specific to lesbians, gay men, bisexual individuals, and ethnic minorities. While the

model for ethnic minorities (Morales, 1990) is different from other models, as it encompasses

racial identity coupled with sexual identity development, these seven models offer nuances that

can generally result in only a slightly different perspective.

Table 1

Sexual Identity Development Models

Model	Year	Population
Cass	1979	Lesbians; gay men
Coleman	1982	Lesbians; gay men
Sophie	1986	Lesbians
Troiden	1989	Lesbians; gay men
Morales	1990	Ethnic sexual minorities
McCarn and Fassinger	1996	Lesbians
Potoczniak	2007	Bisexual individuals

Note. From *The Professional Counselor's Desk Reference* by J.F. Thomas, 2016, NY, NY: Springer
Publishing Company, LLC. Adapted with permission.

Thus, in research of these models, sexual identity development models to have more

similarities than differences were found. For example, Battle and Crum (2007) suggest models

typically reflect individuals are moving through three stages of sexual identity development.

First, individuals experience identity confusion commonly marked by conflicting personal

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feelings, the consciousness of being different in some way, and internalized homophobia through having same-sex feelings and attractions. Relating this stage to Meyer's Minority Stress Theory, an individual in this stage would have low identity prominence or salience of identity with respect to their sexual orientation, as individuals are typically grappling with this aspect of their identity. Second, individuals reach a state of acceptance, which tends to involve self-labeling and an acknowledgment of their label(s) to be valid, self-disclosure ("coming out") and confronting the conflict between self-image and heterosexual conditioning. Relating this to stage to Meyer's Minority Stress Theory, an individual would have a positive valence by virtue of greater self-validation as they participate in the LGB community. Third, individuals experience integration by synthesizing their sexual minority identity with all other aspects of living as they value their LGB identity and place within this community. Relating this stage to Meyer's Minority Stress Theory, this addresses the level of integration.

To frame level of integration, The Theory of Positive Disintegration in which Dabrowski (1966) asserted two basic premises are drawn upon. First, positive disintegration resulting in psychological growth can only occur if individuals experience crises that challenge their status quo and thereby cause disintegration. Second, disintegration is positive when psychological development occurs, not merely reintegration. Within the Dabrowski theory, there are five levels of integration. Dabrowski chose to use levels as opposed to stages as a guideline to understand process development. He emphasized these five levels are not rigidly delineated with respect to development. A brief, contextual overview of the five levels follows.

The five levels of integration in the Dabrowski (1966) theory are Level I, Primitive Unilevel Integration, Level II, Unilevel Disintegration, Level III, Spontaneous Multilevel Disintegration, Level IV, Organized Multilevel Disintegration, and Level V, Multilevel

Secondary Integration. While Dabrowski's levels have similarities to stage-specific sexual identity development, a brief review will highlight Level V, as this level closely follows Cass' (1979) Identity Synthesis stage in sexual identity development. In Level V, individuals resolve their conflicts of development through processes of disintegration (e.g., "Am I gay?" to "I could be gay") to the process of secondary integration because they are content in their self and their idealized personality (e.g., "I am a gay man"). Individuals are fully human and possess unique individual personalities. Those individuals who achieve Secondary Integration no longer experience chronic internal conflict because they are confident in their chosen value hierarchy and their chosen hierarchy of goals with their behavior supporting this value structure. To such end, individuals resolve external conflicts through crises experienced in Level II through Level IV and develop a positive psychological orientation in Level V (Dabrowski, 1966).

Perhaps one of the most significant indicators of sexual identity development is identity valence, a term used by Meyer (2003; 2007). Meyer suggested identity valence is a central facet of the coming out phase found in sexual identity development models. The coming out process, perhaps one of the most important developmental life tasks that LGB individuals face, can be both distressing and empowering (Chaney, Filmore & Goodrich, 2011; Matthews, 2007; Ritter & Terndrup, 2002; Thomas, 2016). However, a negative identity valence has been described as a strong predictor of mental health problems, such that an inverse relationship with depression exists (Allen, Woolfolks, Gara, & Apter, 1999; Meyer, 2003; 2007). This outcome, in turn, may increase feelings of isolation and loneliness. Counselors and other healthcare professionals working with individuals with a negative identity valence occasionally make the mistake of persuading LGB individuals to come out, as these professionals believe they will be happier and

more satisfied with life (Chaney et al., 2011). However, sexual minority individuals need to make this personal decision ultimately for themselves.

Meyer (2003; 2007) suggests more complex identity structures may be associated with improved health outcomes. For example, when individuals integrate multiple identities, such as LGB with racial and ethnic identities, theorists have seen this as the optimal stage of self-acceptance. Returning to Cass' (1979) seminal work on sexual minority identity development, she refers to this optimal stage as identity synthesis. Cavagnaro (1999) described the identity synthesis stage as open-ended, characterized by self-awareness, and valuing of one's sexual minority identity with developmental tasks following. Developmental tasks specific to identity acceptance and synthesis for LGB individuals include (a) ease with new self-image, (b) experiences of relating to same-sex partners, (c) establishment of a network of natural supports, which lesbian and gay individuals often refer to as "family," (d) participation within the LGB community, (e) exploration of public LGB identity disclosure, and (f) acknowledgement of couples' sexual minority identity and identity as a couple (if in a relationship).

Thus, the relationship between the optimal stage of self-acceptance and identity synthesis encompasses the integration and synthesis of self along with all other facets of living as an LGB individual. More importantly, not everyone will go through the stages in a linear fashion. Therefore, researchers emphasize that *how* LGB individuals identify and define themselves is of critical importance (Pachankis & Goldfried, 2004; Ritter & Terndrup, 2002; Thomas 2016).

Thus far, a review of sexual stigmas, Minority Stress Theory, sexual minority identity and the unique stressors because of minority status, and sexual identity development models has occurred. Next, two models are presented that conceptualize the psychosocial implications of minority stress. First, Meyer's Minority Stress Model, which will serve as the primary model

consulted for purposes of this study. This investigator based his rationale on Meyer's model is

one of the most widely used models by social science researchers, as evidenced by thousands of

scholarly citations. Second, the Pascoe and Smart Richman (2009) Perceived Discrimination and

Health model, which they derived from conducting a meta-analysis of 134 studies, dated 1986 to

2007, is presented. While there are some similarities between the two models, the Pascoe and

Smart Richman model incorporates a pathway of health behaviors, which can have an effect on

positive or negative mental and physical health outcomes. For this reason, he has chosen to

include their model insofar as he will look at mitigating and exacerbating factors.

Meyer's Minority Stress Model

Meyer (2003) proposed a conceptual model of minority stress based on theory using the

distal-proximal distinction. The Minority Stress Model (Figure 1) illustrates stress and coping

and their consequences on mental health outcomes (box i). Minority stress exists in general

environmental circumstances (box a) that could include the advantages and disadvantages

regarding aspects of socioeconomic status. Meyer asserted individuals' minority status is an

important factor in these circumstances in the environment, including gender, race/ethnicity, and

sexual orientation (box b). Meyer stated he was intentional when depicting overlapping boxes to

illustrate the close relation to other factors in the minorities' environment.

Environmental circumstances lead to exposure to stressors, including general stressors,

such as job loss or death of a loved one (box c), and minority stressors unique to minority group

members, such as workplace heterosexism (box d). Meyer used an example of antigay violence

(box d), which he suggested would likely increase vigilance and expectations of rejection (box f).

Minority status can lead to personal identification of individuals' minority status (box e) that

potentially could lead to additional stressors related to self-perceptions and appraisals (box f).

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Meyer stated minority identity could be either a source of stress or an essential modifier on the effects in the stress process (box g) with LGB identity also a potential source of strength (box h).
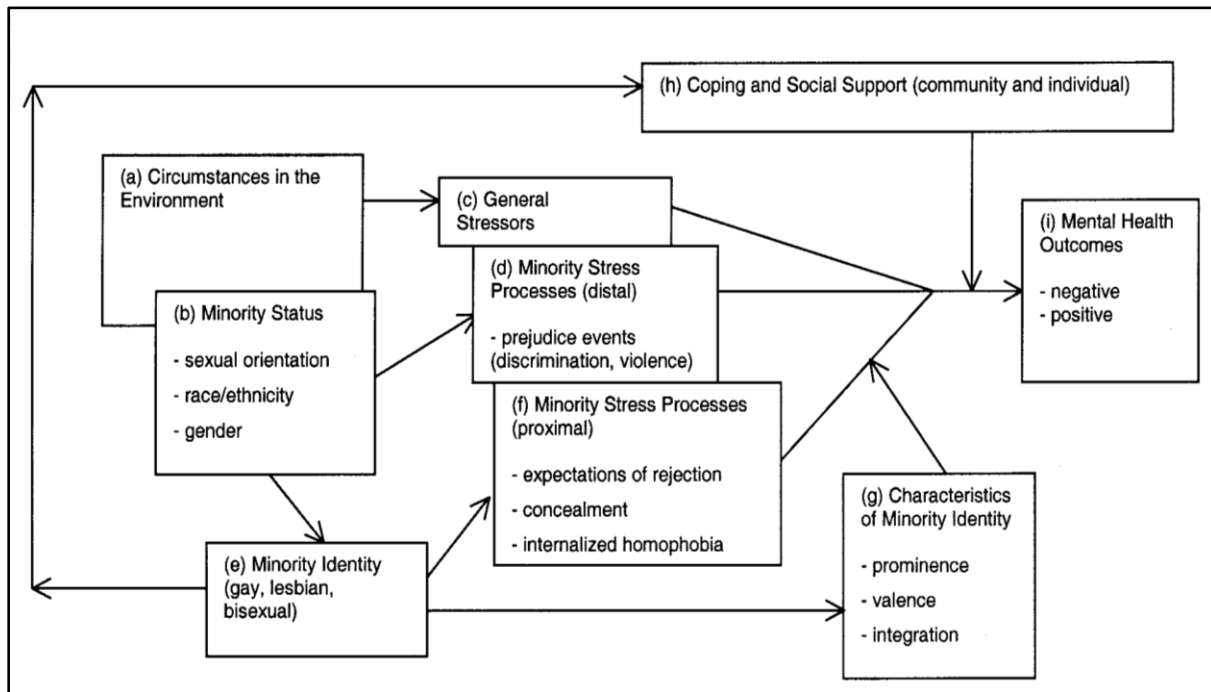
Figure 1. Minority stresses processes for lesbian, gay, and bisexual populations. Adapted from "Prejudice, Social Stress, and Mental Health in Lesbian, Gay and Bisexual Populations: Conceptual Issues and Research Evidence," by I.H. Meyer, 2003, *Psychological Bulletin, 129,* p. 679. Copyright 2003 by the American Psychological Association.

Advantages of the Model

The Meyer (2007) minority stress model "describes sexual prejudice as the social-environmental context within which to examine the mental health of LGB individuals" (p. 257). Meyer made the following five assertions. First, the model can guide research of LGB mental health by identifying areas of investigation. Second, the model might elaborate different areas with respect to demographic data. For example, age (e.g., LGB individuals who are young versus older) will make a difference insofar as stress is experienced. Third, the stress model's framework can be helpful to articulate stress processes that have an effect on health but also point to areas of intervention. Fourth, the model describes both distal and proximal causes that should direct researchers to relevant interventions at both the individual and structural level. For

example, the American Psychological Association (2012) and Meyer (2007) suggested that individual-level interventions could include prevention programs that would clinically address issues related to internalized homophobia, antigay violence, and rejection and discrimination. With respect to structural interventions, this investigator includes a response from a qualitative study that he conducted with airmen and airwomen (Thomas, 2014). In this study, he examined what had changed since the repeal of DADT from the perspective of heterosexual service members. To that end, when the U.S. Department of Defense (DoD) repealed DADT, the DoD focused on potential distal causes of distress by eliminating potential sources of stress (e.g., heterosexism) in the military environment, as evidenced by Julie's response, a crew chief in the U.S. Air Force,

> I had to do maybe five briefings about DADT, a class, and CBTs [Computer-Based Training modules]. When it started, they said, 'This is happening, and these are the rules.' Then we got another one [briefing] and another [briefing], and then we got a class sitting down exactly outlining what's being changed and allowed to be said or done. And what's not being changed, so don't you dare try to cross those lines 'cuz those are still rules, and on and on. They just basically said, 'Okay, you can openly admit that you're gay and you should not harass somebody because of their sexual orientation (Thomas, 2014, p. 10).

In summary, the advantages of this model are that its framework will facilitate conceptualization of the multiple factors found in Figure 1. These factors include (a) circumstances in the environment (box a), such as general stressors (box c) experienced by all service members; (b) minority status (box b) and minority identity (box e); (c) both distal (box d) and proximal (box f) processes experienced consequential to minority status and identity of LGB

service members and veterans who are serving or have served post-DADT; (d) while the

minority status and identity will encompass characteristics of minority identity (box g); (e)

mediators of coping and social support either mitigate or a lack thereof exacerbate (box h); and,

(f) all of these factors contributing to mental health outcomes of LGB military personnel (box i).

Following is a discussion of the advantages of Meyer's Minority Stress model and its limitations.

Limitations of the Model

First, methodological limitations exist in the Minority Stress Theory model. According to

Pascoe and Smart Richman (2009), most studies of minority stress are correlational. Second,

criticism of the Minority Stress Theory is that emphasis is predominantly on the negative

consequences experienced by minorities while ignoring coping skills and natural supports. For

example, Savin-Williams (2008), a developmental psychologist asserted,

> …[D]evelopmental psychology has largely ceded to medical and clinical scientists the
>
> developmental study of sexuality (Savin-Williams & Diamond, 2004). One consequence
>
> has been the irresistible and overpowering attention to the problematic nature of same-sex
>
> oriented populations rather than a focus on their capacities to adjust, thrive, and lead
>
> exceptionally ordinary lives. It is as if same-sex oriented populations are only interesting
>
> to the extent that they differ in the negative. Indeed, reading the clinical literature, one
>
> would be amazed that any same-sex child or adolescent survives into adulthood! I am
>
> hard pressed to identify any data-based positive attribute that characterizes the lives of
>
> same-sex oriented preadults relative to heterosexuals (p. 137).

Stated differently, the argument is that theories and constructs, such as the Minority

Stress Theory, do not place near enough focus on individuals' resilience. While numerous

researchers have sought to define resilience empirically, resilience refers to a "person's ability to

maintain equilibrium; adjust to distressful or disturbing circumstances; or to 'bounce back' to a level of positive functioning in spite of, or often in response to, adverse situations (ACA, 2009, p. 458). However, seeking to change the discussion were Kertzner, Meyer, Frost, and Stirratt (2009), who focused on strength-based factors. For example, these researchers conducted a study on social and psychological wellbeing in sexual minorities with emphasis on resiliency factors. Turning now to how the researchers, Pascoe and Smart Richman, found an association between perceived discrimination and health is now discussed.

Perceived Discrimination and Mental Health Model

Pascoe and Smart Richman (2009) conducted a meta-analysis of 134 articles that measured perceived discrimination, which they defined as "a behavioral manifestation of a negative attitude, judgment, or unfair treatment of a group" (p. 533). The common types of discrimination were racial-ethnic (65%), followed by gender discrimination (14%), sexual orientation (6%), and unspecified (15%). Pascoe and Smart Richman reported 110 of the 134 analyzed articles that they presented sufficient data on the zero-order correlation between individuals' perceived discrimination experienced and their mental health. Mental health outcomes included symptomatology scales for mental illness, including symptoms associated with depression, anxiety, posttraumatic stress, indicators of psychosis or paranoia, and psychological distress. General wellbeing scales included wellbeing, self-esteem, positive self-perceptions, life satisfaction, perceived stress, anger, positive and negative affect, happiness, perceived quality of life, and general mental health.

Pascoe and Smart Richman (2009) reported their review was to enable deeper insights by examining the strength of evidence for the effect of discrimination on multiple health outcomes, both quantitatively and systematically. This meta-analytic review reported scientific data related

to mental and physical health outcomes associated with perceived discrimination. According to

Pascoe and Smart Richman, these 110 studies produced 497 relationships between perceived

discrimination and mental health with an adjusted correlation (using trim-and-fill procedures for

assessing bias in effects) under a random effect model and a 95% confidence interval. A random-

effect model for ethnicity and gender showed no significant difference because of those factors.

Pascoe and Smart Richman reported that elevated levels of perceived discrimination were related

to poorer levels of mental health among all ethnicities and both genders.

Pascoe and Smart Richman (2009) devised a general model of mental and physical health

and perceived discrimination (Figure 2). Their model has similarities to Meyer's model,

including (a) discrimination results in mental and physical health outcomes, (b) social support

can have mitigating or exacerbating factors on stress response, and (c) perceived discrimination

is directly associated with heightened stress responses that can have an effect on mental health

outcomes. However, Pascoe and Richman's model has three significant differences. First, their

model does not differentiate between any minority group and non-minorities. Pascoe and Smart

Richman's model looks at the relationship between perceived discrimination and mental and

physical health outcomes. Second, the model incorporates health-related behaviors, which in turn

can have an effect on not only mental health outcomes but also physical health outcomes.

Pascoe and Smart Richman (2009) suggested perceptions of discrimination may have an

effect on mental and physical health (path a). Yet, individuals can mediate stress responses to a

discriminatory event based on their psychological response. For example, Noh and Kaspar

(2003) reported lower levels of depression in individuals who sought social support following

discriminatory experiences. Thus, social support could act as a mediator, mitigate a heightened

stress response to perceived discrimination, and in turn have an effect on mental and physical

health (path b). Discrimination perceived to occur regularly can activate stress responses more frequently, potentially leading to a consistent negative emotional state. Elevated stress responses, which have the propensity to activate negative emotional states in individuals, may contribute to individuals' physical and mental health problems based on their more frequently perceived discrimination experiences (path c). The Pascoe and Smart Richman model also differed from the Meyer model, as they tested the role of health risk behaviors (path d).

Pascoe and Smart Richman (2009) suggested the health behaviors may emerge as coping mechanisms, which could have detrimental effects on physical health when individuals experience perceived discrimination (path e). For example, suppose a gay man works in an environment where heterosexism is present, as his co-workers constantly make derogatory comments about sexual minorities. Consequently, the gay man works to conceal his sexual identity to "pass" at work. At the end of his workday, he often goes home mentally exhausted and to cope he abuses alcohol, and then on many nights after getting intoxicated, he participates in anonymous high-risk sexual behavior. Clearly, abusing alcohol and participating in high-risk sexual behavior can result in detrimental effects on physical health, as well as mental health.

As noted in Figure 2, past research has shown variables may moderate the association between perceived discrimination and health outcomes, such as social support, coping style,
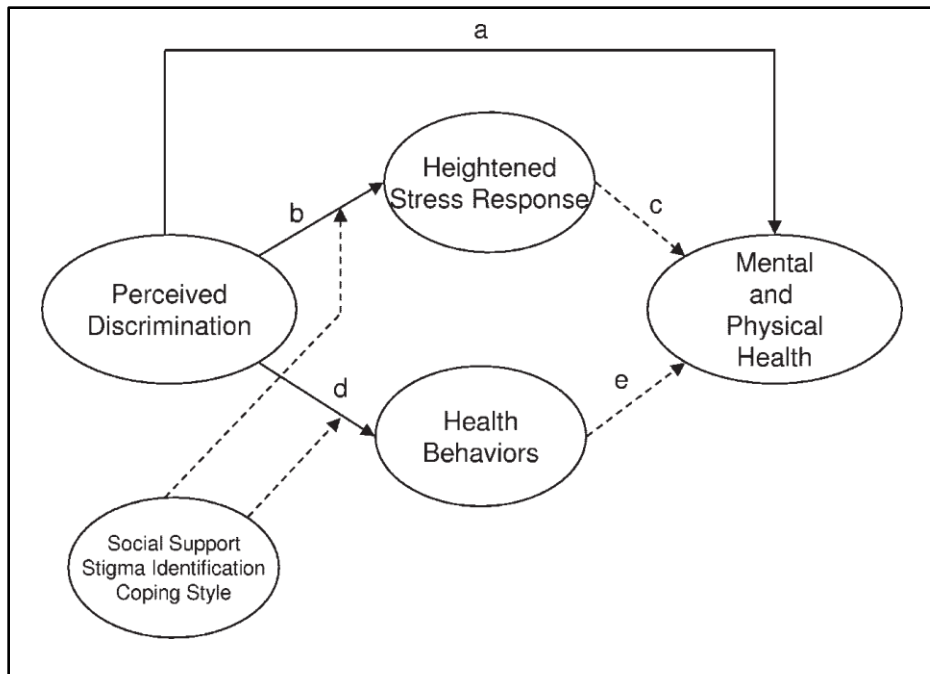
Figure 2. Pathways by which perceived discrimination influences health outcomes. Solid lines indicate analyzed pathways. Dashed lines represent pathways hypothesized by past research. Adapted from "Perceived Discrimination and Health: A Meta-Analytic Review," by E.A. Pascoe and L. Smart Richman, 2009, *Psychological Bulletin, 135,* p. 532. Copyright 2009 by the American Psychological Association.

ethnic identity, and personality variables. Meyer's model accounted for these factors as well, although, some were referenced differently. Nonetheless, some studies suggest healthy coping strategies, including positive reappraisal, confrontation, and seeking social support in one's family and/or community, may ameliorate the effects of discrimination on mental health outcomes (Kertzner et al., 2009; Meyer, 2003, 2007; Pascoe & Smart Richman, 2009). Moreover, having a strong connection to one's group identity may alleviate the stress of discrimination by preventing negative stereotypes to pervade individuals' self-concept (Pascoe & Smart Richman, 2009). On the other hand, Pascoe and Smart Richman (2009) reported similar to that of Meyer (2003, 2007), such that high levels of identity, or prominence, as called by Meyer may also lead to hypervigilance regarding discriminatory experiences or perceived discrimination.

In summary, Pascoe and Smart Richman (2009) found results suggesting experiences of perceived discrimination can cause multiple forms of increased stress responses. Moreover, the result of their meta-analysis supported previous research findings on perceived discrimination may be associated with both mental and physical health outcomes. While they were unable to determine if perceived discrimination and health behaviors were associated based on studies used in their meta-analytic review, they cited several studies suggested discriminatory experiences might lead to unhealthy behaviors. For example, these included alcohol use and abuse, smoking behavior, substance use and abuse, and poor eating behaviors. Clearly, substance use disorders, smoking tobacco, and poor eating behaviors contribute to the increased risk of multiple major disease outcomes (Pascoe & Richman, 2009).

Additionally, Pascoe and Smart Richman (2009) analyzed mediators, such as social support, coping style, and group identification. For example, these researchers reported having social support, such as having family and/or friends who are supportive after experiences of discrimination may aid in rebuilding individuals' self-worth as well as potentially prevent depressive symptoms from developing. In another study, Mossakowski (2003) found lower levels of depression were associated with higher levels of racial or ethnic identification, regardless of the source of discrimination. As expected, social support, positive coping behavior, and group identification were deemed positive or buffering when related to negative health or reduced impact of discrimination on mental health outcomes. However, individuals with stronger group identification may also prompt reactions that are more negative. We can reasonably expect that LGB military personnel experience minority stress and perceive discrimination just as their civilian counterparts do, as described in the general models put forth by Meyer (2003; 2007), and Pascoe and Smart Richman (2009). To such end, these experiences may have an effect on mental

and physical health based upon social support, positive coping behavior, and group identification. Following is a discussion on counselors and other allied healthcare providers who are the primary mental and physical health providers for LGB military personnel.

LGB Military Personnel and Their Healthcare Providers

Sexual minority military personnel now experience important benefits with the historical legislation overturned, namely the U.S. Congress repealing DADT and the U.S. Supreme Court declaring DOMA unconstitutional. Thus, LGB military personnel can serve without having to conceal their sexual orientation, hereafter "openly," as frequently found in the literature. If married, their families receive the same federal protections as any other married couple, such as health insurance, retirement savings, and veterans' benefits. Military healthcare providers (e.g., physicians, mental health counselors, substance abuse counselors, chaplains) no longer face the ethical dilemma of reporting sexual minority military personnel in a post-DADT era. However, concerns still exist even with these historic and important changes.

According to Johnson, Rosenstein, Buhrke, and Haldeman (2015), the concerns include: (a) continued sexual stigma and victimization; (b) disclosure of sexual orientation despite the repeal of DADT; and, (c) military mental health providers who lack competence to work effectively with LGB military personnel. However, this lack of knowledge, skills, and abilities to work effectively and competently with sexual minorities is not a new concern. For example, several studies indicate that trainees in the allied healthcare professions do not receive sufficient training to work effectively with persons that identify as sexual minorities. To such end, a review of the literature found general mental health and counseling research outcomes indicated graduate-level counseling students and mental health practitioners reporting that they have not received sufficient training to work effectively with sexual minority clients (cf. Bernard &

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Goodyear, 2009; Bruss, Brack, Brack, Glickauf-Hughes, & O'Leary, 1997; Dillion & Worthington, 2003; Murphy, Rawlings, & Howe, 2002). The literature review also found participants in the aforementioned studies indicated their supervisors and faculty lacked knowledge of concerns unique to sexual minorities. Moreover, many allied healthcare providers continue to engage in practices that sexual minority clients found biased, insensitive, unhelpful, and prejudicial (Dworkin & Pope, 2012; Herek & Garnets, 2007; Johnson, Rosenstein, Buhrke, & Haldeman, 2015).

Professional codes of ethics charge providers in the helping professions to "do no harm," and to possess multicultural competence. Thus, concerns raised by the researchers above are substantial. While research has clearly indicated competency concerns of counselors and other allied healthcare providers working with LGB civilians, we know even less about helping professionals in the military working with LGB service members. Johnson et al. (2015) asserted that until recently, military providers had encountered a minute number of sexual minorities who disclosed their sexual orientation. Moreover, when disclosures did occur, military providers often elected not to discuss sexual orientation as a means of protecting clients from discharge (Johnson & Burhke, 2006). Therefore, the concerns that apply to counselors and other healthcare providers working with LGB civilians reasonably apply as well to military mental health counselors and other healthcare providers working with LGB service members given the nascent state of post-DADT. Next, a discussion follows on five studies that address LGB military personnel and their healthcare, mental, and physical health outcomes.

Introduction to Studies on Lesbian, Gay, and Bisexual Military Personnel

This section discusses the five studies that met criteria from conducting a systematic literature review on LGB military personnel. The five studies chosen are specific to the

healthcare and health-related outcomes for LGB military personnel. The rationale for the selected studies is the studies are related to my investigation of the psychosocial implications related to being LGB in the U.S. Military using search terms discussed on page 18 of the current study and because literature is scarce on this subject. However, one of the studies chosen, Outness, Wellbeing, and Perceived Level of Social Support in Gay, Male, Active Duty Military Personnel (Tuomi, 2014), a mixed-methods study, is flawed with respect to the quantitative hypothesis testing and qualitative rigor. Tuomi (2014) reported her study failed to achieve the proper number of participants to achieve statistical significance. A discussion addressing flaws specific to qualitative rigor will occur later in this chapter. The justification to include this study is that the qualitative portion of this study provides important information. This section will end with a study on the psychosocial wellbeing of LGB civilians. The rationale for including this study is to provide a basis to compare and contrast the findings from each study. What follows is a discussion on a healthcare study conducted by the Military Partners and Family Coalition (MPFC), an organization founded by the partners of actively serving military personnel.

Military Partners and Family Coalition Healthcare Study

The Military Partners and Family Coalition (MPFC; 2012) conducted a National Institutes of Health grant funded Internet survey focusing on the mental and physical health of active-duty LGB military personnel and their nuclear families, if applicable (N = 253). This study first addressed the process of coming out. More than half the participants (55%) indicated that coming out would put them and members of their family at risk for negative reactions within the military community despite the repeal of DADT. Second, when asked if people in the military think being LGB is indicative of poor mental health, 34% agreed, 39% disagreed, and 27% were neutral. The MPFC did not report how they defined mental health in the study.

However, MPFC reported that most participants agreed that drug and alcohol use, anger, and physical violence could sometimes be a symptom of mental illness. Third, the participants were asked if healthcare providers are good at meeting the needs of the LGB community, with 32% agreeing, 32% disagreeing, and 35% neutral. The MPFC study did not clarify how a healthcare provider was "good at meeting the needs of the LGB community." Thus, the implications surrounding this question are wide-ranging. For example, of the 32% that disagreed, whether these participants disclosed their sexual orientation to their providers, and subsequently did not have their needs met remains unknown.

Specific to mental health practitioners, 39% of participants indicated they would not want to receive mental health treatment from anyone associated with the military, even though 41% felt confident that the military would be supportive of their efforts in seeking mental health services. What remains unknown is if this percentage represents the 55% of military personnel, who do not feel comfortable in coming out and is indicative of a general distrust despite DADT's repeal. Finally, the participants were asked if they were comfortable discussing their sexual orientation and family healthcare needs with a military healthcare provider, of which 37% agreed, 48% disagreed, and 14% were neutral. For example, suppose a lesbian couple with a child, who are both enlisted service members, were to seek medical attention for their child. The 48% that disagreed seem to be saying that they would not be comfortable doing so in the context of presenting as same-sex parents to a military pediatrician.

Although this small-scale Internet survey study made no mention of psychometric properties or reliability, researchers should consider the results. The MPFC study was important work, as evidenced by its timing shorting after the repeal of DADT. Moreover, the results indicated that the deleterious effects on the lives of sexual minority military personnel, even after

the repeal of DADT, are cause for concern (MPFC, 2012). A discussion on a study examining "outness," wellbeing, and perceived level of social support in the post-DADT era follows.

Outness, Wellbeing, and Perceived Level of Social Support in Gay, Male, Active Duty Military Personnel

Tuomi (2014) examined the interaction between the degree of "outness" and perceived social support in male, gay, active duty military personnel post-DADT. This researcher defined "outness" as how freely gay individuals are in disclosing their sexual orientation to other people. This study limited recruitment to only gay men who were active duty. Tuomi asserted rationale as (a) the military is predominantly a male institution, (b) men primarily are the perpetrators of harassment incidents of gay men, and (c) differences in reactions to sexual orientation disclosures differs for men and women and would potentially be a confounding variable. While Tuomi hypothesized that the degree of "outness" would affect the level of perceived social support, she also sought to understand how factors inherent to the military environment, the position of leadership, and the branch of the military in which the participant was serving might have influenced her hypotheses. Tuomi also sought to explore gay, active duty military personnel since the repeal of DADT, and the effect this has had on them professionally and personally.

According to Tuomi (2014), the intent was to conduct a mixed methods study. However, the investigator was unable to recruit the projected sample size of 75 required. Tuomi reported closing the study upon achieving a sample of 42 and was unable to test her quantitative hypotheses. Tuomi sought to understand the relationship among "outness," perceived social support, and wellness for gay, male, active duty service members through statistical analyses and the phenomenological method.

Quantitative results. Tuomi (2014) reported "outness" was not associated with social support and workplace heterosexist experiences were not associated with "outness. Also reported was workplace heterosexist experiences were moderately associated with perceived social support. However, workplace heterosexism did not significantly moderate the prediction of "outness" on perceived social support. Tuomi stated a detection of the predicted moderating effect was not possible, as this study was insufficiently powered. Tuomi reported "outness" was not associated with wellbeing with insufficient power to test this hypothesis. Workplace heterosexist experiences were moderately correlated with wellbeing such that, the more workplace heterosexism was present, the less wellbeing. Finally, Tuomi cited workplace heterosexism, perceived social support, "outness," and workplace heterosexism X "outness" with the criterion variable of wellbeing did not significantly predict wellness.

Qualitative results. Tuomi (2014) reported collecting 24 to 27 participants' responses to questions in her survey. She reported not all 42 participants chose to answer the qualitative questions that sought to explain the relationship between "outness," perceived social support, and wellbeing among gay, active-duty, service members. Tuomi reported (a) participants' responded via short answer keyboarded responses to questions that asked them to elaborate on experiences while serving, (b) emphasis was placed on past or present encounters in which the participants chose to conceal or disclose their sexual orientation, and (c) how their choices related to their social support and wellbeing. Tuomi asserted that she employed Giorgi's descriptive phenomenology approach to illustrate and add richness to the experiences of gay service members that could not otherwise be explained solely through her quantitative data, especially since that data was underpowered. Alternatively, Tuomi reported because research and theory

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were already available on social support, "outness," and wellness, she deemed a purely qualitative approach was not necessary based on extant knowledge.

The Tuomi (2014) study is important despite its flaws because of the scant research done with LGB military personnel. However, this investigator asserts the study is a general qualitative analysis of survey data. The rationale for this assertion is the ethos of all phenomenological studies does not involve the use of surveys, as they may artificially curtail the expression of the lived experience of study participants (Harvey, 2016). Nonetheless, Tuomi reported qualitative results from participant responses included positive, neutral, and negative trends. However, another flaw found in the Tuomi study was that the highest number of responses to the questions posed was 12 out of 29 gay active duty service members who no longer feared discharge because of the repeal of DADT. The investigator reported that disclosures received positively engendered feelings of relief, trust, and acceptance.

Military personnel who reported the repeal did not change their experiences fell into two categories. This first category is positive experiences and negative experiences. The second category is before and after the repeal of DADT. Participants that fell into the "neutral" category but overall positive experience reported not disclosing their sexual orientation, as they feared doing so would negatively affect their future in the military as a career. Other participants with more positive feelings since the repeal of DADT also discussed a sense of normalcy.

However, five of 29 participants indicated the overall climate of the military had not changed since the repeal of DADT. The five service members reported experiencing the same instances of discrimination and harassment that they experienced prior to the repeal. Tuomi (2014) reported participants experienced the following negative aspects of serving as a gay, male, active duty service member after the repeal of DADT (a) were discriminated against due to

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sexual orientation and workplace heterosexism; (b) were passed over for promotions; (c) had to "prove" themselves to their comrades and superiors whereas heterosexual service members did not have to do so; (d) ridiculed or isolated for being gay by other service members.

In summary, the most well-supported finding from this study reflected in both quantitative and qualitative data was the effect of workplace heterosexism on perceived social support and wellbeing. Moreover, the experiences of gay, active duty service members are mixed, and the climate of the U.S. Military is not universal with respect to acceptance of various sexual minorities (Tuomi, 2014). Next, a discussion on a small-scale study that the Veterans Administration (VA) Palo Alto Healthcare System conducted follows.

Veterans Administration Palo Alto Healthcare Study

Ramirez et al. (2013) of the Veterans Administration (VA) Palo Alto Health Care System collected data from lesbian, gay, bisexual, and transgender (LGBT) veterans and service members (N = 38). The investigators reported collecting the data at intake and at six-week follow-up clinical assessments. Ramirez et al. reported their study, *Living Out Loud/Laughing Out Loud (*LOL*),* documented the design, launch, and lessons learned to establish evidence-based practices derived from a support group provided for LGBT veterans. Ramirez et al. collected and evaluated data via clinical assessments with an emphasis towards strengths, unknown experiences, and healthcare needs of LGBT veterans. The discussion topics were garnered from clinical assessments and by paying close attention to the issues raised in the group.

Ramirez et al. (2013) reported percentages of interest by topic as indicated by participant endorsements were as follows: 48% expresssed a need for more leisure activities with other LGBT veterans (e.g., social connectedness); 40% had issues with coming out, 37% reported

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having mental health issues; 33% wanted help in development of romantic relationships; 29%

reported having family issues; 25% reported having medical concerns; 22% reported having

posttraumatic stress; 18% had sexual health issues; 14% had thoughts of suicide; 11% reported

having discharge issues, 7% reported having issues with DADT; and, 3% had problem gambling

behavior. On the one hand, these responses found in these clinical follow-up assessments are

similar to what we might find from military personnel and veterans irrespective of sexual

orientation. For example, specific mental health concerns included isolation, depression, anxiety,

post-traumatic stress, and victimization (Ramirez et al., 2013). On the other hand, some of the

responses represent issues unique to sexual and gender identity minorities. Furthermore, for

concerns not unique, such as depression and isolation, what is unknown is whether sexual or

gender identity minority status is associated. Following is a discussion on a study that examined

mental health characteristics of sexual minority veterans that illustrates some of the points made

from the previous studies discussed.

Mental Health Characteristics of Sexual Minority Veterans

Sexual minorities in the general population are at higher risk for mental health disorders,

including mood, anxiety, and substance use disorders (Finnegan & McNally, 2002; Guss &

Drescher, 2000; Inaba & Cohen, 2011; Kertzner et al. 2009; Meyer, 2003; 2007; Ritter &

Terndrup, 2002; SAMHSA, 2001). However, being a sexual minority in and of itself, which is an

important distinction, does not attribute to the incidence of mental health disorders. Rather, the

risk is explained through the lens of the Minority Stress Theory (Meyer, 2003; 2007). To such

end, psychosocial implications of being a member of a stigmatized group increase exposure to

stressful life events, such as discrimination and internalized stigma. These stressful life events

have an effect on mental health and wellbeing (Bloeser, 2015; Cochran, Balsam, Flentje, Malte, & Simpson, 2013; Meyer, 2003; 2007; Pascoe & Smart Richman, 2009).

Cochran et al. (2013) suggested LGB veterans likely experience unique stressors comparable to both the general veteran population and the general LGB population. The investigators conducted a study, the first of its kind that examined mental health characteristics of sexual minority veterans (N = 409). Cochran et al. then compared their findings to an existing VA sample (N = 15,000) of veterans seeking care in the Northwest region of the U.S. on several mental health indicators. The purpose of their study was to examine the extent to which current mental health is associated with concealment of one's sexual orientation while in the military, as well as, investigate the health status of LGB veterans. Their first hypothesis was LGB veterans would fare worse when compared to the VA sample (i.e., sexual orientation is unknown) on mental health status because of their stigmatized status. Their second hypothesis was that negative experiences related to being a sexual minority during military service would be associated with poorer mental health functioning.

Cochran et al. (2013) reported LGB veterans scored higher on the measurements they utilized when compared to the VA sample. For example, 12% of the LGB sample screened positive for depression (Patient Health Questionnaire; PHQ-9), 0.3% higher than the VA sample after adjusting for age and gender. Next, 11% screened positive for current use problems with alcohol (Alcohol Use Disorders Identification Test; AUDIT), 1.1% higher than the VA sample. In addition, the LGB sample was two and one-half times as likely to have scores between 5 and 7 indicating potentially hazardous drinking or two times as likely to have scored over 8 indicating a likely alcohol use disorder. On the PTSD screen (PTSD Checklist, civilian version; PCL-C), 18% screened positive for PTSD with the LGB sample scoring five times higher than the VA

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sample. With respect to suicidal behavior (PHQ-9), 54.7% endorsed suicidal ideation at some point in their lives, and 14.7% reported having a past serious suicide attempt.

The military experiences variables, the first measurement of its type (Cochran et al., 2013) measured the effect of sexual orientation and discharge. Nearly 7-in-10 participants (69%) experienced fear or anxiety about having their LGB identity revealed with about the same (68%) reporting they were constantly trying to conceal their sexual orientation while serving. While 60% thought their experiences had been more difficult than their heterosexual peers had experienced, 19% reported their discharge was related to their sexual orientation. The LGB veteran sample reported significant anxiety in having their sexual orientation discovered. Yet, nearly 1-in-5 participants were discharged despite their best efforts to conceal their LGB identity.

Cochran et al. (2013) also examined how concealing sexual minority identity while serving during DADT might have had an effect on mental health of LGB veterans. The researchers hypothesized that concealed sexual minority identity would have heightened mental health risks, such as depression, PTSD, and alcohol and other substance use when compared to a general VA sample. The first hypothesis was supported, as seen with rates of depression and PTSD, both of which were statistically significant. Moreover, the odds ratios between two and two and one-half times increased odds of alcohol use or dependence for LGB veterans when compared to the VA sample. These findings may support the minority stress theory, Meyer's (2003; 2007) Minority Stress Model, and Pascoe and Smart Richman's (2009) Perceived Discrimination model. A significant high level of suicidal behavior was also a concern.

The second hypothesis was supported with respect to negative experiences while in the military. This finding was particularly true with respect to concealment of sexual minority identity, as concealment mediates the relationships between depression and PTSD symptoms.

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However, as Cochran et al. (2013) pointed out, the relationship between alcohol and other drug use was not statistically significant. This finding was particularly surprising because co-occurring disorders (e.g., mental health and substance use disorders) are consistently found in the literature, particularly as substance use disorders related to post-traumatic stress disorder and other psychiatric disorders (Burke & Carruth, 2012; Jackson, Thoman, Suris, & North, 2012; Najavits, 2002; SAMHSA, 2012). A discussion on a study that sought to explain LGB veterans minority stress, occupational stress, and post-traumatic stress follows.

Occupational, Minority, and Posttraumatic Stress among Veterans Who Identify as Lesbian, Gay, or Bisexual

Bloeser (2015) conducted a study (N = 253) to explain experiences of minority stress, occupational stress, and posttraumatic stress of veterans who identify as LGB. Bloeser examined the relationship of posttraumatic stress disorder (PTSD) with stress encountered during deployment to a combat zone or in support of combat operations, and experiences of harassment, discrimination, and violence during military service related to sexual orientation in LGB veterans. While this study did not solely examine LGB service members after the repeal of DADT, nearly 1-in-5 (18.20%) participants served post-DADT. Unfortunately, Bloeser did not report independent statistics for this group. Rather, participants included World War II era veterans to post-Gulf War veterans. Nevertheless, the significance of the Bloeser study is that key study variables were similar to Cochran et al. (2013) study (e.g., prejudice, stigma, concealment). For example, PTSD was positively correlated with prejudice and stigma. Moreover, occupational stress was positively correlated with PTSD, prejudice and stigma, concealment, and LGB violence and harassment. However, Bloeser asserted the Cochran et al.

study was limited because they had not accounted for multiple types of trauma and their interaction with minority stress.

Bloeser (2015) tested five hypotheses after controlling for age, length of service, race/ethnicity, and gender. First, minority stress moderates between violence related to LGB identity and PTSD symptoms. Second, occupational stress moderates the relationship between combat exposure and/or Military Sexual Trauma (MST) and PTSD among LGB veterans. Third, minority stress moderates the relationship between LGB related violence and harassment and occupational stress. Fourth, (4a) minority stress and occupational stress moderates the relationship between combat exposure and PTS symptomology. Fifth, (4b) minority stress and occupational stress moderates the relationship between MST and PTS symptomology.

Results supported Bloeser's (2015) first hypothesis, as prejudice and stigma moderated the relationship between violence and harassment related to LGB identity and PTS. Higher scores of LGB related violence and harassment were associated with higher PTSD Checklist (PCL-M) scores; thus, the main effect of violence and harassment related to LGB identity was statistically significant. Results for the second hypothesis suggested the main effect of occupational stress on PTS; however, the hypothesis was unsupported. Bloeser reported results supported the third hypothesis, as minority stress moderates the relationship between violence and harassment related to LGB identity and occupational stress. Moreover, while concealment moderated the relationship between violence and harassment related to LGB identity and experiences of occupational stress, higher levels of concealment only slightly increased the effects of LGB related violence and harassment on occupational stress. This researcher reported results supported the fourth hypothesis, as internalized homophobia was a significant moderator of the effects of combat exposure on PTS. Bloeser asserted internalized homophobia is

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seemingly a major facet of experiencing PTS among LGB veterans, as those veterans not exposed to combat had the same PTSD Checklist (PCL-M) scores irrespective of the level of internalized homophobia. Bloeser's final hypothesis was not supported, as only a small number of participants (N = 26) reported MST. Thus, the power of the analyses was limited.

These studies are pioneering bodies of work that have resulted in an understanding that counselors and other helping professionals need evidence-based practices to work with LGB service members. However, these same counselors and other healthcare providers must also possess multicultural competence and knowledge, skills, and abilities specific to working with sexual minorities (Dworkin & Pope, 2012; Herek & Garnets, 2007; Johnson et al., 2015). Moreover, the U.S. Military is in a nascent state, such that sexual stigma and victimization continues, disclosure of sexual orientation is still a threat despite the repeal of DADT, and military mental health providers lack competence to work effectively with LGB military personnel (Johnson et al., 2015; MPFC, 2011; Ramirez et al., 2013). A discussion on the review of five studies conducted by researchers after the repeal of DADT has occurred. These studies addressed LGB military personnel seeking healthcare and their related attitudes, as well as, mental health issues that they face as sexual minorities. Following is a discussion on framework addressing psychosocial wellbeing in LGB military personnel.

Psychosocial Wellbeing in Lesbian, Gay, and Bisexual Military Personnel

While research has linked better psychosocial functioning and better mental health to sexual minorities living their lives "openly," researchers have suggested doing so may not be possible for LGB military personnel for several reasons. First, based on the hypermasculinity (cf. Chapter 1 for definition), which is entrenched in military culture in a male-dominated institution (Belkin, 2012), fewer LGB military personnel may disclose their sexual orientation. Moreover,

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the stereotypes often associated with being LGB (Herek et al., 2009), may prevent LGB military personnel from disclosing their sexual orientation. Therefore, for these reasons, the coming out process may be more challenging for sexual minority military personnel when compared to the general population.

Second, sexual stigma embedded, institutionalized, and perpetuated in social institutions, such as the U.S. Military, is often referred to as structural heterosexism (Herek, Gillis, & Cogan, 1999; Johnson et al., 2015; Smith & Ingram, 2004). Heterosexism, whether overt or covert, individual or institutionalized, occurs as a form of oppression that privileges heterosexual beliefs, values, behaviors, and attitudes as the norm while rejecting, denying, stigmatizing, ignoring, or denigrating other sexualities (Miville et al., 2009; SAMHSA, 2001). Johnson et al. (2015) suggested the importance of helping professionals understanding that the repeal of DADT will not instantaneously transform the deeply engrained culture of heterosexism in the U.S. Military. With the decision about coming out typically being both complicated and bringing about feelings of vulnerability in civilian sexual minorities, being a member of the U.S. Military may further compound matters because of its culture and mores.

Third, Johnson et al. (2015) and Moradi (2006) reported that sexual minorities generally experience harassment equally in military and civilian populations. Moradi (2006) reported in a study of sexual minority military personnel (N = 200) and civilians (N = 196), verbal abuse was the most common form of harassment, and men were most often the perpetrators, with the rates of various types of harassment nearly equivalent. Furthermore, just as sexual assaults on men tend to go unreported due to sexual stigma, the issues associated with reporting sexual trauma and receiving appropriate care oftentimes prevent service members from coming forward (Johnson et al., 2015). Outcomes of sexual assault and traumatization often include guilt and

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self-blame (Herek & Garnets, 2007; Johnson et al., 2015) and a range of physical and psychological symptoms, such as depression, anxiety, anger, and post-traumatic stress (Johnson et al., 2015; Smith & Ingram, 2004). In summary, the hypermasculinity combined with harassment experienced and institutionalized sexual stigma (e.g., heterosexism) found in military culture, may inhibit sexual minority military personnel from living their life "openly," and in turn, may exacerbate psychosocial functioning and better mental health.

A review of the challenges examining psychosocial wellbeing in sexual minority military personnel has occurred. Next, as it relates to sexual minority civilians, researchers have suggested psychosocial wellbeing for LGB individuals is strongly associated with (a) connectedness to LGB communities, which is crucial for positive social regard and coping; (b) decreased concealment of sexuality identity; and (c) greater access to social support, especially in-group identification opportunities (Kertzner et al., 2009; Halpin & Allen, 2004; Meyer, 2003; 2007). What follows is a review of the Ketzner et al. (2009) findings that support these aforementioned associations with psychosocial wellbeing.

Social and Psychological Well-Being in Lesbians, Gay Men, and Bisexuals: The Effects of Race, Gender, Age, and Sexual Identity

Kertzner et al. (2009) conducted the first study of sexual minority mental health to use functional measures of psychological and social wellbeing in lesbian women, gay men, and bisexual individuals. The investigators examined the effects of race, gender, age, and sexual identity on social and psychological wellbeing in LGB individuals. Specifically, these researchers examined the mental health outcome of psychosocial wellbeing in a diverse community sample of sexual minority adults (N = 396). The investigators contrasted these findings with depression, a commonly used indicator of stress and mental health in the sexual

minority, as well as, general populations. They measured depressive symptoms utilizing The Center for Epidemiological Studies Depression Scale (CES-D) devised by Radloff (1977).

Their first hypothesis was an added social disadvantage would be associated with decreased wellbeing and increased depression on additive stress predictions. Kertzner et al. (2009) defined an added social disadvantage as, "an association with racial/ethnic minority, female, bisexual, and young status" (p. 3). Alternatively, they hypothesized that psychosocial wellbeing would be enhanced, and depression decreased by positive attitudes towards individuals' sexual identity and connectedness to the LGB community. Kertzner et al. also hypothesized disadvantaged social status (e.g., women) was related to greater depression, and thus, lower psychosocial wellbeing. However, they reported this relationship might be mediated in part by coping resources, such as positive attitudes towards individuals' sexual identity and connectedness to the LGB community.

Kertzner et al. (2009) described assessing social wellbeing via a 15-item scale that examines participants' perception of their social milieu with the following five dimensions (1) social coherence, (2) integration, (3) acceptance, (4) contribution, and (5) actualization (cf. MHC-SF; Keyes, 1998). They used an 18-item assessment to measure psychological wellbeing across the following six domains: (1) self-acceptance, (2) positive relations with others, (3) autonomy, (4) environmental mastery, (5) purpose in life, and (6) personal growth (cf. Ryff, 1989; Ryff & Keyes, 1995). Kertzner and colleagues assessed social connectedness to the LGB community with an 8-item scale assessment, which was an adaptation of a 7-unit community cohesion scale utilized in a multicity health study of gay men's psychological and physical health (cf. Mills et al., 2001).

Kertzner et al. (2009), using multiple regression analysis, developed two models from their findings that support a majority of their hypotheses. Model 1 assessed the social status differences while adjusting for socioeconomic variables of education, net worth, and employment status. Kertzner and colleagues described assessing socioeconomic variables by asking participants to self-report. First, as it relates to social status differences in social wellbeing (Model 1), bisexual (as compared to lesbian or gay) identity was associated with lower levels of social wellbeing. This finding supports the discussion found in the literature that suggests bisexual individuals experience stigmatization or "biphobia" within the LGB community due to the perception that bisexual identity is a betrayal of lesbian or gay identity (Herek, 2002; Kertzner et al., 2009). Moreover, bisexual individuals oftentimes feel they do not fit within society's dichotomous sexual orientations of heterosexuality and homosexuality (Potoczniak, 2007), which underlie finding of a greater prevalence of depression, anxiety, substance use disorders, negative affect, and suicidal behavior (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; Kertzner et al., 2009). Contrary to their hypotheses, women did not differ from men in social wellbeing, and the researchers found no support for any of their hypotheses regarding psychological wellbeing. However, as expected and supported in the literature, women reported more significant depressive symptoms than men did, yet there no differences based on sexual identity (Kertzner et al., 2009).

With respect to Model 2, they added identity valence and connectedness to the LGB community to test the impact of psychosocial wellbeing and levels of depressive symptoms. The researchers described assessing identity valence via Hierarchical Classes Analysis (HICLAS) of sexual, racial, and gender identities (cf. Stirratt, Meyer, Ouellette, & Gara, 2008). For example, in response to the question, "Who am I?" participants selected among 12 identities that specified

gender, sexual, and racial/ethnic identities. Identity valence was measured by the percentage of positive attributes associated with one's sexual identity in one's HICLAS model (Kertzner et al., 2009). In Model 2, both positive sexual identity valence and greater connectedness to the LGB community were associated with greater social wellbeing with the latter having a stronger association. For example, bisexual identity was significantly reduced when valence and connectedness entered into the model, which demonstrated complete mediation via coping. Moreover, individuals who had a more positive sense of their sexual identity and who were more connected to the LGB community had greater psychological wellbeing. Finally, positive sexual identity valence was associated with reduced depressive symptoms while connectedness to the LGB community did not decrease depressive symptoms.

In conclusion, Kertzner et al.'s (2009) study found that identity valence but not LGB community connectedness predicted depression. This finding suggests that depression is strongly rooted in individual vulnerabilities rather than social resources. In addition, when assessing wellbeing and depression, their findings suggested that minority stress has inconsistent effects on LGB mental health. While LGB community connectedness predicted social wellbeing nearly twice as strongly as identity valence, identity valence was more predictive of psychological wellbeing. Thus, idiosyncratic factors of genetic, biological, and personality characteristics of individuals that interact with life events and the social-historical context shape psychological wellbeing (Kertzner et al., 2009; Ryff, Keyes, & Hughes 2003). Further discussion regarding this interaction will take place in the next chapter.

Chapter Summary

The theory of minority stress can be of help to examine relationships between stress unique to minority populations and health outcomes related to stressors uniquely experienced by

minorities. In this chapter, the investigator discussed the literature on the phenomena of lived experiences and psychosocial implications for lesbian, gay, and bisexual (LGB) military personnel after the repeal of Don't Ask, Don't Tell (DADT). To that end, a systematic review (Grant & Booth, 2009) resulted in appraising and synthesizing the literature available. The analysis from conducting a systematic review resulted in a common theme related to psychosocial implications of being LGB military personnel.

This chapter began by connecting this study with imperatives of counselor education and counseling related to LGB military personnel. Thereafter, the chapter theoretically contextualized three types of stigma posited by Herek et al. (2007) that sexual minorities experience in general. The three stigmas that were addressed are sexual stigma, felt stigma, and internalized stigma. A discussion of implications of psychosocial stressors that civilian sexual minorities experience from a theoretical perspective followed. Stress and identity have an association, as identity can have either positive or negative effects on the unique stressors experienced by sexual and racial/ethnic minorities. Meyer (2003; 2007) developed perhaps one of the most comprehensive theoretical frameworks, the Minority Stress Model, which examines distal and proximal processes that sexual minorities experience. The Minority Stress Model also focuses on prominence, valence, and integration of identity.

Few studies have been conducted post Don't Ask, Don't Tell (DADT) hitherto. A discussion of these studies in this chapter starting with a small-scale community healthcare study of active-duty sexual minority military personnel occurred. Thereafter, a review of a veterans Administration study on the psychosocial needs of LGBT military personnel followed. Thereafter, a study of "outness," wellbeing, and perceived level of social support for active duty gay service members was discussed. Next, a review of two studies, LGB veterans and their

mental health characteristics, and a similar study on occupational, minority, and posttraumatic stress among LGB veterans took place. This chapter concluded with a review of psychosocial wellbeing for civilian sexual minorities to allow comparison and contrasting the lived experiences of LGB military personnel derived from this study to that found in the literature.

CHAPTER 3: METHODS

In this chapter, a discussion on the research design used to explore the phenomenon of the lived experiences of lesbian, gay, and bisexual (LGB) military personnel follows. This discussion includes understanding the phenomenon of the psychosocial implications related to being LGB military personnel after the repeal of DADT. Psychosocial implications are defined as the presence, absence, or levels of (a) psychological disorders, (b) a sense of mastery, self-esteem, functional status and social participation in role-related behavior in work, school, or social domains, (c) wellbeing, quality of life, and satisfaction or dissatisfaction in domains of life; and, (d) the ability or inability to employ various coping mechanisms consequential to psychosocial functioning (Bishop & Waletich, 2012).

The chapter begins with an introduction to the methods. A discussion follows on why the descriptive phenomenological qualitative method is most appropriate for this study. Thereafter, the delineation of the philosophical underpinnings of the phenomenology method, research design, population and setting, sample and sampling, instrumentation, the investigator's role and credibility to conduct this study, data collection procedures, and data analysis follows. This chapter concludes with the ethical considerations for this study.

The purpose of all scientific inquiry is to seek answers to questions via observation and investigation of experience or phenomenon. However, qualitative research is specifically concerned with understanding the lived experiences of people from a humanistic and interpretive approach (Jackson, Drummond, & Camara, 2007). Furthermore, the goal of all qualitative inquiry is to understand the meaning of human behavior through rich descriptions of the inherent or essential characteristics of human experience (Denzin & Lincoln, 2011; Jackson, Drummond, & Camara, 2007).

Munhall (2012) asserted that a critical underpinning of qualitative research is its emphasis on holism. The theory of holism is such that parts of a whole intimately are interconnected and cannot exist independently of the whole or be understood without reference to the whole (Mastin, 2008). As exhibited in Chapter 2, research on LGB service members in this post-DADT era is in a nascent state. Thus, this investigator asserted that conducting a research study using a positivist approach would not only be difficult given the nascent state of research but also a disservice to the LGB men and women serving in the U.S. armed forces. For example, conducting survey research will not tell the whole story given the scant research found in the literature. Therefore, giving a "holistic voice" to LGB military personnel and veterans lived experiences who have served after the repeal of DADT best serves the purpose of this study. Therefore, the phenomenological qualitative method was chosen. As the literature review in Chapter 2 cited, counselor educators and practitioners lack knowledge and skills specific to working with LGB military personnel and veterans who serve or have served in a post-DADT era. He seeks to gain a more comprehensive understanding of working with this population because of this study and add to the scant research available.

Phenomenology

Phenomenology is a complex method of philosophies associated with the works of Husserl, Heidegger, Satre, Merleau-Ponty, and Schultz (Denzin & Lincoln, 2011; Smith, 2013). The foundation of phenomenology is related to the early history of philosophers, such as Socrates, Plato, and Aristotle, who sought to make meaning of phenomena (Fochtman, 2008; Shosha, 2012). Patton (2002) and Schwandt (2015) asserted since its inception no one particular approach to the phenomenological method exists, as phenomenology has acquired multiple

meanings and a number of forms. Included among these forms are transcendental (descriptive) phenomenology, existential phenomenology, and hermeneutic phenomenology to name a few.

Patton (2002) asserted, "Phenomenology asks for the very nature of the phenomenon, for that which makes a some-'thing' what it is—and without which it could not be what it is" (p.10). Creswell (2007) suggests phenomenology seeks to make meaning of the lived experiences of people by exploring their cognitions, emotions, beliefs, values, and attitudes. Phenomenological research does not develop theory; rather, phenomenology brings us closer to participants' worlds via insight into their consciousness (Van Manen, 1990). Moreover, phenomenology draws upon a retrospective reflection of participants, as reflection on lived experience is always recollected, and reflection on lived experience has already passed or been lived through (Van Manen, 1990). Notwithstanding nuances found in phenomenological approaches, all phenomenology explores how people make sense of experience and transform experience into consciousness, both individually and as shared meaning, (Patton, 2002). What follows is the highlighting of a few of the nuances found in the literature.

Denzin and Lincoln (2011) suggested the phenomenological method gathers participants' perspectives, garners contextual data on their lived experiences, and offers researchers rich descriptions of the phenomena, all of which the researcher derives from engagement with participants. Laverty (2003) posited phenomenology examines true meanings through engaging comprehensively in reality and values the experience of phenomena as perceived by human consciousness. Smith (2013) asserted phenomenology examines conscious experience subjectively experienced from the first person perspective. Van Manen (1990) asserted phenomenological research garners insight into consciousness and connects researchers closer to the world in which they are examining.

Despite the similarities found in all of these assertions, what these scholars and theorists have clearly underscored is the concept of consciousness. The definition of consciousness is the sensory awareness of and response to the environment where the unity of mind and body encounters life experience without the idea of a subjective and objective milieu (Merleau-Ponty, 1962; Munhall, 2012). While multiple nuances exist and consciousness underscores all of them, all phenomenological research evolved from two main constructs.

Constructs of Phenomenology

Descriptive. Munhall (2012) asserted that two seminal philosophical constructs undergird all phenomenological research. The first construct is the work of Edmund Husserl, a German mathematician, who is known as the proverbial "father" of descriptive phenomenology (Munhall, 2012; Shosha, 2012). Husserl, who developed phenomenology in response to reductionism espoused by the positivist approach in the natural sciences, valued the experience of phenomena perceived by human consciousness (Lopez & Willis, 2004; Shosha, 2012). In his development of descriptive phenomenology, Husserl believed that conscious experiences encountered by investigators daily are described, and preconceived opinions are set aside or "bracketed" (Dahlberg, Drew, & Nystrom, 2008; Patton, 2002; Reiners, 2012; Shosha, 2012). The purpose of bracketing is to separate what the investigator already knows about the description of the phenomenon from participants' description (Shosha, 2012). To that end, bracketing ensures rigor, objectivity, and validity of data collection and analysis.

Interpretive. The second construct was the work of Martin Heidegger, who was a student of Husserl and broke from his mentor's philosophy by developing interpretive phenomenology and hermeneutics (Munhall, 2012; Shosha, 2012). Shosha highlighted how Heidegger's construct differs from that of his mentor. First, Heidegger believed to study human

experience hermeneutics seeks not only description of major themes and essences, but also meanings embedded in common life practices. Second, Heidegger believed these meanings were not obscure and such that extraction from narratives generated by people was not only possible but also found and incorporated from relationships and environment. Third, Heidegger believed the focus of phenomenological inquiry is that of the individual and their relationship with the world. Fourth, Heidegger believed that researchers could not be separated from the world that they investigate such that bracketing was an exercise in futility.

Creswell (2007) asserted the researcher's theory of epistemology determines how the researcher will study a social phenomenon. Reiners summarized researchers' determination of epistemology when asserting, "Researchers who choose to understand and conduct either descriptive or interpretive phenomenological research need to be interested in how an individual's consciousness perceives [his or her] description or interpretation of an object or an event" (2012, p. 2). This investigator's epistemology is bound to understanding how LGB service members and veterans perceive their description of being LGB military personnel in a post-DADT era. Moreover, Husserlian descriptive phenomenology maintains rigor in data collection and analysis via bracketing. Therefore, he is further bound to setting aside his preconceived opinions and biases, which he will address in the trustworthiness section of this chapter. Following is a discussion of the research design for this study that employs Colaizzi's (1978) descriptive phenomenology method.

Research Design

The research questions posed in Chapter 1 will guide this study. The rationale for these questions pertains to interest in how LGB military personnel or veterans describe their experience with respect to their sexual minority status and what psychosocial implications

emerge from their descriptions about their lived experiences. To such end, this study employed in-depth semi-structured interviews by asking questions from a pre-prepared interview guide, which is addressed later in this chapter. Prior to beginning this study, the East Carolina University (ECU) Institutional Review Board (IRB) reviewed and approved this research study (see Appendix A).

The philosophy underpinning this research study was a postmodern paradigm where descriptive phenomenology informed the epistemological and ontological goals, ideals, design, procedures, and methods. Postmodernists believe that no one truth is the interpretation of reality, as multiple explanations for realities exist (Denzin & Lincoln, 2011). To that end, this investigator holds that no one truth is the sole interpretation of reality, as multiple explanations for the realities of LGB military personnel and veterans exist in a post DADT era. Charmaz (2011) asserted the viewer is part of what they are viewing, as researchers are part of the world they study and the data that they collect.

This investigator viewed the world of LGB military personnel and veterans by adopting a stance of unknowing prior to collecting qualitative data from participants. However, expecting utter disengagement is an unrealistic expectation. However, he accomplished a stance of unknowing by clearing his vision and cognitions from his belief system and assumptions. He recognized his biases because he has firsthand knowledge as a sexual minority; his work with sexual minorities as a counselor; his responsibility to train and supervise counselor-trainees to acquire cultural competence to work with sexual minorities; and, conducting research with the sexual minority population. Therefore, he worked to achieve unknowing by maintaining a journal where he "bracketed" beliefs, preconceptions, notions, what he expected his findings to be, and any other "noise" that had the propensity to prevent him from hearing clearly (Munhall,

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2012). Creswell (2007) asserted that researchers that bracket their preconceptions not only

allows them to understand participants' experience more fully without imposing a priori

hypothesis on the experience, but also aid researchers in understanding, interpreting, and

analyzing data more objectively.

This investigator chose Colaizzi's descriptive phenomenology (1978) based on the

objectivity achieved through bracketing, which he maintains in his adaptation of Husserl's work.

Moreover, Colaizzi's method describes the rich descriptions related to human experience as

participants experience the phenomenon. To such end, "posing a set of questions that

appropriately elicit data" that result in "collecting descriptive statements" while "initiating an

examination of his approach to uncover his presuppositions about the investigated topic"

(Colaizzi, 1978, p. 58) fit with the research paradigm.

Population and Setting

This study examined the lived experience of lesbian, gay, or bisexual U.S. Military

personnel who are serving or have served after the repeal of "Don't Ask, Don't Tell." The

population included either active duty or veteran status, irrespective of veteran discharge status

(e.g., "other than honorable"). The setting for data collection depended on where participants

chose to ensure they were comfortable, felt safe, and were in their natural environment.

Recruitment and Sampling

Recruitment. Prior to recruiting for this study, ECU IRB approved both an email

recruitment script (Appendix B) and a print advertisement script (Appendix C). This study

employed two types of sampling. First, chain referral sampling, also known as snowball

sampling that was used for recruitment purposes. Second, purposeful sampling, on which a

discussion follows, was used to identify and obtain specific cases of study. By definition, a chain

referral sample is created through referrals made within a circle of people who know one another (Berg, 2006). For example, one study participant referred another potential participant who also met the inclusion criteria and experiences or experienced the phenomenon of study.

The rationale for chain referral sampling is this process facilitates hard to reach or inaccessible populations (Trochim, 2006). For example, if a service member conceals a sexual minority identity at work in the U.S. Military, a participant who is living openly is able to vouch for the credibility of the study and assure the referral of anonymity and confidentiality. Study participants with different sexual orientations (i.e., lesbian, gay, and bisexual) were sought from both rural and urban areas to reach data saturation. This study was able to achieve a well-rounded participant group. No further data from a geographic area and/or specific groups was needed. Thus, there was no need for a print or electronic billboard advertisement despite having ECU IRB approval to do so. (Appendix D). The second type of sampling used in this study was purposeful sampling with details following.

Purposeful sampling. Patton (2002) asserted purposeful sampling is common to all qualitative studies and aids in identifying a sample of participants to identify and obtain specific cases of study (e.g., people, organizations, and cultures). Moreover, manifestations of the phenomenon of interest are generally information rich. For example, while the current study recruited U.S. military personnel who identified as a sexual minority, a purposeful sample of lesbian, gay, and bisexual military personnel was recruited to determine if different lived experiences occur. Patton further suggested purposeful sampling assists in developing insight about a phenomenon, not an empirical generalization from a sample to a population. Stated differently, a minimum number of participants are not specified insofar as power seeks to accomplish in quantitative studies. In contrast, Artinian, Giske, and Cone (2009) suggested that

qualitative researchers plan for the juncture when participant responses become similar, so they create their exit point.

Theoretical saturation. Theoretical saturation occurs when no further thematic variation emerges from the data being analyzed (Munhall, 2012). There are no established standards for achieving saturation. With every study manifesting saturation differently, researchers must decide when they have achieved theoretical saturation. According to Guest, Bunce, and Johnson (2006), researchers achieve theoretical saturation with 12 interviews if the researcher has planned purposive sampling carefully whereas Munhall (2012) suggests 10-15 participants can do so if the domain is narrow.

Participant Terms

This section delineates the definitions for participants. The terms found in this section specifically addresses participants, eligibility, exclusion, and referrals. This section will conclude with a summary section on inclusion and exclusion criteria.

Participant. A participant in this study was any individual who met the eligibility requirements to participate in this study and gave their consent to do so.

Participant eligibility. Any individual who (a) was at least 18-years-old, (b) spoke English, (c) agreed to participate in this study via the informed consent process, (d) was U.S. Military personnel with either an active duty or veteran status (e) identified as lesbian, gay, or bisexual with a concealed or unconcealed sexual minority status.

Participant exclusion. Any individual who did not meet the aforementioned eligibility requirements of this study or any individual who withdrew their consent to participate in this study will be excluded. No participants were excluded from this study while three did not follow through with the interview after being recruited.

Participant referral. A participant referral was anyone that was referred to this study by another individual whether that individual was a participant or not.

Summary: inclusion and exclusion criteria. Inclusion criteria to participate in this study will consist of (1) a minimum of 18 years of age at the time data was collected, (2) spoke English, (3) identified as lesbian, gay, or bisexual (open or closeted), (4) was serving or had served in the Army, Navy, Air Force, Marines, Coast Guard, hereafter, the U.S. Military at the time data was collected, (5) served in the U.S. Military since the repeal of Don't Ask, Don't Tell (DADT) with an active duty, reservist, or veteran status, and (6) informed consent was obtained from the participant. Participants were not eligible to participate in this study based on the following exclusion criteria (1) less than 18 years of age at the time of data collection, (2) spoke a language other than English, (3) identified as heterosexual, (4) did not have an active duty, reservist, or veteran status in the U.S. Military at the time of data collection (5) served and separated from the U.S. Military prior to the repeal of DADT, and (6) the participant withdrew his or her consent to participate in the study at any time.

This study operationalized identifying factors via a Participant Demographic Form (PDF). The PDF was approved by the ECU IRB (Appendix D). Study participants completed the PDF during the informed consent process.

Instrumentation

Patton (2002) asserted the researcher *is* the instrument in qualitative research. Brown (1996) asserted that self-awareness is a form of "sharpening of the instrument." Charmaz (2011) asserted qualitative researchers are not passive receptacles into which data are poured, as neither observer nor the observed come to a scene untouched by the world. Reflexivity is crucial in qualitative research, which is the scrutiny of the researcher's experience, decisions, and

interpretations in ways that bring the researcher into the process (Charmaz, 2011). This investigator accomplished reflexivity by memo writing. The benefit of this process is it prompts further analysis of data that aid in the development of codes into categories early in the research process. Moreover, successive memos were written that not only kept this investigator involved in ongoing analysis but also aided in his level of abstraction of his ideas. Charmaz (2011) asserted reflexivity also allows the reader to assess how and to what extent the investigator's interests, positions, and assumptions influenced the inquiry. For example, he provided his reflective stance on how he conducted his research, related to the research participants, and represented them as evidenced throughout this dissertation.

Investigator: Credibility and Statement of Bias

This investigator is an openly gay man with personal experiences of minority stress and psychosocial implications by virtue of being a sexual minority. He lived and worked in the San Francisco Bay Area in California for over 30 years and came of sexual age at the height of the Acquired Immune Deficiency Syndrome (AIDS) epidemic. He began working with seropositive men and women with the Human Immunodeficiency Virus (HIV) as a paraprofessional after having friends die from complications of AIDS. He is a licensed mental health professional (i.e., Licensed Professional Counselor [LPC], Licensed Clinical Addictions Specialist [LCAS], Certified Rehabilitation Counselor [CRC]), who presently works as a Behavioral Health Counselor in a Ryan White federally funded Infectious Disease clinic with a client population that primarily consists of gay and bisexual men.

This investigator ascribes to and is a practitioner of LGBT-Affirmative Counseling (Ritter & Terndrup, 2002) with research interests including counseling sexual minorities, including those serving in the U.S. Military. He has researched and published two book chapters

on counseling members and their families of the Lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. He has also co-authored a peer-reviewed article on healthcare best practices for LGB military service members, their partners, and families. This investigator bracketed biases, which he discusses later in this chapter. He also completed a graduate-level training course in qualitative research successfully, and he has conducted an unpublished phenomenological study.

Procedures

The ECU IRB approved a protocol of semi-structured questions to be used during confidential interviews recorded via Livescribe with an encrypted upload to NVivo software. Specifically, Livescribe is a digital paper-based computing platform with a password protected smart pen that records both verbal and written communication that was uploaded to a secure website (Livescribe, 2016). NVivo is qualitative data computer software for qualitative researchers working with highly rich text-based data that is entered into a secure web-based platform for deep levels of analysis (Qualitative Solutions and Resesearch International, 2016). The length of the interviews proceeded as long as necessary depending on how much time the study participant wanted to share. An IRB approved interview script was utilized (see Appendix E). First, participants were asked to provide the following demographic information via the Participant Demographic Form (Appendix F): (a) age, (b) gender identification, (c) sexual orientation, (d) open or closeted, (e) military branch, (f) military rank; (g) military occupation (MOS or NEC), (h) number of deployments, (i) if ever deployed to a combat zone, and (j) where currently and past stationed.

In addition to this information, semi-structured interview questions to gain access and understanding of psychosocial implications that LGB military personnel experience in a post DADT era were employed. The ECU IRB approved the following questions:

1. How do you (or how did you) express your sexual orientation while serving in the military?

2. What has been (was) your experience as a sexual minority serving in the U.S. Military since (after) DADT was repealed on September 20, 2011?

3. How does (did) your sexual orientation have an effect on your psychological day-to day experience in the U.S. Military?

4. How does (did) your sexual orientation have effect on your socialization and other social factors in the U.S. Military?

5. As a sexual minority in the U.S. Military, how do (did) you experience your (CONUS and/or OCONUS) deployment?

    (5.a.) Where were you deployed to and for how long?

    (5.b.) How did your sexual orientation influence your deployment?

Dependent on participant responses, follow-up questions to elucidate the essence of participants' meanings transpired. Data collection began in December 2016 and concluded in September 2017 when this study had reached data saturation. Additional data was sought in March 2018 from two participants, who identified themselves as Equal Opportunity (EO) advisers, specific to military climate surveys. Primary sources of data were participant interviews. While all participants were invited to share memorabilia, such as photographs, only one participant did so, as he had requested to be interviewed in his home.

This investigator wrote field notes, which were primary sources of data, and consisted of observations regarding the participant, the interview, and/or memorabilia. He recorded these field notes as soon as possible after each interview using a Livescribe pen and then uploaded them to NVivo to create an audit trail. He completed field notes within one to three hours of each interview, including what he saw, heard, and/or thought during the interview to ensure rich data collection. Observational field notes comprised of the setting and the investigator's perceptions of each participant, including physical appearance, verbal and non-verbal communication patterns, and the perceived rapport of the overall interview.

Data Analysis

This investigator retained a professional transcriptionist who has 45 years of experience in medical, legal, and educational settings, as well as, has previously transcribed data for other doctoral students in the Department of Addictions and Rehabilitation Studies at East Carolina University. He trained the transcriptionist and obtained a Confidentiality Agreement from her (Appendix G). Upon completion of each participant interview, he electronically uploaded a password protected file of the recording to a cloud-based file host service known as Dropbox Pro for transcription. This professional version of Dropbox is a subscription service that features a two-step verification and advanced encryption (Dropbox, 2016). Only the transcriptionist and this investigator had access to the password-protected files. After the transcriptionist transcribed the interview, she electronically uploaded a password protected file of the verbatim transcript to the Dropbox server. Each transcript included page and line numbers.

A thorough review of every transcript for accuracy occurred to maintain rigor. Further establishing rigor occurred by employing an audit trail via Livescribe recordings to verify fieldwork and confirmability of the data collected to maximize accuracy and minimize biases

(Patton, 2002). Finally, triangulation of data in seeking confirmation through sources to verify and validate qualitative analysis took place (Patton, 2002). Summarizing Patton's types of triangulation, this investigator employed the process of triangulation with an analyst (i.e., qualitative methodologist) and a review by study participants (e.g., member checks). The investigator provided member checks to study participants after he had reviewed transcription, generally no more than one week after receiving the completed transcript. After obtaining participants' permission, he sent them their transcript via email and had them read their transcript and validate if he had correctly captured their lived experiences.

This investigator employed Colaizzi's (1978) descriptive phenomenological method for data analysis to explicate meanings from the data. Kenny (1995) adapted the analytical steps of Colaizzi, which this study also employed. Kenny's seven adapted data analysis steps are as follows. First, all descriptions were read and re-read entirely to develop a general sense or feeling about them. Second, each description was analyzed to extract significant statements that pertained directly to the phenomenon. Third, the meaning of each significant statement was made explicit. This is known as "formulating meanings," which involves moving from what participants describe to what is meant through creative insight. Redundancies among formulated meanings within individual descriptions were then eliminated. Fourth, the formulated meanings were organized into categorical themes that are common to all descriptions. The categorical themes were grouped into subthemes and thematic clusters. All thematic content was compared to the original descriptions for validation. Fifth, the results were integrated into an exhaustive description of the phenomenon with inclusion and exclusion criteria defined. Sixth, an exhaustive statement was formulated into a statement of the fundamental structure of the phenomenon. Seventh, the participants reviewed the descriptive results for validation. Shosha

(2012) developed a model in 2010 (Figure 3) to depict Colaizzi's seven steps succinctly that closely follows Kenny's seven steps.

Constant comparison to establish distinctions and thus make comparisons at each level of analytic work transpired. For example, a comparison of statements and incidents in one interview with statements and incidents in different interviews occurred. This investigator conducted sequential comparisons with same persons to compare the data constantly. He also rigorously triangulated data sources by (1) comparing observations with interviews, (2) comparing what participants said in public events versus private meetings, (3) comparing the perspectives of participants from different points of view (e.g., Marine versus Air Force man or woman), and (5) checking interviews against other written documents that corroborated what participants reported (Patton, 2002).
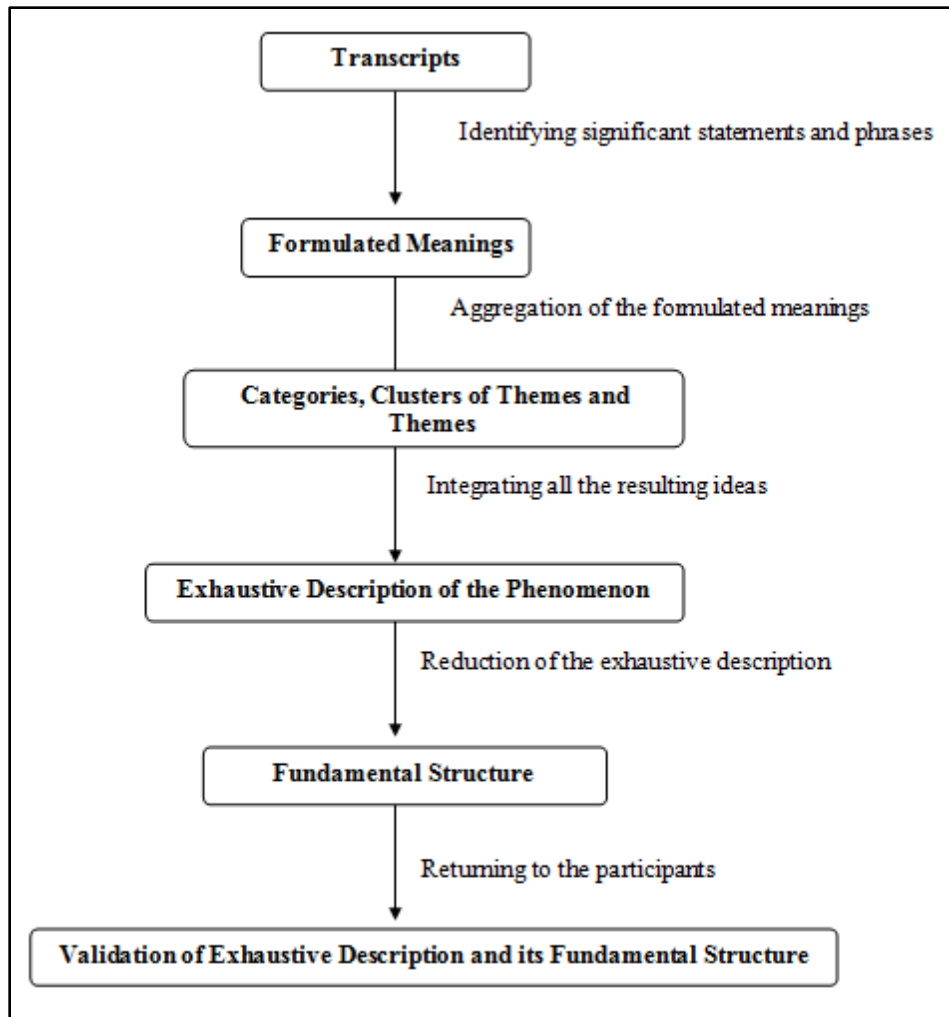
Figure 3. A summary of Colaizzi's strategy for phenomenological data analysis. Adapted from "Employment of Colaizzi's Strategy in Descriptive Phenomenology: A Reflection of a Researcher," by G.A. Shosha, 2012, European Scientific Journal, 8, p. 34. Copyright 2012 by the European Scientific Institute.

NVivo-10 software is a widely used qualitative software program to assist with data analysis, was used for this study. According to the company Qualitative Solutions and Research International ([QSR], 2016), this software keeps all documents in one place and links them together for easy access. For example, not only can administrative documents (e.g., IRB Consent Letter, Interview Script, Participant Demographics) be stored in NVivo, but also data documents for analysis (e.g., verbatim scripts, pictures, screen captures, memos, journals). Thus, he used NVivo to organize raw data (e.g., interviews) by linking them to memos and then to code data.

NVivo software uses its own nomenclature. For example, the investigator created nodes to mark relevant concepts and conduct line-by-line coding and topics that resulted in thematic categories were then grouped into nine subthemes, what NVivo-10 software calls, child nodes. Finally, the subthemes further evolved into four cluster themes, what NVivo-10 calls parent nodes. Finally, the data was electronically stored and was encrypted with password protection.

Trustworthiness

This study ensured rigor by employing the seminal work proposed by Lincoln and Guba (1985), namely the four provisions of trustworthiness. Mackey (2012) suggested the Lincoln and Guba evaluation criteria described for the naturalistic or constructivist paradigm continue to be the most widely utilized today by qualitative researchers. Lincoln and Guba's term, trustworthiness, underscores the imperative of quality research reporting with four criteria, including (1) credibility, (2) transferability, (3) dependability, and (4) confirmability. First, credibility underpins the truth-value of the study. This investigator maintained credibility via member checks to uphold credibility in research (Mackey, 2012). Second, transferability refers to the applicability of the research conducted. He described the context and assumptions central to the research to achieve transferability (Trochim, 2006). Third, dependability represents consistency in conducting the research study. He maintained consistency and described changes that occurred and how these changes affected the way the research approached the study to achieve dependability (Trochim, 2006). Fourth, confirmability refers to neutrality or objectivity of the researcher. Evidence of confirmability includes his audit trail of methods and decisions from a reflexive journal (Mackey, 2012).

This investigator recognized his potential biases because of his sexual orientation and personal experiences, as well as, prior research that he has conducted with both civilian and U.S.

Military sexual minority individuals. To such end, he employed rigorous and systematic bracketing for this study, which is a crucial tenet of descriptive phenomenology, to reduce preconceived notions, biases, and prejudices (Shosha, 2012).

Ethical Considerations

This investigator followed all ethical guidelines on research and publication found in Section G of the American Counseling Association code of ethics (ACA, 2014). He maintained protection of human subjects by reviewing the informed consent process in detail with each participant. He then had participants sign two copies of the ECU IRB approved informed consent form (Appendix A) prior to beginning the interview. The participant received the first signed copy by both the participant and the investigator. The investigator then retained the second signed copy of the informed consent form. The informed consent form included a description of the study, the requirements for participation and data collection methods. The informed consent form also advised participants of their right to withdraw consent at any time for any reason.

Participants received a briefing on their anonymity and confidentiality in the following ways (a) no identifying information was associated with the data collected, (b) the findings are presented by utilizing participant numbers, and, (c) data files were coded, encrypted, and securely retained with no record of personal identification codes maintained. He obtained ongoing consent throughout the study and informed participants of their rights frequently and repeatedly (Munhall, 2012). This process included prior to the start of each Livescribe recorded interview and several times during the interview as well. Informed Consent was again reviewed verbally with participants who agreed to a follow-up interview conducted to clarify data. This investigator only needed to conduct three follow up interviews, and 15 participant communications occurred to validate findings.

The goal of this study was not to provide affirmative therapy to the participants who may have been uncomfortable with their minority sexual identity. While two participants found describing their sexual identity difficult or painful, they did not express a need for a counseling intervention. Therefore, no referrals for follow up services were needed. The benefit of participating in this study may have helped participants gain greater clarity and insight into themselves and their sexual identity by verbalizing their lived experiences via the interview process. Alternatively, participation in this study may not have benefited participants whatsoever. However, LGB military personnel who participated in the current study contributed to a greater understanding for counselors, healthcare providers, and their educators who train them. Moreover, participation in this study supported this investigator contributing to the dearth of research available on LGB military personnel and veterans.

Chapter Summary

This chapter discussed the qualitative approach and methods employed in this study. The chapter began with an introduction to the methods. A discussion on why the descriptive phenomenological qualitative method was most appropriate for this study followed. Thereafter, a delineation of the philosophical underpinnings of the phenomenology method, research design, population and setting, sample and sampling types, instrumentation and investigator credibility, data collection procedures, and data analysis with the assistance of NVivo-10 software transpired. This chapter concluded with the ethical considerations for this study and outlined the associated risks and benefits of participating in the study.

CHAPTER 4: FINDINGS AND ANALYSIS

Research about sexual minority military personnel is both relatively new and scarce given Don't Ask, Don't Tell (DADT) was repealed September 2011. Research studies that have been conducted hitherto have primarily examined one population (i.e., gay men), veterans only (vs. all enlistment statuses), and only one branch of the United States (U.S.) military. This study examined the lived experiences of lesbian, gay, and bisexual (LGB) service members who were serving active-duty, reserve, or were veterans across four out of five branches of the U.S. Military. The U.S. Coast Guard was not represented in this study. This study also sought to give meaning to the phenomenoa of psychosocial implications that LGB military personnel face or have faced.

This chapter includes the findings and analysis of this study. What follows is an overview of the methods used to examine the lived experiences and psychosocial implications of LGB military personnel after the repeal of DADT, and then, a review of Colaizzi's (1978) method of analysis. Thereafter, a description of the participants and themes extracted from the data follows along with a model. This chapter concludes with an exhaustive description of the phenomena and the fundamental structure of being LGB military personnel in a post-DADT era.

Review of Methods

As discussed in Chapter 3, purposeful sampling identifies study participants to obtain specific cases of study (i.e., people, organizations, and cultures) and obtain manifestations of the phenomenon of interest (Patton, 2002). For this study, purposeful sampling identified LGB service members and veterans who were serving or had served post-DADT. Manifestations of psychosocial implications associated with having a sexual minority identity as the purpose of the sample were also sought.

After obtaining post-proposal approval to proceed from the dissertation committee, the recruitment process began. Recruitment occurred in a variety of organizations, including the U.S. Veterans Administration, OutServe, the Service Members Legal Defense Network (SLDN), the American Military Partner Association (AMPA), and the Military Partners and Family Coalition (MPFC). As it were, OutServe was the only organization that needed to be contacted. However, this study's sample was obtained solely from chain referral sampling. As discussed in Chapter 3, this type of sampling facilitates hard to reach or inaccessible populations (Trochim, 2006).

First, this investigator contacted a service member with whom he had done volunteer work in Jacksonville, North Carolina, and who was now a veteran. Not only did this veteran agree to participate in the study, but he also offered to assist with recruitment. His effort resulted in four referrals who met the study inclusion criteria and who agreed to participate including the original source.

Second, contact was made with an acquaintance who is a Veteran. Notwithstanding his heterosexual identity, he stated that he would contact several LGB service members he knew personally who would likely participate. The outcome of his effort resulted in three referrals, all of whom met inclusion criteria and agreed to participate in this study.

Third, this investigator contacted friends who identify as LGB or as allies of the LGB community and sought referrals for LGB service members or veterans who met the inclusion criteria. This effort resulted in four referrals who met inclusion criteria and agreed to participate in this study.

Fourth, requests for chain referrals from study participants for LGB service members or veterans occurred. This effort resulted in six referrals, all of whom met inclusion criteria. Four of

the referrals agreed to participate, and two declined. In summary, 17 service members and

veterans who met inclusion criteria were contacted, and 15 of them became participants.

Participant interviews began on December 17, 2016, and concluded on February 25,

2017. Additional data was sought from a participant in September 2017, who identified as a

Green Dot, specific to sexual harassment and assault; and, from two participants in March 2018,

who identified as Equal Employment Opportunity ("EO") advisors, specific to military climate

surveys. Interviews were conducted in-person, unless participants were outside the continental

United States (OCONUS), or preferred to meet via Skype. To such end, interviews via Skype

occurred with Participants 5, 7, and 10, who were OCONUS. Interviews with Participants 9 and

14, who were CONUS, occurred via Skype based on participant preference.

When interviews were conducted via Skype, participants were emailed the ECU IRB-

approved Informed Consent document. They were requested to send a return email stating they

had read the document and were providing Informed Consent via their emailed response. Five

emails were received from the aforementioned participants with their confirmation. In summary,

10 interviews in-person and five interviews via Skype took place.

All participants provided Informed Consent to participate in this study, including

permission to audio record their interview. The interview process began by the participant

reading the East Carolina University (ECU) Institutional Review Board (IRB)-approved

Informed Consent document. After each participant read the Informed Consent document, this

investigator offered to answer questions and did so if participants posed them. Each participant

then signed and dated one copy of the Informed Consent document that was collected as part of

the study records. Participants were then provided a signed a copy of the Informed Consent

document and provided each participant a copy with his signature. Thereafter, each participant

was provided an ECU IRB-approved Participant Demographic Form. Upon completion, each participant form was then collected for the study records.

All participants received an overview of the recording protocol using a Livescribe device, including an explanation of how the device worked. Each participant also received a summary of how a transcriptionist would transcribe recorded interviews, and these would be reviewed by the researcher and shared with the participant, who would have final approval of the transcript. Permission from each participant to start the Livescribe recording device and begin the semi-structured interview using the five ECU IRB-approved questions occurred thereafter.

Upon conclusion of each interview, the participant was notified that the recorder was being stopped, and this investigator then uploaded the password protected file to the Dropbox server. The transcriptionist, who followed the confidentiality protocol downloaded the recording and transcribed the interview verbatim. The transcriptionist then uploaded the transcript to a password-protected file on the Dropbox server. This investigator then compared each transcript to the original recording to ensure accuracy, and ultimately trustworthiness.

This study achieved theoretical data saturation with 15 participants when no further thematic variation emerged from the data (Munhall, 2012). To such end, this investigator debriefed with the research committee methodologist in ongoing meetings to discuss data analysis, including coding and themes evolving from participant interviews. Memos were discussed and reviewed, which led to conversations about this investigator's reflexivity. Charmaz (2011) asserted reflexivity allows the reader to assess how and to what extent the investigator's interests, positions, and assumptions influenced the inquiry. For example, he discussed his reflective stance regarding gay and bisexual men service members concealing their sexual orientation to protect their career. He recognized their experiences were tantamount to his

experiences as a gay man who concealed his sexual orientation while working in "Corporate America" from 1985 to 2004. He ultimately bracketed this reflective stance, such that, he did not want to influence data analysis negatively. He also maintained a reflective stance that recognized the differences between his experiences in civilian work roles versus enlisted service members and their roles. What follows is an overview of Colaizzi's phenomenological method used for this study.

Review of Colaizzi's Methods

Analysis of participant transcripts transpired according to the phenomenological methods of Colaizzi (1978). Colaizzi's method is guided by descriptive phenomenology, which he maintained in his adaptation of Edmund Husserl's work. This investigator employed Colaizzi's methods and used an adapted seven-step process (Kenny, 1985).

In the first step, the investigator read and subsequently re-read each transcript to develop a general sense or feeling of them. In the second step, he analyzed each transcript to extract significant statements that pertained directly to the phenomenon.

In the third step, he made explicit the meaning of each significant statement, known as formulating meanings. This step involves moving from what participants describe to what is meant through creative insight. Significant statements were carefully reviewed to determine their meaning, and then reflecting on the formulated meanings ascribed to significant statements transpired. He then eliminated redundancies among formulated meanings within individual descriptions. He provides selected examples of significant statements and their formulated meanings in the Results section.

In the fourth step, he organized formulated meanings common to all transcripts and by reviewing formulated meanings and sorting them by thematic content by creating nodes in

NVivo software. This process continued until he had completed sorting and theme development, such that, all formulated meanings had been assigned to categorical themes, and then subthemes, and finally theme clusters.

In the fifth step, the process of composing the exhaustive description of the phenomenon began. Colaizzi (1978) asserted that this step of the process involves the researcher integrating all related information of the phenomenon under study. To such end, this process involved reviewing significant statements, formulated meanings, and thematic content to account for participants' lived experiences of being a lesbian, gay, or bisexual service member in a Don't Ask, Don't Tell era. This integration process resulted in devising an exhaustive description of the phenomenon via aggregation of formulated meanings and thematic clusters.

In the sixth step, which transpires after achieving the exhaustive description, the fundamental structure of the phenomenon is created. The researcher conducts this process by reviewing the exhaustive description to discern the conceptual cornerstone that defines the phenomenon of study via reflection of participants' lived experiences (Colaizzi, 1978).

In the seventh and final step, participants validate the descriptive results. This process involves providing participants with the exhaustive description for comment and the validation of the phenomenon studied through reflection of their lived experiences. Now that a review of Colaizzi's (1978) seven steps, adapted by Kenny (1985) has taken place, what follows is the description of participants.

<center>**Description of Participants**</center>

This investigator protected anonymity and confidentiality of participants by referring to the participant number assigned to each participant when the interview began. A capital "P"

precedes the participant number. For example, Participant 1 is referenced as "P1," Participant 2 as "P2," through Participant 15, as "P15."

Table 2 exhibits the participants' demographic information. Of 15 participants, five identified as women and 10 identified men. Age is denoted by the number of years each participant reported. The mean age for participants was 31.3 years. The youngest participant was 23-years-old. The oldest participant was 45-years-old. The racial background reported by each participant denotes race. Five participants identified as African American or Black. One participant identified as Asian or Pacific Islander. Two participants identified as Hispanic or Latino. One participant identified as "ME" for Middle Eastern. Six participants identified as White.

Participants declared their sexual identity as lesbian, gay, or bisexual. Five participants identified as bisexual. Three of five bisexual participants identified as bisexual men. Two of five bisexual participants identified as bisexual women. Seven participants identified as gay men. Three participants identified as lesbian.

Participants reported the military branch in which they are serving or of which they are veterans. Service members who were active-duty status have no indicator following their respective branch. For instance, an active-duty Airman was denoted "USAF." Service members who were of a Reserve enlistment status were denoted with an "(R)" following their respective branches. For example, a reservist in the Army was denoted "ARMY (R)." Military personnel who were veterans were denoted with a "(V)" preceded by the branch in which the veteran had served. For instance, a veteran who had served in the U.S. Navy was denoted, "NAVY (V)."

Five participants were active duty or reservists in the U.S. Army. Two participants were veterans of the U.S. Army. One participant was active duty in the U.S. Navy. Two participants

were veterans of the U.S. Navy. Five participants were active duty in the USAF. One participant was a veteran of the USAF. Two participants were veterans of the USMC.

The number of military branches denoted exceeds the number of participants (n = 15). This occurred because some participants were veterans of one U.S. Military branch and then re-enlisted as active-duty or a reservist in another U.S. Military branch. Therefore, P3 is a USAF reservist, as well as, an Army veteran. Participant 10 is an Army reservist and a Navy veteran. Participant 12 is an Army reservist and USMC veteran.

Participants' reported their years of service. The mean number of years served by participants in the U.S. Military was 10.5 years. The least number of years served was five. The most number of years served was 20.

Location designates participants' location of the interview (PDS or TDY, if on a temporary assignment). Interviews conducted via Skype are denoted "(S)" following their location. Finally, each interview length is noted. The mean interview time was 66 minutes (e.g., 1:06) with the shortest and longest interviews 45 and 101 minutes respectively.

Table 2

Demographic Overview of Participants

ID	Sex	Age	Race	Sexuality	Branch & Status	Years of Service	Location & Status	Interview Length
1	M	30	AA/B	B	NAVY (V)	8	North Carolina	1:06
2	M	23	W	G	USAF	5	Nebraska	:50
3	F	32	A/PI	L	USAF(R)	6	Nebraska	1:08
4	F	29	W	L	USAF	6	Nebraska	:45
5	F	30	ME	B	ARMY	8	South Korea (S)	1:02
6	M	41	W	G	USMC (V)	20	North Carolina	1:40
7	M	24	AA/B	B	USAF	6	Qatar (S)	1:01
8	M	28	AA/B	G	USAF	9	New York	1:41
9	M	27	W	G	USAF (V)	6	Wisconsin (S)	1:03
10	M	45	AA/B	B	ARMY	20	South Korea (S)	1:26
11	M	35	W	G	ARMY (R)	17	North Carolina	:53
12	F	31	H/L	L	ARMY	11	Arizona	:59

13	F	31	AA/B	B	ARMY (V)	8	California (S)	:59
14	M	36	H/L	G	NAVY	18	Maryland (S)	1:07
15	M	28	W	G	ARMY (R)	10	North Carolina	1:01

Note. M = man; F = woman. AA/B = African American or Black; A/PI = Asian or Pacific Islander; H/L = Hispanic or Latino; ME = Middle Eastern; W = White. B = Bisexual; G = Gay; L = Lesbian. USAF = United States Air Force; USMC = United States Marine Corps. R = Reservist; V = Veteran. S= Skype Location. Interview length = hours : minutes.

Table 3 exhibits other pertinent information. This table includes job classification information, military rank and a description of the participant's rank. Following participants' rank is each participant's Military Occupational Specialty (MOS) or Navy Enlisted Classification (NEC). The results of the current study follow.

Table 3

Military Rank and Occupation of Participants

ID	Rank	Rank Description	MOS or NEC	MOS or NEC Description
1	PO3	Petty Officer Third Class	HM8404	Hospital Corpsman
2	E5	Staff Sergeant	2A5X1	Aerospace Maintenance
3	E5	Staff Sergeant	1N2	Signals Intelligence Analyst
4	E5	Staff Sergeant	1P071	Aircrew Flight Equipment Craftsman
5	E6	Staff Sergeant	12Y	Geospatial Engineer
6	E7	Gunnery Sergeant	1371	Combat Engineer
7	E4	Senior Airman	2A5X1	Aerospace Maintenance
8	E5	Staff Sergeant	8R000	Enlisted Accessions Recruiter
9	E3	Airman First Class	2A5X1	Aerospace Maintenance
10	E5	Staff Sergeant	92Y	Unit Supply Specialist
11	E6	Staff Sergeant	88N30	Transportation Management Coordinator
12	E6	Staff Sergeant	92Y	Unit Supply Specialist
13	CPT03	Captain	25A	Signal Officer
14	E8	Senior Chief Petty Officer	CT9306	Cryptologic Technician
15	E6	Staff Sergeant	31B	Military Police

Note. MOS = Military Occupation Specialty. NEC = Navy Enlistment Classification.

Results

This section begins by recapitulating the steps of Colaizzi's (1978) method adapted by Kenny (1995) specific to the results of the current study. The second step is to extract significant

statements from the transcript. The third step is to make them explicit by formulating meanings

for each statement. This process resulted in 1866 significant statements and formulated meanings

after the removal of redundancies. To illustrate the second and third steps, this investigator will

provide selected examples that will follow the presentation of thematic content.

Subsequently, the fourth step began by identifying initial thematic categories common to

all transcripts that were derived from formulated meanings and sorting them into categories.

Table 4 depicts the original 26 thematic categories that arose from data analysis.

Table 4

Thematic categories

Thematic Categories
Having a sexual minority identity
Having a primary military identity
Expression of a sexual minority identity
Cultural effects of demographics
Cultural effects by military branch
Cultural effects by PDS, PCS, or job assignment
Protective factors
Cultural effects of the military as a family unit
Cultural effects of TDYs and deployments
Cultural effects of UMCJ, EO, IG
Cultural effects of DOMA being overturned and marriage equality
Cultural effects of military briefings and training
Competing experiences
Negative effect on career
Negative experiences with military leadership
Positive experiences with military leadership

Social media related experiences

Heteronormative work environment

Heterosexist work environment

Homophobic work environment

Hostile work environment

Hypermasculine work environment

Sexual harassment and assault

Examples of distal minority stress processes

Examples of proximal minority stress processes

Accepting and affirming work environments

Thereafter, thematic categories were then grouped into subthemes, what NVivo-10 software calls, child nodes. Finally, the subthemes further evolved into cluster themes, what NVivo-10 calls parent nodes. To such end, further data analysis resulted in four theme clusters, nine subthemes, and 25 thematic categories.

Table 5

Theme Clusters, Subthemes, and Categories: The Psychosocial Implications of Being Lesbian, Gay, or Bisexual Military Personnel in a Post Don't Ask, Don't Tell Era

Theme Cluster	Subtheme	Thematic Categories
Service Members' Expression of LGB Identity	Sexual Identity	Lesbian, Gay, and Bisexual
		Military identity primary
	Sexual Identity Expression	Living openly
		Outed and living openly
		Case-by-case basis
		Concealment at work only
	Sexual Identity Development	Confusion

Comparison

                                                      Tolerance

                                                      Acceptance

                                                      Synthesis

Military Life and Culture   Effects of demographics
through the Eyes of LGB
Service Members

                                               Effects by military branch

                                               Effects by PDS or MOS

                                               Protective Factor: Work ethic

                                               Effects of military as a family

                                               TDY and deployment

                                               UMCJ, EEO, and IG

                                               DOMA and marriage equality

                                               Military briefings and
                                               training

LGB Service Members'   Competing experiences
Lived Experience After the
Repeal of DADT

                               Negative experiences with   Effect on career
                               leadership

                               Positive experiences   Experiences with leadership

                               Social media related
                               experiences

Psychosocial Implications for   Negative psychosocial   Work environments
LGB Service Members   implications

                                                               Sexual harassment and
                                                               assault

Significant Statements and Formulated Meanings

This section provides selected examples of significant statements and their formulated meanings, which is foundational process and steps two and three in Colaizzi's (1978) method. Table 6 provides selected examples of participants' significant statements and the formulated meanings derived from the theme: Negative Effect on Career. This theme demonstrates that having a known minority sexual identity has a perceived negative effect on service members' careers. The rationale for presenting this theme was the significance of LGB military personnel being able to serve openly post-DADT, and yet doing so has a negative effect on their career.

Table 6

Selected Example of Significant Statements and Formulated Meanings from the Theme: Negative Effect on Career

Significant Statement	Formulated Meaning
"And you can tell that even though they try not to treat me any different, you can tell that they see me differently." (P1)	He realizes some of his co-workers do not accept him even though they do not overtly discriminate against him. (P1)
"A lot of time, people who have that reaction, I noticed they weren't as hard on me, they didn't demand as much of men, or things they'd normally call on me for, they…stop me to do it. [A]nd you notice it's not really you…you've shown that you're equal to the task before." (P1)	He recognizes that when people find out that he is bisexual they no longer hold him in the same esteem and ostracize him as a means to avoid engaging with him. (P1)
"[I]f they have an inkling that you were gay, they kind of sort of pushed you to the back...didn't let you progress. It's still there. It's the negativity of certain individuals. I wouldn't say all individuals, but certain individuals, the homophobic people are still there." (P11)	He does not believe that all leadership can be trusted, because there are people who hold homophobic and negative views of LGB people, which could be their reason to stifle a sexual minority's career progression in the military. (P11)

"[I] would still wonder how it could affect my job, me being lesbian or bisexual, me being a woman, me being a minority…I was already a black woman...and I still made a way for myself." (P13)	Her experience as a black woman in the military was challenging enough, but she did it. Coming out at her level felt unsafe as she did not know if it would affect her career despite DADT's repeal. (P13)
"Because we're inclusive, we're supposed to embrace the diversity, the change, and the different ideas, and different backgrounds. [B]ut a lot of people—there's many people out there that are in positions of power that typically will not see it that way because of their opinion." (P14)	He fears someone above him could keep him progressing if he was openly gay. He realizes that there are rules that are supposed to protect him. However, he does not trust that everyone will honor the rules. He is not willing to risk negatively affecting his career. (P14)
"It's still in the back of your mind, I'm unsure about declaring this. But it's still in the back of your mind at some level of I don't know if I want my Command to know this; they might think I'm not—I'm less capable because of it." (P15)	He is worried what will happen to his career if his senior officers were to find out he is gay. He also worries if people will think he is "soft." (P15)

Table 7 exhibits selected examples of significant statements and formulated meanings from the theme: Cultural effects by Permanent Duty Station (PDS), Permanent Change to Station (PCS), or job assignment. This theme demonstrates that job assignment (i.e., MOS, NEC) and a temporary or permanent change (i.e., PCS, TDY) to an LGB military personnel's assignment affects their disclosure behavior. The rationale for presenting this theme was the significance that job assignment (e.g., MOS or NEC) had on LGB service members' lived experiences.

Table 7

Selected Examples of Significant Statements and Formulated Meanings from the Theme:
Cultural Effects by Permanent Duty Station or Military Occupation Specialty (MOS) or Navy
Enlistment Classification (NEC)

Significant Statement	Formulated Meaning
"[I] was a diesel engine mechanic…so I was the only female out of, I think, 21 males...so they're all perverts, every single one of them. But, I mean they're okay with it…they would flirt with me, but…I'd talk shit to them." (P12)	Even though her co-workers were okay with her being lesbian, she felt disrespected by them. They continued to harass her despite knowing she is lesbian. She does not think men can be trusted because of her daily experiences of harassment. (P12)
"I work in a pretty conservative career field. I'm an aircraft mechanic, so most of my counterparts are heterosexual. They're into hunting and fishing and all that." (P2)	If his co-workers were to know he is gay, they would see him as less manly because of that and he does not fit with the stereotypical manly activities that they do. (P2)
"I guess in my career I've always felt the need to kind of go above and beyond and be better than everyone else to kind of prove that, you know, being gay doesn't affect my job at all." (P2)	He believes that he has to protect himself and his career by being exemplary so if his sexual identity were ever to be found out his co-workers cannot use that against him about his work performance. (P2)
"When I went to my first duty station—my first unit in Fort Bragg, there was less talk of it. It was more or less, well it happened, I can say whatever I want but nothing is gonna change." (P5)	She recognizes that she cannot come out where she is stationed because her PDS is not discussing the repeal of DADT and even though she could come out, for her to do so could be harmful. (P5)
"Mostly everyone in our career field are guys, so we all, you know—it's kind of one of those things like we all joke around…one of 'em that's like a major thing is sexual orientation" (P7)	He thinks that if his bisexual orientation were ever to be found out by his co-workers that he would become the brunt of their jokes because of his firsthand experience. (P7)
"And then I looked at this career field 'cause they asked me, 'how would you like to spend four years in one place like a normal person?' [I]'m like…that's what I need to find someone. But, it was pretty much the same dating a civilian. I just don't trust –it's even worse with gay men." (P8)	He accepted this temporary assignment to avoid TDYs and possibly find a significant other. He mistrusts gay men irrespective of moving around a lot (TDYs) or not with his current assignment. Having a relationship is hard when in the military and even harder as a gay man in the military. (P8)

Clusters of Common Themes

This section will address four common theme clusters, followed by nine subthemes, and then 25 thematic categories, as found in Table 5. The clusters of common themes arose from 1866 significant statements and formulated meanings after removal of redundancies. The discussion begins with the Sexual Minority Identity and Expression of LGB Service Members theme cluster along with its subthemes, sexual identity, sexual identity expression with a determinants of sexual identify expression model, and then sexual identity development.

Sexual Minority Identity and Expression of LGB Service Members

This section will discuss the results of participants' declared sexual identity and how that sexual identity is expressed. A discussion on participants promulgating a military identity as a primary identity follows. Thereafter, a discussion on participants' sexual identity development using the Cass (1979) model as framework is presented. The discussion begins with sexual minority identity.

Sexual minority identity. Table 2 depicts the sexual identities promulgated by the study participants: As reflected in the table, participants identified as bisexual men (N=3), bisexual women (N= 2), gay men (N= 7), and lesbian (N=3). Participant inclusion in this study included having a minority sexual identity (i.e., lesbian, gay, bisexual). To such end, this study was certain to have these results. However, having a military identity as primary in the hierarchy of identities arose from the data somewhat unexpectedly. A discussion of this identity follows.

Military identity primary. During the interview process, participants promulgated their military identity was primary without respect to gender, race and sexual identity. Participants made 35 significant statements that demonstrated formulated meanings of being a sexual minority is no different from being any other type of minority in the military, because their focus

is "mission first," as indicated by P9's statement, "The fact of being gay or lesbian really doesn't matter. It's more if you can complete the mission in a timely manner. I think that is what's more important for the military on the whole." This identity achieved data saturation with 10 of 15 participants declaring their U.S. Military service member identity above all else in their identity hierarchy. Despite two-thirds of the LGB service members ranking their military identity primary in their identity hierarchy, they also demonstrated a strong sense of belongingness and within their right to serve and defend their country irrespective of any minority status, as P6 stated, "We all fought together. We're all veterans. We've all defended this nation, so what does it matter: sexual orientation, race, or whatever?" A discussion on sexual identity expression follows.

Sexual identity expression. Eleven participants served under DADT and four (P2, P4, P7, and P9) served after the repeal. The participants who served under DADT reported its repeal did not initially bring a large number of LGB service members out of the closet. These participants reported a slow progression for the first year to two years after the repeal. Seven gay and bisexual men participants discussed maintaining a "wait-and-see" attitude to ensure the repeal of DADT was not a short-lived outcome or a ploy of some type. Three lesbian service members reported already living a quasi-out life even before the repeal. These participants reported that the repeal made life less stressful for them to affirm what was likely known about them and their identity. Three lesbian and one bisexual woman participants reported that service members eventually started coming out after the Supreme Court of the U.S. overturned the Defense of Marriage Act (DOMA) in 2013. However, these participants reported that mostly lesbians had come out and in particular, after they had married their significant other.

Yet, the data underscored that the expression of sexual identity was dependent upon a myriad of different factors, including gender, marriage status, enlistment status, the culture of the military branch and more, which are discussed later in this chapter. While DADT had been repealed, DOMA had been overturned, and marriage equality was the law of the land, these advancements of the rights of sexual minorities did not translate to LGB service members coming out in large numbers. Rather, as found in the data, gender overwhelmingly determined whether a service member was living openly across all life domains or on a case-by-case basis, which is discussed next.

Living openly. Participants made 72 significant statements that demonstrated formulated meanings with respect to living openly. Data saturation was achieved with 4-in-5 women service members (P3, P4, P5, P12) reported living their lives openly, including at work. Participant 13, a bisexual woman veteran, reported concealing her sexual identity at work but lived openly outside of work. Participant 2, P13, and P14 reported living openly outside of work. Three out of four women service members living openly were married. All of the women living openly reported a synthesis of their sexual identity in all aspects of their lives, including at work and social functions, in and outside of work. These women also reported that their senior officers had met their spouses. Three lesbian service members reported having superiors who also identified as lesbian. Participant 4 voiced she felt even more supported and "had lucked out" when her new superior was a woman who identified as lesbian.

All participants reported observing more lesbian service members serving openly. For example, P13 voiced she had observed,

A lot more women who I saw sharing it or comfortable with it. [M]aybe it's just that I didn't really work with any men who identified as gay or bisexual….I don't know if it's

because they didn't feel as comfortable. And, I feel like in some ways it's –a lot of things

are double standard, just in general in life, and they may feel like people may judge them

more, being a guy [in] a male-dominated military.

To such end, lesbian participants, and by report of observation of other lesbian and bisexual

women service members, express their sexual identity openly post-DADT. Data saturation was

not achieved with gay and bisexual men participants. What follows is a discussion on outing

service members with a minority sexual identity.

Outed. While rare, the outing of lesbian, gay, and bisexual service members' sexual

identity does occur. This study identified one lesbian (P4) and one gay (P9) service member who

made six significant statements with formulated meanings of being outed. In P4's case, she

reported that her supervisor already knew her sexual orientation before she arrived at her PCS in

Omaha, NE. Participant 4 reported this disclosure taking place before her arrival was helpful, as

she then did not have to worry about coming out. However, P4 also reported she still would have

preferred to tell whom she wanted to know this personal information about herself. In the case of

the P9, he reported a service member in his unit asked him directly if he was gay. Participant 9

reported valuing honesty above all else and affirmed his sexual orientation. Participant 9 further

reported this information spread quickly, and everyone he worked with knew in a short period.

Participant 9 also reported that a lesbian in his unit was also outed, yet she was slightly more

accepted than he was. While data saturation was not achieved with these two cases, this

investigator deemed this information of significance given DADT had been repealed. The

response these two service members encountered was an act of hostility and thereby created a

hostile work environment. What follows is a discussion on sexual minority military personnel

disclosing their sexual identity on a case-by-case basis.

Case-by-case basis. Participants made 58 significant statements that demonstrated

formulated meanings of coming out on a case-by-case basis. Participant 7, P8, P10, and P15

reported they had disclosed their sexual identity on a case-by-case basis. All of these participants

identify as either gay or bisexual men. Participant 7 identifies as a bisexual man and has a

girlfriend, who, he reported serves as a cover for him. Participant 7 reported only a very few,

select friends know in-and-outside of work. Participant 10, also a bisexual man, reported being in

an open marriage, which he reported aided in other people never suspecting his sexual

orientation. Participant 10 stated he would be honest about his sexual identity if asked directly,

as he voiced he values honesty over all else. Participant 15 stated that he lives in a conservative

area and is particularly cautious, as indicated by his statement,

> Even [on the] civilian side, even with my…personal life at home…I'm still very
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> conservative, and I think that's because I was raised in an era where it wasn't really – it
>
> still wasn't okay…I was raised around post-Matthew Shepard[1] and hearing about gays
>
> being beat up and –and murdered and stuff like that for just being out or even – even if
>
> they weren't out. So being raised in that, I was still very conservative about releasing that
>
> information.

Participants who concealed their sexual identity at work only are discussed next.

Concealment at work. Participants made 72 significant statements that demonstrated

formulated meanings associated with the concealment of one's sexual identity at work. In the

current study, all gay and bisexual men participants (N = 10) reported concealing their sexual

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[1] Mr. Shepard was a gay, 21-year-old college student who died from severe head injuries after being beaten, tortured, and left to die by two men just outside of Laramie, WY. According to the Matthew Shepard Foundation ([MSF], 2015), his murder would become one of the most notorious anti-gay hates crimes in American history. While there was no hate crimes legislation in Wyoming at the time of Mr. Shepard's murder, the U.S. Congress passed, The Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act in 2009 (MSF, 2015).

identity at work, including those participants who came out at some point during their career. Those who came out later in their careers include P1, P6, P9, and P11. Participant 1 reported he began living the last two years of his service openly, yet he concealed his sexual identity from his Command. Participant 6 came out to his superior only after he married his spouse who was also in the USMC. Participant 6 also came out just prior to his retirement, as his spouse would be at his retirement ceremony. Participant 9 lived openly after he was outed, as previously discussed. Participant 11, who is an Army reservist and a USMC veteran, decided to come out after enlisting in the Army Reserves. Participant 11 also stated, "If I was still in the Marine Corps, I'd probably be too scared, still, to come out."

Participant 2 stated only a few close friends at work know he is gay and he mostly conceals his identity because his workgroup is hypermasculine and "stereotypical male." Participant 13, who is now a veteran, reported concealing her identity at work because she was a high-ranking officer and was worried this information could be used against her. Participant 14 reported a similar situation as a high-ranking officer. However, P14 is active-duty and is concerned that he could be held back from career advancement if his sexual identity was known.

All gay and bisexual men service members conceal or have concealed their sexual identity from their Command while serving active-duty. The exception is P6 who disclosed to his superior after he married his spouse who also served in the USMC. As exhibited in Table 5, five out of six statements made about coming out having a potentially negative effect on their career were made by gay and bisexual men service members. A discussion on minority sexual identity development follows using the Cass (1979) and Meyer (2003) models as a framework.

LGB Identity Development

This section provides analysis conducted after memoing about examples of the sexual identity development models discussed in Chapter 2. Participants made 115 significant statements that demonstrated formulated meanings with respect to LGB identity development. According to Cass (1979), the five stages of sexual identity development are 1. Identity Confusion, 2. Identity Comparison, 3. Identity Tolerance, 4. Identity Acceptance, and 5. Identity Synthesis. These five stages were compared and then conflated with the Characteristics of Minority Identity in Meyer's Minority Stress Theory and Model (2003; 2007).

To demonstrate this point, identity confusion and identity comparison, the first and second stages of the Cass model, would likely align with low prominence and negative valence (internalized homophobia), characteristics of minority identity (Figure 1,box g) in the Meyer model. In the third stage of the Cass model, sexual minorities would likely exhibit moderate prominence, as they are finding community and possibly a neutral to positive valence in the Meyer model. In the fourth stage of the Cass model, sexual minorities are likely to exhibit moderate to significant prominence because they have accepted their sexual orientation, are likely to have a positive valence as their self-acceptance increases, and potentially have increased integration as they begin to live their lives openly in the Meyer model. In the fifth stage of the Cass model, sexual minorities are (a) likely to exhibit significant prominence as they have incorporated their sexual identity entirely into their self-concept; (b) possess a positive valence derived from a strong sense of pride as an LGB individual; and, (c) have integrated their sexual identity across major life domains, such as with family members, colleagues and associates, and friends in the Meyer model.

What follows are entries from the memos and a brief analysis of each participant. Not all five stages will be represented in the analysis of each participant. While researchers have argued that Cass proposed sexual identity development in a linear fashion, sexual identity development is more fluid than it is fixed (Ritter & Terndrup, 2002). Additionally, specific stages were not supported by examples in the data provided participants.

Participant 1

Confusion. Participant 1, who identifies as a bisexual man, enlisted in the Navy and was in deep denial about his sexual orientation (id confusion). He began experiencing intrapsychic conflicts about himself while grappling with trying to conform to being a new sailor. Participant 1 discussed initially being in denial about his sexual attractions and reported using avoidance strategies to avoid thinking about them. Participant 1 had low prominence and negative valence.

Comparison. Participant 1 began experimenting sexually with men and experienced internalized homophobia (negative identity valence). Participant 1 described signs and symptoms of Moderate to Moderately Severe Major Depressive Disorder as evidenced by his reported effort for isolation and three suicide attempts. Participant 1 had negative valence.

Tolerance/Acceptance. "And, eventually, I came to terms with it, then it became case-by-case, and eventually I was open." Participant 1 had moderate-to-significant prominence and began to develop a positive valence.

Synthesis. Participant 1 started a community-focused military support group, Gay, Lesbian, And Supporting Sailors (GLASS). He served as a role model for the LGB community at Camp Lejeune and brought his spouse to military events, including when he was promoted. Participant 1 had significant prominence, positive valence, and integrated life domains.

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Participant 2

     Comparison/Tolerance. Participant 2, who identifies as a gay man, stated, "At that point, I hadn't come out to my parents, so it wasn't really too much of an issue 'cause I was already living that closeted life.". Participant 2 had low prominence.

     Acceptance. "[I] had like a few friends…throughout the base that I knew. But I never dated them. We kind of just did more social things, so went to, yeah, clubs together or things like that Participant 2 had moderate prominence and a neutral to positive valence.

     Acceptance. "So, yeah, I came out to my parents, some friends, close friends, that were outside of work; then my brothers. But, yeah, I've never really shared much with my coworkers until probably up maybe a year ago." Participant 2 had significant prominence, positive valence, and increased integration.

     Synthesis. Participant 2 reported he is a chapter leader for Nebraska's OutServe chapter. Participant 2 reported he participated in OutServe's Offutt first ever Pride event and had run OutServe booths at LGBT Pride events. Participant 2 had significant prominence, positive valence, and a majority of his life domains are integrated.

Participant 3

     Synthesis. Participant 3, who identifies as a lesbian, reported, "For the past two years, I've been letting [my fiancé] come to the Christmas parties and any, like, unit functions and events that invites the family over to see who we are and check out the team." Participant 3 had significant prominence and positive valence.

     Synthesis. "[My fiancé] came home from Baghdad, and then her unit had a Welcome Home ball. [A]nd she invited me as her date, and she was like, "…I'm just gonna forget about this. You're – you're my girlfriend and everyone's gonna know." Participant 3's fiancé had

moderate to significant prominence and an increased positive valence as she began another step

of integrating her sexual identity with her work domain. This investigator chose to include sexual

identity development analysis on P3's fiancé because she is also serving in the military. To that

end, while P3 and her fiancé could very well be in different stages in the Cass (1979) model of

sexual identity development, this engaged couple could affect developmental tasks of each other.

For example, even if P3 wanted to live openly and integrated across all life domains, if her fiancé

is not living openly at work, and they both are in the military, that has a compounding effect on

both of them. Participant 3 had significant prominence and positive valence by attending without

reservation and supporting her fiancé to live openly.

Participant 4

      Acceptance/Synthesis. Participant 4, who identifies as a lesbian, reported, "Yes, I've,

you know, done unit's [parties] and all that kind of stuff. I've done stuff like that. I've went to – I

actually went with [Name] to the Christmas party. And, we were each other's date." Participant 4

had significant prominence and positive valence.

      Acceptance/Synthesis. "When I was in the desert during [LGBT] Pride Month, they

actually had like a barbecue at one of the clubs. [A]nd so, the LGBT community could get

together and kind of meet each other and hang out." Participant 4 had significant prominence and

positive valence.

Participant 5

      Tolerance. Participant 5, who identifies as a bisexual woman, stated**,** "Including myself,

there were four – four LGB service members, one openly gay and the rest of us were closeted

lesbians, just because we didn't want to deal with bullshit." Participant 5 had low prominence

and a negative to neutral valence.

Acceptance/Synthesis. "When I came out here to Korea, that's when I officially, like 110%, came out with – with no worries." Participant 5 had significant prominence, positive valence with increased integration.

Participant 6

Confusion. Participant 6, who identifies as a gay man, enlisted in the Marines as a 19-year-old and denied his sexual attractions, "[Y]ou're kind of in a men's club…so you're kind of bearing it and hiding it from yourself cause you always hear that it's wrong and stuff." Participant 6 had low prominence and negative valence.

Comparison. Participant 6 was PCS to Camp Lejeune. Participant 6 reported his second marriage began to fail, and he started seeing a therapist who helped him come to terms with his sexual orientation. Participant 5 had low prominence and a neutral valence.

Tolerance/Acceptance. "But once I finally got my divorce from my second wife, I finally became more true to myself and decided to, you know, be honest with myself." Participant 5 had low to moderate prominence and neutral to positive valence.

Synthesis. "After Don't Ask, Don't Tell – and then when they approved the same-sex marriage, saying that they would accept it is when me and my spouse got married." When P6 retired, his spouse was present at his ceremony and good-bye luncheon. Participant 6 had significant prominence, positive valence, and increased integration.

Participant 7

Tolerance. Participant 7, who identifies as a bisexual man, reported, "[I] keep it hidden, so…pretty much at work everyone thinks that I'm straight. And then, even outside of work, just depending if I'm with my friends. There's not a lot of people that know, maybe just a couple." Participant 7 has low prominence and neutral valence.

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Tolerance. "So, I mean, like most of – a lot of – some people that I've talked to, they're just very closeted like me, so they kind of understand." Participant 7 has low prominence and neutral valence.

Participant 8

Confusion. Participant 8, who identifies as a gay man, stated, "Before, I would say, okay, maybe I'm just straight but I just think about it sometimes, maybe I'm just bi. And then now, I'm like, no." Participant 8 has low prominence and negative valence.

Comparison. Participant 8 enlisted in the USAF and shortly thereafter, "I had just really starting to mess with -- with guys. I was bi at the time." Participant 8 had low prominence and negative to neutral valence.

Tolerance/Acceptance. "[A]fter Don't Ask, Don't Tell got repealed…I was getting way more confident, way more. I started really dating someone real time, and then kind of just had the attitude like, *Why do you give a damn?*" Participant 8 had moderate prominence and was developing a positive valence.

Acceptance. "[I] would go out and stuff with…gay friends…I would love just having these girls who would flirt with me and the guy – their boyfriends would get pissed. And then, "Hey, dude, don't worry, I'm gay." Participant 8 had moderate to significant prominence and positive valence.

Participant 9

Acceptance. Participant 9, who identified as a gay man, reported, "[A]nd once I came out, you know, I was out and I didn't hide that I was gay…I was able to connect with people outside of my office and things like that, but it – it wasn't the military on the whole." Participant 9 had moderate prominence and a neutral to positive valence.

Synthesis. [H]e only came once to one function towards the end…And people knew, you know, that – at that point, that I was gay and I had a boyfriend and things like that. Participant 9 had moderate to significant prominence and positive valence.

Participant 10

Confusion/Comparison. Participant 10, who identified as a bisexual man, enlisted in the Navy at 18-years-old and reported he had been sexually experimenting with men since he was 17-years-old. Participant 10 stated, "So, one day, the sailor cornered me in…a refrigerated storage area on the ship and asked me was I gay. I say 'No.' I really – at this time, I really didn't know what I was." Participant 10 had low prominence and negative to neutral valence.

Acceptance. "It's like a tattoo. I have them. I – I want more. And no matter how strange they look on my body, they're acceptable to me. That's what my sexuality means as far as my wife is concerned." Participant 10 was discussing coming to terms with his bisexual orientation and his wife still loving and respecting him. Participant 10 had low prominence and was developing a positive valence.

Participant 11

Synthesis. Participant 11, who identified as a gay man, voiced, "[W]hen I got to my unit…I was a new – a new guy and openly gay….And, like with anything, you have to gain people's trust first. So, I mean, it's taken two years and, I mean, we're a big family." Participant 11 has significant prominence, positive valence, and integrated life domains.

Synthesis. "I had a Christmas party and I – I took [my boyfriend] with me, you know, and nobody said anything. Everybody introduced themselves, he introduced himself to [them]." Participant 11 has significant prominence, positive valence, and integrated life domains.

Participant 12

   Comparison (for other individuals). Participant 12, who identified as a lesbian, reported, "Then I have – sometimes I have like girls that are curious and just wanna experiment with other girls. And if I'm not in a relationship, like, "Yeah, I'll be your little curiosity person or whatever." Participant 12 has significant prominence and positive valence.

   Synthesis. "I asked [the chaplain] if it was okay that I brought my wife [to a couple's event] and he was like, *"Yes, definitely. I mean, you guys are married and we recognize gay marriage now, so that's perfectly fine."* Participant 12 has significant prominence, positive valence, and integrated life domains.

   Synthesis. "I've actually been more open about my sexual orientation since – since I've been married." Participant 12 has significant prominence and positive valence.

Participant 13

   Acceptance. Participant 13, who identified as a bisexual woman, stated, "[T]here were a few people…who knew 'cause there were people who I went to college with, so who I was like friends with and they were also in the military." Participant 13 has low prominence and neutral to positive valence.

   Acceptance. "And then as time went on, I became more comfortable. [L]ike, people who I was really close with, then…I talked to them about it when I was at my last duty station." Participant 13 had low prominence and neutral to positive valence.

Participant 14

   Acceptance. Participant 14, who identified as a gay man, reported, "I did have a boyfriend when I'm a chief, and we were together for about two years after that." Participant 14 had moderate prominence and positive valence.

Acceptance/Synthesis. [S]o – and I would bring him – I brought him to my – to my work gatherings and... people that knew [I was gay] I would say, "Hey, this is my boyfriend, [Name]." Participant 13 had moderate to significant prominence, positive valence, and integrated life domains at that time. Participant 13 purposely maintains a single life and conceals his sexual identity at work now to protect his career advancement trajectory.

Participant 15

Tolerance/Acceptance. Participant 15, who identified as a gay man, reported, "[S]o, recently, the roommate that I had in Kuwait I found out was gay as well…nothing's changed with him either. We could shower, we could do anything that – that we normally would've done before in the close quarters." Participant 15 had low to moderate prominence and neutral to positive valence.

Tolerance/Acceptance. "[I]'ve got one memory in my head at the end of Afghanistan...so we went out one night, and I think on the way back... I just felt comfortable enough to – to tell those individuals." Participant 15 had low to moderate prominence and positive valence.

This section provided analysis derived from memos exploring sexual identity development models discussed in Chapter 2. While not all participants provided examples of lived experiences applicable to the five stages of sexual identity development, the collective of 15 participants provided a discussion about stage-specific behavioral outcomes conflated with characteristics of minority identity. Participants made the following number of statements that represented the five stages of the Cass (1979) model of sexual identity development: Confusion (n=4); Comparison (n=6); Tolerance (n=8); Acceptance (n=15); and Synthesis (n=14). What

follows is a discussion on the determinants of sexual identity expression modeling, which was constructed from the data analysis of the current study.

Determinants of Sexual Identity Expression Model

This section will discuss determinants of sexual identity expression, which arose from significant statements and formulated meanings from the Sexual Minority Identity, Sexual Minority Expression, and LGB Identity Development sections of the current study. Participants made 358 significant statements resulting in the development of formulated meanings that were indicative of sexual identity expression for LGB service members. To such end, expressions of sexual identity (i.e., lesbian, gay, bisexual) arose from the data. These descriptions yielded six factors of which a model will provide a visual representation. The six factors include (a) gender, (b) if participant was married, (c) military branch (e.g., USAF), the culture of the branch, and enlistment status (e.g., Reservist), (d) MOS or NEC (job classification), (e) job assignment status (i.e., PDS, PCS, TDY, deployment) and the culture of the station assignment, and (f) culture of leaders of which participants are subordinates.

Gender. Lesbian and bisexual women service members reported expressing their sexual identity via living openly. Moreover, 4-in-5 lesbian and bisexual women service members reported observing a greater number of lesbians serving openly compared to gay and bisexual men since the DADT repeal. The study data supported that observation, as no gay or bisexual man service member reported serving openly.

Marriage status. Six of 15 participants reported being married in the current study. While two bisexual men and one gay man reported they were married, both of the bisexual men were married to women, and one of them reported concealing his sexual identity consistently. Both the bisexual man and gay man reported expressing their sexual identity openly after getting

married. Yet, being married to a member of the opposite gender is in the majority of society. Participant 6 reported his husband attended his retirement ceremony, which was also a sort of "coming out" announcement for both of them since they had both served in the USMC. However, married lesbian service members reported a greater synthesis of their sexual identity expressed across multiple life domains, as evidenced in the data. Participant 3, P4, and P12 reported regularly engaging in military functions and social outings with their spouses and other military married couples. For example, P12 reported participation in military functions specific for spouses when stating,

> Yeah, so the chaplain has like Strong Bonds for married couples, and like they'll have like a weekend at a resort, and they'll learn about love languages and like how to talk to your wife or husband. And, tonight, he's having Guns & Roses, and we go out, and we talk about like different – I guess, how to talk to your spouse or like different skills. And I signed up for it and me and my wife are gonna go talk – I'm pretty sure it's about the five languages of love. And then, after that, we get to shoot some guns.

When discussing socialization as a married lesbian service member, P3 stated, "[T]oday, it's great...we hang out with other couples and families and go to unit parties and events." Nonetheless, being married unequivocally increases the expression of sexual minority identity, as evidenced with five out of six married service members reporting living openly after getting married to their same-sex partner or as with P1, an opposite-sex partner.

Branch culture and enlistment status. The greater the reputation of the military branch is known to be hypermasculine, the less likely gay and bisexual men are to serve openly. For example, P6 and P11 both served in the USMC. Participant 6 did not come out until his retirement. Participant 11 stated that had he stayed in the USMC he would still likely be

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concealing his sexual identity. Participant 1 served in the Navy, and his PDS was Camp Lejeune, a USMC base camp. He reported distal and proximal minority stress processes related to this PDS. Participant 5 reported negative experiences at Fort Bragg, and her response captured the essence of what she had stated about her lived experience,

> Sadly, I was part of Fort Bragg. [I] was part of…two different units who never fully openly embraced our LGB service members. And because of it, there was no open dialogue. In my previous unit, out in Fort Bragg, there was three, four, off the top of my mind. There was four. Including myself, there were four – four LGB service members, one openly gay and the rest of us were closeted lesbians, just because we didn't want to deal with bullshit. When I came out here to Korea, that's when I officially, like 110%, came out with – with no worries.

Alternatively, data saturation was achieved with six LGB service members reporting that the USAF has taken strides to be a more inclusive work environment. For example, P8 stated, "[I] think, the majority of – of the Air Force…when it comes to our branch we are very much our own type of people, who really care for our own, no matter what you are;" and, "[L]ook, we have it pretty darn good when it comes to equality in the Air Force."

With respect to enlistment status, P3, who is an Army Veteran, is now an Air Force Reservist reported she serves openly and works in a supportive environment. Participant 11, a Veteran of the USMC and now serving openly in the Army Reserves, reported experiencing and observing an accepting and supportive environment that is more laid back for LGB service members. Participant 15 is also an Army Reservist and reported similar experiences and observations to those reported by P11.

Job classification. With respect to military job classification (i.e., MOS, NEC), participants overwhelmingly supported the context of the more manly the job is perceived to be, the less likely gay and bisexual men are to express their sexual identity and live openly. For example, P2, P4, P7, P9, P11, and P15 either reported personal experiences or had observed experiences that were associated with ultra-masculinity and stereotypical role gender expectations. Stated differently, the more manly the job assignment fits with the male archetype, the greater the expectation of the ultra-masculine man fulfilling that job role. For example, P2 and P7 are active-duty USAF aerospace mechanics who conceal their sexual identity. Participant 9 is a veteran of the USAF who was an aerospace mechanic and was outed. Two out of three of these three blue-collar workers reported observing that their white-collar contemporaries, such as men working in office settings (e.g., Information Technology), were more likely to live openly and express their sexual identity at work because gender role expectations were less defined. Only one lesbian, P12, reported working in a job as a mechanic at one point in her career and stated she worked with all men.

Job assignment status. Any change to job assignment, such as a PCS, even if only temporary (i.e., TDY), or long-term (i.e., deployment) resulted in 15 of 15 participants employing proximal minority stress processes (e.g., concealment) to protect against distal minority stress processes (e.g., prejudice events). Whereas, the culture underpinned LGB service members' decision to disclose their sexual identity, change of location (i.e., PCS, TDY) and assimilation to the change were determining factors as to when, where, and how LGB service members disclosed their sexual identity, if at all. Even the lesbian service members who lived their lives openly reported that they did not go into a temporary assignment (TDY) with other

unknown service members and share their sexual identity openly or that they were married to a woman when making small talk with other service members.

All participants discussed monitoring and analyzing people that they had just met, particularly individuals who identified themselves as religious and heterosexual insofar as they discussed their husbands, wives, and children. For example, P4 reported the following lived experience when discussing deployments,

So they'll pretty much act straight at work, even when they're on deployments and stuff. But like I've been on a deployment before with a guy that had a partner, and he would leave, you know, his maintenance buddies to go call his partner. But no – none of his maintenance buddies really knew. So he was kind of in that – that part I was in where I had a partner that I would – you know, I wanted to tell the world about but I couldn't. And, he's kind of still living that way because of the fact that he's male.

Participant 12 also provided an example of her lived experience by voicing,

When I went to TDY, I – I didn't like tell people like right – right off the bat 'cause you have to introduce yourself, and a lot of people were like, "Oh, I have a wife, two kids, blah, blah, blah." I didn't – I wasn't like, *Oh, I have a girlfriend.* I just was like, "I live in Arizona. I'm in this unit. This is what I do," and that's it. I didn't really talk about my relationship until I formed like my group of friends.

Furthermore, geographical location and their culture determined how participants expressed their sexual identity, including those participants who employ concealment. For example, P4, P9, P11, P12, P14, and P15 discussed participating in LGB social activities in their local environment when TDY in larger metropolitan cities CONUS and OCONUS. Alternatively, P2, P3, P4, and P12 reported that they were less likely to express their sexual

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identity openly in more conservative cities and states CONUS, and where laws prohibit one to do so in countries OCONUS. Finally, P7 and P10, both of whom conceal their sexual identity, reported OCONUS cities, and in countries to which they enjoy TDY or deployment, they could slip away and be themselves without concern for the culture.

Culture of leaders. The culture of participants' superior officers, past and present, were generally a common theme associated with whether lived experiences of LGB service members were negative or positive. Culture refers to creating an environment where sexual minority military personnel follows a continuum of feeling fearful of serving openly because of potential repercussions to feeling completely accepted and affirmed in serving openly. Before delving further into the data of this section, this investigator memoed that service member and civilian experiences are essentially analogous, meaning that having a superior who is good or bad can make one's job absolutely enjoyable or miserable. Nonetheless, data saturation was achieved with 6-in-10 gay and bisexual men reporting their superior officers were generally not to be trusted with their sexual identity, as having a known minority sexual identity could be held against them, such as for career advancement. On the other hand, four of five lesbian and bisexual women participants who lived openly reported that they felt supported by superior officers. Following is one positive and one negative example related to superior officers and their culture. Participant 10 reported the following positive lived experience subsequently after the repeal of DADT,

> [M]y first sergeant, who – he looks like he stepped right off of a Marlboro poster, big, burly, deep-voiced,…country guy...he stood up and said, "You know, I've served with gay soldiers before this. They were some of the finest soldiers I ever served with, never gave me any trouble, never had to worry about 'em, they were always on time, did the

work. Didn't matter." He's like, "I have my religious beliefs, but I'm also the first

sergeant of this company. So as long as I'm leading this company, I don't care what you

do as long as you do the right thing."

A negative example of a negative lived experience follows based on P1's statement,

I had a department head at a clinic that I was working at, he would – I would see him in

the hall all the time, and he always stopped to greet me and ask how I was doing.

[S]uddenly, he found out…that I identified bisexual and, suddenly, he just, you know,

would no longer speak to me. So, rather than I trying like to confront him or anything, I

just left. If I make you uncomfortable – they can get me out of here faster than they can

get him, so I left.

This section discussed determinants of sexual identity expression, which arose from

significant statements and formulated meanings in the Sexual Minority Identity, Sexual Minority

Expression, and LGB Identity Development sections of the current study. The analysis from this

section suggested six factors determined the probability of sexual identity expression (i.e.,

lesbian, gay, bisexual) on which a model was provided. Figure 4 is a visual representation of six

factors that determined sexual identity expression that emerged from the data. The six factors

included (a) gender, (b) if participant was married, (c) military branch (e.g., USAF), the culture

of the branch, and enlistment status (e.g., Reservist), (d) MOS or NEC (job classification), (e)

job assignment status (i.e., PDS, PCS, TDY, deployment) and the culture of the station

assignment, and (f) the culture of leaders of which the participants are subordinates. Following is

a discussion on Military Life and Culture through the Eyes of LGB service members.
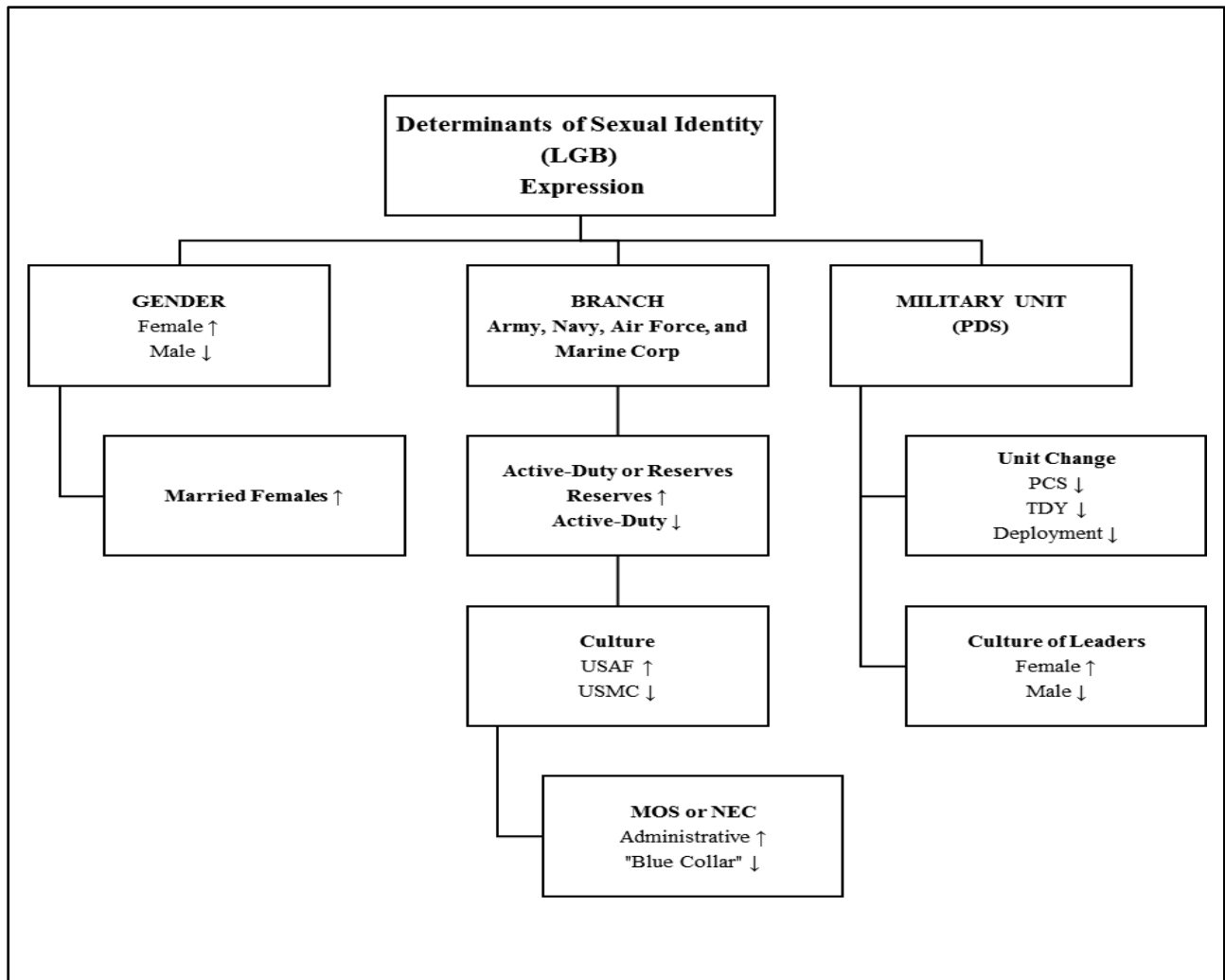
Figure 4. Determinants of sexual identity expression for lesbian, gay, and bisexual service members in a post Don't Ask, Don't Tell era. Upward arrows (↑) indicate increased likelihood of expression for that determinant. Downward arrows (↓) indicate decreased likelihood of expression for that determinant. Branch and PDS do not have arrows, as they are not a determinant of sexual identity expression.

Military Life and Culture through the Eyes of LGB Service Members

This section will discuss the Military Life and Culture through the Eyes of LGB Service

Members theme. The study participants identified common elements in their lived experiences of

serving in the U.S. Military while emphasizing differences between military life and civilian life.

A further discussion will occur for nine sub-themes. These themes are (a) Cultural Effects by

Demographics, (b) Cultural Effects by Branch, (c) Cultural Effects by PDS or MOS, (d)

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Protective factor: Work Ethic, (e) Cultural Effects of the U.S. Military as a Family, (f) TDY and deployment, (g) UMCJ, EEO, and IG, (h) DOMA and marriage equality, and (i) military briefings and training.

Participants made 535 significant statements that demonstrated formulated meanings of their lived experiences related to military life and culture. The elements found within the context of the participants' experiences discussed the overall culture of the military and its static nature based on a highly structured and regulated environment.

On the one hand, participants discussed how the regulations have changed with respect to the repeal of DADT. On the other hand, participants discussed how the culture has yet to catch up entirely despite the progress that has been made. What the participants uttered with emphasis had to do with being a part of an "in group" or shunned from that group, thus being part of the "out-group." Participant 12 equated serving in the military "like being in school: there are bullies, cool kids, teachers, and principals." What follows is a discussion on the sub-theme, Effects of Demographics.

Effects of demographics. This section discusses the cultural effects by demographics that arose from the data. Participants made 86 significant statements that demonstrated formulated meaning related to the effects of demographics. The demographic factors that will be discussed are age, religion, and geographic location.

Age. Data saturation was achieved with respect to age. The data suggested that millennial and post-millennial enlistees are comfortable with serving alongside LGB service members. Participants suggested millennials and post-millennials are likely to have a gay friend or family member or have had exposure to LGB people in their social experiences. Participants further suggested that having such experiences aided the immersion of the millennial and post-millennial

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generations, as LGB service members do not threaten them. Perhaps, one explanation for this outcome is 7.3% of the millennial cohort identified as LGBT in 2016 compared to 5.8% in 2012 (Gates, 2017). In short, age does appear to temper homophobia. To such end, the millennial and post-millennial generations of service members seem to be less homophobic or biphobic.

The reverse of this phenomenon was true as well. Participants suggested that middle-aged (45 to 65 years old) service members were more likely to be uncomfortable serving alongside LGB service members. Participants reported most middle-aged service members are career military personnel and they are more conservative because they served prior to the passage of DADT and its repeal. This circumstance might occur because middle-aged service members had less exposure to LGB people as they were growing up. Gates (2017) asserted a factor that supports this notion is the difference in social climate that existed when individuals were teenagers and young adults. To that end, this lack of exposure could have been the result of LGB people living closeted lives until the Gay Liberation Movement in the 1970s. Furthermore, same-sex sexual behavior was deemed pathological in our society until 1973 when homosexuality was officially removed from the DSM-II (Meyers, 2003).

Age was associated with middle-aged military personnel being in leadership roles insofar as these leaders having power over their subordinates. Data saturation was achieved with gay and bisexual men service members concealing their sexual identity out of fear of being overlooked and held back from advancement, as they reported being concerned with the motivation of these middle-aged officers. Age also played a role in whether a service member who served prior to the repeal of DADT ultimately served openly in the military.

Religion. Data saturation was achieved with respect to religion, as participants reported that their negative lived experiences with other service members and officers were associated

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with religion. Participants reported distal minority stress processes based on co-workers citing their religion as a justification for discriminating against them. This investigator found three of six LGB participants reporting they chose not to challenge religious people whereas the remaining participants reported debating. Ultimately six of six participants reported debating someone's beliefs about their religion was not a debate that can be won.

Participants also attributed their lack of interest in debating to the US military being somewhat of a religious institution. For example, participants reported chaplains are assigned to units, are deployed with service members, and are on hand to justify the case for war to protect their homeland. Participants also cited service members, and their military families pray for a safe return from deployment. Religion is seemingly woven into the fabric of the U.S. Military.

Geographic location. Data saturation was achieved with participants reporting that geographic location was also a factor for how their contemporaries may see them. For example, participants stated that service members come from all over the country and are all but certain to be stationed with people who have been socialized differently from themselves. Participants suggested that service members who originate from the Southern states are perhaps among the most conservative. Other factors that participants suggested were rural areas are less likely to encounter people from the LGB community whereas larger metropolitan cities were more likely to experience such encounters. This discussion extended to LGB service members reporting they feel more comfortable expressing their sexual identity while on TDY and PCS when in large cities. Participants stated LGB people are more likely to be found in larger metropolitan cities and less likely to be found in more rural parts of the country. This concludes the discussion on demographic factors. What follows is a discussion on the cultural effects by military branch.

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Effects by military branch. Participants made 47 significant statements that demonstrated formulated meanings regarding cultural effects by military branch. Data saturation was achieved and suggested that cultural effects by branch are predicated on the perceived toughness of the branch in which service members serve. The two participants of this study who served in the USMC both reported hypermasculinity is instilled into new enlistees such that they are tougher than Infantrymen, Airmen, and Seamen. Both participants concealed their sexual identity during their enlistment. Participant 11 reported had he stayed in the Marines he would likely still be concealing his sexual identity, as being gay in the Marines was akin to having the "black plague." Participant 11 reported knowing a few gay Marines during his service.

Participant 6 reported he did not know any gay Marines while serving. Participant 6 did not come out until the time of his retirement. Participant 6 reported had he not married his spouse, who attended his retirement ceremony that he would not have come out to his Marine Corp Company. Participant 1 reported similar experiences with being PDS at Camp Lejeune, a USMC base camp. These participants' lived experiences could suggest the greater the perception is of the branch's hypermasculine culture, the greater the likelihood of gay and bisexual men service members employing proximal minority stress processes (e.g., concealment) as to prevent distal minority stress processes (prejudice events). A discussion on the effects of PDS or MOS/NEC follows.

Effects by permanent duty station or military occupation specialty. Participants made 62 significant statements that demonstrated formulated meanings with respect to where a service member was stationed and/or what job function they perform. Data saturation was overwhelmingly achieved with respect to MOS or NEC determining whether gay and bisexual men service members served openly or not within their respective units. For example, in

classifications that are considered ultra-manly, such as Aerospace Maintenance or Special Forces, gay and bisexual men service members employed proximal minority processes (e.g., concealment) while at work to avoid distal minority stress processes. Participants reported observing the less manly a service member's MOS or NEC (e.g., Information Technology), the more frequently those gay and bisexual men service members lived their lives openly with no negative repercussions. For example, both P2 and P9, both aerospace mechanics, stated their friends in office type jobs lived openly whereas P2 was closeted at work only and P9 was outed. On the other hand, lesbian service members reported living openly whether they had a "grunt" job or not, and were merely seen as "one of the guys." Four of five lesbian and bisexual women service members reported that the men service members would make inappropriate jokes that would otherwise be deemed unacceptable to say to heterosexual women, but they were expected to deal with it because they were lesbians.

Data saturation was also achieved regarding differences in culture at PDS from location-to-location even though they are in the same branch of the military. Participants living open lives reported having more challenging lived experiences related to their minority sexual identity and expression as to be expected. All participants reported that the U.S. Military, irrespective of the branch is "very cliquey" such that service members are either part of an "in group" or an "out-group." Participants described the "in group" tantamount to the "cool kids" who were popular in school, and the "out-group" consisting of the ostracized kids in school. For example, P9 reported that he had made friends with several service members that were part of the "in group" while he was on TDY. Participant 9 reported that other service members had gotten to know him better on this TDY and they had shared they had misjudged him because he was gay. The example that P9 gave was once these service members realized his motivation was not to have sex with them,

they warmed to him and told him they had enjoyed getting to know him better. However, P9 reported when these service members returned to their PDS, they once again ostracized him, as they had returned to the larger clique and did not want to be chastised by the larger group.

Data saturation was achieved for gay and bisexual men service members reporting that their PDS would affect whether or not they would bring a date or their significant other to a military function (e.g., Christmas party). For example, P2 anticipated that their squadron would not know how to react if he were to bring a same-sex date, because "They probably have never seen anything like that." Stated differently, gay and bisexual men service members who work in jobs closely aligned with the male archetype are less likely to bring a date or significant other to military events where their daily co-workers are sure to be as well. Participant 11 made a significant statement about being PCS to a new duty station. He reported that he was already living openly at his previous PDS. Thus, his sexual identity was known. However, when moving to a new unit, P11 described a process of having to gain other service member's trust, which he stated took nearly two years, as people were afraid of him as an openly gay man at his new unit. This process is similar to that reported in the TDY and Deployment section, as the experience essentially becomes a new developmental task of coming out all over again, what seems to be coming out in perpetuity every time an LGB service member has a PCS. Following is a discussion on work ethic, a protective factor for LGB military personnel.

Protective factor. The work ethic theme, which serves as a protective factor, emerged from the data across the lived experiences reported from 15 of 15 participants. To such end, data saturation was achieved, as participants mentioned work ethic 324 times. All participants reported that possessing a strong work ethic aids in protecting against distal minority stress processes and negative psychosocial implications. For example, P2 stated,

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I mean, in the beginning, when I was a lower ranking, I worried about, you know, people

losing respect for me or thinking that I'm not as good of a mechanic as them. So I kind of

built up this – I don't know how to say it – I guess, persona, where people just judged me

based off my work ethic and not my personal life. So I became a really good mechanic, I

promoted quickly, kind of built this career for myself. And then, once I was comfortable,

I kind of started telling people.

All participants reported that they performed their work well above the standard to

forestall any negative perceptions about themselves, including their sexual identity, if living

openly, or perceived sexual identity if living closeted. For example, P6 concealed his sexual

identity until retirement and reported the following to avoid drawing attention to himself,

Then you find other things to kind of take – take your mind off of it, you know, or – or

burying yourself deep in work just to make sure that you're trying to show that you're a

hard worker and that you're – that you care and doing those different things.

Participants with more than one minority status reported feeling as though they had to

work even harder. For example, P14 voiced that at work he is known to be an "overachiever who

is by the book" and he took pride in sharing in his interview that every one of his assessments

has rated him excelling in his job. Participant 14, who conceals his sexual identity at work,

identifies as Latino. He stated that he is also an overachiever to prevent stereotypes associated

with his heritage being assigned to him. Participant 14 stated he believes he has to work twice as

hard being both Latino and gay.

The same holds true for lesbians, as they also reported they had to work harder, because

of their sexual identity and that they are working in a male-dominated workforce. For example,

P12 voiced,

So, one, me being a female and me being a gay female, I felt like I had to prove myself a little more. I felt like I had to do – I had to run harder, I had get a better PT [physical training] score, I had to shoot better with my M-16, I – I would stay late to – to show my commander and my first sergeant that I was a hard worker and it didn't matter if I was gay and if I was a female.

While women military personnel in general report that this phenomenon is germane to all women serving in the U.S. Military (Hosek et al., 2001), a minority sexual identity seems to add yet another layer. For example, this is the reason that P13, an African American captain in the Army reported why she had chosen to conceal her bisexual identity, as previously stated (cf. Table 6).

The data suggested that LGB service members with a strong work ethic, who maintain their job and complete the mission, could still experience distal minority stress processes (e.g., discrimination) because of their sexual identity or perceived sexual identity. However, participants reported discrimination is likely to be experienced to a far lesser degree than an LGB service member with a poor work ethic is. Participants reported a lazy worker who identifies as LGB is all but certain to experience discrimination because of their sexual identity and poor work performance. Participant 8, a recruiter for the USAF reported the recruitment process is the start of a possessing a strong work ethic, as he stated,

I make it a point to ask the tough questions and give them orders, and I need this by this, just like normal, and never bring that subject up, just to show them like, Look, I don't care what you look like, who you sleep with. These are my expectations and try to show 'em – I'm the first person they're ever gonna – they deal with in the military, show 'em this is how life is gonna be. None of that other stuff matters, you know.

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What follows is a discussion on the effects of military as a family unit.

Effects of military as a family. Participants made 30 significant statements that resulted in formulated meanings regarding the effects of military as a family unit. Data saturation was achieved regarding the cultural effect of the U.S. Military behaving like a family unit. Participants discussed how TDY and deployments, in particular, bring together a group of strangers in the beginning and this same group becoming a family unit by the end. Participants also reported that this family dynamic within the U.S. Military transcends all branches, such that, military identity tends to supersede any other identity, including sexual identity, when there is a mission to accomplish.

Participant 8 stated while "the family" can make fun of an LGB person, no one else can. Participant 8 provided the following example if a civilian made fun of an LGB service member at a nightclub that person "would get pummeled" by the same service members that had been making fun of the LGB service member earlier that day. This investigator wrote in his field notes this is tantamount to the larger culture of the U.S. such that Americans can joke about the "North being this…" or the "South being that..." However, when the U.S. was attacked on 9/11, citizens sprang into action no matter their origin, as we were Americans first.

Participant 10 discussed whether a BBQ, a party, a night out on the town, or even a formal dinner where an entire unit gathers for fellowship to eat, LGB service members would be welcomed and encouraged to bring their spouse or significant other. When probed further if LGB people are ever ostracized from the larger group, P10's shared his lived experience as an active-duty soldier,

> [U]nless they choose to be…And I haven't seen that happen…since I was in the Navy
>
> [from 1992 to 1994]. In the Navy, yes, I was – I ostracized myself because I didn't want a

whole lot of people knowing what was going on. Nowadays, if you are a gay soldier and you choose not to hang out, that is on you. Nobody else is going to care. We're not – we're not gonna roll out a red carpet and kiss your ass because; but, by the same token, we're not gonna shut doors in your face.

Participant 15 reported the military community is similar to the LGBT community, in that, they are unique and their experiences are germane to them only. This participant stated these unique experiences draw the community closer together by virtue of what they have endured together as a collective community. Participant 15, a non-commissioned officer (NCO) also reported salient differences, such as gender, race, and sexual orientation that is noted when not deployed together quickly fade away once deployed, as described in his lived experience,

Once you go on a deployment, you're – you're ready, and every day you go outside the wire, and you guys have to rely on each other. They – they don't see me as – if they did know, they wouldn't have seen me as the gay NCO over here or the black NCO or black soldier. None of these issues exist because you have only each other. And – and – and – and you rely on each other. You're – you're family.

Participant 6, a USMC veteran, alternatively, yet poignantly voiced that the military may be a family, but it is only temporary. However, P6 also stated that the bond of the military family is so strong that it exists well into retirement. This investigator wrote in his field journal that he recalled witnessing ceremonies honoring fallen comrades, celebrating the living veterans, and commemorating the battles fought by U.S. military personnel that brought military "families" of the past together. A discussion on temporary duty assignments (TDY) and deployment follows.

TDY and deployment. Participants made 122 significant statements that demonstrated formulated meanings regarding TDY and deployment. Data saturation was achieved regarding

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TDY and deployments, particularly OCONUS, with respect to "staying alive and mission first." For example, P2 and P8 explained, "You keep your head on a swivel."

Despite a "mission first" attitude discussed by all participants, deployments for tours of duty caused angst and anxiety. For example, P2, P4, P8, P9, P11, and P15 reported feeling anxious when anticipating meeting other service members from different duty stations when deploying. These participants stated when deployed they employ proximal minority stress processes, such as concealment strategies and expectations of rejection, even if they lived openly. In particular, gay and bisexual men participants voiced having anxiety about "bunking" with unknown service members and subsequently being rejected if their concealment strategies failed.

Participants differentiated TDY as going on a temporary assignment with known service members from their PDS whereas deployments are the combination of multiple units across multiple PDS. Participants reported TDY is typically voluntary, as service members' sign up for these temporary assignments resulting in travel that are usually shorter in duration. Deployments are not voluntary, as service members are ordered by the DOD to deploy for a tour of duty that is much longer in duration and is typically to establish an occupation OCONUS.

Soldiers and Seamen reported more deployments whereas Airmen reported more TDYs. A majority of participants reported that they had experienced at least one deployment. Participants stated going to the following OCONUS deployments and TDY: Afghanistan, Australia, Bahrain, Germany, Greece, Guam, Hong Kong, India, Iraq, Ireland, Israel, Italy, Japan, Kuwait, Qatar, Singapore, South Korea, United Arab Emirates, and the United Kingdom.

Participant 8 explained that while in Middle Eastern countries that an "Order 1B" is given such that no sexual behavior is to occur whatsoever, including for heterosexual service members.

Participants who deployed and TDY to the Middle East described the culture as "being the most extreme." Alternatively, six gay and bisexual men participants reported they found community in Asian and European countries with what they described as "having fewer sexual hang-ups." When probed how so, these participants reported traveling to most countries that they traveled to had gay nightclubs and those that did not have mixed-crowd clubs where LGB people could be located. For example, P7 who conceals his sexual identity stated the following about his lived experience in European countries,

> They don't really judge you, so it's easy to be yourself. You wanna go walk up to some guy and talk to them, then just talk to them. If they say they're not [gay], then they're not. They don't get angry if they're not. They just – you know, they'll – they'll still talk and still hang out with you.

Participant 10 reported his lived experience in Southeast Asia as follows,

> Their entire culture is all about wearing a mask. There – there is what is projected out, and then there's the person underneath. So here it's perfectly normal to be of two different minds, which works absolutely beautifully for me because I can be attracted to anybody I want, and if it's reciprocated, it's great; if it's not, I don't have to worry about it. I don't have to worry about, you know, being drummed out or – or chased off or beat up or anything like that. If I'm attracted to someone, and they're attracted to me, and I want to act on it, I can.

Participant 2 and P4 discussed OutServe, a network of LGB service members as another way to meet people from their own community. Participant 2 discussed using this network to connect with other sexual minority service members on TDY CONUS. Participant 4 described

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connecting with other LGB service members online when she was deployed OCONUS. Participant 4 reported using this network to socialize in countries that were unknown to her.

Participants reported service members typically stay in hotel units when on TDY and set up base camp in countries that are OCONUS. All participants discussed concealing their sexual identity until they felt comfortable to disclose, particularly lesbian service members. Gay and bisexual men service members discussed waiting until the end of deployment or even post-deployment in some cases if they disclosed at all.

Participant 9 reported that he loved going on TDY until he was outed and no one wanted to go on TDY with him thereafter. When probed how he could be so sure about this, he reported the following experience, "I'd sign up for TDYs, and no one would sign up for 'em, or people would be listed, and they'd cross their name off so they wouldn't have to go on the trip." Participant 7, a closeted bisexual man service member, reported the following lived experience,

I just know I've been everywhere. [L]ike all the trips that I go on…I pretty much know for a fact that if something like that was to happen or if, you know, people ever find out, [that I'm bisexual], I wouldn't be going half the places that I do go. Like, they wouldn't let me go– people wouldn't want me coming – some people would not want me going with them to certain places that I've been.

Data saturation was also achieved with respect to the strain and psychosocial stressors that TDY and deployments put on marriages and committed relationships. Lesbian participants described the stress of deployment and being away from their spouse, including couples both assigned to the same PDS. Lesbian participants, all of whom were in committed relationships or married, also reported that TDY changed the behavior of heterosexual men service members as

though staying in a hotel suddenly queues men to make passes at women, even if their sexual identity as a lesbian has been well established.

Gay and bisexual men participants also discussed psychosocial stressors specific to TDY and deployments. For example, P8, P10, and P11 discussed infidelity as a somewhat common occurrence, particularly amongst gay service members. Participant 7, P8, P14, and P15 reported they were intentionally single, particularly because not being committed to anyone was easier on them at times of deployment. Participant 8 reported he never allows himself to get close to anyone for this reason despite how much he would like to be in a relationship.

UMCJ, EEO, and IG. Participants made 41 significant statements that demonstrated formulated meanings regarding military law and regulatory programs with specificity to LGB service members. Data saturation was achieved with all participants reporting they felt relieved with the repeal of DADT. Five participants discussed seeing the repeal of DADT on paper gave them more confidence, as they maintained a "wait-and-see" attitude when the repeal occurred. For example, P15, an Army reservist with 10 years of service, discussed how "there's paper down" and he no longer worried about his Command being sluggish with rolling out new policies because there was always recourse above his commander if needed. Several participants explained that while the repeal had occurred, many of the U.S. Military rules, regulations, and laws needed to be updated. For example, the U.S. Congress took two years after the repeal of DADT to remove Articles that could be brought forth against service members for "unnatural carnal copulation," in the UMCJ. The U.S. Congress removed this outdated Article when passing the National Defense Authorization Act for the fiscal year 2014, yet it was enacted in 2013.

Participants also discussed the U.S. Military's Equal Employment Opportunity (EEO) program or "EO" as they referred to the program. Secretary Ash Carter of the Obama

Administration added protections for LGB service members in June 2015 (Cronk, 2015).

Participants 14 and 15 identified themselves as "EO Advisors," in the Navy and Army Reserves

respectively. They discussed how they take reports from service members who are encountering

discrimination and initiate formal investigations. Participants reported feeling even more secure

with yet another regulation that protects them as an LGB service member. Participants stated

they felt safer as LGB service members who have federal protection that not even U.S. civilians

have at the federal level. Participants' general sense is the E.O. forces service members into

compliance at a minimum because recourse for discrimination can ultimately end careers. On the

other hand, protection from discrimination does not protect against being ostracized.

Data saturation was also achieved with P2, P3, P6, P11, and P15 reporting how the

middle-aged service members would intentionally make snide comments in front of millennial

and the post-millennial generation service members. For example, these participants reported

hearing comments such as, "It's the new Air Force now" or "It's the new-and-improved Army,"

insinuating that the service members joining the U.S. military now have an easier experience

than they did. Perhaps, P5's quote best summarizes the achievement regarding regulatory matters

with respect to protecting LGB service members, "Equal opportunity issues, sexual assault

issues, cultural biases, and standards of soldiers, expectations and job performance, and

standards of care toward said soldiers. Everything's already taken care of."

Participant 11, an Army reservist and veteran of the USMC with 17 years of service

provided examples of how service members can contact their federally elected representative or

senator and file a complaint that must be investigated by the Inspector General's office. This

participant had apparently amassed a wealth of knowledge, as he could quickly recall Articles,

rules, and regulations and their respective numbers. However, he was the only participant that

made mention of filing a complaint with the Inspector General's office is a right of service members. Nevertheless, this is important to mention as another form of recourse for our men and women serving in the U.S. Military.

DOMA and marriage equality. Participants made 45 significant statements that demonstrated formulated meanings with respect to DOMA's repeal and marriage equality. Nearly half of the study participants were married or engaged: P1, P4, P6, P10, and P12 were married, and P3 was engaged. Three marriages occurred after the Supreme Court of the U.S. overturned DOMA and affirmed marriage equality. Participants widely reported observing a significant number of lesbian service members getting married after the Supreme Court ruling with far fewer gay service members doing so. The lesbian participants in study voiced being more relational. For example, P12 stated that she and her wife were going to a "Language of Love" seminar that her Chaplain was holding. When queried how she and her wife were able to attend, P12 voiced that she had approached her Chaplain in advance to find out if she and her wife could participate. Participant 12 reported her Chaplain was gracious and said she and her wife were eligible because the U.S. Military now recognizes same-sex marriages.

While the repeal of DADT solidified rights for LGB service members to serve openly, partnered, LGB couples could be sent to two different PDS until the repeal of DOMA in 2013. These coupled service members would have no recourse when their heterosexual counterparts were recognized as a family unit and would, therefore, PCS together. The results, as P4 stated, "were inevitable," and "trying to maintain a long-distance relationship is challenging enough." Whereas civilians usually have the freedom to see their significant other when they desire, our service members do not have this luxury.

Participants stated the overturn of DOMA and their subsequent marriages that occurred eventually brought about respect for same-sex marriage. Participant 12 conveyed that her marriage to her wife further underscored her sexual identity. This participant described that she is at greater ease to disclose her sexual identity now that she is married to another woman instead of just dating another woman. This participant also reported she is sexually harassed less by men service members because of her being married.

Military trainings and briefings. Participants made 27 significant statements that demonstrated formulated meanings regarding briefings or training they had received related to DADT. Data saturation was achieved regarding trainings and briefings. Participants reported dissatisfaction with how the U.S. Military rolled out rules and regulations pertaining to the repeal of DADT. These participants stated they were dissatisfied, as they did not think that the training was ample. One-third of the participants reported hearing barely anything about the repeal.

Present day, participants reported that training has improved as the U.S. Military has evolved since the repeal of DADT. Participants discussed annual briefings with respect to Sexual Harassment/Assault Response and Prevention (SHARP) and Equal Employment Opportunity training. Participant 8 and P15 stated now that, "everything is on paper" the U.S. Military has done everything they can do to protect sexual minorities from a hostile work environment. Stated differently, service members know the rules and regulations that are instilled into them, such that, they must follow them whether they agree with them or not. However, P11 does not believe the U.S. Military has done enough training. For example, this service member reported that EO training is biased towards heterosexuals (e.g., men harassing women; vice versa), yet there is no mention of harassment towards the same sex for men or women. Participant 3 identified herself

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as a Green Dot, a designated officer, who educates to prevent sexual harassment and assault in the USAF, as well as takes reports of sexual misconduct for further investigation.

Participant 3 reported that the USAF goes through annual training "just on homosexuality and sensitivity." Yet, P4, also in the USAF contradicted this report by stating that the U.S. Military provides ample training on "lift suicide and life break," yet training on how to accept and treat others is not ample enough. This concludes the discussion on military life and culture through the eyes of our service members. Following is a discussion of LGB service members' lived experiences after the repeal of Don't Ask, Don't Tell.

This section discussed the Military Life and Culture through the Eyes of LGB Service Members theme. A discussion on lived experiences of LGB military personnel emphasized the differences between military life and civilian life transpired. A discussion on nine subthemes about military life and culture occurred with specificity to identifying as a sexual minority.

LGB Service Members' Lived Experience after the Repeal

This section will discuss the LGB Service Members' Lived Experiences after the Repeal theme. The six subthemes that will be discussed include (a) Competing Experiences, (b) Negative Experiences with Leadership, (c) Negative Effect on Career, (d) Positive Experiences, (e) Positive Experiences with Leadership, and (f) Social Media Related Experiences. Participants made 373 significant statements that resulted in formulated meanings related to positive, negative, and social media related lived experiences after the repeal of DADT. However, a theme related to competing experiences emerged from the data, which was not anticipated. A discussion on addressing competing experiences follows.

Competing experiences. Participants made 35 significant statements that demonstrated formulated meanings with respect to lived experiences of a competing nature. Nonetheless, data

saturation was achieved regarding competing experiences that were reported by two-thirds of the participants. Competing experiences are defined as having a positive lived experience while encountering a negative lived experience concomitantly. The most commonly repeated competing experience was the concept of feeling tolerated or accepted by part of or one's peer group and feeling rejected or discriminated against by one's leadership. Participants further articulated their competing experiences when answering interview questions. The following experiences that are competing in nature emerged from the data:

- Yearning for tolerance or acceptance versus aversion for rejection because of having a minority sexual identity (15 of 15 participants)

- The regulations have caught up; we're still waiting on the culture (P2)

- Heterosexual service members are PCS with their loved ones; LGB service members do not PCS with their loved ones (Post-DADT; Pre-DOMA; P4)

- My sexual identity as a lesbian is well-known; heterosexual men service members sexually harass me anyway (P3, P4, P12)

- "You can serve openly, but we don't have to support you" (P5)

- "Feeling a blend of fear and joy after the repeal. Able to serve openly, [yet] not feeling safe enough to say anything" (P5)

- The repeal protects me in my job, but not my relationships (in-group vs. out group; P7)

- Be true to myself or be rejected by the majority (P7)

- Being the brunt of the joke through innuendo versus a direct personal attack with respect to sexual identity (P8)

- Forced behavior, such as complying with regulations only to avoid negative consequences versus behaving with genuine acceptance (P8)

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- Be dishonest about who I am and feel bad, or be honest about who I am and feel bad (P9)

- Observing a staff sergeant disparage a gay solider; the gay soldier's unit unexpectedly coming to his defense by reporting the staff sergeant to the commander (P10)

- A bad experience equals PDS associated with poor leadership versus a good experience equals PDS associated with good leadership (P1, P3, P5, P12)

A discussion follows on negative experiences with leadership in relation to possessing a sexual minority identity.

Negative experiences with leadership. Participants made 30 significant statements that demonstrated formulated meanings regarding their negative lived experiences with leadership. Data saturation was achieved with respect to negative experiences with leadership. Participant 1, P4, P5, P9, P12, and P13 all reported having a negative experience with leadership, which included encounters with superior officers, service members who outranked the participant, or a commissioned officer outranking a non-commissioned (enlisted) officer. These participants stated that leadership lacked cultural competence to deal with them as a sexual minority. For example, P9 voiced that after a co-worker had asked him directly about his sexual identity and when he answered honestly, he was subsequently outed. Participant 9 stated service members began harassing him at work, and he reported the incidents to his superior officer. His commanding officer made matters worse, as P9 described,

> My superiors were made aware of the situation, and my commanding officer at the time I think made it worse because he said if he found out that anyone was – you know, if I ever felt like I was being harassed in any way, they were gonna be punished to the extreme. So then I think it made it even worse where people really didn't want to talk to me because they didn't want me to take certain situations in the wrong way 'cause they didn't want to

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risk being – you know, being punished when they'd meant – tried to be innocent about

stuff. [S]o I think…it was really handled in a really bad way.

Despite this commanding officer's best intentions, he further exhibited a lack of competence, as

P9 also reported the following,

When I was getting close to the end of my contract, and I was getting ready to do my

separation, my commanding officer sat down with me in his office, and he just kept

saying like – he – he pretty much admitted to the fact that he understood that I had a hard

time because I was gay being in that office. And he even said like, you know, "I think we

could've handled things differently and you know, I just have never known a gay person

and I – I don't know how to handle gay people," and it was just very weird when he was

saying it. And, I mean, I understood I think he was trying to make up for the fact of how

bad I had it towards the end. But, at the same time, he really didn't like – he didn't fix

anything or apologize for anything; he just said like, "Man, I know it was bad but, you

know, we've never had a gay person here, and I don't know any gay people."

In another case, P13, a captain in the Army and the highest-ranking woman at that

battalion, reported having to put another captain of a different unit on notice for inappropriate

behavior that a lesbian service member brought to her attention. Participant 13 reported that a

woman service member approached her and stated she was a lesbian but no one in her unit knew.

This woman told P13 her leave had been approved to return to the U.S. However, a captain was

harassing her fiancé, another woman from a different unit, after finding out she was lesbian.

Participant 13 stated the woman told her that her fiancé requested leave and her captain

asked why she was going home. The woman stated her fiancé said she was going home to get

married. The woman stated the captain then asked her fiancé, "Who is the lucky guy?" The

woman stated her fiancé was honest and informed her captain that she was actually marrying a woman when he became visibly upset. The woman told P13 that the captain then asked a series of questions and realized she was getting married to a woman with the same PDS. The woman stated that her fiancé's captain then told her that he was going to deny her leave and she needed to tell him who her fiancé was because he was going to make sure that her fiancé's chain-of-command was aware of the situation. Participant 13 reported she was shocked as this matter took place after the repeal of DADT, and she reported the following,

> I told her to ask the other girl for her captain's information, and I ended up calling him. I told him that I was also a captain and that what he's doing isn't right. And I said, "But, if you want to force your soldier to give you her – you this information," I said, "There's gonna be a problem." [I] told him I'd have to contact…Legal. But I was like, "This is something you can't do, and you're putting soldiers – you're telling them you're gonna put their job on the line, you're telling them that you're gonna expose their personal business and that – things you're doing is not right. I said, "As another captain, I'm telling you that you – you can get in trouble for this. [A]t the end of the day…Don't Ask, Don't Tell has been repealed, and these two women, if they want to get married, it's completely their right to get married, and it's completely their right to inform who they want to inform when they want to inform them about it."

Participant 13 reported after talking with the other captain he ended up approving the leave and that nothing further happened. Participant 13 stated the situation left her upset, as "[People] hold onto their beliefs and they don't care what the Army says now. They care about what – what they think is right or what they think is wrong."

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Participant 5 reported an ongoing situation with a commissioned officer who was the same rank as her for nine months. However, P5 is an enlisted class (NCO). Participant 5 reported the following situation,

"Oh, hey, you're this job? Well, I'm this job too. [B]ut I'm an officer version while you're an enlisted version"…. And, you know the – the motion where it would be a male slapping another male on the ass? He would instead hit me in the gut, hit me upper back, chest, shoulders, and stuff.

Participant 5 reported that officer was eventually "taken care of unofficially by the command sergeant" in her previous battalion.

As previously discussed, P1 reported that once leadership found out that he was bisexual, he began to notice that conversations with leaders became shorter and were eventually cut off altogether. Participant 1 stated rather than request a transfer he chose not to re-enlist. Participant 4 reported having to educate a superior officer who was a racial minority insofar as she had not chosen her sexual orientation any more than the officer had chosen his race. Participant 12 described inappropriate sexual behavior by her commanding officer, which will be discussed in the Sexual Harassment and Assault theme. Participant 1 and P9 said they chose not to re-enlist altogether and P11 chose not to re-enlist active duty and became a reservist because of negative experiences with leadership. What follows is a discussion on negative effect on career with respect to having a minority sexual identity.

Negative effect on career. Participants made 58 significant statements that demonstrated formulated meanings associated with a fear of their sexual identity, if known, having a negative effect on their career. Data saturation was achieved with participants reporting that if their sexual identity was known, this could have a negative effect on their career. Lesbian service members

were on the low end of the spectrum, as P4, P12, and P14 reported awareness that being a woman and a lesbian in a male-dominated military force could be less than advantageous for obvious reasons. Gay and bisexual men were on the high end of the spectrum with P1, P6, P7, P8, P9, P11, P14, and P15 reporting an underlying mistrust of their superiors and worry of being ostracized by them if their sexual identity was known. In addition, data saturation was achieved with 15 of 15 participants indicating on some level worry that their sexual identity would be the sole piece of information about them on which others would ultimately judge them.

Participant 6 reported having a deep concern about the trajectory of LGB service members' careers if Promotion Boards were to have knowledge of an LGB service member's sexual identity. For example, P6 voiced his concern with this group of military personnel with power could look past LGB service members qualified for promotion by finding a reason to disqualify them. Participant 6 stated, "Well they might not like that you're gay, and then they just mention something that, Oh, well, he's not qualified, and just kind of throw the book to the side." In addition to what has been discussed here, Table 4: Negative Effects on Career exhibits analysis of significant statements and formulated meanings for P1, P11, P13, P14, and P15 on this theme. Following is a discussion on positive lived experiences reported by the participants.

Positive experiences. Participants made 191 significant statements that demonstrated formulated meanings with respect to lived experiences that were of a positive nature while serving post-DADT. Data saturation was achieved with 15 of 15 participants reporting a feeling of relief and mitigated anxiousness that they could no longer face discharge because of their sexual identity. Participants communicated the context of their newfound freedom felt as though a huge weight had been lifted off their shoulders. Participant 6 discussed how he noticed his productivity increased after the repeal of DADT because he felt less burdened. Participants

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reported positive disclosure experiences to another service member, such that their encounter was accepting and/or affirming, including for lesbian and bisexual women, yet to a lesser degree for gay and bisexual men. For example, P15 discussed coming out to his roommate on his second deployment and the relief he felt when there was no change in his roommate's behavior.

Participants reported that a major cultural shift had taken place with the millennial and post-millennial generations of LGB service members being open about their sexual identity from the time of enlistment. With the mean age of the current study's participant group 31.3 years old, all participants discussed how the millennial generation is having a positive effect on all branches of the U.S. Military. Participants attributed they are non-judgmental about sexual minorities because they have been exposed to gay and bisexual people in pop culture, with family and friends, and are consequently better adjusted. Participants also reported that marriage equality had a positive effect on their positive lived experiences.

The data suggested the younger the participants, the more favorable their views were about the progress being made for LGB people serving in the military. Their measurement of progress was inclusivity, starting with LGB service members being able to be their authentic self and live openly. Participants reported a stronger sense of belongingness, which they measured by participation in or observation of LGB service members bringing their significant others or spouses to an individual unit and/or larger military events, as P10 broadly detailed his lived experience,

> When we have the social interactions, it's always based on – usually, ninety percent of
> the time, it's who you work with on a day-to-day basis. So if you have a gay soldier who
> works in the motor pool and it's known that he's a gay soldier or she's a gay soldier, and
> they become part of a family, they're a group, they're – they're a crew, when they get

together, and they go out drinking, or they hang out at each other's houses watching

football games, or they go to barbecues, they bring their significant other along. And by

that time, if you have gotten that close into a group of people, the social interaction is the

same as it would be with any heterosexual couple. If – if – you know, if it's a – if it's a

formal dinner, and everybody's dressed up in uniform and here's a gay man with his

husband and his husband's in a nice suit and they go, and they're holding hands, then the

commander comes and shakes their hand, the first sergeant comes and shakes their hand,

they come – they sit at a table, everybody's laughing and joking, and there's beer flowing

and everything, and that's how it works. If they're a lesbian, same thing. If it's an

informal, *Hey, I'm having a Super Bowl dinner party, bring your – bring – bring your*

favorite brew or bring your favorite drink, and I'll have bratwurst and ribs, you show up

in flip flops, your girlfriend shows up in flip flops, y'all, you know, hang out with each

other's kids, you guys are in the kitchen drinking, everybody's laughing and joking, and

it's – it becomes a family. It's – it's a family deal.

Even participants who concealed their sexual identity reported observing the positive direction in

which the military appears to be heading, including with adding sexual orientation to their EEO

program and updating the UMCJ. A discussion on positive experiences with leadership in

relation to identifying as LGB military personnel follows.

Positive experiences with leadership. Participants made 34 significant statements that

demonstrated formulated meanings regarding positive lived experiences with leadership. Data

saturation was achieved and suggested that U.S. military leadership has made strides from the

repeal of DADT hitherto. Nine participants from all branches with the exception of the Navy

reported experiencing a positive interaction with leadership from their Command after their

sexual identity was known. The most common positive experience reported was LGB service members felt supported by what was said to them and/or how their leadership responded to them upon learning their sexual identity, including disclosures by gay and bisexual men service members on a case-by-case basis. For example, P11 an Army reservist and USMC veteran reported the following about his Reserve leadership lived experience,

> They were very supportive. They were like, *Well, if you need this, we got this, and if you need this, we got this.* You know, they were giving me different avenues to take so if I needed support in any – anyway, you know, I can go to this person, or I can go to this person.

Participant 3, a USAF reservist, and an Army veteran also reported feeling supported,

> I think it was only last year before one of our huge Christmas functions, my commander didn't know I was gay. And he didn't really care 'cause he just knew that we all had, you know, significant others and were happy [and] good. He loves knowing that his – his troops are being treated well and, you know, they have a good life at home. And so my chief, my first – and my first lieutenant was like, 'You didn't know she was gay? Didn't you see her resume and all of her community services?" And he's like, "Well, it doesn't matter to me. She's still a straight-A," you know, "Airman, so I don't care."

Data also suggested LGB leadership in the U.S. Military is more empathic in supporting LGB subordinates whether they are living openly or concealing their sexual identity. For example, both P5 and P10 discussed their empathy and support. Participant 5 reported the following about supporting subordinate LGB service members,

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So the more queer soldiers that we have in the unit, the more likely I'm able to be

supportive, because if they're able to be supportive – if I'm able to support them – and,

too, I feel that I have the strength to support myself in a sense.

Participant 10 reported the following when discussing his effectiveness as a bisexual leader,

I feel I have a different level of empathy than I would if I wasn't a bisexual man. It,

literally – I think being a part of that LGB, being the B in that part, has affected me in a

way that has made me more empathetic towards my soldiers, and it makes me a more

effective leader.

Three gay and bisexual men participants raised initial concerns about living openly and

subsequently not being respected, such that, service members would no longer follow them or

their orders. These participants discussed their lived experiences proving them wrong. For

example, P15 reported the following lived experience,

I think maybe in the very beginning I thought that once I hit E-5 and became a leader, I

was thinking that maybe my – my Joes might buck me or – or not listen to what I say

because they might undermine me because of my orientation. And I quickly seen that that

wasn't a thing. My guys would follow me anywhere. And I – because you build those

relationships and your – your leadership skills; then it becomes a non-issue.

A discussion on social media related experiences associated with being a sexual minority while

serving in the military follows.

Social media related experiences. Like many people in our society, participants in this

study reported the use of or observing the use of social media platforms. Participants made 31

significant statements that demonstrated formulated meanings related to the lived experiences

associated with the use of social media. Data saturation was achieved with platforms reported

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including Facebook and Instagram for sharing news, such a coming out announcements from people with whom they served to pictures of LGB people with spouses or significant others.

Participants reported observing posts from LGB service members with whom they are friends on Facebook or following on Instagram after marriages have occurred. These participants described being observers of human behavior, as they began to study who had liked posts as to gauge that person's view on same-sex marriage. Participants stated an initial influx of couples deciding to get married after the landmark decision of the Supreme Court of the U.S. on marriage equality in 2013. While participants voiced that they did not observe any inappropriate responses to posts about LGB service members getting married, they also did not place their full trust in someone liking a post as an absolute affirmation of same-sex relationships and marriages. Participants reported that they also knew or observed friends who had come out on Facebook lose friends after doing so.

Gay and bisexual men service members who concealed their sexual identity or concealed at work only reported experiencing anxiety at the possibility of self-outing by making one false move with respect to leaving a digital footprint. For example, P8 stated that liking a post that connotes LGB behavior, such as liking a picture of "a hot dude," or attending an LGBT Pride event that is posted to a network of friends and followers could result in the act of self-outing. Participants described, scouring their friend and follower lists to ensure the proper levels of security were in place, which was described with almost a hypervigilance on one end of the continuum to denying friend and follower requests altogether on the other end. On the other hand, participants reported the advantage of finding community organizations, such as OutServe, that posted information about LGB events in which they could safely participate.

This section discussed the theme, LGB Service Members' Lived Experiences after the Repeal. Six sub-themes were also discussed including Competing Experiences, Negative Experiences with Leadership, Negative Effect on Career, Positive Experiences, Positive Experiences with Leadership, and Social Media Related Experiences. Following is a discussion of the psychosocial implications and minority stress processes for LGB service members.

Psychosocial Implications for LGB Service Members

This section discusses the Psychosocial Implications for LGB Service Members theme. Participants made 464 significant statements that demonstrated formulated meanings of their lived experiences related to the psychosocial implications of being LGB service members in a post-DADT era. Three subthemes emerged from the data, including Negative Psychosocial Implications, Negative Work Environment, and Positive Psychosocial Implications. In addition, within the sub-theme, Negative Work Environment, five further thematic categories arose from the data. These five categories included (a) homophobic, (b) heterosexist (c) hypermasculine, (d) hostile, and (e) involve sexual harassment and assault behaviors.

As cited in the study terms, Long and Cumming (2013) asserted psychosocial variables act as predictors of behavior, cognitions, risk, severity, or other factors related to behavioral research. Psychosocial variables cover both psychological and social aspects of individuals' lives and encompass both positive and negative factors. Following is a discussion on addressing negative psychosocial implications related to being LGB U.S. Military personnel post-DADT.

Negative psychosocial implications. Participants made 266 significant statements that demonstrated formulated meanings of negative psychosocial implications associated with their lived experiences. Data saturation was achieved with respect to all participants experiencing negative psychosocial implications associated with their identity or perceived identity as a sexual

minority. Participants described lived experiences spanning a range of lived experiences from experiencing negative cognitions, including internalized homophobia, to fear of social rejection and the need for mental health treatment. In the most severe case, one participant reported multiple psychiatric hospitalizations for attempting suicide. While there were equal numbers of significant statements amongst both men and women in this theme, women reported fewer severe experiences overall.

On the low end of the range of lived experiences, which this investigator defines as having a low or limited effect on the participant, all participants described behaviors related to both distal and proximal minority stress processes. Gay and bisexual men participants reported the following examples. Participant 1 stated, "I realize, like, if I keep letting these thoughts, you know, keep my down, I'm going to, you know, get down and I might not get back up, and that's – I can't let that happen." As previously reported, P9 was outed after answering a co-worker's question honestly about his sexual identity; a decision that he ultimately wondered if doing so was worthwhile after enduring ongoing social rejection. Participant 11 expressed worry and apprehension when he discussed how the outcome of the 2016 presidential election could affect his military career negatively. Participant 11 also expressed concern because he expected the current Administration to dismantle the progress made by the previous Administration for lesbian, gay, bisexual, and transgender people. However, P12, a lesbian participant stated the following, "[I] have thought like maybe it'd be easier to be straight…because it'd be easier…but, I think I'd be more depressed if I was with a man. So, I was like, no, that's not gonna happen."

Participant 10 and P14 reported parallel processes of dealing with racism and their concealed sexual identity while P13 reported that she concealed her sexual identity because she

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was already dealing with racism and sexism. Perhaps, P10's lived experience captures the essence of what it means to be both a racial and sexual minority when he stated,

> Before I was anything, I was a Black man. I was raised in, I want to say, the inner city. So, I knew, and I understood discrimination. I didn't experience Jim Crow level of racism, but I have experienced racism. So I was already in an affected group long before I even joined the military. And I've said on many occasions that in my uniform I'm very well respected. Outside of my uniform, I'm a thug supposedly. You add to that the fact that I was already in an affected group, not so much discovered, but I acknowledged my bisexuality. And now I'm in an equally, even more, affected group.

Regarding predictors of behavior associated with negative psychosocial implications, this investigator listened for participants reporting organic lived experiences, which he defines as an experience that naturally unfolds. These experiences included quality of life issues, health-related coping behaviors (e.g., alcohol consumption, smoking tobacco), and physical activity. However, participants discussed their involvement in physical training ("PT"), made no mention of any negative health behaviors predicated on psychosocial implications of being lesbian, gay, or bisexual military personnel.

Regarding substance use, participants discussed their alcohol use in the context of socializing within the scope of U.S. Military and American culture. Stated differently, no participant reported self-medicating via alcohol use related to a minority sexual identity. With respect to tobacco use, three participants, two lesbians, and one bisexual man discussed smoking tobacco. Participant 4 reported she needed a cigarette upon concluding her interview. Participant 5 reported she was going outside to smoke during her Skype interview. Participant 10 reported that he smokes "a lot of cigarettes." Illicit substance use while serving in the U.S. Military would

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be highly unlikely given service members are subject to a 26-panel random drug test up to three times a year (Ferdinando, 2017). Nonetheless, no participant mentioned any illicit use of any substance, including pharmaceutical drugs.

Related to the quality of life while serving in the U.S. Military, all participants reported that their quality of life has improved since the repeal of DADT. However, all five lesbian and bisexual women participants reported DOMA was just as significant as the repeal of DADT. For example, participants stated that marriage equality validated same-sex relationships beyond the context of people viewing their relationships as purely sexual. Participants also stated that DOMA being overturned demonstrated to heterosexual service members that LGB relationships were worthy and just as capable of being held as legal and binding as heterosexual marriages.

On the high end of the range of lived experiences, which this investigator defines as having a significant effect on participants, data saturation was achieved with six participants of the current study disclosing significant events or endorsing significant effects. The most significant event was P1's disclosure of three psychiatric hospitalizations for attempting suicide because of his sexuality, as he stated, "I'm gonna end up hurting myself. I'm gonna end up hurting someone else. This can't continue this way." Participant 2 disclosed that he sought mental health counseling and has taken medication for depression and anxiety that was related to his sexual identity through Military One Source[2] that referred him to a counselor. Participant 2 described his lived experience as "[I] guess it's taken a toll…throughout my career, I've had to go to some counseling. Been on medicine as well to combat depression, anxiety." Participants 3 and 6 also reported mental health counseling related to their minority sexual identity. However,

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[2] A DOD program that provides resources and support to active-duty service members and their families.

P3 reported she was in counseling during her Army service, which was during the ban; and, P6 reported seeing a counselor just prior to the repeal.

While no other participants disclosed they had sought mental health treatment after the repeal of DADT, four participants endorsed lived experiences that had a significant effect on them. For example, P5 reported that concealing her sexual identity at her two previous PDS before her PCS to S. Korea had resulted in self-isolation. When probed to make meaning of this, P5 described, "It's really very difficult. Obviously not very many friends and stuff." Participant 8 voiced he experienced anxiety from concealing his sexual identity. Participant 8 also stated the following in relation to coming out to a family member and issues with his job, as he stated, "But it was a huge breakdown. Huge breakdown I – I had – I was very depressed during that time because of this – this [military] job and a few other factors. Probably the most depressing time of my life." Participant 9 described putting himself "in a form of depression" after he was outed when he anticipated having to go to work, as indicated by his statement, "That part psychologically kind of bothered me just because I dreaded going there so much. I hated being on base. I just – I just really didn't wanna be there. I just didn't like anything about it."

Participant 13 discussed that "it made me nervous" consequential to concealing her sexual identity and the possibility of that information becoming known while she was serving. Participant 13 discussed working to pass by not drawing attention to herself or saying something that could give other service members reasons to suspect her sexual identity. For example, she reported a hyperawareness about pronoun use when asked personal details, yet she made mistakes, as she reported the following lived experience,

[I] would notice…whenever I tell a story, and I say something and they would catch it, they would notice it, and they wouldn't even necessarily like ask me about it, but you

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could tell when people notice that like, Oh, she said something about a woman. Like, I

didn't expect that. [T]hey wouldn't necessarily ask me about it; they just – you – you see

them notice and then kind of continue on….But I do think that it did take sort of a toll,

even though I wanted to believe or pass up that, you know, it – it didn't.

Following is a discussion on the Negative Work Environment subtheme.

Negative work environment. The negative work environment subtheme arose from the

data with thematic categories further emerging from the analysis of significant statements and

their formulated meanings. To that end, participants made 147 significant statements that

demonstrated formulated meanings related to lived experiences of work environments

encompassing homophobic, heterosexist, hypermasculine, and hostile behaviors. Definitions for

the first three terms are located in the study terms section. The elements of a hostile work

environment will be discussed in that section.

Homophobic. A discussion on work environments where homophobic behaviors are

experienced and observed will be discussed in this section. Data saturation was achieved with 15

of 15 participants reporting they had directly experienced homophobia or observed other service

members exhibit homophobic behavior in their workplace. Participants' observations ranged

from jokes about LGB people to refusing to change or shower when a known gay or bisexual

man is present, and rejection upon finding out the sexual identity of an LGB service member. To

that end, P2, P3, P4, P7, P8, and P14 reported hearing co-workers make jokes or disparage LGB

people. For example, P3 reported overhearing the following, "Yeah, it's okay, you know, girls

are – girls are hot and why not? It's fine. But when there's two males together, it was like, that's

disgusting, you know, they should get punched in the throat, and yadda yadda." Participant 7

echoed this observation when stating the following, "If a guy see two girls kissing, they'll say it's hot. [If] they see two guys kissing, that's nasty."

Participant 9 stated he worked with a lesbian who told him she was uncomfortable with the joking, as indicated by the following, "But even she said that there were times where she felt uncomfortable with the joking that they would do and just the way that they spoke about things sometimes, she felt uncomfortable." Participant 12 reported that she observed co-workers making fun of a lesbian she works with because of her appearance, including her "butch haircut." Participant 4, a lesbian participant described the following lived experience,

> I think, maybe two years ago now, I was in what they call Urban Leadership school to go to be a staff sergeant. And I had – there's a section about the repeal of Don't Ask, Don't Tell, and I'm sitting in a classroom with people that are my friends, but I haven't openly came out to yet. They didn't know. So we have them talking about how disgusting it is, how they don't want troops that are gay, blah, blah, blah.

Participant 6 reported being rejected at his retirement reception when stating the following,

> I felt like there was a few of 'em that were definitely against [being gay] 'cause after my retirement ceremony there on base, I invited anybody that was there to be able to come and have lunch with us, and the family and everything. And I think there was only like one or two that actually showed up [out of 30 or 40]."

Finally, P1, P2, P10, P13, and P15 reported that they had observed or experienced homophobia firsthand that resulted in the rejection of the LGB service member. For example, participants observed or experienced when male service members refused to share a room, change clothes, or shower in front of a known gay or bisexual man service member. Participants reported observing passive behavior, such as service members changing in stalls or waiting for a

known LGB service member to exit the showers to outright rejection, such as voicing refusal to disrobe, shower, or share a room with LGB service members.

Heterosexist. A discussion on heterosexism in military work environments will follow. Data saturation was achieved with P2, P3, P4, P7, P9, and P12 reporting firsthand experiences or observation of heterosexism. Moreover, data revealed that men service members commit acts of heterosexism, as no participant referenced a woman (or women) committing such acts. Two participants reported acts of structural heterosexism. Participant 7 reported experiencing structural heterosexism after DADT was repealed, but before DOMA was overturned. Participant 4 reported the loss of her fiancé because they were not PCS together because they were in two different locations and their lives grew apart. This outcome occurred because while heterosexual couples were held as the norm and were PCS together while LGB couples were not. Next, P12 reported she sought permission from the Chaplin for her and her wife to attend a seminar provided by clergy for married couples. To that end, married heterosexual couples would never think about having to ask permission to participate in a military-sponsored event for married couples as these relationships are held as the norm, and LGB relationships typically are not.

Participants who worked in more manly types of jobs (e.g., aerospace mechanic) reported lived experiences of anticipating or observing heterosexist behavior from co-workers. For example, P2, an aerospace mechanic, stated the following when this investigator probed for additional information regarding his observed anxiousness while thinking about taking his significant other to a military function (e.g., holiday party), "I don't know. I'm – I'm sure a lot of people that I work with have never probably seen [LGB couples] before at a social function for work." Participants also reported observing heterosexist behaviors often by middle-aged service members, "who don't really have a filter over what they say at work." (P3). Participant 2 stated

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he observed similar situations when middle-aged men service members, who served during DADT, made jokes, such as, "Oh, it's a new Air Force, you can do that now!"

Participants 3, P4, and P12 reported lived experiences of heterosexual men service members insisting the only reason these women identified as lesbian was that the "right man" had not sexually satisfied them yet. For example, P12 reported the following lived experience,

There is this one particular guy that he's just – and he was one of the mechanics – a complete asshole. And he just like did not believe that I was gay. He just like was so persistent, and he was like, "A female, like, they love [penis]. Like, they want – they – they – it's only natural for a man and a woman to be together."

Hypermasculine. A discussion of hypermasculine military work environments transpires. Data saturation was achieved with 10 of 10 gay and bisexual men participants reporting lived experiences of working in a hypermasculine environment. While only one participant used this word directly, participants' significant statements evolved into formulated meanings of hypermasculinity. As P6 and P11, both veterans of the USMC, reported, this branch of the U.S. Military is perhaps best known for being the toughest of the tough. For example, P6 reported the following regarding his lived experience as a young Marine,

[W]hen you're a young Marine, and you go through boot camp, you're pretty much – I wouldn't really say brainwashed, but you're taught to believe that you're invincible, that you're…a red-blooded American, you're male…you're driven, you wanna fight, you know…all these things and…party hard and play hard.

Participant 11 contrasted hypermasculinity between the Army in which he is a reservist and the USMC of which he is a veteran,

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The Marines is – like, the Army was more relaxed unless you were in Special Forces or, you know, one of those type of MOS's like a grunt or something like that. But the way the Marines work, everybody's a grunt, everybody's gotta hold – hold that stature. You walk with your head up high, you walk with your – you know, walk with a lean, you know, you act like you're better than everybody else.

Participant 1 reported being astounded by the level of hypermasculinity in his lived experiences. For example, P1 stated that working for the U.S. Military was the only place that was "machismo" and " the more negative aspects of it had to – had to do with – it's a very – I mean, no one wants to admit it, but it's very patriarchal, it's hypermasculine, it's uber-conservative." Regarding MOS, P2, P7, P8, and P9, reported lived experiences of a hypermasculine work environment as these participants are working now or previously worked as aerospace mechanics. These same four gay and bisexual men participants reported that their hypermasculine work environments created by their co-workers are a significant reason for concealing their minority sexual identity at work.

Hostile. Hostile military work environments will now be discussed. Hostile work environments commonly have work place results from a series of repeated, unwelcome conduct or behavior with elements of intimidation, hostility, and abuse (DOD, n.d.). Data saturation was achieved with participants reporting being subject to or observing a hostile work environment.

For example, P1 and P9 reported that they left hostile work environments and did not re-enlist because of their experiences. Participant 4 stated an officer who outranked her voiced he would not act against her upon learning she identified as a lesbian, yet continued to act righteously. Participant 4 reported the superior officer voiced because of his religious beliefs he could not accept her or the way she was living her life. Participant 5 reported intimidation and

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physical abuse for several months by a commissioned officer with the same rank. Participant 13, who was a captain in the Army, observed a captain of another unit intimidate and act hostile towards his subordinate, a lesbian service member who was to marry a woman serving in his unit. Despite these lived experiences overlapping with other subthemes in the current study, all of them are salient examples of working in hostile work environments.

However, the following lived experience does not appear in any other subthemes. Participant 12 reported the following lived experience of a hostile work environment when she was in formation,

> I went to Utah for, it was called, Warrior Leader course. And there was this – a guy that was like super Mormon, like hardcore Mormon. And there was another female there that was also gay, but she wasn't out at all. I was – like, I had outed myself to a couple of girls, and they told some guys and blah, blah, blah. But, anyways, he – we're in formation, and he was saying that – that I was a mutation, that my – because I'm gay that when I was being – I guess, my zygotes were being like formed, that there is a gene that was mutated and that's why I was gay. And somebody heard that and completely defended me and was just like, "She's not a mutation. She is just gay."

The discussion on negative work environment has transpired. This included heteronormative, heterosexist, homophobic, hostile, and hypermasculine negative work environments. Following is a discussion on sexual harassment and assault.

Sexual harassment and assault. In this subtheme, women participants made 16 significant statements that demonstrated formulated meanings with respect to lived experiences of sexual harassment and assault. To that end, data saturation was achieved. Men service

members, presumably heterosexual, were the perpetrators of all acts of sexual harassment and assault reported in the current study.

While a few lived experiences of sexual harassment overlapped and were reported in previous subthemes, following is a discussion regarding experiences of sexual harassment and assault not yet addressed. Two participants reported being victims of sexual assault. Participant 4 described that a man service member who she thought was her friend was being "super persistent" and had "forcibly tried to kiss [her]." Participant 4 stated she terminated their friendship because "it got to the point where I didn't feel pretty much safe around him." Participant 5 reported that a soldier in her previous unit had sexually assaulted her while they were off base. However, she was not comfortable providing any further details other than to say she reported the incident.

Participant 3, P4, and P12 reported multiple lived experiences of sexual harassment by men service members despite them knowing that these participants identify as lesbian. Participant 4 reported that the multiple TDYs in which she has participated in were bad situations with men service members, as they misread her intentions. As such, P4 shared the following lived experience,

> We're gonna get together and hang out, and you start to build like good friendships, and then something turns, and you're like, "You knew I was gay." Like, "Why –why would you make a pass at me? Why would you make me feel uncomfortable in this way?"

Participant 12 reported that her previous commander had sexually harassed her, yet was oblivious to his own inappropriate behavior. P12 reported the following lived experience,

> My old commander is this – all he thinks about is women, so all he would talk to me was about his women, so he was very comfortable, I guess, like just talking to me about the

girls that he would have sex with. Yeah. And he even offered. He was like, "So you

wanna ever, you know, try a penis –" I'm like, "Um, I'm good. I'm good, thank you."

Participant 3, a Green Dot, was queried about Military Sexual Trauma (MST) including

sexual harassment and assaults reported to her. Participant 3 reported that in the USAF and Navy

there had been a rise in the number of reports with men sexually assaulting other men service

members. Participant 3 also reported that while progress has been made since the DOD has put

greater focus on sexual harassment and assault, the problem remains very real and concerning.

This investigator only queried P3 about MST since she identified herself as a Green Dot. No

other participant referenced having an organic lived experience associated with MST.

A discussion on the negative psychosocial implications of being LGB military personnel

post-DADT transpired. Following is a discussion of the positive psychosocial implications that

emerged from the data.

Positive psychosocial implications. Psychosocial variables cover both psychological

and social aspects of individuals' lives, as well as encompass both negative and positive factors.

Participants made 198 significant statements that demonstrated formulated meanings about lived

experiences with positive psychosocial implications of being LGB military personnel post-

DADT. Data saturation was achieved with all participants reporting positive psychosocial

implications related to their identity as a sexual minority after the repeal of DADT.

Positive psychosocial implications spanned a range from feeling relieved and happy after

the repeal of DADT to feeling supported and accepted after coming out to a co-worker(s), and

feeling accepted and affirmed when taking a same-sex significant other or spouse to military

functions. As for pro-heath behaviors, participants reported their lived experiences included

physical training ("PT"), involvement with OutServe, a military support group for LGB service

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members, and natural supports for coping, such as talking with a family member, significant other, or close friends.

All 15 participants reported feeling as though the burden associated with DADT had been lifted off them after the repeal. Participants verbalized how they felt tremendous relief that they no longer could be dishonorably discharged for identifying as a sexual minority while serving their country. Participant 1 described his lived experience as follows,

I believe it was taking a chain off the gate. And I say that because, you know, sure, a door can be left open, but at the end of the day it's up to you to walk through it. [S]o I think repealing Don't Ask, Don't Tell took that chain off the gate and people walked through ….and everyone else standing over there sees that it – that they're not nearly as bad as – as they were made out to be and things improve.

Data saturation was also achieved with 11 participants reporting that they felt more confidence after the repeal of DADT, including some participants who concealed their sexual identity while at work. For example, P8 stated the following lived experience,

[A]fter Don't Ask, Don't Tell got repealed…I don't know, I can't remember my age. But I was getting way more confident, way more. I started really dating someone real time, and then kind of just had the attitude like, Why do you give a damn? Blah, blah, blah. And it just really pumped my – my confidence up.

All lesbian and bisexual women participants reported being themselves at work improved their overall outlook. These participants reported noticing that as they encountered fewer distal minority stress processes, they felt happier at work and could focus on their jobs better. For example, P3 reported the following lived experience after the repeal of DADT,

I love going to work and being – being able to express myself fully. Like, yes, this is me, and it has nothing to do with my work, and it doesn't affect my job in any way. This is just how I live day to day. [A]nd I feel like…it's been an amazing adventure…so I'm very happy now.

Participants also reported positive lived experiences of coming out to a person or group of people and feeling accepted and supported after the disclosure. Data saturation was achieved with all 15 participants describing at least one disclosure that had gone well or better than expected. For example, P15 reported the following lived experience,

I guess [coming out] felt like you're actually being true to yourself and you're being truly yourself. And, luckily, everybody that was a part of our group, including those that weren't a part of LGBT, were very welcoming. And, of course, every one of them was like, "Why didn't you tell us sooner?" Like, they were very – you know, a lot of people actually tend to get hurt when you tell them because they were like, "Well, why did you wait this long? You should have known that I was an accepting person sooner than that." So it was just a very good moment, really.

Participants described experiencing positive psychosocial implications, including thoughts and feelings of belongingness, as well as being seen as an equal and treated with respect. This included experiencing a feeling of elation when bringing their same-sex significant other or spouse to military functions and their co-workers had shown respect for them. Lesbian participants made more significant statements than gay and bisexual men did regarding this subtheme. Yet, over half of all participants reported they had taken their same-sex significant other or spouse to military functions. Examples of these functions included military-sponsored seminars for married couples, promotion ceremonies, social events, and holiday parties.

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For example, P11 reported the following when taking his significant other to his unit's holiday party,

> So when I brought [my significant other], everybody was excited, you know. I mean,
> people that didn't know about me were like whispering, "Are you [gay]?" you know, and
> I was like, "Yeah," and they were like, "Oh, Y'all make a cute couple."

Despite P13 concealing her minority sexual identity while serving, she reported the following lived experience,

> We had like unit events, and people would bring their families, and they would bring
> their husbands, wives, girlfriends, boyfriends, and they would start bringing their partners
> with them to these events because they started to feel like they were able to. And I feel
> like that was – that was a good thing. It was a good thing to know that, you know, people
> were taking [the repeal of Don't Ask, Don't Tell] seriously and to let them know that –
> good to know that people were feeling comfortable with sharing that and being able to –
> to show that, you know, their – their true self.

What follows is a discussion on positive psychosocial implications with specificity to positive work environments. Participants made 57 significant statements that demonstrated formulated meanings associated with lived experiences of acceptance and affirmation in their work environments. Data saturation was achieved with all 15 participants reporting at least one accepting or affirming lived experience related to their minority sexual identity while at work. Women participants reported feeling more acceptance and affirmation from other service members than men do. For example, P3 reported that even though other service members in her unit also identify as lesbian, she felt accepted by everyone, as "like family is family" and observed this experience for other sexual minorities in her workgroup.

Even gay and bisexual men participants who conceal their sexual identity at work reported feeling more positive about their work environment. Data saturation was achieved with gay and bisexual men participants verbalizing hope for continued change in relation to changing the dynamics of acceptance for LGB service members. For example, P7 reported the U.S. Military has become more accepting because the civilian society is now more accepting. Participant 6 reported the following lived experience in the USMC,

That's the good thing about with the younger generation of Marines that's went in there, they was kind of more acceptable of it than the older generation that's been in there a while because the younger generation has kind of grown up with it being on TV some, you know. They might have friends that are gay in school or – you know, or family or a relative, whatever, was gay. So they're kind of – they're more, it's like, *I don't know, it don't really bother me,* you know.

Participant 11, also a veteran of the USMC, and now a reservist in the Army reported his lived experience as follows,

You have these new people coming in, influence that nowadays, you know, it's okay. You know, you're gay, you're gay. But when – you know, when you're coming in from the old school part, trying to switch over, it's kind of hard to be like, *Okay, I'm gay too,* you know. But – 'cause you're used to being this way and now you can – now you can just be any way you want to be.

This section discussed the Psychosocial Implications for LGB Service Members theme. Three subthemes were also discussed, including Negative Psychosocial Implications, Negative Work Environment, and Positive Psychosocial Implications. In addition, within the sub-theme, Negative Work Environment, five further categories were discussed. These five categories

included (a) homophobic, (b) heterosexist (c) hypermasculine, (d) hostile, and (e) involve sexual harassment and assault behaviors. This section concluded with a discussion on participants' lived experiences for positive psychosocial implications related to their minority sexual identity post-DADT. Following is the exhaustive description of the phenomenon.

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Exhaustive Description of the Phenomenon

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This section will discuss the exhaustive description of the phenomenon, The Psychosocial Implications of Being Lesbian, Gay, and Bisexual Military Personnel in a Post Don't Ask, Don't Tell Era. The exhaustive description of the phenomenon evolved from the cumulative assessment of the preceding phases of data analysis. The four theme clusters will frame the exhaustive description of the phenomenon.

Service Members' Expression of LGB Identity

First, LGB participants possessed a military identity that was primary and prominent in their hierarchy of identities. These men and women promulgated that they are a U.S. Military service member above all else. This was often expressed as, "Mission First."

Multiple factors determined LGB military personnel's expression of their sexual identity. The most salient determinant of all factors was gender. Lesbian and bisexual women service members are more likely to be living openly after the repeal of DADT. Furthermore, being a married lesbian service member increases the likelihood of living openly. This outcome occurred for two reasons: Lesbian service members integrated each of these identities (i.e., married; lesbian) across multiple life domains; and, because marriage deterred men service members from making fewer sexual advances towards them. However, even lesbian and bisexual women conceal their sexual identity initially when they are on temporary duty assignments (TDY), receive orders for a permanent change to station (PCS), or deployment until feeling safe and

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comfortable. Only one gay man reported being married in the current study. Two bisexual men also reported being married to women. All participants reported lived experiences of observing lesbian and gay service members who were married.

Despite the DADT repeal, gay and bisexual men continue to conceal their sexual identity while at work. However, participants reported making selective disclosures on a case-by-case basis. Concealment occurs because of distal minority processes (e.g., discrimination) and proximal minority processes (e.g., fear of being ostracized). Other factors suggested the branch of the military in which the gay or bisexual man service member served, and more so their job classification (i.e., MOS, NEC). Regarding enlistment status, active-duty men service members who identify as gay or bisexual were more likely to conceal their sexual identity at work and make disclosures on a case-by-case basis, whereas reservists and veterans were more likely to be living openly. Male officers who identified as gay or bisexual reported concealing their sexual identity out of fear of being passed over for promotion. Other factors included the relationship between service members and their leadership, and the culture and mores of their permanent duty station (PDS), temporary assignment (TDY), or deployment.

LGB identity development models were discussed in the current study. This investigator analyzed data and compared lived experiences of participants to the Cass (1979) LGB identity development model. Cass' model was used to frame the different stages of identity development for participants. The results of the current study demonstrated that the process of LGB identity development is not linear and some stages may or may not be experienced at all.

Military Life and Culture through the Eyes of LGB Service Members

Second, numerous cultural effects influenced the lived experiences of LGB service members after the repeal of DADT. Perhaps, the two most influential effects were the Supreme

Court of the U.S. overturning DOMA and affirming marriage equality in 2013; and, the DOD declaring sexual orientation a protected class in the U.S. Military in 2015. Participants reported feeling validated in their same-sex relationships and felt safer now that equal protection under the law includes same-sex marriage. While the repeal of DADT was the first step for LGB service members to live no longer in fear because of who they are, the Equal Employment Opportunity (EEO) program was the second step that further protected their rights.

Cultural effects associated with the branch in which military personnel serves may predicate the likelihood of gay and bisexual men service members living openly, disclosing on a selective basis, or concealing their sexual identity. For example, active duty service members enlisted in the USMC could be less likely to live openly based on their lived experiences of hypermasculinity in their environment. Furthermore, lesbian participants reported knowing very few gay and bisexual men service members who lived openly and suggested the hypermasculine environment is likely one of the causes for this phenomenon. To such end, active-duty participants were less likely to live their lives openly, unless a lesbian or bisexual woman service member whereas reservists and veterans were more likely to live openly, including gay and bisexual men.

All participants reported cultural effects by demographic factors, such as age, upbringing, geographical area, and religion had an effect on their comfort level with living openly if a lesbian or bisexual woman, or if a gay or bisexual man, more likely to conceal their sexual identity. Middle-aged service members are viewed as less accepting of LGB service members whereas the millennial and post-millennial generations of service members are seen as more accepting. Participants reported middle-aged service members were more likely to be conservative, religious, and may have had less exposure to LGB people throughout their lives, particularly if

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they hailed from the Southern United States. Middle-aged service members are also more likely to be officers. Participants reported middle-aged service members are more likely to make sexual identity the most important piece of information about LGB service members and apply stereotypes to them. Participants also reported millennial and post-millennial generations of service members have likely had more exposure to LGB people and their culture, such as seeing a gay character on television, having a friend or relative who identified as LGB, or if they had lived in a metropolitan city versus a rural town. The millennial and post-millennial generations are more likely to be living openly even upon enlistment and less apt to make sexual identity the most important factor about them even if the enlistee identifies as heterosexual.

The cultural effects of their permanent duty station (PDS), permanent change of station (PCS), temporary duty assignment (TDY), and deployment greatly influenced how LGB service members made sense of their lived experiences after the repeal of DADT. To such end, lesbian, gay, and bisexual participants reported apprehension going into new environments (e.g., TDY; deployment), such that, they waited to disclose their sexual identity until they had observed the behavior of other service members and felt safe disclosing. Participants attributed the culture of their assignments to their leadership first, and then, if they perceived their leaders to be supportive or not.

Cultural effects of MOS or NEC greatly influenced gay and bisexual men in their consideration of even selective disclosures regarding their sexual identity based on the perceived manliness of the job that they perform. Participants reported work positions, such as mechanics or Special Forces, are likely to require them to conceal their sexual identity or be at risk for workgroup rejection. Participants reported service members with more administrative types of jobs (e.g., Information Technology) were more likely to live openly at work and have positive

lived experiences in their work environments. Alternatively, a strong work ethic is highly valued in the U.S. Military. To such end, a strong work ethic could serve as a protective factor to diminish distal minority stress processes whereas a poor work ethic could result in relentless mockery in a hostile work environment for an LGB service member.

Participants reported their colleagues across all branches can be quite "cliquey," as there is an 'in-group" and an "out-group," much like what would be expected on a high school campus. All participants reported lived experiences and observations of distal minority stress processes, such that, they employed proximal minority stress processes because they feared rejection from the "in-group." Alternatively, men and women, active-duty or a veteran hold the U.S. Military as a collective family unit. The interpretation for the context of this phenomenon was a family of service members is permitted to make fun of each other; however, no one outside of the family of service members may do so without facing repercussions.

The culture of the U.S. Military is highly regulated with respect to laws, rules, and systems. This culture has resulted in improvement to the day-to-day lived experiences of LGB service members with the progress made subsequent to the repeal of DADT. To such end, LGB service members' minority sexual identity is a protected class. The DOD made substantive cultural significance when they added sexual orientation to the EEO protections, as not even do U.S. civilians have such federal protections in the workplace. Furthermore, the U.S. Congress improved the lives of LGB service members when they voted to remove language about "unnatural carnal copulation" from the Uniform Code of Military Justice (UMCJ), which was both biased and unfair to same-sex couples. Participants reported feeling safer after these changes; however, many of them reported that training specific to the repeal of DADT was inadequate.

LGB Service Members' Lived Experiences After the Repeal of DADT

Third, service members described their lived experiences or observations after the repeal of DADT as one might expect, positive and negative. However, participant significant statements and formulated meanings presented an unexpected theme of lived experiences that was competing in nature, such that, the reported lived experience was positive in one regard yet negative in another. Participants experience positive feelings from being able to disclose their sexual identity without fear of losing their job even if they conceal their sexual identity at work. Participants reported having positive experiences based on the protections surrounding their sexual identity. Another positive experience was LGB service members being able to marry their significant other and have their marriage recognized by the DOD for PCS and benefit purposes. Participants also reported having positive lived experiences when they feel supported after disclosing their sexual identity to a co-worker and experiencing inclusion at U.S. Military functions, such as holiday parties.

Distal minority stress processes circumscribe participant negative lived experiences. Namely, discrimination and stigma associated with a minority sexual identity is the most commonly experienced negative lived experience. Lesbian, gay, and bisexual participants experienced leadership distancing themselves up to complete rejection or observed other negative LGB service members experiences once a disclosure of a minority sexual identity had been made. Participants reported experiencing distal minority stress processes, including inappropriate joking (all minority sexual orientations), refusing to shower or undress in front of gay or bisexual men service members (homo- or bi-phobia), continuing to harass lesbian and bisexual women service members sexually despite knowing their sexual orientation, and even violence, yet to a much lesser degree.

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Participants had experiences that were competing in nature based on lived experiences that had both positive and negative connotations. After the repeal of DADT, participants reported feeling joy in knowing the DOD could no longer discharge them based on their minority sexual identity, and fear because of not feeling safe enough to say anything about this identity. Participants reported after the repeal of DADT in 2011, leadership was the only group discussing the repeal. However, participants also reported in 2017, millennial and post-millennial generations of LGB enlistees are open about their sexual identity and leadership is generally quiet on this subject. The most commonly experienced phenomenon was the repeal of DADT protects LGB service members in their jobs, yet does not protect their relationships with their co-workers. Just because LGB service members are able to serve openly now does not equate with them feeling genuinely supported. In particular, gay and bisexual men participants reported the phenomenon of waiting for the culture of the U.S. Military to catch up to the regulations. Participants had lived experiences related to toleration or acceptance of their sexual identity exercised by part or their entire peer group and feeling mistrust for or discrimination by leadership solely because they identified as a sexual minority.

U.S. Military personnel are no different from civilians who use social media platforms, such as Facebook and Instagram to connect with other people. Just as civilians make life event announcements, such as coming out or getting married, so do LGB service members. On the one hand, we have LGB service members who reported largely not observing derogatory comments after seeing these sorts of posts. On the other hand, active-duty gay and bisexual men participants, who conceal their sexual identity, are hypervigilant to ensure they are not leaving a digital footprint that could out themselves.

Psychosocial Implications for LGB Service Members

Fourth, participants reported negative and positive psychosocial implications of being LGB military personnel post-DADT. Sub-themes of lived experiences included homophobic, heterosexist, hypermasculine and hostile work environments, as well as, sexual harassment and assault. Participants reported lived experiences of positive work environments including sub-themes of tolerance, acceptance, and affirmation.

Negative psychosocial implications were predominantly associated with stigmatized minority sexual identities. Participant lived experiences spanned a range of experiencing negative cognitions to mental health treatment, including psychiatric hospitalization, with lesbian and bisexual women reporting fewer cases overall. Service members who had two minority identities (e.g., Gay Latino) or three minority identities (e.g., African American, bisexual woman) reported experiencing parallel processes of working to ensure stereotypes commonly applied to racial and sexual minorities were not applied to them. The most commonly employed proximal minority stress process was concealment.

Negative health behaviors are largely unknown. Participants only discussed alcohol consumption in the context of military gatherings and never as a means of coping with a minority sexual identity. Military personnel participants, who can be randomly drug tested at any time, did not mention any illicit substance use. Only three participants made their status as a tobacco smoker known as a matter of self-disclosure (e.g., "I need a cigarette break").

Nearly half of the study participants disclosed or endorsed signs or symptoms of mental health issues associated with having a minority sexual identity. One participant reported experiencing three psychiatric hospitalizations for a recurrent severe major depressive episode associated with his minority sexual identity. One participant reported pursuing outpatient mental

health counseling related to his minority sexual identity and subsequently started taking a psychotropic medication. Four other participants endorsed experiencing mental health issues, such as depression and/or anxiety at different times of their career, again associated with their minority sexual identity.

Despite the repeal of DADT, negative work environments associated with distal and proximal minority stress processes manifested in several ways. LGB service members experience homophobic behaviors in their workplace. These behaviors include disparaging jokes, refusal to change or shower in front of a known gay or bisexual man, and outright rejection by a co-worker or the collective "in-group." LGB service members experience heterosexist behaviors from co-workers in the workplace. These behaviors can include expression of heterosexual relationships are the only "normal" relationships and middle-aged service members having no filter, such that, they make inappropriate or disparaging jokes at the expense of LGB service members. Lesbian and bisexual women must endure heterosexism by heterosexual men service members insisting the only reason women are lesbian is that the "right man" has not sexually satisfied them yet. Married lesbian participants reported heterosexist behavior could be mitigated when a lesbian is married and has made this information known.

While both men and women experience hypermasculine work environments, men tend to be more concerned with the image they are projecting, or risk other men seeing them as weak and unmanly. Both cultural effects of branch (e.g., USMC) and job classification (e.g., MOS or NEC) were both associated with increased hypermasculinity. As the perception of the branch's toughness or the more manly the job increased so did the reported hypermasculinity in the work environment. LGB service members experience hostile work environments associated with their minority sexual identity at the hands of other service members and in some cases even their

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leadership. Hostile work environments in the current study included prejudiced actions, including rejection, disparaging a lesbian officer in formation, attempts to intimidate via communication of threats, and physical violence.

All lesbian and bisexual women participants experienced sexual harassment, and two women experienced sexual assault. Women participants reported that men service members and one senior officer were their perpetrators. Lesbian and bisexual women participants reported a blatant disregard despite them making their sexual orientation explicit. Lesbians reported being extra careful around men particularly if they were drinking together. No gay or bisexual men participants reported sexual harassment or assault in the current study. However, one participant was a Green Dot advocate for the USAF and Navy and reported an increase in reported sexual misconduct among men in these branches.

With respect to positive psychosocial implications, pro-health behaviors included physical training ("PT"), belonging to military support groups for sexual minority service members, such as OutServe, and coping by talking with family members, close friends, or a significant other. Positive psychosocial implications of being LGB military personnel post-DADT were predominantly associated with acceptance and a feeling of belongingness. Participants felt joy and relief because the DOD can no longer discharge them for being a sexual minority. Participants who felt less burdened at work also reported feeling more confidence after the repeal of DADT. Some participants observed their productivity increase at work, including gay and bisexual men who concealed their sexual identity at work. Lesbian and bisexual women reported enjoying their work and going to their jobs, mostly because they felt supported by their workgroup.

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Other positive psychosocial implications experienced by LGB service members included feeling relieved after coming out to a co-worker because they felt accepted and/or affirmed by the co-worker. Participants reported their disclosures went much better than anticipated. Participants, mostly women, and a few men, reported positive experiences when bringing their significant other or spouse to military functions. Participants reported observing millennial and post-millennial generations of LGB service members bringing their significant other or spouses to military functions with no issues.

Participants widely reported millennial and post-millennial generations of LGB service members living openly from the time of enlistment has already begun to change the culture of the U.S. Military toward LGB service members. Middle-aged participants reported observing the millennial and post-millennial generations of service members having more confidence to live openly and be themselves, which participants suggested is a reflection of their lived experiences in the civilian milieu infiltrating the U.S. Military. This concludes the exhaustive description of the phenomenon.

This section provided the exhaustive description of the phenomenon. The exhaustive description evolved from the cumulative assessment of all preceding phases of data analysis. Following is the fundamental structure of the psychosocial implications of being lesbian, gay, and bisexual military personnel in a post Don't Ask, Don't Tell era, and then concludes with the chapter summary.

Fundamental Structure

What follows is the fundamental structure formulated from the exhaustive description of the phenomenon, The Psychosocial Implications of Being Lesbian, Gay, and Bisexual Military Personnel in a Post Don't Ask, Don't Tell Era. LGB military personnel have multiple identities

within their hierarchy of identities; however, being a member of the U.S. Military is primary. Multiple factors determine LGB expression of sexual identity. A woman gender coupled with marriage status increased sexual identity expression for women. A male gender decreased sexual identity expression for men, particularly if pursuing a military career. The branch in which the participant served, as well as their relationship with leadership also determined how LGB service members expressed their sexual identity. However, LGB service members conceal their minority sexual identity when TDY or initially after PCS until feeling comfortable and safe disclosing. Using the Cass (1979) model, participant sexual identity development based on reported lived experiences were provided. While all participants reported lived experiences that demonstrated various stages in the Cass model, no participants reported lived experiences that demonstrated a developmental task in all phases of the model.

Multiple cultural effects influenced the lived experiences of LGB service members after the repeal of DADT. The Supreme Court of the U.S. affirming marriage equality and overturning DOMA, the DOD adding sexual orientation as a protected class in the U.S. Military EEO program, and the removal of heterosexist language from the UMCJ were all substantive cultural shifts for LGB service members. Job classification bears a significant cultural effect on gay and bisexual men service members in particular. Having what is perceived to be an ultra-masculine job increases the likelihood of concealing a minority sexual identity subject to distal minority stress processes. Alternatively, a strong work ethic might serve as a protective factor for service members with a perceived minority sexual identity.

Additional cultural effects that participants reported via their lived experiences included the demographics of themselves and the service members they serve alongside, the branch in which they serve, and their assignments, such as a PDS, TDY, or deployment. Age was a factor

within demographics, such that, participants view middle-aged service members as less accepting whereas they view millennial and post-millennial generations of service members as slowly changing the culture in the U.S. Military towards LGB military personnel. Participants described lived experiences tantamount to those found on high school campuses, such that, U.S. military personnel are "cliquey." Participants reported belongingness and being a part of the "in-group" or ostracized and relegated to the "out-group." However, in the larger context, participants reported a family-like culture that seems to supersede popularity.

Participants reported positive and negative lived experiences associated with relation to culture. This included having a minority sexual identity on which leadership can have an influence. For example, LGB service members feared leadership could subvert their military career, if they served openly, and particularly gay and bisexual men.

Participants reported lived experiences in relation to the phenomenon of psychosocial implications of being lesbian, gay, or bisexual military personnel serving in a post-DADT era. Distal and proximal minority stress processes evidenced their lived experiences of psychosocial implications associated with having a stigmatized minority sexual identity. For example, LGB service members reported examples of heterosexist, homophobic, hypermasculine, and hostile work environments; and, lesbian and bisexual women reported sexual harassment and assault. Alternatively, participants also reported lived experiences that evidenced positive psychosocial implications, including in the workplace, such as acceptance and affirmation of their minority sexual identity and relationships, including same-sex marriage. This concludes the Fundamental Structure discussion. Following is a summary of the chapter.

Chapter Summary

This chapter included the findings and analysis of the phenomenon, The Psychosocial Implications of Being Lesbian, Gay, and Bisexual Military Personnel in a Post Don't Ask, Don't Tell Era. The chapter began with an overview of the methods that were used to examine the lived experiences and psychosocial implications of LGB military personnel after the repeal of DADT. Thereafter, a review of the Colaizzi (1978) method of descriptive phenomenological analysis occurred. Following was a description of the participants, four theme clusters, nine subthemes, and 25 thematic categories extracted from the data. This chapter concluded with an exhaustive description of the phenomena and the fundamental structure of being LGB military personnel in a post-DADT era.

CHAPTER 5: DISCUSSION

In this chapter, a discussion on the results reported in Chapter 4 transpires. This discussion will be relative to the results of this study, which can be interpreted within the context of two theoretical frameworks, Minority Stress Theory and its model (Meyer 2003; 2007), and the Perceived Discrimination and Mental Health model, (Pascoe and Smart Richman, 2009). This chapter will begin with comparisons to the literature review found in Chapter 2. Moreover, significant results from Chapter 4 are included in the comparisons. Following is a discussion on the limitations, research implications of this study, and concludes with recommendations. To begin, a review of the problem, purpose, and research questions of this study occurs. Thereafter, a brief review of the methods used transpires.

Military personnel and veterans in the U.S. are experiencing unprecedented levels of mental health disorders, alcohol and other substance use disorders (Bagalman, 2013; Calhoun et al., 2008; SAMHSA, 2012; Seal et al., 2011) and suicide (Herrell et al.,1999; Kemp & Bossarte, 2012; Matarazzo et al., 2014). Speculating that lesbian, gay, and bisexual (LGB) military personnel and veterans are at a greater risk is reasonable, as researchers have reported the prevalence of these same psychosocial implications in LGB civilians (Kertzner et al., 2009; Meyer, 2003; Meyer & Northridge, 2007; Pascoe & Smart Richman, 2009; Ussher, 2009). Despite an estimated 70,781 service members and 870,000 veterans identifying as LGB (Gates, 2010), scant research has been conducted specific to these populations. The purpose of this study is to study the phenomenon of being LGB military personnel in a post-DADT era based on the scarcity of research available. The study's implications are an increased understanding of LGB service members serving in a post-DADT era while informing counselors, healthcare providers, and their educators of the unique challenges with which this population is faced. A benefit is this

study will add to the limited body of research available on the psychosocial implications of LGB military personnel for counselors and other healthcare professionals working with sexual minorities serving in the U.S. Military in a post-DADT era.

With the need for rich and meaningful information so apparent, a reductionist approach to this study would have been a disservice. Therefore, a qualitative research design was chosen. This study sought to devise research questions that would achieve answers with an emphasis on holism and by giving a "holistic voice" to the lived experiences and psychosocial implications of being LGB military personnel and veterans in a post-DADT era. Thus, the research questions for this study were as follows:

Research Question 1: What are (or what were) the lived experiences of U.S. Military service members or veterans who identify as lesbian, gay, or bisexual in a post Don't Ask, Don't Tell (DADT) era?

Research Question 2: What phenomena of psychosocial implications do U.S. Military service members or veterans experience (or what did they experience) who identify as lesbian, gay, or bisexual in a post Don't Ask, Don't Tell era?

The phenomenological qualitative method was chosen. Phenomenology gathers participants' perspectives, garners contextual data on their lived experiences, and offers rich descriptions of the phenomena, all of which the researcher derives from engagement with participants (Denzin & Lincoln, 2011). While different types of phenomenological methods exist, Colaizzi's descriptive phenomenology (1978) was chosen based on the objectivity achieved through bracketing. Kenny (1995) adapted the analytical steps of Colaizzi resulting in seven steps that this study also employed. A brief review of the seven steps follows.

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First, all transcripts were read and re-read entirely to develop a general sense or feeling about them. Second, each transcript was analyzed to extract significant statements that pertained directly to the phenomenon. Third, the meaning of each significant statement was made explicit, known as formulating meanings. Redundancies among formulated meanings were then eliminated. Fourth, the formulated meanings were organized into themes that were common to all descriptions. The common themes were grouped into thematic clusters. All thematic content was compared to the original descriptions for validation. Fifth, the results were integrated into an exhaustive description of the phenomenon. Sixth, an exhaustive statement was formulated into a statement of the fundamental structure of the phenomenon. Seventh, the participants reviewed the descriptive results for validation.

As evidenced in Chapter 4, the results of this study answered both research questions. All four of the theme clusters provided answers to the research questions via rich and meaningful descriptions detailing the lived experiences and psychosocial implications of being LGB military personnel and veterans in a post DADT era. To that end, this study has provided a comprehensive explanation of lived experiences and psychosocial implications of being LGB military personnel in a post-DADT era. Following is discussion regarding the comparison of theory to the results of the current study. Addressing stigma relative to sexual minorities will occur first.

Comparison to Theory

As cited in Chapter 2, the shared belief system of our society through which lesbians, gay men, bisexual (LGB) individuals and their relationships are denigrated, discredited, and invalid relative to heterosexuality underpins the concept of sexual stigma (Herek et al., 2007). This specific type of stigma encroaches on the lives of sexual minorities for it is unique to this

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population because of their stigmatized sexual identity (Cochran, Sullivan, & Mays, 2003; Herek et al., 2007; Meyer, 2003).

Meyer (1995) asserted three key minority stressors for LGB individuals. First, stress-inducing external and objective events and conditions related to a sexual minority identity. Second, the expectation by which these types of events occur and the vigilance required by sexual minorities because of this expectation. Third, negative societal attitudes internalized by sexual minorities as valid. While the literature describes these three minority stressors for civilian LGB individuals, the results of this study underscored that LGB military personnel also experience them. What follows is a description of the three corresponding constructs asserted by Herek et al. (2007), namely felt stigma, sexual stigma, and internalized homophobia.

Felt Stigma

Being aware of the prevalence of stigma, experiencing the manifestations of stigma, and applying a subjective response to the experience of being stigmatized refers to felt stigma. Moreover, felt stigma is related to the psychological theories of stress and coping (Herek et al. 2007; Meyer, 2003), as anticipatory and protective behaviors to avoid enactments of stigma may occur. To such end, sexual minorities may be motivated to appraise the potential threat and alternatives, as well as their resources for avoiding harm to themselves. Sexual minorities engage in some form of coping behavior when threats exceed available resources for responding. Coping can be problem or emotional focused and either prospective or reactive (Herek et al., 2007; McLeod, 2009).

All 15 participants had lived experiences of felt stigma, as they reported across all major themes whether they encountered felt stigma firsthand as a sexual, gender, or racial minority in the U.S. Military, had observed other minorities being stigmatized, or a combination thereof.

Participants reported the prevalence of stigma towards sexual minorities in the military, particularly with middle-aged service members and leadership by virtue of them having served prior to the repeal of DADT. As reported by women service members, who are already a minority in the military, these women overwhelmingly reported experiences of men service members continuing to make sexual advances in spite of knowing they identified as lesbian. Gay and bisexual men concealed their sexual identity while at work and made disclosures selectively because of the hypermasculine environment and fear of being ostracized or having their careers subverted. Participants reported employing problem-focused coping strategies by not talking about their personal lives at work, not drawing attention to themselves, double-checking their digital footprint on social media by not leaving any clues regarding their sexual identity or outright avoidance of co-workers creating a hostile work environment. Participants reported emotional responses as well, including talking with friends outside the military, other LGB service members, and seeking OutServe members or within units, particularly when on TDY. While felt stigma is the manifestation of experiencing stigma, sexual stigma, on which a discussion follows, is also stigmatization experienced by sexual minorities.

Sexual Stigma

Sexual minorities may call upon a variety of stigma management strategies, including concealment, "passing," and changing pronouns when discussing same-sex partners (Herek et al., 2007). With heterosexuality being the norm in society, people often think that an LGB person is sharing too much personal information when they disclose their sexual identity (i.e., come out). However, heterosexual people talk about their spouses and families without having to think about doing so because it is the norm. Furthermore, when LGB individuals do come out, this

information often becomes the most important aspect of them; hence, the perpetuation of stereotypes.

Perhaps the most salient example of LGB service members employing stigma management strategies occurs when their assignment changes whether it be temporary (TDY), a tour of duty (deployment), or permanent change to station (PCS). To that end, all participants in this study reported that they approached any assignment change, which resulted in going to unfamiliar places and meeting new co-workers, with strategies, including concealment, "passing," and changing of pronouns until they felt safe and comfortable, if at all. Lesbian participants more so reported eventually coming out whereas most gay and bisexual men reported they did not disclose. Gay and bisexual men largely reported maintaining stigma management strategies while at work to prevent the application of stereotype labels to themselves or if they had made disclosures having done so wisely and prudently. Lesbian, gay, and bisexual officers, particularly those who were higher in rank (e.g., CPT03, E7, E8) also reported maintaining stigma management strategies as to protect their jobs and not derail their careers. These officers consisted of one bisexual African American woman captain, one gay Latino senior chief petty officer, and one White gunnery sergeant, all of whom reported the psychological and physical effort required maintaining double lives can be exhausting. While sexual minorities are stigmatized because of their sexual identity, internalized stigma, on which a discussion follows, is accepting the stigma as valid and internalized by sexual minorities.

Internalized Stigma

Internalizing societal negative messages and attitudes about a minority sexual identity while accepting them as valid or deserved is internalized stigma, also referred to internalized homophobia (Herek et al., 2007). Internalized stigma involves an intrapsychic conflict between

what people think they should be based on societal messaging (i.e., heterosexual) and how they actually experience their own sexuality (e.g., lesbian, gay, bisexual). Perhaps one of the most prominent ways to frame internalized stigma is via sexual identity development models. As evidenced in Chapter 4, a majority of participants reported having some level of internalized stigma at the beginning of their sexual identity development. For example, participants discussed seeking mental health counseling and psychiatric hospitalizations, starting a psychotropic medication to mitigate depression and heightened anxiety responses to internal and external conditions. Alternatively, these same participants reported that while mental health treatments mitigated the effects of internalized stigma, what they unequivocally noticed a marked improvement when they learned to accept and embrace their sexual identity. The three types of stigma experienced by sexual minorities have been delineated. Following is a discussion on the Minority Stress Theory and model (Meyer, 2003; 2007), which encompass stigmatization.

Minority Stress Theory and Model

Various psychological and social theoretical orientations underpin the minority stress framework from which it derives (Denato, 2012). Meyer (2003; 2007) asserted the following three assumptions about minority stress. First, minority stress is unique and specific to members of a stigmatized minority group. Second, in addition to ordinary stressors experienced by all people, minorities experience chronically high levels of stress that are static in social and cultural foundations. Third, minority stress occurs at a macro level, as found in structures and processes of societal institutions and their social and cultural foundations. Moreover, the American Counseling Association (2009) defined oppression as prejudice multiplied by power, which can also be found in systems, structures, processes, and social and cultural foundations.

Meyer (2003; 2007) asserted minority individuals experience conflicts with the values of the dominant culture, which dictate norms and social structure, and experience incongruences that can accrue and ultimately comprise mental and physical health. Researchers have reported stressors (e.g., oppression) associated with a minority sexual identity increases the prevalence of mental health disorders in LGB individuals (Kertzner et al., 2009; Meyer, 2003, 2007; Pascoe & Smart Richman, 2009; Ussher, 2009). Moreover, research studies have reported the effects of workplace harassment of sexual minorities contribute to physical and mental health symptomatology (Bloeser, 2015; Moradi, 2009; Smith & Ingram, 2004; Tuomi, 2014). While Meyer reported a lack of consensus among researchers about specific stress processes that have an effect on LGB individuals, Meyer (2003) suggested psychological theory, stress literature, and research on the health of sexual minorities provides articulation of a Minority Stress Model. As cited in Chapter 2, minority stress processes fall along a continuum from distal (i.e., external events) that cause proximal (i.e., internal, subjective events) processes.

The Meyer Minority Stress Theory (2003; 2007) and model (Figure 1), also include the concepts of prominence, valence, and level of integration. These concepts, which are related to possessing a minority identity or identities (e.g., sexual, racial), appear to be potentially interrelated to minority stress and its effect on health outcomes. For example, a strong commitment to a lesbian identity might increase the weight of stressors specific to that identity for a woman working within nearly an all-male workgroup. However, a stronger identity may also ameliorate the weight of stressors specific to that identity, as reported to be the case in the current study with four-out-five women participants who identified as lesbian or bisexual. Stated differently, all women participants in this study reported firsthand experiences and/or observation of greater prominence of a minority sexual identity equated with a stronger valence

in and outside the workplace because integration of minority sexual identity had transpired across multiple life domains.

This outcome seems to follow what is found with civilians in the general population. Women tend to be more relationally interdependent (Gabriel & Gardner, 1999) and less concerned about gender stereotypes. Men tend to be more concerned about projecting masculinity and upholding gender stereotypes, as found in the current study. On the other hand, these same women participants reported that they first identified as a service member of the U.S. Military, which supports the concept of hierarchy of identities discussed in Chapters 2 and 4. In fact, nearly all participants reported their military identity as being foremost. Also discussed chapters 2 and 4 is the Cass (1979) sexual identity development model that was used to frame participant sexual identity development. Encompassing stage-specific developmental tasks, which derived from their reported lived experiences, analytical outcomes were associated with identity confusion, identity comparison, identity tolerance, identity acceptance (valence and prominence), and identity synthesis (prominence, valence, and integration).

The minority stress processes posited by Meyer in relation to his minority stress model (2003) occurred in the current study, as evidenced by the results found in Chapter 4. For example, all participants discussed circumstances in the environment (Figure 1, box a) with a few providing specific examples of general stressors (Figure 1, box c), as found in the Military Life and Culture through the Eyes of LGB Service Members theme. This investigator addressed minority status (Figure 1 box b) and minority identity (Figure 1, box e) in the Service Members' Expression of LGB Identity theme, as well as in Table 2, Demographic Overview of Participants. Gender overwhelmingly determined whether an LGB service member was living openly across

all life domains, as found with lesbian and bisexual women, or on a case-by-case basis, as found with gay and bisexual men.

Distal minority stress processes (Figure 1, box d), and proximal minority stress processes (Figure 1, box f) were found evidenced in all theme clusters of the current study. Also addressed were characteristics of minority identity (Figure 1, box g) in the study terms section, Chapter 2, and the sexual identity model analysis section in Chapter 4. Lesbian participants all had high prominence and integration, as reported across all four-cluster themes. While all gay and bisexual men participants reported having a negative valence initially, all of them reported a positive valence presently, despite having low-to-no prominence and little-to-no integration across all life domains. Finally, coping and social support (Figure 1, box h), as well as mental health outcomes (Figure 1, box i), were addressed in Chapter 4 analysis, as found in the LGB Service Members' Experience after the Repeal of DADT and Psychosocial Implications for LGB Service Members themes. A discussion on the Perceived Discrimination and Mental Health model follows.

Perceived Discrimination and Mental Health Model

As cited in Chapter 2, the Pascoe and Smart Richman (2009) model of mental and physical health and perceived discrimination (Figure 2) resulted from their meta-analysis. These researchers measured negative attitudes, judgment, and unfair treatment of a group, which they defined as perceived discrimination. The Pascoe and Smart Richman model and the Meyer model are similar in three ways. First, discrimination and mental and physical health outcomes are associated. Second, social support can mitigate or exacerbate stress responses. Third, heightened stress responses are associated with perceived discrimination directly, which can have an effect on mental health outcomes. While having similarities to Meyer's model, the

Pascoe and Richman model has three significant differences: (a) there is no differentiation between minority and majority groups; (b) the model accounts for perceived discrimination and mental and physical health outcomes; and, (c) the model incorporates health-related behaviors that may affect mental and physical health outcomes.

Regarding the Pascoe and Smart Richman model (2009), results in the current study demonstrated perceptions of discrimination could have an effect on mental health (Figure 2, path a) in two themes: LGB Service Members' Experience after the Repeal of DADT and Psychosocial Implications of Minority Stress Processes for LGB Service Members. However, as previously mentioned, participants did not report lived experiences pertaining to physical health issues. Alternatively, participants discussed lived experiences involving "PT" (physical training), and service members must meet physical fitness testing (PFT) requirements. Exercising is a form of stress reduction, as going to the gym, especially if done with a close friend could act as a mediator by mitigating a heightened stress response (Figure 2, path b).

Discrimination perceived to occur chronically leading to a consistently elevated negative emotional state may contribute to physical and mental health problems (Figure 2, path c). Only three out of 15 gay and bisexual men participants reported lived experiences of chronic heightened stress responses that resulted in mental health issues requiring outpatient treatment or psychiatric hospitalization. The Pascoe and Smart Richman model tested the role of health behaviors, which the Meyer model did not do. These researchers suggested health behaviors (e.g., binge drinking, tobacco use) could emerge as coping mechanisms and could have detrimental effects on physical health when LGB service members experienced perceived discrimination (Figure 2, path e).

Semi-structured interview questions did not ask directly about health behaviors, instead opting for this topic to present itself organically, if a participant reported such behaviors in the context of their lived experience. Despite the significant prevalence of substance use disorders cited in Chapter 2 with respect to military personnel and veterans, no participant reported illicit substance use, which would have been highly unlikely because of the DOD drug-testing program. Alcohol and tobacco use were reported. However, participants did not mention consuming any substance as a coping mechanism related to their sexual identity. While alcohol consumption was reported in the lived experience of service members who were TDY or deployed, participants reported its use as a social mechanism when congregating in one or two rooms with other service members.

In addition, only three out of 15 participants reported using tobacco. This became apparent when the first participant stated she was going outside to smoke after concluding her interview and the second participant stated she was going outside to smoke during her Skype interview. The third participant disclosed that he smokes cigarettes when discussing stereotypes. While smoking tobacco is a commonly used substance to alleviate stress and assuage negative feelings, the motivation of these three participants for tobacco consumption remains unknown.

Pascoe and Smart Richman (2009) reported that past research demonstrated that social support, coping style, ethnic identity, and personality traits might moderate the association between perceived discrimination and health outcomes. Social support, stigma identification, and coping style (Figure 2, pathways b and d) in the Pascoe and Smart Richman model are analogous with the Meyer model (Figure 1, boxes b, e, g, and h) based on participants lived experiences and the theme clusters in which they were reported. Pascoe and Smart Richman reported the results of their meta-analysis suggested experiences of perceived discrimination could cause multiple

forms of increased stress responses. However, they were unable to determine if perceived

discrimination and health behaviors were associated based on the studies in their analysis. Pascoe

and Smart Richman cited several studies suggested discriminatory experiences might lead to

unhealthy behaviors, such as substance use disorders, including alcohol and tobacco, and poor

eating behaviors, for example. Again, while some participants mentioned alcohol and tobacco

use, no participant reported lived experiences of using any substance in relation to discrimination

because of their minority sexual identity. A discussion on LGB military and their healthcare

providers follows.

LGB Military Personnel and Their Healthcare Providers

Lesbian, gay, and bisexual military personnel now serve openly with the U.S. Congress

repealing DADT, and experience important benefits with the Supreme Court of the U.S.

affirming marriage equality and overturning DOMA. Six out of 15 participants reported lived

experiences of being married. Two bisexual men reported they were in a traditional marriage and

three lesbians and one gay man reported they were in a same-sex marriage. However, with same-

sex marriage being made legal in the U.S. and the benefits conferred to married couples being

available to same-sex married couples, nearly all participants discussed the ramifications of these

historical changes whether they were married or not. The participant reports of this particular

lived experience are evidenced in the subtheme, DOMA and Marriage Equality under the

Military Life and Culture through the Eyes of LGB Service Members theme.

Notwithstanding this progress for the LGB community, Johnson, Rosenstein, Buhrke, and

Haldeman (2015) reported concerns including continued sexual stigma and victimization, issues

with the disclosure of sexual identity despite the repeal of DADT, and military mental health and

healthcare providers who lack competence to work effectively with LGB military personnel. As

reported in the current study, the concerns put forth by Johnson et al. are not unfounded, including issues with sexual stigma and coming out. While only one participant reported a poor experience with a mental health provider, his issue was the provider was recently out of graduate school and a neophyte in her skill level. This participant reported changing providers and was pleased thereafter.

Another example is a positive interaction with a service member's Chaplin. Participant 12, who identifies as a lesbian, reported a positive relationship with her Chaplin. This participant stated she had taken her wife to several couples' retreats hosted by her Chaplin where they are often the only same-sex couple, yet they were treated no different by the Chaplin or retreat participants. Clearly this one example does not indicate data saturation; however, this investigator references this participant's lived experience because its significance evidence progress of inclusion. What remains unknown is whether military healthcare and mental health providers possess the necessary knowledge, skills, and abilities to work with LGB military personnel because not all of Johnson et al.'s concerns were addressed during data collection . Following is a discussion regarding the comparison of the five studies that addressed LGB military personnel and their healthcare, mental, and physical outcomes.

Comparison to LGB Military Studies

This section discusses the five studies that met criteria from conducting a systematic literature review on LGB military personnel as cited in Chapter 2. The five studies chosen were specific to the healthcare and health-related outcomes for LGB military personnel. The rationale for the selected studies inclusion was they are related to the investigation of psychosocial implications associated with being a sexual minority serving in the U.S. Military post-DADT and because the literature on this subject is scarce. A discussion on the psychosocial wellbeing in

LGB civilians follows to provide a basis for comparison since no literature is available on the psychosocial wellbeing of LGB military personnel. This discussion will begin with a study conducted by the Military Partners and Family Coalition.

Military Partners and Family Coalition Healthcare Study

The Military Partners and Family Coalition (MPFC; 2012) healthcare study was a small-scale study conducted via the Internet. This study sought to answer questions about LGB military personnel and their nuclear families one year after the repeal of DADT. This study addressed: (a) the process of coming out; (b) the perception regarding if having an LGB identity is indicative of poor mental health; (c) if the LGB service member would seek treatment from a military mental health counselor; (d) if healthcare providers do well at meeting the needs of the LGB service members; and, (e) if the LGB service member would be comfortable discussing their sexuality and family healthcare needs with a military healthcare provider.

The results of the current study are similar to the MPFC study in the following ways. First, 55% of the MPFC study participants indicated coming out would put them and their family members at risk for negative reactions within the military community despite the DADT repeal. The gender breakdown of the MPFC study question remains unknown. However, in the current study, 60% of gay and bisexual men participants reported lived experiences of proximal minority stress processes, such as concealing their sexual identity while at work because of distal minority stress processes. Second, while only 20% of participants in the current study reported seeking mental health treatment, 13% of them did so via the military healthcare system, and 7% did so privately. In the MPFC study, 39% indicated they would not seek mental health treatment from a military counselor. In this study, 80% of participants did not report lived experiences regarding the need to seek mental health treatment in relation to their sexual identity.

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The results of this study differ from the MPFC study in the following ways. First, the results of this study cannot answer how participants perceive themselves, such as if their sexual identity is indicative of poor mental health. Alternatively, if Identity Synthesis (Cass, 1979) is indicative of having good mental health, such that an LGB service member is well connected with strong social supports, 47% of participants in the current study met criteria. Second, participants did not address lived experiences regarding the quality of their healthcare in any manner, including in relation to their sexual identity. Third, participants did not report lived experiences as to if they had or would feel comfortable discussing their sexuality with a military healthcare provider. Following is a discussion on the Outness, Wellbeing, and Perceived Level of Social Support in Gay, Male, Active Duty Military Personnel.

Outness, Wellbeing, and Perceived Level of Social Support in Gay, Male, Active Duty Military Personnel

The Tuomi (2014) study examined the interaction between the degree of "outness" and perceived social support in gay men who were active duty military personnel post-DADT. Tuomi defined "outness" as how freely gay individuals disclose their sexual orientation to other people. Tuomi hypothesized that the degree of "outness" would have an effect on the level of perceived social support while also seeking to understand how inherent military environmental factors, such as the position of leadership, and the branch of military in which the participant was serving might have influenced her hypotheses. The Tuomi study also sought to explore her population after the DADT repeal and the effect this had on them professionally and personally. While Tuomi set out to conduct a mixed-methods study, she was not able to recruit the number of participants required to achieve statistical power, so she closed that portion of her study.

This investigator chose to include this study despite its flaws because of the qualitative portion of the study. Unfortunately, Tuomi (2014) conducted the qualitative portion of the study on the Internet via survey questions, which is essentially a general qualitative analysis of survey data. Tuomi reported qualitative results from participant responses included positive, neutral, and negative trends. These results were somewhat similar to the results of the current study, such that participants reported positive and negative psychosocial implications related to being a sexual minority serving post-DADT.

Another unfortunate flaw found in the Tuomi (2014) study was that the highest number of responses to the questions posed was 12 out of 29, or 41%, which is not indicative of data saturation. With respect to this specific question, gay active duty service men no longer feared discharge because of the repeal of DADT. The current study reported data saturation was achieved with participants reporting lived experiences of feeling relieved post-DADT because they no longer could be discharged. Specifically, data saturation was achieved with 100% of gay and bisexual men reporting this phenomenon.

Tuomi (2014) reported military personnel who indicated the repeal did not change their experiences fell into two categories. The current study has similar results to those found in the qualitative portion of the Tuomi study. For example, the Tuomi study reported categories of positive and negative experiences after the repeal of DADT and the current study reported sub-themes of positive and negative experiences in the LGB Service Members' Experience after the Repeal of DADT theme. Tuomi reported 17% of its participants indicated the overall climate of the military had not changed since the repeal of DADT. While a number of participants in the current study reported significant changes had occurred particularly after marriage equality was affirmed, and DOMA was overturned, these participants were predominately lesbian and

bisexual women. Thus, 80% gay and bisexual men participants in the current study reported that

they were waiting for the culture of the military to catch up to the legislative changes

Only 12% of participants in the Tuomi (2014) study reported that disclosing their sexual

orientation had a negatively effect on their military career. As for the lived experience of a

disclosing a minority sexual identity having a negative effect on a military career, data saturation

was achieved in the current study with 86% active-duty gay and bisexual men concealing their

sexual identity to protect their military career. Tuomi reported 41% of participants' no longer

feared discharge after the DADT repeal, which was also reported in the subtheme of this study,

Positive Experiences, in the LGB Service Members' Experience after the Repeal of DADT

theme. However, in the current study, 100% of gay and bisexual men participants reported no

longer feared being discharged after DADT was repealed

The Tuomi (2014) study and the results of the current study reported negative lived

experiences in the following ways. Tuomi participants were discriminated against because of

their minority sexual identity and workplace heterosexism. These findings were reported in the

current study in the Negative Psychosocial Implications: Work Environments subtheme. Tuomi

participants reported being passed over for promotions because of having a minority sexual

identity. While no participants in this study reported this exact lived experience, active duty gay

and bisexual men reported they feared this could happen if their leadership knew of their

minority sexual identity. These findings can be found in the Negative Experiences: Effect on

Career subtheme, LGB Service Members' Experience after the Repeal of DADT theme.

Tuomi (2014) participants reported they had to prove themselves to their comrades and

superiors whereas heterosexual service members did not have to do so. Participants in the current

study reported similar lived experiences in the Protective Factor: Work Ethic subtheme in the

Military Life and Culture through the Eyes of LGB Service Members. Finally, Tuomi participants reported other service members ridiculing or isolating them for being gay. Data saturation was achieved in the current study with participants reporting lived experiences of distal minority processes in the Negative Psychosocial Implications. What follows is an introduction and discussion on the veterans studies reviewed in Chapter 2.

Comparison to LGB Veteran Studies

In Chapter 2, a review of three studies that examined various factors in LGB veterans occurred. In this chapter, a discussion on these three studies will transpire by comparing their results to the findings of this study where applicable. The current study had a small sample size of four veterans who had served post-DADT. Moreover, of the four veterans, three of them were gay and bisexual men while one of them was a bisexual woman. Each Veteran had served in different branches of the Armed Forces with all four branches represented.

Of the veteran studies reviewed and discussed, mental health conditions such as posttraumatic stress and substance use disorders were not lived experiences reported by participants in this study. While two of four Veteran participants reported deployments to a combat zone, none of them reported experiencing signs or symptoms of acute stress disorder or posttraumatic stress disorder. In addition, participants in this study did not report experiencing signs and symptoms of alcohol use disorders. Alternatively, all Veteran participants reported participating in or observing binge drinking or drinking in excess. An observation did not occur of any Veteran participants tobacco use nor did any of them discuss their use of tobacco. Following is a discussion on the Ramirez et al. (2013) Veterans Administration Palo Alto Healthcare study.

Veterans Administration Palo Alto Healthcare Study

Ramirez et al. (2013) conducted a small-scale study with lesbian, gay, bisexual, and transgender (LGBT) veterans (N=38). These researchers reported collecting interval data at intake and six-week follow-up appointments. Ramirez et al. reported their study, Living Out Loud/Laughing Out Loud (LOL) collected and evaluated data via clinical assessments with an emphasis towards strengths, unknown experiences, and healthcare needs of LGBT veterans. The discussion topics were garnered from clinical assessments and by paying close attention to the issues raised in the group. Ramirez et al. reported topic interest by percentage collected from participant responses. The interests were as follows: Social connectedness with other LGBT veterans (48%), issues with coming out; mental health issues (37%); posttraumatic stress (22%); suicidal ideation (14%), help in the development of romantic relationships (33%); family issues (29%); medical concerns (25%); sexual health issues(18%); discharge issues (11%); issues with DADT(7%); and, problem gambling behavior (3%).

All Veteran participants in the current study also reported lived experiences of issues with coming out, as found in the Sexual Identity Expression subtheme. On the other hand, without knowing the specificity of issues of coming out in the Ramirez et al. (2013) study, only a general comparison can be made. Nonetheless, LGB Veteran participants in the current study reported issues with coming out during the Identity Confusion and Comparison stages of sexual identity development (Cass, 1979), as evidenced in the LGB Identity Development section of Chapter 4.

In the current study, 4-in-4 Veteran participants had some degree of mental health issues from signs and symptoms of a major depressive episode, to anxiety state and an anxiety disorder, or up to psychiatric hospitalization for suicidal intent, as reported in the Negative Psychosocial

Implications. Topics in the Ramirez et al. (2013) study that this investigator did not discuss either had no relevance to the findings of the current study or not enough information was provided in the Ramirez et al. study. For example, 7.4% topic responses were reported by these researchers in relation to DADT, yet the details that pertain to this subject were not provided. Following is a discussion on the Cochran et al. study, Mental Health Characteristics of Sexual Minority veterans (2013).

Mental Health Characteristics of Sexual Minority Veterans

The Cochran et al. (2013) study examined mental health characteristics of sexual minority veterans and subsequently compared their findings on several mental health indicators to an existing VA sample of veterans. The Cochran et al. study examined the extent to which current mental health is associated with concealment of sexual orientation while serving in the military, as well as, investigated the health status of LGB veterans. The researchers first hypothesized LGB veterans would fare worse on mental health status because of their stigmatized status when compared to the VA sample (i.e., sexual identity is unknown). Their second hypothesis was that negative experiences related to being a sexual minority during military service would be associated with poorer mental health functioning, albeit during the DADT ban.

The Cochran et al. (2013) study reported LGB veterans scored higher on measurements to which the researchers compared in the VA sample. For example, 12% of the sample screened positive for a mood disorder with 54% endorsing suicidal ideation at some point in their lives, and 14% reporting a past suicide attempt. Next, 11% screened positive for alcohol use problems with scores that indicated potentially hazardous drinking. When screening for PTSD, 18% screened positive for PTSD. The military experiences variable, measured the effect of

concealment on mental health of LGB veterans while serving during the DADT ban. The researchers hypothesized that concealed sexual minority identity would have heightened mental health risks, such as a mood disorder, PTSD, and alcohol or other substance use when compared to a general VA sample.

The first hypothesis was statistically significant, as evidenced by rates of mood disorders and PTSD. The second hypothesis was also statistically significant with respect to negative experiences being associated with a minority sexual identity while in the U.S. military. These findings may support the minority stress theory, Meyer's (2003; 2007) Minority Stress Model, and the Pascoe and Smart Richman (2009) Perceived Discrimination model. However, the Veteran participants of the current study produced similar qualitative results derived from participant reports of their lived experience.

For example, four of four Veteran participants had encountered some degree of mental health issues. These participants reported experiencing depression or anxiety, and P1 reported three psychiatric hospitalizations for suicidal intent. As evidenced in Chapter 4, these findings in the Negative Psychosocial Implications subtheme were reported. What follows is a discussion on a study that sought to explain LGB Veteran stress: Minority, occupational, and posttraumatic.

Occupational, Minority, and Posttraumatic Stress among Veterans Who Identify as Lesbian, Gay, or Bisexual

Bloeser (2015) examined experiences of minority stress, occupational stress, and posttraumatic stress of veterans who identified LGB. Bloeser studied the relationship of PTSD with stress encountered during deployment to a combat zone or in support of combat operations, and experiences of harassment, discrimination, and violence during military service related to Veteran minority sexual identity. The study did not solely examine LGB veterans after the repeal

of DADT. While 18% of participants served post-DADT, Bloeser did not report independent statistics for this group. The significance of this study is that key study variables were similar to the Cochran et al. (2013) study. However, Bloeser asserted the Cochran et al. study was limited, as they had not accounted for multiple types of trauma and their interaction with minority stress. A discussion on minority stress and their interaction with other types of trauma cannot occur in the current study, as no participants in the current study reported lived experiences related to any types of trauma (e.g., posttraumatic stress).

Bloeser (2015) tested five hypotheses after controlling for age, length of service, race/ethnicity, and gender. First, minority stress moderates the relationship between violence related to LGB identity and PTSD symptoms. Second, occupational stress moderates the relationship between combat exposure and/or Military Sexual Trauma (MST) and PTSD among LGB veterans. Third, minority stress moderates the relationship between LGB related violence and harassment and occupational stress. Fourth, (4a) minority stress and occupational stress moderates the relationship between combat exposure and PTS symptomology. Fifth, (4b) minority stress and occupational stress moderates the relationship between MST and PTS symptomology.

Bloeser's (2015) results supported her first hypothesis, as prejudice and stigma moderated the relationship between violence and harassment related to LGB identity and PTS. While LGB identities were a major theme in the current study, no participant reported a lived experience of PTS. Bloeser's study reported higher scores of LGB related violence and harassment were associated with higher PTSD Checklist (PCL-M) scores. Thus, the main effect of violence and harassment related to LGB identity was statistically significant in the Bloeser study. Results for the second hypothesis suggested the main effect of occupational stress on PTS.

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However, Bloeser reported the hypothesis was unsupported. As with the current study's results, only two of four veterans reported having exposure to combat. In addition, Veteran participants in the current study only reported observations of sexual harassment and assault, as they did not report any personal lived experiences.

Bloeser (2015) reported results supported the third hypothesis, as minority stress moderates the relationship between violence and harassment related to LGB identity and occupational stress. Moreover, while concealment moderated the relationship between violence and harassment related to LGB identity and experiences of occupational stress, higher levels of concealment only slightly increased the effects of LGB related violence and harassment on occupational stress. Bloeser reported results supported the fourth hypothesis, as internalized homophobia was a significant moderator of the effects of combat exposure on PTS. Bloeser asserted internalized homophobia is seemingly a major facet of experiencing PTS among LGB veterans, as those veterans not exposed to combat had the same PTSD Checklist (PCL-M) scores irrespective of the level of internalized homophobia. Bloeser's final hypothesis was not supported, as only a small number of participants (N = 26) reported MST. Thus, the power of the analyses was limited.

In the current study, Veteran participants reported lived experiences related to minority stress, as found throughout all four major themes and subthemes. For example, violence, specific to minority stress, is in the Sexual Harassment and Assault subtheme. Veteran participants in the current study reported lived experiences of concealing their sexual minority identity. However, in the current study, lower prominence did not equate to increased psychosocial implications, such as harassment. In addition, 3-in-4 Veteran participants reported lived experiences of encountering internalized stigma. Yet, their experiences occurred during the Identity Confusion

and Identity Comparison phases analyzed via the Cass (1979) sexual identity development model, and were not a major facet of experiencing PTS, as indicated in the Bloeser (2015) study. This investigator has now compared the results of the current study specific to LGB veterans to the findings in three Veteran studies. What follows is comparison and discussion on the findings from the Kertzner, Meyer, Frost, and Stirratt (2009) study on social and psychological wellbeing in LGB civilians.

Comparison to Social and Psychological Wellbeing in LGB Civilians

This section will discuss the Kertzner et al. (2009) study on social and psychological wellbeing in LGB civilians. The rationale for choosing this study was to compare findings in the Kertzner et al. study to findings in the current study, as articles on this subject could not be located specific to psychosocial wellbeing in LGB military personnel. The Kertzner et al. study examined sexual minority mental health using functional measures of psychological and social wellbeing in LGB individuals. The researchers examined the effects of race, gender, age, and sexual identity on social and psychological wellbeing in LGB individuals. These researchers contrasted these effects with depression, an indicator of stress and mental health in general, and sexual minority populations.

Kertzner et al. (2009) hypothesized social disadvantage would be associated with decreased wellbeing and increased depression on additive stress predictions. The researchers alternatively hypothesized enhanced psychosocial wellbeing and decreased depression via positive attitudes towards individuals' sexual identity and connectedness to the LGB community. Kertzner et al. also hypothesized disadvantaged social status (e.g., women) would be related to greater depression, and thus, lower psychosocial wellbeing. The researchers reported coping

resources might mitigate this relationship, such as positive attitudes towards individuals' sexual

identity and connectedness to the LGB community.

Kertzner et al. (2009) developed two models from their results that supported a majority

of their hypotheses. The Kertzner et al. Model 1 assessed the social status differences and

adjusted for socioeconomic variables, such as education, net worth, and employment status.

First, as it relates to social status differences in social wellbeing (Model 1), bisexual (as

compared to a lesbian or gay identity) was associated with lower levels of social wellbeing. A

review of the literature found in Chapter 2 also supported this finding, as bisexual individuals

oftentimes feel they do not fit within society's dichotomy of heterosexuality or homosexuality

(Potoczniak, 2007). The results of the current study do not support this finding. The bisexual

participants in the current study (N=5) did not report lower levels of social wellbeing when

compared to other minority sexual identities. However, 3-in-5 bisexual participants in this study

concealed their sexual identity, and one bisexual participant began living openly towards the end

of his tenure in the U.S. Military.

Contrary to their hypotheses, women did not differ from men in social wellbeing, and

Kertzner et al. (2009) found no support for any of their hypotheses regarding psychological

wellbeing. In the current study, 4-of-5 women participants fared better than their men

counterparts did. This may have occurred because 3-of-4 participants mentioned were married

and possessed high identity valence and synthesis when using the Cass (1979) model of sexual

identity development for analysis. However, one woman concealed her sexual identity at work.

In the Kertzner et al. Model 2, identity valence and connectedness to the LGB community

tested the impact of psychosocial wellbeing and levels of depressive symptoms. In this model,

both positive sexual identity valence and greater connectedness to the LGB community were

associated with greater social wellbeing with the latter having a stronger association. For example, bisexual identity was significantly reduced when valence and connectedness entered into the model, which demonstrated complete mediation via coping. Moreover, individuals who had a more positive sense of their sexual identity and who had greater connectedness to the LGB community had greater psychological wellbeing. Finally, positive sexual identity valence was associated with reduced depressive symptoms while connectedness to the LGB community did not decrease depressive symptoms.

The results of the current study were similar to the outcomes reported in the Kertzner et al. Model 2. For example, the LGB Identity Development section of Chapter 4 evidenced positive sexual identity valence in lived experiences reported by participants. This was particularly salient within married lesbian participants who concomitantly had greater social connectedness to the LGB community. Furthermore, even gay and bisexual men who concealed their minority sexual identity at work reported lived experiences of improved identity valence outside of work and increased their social connectedness to the LGB community. Of the participants who reported lived experiences of mental health concerns, all participants reported an inverse relationship between identity valence and depressive symptoms. That is, as identity valence improved, depressive symptoms subsided.

Kertzner et al.'s (2009) study suggested that minority stress has inconsistent effects on LGB mental health. Lesbian, gay, and bisexual community connectedness predicted social wellbeing nearly twice as strongly as identity valence whereas the latter was more predictive of psychological wellbeing. These results underscore the same findings in the current study. For example, of the participants who reported lived experiences of mental health issues, all of them had experienced negative valence when they were in the Identity Confusion and Comparison

stages of the Cass (1979) sexual identity development model. However, even as these participants began to find community in the Tolerance phase of the Cass model, they did not report lived experiences of improved valence. In fact, not until the fourth stage, Identity Acceptance, in the Cass model did participants report lived experiences of improved valence.

Given the culture and "cliquey" nature of the U.S. military, LGB participants reported they were more concerned with being part of the "in-group" of their military unit than they were with finding community with other LGB service members. Perhaps, the number of gay and bisexual men participants who conceal their minority sexual identity or come out on a case-by-case basis at best evidences this phenomenon.

In this section, a discussion on the comparison of the results from the current study in relation to studies reviewed in Chapter 2 transpired. This comparison included studies pertaining to theories and models, such as Minority Stress Theory and model, as well as, Perceived Discrimination Mental Health model. Also compared were studies on LGB military personnel and veterans. Finally, a comparison was made between civilian psychosocial wellbeing literature and the findings in the current study. A discussion on the limitations of the current study follows.

Limitations

This section will discuss the limitations of the current study to which several elements contributed. First, this investigator recruited participants via chain referral sampling, also known as snowball sampling. Berg (2006) stated a referral made to a study within a circle of people who know one another is defined as a snowball sample, or a chain referral sample. While the advantage of this type of sampling facilitated reaching a relatively inaccessible population (Trochim, 2006), the disadvantage is participants could have shared their lived experience after their interviews. For example, participants could have shared the questions posed to them, which

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could account for any similarities in participant responses. Furthermore, like-mindedness of participants, who knew each other well, which was obtained from chain referral sampling, could further explain similarities between participant responses.

Second, participant interviews occurred in two ways: In-person and via Skype. Despite standardized procedures and interview processes, the rapport established in-person could have unconsciously differed from rapport established via Skype. For example, three Skype interviews occurred with participants in significantly different time zones because their permanent duty station (PDS) was outside the continental United States (OCONUS). To such end, this limitation could have influenced the richness of the data collected because they made time for their interview well before their day started or well after their day ended.

Third, comparing the results of this qualitative study to the scant literature available, most of which was quantitative research, made it difficult to compare the qualitative results of this study to quantitative results reviewed and discussed in Chapters 2 and 5. While the Tuomi (2014) study was a mixed method study, comparing the qualitative findings of the current study to the results found in the Tuomi study could be problematic. As discussed in Chapter 2, the Tuomi study derived qualitative responses from online survey data as opposed to conducting in-depth interviews to obtain rich, meaningful data.

Fourth, data collection began in December 2016, shortly after the November 2016 presidential election. Data collection ended in February 2017, shortly after the January 2017 inauguration and the new administration took office. Two participants reported lived experiences with specific policy concerns of the new administration. However, the remainder of the participants made no mention of any concerns about the new administration. While all participants' prominent identity was first as U.S. service members, responses about their lived

experiences could have been less than forthcoming, as their new Commander-in-Chief had just been elected the 45th president of the United States.

Implications

In this section, a discussion transpires about the implications on which this research study will have an effect. A discussion occurs on the implications for mental health counselors and healthcare providers who work with the military population first. Following is a discussion on implications for counselor and healthcare educators who are responsible for training culturally competent counselors and providers. Thereafter, a summary of the implications of the current study is provided.

Counselors and Healthcare Providers

This section addresses implications for counselors and healthcare providers who work with U.S. Military personnel. Johnson and Buhrke (2006) encouraged military mental health professionals to provide ethical care to sexual minority military personnel in their journal article on service delivery in a Don't Ask, Don't Tell era. These researchers described the climate for LGB service members during DADT, yet a review of the three concerns raised at the time of their publication are of equal importance presently. Specifically, the results of the current study evidence psychosocial implications of LGB military personnel reported by Johnson and Buhrke 12 years ago, despite the repeal of DADT in 2011.

Johnson and Buhrke's (2006) three concerns follow. First, LGB service members face discrimination in employment, harassment, ostracism, and poor relationships with leadership (e.g., commanding officer). In 2006, there were no military protections, as DADT was still in place. The repeal of DADT and sexual orientation added to EEO protections are two positive changes that have occurred since 2006. However, as the results of the current study

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demonstrated, harassment and ostracism are still of concern today. Counselors and healthcare providers, who work with military personnel and veterans, should be prepared to attend to the ramifications of these distal minority stress processes. Given the results of the current study, counselors and healthcare professionals should be prepared to work with gay and bisexual men military personnel in particular.

Second, LGB service personnel faces legitimate career concerns. While LGB service members no longer fear discharge with the repeal of DADT, gay and bisexual men have replaced that fear with the need to conceal their sexual identity especially if they are pursuing a career in the military. Third, Johnson and Buhrke raised concern about the cumulative effects of minority stress through the lens of Meyer's (2003) minority stress theory. These concerns included distal and proximal minority stress processes and negative valence. Additional concerns cited by these researchers were the strong positive correlation between workplace heterosexism and negative social interactions, and depression and psychological distress (Smith & Ingram, 2004).

As evidenced in the current study, psychosocial implications associated with being an LGB service member raised by Johnson and Buhrke are as relevant today. Counselors and healthcare workers should be prepared to attend to accumulated stressors in gay and bisexual men military personnel, which left unprocessed could result in poor mental and physical health. While the results of this study did not demonstrate an increase in negative health behaviors related to having a minority sexual identity, counselors and healthcare professionals should screen for them when working with LGB military personnel. The rationale for doing so relates to the prevalence of mental health and substance use disorders cited in Chapter 2.

Counselors and healthcare providers need increased knowledge, skills, and abilities to provide culturally competent and ethically appropriate mental and physical healthcare to LGB

service members and veterans (Murphy, Rawlings, & Howe, 2002; Stebnicki et al., 2015). To such end, counselors (e.g., addictions, mental health, rehabilitation) and healthcare providers working in military settings, or who work with the military population in any capacity should be prepared to attend to the unique challenges that LGB service members experience, as the results demonstrated in this study.

Stebnicki et al. (2015) stated mental health and medical providers reported they acquired knowledge and skills to work with LGBT military personnel via reading, training seminars, and clinical supervision or consultation. However, Stebnicki and colleagues reported an opportunity exists to acquire knowledge and skills that encompass best practices to build a successful working alliance with LGB service members. Stebnicki et al. proposed seven best practices for counselors and allied healthcare providers, which are available in their article. Additionally, the findings of the current study may increase cultural competency to work with LGB military personnel and veterans via the knowledge garnered from reading this study. The overall implications for the current study are discussed in the summary provided at the end of this section. Following is a discussion on the implications for counselor and healthcare educators.

Counselor and Healthcare Educators

This section addresses implications for counselor and healthcare educators who are responsible for training and educating counselors and healthcare professionals who work with U.S. Military personnel. As more counselor education programs begin to offer coursework, classes, and certificate programs specific to working with military personnel and veterans, the educators responsible for training new counselors need to be prepared. This preparation includes comprehensive knowledge and skills to educate and train new counselors to work effectively with U.S. military personnel, including service members who have a minority sexual identity.

If counselors and healthcare providers are to be effective in their care of LGB military personnel, their educators must train them to do so. The results of the current study underscore the complexity of issues unique to LGB military personnel and veterans, and the need to allocate sufficient time to cover the topic in order to develop culturally competent counselors and healthcare providers. Therefore, counselor and healthcare educators could be more effective by dedicating more time to sexual minority individuals, and in particular, those of whom are serving in the U.S. Military. For those training programs that are fortunate enough to offer coursework specific to providing care to military personnel, the findings of this study demonstrate the need to cover LGB military personnel also.

As a suggestion, counselor and healthcare educators could include topics that follow the four theme clusters of this study. First, topics on sexual identity development and their models can aid students in their understanding of the unique developmental tasks. Furthermore, using the results from the first theme cluster, Sexual Minority Identity and Expression of LGB Service Members, could provide specificity to U.S. military personnel with a minority sexual identity. For example, educators could discuss how stage-specific therapeutic tasks (e.g., Cass, 1979 model) can help clients develop a stronger sense of self.

Second, including topics on the unique characteristics of military culture based on the lived experiences reported in the second theme cluster, Military Life and Culture through the Eyes of LGB Service Members will help educators differentiate how LGB and heterosexual service members lived experiences contrast. For example, gay and bisexual men experience significant levels of hypermasculinity while lesbian and bisexual women encounter high levels of sexual harassment.

Third, topic inclusion by counselor and healthcare educators related to outcomes from the cluster theme, LGB Service Members' Lived Experiences after the Repeal of Don't Ask, Don't Tell could be helpful to provide students a referential basis of competing, negative, and positive experiences. For example, how gender greatly determines the experience of being LGB military personnel, such that, men and women service members are faced with unique challenges related to their gender, irrespective of possessing a minority sexual identity.

Fourth, by providing topics from the cluster theme, Psychosocial Implications for LGB Service Members, counselor and healthcare educators could aid their students in understanding the psychosocial implications of being LGB military personnel and their differences when compared to LGB civilians. For example, most negative work environments experienced by LGB civilians are likely to include homophobia, heterosexism, hypermasculinity, and hostility. However, the manifestations differ for LGB service members, because the longstanding military culture substantially influences them, as evidenced in this theme cluster.

Next, Stebnicki et al. (2015) asserted that they found the same problem as previously mentioned with respect to providers, that is, a lack of best practices for working with LGB service members taught by counselor and healthcare educators. Stebnicki et al. reported that counselor educators facilitate training and educational curriculum based on the core content of practice areas and guidelines, as well as accreditation standards, such as the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Following is a summary of the implications of the current study with respect to counselors, healthcare professionals, and their educators.

This section discussed the implications of the current study in relation to counselors, healthcare professionals, and their educators. In summary, the implications of the current study

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are the contribution to the paucity of research available to counselors and other healthcare professionals, who work with LGB military personnel. To that end, the contribution of the current study includes: (a) information regarding sexual identity development with the Cass (1979) model applied to LGB military personnel in the current study; (b) the expression of an LGB identity with determinants of expression derived from the lived experiences of the current study; (c) the culture found in the U.S. military through the eyes of LGB service members; and, (d) psychosocial implications, including distal and proximal minority stress processes related to having a minority sexual identity while serving in the U.S. military. The recommendations of the current study are discussed next.

Research Recommendations

This section will address research recommendations that were derived from the results of the current study. The research recommendations are divided amongst future qualitative research and future quantitative research categories. The discussion begins with future qualitative research recommendations.

Future qualitative research. While the completion of this phenomenological study adds to the dearth of literature available on LGB military personnel in a post-DADT era, future research is greatly needed, including transgender military personnel. With an increase in the millennial and post-millennial cohorts identifying as sexual minorities (Gates, 2017), comes the opportunity to conduct other types of qualitative research specific to LGB military personnel. For example, ethnographers could investigate, "How does the culture of the U.S. military change with newly enlisted LGBT service members of the millennial and post-millennial generations?" Another research question pertaining to an ethnographical study could investigate, "What is the subculture of a specific subgroup of the larger LGBT military personnel population?" For

instance, an ethnographer could examine married LGBT service members with children and compare their findings with studies available on traditional military households in unique circumstances, such as deployment or PCS.

Further phenomenological study is needed in order to understand fully the complexity of cultural phenomena associated with the lived experiences of military participants in their environment. For example, phenomenological researchers could ask, "What are the lived experiences of service members who identity as heterosexual in a post-Don't Ask, Don't Tell era? If future generations of LGB service members have improved lived experiences by virtue of LGB millennial service members beginning to affect the overall culture of U.S. military acceptance of sexual minority service members, how do heterosexuals experience this cultural shift?

Another recommendation is to conduct a grounded theory study that could be viable by examining similar phenomena. For example, "What is the substantive theory of psychosocial implications for sexual minority military personnel serving post-DADT?" To do so, researchers would seek to generate a theory to examine a pattern of behavior germane and problematic for LGB military personnel. Stated differently, a grounded theory study could explain social processes that are present in LGB military personnel interactions. Researchers conducting a grounded theory study could examine factors related to social justice research, including attentiveness to context, constraint, power, privilege, inequality, and oppression. To such end, social justice research frequently is conducted to eradicate suffering (Charmaz, 2011). Following is a discussion of research recommendations specific to quantitative research.

Future quantitative research. This section addresses a research recommendation with respect to evidence-based measures**.** Stebnicki et al. (2015) reported counselors, allied health

providers, and their educators lacked evidence-based measures related to knowledge, skills, and awareness of working with clients and patients who identify as LGBT. A recommendation is that future quantitative research studies pilot evidence-based intervention measures. For example, "What are the evidence-based practices specific to working with LGB military personnel that demonstrate statistical significance (e.g., Cohen's *d*)?" Furthermore, with only a small group of researchers investigating health risk factors and concerns of sexual minority military personnel and veterans (Stebnicki et al., 2015) more research studies are needed. However, LGBT military personnel and veterans must first develop trust and rapport with their mental health counselors and healthcare providers before they will disclose their minority sexual identity. Therefore, cultural competence is needed to work with LGB service members and veterans. Following is a discussion on the policy recommendations being made to the Department of Defense.

Policy Recommendations

This section will provide policy recommendations specific to the Department of Defense. Two recommendations are made as a result of initial data obtained regarding service member turnover, and subsequent follow-up data obtained from two EO advisors who participated in this study. First, improve the representation of LGB military personnel by standardizing organizational climate surveys and censuses. Second, mitigate preventable separations of LGB military personnel by increasing job satisfaction. A discussion follows on standardizing organizational climate surveys and military censuses to improve the representation of LGB military personnel.

Standardize organizational climate surveys and military censuses. The Defense Equal Opportunity Management Institute (DEOMI, 2017), commissioned by the DOD, administers the DEOMI Organizational Climate Survey (DEOCS). The DEOCS is a 56-item Likert scale survey

that commanders can add up to 10 locally developed questions and five short-answer questions. On the one hand, this gives commanders flexibility to survey issues specific to their units. On the other, EO officers, who were participants in the current study, reported bias could be interjected into the survey. For example, if a commander does not approve questions that specifically address LGB service members, distal minority processes are likely not to be surveyed, which implies these types of behaviors are willing to be overlooked. This investigator reviewed a sample of the DEOCS version 4.1 that was comprehensive in many respects. However, only one mention of sexual orientation was an option amongst other minority statuses in the survey. The EO advisors participating in the current study reported this particular question is poorly worded and far too vague. Thus, a recommendation is to standardize the DEOCS to capture wide-ranging information about minorities, including LGB service members.

Additionally reviewed were the "2015 Demographics: Profile of the Military Community" publication located on the DEOMI website. While a mostly comprehensive list of demographic information was located, nowhere in this publication was there any mention of LGB service members and their families, unless they were presumably married and reported this information. Therefore, a recommendation is military censuses capture LGB military personnel demographic information. Following is a discussion on mitigating preventable turnover.

Mitigate LGB turnover. In the current study, three participants reported negative lived experiences related to their sexual identity that dissuaded them from reenlisting in the U.S. Military. While only 20% of participants in the current study, this outcome makes speculation reasonable regarding negative lived experiences associated with having a minority sexual identity could result in preventing LGB service members from reenlisting. A previous discussion of how P1 and P9 did not re-enlist because of the lived experiences with leadership while serving

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took place. While these cases may be more anomalous than common, what is important is both of these service members reported loving their jobs and stated they would have re-enlisted if they had a better experience with their leadership. Moreover, these participants reported that leaving was easier than addressing the problem(s) with leadership. Both P1, who served eight years, and P9, who served six years, were a loss to the Navy and USAF respectively based on the cost of turnover alone. Unequivocally, turnover is a costly expenditure for the DOD and American taxpayer to incur, particularly if they are preventable.

In summary, If DEOMI were to maximize the use of DEOCS by ensuring LGB service members' experiences are well assessed in each Command, perhaps distal and proximal minority stress processes would be reduced, and morale would increase. Moreover, perhaps then, more LGB enlisted service members would consider reenlisting as opposed to separating after four years. Turnover in any organization, especially those of which are preventable are costly and can be reduced with planning and focus.

Chapter Summary

This chapter began with a review of this study's problem, purpose, research questions, and methods used. The purpose of this study was to examine the phenomenon of being LGB military personnel in a post-DADT era. The research questions posed and answered were:

Research Question 1: What are (or what were) the lived experiences of U.S. Military service members or veterans who identify as lesbian, gay, or bisexual in a post Don't Ask, Don't Tell (DADT) era?

Research Question 2: What phenomena of psychosocial implications do U.S. Military service members or veterans experience (or what did they experience) who identify as lesbian, gay, or bisexual in a post Don't Ask, Don't Tell era?

Thereafter, a discussion on the results reported in Chapter 4 occurred. This discussion was relative to the results of this study, which can be interpreted within the context of two theoretical frameworks, Minority Stress Theory and its model (Meyer 2003; 2007), and the Perceived Discrimination and Mental Health model, (Pascoe and Smart Richman, 2009). Following were comparisons to the literature reviewed in Chapter 2. Moreover, significant results from Chapter 4 were included in the comparisons. A discussion of the study's limitations, research implications for counselors, healthcare providers, and their educators transpired. This chapter concluded with research and policy recommendations.

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East Carolina University

Title of Research Study: The Psychosocial Implications of Lesbian, Gay, and Bisexual (LGB) Military

Personnel in a Post Don't Ask, Don't Tell (DADT) Era

Principal Investigator: Jeffrey F. Thomas, MS, MS, LPC, LCAS, CRC

Institution/Department or Division: Department of Addictions and Rehabilitation Studies

Address: 4425 Health Sciences Dr. Greenville, NC 27858

Telephone #: (252) 296-2966

Study Sponsor/Funding Source: N/A

_____

Researchers at East Carolina University (ECU) study problems in society, health problems,

environmental problems, behavior problems and the human condition. Our goal is to try to find

ways to improve the lives of you and others. To do this, we need the help of volunteers who are

willing to take part in research.

Why is this research being done?

The purpose of this research is to examine psychological and social issues that LGB military

personnel or veterans experience(d) serving in the U.S. Armed Forces *after* the repeal of Don't

Ask, Don't Tell (DADT). The decision to take part in this research is yours to make. By doing

this research, we hope to learn about issues unique to LGB military personnel and veterans while

focusing on the period after DADT was repealed on September 20, 2011.

Why am I being invited to take part in this research?

You are being invited to take part in this research because you have served or are serving in the U.S. Armed Forces after the repeal of DADT and you identify as lesbian, gay, or bisexual, whether you live openly or conceal your sexual identity. If you volunteer to take part in this research, you will be one of about 10-20 people to do so.

Are there reasons I should not take part in this research?

I understand I should not volunteer for this study if I identify as a heterosexual, served in the U.S. Armed Forces before September 20, 2011, when DADT was repealed, am under 18 years of age, or do not speak English.

What other choices do I have if I do not take part in this research?

You can choose not to participate.

Where is the research going to take place and how long will it last?

The research procedures will be conducted at East Carolina University - Allied Health Science Campus. However, you will choose where you feel most safe and comfortable for me to interview you, such as your home or another public place like a library. The total amount of time you will be asked to volunteer for this study will depend on how much you have to share, but in general most interviews last 1-2 hours.

What will I be asked to do?

You are being asked to participate in a semi-structured, one-on-one interview(s) that will be conducted privately. I will ask your permission to audio record our interviews using a Livescribe pen and specialized paper for me to take notes.

This is a qualitative research study that seeks rich, detailed information. As such, if you have personal objects (e.g., journals), or other personal memorabilia (e.g., pictures) for which you

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think would be helpful in sharing your story, you are encouraged to share them with me. However, these personal objects will not be published as part of my study. While I might reference them in some manner, I will not reprint anything.

What possible harms or discomforts might I experience if I take part in the research?

There are possible risks (the chance of harm) when taking part in this research. You may find describing your sexual minority status difficult or painful. Moreover, if you are concealing your sexual identity, you may find it concerning about others (e.g., military personnel) finding out your status from participating in this study. However, I again assure you that your information will be held in the strictest of confidence and will not contain any identifying information about you.

What are the possible benefits I may experience from taking part in this research?

While we do not know if you will get any benefits by taking part in this study, some people who have participated in this type of research have experienced a better understanding of themselves because of the interview process as they thought deeply about their experience(s). By participating in this research study, you may also experience these benefits.

Will I be paid for taking part in this research?

We will not be able to pay you for the time you volunteer while being in this study.

What will it cost me to take part in this research?

It will not cost you any money to be part of the research.

Who will know that I took part in this research and learn personal information about me?

To do this research, ECU and the people and organizations listed below may know that you took part in this research and may see information about you that is normally kept private. With your permission, these people may use your private information to do this research:

Any agency of the federal, state, or local government that regulates human research. This includes the Department of Health and Human Services (DHHS), the North Carolina Department of Health, and the Office for Human Research Protections.

The University & Medical Center Institutional Review Board (UMCIRB) and its staff, who have responsibility for overseeing your welfare during this research, and other ECU staff who oversee this research.

Additionally, the following people and/or organizations may be given access to your personal health information, and they are a professional transcriptionist that will have signed a confidentiality agreement.

How will you keep the information you collect about me secure? How long will you keep it?

I will ask your permission to audio record our interviews using a Livescribe pen and specialized paper me to take notes. Your interview(s) will be kept confidential. There will be no identifying information tied to you whether you live openly or conceal your sexual identity. I will be using pseudonyms (i.e., your real name is "Susan," and I will refer to you as "Amy"). After I or a professional transcriptionist has transcribed your interview, the notes will be destroyed. The recording will be maintained for a period of no more than three years as I am writing my research report. Your recording(s) will be stored on a private computer that is both encrypted and password protected.

What if I decide I do not want to continue in this research?

If you decide you no longer want to be in this research after it has already started, you may stop at *any* time. You will not be penalized or criticized for stopping. You will not lose any benefits that you should normally receive.

Who should I contact if I have questions?

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at 252-296-2966 (days, between 9 am – 5 pm)

If you have questions about your rights as someone taking part in research, you may call the Office of Research Integrity & Compliance (ORIC) at phone number 252-744-2914 (days, 8:00 am-5:00 pm). If you would like to report a complaint or concern about this research study, you may call the Director of the ORIC, at 252-744-1971.

Is there anything else I should know?

With DADT being repealed just two years ago, research on sexual minority military personnel lacks terribly. Should you decide to participate in this study, you will give voice to an estimated 70,781 active-duty military personnel or 870,000 veterans that identify as Lesbian, Gay, or Bisexual (LGB).

I have decided I want to take part in this research. What should I do now?

The person obtaining informed consent will ask you to read the following, and if you agree, you should sign this form:

I have read (or had read to me) all of the above information.

I have had an opportunity to ask questions about things in this research I did not understand and have received satisfactory answers.

I know that I can stop taking part in this study at any time.

By signing this informed consent form, I am not giving up any of my rights.

I have been given a copy of this consent document, and it is mine to keep.

_____

Participant's Name (PRINT)   **Signature**   **Date**

Person Obtaining Informed Consent: I have conducted the initial informed consent process. I

have orally reviewed the contents of the consent document with the person who has signed above

and answered all of the person's questions about the research.

_____

Principal Investigator   (PRINT)   Signature   Date

m Ⅲ East Carolina University.

Dear Prospective Participant,

Please allow me to introduce myself and my study. I am Jeff Thomas, a doctoral student, from the Department of Addictions and Rehabilitation Studies at East Carolina University. I am writing to invite you to participate in my research study about the consequences of being a sexual minority serving in the United States Armed Forces in a *post* Don't Ask, Don't Tell era. You are eligible to participate in this study because you expressed interest to an organization from which I am seeking participants (e.g., American Military Partners Association; Military Partners and Family Coalition; OutServe chapter). I obtained your contact information from [*source*].

If you decide to participate in this study, you will give voice to an estimated 70,781 active-duty military personnel or 870,000 veterans that identify as Lesbian, Gay, or Bisexual (LGB). To achieve natural inquiry that honors your experience, I will be conducting a qualitative study. Thus, I would like to audio record your interview, which will be confidential and have no identifying information about you. I will then use the information to understand the implications (consequences) for LGB military personnel and veterans that serve(d) in a *post* Don't Ask, Don't Tell era in a meaningful way.

Please remember that your participation is voluntary. You can choose to be in the study or not. If you would like to participate or have any questions about the study, please email or contact me. Thank you very much for your consideration.

Sincerely,

Jeff Thomas
thomasjef14@ecu.edu

Email script/JFT/0514

APPENDIX C: Print Advertisement

Are you one of the estimated 70,781 active duty Lesbian, Gay, or Bisexual (LGB) military personnel or 870,000 LGB veterans that served after Don't Ask, Don't Tell (DADT) was repealed? If so, you are invited to participate in a research study about the consequences of being a sexual minority serving in the U.S. Armed Forces in a *post*-DADT era.

To be eligible to participate in this study you must be at least 18 years old, have served or are

serving in the U.S. Armed Forces *after* the repeal of DADT, and identify as lesbian, gay, or

bisexual. Confidentiality and anonymity will be strictly maintained, including individuals with

concealed statuses. Please remember that your participation is completely voluntary.

If you are interested in giving voice to your experience, please contact:

Jeff Thomas
Doctoral Candidate, East Carolina University
thomasjef14@ecu.edu

Print ad/JFT/0514

EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board Office
4N-70 Brody Medical Sciences Building· Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** · **www.ecu.edu/irb**

Notification of Initial Approval: Expedited

From: Social/Behavioral IRB
To: Jeffrey Thomas
CC:
          Paul Toriello
Date: 7/7/2014
Re: UMCIRB 14-000965
          The Psychosocial Implications of Being Lesbian, Gay, and Bisexual Military Personnel

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) is for the period of 7/7/2014 to 7/6/2015. The research study is eligible for review under expedited category #6, 7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Name	Description
Email Script_JF_Thomas.docx	Recruitment Documents/Scripts
Informed Consent	Consent Forms

Notification of Continuing Review Approval: Expedited

From: Social/Behavioral IRB
To: Jeffrey Thomas
CC:
          Paul Toriello
Date: 7/15/2015
Re: CR00003097
          UMCIRB 14-000965
          The Psychosocial Implications of Being Lesbian, Gay, and Bisexual Military Personnel

The continuing review of your expedited study was approved. Approval of the study and any consent form(s) is for the period of 7/13/2015 to 7/12/2016. This research study is eligible for review under expedited category # 6, 7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
Email Script_JF_Thomas.docx(0.01)	Recruitment Documents/Scripts
Informed Consent(0.02)	Consent Forms
Interview Script_JF_Thomas.docx(0.01)	Interview/Focus Group Scripts/Questions
JF Thomas Dissertation Proposal(0.01)	Study Protocol or Grant Application
Participant Demographic Form_v2_JF_Thomas_Study.docx(0.01)	Data Collection Sheet
Print Ad_JF_Thomas.docx(0.01)	Recruitment Documents/Scripts

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

Notification of Continuing Review Approval: Expedited

From: Social/Behavioral IRB
To: Jeffrey Thomas
CC:

    Paul Toriello
Date: 6/16/2016
Re: CR00004609
    UMCIRB 14-000965
    The Psychosocial Implications of Being Lesbian, Gay, and Bisexual Military Personnel

The continuing review of your expedited study was approved. Approval of the study and any consent form(s) is for the period of 6/16/2016 to 6/15/2017. This research study is eligible for review under expedited category # 7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
Email Script_JF_Thomas.docx(0.01)	Recruitment Documents/Scripts
Informed Consent(0.02)	Consent Forms
Interview Script_JF_Thomas.docx(0.01)	Interview/Focus Group Scripts/Questions
JF Thomas Dissertation Proposal(0.01)	Study Protocol or Grant Application
Participant Demographic Form_v2_JF_Thomas_Study.docx(0.01)	Data Collection Sheet
Print Ad_JF_Thomas.docx(0.01)	Recruitment Documents/Scripts

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

Notification of Continuing Review Approval: Expedited

From: Social/Behavioral IRB
To: Jeffrey Thomas
CC:
            Paul Toriello
Date: 5/18/2017
Re: CR00005808
            UMCIRB 14-000965
            The Psychosocial Implications of Being Lesbian, Gay, and Bisexual Military Personnel

The continuing review of your expedited study was approved. Approval of the study and any consent form(s) is for the period of 5/18/2017 to 5/17/2018. This research study is eligible for review under expedited category #6, 7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
Email Script_JF_Thomas.docx(0.01)	Recruitment Documents/Scripts
Informed Consent(0.02)	Consent Forms
Interview Script_JF_Thomas.docx(0.01)	Interview/Focus Group Scripts/Questions
JF Thomas Dissertation Proposal(0.01)	Study Protocol or Grant Application
Participant Demographic Form_v2_JF_Thomas_Study.docx(0.01)	Data Collection Sheet
Print Ad_JF_Thomas.docx(0.01)	Recruitment Documents/Scripts

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX E: Interview Guide

(1) How do you (or how did you) express your sexual orientation while serving in the

military?

(2) What has been (was) your experience as a sexual minority serving in the U.S.

Military since (after) DADT was repealed on September 20, 2011?

(3) How does (did) your sexual orientation have an effect on your psychological day-to-

day experience in the U.S. Military?

(4) How does (did) your sexual orientation have effect on your socialization and other

social factors in the U.S. Military?

(5) As a sexual minority in the U.S. Military, how do (did) you experience your (CONUS

and/or OCONUS) deployment?

    (5.a.) Where were you deployed to and for how long?

    (5.b.) How did your sexual orientation influence your deployment?

APPENDIX F: Participant Demographic Form

1. How old are you today?   _____

2. What is your gender?   Female   Male

3. What is your race/ethnicity?

    _____

4. What is your sexual orientation?   Lesbian   Gay   Bisexual

5. How do you live openly or closeted? Openly   Closeted   Closeted at work only

6. U.S. Military branch of service   Army   Navy   Air Force   Marine   Coast Guard

7. Your military rank? _____

8. Your military occupation (MOS or NEC)? _____

9. Number of deployments? _____

10.   Were you ever deployed to a combat zone? Yes   No

11.   Your current PCS?

       _____

12.   Past PCS(s)?

       _____

_____

_____

Participant Demographics/JFT/0514

Confidentiality Agreement

This CONFIDENTIALITY AGREEMENT

is made by and between

Jeffrey (Jeff) F. Thomas, East Carolina University (Disclosing Party)

and

Anita Fannin, Audio Transcription Services (Receiving Party)

each of whom shall be hereinafter referred to as

"Disclosing Party"
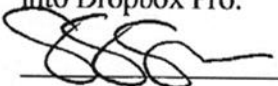
or

"Receiving Party"

as appropriate

with respect to project reference

The Psychosocial Implications of Being Lesbian, Gay, and Bisexual U.S. Military Personnel in a Post "Don't Ask, Don't Tell" Era

The Disclosing Party shall upload password protected audio files into Dropbox Pro where the Receiving Party shall download confidential and sensitive files that she will transcribe.

The Receiving Party agrees to maintain the strictest of confidence in relation to the audio file transcribed received from the Disclosing Party.
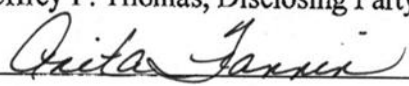
The Receiving Party agrees to upload password protected transcribed documents into Dropbox Pro.

_____   12/12/16
Jeffrey F. Thomas, Disclosing Party   Date

_____   12/13/16
Anita Fannin, Receiving Party   Date