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Trans and Genderqueer Military Service Member-Veterans: An Acculturation Phenomenology of Civilian Reintegration

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Abstract

As United States military policy continues to evolve and affirm the accession and retention of trans and genderqueer (TGQ) service members, more TGQ people will join and ultimately separate from military service. Reintegration is a term that represents the experience of beginning to separate from the military and transitioning into civilian life, and those who encounter it are referred to as military service member-veterans (MSMVs). Though empirical knowledge of reintegration for MSMVs overall continues to improve, cultural relevance has only recently been considered, and no research has investigated the reintegration experiences of TGQ MSMVs specifically. The primary purpose of this study was to explore the reintegration experiences of TGQ MSMVs from an acculturation framework. Within a constructivist-transcendental phenomenological approach, a sample of TGQ veterans were interviewed about their experiences of leaving military culture and re-entering civilian culture, including their experiences of resilience and distress and their encounters with supports and stressors. Six themes emerged; Reintegration is: *An Ongoing, Complex Process that Depends on Civilian Context; Being Uninformed About the Realities and Possibilities; Navigating the Personal Impact of Inter-System Gender Prejudice; Redeveloping Identity and Worldview Across Cultures; Moving Forward with Empowered Purpose; and Pursuing Intra- and Interpersonal Stability to Manage a Sense of Loss*. Additionally, smaller groups of themes emerged regarding military culture, civilian culture, advice for reintegrating TGQ MSMVs, and recommendations for reintegration service providers. The results explore the continued relevance of gender and gender identity, a cross-cultural identity transformation, and the system-wide resources and impacts that respectively facilitated or challenged TGQ MSMVs' experience of reintegration. Thus, the application of gender-affirmative practices, effective reintegration services, inclusive policy, and research that shares voice will be essential to help address the shared and unique needs of reintegrating TGQ MSMVs across military and civilian cultures.

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Joseph A. Galluzzo

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CHAPTER ONE: INTRODUCTION

This study was an exploration of the military-to-civilian reintegration experiences of trans and genderqueer (TGQ) people who have served in the United States military. The introduction includes (a) a discussion of recent changes in transgender-related military regulation, (b) an estimation of the number of TGQ active duty military service members and veterans in the United States, (c) an overview of the military-to-civilian reintegration experience generally, (d) a description of the organizational framework- ecological systems- that was used to review the military-to-civilian reintegration experience generally, (e) a primer for two theories- genderqueer minority stress and queer theory- that were used to characterize the potential military-to-civilian reintegration experiences of TGQ people, and (f) an introduction to acculturation, which was used as the conceptual framework for this study. Finally, the introduction will conclude with the purpose of this study and the primary and secondary research questions.

Directive-Type Memorandum 16-005

After a history of continuous gender-based prohibitions of service in the United States military, Secretary of Defense Dr. Carter announced in Directive Type Memorandum (DTM) 16-005 that transgender people would no longer be prohibited from military service due to gender identity (Elders & Steinman, 2014; Secretary of Defense, 2016). The decision was supported, in part, by two reports that each reviewed empirical research to determine that the policy change would not adversely affect military

readiness via financial burden, performance fitness, or unit cohesion (Elders & Steinman, 2014; Pollock & Minter, 2014). For example, the Department of Defense (DoD) may expect to spend at most $4.2 million per year to provide transition-related healthcare compared to their overall $47.8 billion annual budget, which is .0087% of the overall budget. The estimated cost of transition-related care per person is $29,929, but the estimated cost to discharge each current transgender service member would be $75,000 (Belkin, 2015; Belkin et al., 2017).

Additionally, transgender military service members and veterans demonstrate similar mental and physical health compared to their non-transgender peers (Downing et al., 2018; Hill et al., 2016). And regarding unit cohesion, Schaefer and colleagues (2016) found no adverse impact on effectiveness, readiness, or cohesion in a review of the experiences within foreign militaries that allow TGQ people to serve; there is also broad support for military service by TGQ people across all United States military branches and ranks (Dunlap et al., 2020). So, when otherwise qualified based on military fitness standards, DTM 16-005 dictated that TGQ people were granted accession into military service following completion of any necessary transition treatment and 18 months of medically certified stability, and those already in military service were retained with access to all gender-affirmative care except reconstructive surgery (Office of the Under Secretary of Defense, 2016; Secretary of Defense, 2016). The regulation was scheduled to begin on July 1, 2017 (Secretary of Defense, 2016).

However, DTM 16-005 was persistently challenged. Secretary of Defense Jim Mattis issued a memorandum one day prior to the onset of DTM 16-005 that deferred its implementation by six months with the intent to further evaluate the policy impact on

military readiness (Secretary of Defense, 2017). No modifications were published, and TGQ people were granted accession and retention support into military service on January 1, 2018 (Secretary of Defense, 2017). During that time, however, an August 25, 2017 Presidential Memorandum criticized a perceived lack of evidence regarding the regulation's effect on military effectiveness and resources. And despite the evidence used to support DTM 16-005, the Presidential Memorandum reinstated the historical policies that prohibited military service accession and retention of TGQ people (Secretary of Defense, 2016; Trump, 2017). Secretary Mattis and an anonymous "panel of experts" (Secretary of Defense, 2018, p. 1) issued a memorandum of recommendations based on criticisms of the DTM 16-005 sources of evidence rather than on evidence in support of the policy reversal itself. The aforementioned memoranda of exclusions were legally and legislatively challenged, but they remained unchanged (Doe et al. v. Trump et al., 2018).

Directive-Type Memorandum 19-004

Ultimately, consistent with the memorandum recommendations, DTM 19-004 was published on March 12, 2019 to implement responsibilities and procedures for access, retention, separation, and healthcare for people pursuing service or currently serving "with gender dysphoria" (Office of the Deputy Secretary of Defense, 2019, p. 1). The corresponding policy dictated the following: transgender people with a diagnostic history of gender dysphoria were disqualified from service accession unless they had previously presented in the sex assigned to them at birth for 36 months; then-current transgender service members who were diagnosed with gender dysphoria may have been granted retention unless necessary transition treatment was requested; and transgender service members who were diagnosed with gender dysphoria between the implementation

of DTM 16-005 and the then-current policy were able to serve openly and receive gender

dysphoria treatment (Office of the Deputy Secretary of Defense, 2019; Secretary of

Defense, 2018). DTM 19-004 was scheduled for expiration on March 12, 2020, but no

memoranda of review, renewal, or revocation were published timely, and its expiration

was delayed until September 20, 2020 (Office of the Deputy Secretary of Defense, 2019,

2020). Then, Department of Defense Instruction (DoDI) 1300.28 (Office of the Under

Secretary, 2020) was implemented on September 4, 2020 to enact the formal guidelines

of DTM 19-004.

Overall, there appeared no compelling regulatory reasoning for the restrictions

directed by DTM 19-004 (Elders et al., 2015). Although both memoranda regulated the

military service accession and retention of TGQ people, DTM 19-004 was a more

restrictive policy such that it established uniquely non-standardized guidelines of fitness

regarding gender dysphoria (Elders et al., 2015; Office of the Deputy Secretary of

Defense, 2019). For example, service members who are diagnosed with other mental

health challenges, such as depression, anxiety, and posttraumatic stress, can participate in

related treatment if the distress and treatment do not interfere with military readiness

(Office of the Under Secretary, 2016, 2018, 2019). Further, despite Secretary Mattis's

acknowledgement of the potential for non-transgender people to experience gender

dysphoria, the aforementioned restrictions only targeted transgender people (Office of the

Deputy Secretary of Defense, 2019; Secretary of Defense, 2018). The operation of DTM

19-004 presented meaningful implications for TGQ service members, including the

potential for disproportionally increased separation and discharge (James et al., 2016).

And although disproportionality of separation and discharge may diminish with the

recent return to Secretary Carter's TGQ-affirmative of military policy, such inclusivity

may result in an increased prevalence of TGQ people first in military service and then

who are reintegrating (Office of the Under Secretary of Defense, 2021a, 2021b).

TGQ MSMV Population Prevalence

Within the past six years, the lowest estimate of current transgender service

members and veterans, respectively, is 2,150 and 134,300, and the highest estimate is

14,707 and 163,100 (Belkin, 2015; Downing et al., 2018; OPA, 2017; Schaefer, 2014).

Gates and Herman (2014) estimated that there were 8,800 transgender active duty service

members, 6,700 guard and reserve service members, 129,700 veterans, and 4,600 retired

guard or reserve service members in 2014 for a total of 149,800 transgender military

service members (or 15,500 current and 134,300 retired/veteran). However, this statistic

was calculated from an earlier estimate of 700,000 transgender adults in the United

States, which has doubled as of 2016; another calculation based on a 2014-2015 overall

population size yielded an estimate of 163,100 transgender veterans at that time

(Downing et al., 2018; Flores et al., 2016; Gates, 2011). More complex still, a 2015

calculation that considered the progressive decline in military service estimated that there

may be 12,800 transgender active duty service members (Belkin, 2015). Population

prevalence calculations of transgender service members and veterans consequently

remains imprecise.

The most recent estimates of current transgender service members (i.e., active

duty and guard/reserve but not retired or veteran) have been calculated between 2016 and

2018, including a range from 2,150 to 10,790 and the first DoD-based estimate of 14,707

(Belkin & Mazur, 2018; OPA, 2017; Schaefer et al., 2016). More recently, a February

2020 statistics report published by the Defense Manpower Data Center (2020a, 2020b) suggests that the number of total active duty and guard/reserve service members is currently larger than recent estimates, and population prevalence of TGQ service members may be proportionally larger as well. Using a 2017 Census Bureau population estimate of 18,204,605 living veterans, and using the statistic that .7% of respondents on a 2016 DoD survey stated that they are transgender, while assuming a numerically equivalent population of transgender people between civilian and veteran groups, there may be approximately 127,400 transgender veterans currently living in the United States; this calculation's exclusion of TGQ veterans who identify otherwise, however, demonstrate the probability of its lower bound estimation (OPA, 2016; U.S. Census Bureau, 2017).

Reintegration Experience

All surviving active duty military service members ultimately transition from the military into civilian communities. Discharge from service can be voluntary following a contracted number of years or at retirement after at least 20 years of service, or it can be involuntary as a result of medical, psychological, or legal ineligibility to continue (Strom et al., 2012). Elnitsky, Fisher, and colleagues (2017) proposed the following definition of reintegration: "both a process and outcome of resuming roles in family, community, and workplace which may be influenced at different levels of an ecological system" (p. 2). For the purposes of this study, Elnitsky, Fisher, and colleagues' (2017) definition is used regarding the transition from life as an active duty service member in military culture to life as a formally discharged veteran in civilian culture regardless of past military deployment. And though the phenomenon is popularly referred to as 'community

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reintegration' in non-academic domains, the term 'reintegration' is used herein to encompass its multidimensionality within an ecological system (Elnitsky, Fisher, et al., 2017).

Some reintegration experiences can be facilitative, such as the emotional support of fellow service members and the ability to manifest their military values within a new career (Ahern et al., 2015; Suzuki & Kawakami, 2016). However, it can also be challenging, as though one has traveled through time or space: organizational discrepancies can exist between a highly structured military setting to a civilian society that is less so, and interpersonal frustrations can occur with civilians who do not share military values (Ahern et al., 2015; Demers, 2011; Elnitsky, Fisher, et al., 2017; Leslie & Koblinsky, 2017). TGQ military service member-veterans (MSMVs, a descriptor for service members transitioning into a veteran status, role, and/or identity) may encounter unique experiences during reintegration from one socio-politically marginalizing society to another. For example, within the military, they may be more vulnerable to forcible discharge- whether officially declared honorable, dishonorable, or otherwise- which can have adverse impacts on health outcomes and healthcare access (Brooks Holliday & Pedersen, 2017; Elders et al., 2015; Harrison-Quintana & Herman, 2013; Parco et al., 2015).

Though not yet thoroughly documented for TGQ MSMVs, military personnel were discharged at disproportional rates during past sexuality-related service restrictions (Schvey et al., 2019). 9% (117) of one empirical sample of TGQ veterans reported discharge due to their transgender or gender non-conforming identity, and seven out of 193 other TGQ veterans reported dishonorable and/or forcible discharge (Ahuja et al.,

2019; Chen et al., 2017). For those whose commanding officers were aware of their TGQ identity, almost one-quarter of those commanding officers were reported to have made attempts to discharge the TGQ service member. 19% of the TGQ service members voluntarily separated to avoid mistreatment (James et al., 2016).

Further, medical and psychological misunderstanding of TGQ people, as reflected in DTM 19-004, may promote stigma within diagnosing healthcare providers, which may result in greater risk of discharge due to misdiagnosis of gender dysphoria (Bockting et al., 2013; Office of the Deputy Secretary of Defense, 2019; Schvey et al., 2019). Combined with the rate of separation from military service for other reasons shared by their peers, TGQ service members may reintegrate from military to civilian life at a relatively higher rate and with relatively greater difficulty. Therefore, the competence of reintegration services to support TGQ MSMVs is considerable, but such services have been unreliably enforced, inconsistently effective, and understudied (Ahern et al., 2015; Bryant & Schilt, 2008; Rosentel et al., 2016; Shipherd et al., 2012).

Ecological Systems

"Reintegration is dynamic, personal, culturally bound… and psychosocial in nature, involving the individual and the environment… [and is affected by] behavioral, physical, rehabilitative, and social factors" (Elnitsky, Blevins, et al., 2017, p. 114-115). Further, it refers to functioning within psychological health, social, physical health, employment, housing, financial, education, legal, and spiritual domains (Elnitsky, Blevins, et al., 2017; Elnitsky, Fisher, et al., 2017). Ecological systems theory suggests that the individual and environment interact with each other within the factors of four system levels: individual, interpersonal, community, and societal (Bronfenbrenner, 1979).

For reintegrating MSMVs broadly, this may include individual factors of psychological and physical health, demographics, productivity, personal identity, self-care, feelings of isolation, and financial challenges; interpersonal factors of family, veteran friends, spirituality/religiosity, social engagement and functioning, social support, and family reintegration; community factors of VHA, work and school, the civilian community, community involvement, and laws; and societal factors of the economy, social policy, DoD policy, VA policy, and culture (Elnitsky, Blevins, et al., 2017; Elnitsky, Fisher, et al., 2017; Kranke et al., 2016). Community systems and social policy- including the importance of policymakers to understand the concept, process, and experiences of reintegration- may be particularly impactful for reintegrating TGQ MSMVs (Elnitsky, Fisher, et al., 2017; Rood et al., 2017). All four system levels, however, appear to offer an organizational framework for exploration of TGQ MSMVs' experiences within and across the military system and civilian system during reintegration.

Genderqueer Minority Stress

The adaption of the Minority Stress Model (Meyer, 2003) for TGQ people was originally conceptualized by Hendricks and Testa (2012) to focus on the unique lived experiences of transgender and gender nonconforming people within a sociocultural-political context, such as experiences of identity and expression, expectations of rejection, internalized stigma, and development of resilience. For example, about 30% of the TGQ civilian population live in a state with more discriminatory laws and policies than those that are protective (MAP, 2020). Lefevor and colleagues (2019) extended Hendricks and Testa's (2012) adaption to include genderqueer individuals, the experiences of whom were otherwise excluded in considerations of binary transgender

people (e.g., people whose gender identity is man, including trans man, or woman, including trans woman). Notable are their empirical findings that genderqueer individuals reported increased rates of assault and trauma, anxiety, depression, psychological distress, eating concerns, self-harm, suicide thoughts, and suicide attempts compared to cisgender or binary transgender people. Whereas Hendricks and Testa's (2012) framework has been called Gender Minority Stress Theory, that of Lefevor and colleagues (2019) may be called Genderqueer Minority Stress Theory. Though the aforementioned results may not be generalizable to the broader- particularly non-clinical-population of TGQ people or MSMVs, TGQ MSMVs can experience internal and external minority stressors within and beyond military spaces, including stigma, discrimination, rejection and homelessness, suicide ideation, depression, posttraumatic stress, and alcohol misuse (Lefevor et al., 2019; Parco et al., 2015; Schvey et al., 2019; Tucker et al., 2019).

Queer Theory

MSMVs- both broadly and those who are TGQ- demonstrate resilience despite the presence of systemic stressors and the experience of psychological distress. Veterans overall typically experience more positive health outcomes than civilians, and military experience in particular may moderate the relationship between external stressors (e.g., stigma) and internal distress (Brown & Jones, 2014; Downing et al., 2018; Hill et al., 2016). However, the resilience experiences of TGQ MSMVs appear to be more suitably conceptualized within a framework that challenges or at least perceives beyond those that conventionally prioritize dominant narratives. Queer theory, which has promoted transgender studies and lived experiences of transgender people, appears to offer such a

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framework (Halperin, 2003). Attributed to the scholarship of de Lauretis (1991) despite

its collective emergence across theorists in the 1990s, queer theory is described as a

discursive analysis of dominant social narratives, including those regarding identity

(Watson, 2005).

Queer theory has been used to conceptualize the experiences of military service

members who live in a society and culture that prohibits the expression of marginalized

identity (Trivette, 2010). Trivette (2010) discovered that safe spaces spontaneously

manifested between and among lesbian, gay, and bisexual (LGB) service members while

expression of their sexuality was prohibited. Called queer spaces, the covert networks

through which LGB service members were able to connect with each other were

represented in particular contexts of interaction; the spaces were imperceptible to those

who were not aware of it due to their contextual rather than physical nature (Trivette,

2010). In consideration of the capacity of social support and community belongingness to

promote the well-being of TGQ civilians and MSMVs, TGQ service members may

experience similar spaces in consideration of the current restrictions of their gender

identity and expression (Barr et al., 2016; Bockting et al., 2019; Budge et al., 2014;

Demers, 2011; Hill et al., 2015; Parco et al., 2015; Pflum et al., 2015; Valentine et al.,

2014).

Acculturation

Acculturation is defined as "the changes an individual experiences as a result of

being in contact with other cultures" (Sam & Berry, 2006, p.14) regarding cultural

practices, values, and identification (Schwartz et al., 2010). The phenomenon is theorized

as a process within and between individuals and cultural groups, it typically focuses on

ethnic cultural identities, and minority groups have often been the populations of interest (Broom & Kitsuse, 1955; Sam & Berry, 2006). The acculturative experience appears to be bidirectional, such that there is a reciprocal exchange of patterns between cultures, and to be multidimensional, such that connection with each cultural pattern can change independently (Falvarjani et al., 2019; Fox et al., 2013; López & Contreras, 2005; Meca et al., 2017; Torres, 2010; Yue et al., 2019). However, sociopolitical supports or barriers from either or both societies may impact identification with each culture such that the acculturating person may develop an integrated or differentiated identity, respectively, to promote cultural belongingness and cohesion (Cicognani et al., 2018).

TGQ MSMVs may encounter yet unexplored sub-cultural identification, values, and behaviors within and across the challenging sociopolitical contexts of the military society from which, and the civilian society into which, they are acculturating (Cicognani et al., 2018; Sam & Berry, 2006; Schwartz et al., 2010; Trivette, 2010). Coll and colleagues (2011) proposed that MSMVs who leave military service after many years of pervasive integration within a military culture may experience a similar form of culture shock experienced by immigrants when first moving to the United States (U.S. Army, 2014). Measurement of reintegration typically is achieved through quantitative instruments that measure the same ecological domains: psychological health, family, physical health, employment, housing, financial, education, legal, and spiritual (Elnitsky, Fisher, et al., 2017). Such domains refer to the precipitated influences and resultant outcomes of the reintegration experience, but a specific cultural domain has not been considered. And although some research has explored the qualitative experiences of these domains for the overall MSMV population, neither quantitative nor qualitative

exploration of the experiential process of cross-cultural reintegration (i.e., acculturation) has been conducted for TGQ MSMVs (e.g., Ahern et al., 2015; Demers, 2011; Leslie & Koblinsky, 2017; Suzuki & Kawakami, 2016). The theory of acculturation therefore appears to offer a novel orienting framework for exploration of the multiple contextual impacts and lived experiences of TGQ veterans' recent military-to-civilian (i.e., service member-to-veteran) cultural reintegration processes.

Purpose of the Study

The purpose of this study was to explore U.S. TGQ MSMVs' lived experience of military-to-civilian reintegration. Whereas ecological systems theory promoted an organizational framework of context- including the stressors and supports within and across societal, community, interpersonal, and individual system levels- genderqueer minority stress theory and queer theory provided a framework for the lived experiences within such contexts (Hendricks & Testa, 2012; Kranke et al., 2016; Trivette, 2010). With an emphasis on cultural identification, values, and practices, the theory of acculturation was used as an overarching theoretical framework to conceptualize the cross-cultural process of transitioning from military society to civilian society in consideration of the aforementioned contexts and lived experiences (Sam & Berry, 2006; Schwartz et al., 2010).

A thorough literature review suggested that there has yet been no qualitative or quantitative research with TGQ veterans regarding their reintegration experiences particularly in consideration of current regulations of restricted military service. Nonetheless, qualitative exploration of the lived experiences of TGQ military service members and veterans, including the need for a phenomenological exploration of

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acculturation experiences, have been encouraged (e.g., Brown & Jones, 2014; Chirkov, 2009; Lehavot et al., 2016; Lindsay et al., 2016). Gaining insight about reintegration experiences can both promote understanding of the difficulties encountered by, and inform development of supportive interventions for, TGQ MSMVs (Ahern et al., 2015). Although peer-reviewed literature regarding reintegration has increased exponentially in the past decade, the acculturative reintegration experiences of TGQ MSMVs have not been explored in any analytic method (Elnitsky, Fisher, et al., 2017).

This study utilized a social constructivist-transcendental phenomenological analysis to explore the cultural reintegration experiences of TGQ veterans who have reintegrated or are reintegrating from life in military society to life in civilian society (Creswell & Poth, 2018; Crotty, 1998; Moustakas, 1994). In this exploration, I hoped to emphasize the dynamic interactions across military and civilian system levels that promote barriers, support, distress, and resilience within reintegrating TGQ MSMVs. Promoting TGQ veterans' ability to reflect on and perceive life experiences across ecological contexts, a social constructivist phenomenology illustrated descriptions of the contextual lived human experience through direct quotes and collaborative interpretation (Creswell & Poth, 2018; Kranke et al., 2016; Laverty, 2003; Smith et al., 2009). The results have the potential to support advocacy efforts and program development by counseling psychologists for the needs of reintegrating TGQ MSMVs within military and civilian spaces (e.g., TriCare and VHA, respectively; Vera & Speight, 2003). I intended to align this study with the counseling psychology value of social justice (i.e., the commitment to addressing systemic issues, and the promotion of transformative action

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toward individual and societal benefit) by facilitating the opportunity for TGQ veterans to share their experiences of military-to-civilian reintegration (Gelso et al., 2014).

Research Questions

My primary research question was: what is the lived experience of U.S. TGQ MSMVs' cultural reintegration from life in military society to life in civilian society? My research sub-questions were:

1. How is military-to-civilian reintegration characterized?

2. What changes in cultural identity, values, and practices occur?

3. What supports/resilience and stressors/distress interact with this experience?

    a. What impact does TGQ-related military policy have on the reintegration experience?

4. What recommendations would TGQ MSMVs suggest to reintegration services, including psychological services?

GLOSSARY

Acculturation: "the changes an individual experiences as a result of being in contact with

other cultures" (Sam & Berry, 2006, p.14) regarding cultural practices, values,

and identification (Schwartz et al., 2010)

Active duty component: full-time occupation as part of a military force in a military

capacity; also called 'active duty' or 'active component'

Cisgender: gender identities conventionally associated with the sex a person was assigned

at birth, typically including man or woman; some people who have undergone

medical gender transition may use this term to describe their gender identity due

to the resulting congruence between their sex characteristics and their gender

identity/expression

Community gatekeeper: individual(s) of a community in a role of intermediary

facilitation between members of the community and people, such as researchers,

external to the community

Enlisted rank (E-#): a military classification that refers to service members who typically

participate in or support military operations directly, including equipment repair

and technical activities; service members of this classification are managed by

those of officer rank

Gender binary: a sociocultural categorization of gender into two types- man and woman-

based on the belief in the opposition between masculinity and femininity

Gender dysphoria: a diagnostic term for the incongruence between one's gender

identity/expression and the sex one was assigned at birth represented by two or

more of multiple criteria, that occurs for at least six months, and that is associated

with significant functional distress; this term and diagnosis are associated with historical prejudice in medicine, psychology, and society (American Psychiatric Association, 2013; Stroumsa, 2014)

Gender identity: the internal, personal sense of one's gender; distinct from gender expression, which is the expression, appearance, and/or presentation of one's gender identity

Gender transition: a diverse experience that is distinguished into social transition- the process of changing one's gender presentation- and medical transition- the process of changing one's sex characteristics- with the purpose of promoting congruence between one's gender identity and gender expression; any form of transition is not a necessary characteristic of non-cisgender identities

Genderqueer: a gender identity that typically represents identification with gender in unconventional ways not based in a gender binary, including identification with no gender or many genders; specified herein to reference unconventional gender identification without implication of transgression against the binary norm, such as in non-cisgender, gender non-conforming, and non-binary terms

Military discharge: formal release from military service obligation for one or more of many reasons- including but not limited to expiration of service term, administrative, punitive, medical, and government convenience- and characterized by diverse terminology- including but not limited to Honorable, General, Dishonorable, and Medical

Military retirement: the leave from active duty after 20 years of military service; distinct from military separation and military discharge

Military reserve component: a civilian status in the military characterized by a minimum

of 39 days of duty annually (i.e., once-monthly weekend and annual two-week

military training) with the possibility of change to active duty status when needed

to support national security; also called 'reserves' or 'the Reserves'

Military separation: the process of leaving active duty military service either entirely or

in part, such as when continuing service obligations in a reserve component

Officer rank (O-#): a military classification that refers to service members who may

provide organizational planning for, management of, or leadership to those of

enlisted rank during military operations, may operate or command military

vessels, and/or may provide medical, psychological, legal, and other services

Reintegration: "both a process and outcome of resuming roles in family, community, and

workplace which may be influenced at different levels of an ecological system"

(Elnitsky, Fisher, et al., 2017, p. 2)

Sexual identity: the internal, personal sense of one's romantic or sexual attraction;

distinct from sexual orientation, which is the romantic, emotional, and/or sexual

attraction to others

Trans: shorthand for 'transgender,' which represents the gender identity(ies) not

conventionally associated with the sex a person was assigned at birth; a popular

but potentially exclusive term used in attempt to represent an umbrella category

that encompasses non-cisgender identities that are sometimes characterized within

a gender binary

Trans and genderqueer (TGQ): a term used in attempt to represent a diverse group of

people whose gender identity is not conventionally associated with the sex they

were assigned at birth regardless of identification within or beyond a gender

binary; despite the inevitable ineffectiveness of language to accurately represent a

diverse group of people by use of a single word or category, this term has been

developed herein to counteract the potential exclusivity of using either term

independently and to include all people who may identify their gender in different

ways yet encounter similar gender-related experiences

Veterans Affairs: shorthand for 'Department of Veterans Affairs'; the federal agency that

supports veterans following military service, including healthcare through the

Veterans Health administration

CHAPTER TWO: LITERATURE REVIEW

This chapter provides a review of empirical research and theoretical literature regarding TGQ MSMVs' experiences of reintegration from military culture to civilian culture. The first section will provide a review of the sociocultural contexts and lived experiences of TGQ civilians in the United States, including prominent legislation and policy. The following section will also review sociocultural contexts and lived experiences but of TGQ military service members; this section considers military culture as well as stressors, distress, resilience, and supports through the frameworks of genderqueer minority stress theory and queer theory. In the third section, the review will discuss the final pair of sociocultural contexts and lived experiences as pertinent to TGQ veterans. The first three sections of this chapter are intended to provide civilian- and military-relevant cultural and psychological background of TGQ MSMVs' potential reintegration experiences. Next, the fourth section will progress into a description and review of this study's primary conceptual framework- the theory of acculturation- and one of its most common models. Finally, the fifth section will conclude with an exploration of the growing literature on the process of reintegration from military culture to civilian culture, which is conducted within an ecological systems framework.

TGQ Civilians

Reintegrating TGQ MSMVs return to the sociocultural environment and psychological experiences of civilian society from which they were removed when

previously beginning active duty military service (U.S. VA, 2018). Sociocultural contexts

of TGQ civilians include a history of marginalization, absent civil protections, and

fluctuating healthcare standards (American Psychological Association, 2015; Beemyn,

2015; Coleman et al., 2012; Stroumsa, 2014). Additionally, the lived experiences-

including system-level impacts and psychological outcomes- include, in part, social

rejection, discrimination and violence, social support, and community belongingness to

varying degrees (Barr et al., 2016; Bockting et al., 2013; Grant et al., 2011; Rood et al.,

2016). These contexts and experiences are relevant to the reintegrating TGQ MSMVs as

they transition from life in military culture to life in civilian culture (Elnitsky, Blevins, et

al., 2017).

Sociocultural Contexts

The sociopolitical contexts of civilian society are well-documented, but the

history of TGQ people is unclear particularly in the more distant past (Beemyn, 2015).

Rather, the history of gender-non-binary Native people who lived in the lands currently

known as the United States were and have been interpreted and documented from a Euro-

American worldview, and as this trend continued, historians know less than they would

like (Beemyn, 2015). The result was, at best, a misinterpretation of gender diversity as

sexual deviancy and, at worst, fatal violence (Beemyn, 2015). However, an enduring

phenomenon has been the gathering of TGQ people in safe spaces beyond the public's

judgment (Beemyn, 2015). And as rising popularity of the Internet in the 1990s advanced

trans activism through increased interpersonal connections and widespread visibility,

queer studies in academia emerged within the works of multiple queer theorists and

introduced third-wave feminism ('transfeminism') in support of trans people of color (Beemyn, 2015; Koyama, 2003; Shapiro, 2010).

The TGQ community has endured challenges and adversity at societal and political levels throughout history (Beemyn, 2015). The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)* has pathologized TGQ identities to differing extent in its 3rd, 4th, and 5th editions (American Psychiatric Association, 1980, 2000, 2013). Organizations that claim to support LGBTQ civil rights, such as the Human Rights Campaign, have endorsed legislation for sexual identity protections at the disregard and even expense of gender identity protections (Beemyn, 2015). These systemic challenges are confronted by supportive organizations including but not limited to the National Center for Transgender Equality, the Sylvia Rivera Law Project, the Transgender Law Center, Lambda Legal, and the Consortium of Higher Education LGBT Resource Professionals (Beemyn, 2015). However, even today, political and legal decisions inhibit change at other system levels. These continued barriers preclude the establishment of widespread protections for, and effectively marginalize, TGQ people based on gender identity (American Psychological Association, 2015).

Legislation and Policy

TGQ people have historically experienced fluctuating civil protections and prohibitions. Twenty-nine laws were enacted in 28 cities across 16 states within the 19th-century that prohibited people from wearing clothes incongruent with the sex they were assigned at birth; the first was enacted in 1848. In the 20th-century, 12 more laws were enacted in 11 cities across 7 states (Eskridge, 1999). Minnesota, in 1993, became the first

state to pass a non-discrimination law that explicitly included protections against people

based on their gender identity and expression. Then 17 states and D.C. followed suit but

only beginning in 2000 and spanning over 13 years (Beemyn, 2015). Compared to three

in the 1980s, more than 150 cities and counties had implemented transgender rights

ordinances by 2012 to protect more than 45% of the country's TGQ population (Beemyn,

2015). And within the past 21 years, 1,055 college and university campuses have made

similar changes, effectively promoting gender-inclusive spaces (369 campuses),

transgender-related counseling and medical services (88 campuses for students and 55

campuses for employees), and campus-wide name changes for transitioning students

without legal requirement (258 campuses; Beemyn, 2019).

Currently, however, most of the United States does not comprehensively protect

people on the basis of gender identity at the statute level. As of April 2020, only 19 states

and D.C. have more protections than not for people on the basis of gender identity and/or

expression as represented across 40 laws and policies regarding relationships, parental

recognition, non-discrimination, religious exemption, youth, healthcare, criminal justice,

and identity documents (MAP, 2020). In four of these states, there are only 50-75% more

protections than not. Four states and one territory have only 25-50% gender

identity/expression protections within those 40 laws and policies, nine states and one

territory have 0-25% protections, and 18 states and three territories have more

discriminatory laws and policies than they do protections (MAP, 2020). Evidently, state

laws appear inadequate toward achieving deserved protections for TGQ people.

Overall, federal legislative changes have neglected protections for TGQ people

(Stroumsa, 2014). For example, the Employment Non-Discrimination Act (ENDA) was

introduced in 1974 to prohibit discrimination during hiring and employment based on sexual identity, and language including gender identity protections was finally proposed in 2007 (Civil Rights Act, 1964; ENDA, 2013; McThomas & Buchanan, 2012). Although it has been introduced in every Congress since 1994 except for one, however, it has never passed into law (McThomas & Buchanan, 2012). This Act would have had the potential to promote socioeconomic power within the TGQ community and subsequently diminish the disparities of housing and healthcare access (Lefevor et al., 2019; McThomas & Buchanan, 2012; Stroumsa, 2014).

Recent legislative efforts toward civil protections have been both revolutionary and challenged. The Equality Act, which expands from and beyond the ENDA and Civil Rights Act of 1964, passed the United States House of Representatives in 2019 and 2021. Its purpose would be to "prohibit discrimination on the basis of sex, gender identity, and sexual orientation" (Equality Act, 2021, para. 1) and would include protections in public accommodations, public facilities, public education, employment, housing, and other life domains (Civil Rights Act, 1964; ENDA, 2013). Because the Equality Act has not yet continued further, laws to remove protections have been enacted in the interim, such as the current legislature's rescinding of a previous Title IX protection that had supported some students to use restroom facilities congruent with their gender identity (Education Amendments Act, 1972). And the single statute that may currently provide protections based on gender identity is the Matthew Shepard and James Byrd Jr. Hate Crimes Prevention Act of 2009, which was prompted only after the murder of two people whose names are memorialized in that of the Act (Hate Crimes Act, 2009). However, this

protection, which criminalizes willful injury, is only enacted in crimes that affect federally protected activities (Hate Crimes Act, 2009).

No federal law exists that explicitly includes gender identity or expression as a protected class and that comprehensively prohibits discrimination toward, and protects the rights of, TGQ people. This is due to the language commonly used in laws that enact protections based on 'sex' rather than 'gender identity' and 'gender expression' (Taylor, 2007). As a result, federal courts and federal appeals courts, in addition to courts of appeals and district courts, must make determinations based on their interpretations of outdated language (Taylor, 2007). Federal departments have also issued clarifications regarding the language. Some such determinations and clarifications that have promoted protections for people based on gender identity include those that consider civil rights in healthcare access, employment, education, and housing, for example (Civil Rights Act, 1964; Civil Rights Act, 1968; Education Amendments Act, 1972; Patient Protection and Affordable Care Act, 2010; Transgender Law Center, 2016). However, such as in the repeal of the Defense of Marriage Act (DOMA), determinations that are intended to declare more inclusive protections for everyone via the class 'sex' both emphasize a sex binary and are not responsible for actually explicating protections based on gender identity or expression (Defense of Marriage Act, 1996; Grenberg, 2006; Obergefeell v. Hodges, 2015). Without explicit, definitive language in legislation that includes gender identity and expression as a protected class, it appears that the legal protections of TGQ people will systematically depend on legislative interpretation.

When federal law is unclear or is non-existent regarding explicit protections based on gender identity and expression, states propose and pass their own bills, and

organizations implement their own policies (Sellers, 2014; Taylor, 2007). The result is varied access to- including denial of- the civil rights and privileges enjoyed by those considered within legislation. For example, parental rights of TGQ people vary considerably by state (Cisek v. Cisek, 1987; Mayfield v. Mayfield, 1996). Name and gender marker changes on birth certificates, driver's licenses, and passports require sex reassignment surgery, medical documentation, and/or affidavits depending on the state; and bans against document changes in one state can prevent other document changes in another state (Littleton v. Prange, 1999; Love v. Johnson, 2015). Similar barriers occur when a federal statute declares protections for TGQ people while a federal agency denies corresponding privileges associated with those protections- such as tax exemptions- or when federal protections are granted but local agencies are not equipped with sufficient resources to implement reliable safeguards against, and responses to, discrimination (Sellers, 2014; Taylor, 2007). Yet more challenging is when federal protections are non-existent- either due to a rescinded bill or a dead one- and organizational policy protections are removed or replaced with those that may be discriminatory (Lefevor et al., 2019; Stroumsa, 2014; Taylor, 2007).

Healthcare Perspectives, Policies, and Practices. The *DSM* is used within the United States as a manual for psychological diagnosis to support treatment (American Psychiatric Association, 2013). Both the *DSM-I* and *DSM-II* listed 'transvestitism' as a pathological behavior but did not mention gender identity specifically (American Psychiatric Association, 1952, 1968). The *DSM-III* was the first to include a section called 'gender identity disorders,' including the diagnosis 'transexualism,' and it used inaccurate and exclusionary gender terminology such as "of the other sex," "male," and

"female" (American Psychiatric Association, 1980). Particular to this edition was an absent recognition of potentially distressing experiences of incongruence; rather, the criteria connotated a pathological desire to be or look "of the other sex" despite "their own anatomic sex" (American Psychiatric Association, 1980).

Even though the non-binary (i.e., queer) understanding of gender became more popular starting in the 1960s, diagnostic criteria and guidelines of practice maintained a binary perspective of gender into the 1990s, which therefore promoted social stigma and inhibited healthcare access. In 1994, the *DSM-IV* declared gender identity disorder a sexual disorder rather than a psychological one. Even considering the *DSM-5*'s diagnostic name change to 'gender dysphoria' and its emphasis on distress from incongruence rather than on a pathology of gender expression, each edition has been remiss in not emphasizing the potential precipitation of distress due to the prejudices of a cis-normative society (Stroumsa, 2014). In its current form, the *DSM-5* joins the broader healthcare and legal systems in maintaining the diagnostic requirement for gender affirming treatment access and coverage (Stroumsa, 2014). This has the power to result in exclusionary access to necessary medical treatment, encourage discriminatory practices within healthcare, and declare mental health providers as gatekeepers at the disempowerment of TGQ people (Lev, 2009; Tebbe & Budge, 2016).

In July 2012, the U.S. Department of Health and Human Services (HHS) clarified that section 1557 of the Patient Protection and Affordable Care Act includes the federal prohibition of discrimination based on gender identity (Patient Protection and Affordable Care Act, 2010). This, including a 2017 court ruling that the Americans with Disabilities Act (ADA) covers gender dysphoria as a recognized disability, implicated widespread

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changes within healthcare practice and policy (Blatt v. Cabela's Retail, Inc., 2017; Stroumsa, 2014). Beforehand, policies either prohibited gender-affirmative treatments or delineated no related standards of care. But subsequently: Medicare rescinded the 1981 exclusion of transition-related healthcare in 2014, coverage of transition-related healthcare also began within Medicaid, and all TGQ people became protected from discrimination by most health providers and organizations; protections generally include preferred treatment access, appropriate accommodations, and respectful patient-provider interactions (Patient Protection and Affordable Care Act, 2010; Protecting Access to Medicare Act, 2014).

Ongoing case law has considered TGQ peoples' continued restriction of access to public and private healthcare and insurance companies (Franciscan Alliance, Inc. v. Azar, 2019). Some such restrictions specifically exclude transition-related surgical care despite the provision of other gender-affirmative care. In other cases, excluded surgical treatment is coupled with more overt discrimination (Grant et al., 2011). These restrictions, when explicated, claim the expense of funding or a disagreement of medical necessity (Federal Bureau of Prisons, 2018; U.S. VA, 2018). TGQ civilians do not yet have comprehensive protections in access to healthcare at the legal or policy level.

Standards of care and guidelines for professional practice, however, have supported gender affirmative care despite absent federal protections. The World Professional Association for Transgender Health (WPATH) endorses the medical necessity of gender-affirmative surgery and hormone therapy within their most recent *Standards of Care* (Coleman et al., 2012; Hage & Karim, 2000). The WPATH *Standards of Care* also promote education and advocacy to achieve justice and continued evidence-

based healthcare, whether medical, psychological, or otherwise. For TGQ people who pursue transitions such as surgery and hormone therapy, mental health professionals are suggested to provide evaluation, referral, and psychological support before, during, and after the treatment. And though not the only other organization to do so, the American Psychological Association presented guidelines for practice with TGQ people in 2015 (American Psychological Association, 2015). The future development of federal protections may fundamentally legitimize gender-affirmative care in such a way that healthcare policy could maintain informed consent without barricading medically necessary treatment for TGQ civilians, and the compounded sociocultural acceptance might finally differentiate TGQ identities from pathology overall.

Lived Experiences of TGQ Civilians

Empirical pursuit of the lived experiences of TGQ civilians- including environmental stressors and supports, and psychological distress and resilience- appears common. Nonetheless, any attempts to explore the experiences of trans people living in the United States may be challenged by concerns of privacy, safety, and legal protection (Crissman et al., 2017; NCAVP, 2017). Within a model of genderqueer minority stress, TGQ civilians experience identity concealment, social rejection, barriers to accessing competent healthcare, and discrimination and violence (Brumbaugh-Johnson & Hull, 2019; Grant et al., 2011; Hendricks & Testa, 2012; Rood et al., 2016; Snow et al., 2019). And though there is variability in the relevance of sociocultural and psychological experiences across the TGQ population, research supports the experiences of identity development, social support, community belongingness, and healthcare competence as

factors of resilience and support for TGQ civilians (Barr et al., 2016; Bockting, et al., 2013; Levitt & Ippolito, 2014; Martin et al., 2014).

Stressors and Distress

Consistent with an American Psychological Association (2015) review, Watson and colleagues (2019) outline the most common settings and forms of trans-related discrimination: education, career, healthcare, legal system, housing, victimization, rejection, harassment, microaggressions, lack of gender-neutral restrooms, and lack of gender identity options on forms. The emergent five-factor model of their Trans Discrimination Scale (TDS-21) also included the following: microaggressions and harassment, restricted career and work opportunities, maltreatment in healthcare settings, harassment by law enforcement, and bullying and harassment from peers in educational settings (Watkins et al., 2019). The exposure to a variety of systemic stressors such as stigma, discrimination, and biases can contribute to TGQ civilians' internal distress, including substance use disorders, anxiety, and depression and suicidality (Valentine & Shipherd, 2018). The following descriptions of these interpersonal and intrapersonal experiences are representative examples of those commonly concluded within recent and current literature.

Genderqueer Minority Stress. Identity stigma, or the internalization of negative social attitudes relative to majority and/or dominant groups, is associated with depression among older transgender adults (Fredriksen-Goldsen et al., 2014). Rood and colleagues (2017) applied the construct of identity concealment- similar to identity theory- to conceptualize psychological health and distress of TGQ people. Though such conceptualization is common in recent literature, their unique contribution is the

hypothesis that identity concealment by TGQ people represents an aspect of minority stress, also adapted as gender minority stress or genderqueer minority stress within this context (Hendricks & Testa, 2012; Lefevor et al., 2019; Meyer, 2003; Rood et al., 2017). By employing qualitative research to explore the experience of distal and proximal minority stressors, Rood and colleagues (2017) concluded that minority stress via identity concealment typically results in subjective distress, including fear/worry, anxiety, and a sense of inauthenticity (Fredriksen-Goldsen et al., 2014; Hill, 2012).

      Identity Concealment. One result of the attempt to minimize the impact of distal and proximal stressors is that openness about TGQ identity can be strategic (Brumbaugh-Johnson & Hull, 2019). From one perspective, the experience of disclosing (i.e., 'coming out,' 'coming out of the closet,' being 'out') one's TGQ identity results in similar responses to that of disclosing other stigmatized identities: positive or affirming, negative, indifferent, varied, and/or emotional responses; gain or loss of friendships; provision of support; and physical violence (Galupo et al., 2014). However, the disclosure of a visible identity possesses increased complexity. It is important to note that TGQ identities may be concealed with differential difficulty due to their interrelation with gender expression, which is often visible, and the conventional expectations of which are located at the extremes of a masculine-feminine binary (Beemyn, 2015).

      Additionally, the internal experience appears unique. Brumbaugh-Johnson and Hull (2019) conducted a qualitative analysis of TGQ civilians' narrative experiences of gender identity disclosure using identity theory- which considers the personal meaning and social context of a person's multiple identities and roles- as a framework (Stryker & Burke, 2000). The interviews of 20 TGQ participations from Minnesota who were

between the ages of 25 and 58, mostly White, and had completed at least some college revealed that coming out as TGQ involves navigating others' gender expectations, navigating others' reactions, and navigating the threat of violence. In addition to the authors' conclusions that identity disclosure is an ongoing process- including re-enacting disclosure when needed- rather than a single event, these themes represent the emphasis of social context on TGQ identity disclosure to minimize risk of harm and promote personal safety (Brumbaugh-Johnson et al., 2019; Goldberg & Kuvalanka, 2018).

Social Rejection. When the degree of support within a TGQ person's contexts is unknown, previous experiences may reinforce expectations of rejection in current situations and motivate identity concealment. For example, family rejection specifically is correlated with higher rates of HIV infection, homelessness, incarceration, and suicide (Grant et al., 2011). TGQ people, and to a greater degree TGQ people with additional marginalized identities, may expect rejection in public restrooms, healthcare settings, new environments, crowds, employment settings, and family groups (Rood et al., 2016).

Those being the majority of spaces a TGQ person might encounter, the continuous expectations of rejection are managed in multiple ways. Coping strategies may most often include avoidance of the situation, escape from the situation, and/or use of alcohol, tobacco, or marijuana, and may less often include ruminating about, feeling anger about, and/or minimizing the impact of the situation (Rood et al., 2016). Despite the potential of expectations of rejection to precipitate identity concealment, the latter which is used as a strategy to avoid external harm, both can result in internal distress represented by anxiety, fear about safety, depression, self-loathing, anger, and frustration (Rood et al., 2016; Rood et al., 2017).

Healthcare Barriers. Barriers to healthcare, including mental and behavioral healthcare, are a significant source of stress that implicate competence and provision of care, client/patient experience, and affordability of services. Integrating two literature reviews and an empirical study, the themes of barriered healthcare access include incompetence of healthcare practitioners, healthcare practitioners' refused provision of care, the inability to pay for healthcare services, and anticipated or experienced negative encounters with healthcare practitioners (Lerner & Robles, 2017; Shipherd et al., 2010; Snow et al., 2019). The fear of being stereotyped or pathologized in healthcare contexts seems to well-parallel that in broader society (Bockting et al., 2019).

Regarding the care of TGQ clients/patients, healthcare provider incompetence can include lack of knowledge, unnuanced treatment, and unsupportive interactions (Lerner & Robles, 2017). For example, TGQ clients/patients can feel misunderstood and invalidated when clients/patients have to educate their healthcare providers about historical, political, cultural, and medical information regarding TGQ identities; when medical providers do not address routine, indicated healthcare needs such as hormone therapy and gynecological services; and when mental health providers facilitate generalized practices, hyper-focus on gender identity, or avoid the reality of TGQ identity (Lerner & Robles, 2017; Snow et al., 2019). Further invalidating is healthcare providers' visible discomfort, hostility, and even refusal of service that are systemically and institutionally tolerated as a result of the aforementioned limited civil protections for TGQ civilians (Lerner & Robles, 2017; Snow et al., 2019). Thus, rejection is a salient stressor for TGQ civilians even within the context of care (Rood et al., 2016).

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Despite the relevance of depressive symptomatology, provider rejection combined with healthcare unaffordability can inhibit healthcare access altogether. Treatment unaffordability appears to occur more often for medical than for mental healthcare due sparse regulations ensuring insurance coverage, but any healthcare may be unaffordable when considering the disproportionally higher prevalence of lower socioeconomic status in the TGQ community (Grant et al., 2001; James et al., 2016; Lerner & Robles, 2017; Snow et al., 2019). Overall, the anticipation of re-experiencing these encounters- particularly rejection- within healthcare settings can lead to subsequent avoidance of care by TGQ people even in times of distress (Rood et al., 2016; Snow et al., 2019). This phenomenon is particularly concerning when considering the disproportionally high percentages of suicide ideation and attempts- and the related and predictive experiences of depressive symptomatology such as perceived burdensomeness, thwarted belongingness, and painful, harmful events- among TGQ youth and adults (Clements-Nolle et al., 2006; Fredriksen-Goldsen, 2014; Grossman et al., 2016).

  Discrimination and Violence. TGQ civilians- particularly civilians of color- are the targets of disproportionally high rates of discrimination and violence (Grant et al., 2010). In 2016, 68% of the 28 recorded homicides of LGBTQ people were of trans people, including 17 transgender women of color, 1 gender non-conforming person of color, and 1 white transgender man. And of the 1,306 incidents of reported hate violence, 21% of survivors were transgender women, 6% were gender non-conforming, genderqueer, or genderfluid, and 5% were transgender men (NCAVP, 2017). In fact, as recent as 2019, TGQ civilians perceived, in part, that greater media visibility of TGQ people may contribute to increased vulnerability to stigma, which may subsequently

continue to promote economic and legislative setbacks, increase psychological distress, and negatively impact the physical safety of oneself and others. TGQ civilians of various demographics across the United States perceived this potential impact, including those living in New York, San Francisco, and Atlanta, those age 19 to 69, those of Black/African American, White, Latina/Mexicana, and Asian race, and those with less than high school completion to a graduate degree (Bockting et al., 2019). These statistics emphasize the adverse lived realities and the common perceptions shared across the TGQ civilian community.

Resilience and Supports

In addition to the importance of considering contextual factors beyond mental health outcomes, exploring aspects of internal resilience and sociocultural supports can prevent unduly pathologizing TGQ people and promote a more comprehensive understanding of their lived experiences. This may be particularly relevant when acknowledging that their responses to pervasive prejudice and violence may be normative (Valentine et al., 2018). For example, TGQ civilians have recognized recent progress compared to past decades regarding visibility and authenticity of TGQ people in the media, support for TGQ civil rights, gender-related policy changes, and access to gender-affirmative healthcare- including increased provider competence, health insurance coverage, and affordability of interventions (Bockting et al., 2019). The increased access to narratives of other TGQ people and related language has supported TGQ civilians' ability to recognize and understand their own TGQ identity (Levitt & Ippolito, 2014). Though some acknowledge potential unintended vulnerability within each of the aforementioned contexts as a result of increased visibility, TGQ people demonstrate

resilience and foster community belonging to manage distress and promote mental health (Barr et al., 2016; Bockting et al., 2019; Follins et al., 2014; Riggle et al., 2011; Valentine et al., 2018).

Valentine and colleagues (2014) identified social support, identity integration, and self-esteem, in part, as commonly studied aspects of resilience across the literature. For example, Bockting and colleagues (2019) conducted a single-coder content analysis of interviews with 19 TGQ participants living in New York, San Francisco, and Atlanta who discussed their experiences of resilience. The three themes of resilience included social support, activism, and hope and optimism. More specifically, feelings of social ostracism were countered by building and maintaining relationships in peers, family members, colleagues, support groups, and mental health professionals (Bockting et al., 2019). Next, engagement in activism through rallies, marches, and direct action was perceived as a necessary aspect of experiencing a marginalized identity, and although the increased knowledge of legal rights and community needs was accompanied by a sense of feeling overwhelmed by the learned extent of stigma, activism fostered a sense of empowerment, facilitated connections with the TGQ community, and promoted increased self-worth. Third, hopelessness was diminished through a sense of optimism; although not typically regarded within resilience literature, TGQ participants experienced a sense of hope in the inevitability of justice and human integrity to establish civil protections, social acceptance, and competent healthcare access for TGQ people (Bockting et al., 2019). However, there appears to be variability of relevance and prominence of these aspects across the TGQ population.

Considerations of multiculturalism and intersectionality are relevant but not always incorporated within empirical studies of TGQ civilian experiences. For example, the sample in Bockting and colleagues (2019) was as diverse in age and gender identity, and more so in race/ethnicity and level of education, compared to typical samples of similar studies (Bockting et al., 2019; Valentine et al., 2018). However, the results may only be representative of TGQ civilians who live in urban settings (Bockting et al., 2019). Access to activism opportunities may be greater in urban rather than rural areas. Additionally, intersectional identities are not typically considered (Follins et al., 2014). In a literature review of prominent resilience factors experienced by Black transgender individuals, religious/spiritual belief and practice, navigating gender and ethnoracial oppression, and pride in ethnoracial identity, in part, were concluded to be common and integral protective factors perhaps considered unique within an otherwise unidimensional perspective of transgender identity (Follins et al., 2014). Finally, incorporation of interview questions that explore the possible interrelationship between the unique sociocultural context and the participants' lived experiences- rather than use of separate questions that imply their independence- may promote a deeper understanding of the complexity of the phenomenon. Future qualitative inquiry in this domain may support increased rigor by focusing on a more homogeneous population of intersectional identities and by utilizing and/or explicating a specific qualitative research method and robust analysis (e.g., multiple coders and credibility checks; Creswell & Poth, 2018).

Identity Development. Unique experiences associated with TGQ identity contribute to TGQ civilians' internal resources to manage distress and promote well-being. Using a grounded theory framework, Levitt and Ippolito (2014) explored the

experiences of transgender identity development, including internal processes and the impact of the external environment. Credibility checks with participants supported the conclusion that, in part, TGQ people pursue an authentic experience and representation of one's gender, a way for others to acknowledge their authentic experience, and a balance between authentic experience/connection and survival. Identity development particularly was characterized by the interrelatedness of TGQ individuals' balance of being authentic and the ability to be so safely. Furthermore, affirmative communities provide safe spaces to be authentic within one's gender identity and to experience social as well as self-acceptance (Levitt & Ippolito, 2014). Notable is that Levitt and Ippolito (2014) discovered little experiential variance across specific TGQ identities. These themes, including the development, experience, and expression of an authentic TGQ identity within contexts of oppression, have been represented in other grounded theory research with younger participants and greater diversity of race/ethnicity in the sample (e.g., Austin, 2016).

Social Support. Research empirically supports the positive impact of social support on the mental health of TGQ civilians (e.g., Bockting, et al., 2013; Budge et al., 2014; Pflum et al., 2015). Disclosure of a TGQ gender identity typically begins between age 16 and 25, where 37% of survey respondents began to disclose their identity between age 16 and 20, and 21% began between age 21 and 25 (Grant et al., 2011). Of the 48-59% of TGQ people who had disclosed to more people than not, close friends, LGBT friends, and immediate family are most likely to be told (Grant et al., 2011; James et al., 2016). Further, of participants who endorse a TGQ identity, one study found that 72% of participants reported feeling extremely positive and 25% reported feeling somewhat

positive about their gender identity, where claiming the identity may promote understanding of their experiences and be related to a more complex understanding of one's and others' gender (Riggle et al., 2011). Though research frequently explores these constructs separately and broadly, little research has explored their relationship.

      Community Belongingness. Barr and colleagues (2016) explored the association among a relationship with TGQ community, identity strength, and well-being, and they hypothesized that connection with the TGQ community has the potential to promote a pervasive sense of normality that connection with majority privileged groups cannot (Barr et al., 2016). In fact, community belongingness may be experienced in multiple formats, where 64% of national survey respondents communicated with other TGQ people in person whereas 79% communicated online (Grant et al., 2011). Of the 571 participants, who identified as transgender women, transgender men, or non-binary: 79.5% were White, 9.5% were multiracial, 3.7% were black, 4.2% were Latino, and 1.6% were Asian; the majority completed some college despite 45.4% reporting an annual income of $0-$10,000; and 47.8% lived in urban, 39.4% lived in suburban, and 12.4% lived in rural areas. Barr and colleagues (2016) found a significant, small to moderate, positive relationship between community belongingness and well-being, including self-esteem, satisfaction with life, and psychological well-being. Moreover, sense of belonging in a TGQ community fully mediated the relationship between strength of TGQ identity and well-being (Barr et al., 2016). Though the results are not causational, and although they may not be generalizable to the TGQ population as a whole due to the limited sample representativeness of race/ethnicity and the TGQ identity, the study

emphasizes the relevance of social support- particularly the sense of belonging within a TGQ community- for TGQ people (Barr et al., 2016).

Healthcare Competence. Clients and patients engaged in integrated healthcare- that is, the integration of behavioral health and primary medical services- experience better outcomes than those who must depend on referrals and out-of-network providers (Martin et al., 2014). This also applies to transgender clients, but transgender clients experience limited opportunities for competent care generally let alone competent integrated healthcare specifically (Corliss et al., 2007). This represents a larger phenomenon of health disparity, wherein, in part, the community health clinics and social welfare organizations to which TGQ civilians present for treatment lack the resources to effectively implement an integrated system (Lerner & Robles, 2017). Policy changes and guidelines/standards of practice within healthcare settings and professional organizations, however, have begun to address this disparity and promote gender-affirmative care.

Lev (2009) proposes that mental health providers must serve as gender specialists, advocates, and educators for TGQ clients and their families rather than as 'gatekeepers.' These recommendations are made within the context of the WPATH *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, which promotes the highest standards within psychological and medical healthcare to advance "a world wherein transsexual, transgender, and gender-nonconforming people benefit from access to evidence-based health care, social services, justice, and equality" (Coleman et al., 2012, p. 1). The American Psychological Association is another organization that more specifically promotes competent and gender-affirmative psychological healthcare for TGQ clients, as represented within the *Guidelines for*

Psychological Practice with Transgender and Gender Nonconforming People (American

Psychological Association, 2015). The *Guidelines* are intended to be an introductory yet

seminal resource for trainees and professionals regarding the "provision of culturally

competent, developmentally appropriate, and trans-affirmative psychological practice"

(American Psychological Association, 2015, p. 1) with TGQ people. Though empirical

research is still developing (e.g., as a result of non-comprehensive civil protections) in the

integrated domains of TGQ people and healthcare experiences and outcomes, an impetus

and sense of accountability, responsibility, and commitment within healthcare settings

and practitioners may ultimately support favorable healthcare for TGQ civilians.

TGQ Military Service Members

Reintegrating MSMVs' identification with military culture can last well beyond

their experiences in active duty service and into life in civilian society (Fenell, 2008).

Beliefs, values, norms, and practices of the military represent a culture, and military

culture can be described as a collective of commitment, leadership, obedience, self-

sacrifice, and solidarity (Greene et al., 2010; Hall, 2010; Soeters et al., 2006; Strom et al.,

2012). There may also exist a sub-culture of TGQ service members, which is to say that it

may be analogous rather than discordant (Titunik, 2000). Though not publicized, as has

been historically common regarding marginalized service members, such a culture may

be understood within the contexts and experiences of TGQ service members (Goldbach

& Castro, 2016; Harrison-Quintana & Herman, 2013; Parco et al., 2016; Trivette, 2010;

Yerke & Mitchell, 2013). Notably, sociocultural impacts such as marginalized policy,

and lived experiences such as social support, are common aspects of life shared between

TGQ civilians and TGQ service members.

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Sociocultural Contexts

Beyond the characteristics of military culture, sociocultural influences of TGQ people in the military are minimally documented; such information is typically represented in historical and contemporary laws and policies of accession, retention, deployment, and separation based on gender and other identities. For example, African American men were recruited during the civil war but remained segregated in position and rank until the Executive Order 9981 (1948). Ultimately, units and leaders recognized and acknowledged the value of the presence of African American service members, and accession increased overall (Morris, 1981). A similar development occurred with the accession of women service members, wherein concerns focused on claims that the presence of women could both inhibit and exaggerate the stereotypically masculine qualities (e.g., aggression and sexual desire, respectively) of the military and therefore men service members (Titunik, 2000). But following increased numbers as a result of the Women's Armed Services Integration Act of 1948- which was motivated by a need for sufficient recruitment after the expiration of the Selective Training and Service Act (i.e., conscription, or the draft) in 1973- was an increased awareness of the essential nature of women's presence (Titunik, 2000). Comprehensive integration of women in the U.S. Armed Forces was authorized in 2016 despite opposition, and women have since served in all existing roles. However, non-cisgender identity-based restrictions, which have a history in sexual identity-based restrictions, remain in effect (Office of the Deputy Secretary of Defense, 2019; Parco et al. 2016).

Don't Ask, Don't Tell

The most well-known military legal restriction against service due to a person's sexual identity is colloquially called Don't Ask, Don't Tell (DADT; at one time referred to as Don't Ask, Don't Tell, Don't Pursue, Don't Harass; U.S. DoD, 1993), but formal exclusions began earlier in the 20th century, and discrimination began much earlier still (Davis, 1991). From 1916 to 1951, Article 93 of the Articles of War declared 'sodomy'-related violence a felony; in 1920, the Article was revised so that sodomy itself was sufficient to constitute the crime. Sodomy was considered the act of engaging in unnatural sexual behavior with anyone- regardless of sex- or an animal, though it implied any same-sex sexual behavior (Davis, 1991).

In 1942, 'homosexuals' themselves were societally perceived to be the problem (Worthen, 2018). Determinations of 'homosexuality' as a sociopathic personality disturbance and sexual deviance within the *DSM-I* and *DSM-II*, respectively, influenced widespread perspectives of LGB (lesbian, gay, and bisexual) people such that the DoD enforced a directive asserting incompatibility between homosexuality and military service (American Psychiatric Association, 1952, 1968; U.S. DoD, 1982). This occurred in 1982 despite the 1973 *DSM-II* declassification, and the 1980 *DSM-III* absence, of homosexuality as a mental disorder (American Psychiatric Association, 1968, 1980). Medical regulations of mental fitness declared that engagement in or solicitation of a 'homosexual act' would result in mandatory discharge without honor from military service (U.S. DoD, 1982). Just as the DoD had adopted the popular perspective of pathology, the Department eventually relinquished it, and the remaining rationales for

declaring suitability to serve ultimately concentrated on the demonstration of order and discipline (Borch, 2010).

Despite executive intentions otherwise, DADT became a law that maintained the possibility for discharge of LGB people. It was so called because of the determination that LGB people could serve if only there were no disclosure of or act upon their sexual identity, which included marriage (U.S. DoD, 1993). Even in private life, these actions were permissible evidence for discharge (Wolff, 2004). Service members had no protection of confidentiality with spiritual supports (i.e., chaplains) or medical or mental healthcare providers (e.g., physicians, psychiatrists, psychologists), and some practitioners were even instructed by military leadership to report service members who disclosed an LGB identity. The support and access to care otherwise sought from mental health providers, the leaders and peers of one's unit, and one's social-familial group was dangerous, avoided, and/or non-existent (Aitken et al., 2008). If separation occurred as a result of LGB identity, access to veteran benefits were variable; if access to the VHA were granted, prejudice and stigma diffused into healthcare interactions to the extent that veterans were frequently invalidated and rejected from services (Bryant & Schilt, 2008).

The presence of LGB service members was considered an unacceptable risk to the armed forces' morale, order, discipline, and cohesion, again a claim echoed from past exclusions (U.S. DoD, 1993). But these concerns were unsupported one year after the implementation of the DADT repeal in 2011. Direct statistics are not calculated for such measurement, but based on the experiences of service members and leaders, effects of the repeal included: no overall negative impact on readiness, cohesion, retention, or morale; increased cohesion through greater openness, honesty, understanding, respect, and

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acceptance; unchanged retention; new and effective solutions for conflict resolution; a balance of decrease and increase of individual morale; and a sense of an enhanced ability of the military to accomplish its duty (Belkin et al., 2012; DADT Repeal Act, 2010; Moradi & Miller, 2009). In fact, while DADT was in effect, more than 13,000 LGBT service members were discharged between 1994 and 2009, and the replacement of 3,664 service members between 2004 and 2009 alone accrued a loss of at least $193.3 million in fiscal year 2009 dollars (GAO, 2011). Discrimination on the basis of sexual identity is now prohibited across the DoD, which grants full benefits to the service member and their family (Secretary of the Army, 2015).

Historical TGQ Exclusions

Despite an extensive history of informal exclusions, transgender people were formally prohibited from military service beginning in 1960. Between the *DSM-I* and *DSM-II* classifications of "transvestism" as a "sociopathic personality disturbance" and then a "sexual deviation," respectively, Executive Order 10450 (1953) cited general exclusions of "sexual perversion" and psychological issues (American Psychiatric Association, 1952, 1968). In the 1980s- while the *DSM-III* classified sex-gender incongruence as a "psychosexual" gender identity disorder- legal cases between discharged TGQ service members and the division from which they were discharged began to cite medical justification for the separation; for the service members who pursued gender-affirmative medical care, surgeries were associated with physical unfitness and compared to amputation (Doe v. Alexander, 1981; Leyland v. Orr, 1987). This conflated association aligns with the exclusions of service by intersex people and reinforces a binary of sex as well as gender (Witten, 2007). And although DADT and its

repeal focused on accession, retention, and separation of service members based on sexual identity, the repeal did not include considerations- whether restrictive or protective- of TGQ service members (U.S. DoD, 1993). So, in 2010, "transsexualism" was listed within DoD Instruction 6130.03 (2010) as exclusionary criteria for accession into military service.

Until 2016, policy restrictions against military service by transgender people were binding, decentralized, unclear, and regulatory rather than statutory (Elders & Steinman, 2014; U.S. DoD, 1996; U.S. DoD, 2010). Further, they prohibited service by all transgender people based on pathologizing standards that categorically assumed military performance unfitness, which were supported by previous medical classification of gender non-conformity as a psychiatric condition (American Psychiatric Association, 2000; Elders & Steinman, 2014). Military regulations and standards, based in part on expert medical evidence, are enforced to ensure that permanent medical and psychological conditions will not result in diminished military performance, endangerment of the service member or the unit, or burdensome medical care. However, the restrictive policies, without expert medical evidence, assumed that all transgender service members would be unfit for duty, be disruptive to order and discipline, require uniquely burdensome healthcare, and be nonetheless resistant to treatment (Elders & Steinman, 2014; U.S. DoD, 1996; U.S. DoD, 2010).

Reconsideration of TGQ Exclusions. Former Surgeon General Joycelyn Elders and colleagues (2014) published a commission to explore the medical soundness of gender identity-based prohibitions and concluded that there was, in fact, no compelling medical reason for the regulations' continuation. Though the inquiry focused on service

members who are transgender specifically rather than other non-cisgender, genderqueer, and gender non-conforming identities more broadly, they documented an inconsistent application of military regulations of fitness for duty and standard medical and psychological care between transgender and cisgender service members, such as hormone treatment, reconstructive surgery, and enlistment and retention qualifications regardless of deployment potential (Elders & Steinman, 2014). In other words, transgender but not cisgender service members were disallowed from accession into and retention within military service when participating in any gender-affirmative healthcare- not even necessitating hormone therapy or reconstructive surgery- despite the efficacy of such care, the practical and financial feasibility of providing hormone or surgical treatment for the less than 2% who request it, and the prevalence of all service members who continue to serve while experiencing various forms of psychological distress that is not amenable to treatment (Coleman et al., 2012; Elders & Steinman, 2014; Gaderman et al., 2012; Harrison-Quintana & Herman, 2013; U.S. DoD, 1996; U.S. DoD, 2010).

Removal of the restrictions were hypothesized to promote appropriate leadership practices and competent healthcare for TGQ military service members that are already afforded to non-TGQ service members, including the proper review of performance fitness, the practice of established standards of healthcare, and the continuity of care following military separation or retirement (Elders & Steinman, 2014; GAO, 2012; Yerke & Mitchell, 2013). Consistent with an increased scientific understanding of the impact of prejudice, rather than mental illness necessarily, on distress in consideration of non-clinical populations particularly, Elders and Steinman (2014) recommended the removal of policy language that had absolutely promoted explicit prohibitions of gender dysphoria

and implicit restrictions of transgender identities within the domains of fitness measurement, records, identification, dress, housing, and privacy. Further, they recommended the absence of future transgender-specific regulations due to the comprehensive and standardized nature of performance and medical evaluations that were already sufficient for determinations of fitness of all potential and current service members (Elders & Steinman, 2014).

In support of the practical adoption of such reformulated policies, retired Major General Gale Pollock and colleagues (2014) outlined seven principles for use by the Pentagon and military command: promotion of military readiness, formulation of a unified policy, minimization of regulatory revisions, provision of necessary healthcare, reflection of scientific evidence, application of lessons learned by foreign militaries, and preservation of flexibility (Pollock & Minter, 2014). Beyond reformulation of contemporary regulatory policy, there may be opportunity for additional acknowledgement of non-binary gender non-conformity within more historic regulation, such as the Uniform Code of Military Justice's (a congressional establishment of military law) declarations of appropriate military conduct (i.e., conventional gender expression) in all contexts of an active service member's life (UCMJ, 1950).

Directive-Type Memorandum 16-005. On June 30, 2016, Secretary of Defense Dr. Carter issued Directive-Type Memorandum (DTM) 16-005 in an effort to discontinue the historical prohibitions against military service based on gender identity (Secretary of Defense, 2016). The decision was informed by decreased pathological understanding of TGQ people within the fields of medicine and psychology as well as by a review of empirical literature regarding the non-existent impact of military service by TGQ service

members on military readiness and financial expense (American Psychiatric Association, 2000; Elders & Steinman, 2014). Secretary Carter declared a timeline for the development of relevant leadership, education, and healthcare handbooks for the provision of all gender-affirmative care and for the initiation of military accession by transgender people who were otherwise qualified. Beyond otherwise standard evaluations of fitness, those pursuing service were required to have completed any necessary transition treatment prior to accession with 18 following months of stability, and those already serving were allowed to transition during service (Secretary of Defense, 2016).

As a result, the DoDI 1300.28 and an implementation handbook titled *Transgender Service in the U.S. Military* outlined administrative and medical guidance for military service members who would pursue gender transition and the commanding officers who would support them (Office of the Under Secretary, 2016; Secretary of Defense, 2016; U.S. DoD, 2016). DTM 16-005 declared that TGQ service members would be comprehensively supported to serve openly by July 1, 2017, by which time a relevant DoD Instruction were to have been published (Secretary of Defense, 2016). The supportive policies were intended to eliminate the absolute accession and retention restrictions based on categorical assumptions of the performance and medical unfitness of TGQ service members (Secretary of Defense, 2016; U.S. DoD, 2016). By naming transgender identity and incorporating gender identity overall, and by distinguishing gender non-conformity and prejudice-related distress from gender dysphoria that interferes with fitness, the policies demonstrated inclusivity, acknowledged the non-pathological nature of TGQ identities, and upheld the standardization of military regulations (Elders et al., 2015).

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Military policy had quickly transformed to align its standardized protocols with its values of respect, honor, and integrity (Pollock & Minter, 2014). However, as reflected in DTM 19-004, subsequent regulatory efforts reverted these advancements (Secretary of Defense, 2017; Trump, 2017). Non-binary gender expressions became prohibited, and TGQ identification was consequential, for service members both within and beyond military spaces (Office of the Deputy Secretary of Defense, 2019). Yet, President Joseph Biden, quickly following his Presidential inauguration, ordered the revocation of the policies, directives, and instructions that all but excluded transgender people from military service (Biden, 2021). As a result, both DoDI 6130.03 and DoDI 1300.28 were reissued on March 31, 2021- and became effective 30 days later- to implement the inclusive service previously ordered by Secretary Carter (Office of the Under Secretary of Defense, 2021a, 2021b).

Military Culture

A universal definition of culture appears elusive to anthropologists, sociologists, and psychologists. Gone (2011) defined it as "shared, patterned, and historically reproduced symbolic practices that both facilitate and constrain meaningful existence" (p. 233), "communal patterns of activity, interaction, and interpretation" (p. 233), and "shared beliefs and practices" (p. 233). Previously, others have defined it as "the belief systems and value orientations that influence customs, norms, practices, and social institutions" (Fiske et al., 1998). No matter the definition, and despite some observed differences across divisions, duty status, rank, occupational specialty, and wartime period, there is consensus that military culture exists, and the descriptions herein are those most commonly described within the literature (Hall, 2011; Meyer, 2013; Meyer et

al., 2016; Reger et al., 2008; Strom et al., 2012; Worthen, 2018). As in other cultures, components of military culture include "a language, a code of manners, norms of behavior, belief systems, dress, and rituals" (Reger et al., 2008, p. 22) and/or "a shared set of beliefs that affect the thinking and behavior of many members of the group" (Strom et al., 2012, p. 68).

The cultural beliefs, values, norms, and practices of the military have remained largely intact across time, and there are multiple reasons that people will choose to integrate into its culture. Specialized vocabulary and interpersonal communication promote the expression of shared knowledge and appropriate interactions within a rank hierarchy, which are also supported by uniform clothing (Reger et al., 2008). The commitment to serving one's country is a strong value, and others include teamwork, leadership, loyalty, and obedience (Greene et al., 2010). It is sometimes described as emphasizing secrecy, stoicism, self-sacrifice, solidarity, and duty over rights but also suppressing adaptive emotional resilience, behavioral flexibility, and emotional communication (Hall, 2011; Greene et al., 2010; Titunik, 2000). Foundational to and permeated within these components, however, is a collectivistic value and belief system that encourages communalizing norms and practices (Goffman, 1961; Soeters et al., 2006; Trivette, 2010). To some, these cultural characteristics and/or the experiences they offer are appealing. Wertsch (1991) hypothesized that the four reasons people volunteer to join military service include family tradition, socioeconomic benefit, existing cultural identification, and the interest to be part of a new culture. Due to the changing demographics and wartime experiences of more recent and current service members, these reasons may have also changed. Nonetheless, the integration into military culture

can be fast, enduring, and profound enough to establish priority of one's identity as a competent service member above all else (Fenell, 2008; Foynes et al., 2013).

The foundation of military effectiveness is most commonly characterized by readiness, morale, and cohesion, where leadership quality (e.g., demonstrating competence, recognizing achievements, and expressing clear expectations) may have the greatest effect on the strength of these characteristics (Bass et al., 2003; Griffith, 2002; Harrel & Miller, 1997; RAND, 2010). Readiness refers to the capability or quality of preparedness to accomplish specific goals (Belkin et al., 2012; Harrel & Miller, 1997). Aspects of readiness within the military can include availability to engage in duty, qualifications of performance, experience with duty, stability both interpersonally and longitudinally, and motivation toward the goal (Harrel & Miller, 2012). Morale is the sense of satisfaction, sense of enthusiasm, and interpersonal adjustment of an individual or a group of people, and it is the least considered across current literature (Belkin et al., 2012; RAND, 2010). Finally, cohesion is the most often studied in relation to performance, but it is inconsistently defined without a distinction between social cohesion and task cohesion: social cohesion refers to the strength of trust among individuals in a group that is represented in enjoyment of company and emotional connectedness, whereas task cohesion refers to the shared group commitment toward goal achievement (Belkin et al., 2012; MacCoun et al., 2006; RAND, 2010).

Cohesion is considered most important within military culture as a means of anticipating the quality of performance, and meta-analytic research supports the positive relationship between performance and task cohesion, but the relationship between performance and social cohesion may be weak or even negative (RAND, 1993). Meta-

analyses within the past 20 years have also suggested that homogeneity of a group, both military and non-military, has no association with task cohesion and/or performance; there is variable evidence of the association between these factors and heterogeneity, however (Bowers et al., 2000; Horwitz & Horwitz, 2007; Joshi & Roh, 2009; Webber & Donahue, 2001). Therefore, performance via task cohesion is not necessarily dependent upon the similarities among individuals in a group (RAND, 2010).

TGQ Sub-Culture

The presence of a TGQ military sub-culture may exist, but it is not likely to be found within the conventional characterization of a culture. Masculinity- including assertiveness, dominance, aggression, physicality, invincibility, self-reliance and self-sufficiency, competitiveness, and stoicism- and even hypermasculinity are other popular, enduring perceptions of the military's cultural institution (Jakupcak et al., 2006; Morris, 1996; Strom et al., 2012). While men are considered the soldier-standard, a hypermasculine ideology can promote hetero-cis-normativity and result in the privilege of heterosexual, cisgender men at the prejudice of LGBTQ service members (Weitz, 2015; Worthen, 2018). In fact, heteronormativity was formally sanctioned within all military restrictions against gay and lesbian people, and the formal sanctions of cis-normativity are a current reality (U.S. DoD, 1993; Office of the Deputy Secretary of Defense, 2019). Titunik (2000), however, argues that the military institution is not strictly masculine but rather incorporates conventionally feminine qualities such as protectiveness, submissiveness, and even the aforementioned self-sacrifice. Similarly, Coll and colleagues (2011) emphasize the values of restraint and peacefulness by preservation of harmony conventionally associated with femininity. A perception of

absolute masculinity within the U.S. military is contradictory and incomplete without recognition of its femininity (Titunik, 2000).

A systemic, rather than strictly cultural, conceptualization of the military is that of a total institution. Goffman (1961) developed the concept of a total institution, wherein a closed and isolated social system is purposed to control most aspects of life for the people living within it. A total institution is distinct from the more general 'institution' in that the former is characterized by its members conducting all parts of life in the same manner, in the same space, and in immediate proximity to each other, its members being treated similarly, and the activities in which its members engage being highly scheduled and toward a particular purpose all under an authority that maintains the boundaries of rules and expectations (Trivette, 2010). Within the military, the development of a total institution through laws and policies consequently developed a culture of reliable values, norms, and practices that are, consequently, boundary-laden through the authoritarian oversight of the total institution. The most salient elements of the total institution, particularly within the military, are, relatedly, mortification of the self and a group/collective identity (Goffman, 1961; Titunik, 2000; Trivette, 2010). These are manifested within military culture as, for example, self-sacrifice and solidarity for the purpose of reshaping an individual identity into a collective identity (Hall, 2010; Titunik, 2000).

Total institutions are theorized to produce free or open spaces where rule violations are covertly allowed, but when a total institution regulates intransient identity to the extent that such spaces themselves are prohibited, the spaces inevitably persist in "underground networks" (Goffman, 1961; Trivette, 2010, p. 223). Trivette (2010) uses

queer theory to conceptualize the underground spaces of total institutions particularly in the context of LGB service members during DADT. Queer spaces in the military existed during DADT; abstract rather than necessarily physical, they manifested within the lived, covert interactions between and among LGB service members (Trivette, 2010). Though they developed in resistance to the total institution's suppression of inevitable reality (i.e., of identity and expression), queer spaces did not have to be summoned. They existed in the contexts of interactions with people who knew of them, much like a social form of code-switching (LaFromboise et al. 1993; Saville-Troike, 1981). By connecting with the larger network and meeting other LGB people, service members accessed opportunities to explore, express, and develop their sexual identity in ways that were otherwise prohibited (Goffman, 1961; Titunik, 2000). These spaces appear to constitute a sub-culture within themselves (Heliana Ramirez & Sterzing, 2017).

Though yet studied and illustrated due to restrictions against and safety of TGQ service members, it is possible that underground TGQ queer spaces, or sub-cultures, currently exist within the U.S. Armed Forces. Restrictions within the military's total institution against service by TGQ people is expected considering the complexity of gender and related roles, identities, and expressions that are not overtly recognized within military culture (Kerrigan, 2012). As such, there are important considerations of visible identity, wherein queer spaces may manifest differently for people when their marginalized identities may be more interconnected with expression (e.g., gender) than not (e.g., sexuality). For example, the combination of perceived genderqueer expressions and uniform military dress may promote or hinder TGQ service members' connection to queer spaces. Connection to the queer space by LGB service members during DADT, for

example, was impeded when moving to a new duty station, at which the process of identifying the underground network was so different that it was impossible (Titunik, 2000). Still, Goffman (1961) and Titunik (2000) might argue that the existence of a queer space for TGQ service members is inevitable. And considering the reality of TGQ service members and veterans who volunteer to integrate with the institution of the military, it is possible that the culture of TGQ service members is mirrored in characterization with that of the general military: specialized vocabulary and uniform dress, suppression of emotional resilience and behavioral flexibility, ideologies of self-sacrifice, solidarity, and stoicism, commitment to the collective, and an interest in morale, readiness, and cohesion (Greene et al., 2010; Hall, 2010; Reger et al., 2008; Soeters et al., 2006).

Lived Experiences of TGQ Military Service Members

TGQ service members appear to experience similar influences and impacts as do TGQ civilians. They encounter, in part, social stigma, prejudicial leadership, harassment and assault, and distress outcomes such as depression, anxiety, and posttraumatic stress (Harrison-Quintana & Herman, 2013; Hill et al., 2016; Parco et al., 2015; Schvey et al., 2019). Despite these stressors, TGQ service members report adequate general health, engage in effective stress management, strategically disclose their gender identity in successful pursuit of social support, and experience psychological benefit from gender-affirmative healthcare treatment (Hill et al., 2016; Parco et al., 2015; Schvey et al., 2019). However, as with civilians, the experiences of TGQ service members may be difficult to explore due to privacy and safety concerns, which may be especially relevant within military society (Crissman et al., 2017; Harrison-Quintana & Herman, 2013; Lindsay et al., 2016; NCAVP, 2017; Turchik & Wilson, 2010). For example, the DoD does not

collect demographic information regarding gender identity, and most such information is therefore represented within national surveys (James et al., 2016).

Demographics

Accurate demographics of TGQ active duty service members and reservists are not currently available, but the pattern of demographic characteristics of the overall DoD force is comparable to that described of TGQ civilians within the National Transgender Discrimination Survey (NTDS; Grant et al., 2011; U.S. DoD, 2018). Of 2,101,134 active duty and reserve members of the military in 2018, 70.8% were White, 16.8% were Black/African American, and 4.4% were Asian; the remaining 8-10% included multiracial, American Indian/Alaska Native, Native Hawaiian/other Pacific Islander, and other/unknown races/ethnicities (U.S. DoD, 2018). These figures of racial/ethnic identity differ, however, in empirical samples of TGQ service members, where, for example, one sample included 71.8% White, 12.6% multiracial, 7.5% other/unknown, 6.3% Black, and 1.7% Asian racial/ethnic identities (Schvey et al., 2019). 40.7% of the overall military force was 25 years of age and younger, 20.4% was age 26 to 30, 15.3% was age 31 to 35, 11.3% was age 36 to 40, and 12.3% was 41 and older. 66% achieved a high school diploma, GED, or some college, 14.7% achieved a bachelor's degree, 8.4% achieved an associate degree, 8.3% achieved an advanced degree, and 1.1% did not complete high school or obtain a GED (U.S. DoD, 2018). Finally, 87.9% of transgender service members, specifically, reported engaging in physical and/or social gender transition before or during service (Schvey et al., 2019).

Regarding demographics specific to the military culture, the average length of service was 7.8 ± 5.5 years (Schvey et al., 2019). 86.7% of a non-probabilistic empirical

sample held an enlisted rank, 13.3% held an officer rank, and, in decreasing prevalence of rank, 29.6% held were ranked E-5, 18.5% were ranked E-4, and 13% were ranked E-6 or O-3; these statistics suggest that TGQ service members more often hold an enlisted rank than an officer rank (Hill et al., 2016; Schvey et al., 2019). Further, TGQ service members enlist for many of the same reasons as service members overall, including a sense of patriotism, family tradition of service, access to educational and travel benefits, acquisition of a new trade, and stability of income (Dietert & Dentice, 2015; Yerke & Mitchell, 2013). Though the statistics are non-comprehensive, these identity characteristics of TGQ military service members offer an introduction to a review of their lived experiences within military service.

One of the few studies to phenomenologically explore the lived experiences of TGQ military service members was conducted in response to the repeal of DADT and the then-increased likelihood for a similar repeal of transgender-related military service restrictions. Parco, Levy, and Spears (2015) employed phenomenology within their study of transgender service members, but a potential major limitation was their apparent conflation of transgender identity and gender dysphoria. The researchers appeared to erroneously pursue the descript manifestation of the latter through the lived experiences of the former; unclear was whether participants experienced diagnosable gender dysphoria and whether the researchers assumed gender dysphoria was an inherent experience of all transgender people. Nonetheless, participants described, in part, the confusion others expressed regarding gender pronouns and the stress of being referred to within a gender binary of the military; the desire to express their gender in particular ways that were disallowed by regulations of dress, and the resulting distress; the ultimate

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sense of clarity in their gender identity despite limited clarity before entering the military

and some motivations to join the military in attempt to promote one's masculinity; and

the felt need to exceed expectations in performance as a strategy to protect oneself from

scrutiny (Parco et al., 2015). These experiences constitute genderqueer minority stressors,

and consistent within such a framework is transgender service members' pursuit of

underground support groups (i.e., queer spaces) to help protect against distress

(Hendricks & Testa, 2012; Lefevor et al., 2019; Titunik, 2000).

Stressors and Distress

TGQ military service members experience stressors in various domains, such as

broad sociocultural stigma, workplace and interpersonal discrimination, sexual trauma,

and suicidality (Harrison-Quintana & Herman, 2013; Matarazzo et al., 2014; Parco et al.

2015; Schvey et al., 2019). Of United States Transgender Survey (USTS) respondents

that identified themselves as current service members, 52% indicated that no one in the

military thought or knew of the respondent's transgender identity, whereas 34% indicated

that a few or some people knew, and 13% indicated that most or all knew (James et al.,

2016). This suggests a prevalent phenomenon of identity concealment within TGQ

military society similar to that of the civilian society, but this has not been studied

empirically (Rood et al., 2017). Researched constructs related to TGQ service member

stressors include stigma, harassment, transition challenges, leadership response, and the

resultant psychosocial effects (Dietert & Dentice, 2015).

Social Stigma. Schvey and colleagues (2019) explored the stigma experiences of

TGQ active duty service members using quantitative and qualitative research methods

within a framework of minority stress. 93% of 175 TGQ service members reported at

least one experience of gender-identity related stigma in military spaces, and the experiences of stigma that occurred more often than not were related to the restrictions against uniform wear based on gender identity (79.3%), restrictions against gender-based bathroom use (77%), barriers of documented name and gender changes (66.7%), and overhearing peers talking about one's gender identity (60.3%). When provided the opportunity to further describe their experiences of gender-identity related military stigma, 112 of the participants endorsed general workplace harassment, negative career impact, barriers due to DoD policy, unsupportive medical care and/or administrative services, and discomfort in gendered spaces (Schvey et al., 2019). Unique in its access to TGQ active duty service members due to the timeliness of recruitment during the 2016-2017 preparations for removing gender identity restrictions, Schvey and colleagues (2019) are among the few to have studied the lived experiences of TGQ active duty military service members.

Prejudicial Leadership. Within the military workplace, TGQ service members experience prejudicial attempts to undermine their positions, denial of promotions, and termination or discharge as a result their gender identity (Grant et al., 2011). Overt responses by leadership, and specifically commanding officers, constitute additional stressors. For example, negative actions of direct leadership have included obligating TGQ service members to express the gender identity conventionally associated with the sex they were assigned at birth, prohibiting any discussion about TGQ identities, disregarding TGQ service members in accolades and duty assignment, taking unjustified disciplinary action against TGQ service members, and coercing TGQ service members into discharge (Grant et al., 2011; Parco et al., 2015). Whereas 30% of USTS respondents

reported that leadership ignored TGQ service members' gender identity- which may be

supportive or dismissive within the context of the military's public restrictions against

TGQ identities- 23% reported that officers in leadership have attempted to discharge

them (James et al., 2016). Considering the impact of leadership on military effectiveness,

commanding officers' support in the workplace toward cohesion rather than

discriminatory individuation may be advantageous (Bass et al., 2003; Griffith, 2002).

Harassment and Assault. Harassment and sexual trauma are some of the more

explicit discriminatory events experienced by TGQ service members (Harrison-Quintana

& Herman, 2013). Military sexual trauma is high regardless of gender, but the only

research to explore prevalence of military sexual trauma for transgender service members

either subsumed transgender participants into cisgender groups of men and women or

used *ICD-9* codes for ender identity disorder and gender dysphoria to tabulate

transgender identity (Gurung et al., 2018; Lindsay et al., 2016). Nonetheless, results of

the USTS suggest that 47% of TGQ civilians have been sexually assaulted in their life

(James et al., 2016). With a higher rate of sexual assault in the military compared to

civilian populations, however, the prevalence of military sexual trauma experienced by

TGQ service members may be higher (Lindsay et al., 2016; Turchik & Wilson, 2010).

Respondents of the NTDS described verbal, physical, and sexual harassment from

peers and commanding officers (Grant et al., 2011). Four were targeted for sexual

violence due to the service members' gender non-conformity or gender identity, which is

consistent with the experiences of increased risk for social marginalization and

microaggressions, victimization, and abuse associated with civilian gender non-

conformity (Fredriksen-Goldsen et al., 2014; Gordon & Meyer, 2007; Grant et al., 2011).

Four of the respondents reported rape wherein two of whom reported multiple

occurrences, and one respondent reported attempted rape (Grant et al., 2011). Supporting

the perception that some sexual contacts were attempts to gain evidence to discharge a

TGQ service member, a Marine described their story of being raped, being coerced to not

disclose the assault or else risk dishonorable discharge, and then being placed back in

unit with the assaulter. Following the decision to become absent without leave, the

Marine was the only person to incur consequence 28 years later, which included

incarceration and loss of employment, income, and housing (Harrison-Quintana &

Herman, 2013; Parco et al., 2015).

      Distress Outcomes. These combined findings highlight the pervasive nature of

stigma and discrimination that TGQ service members frequently endure across various

systemic levels within military spaces. TGQ active duty service members experience

mental health challenges such as depression, anxiety, and posttraumatic stress, and

physical health difficulties including back and knee problems (Hill et al., 2016). Further,

the experiences of stigma specifically have been associated with greater depression,

anxiety, and stress when controlling for age, gender identity, race/ethnicity, and service

rank of TGQ service members (Hendricks & Testa, 2012; Schvey et al., 2019). A

literature review suggests that increased risk of suicide may be among this list, but such

research appears non-existent for TGQ service members specifically (Matarazzo et al.,

2014). Notable, however, is the similarity of psychosocial functioning between TGQ

service members and non-TGQ service members. For example, a 2016 calculation and

multiple empirical studies list adjustment, anxiety, depression, alcohol misuse,

posttraumatic stress, and suicidality as mental health conditions most commonly

experienced by military service members more broadly (Blow et al., 2012; Bryan et al., 2012; Stahlman & Oetting, 2018). Future research in this topic, when population access is granted, can both explore causality of these constructs and promote a non-pathological perspective of TGQ service members' protective and supportive experiences.

Resilience and Supports

TGQ service members experience resilience and protections against the aforementioned systemic, genderqueer minority stressors (Hendricks & Testa, 2012). Some examples include effective use of stress management skills as well as support from healthcare providers, family, and the workplace (Dietert & Dentice, 2015; Hill et al., 2016; Love et al., 2018; Matarazzo et al., 2014; Parco et al., 2016; Schvey et al., 2019). Within the military specifically, social support and, indirectly, intrapersonal functioning have been encouraged through empirical recommendations and organizational policy and guidelines (Love et al., 2018; Polchar et al., 2014; U.S. DoD, 2016; Yerke & Mitchell, 2013). TGQ service members who experience these forms of resilience and support ultimately report positive health outcomes and beneficial impact on psychosocial functioning (Matarazzo et al., 2014; Schvey et al., 2019).

Health and Coping. Mental and physical health of TGQ service members has recently been considered good overall. This is notable despite the impact of stigma, harassment, discrimination, and other genderqueer minority stressors on psychosocial functioning, but research has rarely considered the potential for TGQ service members' coping strategies to manage the distress that results within military spaces. Schvey and colleagues (2019), however, evaluated the relationship between mental health and 14 different coping skills in TGQ service members. Whereas self-blame, humor, behavioral

disengagement, instrumental support, substance abuse, denial, and self-distraction were associated with lower mental health, and religion, acceptance, planning, emotional support, and active coping were not significantly correlated with mental health, positive reframing appeared to be the only coping skill that was significantly, positively related to mental health (Schvey et al., 2019). The military context- including its norms, customs, values, and practices- may impact the utility and effectiveness of these forms of stress management, so those findings could benefit from continued exploration toward the understanding of military-relevant coping skills for TGQ service members (Reger et al., 2008; Schvey et al., 2019; Strom et al., 2012).

Identity Disclosure. Disclosure and concealment of TGQ identity within the military appears consistent with that within civilian society, including in presence, strategy, and pattern (Brumbaugh-Johnson & Hull, 2019; Grant et al., 2011; James et al., 2016; Schvey et al., 2019). Hill and colleagues (2016) found that TGQ service members were most likely to disclose their TGQ identity with immediate family, followed in decreasing order by non-military friends, military unit friends, entire military unit, the commanding officer, and other military personnel. TGQ identity may more often be disclosed to immediate family and close, non-military friends due to implicit and explicit restrictions in addition to resulting stigma. For example, a phenomenological description- provided before military accession by TGQ individuals was explicitly restricted- is that of the support of a commanding officer who acknowledged and prioritized performance over the service member's trans identity as long as transition-related treatment did not interfere with the former. The same service member, however, indicated awareness that any unsupportive commanding officer had the power to pursue them for discharge

(Dietert & Dentice, 2015). Additionally, TGQ service members both reported a mostly positive and supportive response to disclosure of their gender identity and described a strategy by which they would conceal their identity from people who were anticipated to respond negatively and unsupportively (Parco et al., 2015). TGQ service members are intentional in regard to the people to whom they disclosure their gender identity as a method to increase potential for social support.

  Social Support. Beyond intrapersonal resilience, social support for TGQ service members has been more often studied as an impact of well-being and psychosocial functioning within military spaces. Of 72.2% of TGQ service members who disclosed their gender identity to immediate family, only 37.8% reported moderate to strong levels of family support (Hill et al., 2016). Parco and colleagues (2015) suggest that the greater experience of understanding and acceptance by friends than family represents the aforementioned strategic disclosure toward beneficial response- in other words, the ability to choose one's friends based on their support and the inability to choose one's family of origin. The study did not evaluate impact of overall support, which could consider the 69.4% of TGQ service members who reported disclosure to non-military friends, and which may contribute to the authors' non-significant result of the association between family support and mental and physical health (Hill et al., 2016).

  In contrast, a case study that investigated the military unit workplace experiences of an openly transitioning transgender woman beginning in 2012 indicated pervasive support from all peers and levels of the chain of command. Though women were more supportive likely as a result of greater education about TGQ gender identities, the expectation of support demonstrated by the commander was a major influence on the

reactions of all peers for the study's entire three-year duration (Parco et al., 2016). Such

enduring support may be an important protective factor considering its indirect

relationship with suicidality as identified across a literature review of military gender

minority research (Matarazzo et al., 2014). Overall, there exists consensus regarding the

beneficial impact of social support on TGQ service members' psychological functioning.

Navigating Healthcare Treatment. Military healthcare (i.e., TriCare) does not

provide explicitly gender-affirmative psychological or medical services for TGQ service

members (Love et al., 2018). Because service members are required to report their non-

military healthcare treatment to the military, TGQ service members and military

healthcare providers may pursue clandestine approaches toward supporting the service

members' health rather than forego healthcare entirely (Witten, 2007). In a

phenomenological study by Parco and colleagues (2016), all TGQ service members who

participated in hormone therapy described positive improvements in psychological well-

being. Their recommendation for the military to engage in earlier interventions to reduce

distress of TGQ service members, whether manifested from personal or social

experiences, parallels those represented within past and current organizational policies

and guidelines (American Psychological Association, 2015; Coleman et al., 2012; Parco

et al., 2016).

To promote TGQ service members' access to competent healthcare, Yerke and

Mitchell (2013) recommend the following: increased education of U.S. military

policymakers regarding the reality and diversity of TGQ individuals' physical and mental

health, the differences between sex and gender, the variable intention for transition, and

the need for multicultural training across the military; reversal of accession and

termination policies regarding TGQ service members before explicit issuance of an inclusion policy and subsequent recognition that TGQ service members are deserving of benefits; and coverage of gender-affirmative healthcare for TGQ service members, including preventive care, transition-related medical treatments, and competent psychological services as described within the WPATH *Standards of Care* (Coleman et al., 2012). Love and colleagues (2018), and even the U.S. DoD, proposed similar and additional recommendations for military mental health providers working with TGQ service members, which continue to be relevant and applicable within the current military policies of inclusion (U.S. DoD, 2016).

TGQ Veterans

Counseling psychology in the United States has historical connections with the rehabilitation of veterans into civilian life and culture (Danish & Antonides, 2009; Whiteley, 1984). Civilian reintegration is only one experience of veterans, however, and there are many more characterized by the interrelation of sociocultural contexts and lived experiences connected across military and civilian cultures. TGQ veterans are situated in a unique position such that the current environment of military and civilian society is not as socio-politically protective as it is stigmatizing (Office of the Deputy Secretary of Defense, 2019; Stroumsa, 2014). Additionally, the themes of TGQ veterans' lived experiences are similar to those of TGQ civilians and TGQ military service members: in part, mental and physical health challenges, healthcare barriers, support in community connection, and benefit of gender-affirmative healthcare (Chen et al., 2017; Hill et al., 2016; Shipherd et al., 2012; U.S. VHA, 2018). To conceptualize the integration of TGQ

veterans' sociocultural contexts and lived experiences, a genderqueer minority stress

framework appears to be relevant (Tucker et al., 2019).

Sociocultural Contexts

The systemic contexts of TGQ veterans' experiences are understudied despite the

pervasive historical, sociopolitical, and cultural impacts (Strom et al., 2012). Although all

veterans who have discharged after 2011 have been required to participate in a program

to support the transition from life in military culture to life in civilian culture- and in part

to learn about such contexts and impacts- commanding officers may not reinforce that

mandate (Ahern et al., 2015; U.S. VA, 2018). Following discharge into civilian culture,

VA policy dictates clear standards of respectful and competent healthcare for TGQ

veterans (U.S. VHA, 2018). However, increased understanding of a TGQ veteran sub-

culture- yet identified, which may represent the sociocultural heterogeneity of veterans

more broadly- has the potential to promote such competent healthcare (Meyer et al.,

2016; Soeters, 2006). Overall, further inquiry regarding the sociocultural contexts and

influences of TGQ veterans is needed.

Reintegration Services

The United States government and the DoD initially provided no direct

reintegration support for military veterans, but it has since promoted many reintegration

services through the collaboration of an interagency network. During World War II, there

were an estimated 15 million service members that were expected to reintegrate during

the 1940s. The government became concerned about the resultant economic impact on

the labor market. So, the Serviceman's Readjustment Act of 1944 (also known as the G.I.

Bill) declared support for veteran reintegration services. Its purpose was to provide

tuition benefits and stipends for education, unemployment benefits, home loan guarantees, and medical care to all- not only disabled- reintegrating veterans. By the 1980s, a foundation for comprehensive military-to-civilian reintegration services was established (U.S. VA, 2018).

In 1991, the National Defense Authorization Act enacted the development of a comprehensive program to support military service members and veterans before, during, and after the reintegration process. The DoD developed the Transition Assistance Program (TAP) to mandate pre-separation guidance to develop an individual transition plan and to offer education regarding benefits and resources, employment assistance, and related training assistance, which are all aspects of 'pre-separation counseling' despite the absence of mental health considerations. The provision of such education and services necessitated collaboration with external agencies, including, for example, the Department of Veterans Affairs (VA), Department of Labor, Department of Education, and Small Business Administration (U.S. VA, 2018).

Ultimately, in response to the disproportionally high unemployment rates and other challenges experienced by Post-9/11 veterans, all of the TAP components became mandated for nearly all reintegrating service members (U.S. VA, 2018). The Veterans Opportunity to Work to Hire Heroes Act (VOW) of 2011, signed by President Barack Obama, further promoted assessment of translatable skills from the military to civilian economy (U.S. VA, 2018; VOW, 2011). Although the Act effectively resulted in the standardization of an outcome-based preparatory program for all veterans, the only presence of psychological reintegration support within the TAP is represented in educational reference to the available mental health services within civilian society. This

has continued despite President Donald Trump's support for the TAP's provision of additional pre-separation counseling for reintegrating MSMVs who are identified as having a high risk of reintegration challenges (U.S. VA, 2018).

Currently, the TAP includes four components: pre-separation counseling, transition core curricula, transition tracks, and capstone; these each focus on "Transition Goals, Plan, [and] Success (GPS)" (U.S. VA, 2018, p. 10). Reintegrating MSMVs are eligible to begin the program as early as two years before discharge or retirement, and each person develops an individual treatment plan with the guidance of commanding officers and pre-separation counselors. Mandatory core curricula topics include workshops in finances, employment, transferability of military skills, and veteran benefits, and optional tracks provide additional depth in higher education, employment training, and entrepreneurship. Many of the aforementioned external agencies facilitate sub-curricula workshops, and aspects of the program have become more often internet-based and interactive. Support continues post-discharge as well, wherein, for example, the Department of Labor is charged with assessing the transferability of military-acquired skills into civilian sector roles and the VA is authorized to provide 12-24 months of employment retraining (U.S. VA, 2018). Additionally, Vet Centers, which are a component of the VA, are specifically tasked with the provision of reintegration counseling and other support services. They are available on a walk-in basis, and in addition to referral to non-VA community resources, Vet Center staff can make VHA referrals for relevant treatment and support, including continued reintegration guidance (Coll et al., 2011).

VA Policy

Distinct from the recommendations, guidelines, and standards of care regarding healthcare for TGQ civilians promoted through research publications and professional organizations, the VA has developed directive policy that promotes respectful provision of healthcare to TGQ and intersex veterans who are eligible for care within the VA (American Psychological Association, 2015; Coleman et al., 2012; U.S. VHA, 2018). Dissemination of the VHA Directive's first edition occurred in 2011, and an updated version was published in 2013 with revisions that have occasionally continued (U.S. VHA, 2018). The Directive includes definitions of terminology, expectations of provider-patient interactions, and education in response to frequently asked questions about many domains of TGQ veterans' lived experiences and healthcare needs, all which are intended to promote access to appropriate and competent healthcare (U.S. VHA, 2018). Such changes toward increased access to gender-affirmative care and reintegration services have the capacity to promote positive sense of self within TGQ veterans, which is suggested by Chen and colleagues' (2017) finding that TGQ veteran healthcare support is interrelated with pride, authenticity, and resilience (Chen et al., 2017).

Veteran Culture

Compared to the culture of service members, less information is available regarding a culture of veterans overall and of TGQ veterans specifically. This may be due to the reintegration processes- inherent in veteran status- from the collective military institution to the many forms of civilian culture. Veterans, as all individuals, are impacted by various historical, sociopolitical, and cultural contexts, but a unique experience of veterans compared to non-veterans is their involvement in and connection with the

military (Soeters, 2006; Strom et al., 2012). As aforementioned, identification with military culture and therefore the strength of identity as a service member develops quickly and durably (i.e., for decades); though research suggests that exceptions may exist as a result of military sexual trauma (Bell, 2014; Fennel, 2008; Foynes et al., 2013).

Veteran culture may therefore be similar to that of military culture wherein there are stable codes of manners, norms of behavior, belief systems, and rituals that vary depending on military division, rank, and wartime period, though it may be both distinct from and embedded within the local civilian culture (Fenell, 2008; Hall, 2011). Veterans' distinction from and connection with local civilian culture may be further impacted by the post-war political and social contexts that welcome or reject veterans (Bockting et al., 2013; Hoy-Ellis et al., 2017; Schvey et al., 2019). Veterans are considered a particularly heterogenous group, and the cumulative impact of civilian culture is multiplicitous, so the pursuit of a defined 'veteran culture' appears counterproductive (Huxford et al., 2019). For this reason, Bichrest (2013) suggests exploration and consideration of individual veteran needs within the larger group context, which may include sub-groups such as TGQ veterans. However, potentially due to a similar degree of heterogeneity, the exploration of a TGQ veteran sub-culture appears non-existent (Huxford et al., 2019).

Lived Experiences of TGQ Veterans

The experiences of TGQ veterans appear to be a combination of those experienced by TGQ civilians and TGQ military service members. For example, minority stress and health challenges- including the impact of social stigma on suicidality- are shared by TGQ civilians (Downing et al., 2018; Hendricks & Testa, 2012; Tucker et al., 2019; Valentine & Shipherd, 2018). The impact of discharge and the sense of authenticity

and pride, on the other hand, are military-derived experiences shared with TGQ service members (Brown & James, 2014; Chen et al., 2017; Harrison-Quintana & Herman, 2013). Additionally, TGQ veterans share the challenge of barriered healthcare as well as the benefits of community connection and gender-affirmative healthcare with both TGQ civilians and TGQ service members (Barr et al., 2016; Chen et al., 2017; Martin et al., 2014; Parco et al., 2016; Shipherd et al., 2012; Snow et al. 2019; U.S. VHA, 2018; Witten, 2007). Following discharge from military society and policy, exploration of TGQ veterans' lived experiences and demographics appears to become more accessible.

Demographics

Sources of demographic information regarding TGQ veterans are limited to national surveys, VA infographics, and empirical studies that may recruit from clinical samples (e.g., Blosnich et al., 2015; Downing et al., 2018; Hill et al., 2016; James et al., 2016; Schvey et al., 2019; U.S. VA, 2016). Downing and colleagues (2018) estimated a prevalence of 124,000 to 212,000 transgender women, transgender men, and gender non-conforming veterans in the United States between 2014 and 2016, though the restricted response options for gender identification may underrepresent this number of TGQ veterans who identify differently. Further, the proportion of individual TGQ identities within the veteran population varies based on source, where the differences between national survey calculations and an empirical sample were as follows, respectively: 7.9% versus 8.9% transgender man, 11% versus 68.9% transgender woman, and 12.2% versus 11.1% genderqueer/gender non-conforming (Downing et al., 2018; Hill et al., 2016). TGQ veterans who responded to national surveys comprised a group that was 82% White, 11% multiracial, and 3% Latinx, and 56% of the group was over age 45 (James et

al., 2016). Ten years later, compared to cisgender veterans, transgender veterans were more likely to be between the ages of 18 and 34, to have achieved a high school education or less, to receive an income of less than $15,000, and to not be married or partnered, but the two groups were characterized similarly regarding employment status, having a child, and having health insurance (Downing et al., 2018). Additional information regarding sociocultural demographics and identities, and more representative information generally, has not yet been explored.

National surveys and non-clinical research samples have additionally provided military-specific and treatment-related demographic information. 20% of the overall TGQ population has been estimated to have served in the military at some time in their life based on a national survey sample (James et al., 2016). 53.1% and 30.6% of an empirical sample of TGQ veterans, respectively, served in the Army and the Navy, wherein 33.3% were ranked E-3 (i.e., enlisted, third level) and 25.5% were ranked E-5 (Hill et al., 2016). Of the overall veteran population in 2017, 3.12% served in World War II, 5.73% served in the Korean Conflict, 33.26% served in the Vietnam Era, and 36.36% served in the Gulf War (U.S. VA, 2016). 79% of a national sample of TGQ veterans reported honorable discharge, and 60% who separated from military service within the previous decade endorsed interest to return upon the reversal of the service restriction by TGQ people (James et al., 2016).

In 2008, transgender veterans were more likely than transgender non-veterans to have engaged in physical and/or social transition at an older age after leaving military service, where 50% appear to have done so after age 45 (Bryant & Schilt, 2008; Grant et al., 2011). However, those statistics, which may be connected with the greater likelihood

of gender identity concealment at that time, appear to have changed as a result of the brief healthcare support for TGQ service members during service (James et al., 2016; Schvey et al., 2019). Finally, in a 2016 convenience sample of veterans connected with national LGBT military and veteran communities, 67.8% of transgender veterans were engaged in hormone therapy, 19.4% had undergone gender-affirmative surgery, and 35.7% were intending to undergo such surgery (Hill et al., 2016).

Though TGQ veterans may use the Veterans Health Administration (VHA, also colloquially VA) less often than other healthcare service options, TGQ veterans use the VA more often than the general veteran population (Bryant & Schilt, 2008; Shipherd et al., 2012). Further, TGQ veterans most often pursue VA and non-VA healthcare services for depression, anxiety, relationship distress, and sleep disturbances, but they pursue VA-based services more often regarding posttraumatic stress disorder and bereavement distress (Shipherd et al., 2012). Differential use of the VA may represent its provision of gender-affirmative healthcare services with the exception of surgery, which requires a non-VA referral (Shipherd et al. 2012; U.S. VHA, 2018). Statistical exploration regarding TGQ veterans' rates of coverage within the VA may promote clarity of these findings. Nonetheless, TGQ veterans use non-VA options more often for primary care and all physical health conditions, preventive and routine mental health- including gender identity counseling- medical specialists, hospitalization, and surgical care (Shipherd et al., 2012). These frequencies represent an importance of healthcare, whether VA or non-VA, within the TGQ veteran population.

Stressors and Distress

TGQ veterans experience unique circumstances such as difficulty changing documentation and adverse healthcare treatment experience (e.g., Harrison-Quintana & Herman, 2013; Rosentel et al., 2016). TGQ veterans also experience mental and physical health challenges shared by cisgender veterans, transgender non-veterans, and cisgender non-veterans, but such proximal and distal stressors appear to be associated with military service rather than gender identity (Downing et al., 2018; Hoy-Ellis et al., 2017; Lehavot et al., 2016; Tucker et al., 2019). Nonetheless, contributing to the potential for increased attributions of pathology, research has more often explored TGQ veterans' stressors than their experiences of resilience.

The use of clinical samples in such research and the conflated use of *ICD-9* codes is a common practice across the empirical study of TGQ veteran and non-veteran populations, but such practices may inhibit generalization to the broader TGQ veteran community (e.g., Brown et al., 2014; Downing et al., 2018; Lindsay et al., 2016). For example, a unique study that employed an intersectional framework found that Black TGQ veterans experienced disproportionally greater prevalence of alcohol abuse, benign prostatic hyperplasia, congestive heart failure, hypertension, renal disease, and tobacco use, and two to three times the rate of incarceration and homelessness. Because secondary data was identified within VA electronic health records based on gender identity disorder diagnoses via *ICD-9* codes, however, the results may only be valid within similar clinical populations who access VA services, and authors of such studies ultimately recommend qualitative research toward greater phenomenological

understanding (Brown & Jones, 2014; Lindsay et al., 2016). The conclusions listed herein, therefore, represent non-clinical participant research unless otherwise noted.

Discharge Impacts. Military-related processes such as discharge and record changes impact veteran experience overall but has particular relevance for TGQ veterans. Despite 81% of national survey respondents reporting belief that their discharge from the military was not related to identity, 14% believed that their discharge was partly related to, and 5% believed it was completed related to, their TGQ identity. Only 45% of the former and only 51% of the latter received an honorable discharge; other forms of discharge across the TGQ veteran sample included general (7%), medical (6%), and other than honorable (3%; James et al., 2016). Type of discharge can impact the benefits that veterans can receive, and at time of discharge, veterans receive military discharge papers referred to as DD 214. For those who desire to change their name and gender marker on the DD 214 with the DoD, three times as many TGQ service members experience challenges than successes. Veteran benefits can again be denied when the TGQ veteran reports a different name and/or gender marker than is presented on their DD 214 (Harrison-Quintana & Herman, 2013). Such statistics demonstrate that the barriers to veteran benefits for TGQ veterans begin early during the reintegration from military to civilian spaces.

Healthcare Barriers. Access to competent healthcare is a notable influence for TGQ veterans. Most of the related research explores VA healthcare experiences. Both before and after the VA's implementation of the VHA Directive 1341 (U.S. VHA, 2018) to support competent healthcare for TGQ and intersex veterans, VA treatment was and has been inconsistent, insensitive, prejudiced, and sometimes restricted (Bryant & Schilt,

2008). Shipherd and colleagues (2012) found that the three most impactful barriers of TGQ veterans' access to VA treatment are the cost of services, concerns about medical providers' but not mental health providers' reaction to their TGQ identity, and knowledge of other TGQ veterans' negative experiences. Additional barriers include, for example, others' negative perceptions and interactions, concern about recorded medical information, and personal negative experiences in the past. Adverse interpersonal connections are a prominent negative experience of TGQ veterans wherein they may feel both misunderstood by the TGQ community due to veteran status and ostracized from the veteran community due to TGQ identity (Chen et al., 2017). Though the study used outdated terminology, only recruited transgender men, and is not necessarily representative of the broader TGQ veteran population, the conclusions suggest a pervasive experience of stigma and discrimination with VA healthcare services based on gender identity (Shipherd et al., 2012).

Rosentel and colleagues (2016) employed a narrative methodology to explore VA access and use, and one major theme referred to the delays in receiving care. Although Community Care is a recent change within the VA to improve access to otherwise delayed care, such referrals can last weeks to months. TGQ veterans also indicated poor publicity of information regarding available services and instead gained such knowledge from networks such as friends and social media. The need to travel for care, providers' lack of knowledge and care about TGQ patients, and provider insensitivity, harassment, and violence comprised the final themes, where seven of 11 participants reported at least one experience of the provider discrimination (Rosentel et al., 2016). Competent healthcare appears more accessible at non-VA facilities, where TGQ veterans are

significantly more likely to access services for TGQ-related care (Shipherd et al., 2012).

The most recent published exploration of VA experiences found that, although the VA

has increased training for providers and established explicitly LGBT-affirmative

programs, TGQ veterans encounter continued barriers to competent healthcare without

further improvement of interpersonal interactions and provision of care (Dietert et al.,

2017).

        Compounding Health Challenges. Mental and physical health of TGQ veterans

has been extensively studied within the previous decade. Research has compared TGQ

and cisgender veteran groups, compared TGQ veteran and service member groups,

evaluated health condition prevalence, and studied military sexual trauma and suicidality

(e.g., Downing et al., 2018; Hill et al., 2016; Lindsay et al., 2016; Tucker et al., 2019).

For example, veterans who are transgender men, transgender women, and gender non-

conforming experience a higher prevalence of mental distress, at least one disability, and

depression compared to cisgender veterans. However, there appear to be no additional

significant differences of other poor health outcomes between the two groups, including

heavy alcohol use, tobacco use, absent exercise, poor physical health, physical

limitations, and the presence of two or more chronic conditions (Downing et al., 2018).

        Compared to TGQ service members, TGQ veterans may experience higher

incidence of depression, anxiety, diagnosed substance use disorders, and body mass index

but not of psychological adjustment, posttraumatic stress disorder, or other psychological

or medical health conditions. The authors proposed that age and years of military service,

due to their significant positive correlation with physical health problems of veterans

generally, is consistent with previous research regarding the overall veteran population

and therefore not unique to the TGQ veteran population (Hill et al., 2016). The similarities between TGQ veterans and cisgender veterans, combined with the differences between TGQ service members and veterans, suggests that age, years of service, and minority stress rather than TGQ identity are connected to physical and mental health distress for TGQ people with military experience (Downing et al., 2018; Hill et al., 2016).

Matarazzo and colleagues (2014) and Tucker (2019) conducted literature reviews of suicidality experienced by TGQ veterans, which indicated the relevance of mental health distress within the recent decade. In fact, TGQ veterans who utilize the VA are about twice as likely to die from suicide than the overall population of VA-associated veterans, and veterans diagnosed with gender identity disorder through the VA were 20 times more likely to experience suicide-related events than the overall VA population (Blosnich et al., 2013; Tucker, 2019). Of a participant group comprised of 87.1% transgender women and 12.9% transgender men who separated from military service an average of 20.5 years prior, 36.1% endorsed suicide ideation within the previous two weeks, 56.2% endorsed suicide ideation within the previous year, and 29.35% indicated at least one experience of military external minority stress (Tucker et al., 2019). Other research found that 57% of a TGQ veteran sample endorsed suicide ideation within the previous year, including 34% who reported a past suicide plan and 34% who reported a past suicide attempt (Lehavot et al., 2016). These are clinically significant conclusions that suggest important considerations for the psychological healthcare of TGQ veterans.

Minority Stress. Tucker and colleagues (2019) approached their empirical study of TGQ veteran suicidality through a military conceptualization of the minority stress

model, which itself appears frequently within TGQ veteran research (Hendricks & Testa, 2012; Meyer, 2003; Tucker et al., 2019). Internal minority stress- operationalized as transgender identity-related shame- and external minority stress- operationalized as discrimination and rejection- were evaluated within both general and military-specific contexts to explore their association with depression and suicide ideation. The associations between external minority stress and both two-week and past-year suicide ideation were mediated by internal minority stress; yet military external minority stress and past-year suicide ideation was only significantly mediated by military internal minority stress when including depressive symptoms in the analysis (Tucker et al., 2019). This is corroborated by an experience of Chen and colleagues' (2017) participants, who indicated difficulty moving from military society to civilian society due to the consistent external minority stressors such as discrimination and rejection between within both societies. However, future research could benefit from recruiting a more representative sample than those within these studies based on population demographics of race/ethnicity and socioeconomic status. The distinction of military-specific external and internal minority stressors may be important within future research of TGQ military service members and veterans and may contribute to the development of a 'military genderqueer minority stress' model (Hendricks & Testa, 2012; Tucker, 2019; Tucker et al., 2019).

Stigma in particular appears to be a prominent factor of suicidality and other adverse experiences for TGQ veterans. The results concluded by Tucker and colleagues (2019) are consistent with the impact of identity stigma on depressive symptomatology and lower psychological health-related quality of life in older TGQ veterans, which

suggests a potentially chronic incidence (Hoy-Ellis, 2017). Past-year suicide ideation has been significantly, positively associated with two forms of stigma: enacted and felt. Enacted stigma is that which may be considered external, including the experiences of discrimination and violence, whereas felt stigma includes internal experiences such as shame and the need for identity concealment. In addition to stigma, past-year suicide ideation is associated with homelessness and housing discrimination, depressive and posttraumatic stress symptoms, alcohol misuse, and lower levels of connection to the veteran community (Lehavot et al., 2016). By highlighting the multiple experiences of TGQ veterans' stressors and distress, Lehavot and colleagues (2016) emphasize the need for qualitative research to more comprehensively explore TGQ veterans' lived experiences.

TGQ veterans experience multiple negative mental and medical health outcomes, such as depression, anxiety, and increased risk of suicidality (Hill et al., 2016; Tucker et al., 2019). Further, cross-group differences appear when compared to non-veteran populations rather than non-TGQ populations (Downing et al., 2018). Nonetheless, military genderqueer minority stressors, and external stressors particularly, include prohibited record changes of name and gender marker; limited access to timely, competent, and respectful healthcare services; and interpersonal discrimination and rejection (Chen et al., 2017; Tucker et al., 2019). This perspective, however, only considers one aspect of TGQ veterans' lived experiences.

Resilience and Supports

Much less often studied are TGQ veterans' experiences of internal strengths and community supports. The literature includes exploration of TGQ veterans' pursuit of

acceptance and authenticity and their connection with peer communities (Chen et al., 2017; Tucker et al., 2019). Also relevant to the experiences of TGQ veterans are the positive impacts of military service and the importance of advocacy and the VA (Chen et al., 2017; Downing et al., 2018; Hoy-Ellis et al., 2017). Finally, organizational support for TGQ veterans, particularly regarding healthcare from the VA, has increased within the past decade (U.S. VHA, 2018).

One of the most comprehensive qualitative studies to explore TGQ veterans' lived experiences was conducted by Chen and colleagues (2017). In their phenomenology, which explored the challenges, strengths, and recommendations related to a TGQ veteran identity, the researchers asked, "What do you like best about being a transgender veteran?" (p. 65). Emergent themes included pride, authenticity, and resilience; importance of community; healthcare support; pride in military service; engagement in activism and education; and acceptance by others (Chen et al., 2017). Yet almost one-third (30.3%) of participants described no positive experiences. The sample demographics, however, are similar to those of other empirical studies in their overrepresentation of White transgender men with higher socioeconomic status, so there is opportunity for continued research to explore these experiences of TGQ veterans of other sociocultural demographics (Chen et al., 2017). Nonetheless, Chen and colleagues' (2017) themes are well-represented within the literature of TGQ veterans' resilience and supports.

Pride, Authenticity, and Resilience. Chen and colleagues' (2017) most prominent thematic result was a felt sense of pride, authenticity, and resilience, wherein participants used terms such as "enduring" and "overcoming" to describe the strength

developed by their veteran identity toward confidence in their gender identity and life

overall. Among TGQ civilians, a similar concept may be their use of positive reframing

as a coping skill (Schvey et al., 2019). This phenomenon is characterized within other

literature as a contribution of resilience due to military experiences (Brown & Jones,

2014; Downing et al., 2018; Hill et al., 2016). For example, prior military service has

been shown to significantly moderate the relationship between identity stigma and

depressive symptomatology, and both TGQ and cisgender veterans demonstrate more

positive health outcomes than their civilian peers (Downing et al., 2018; Hill et al., 2016).

Though extending from correlational research, there remains a significant association

between a sense of resilience and TGQ veterans' military service.

Community Connection. TGQ veterans have also discussed the importance of

community in its ability to mitigate feelings of loneliness. Connection with TGQ veteran

peers was achieved through online groups, VA groups, advocacy organizations, or from

military service (Chen et al., 2017). Considering the aforementioned challenge of

connection with community groups based on individual identity, the intersectionality of

gender and veteran identities within peer groups appears phenomenologically meaningful

(Chen et al., 2017; Tucker, 2019). Whereas sense of support has been positively

correlated with connection to the LGBT community but not the veteran community,

lower incidence of past-year suicide ideation has been associated with connection to the

veteran community. The communities were reported as not being perceived as connected,

and there may be differences in personal association with or interest in either community

(Lehavot et al., 2016). Nonetheless, a strong thematic overlap emerged across importance

of community and pride, authenticity, and resilience, which suggests an association

between the connection with other TGQ veterans and positive self-esteem. (Chen et al., 2017).

Developed resilience, supportive healthcare, and the importance of community characterize the current research of the lived experiences of TGQ veterans (Chen et al., 2017). Beyond the sense of authenticity, social acceptance, sense of pride in one's military identity, and engagement in activism, little research has been conducted that explores the resilience and supports of TGQ veterans (Chen et al., 2017). Further, exploration of the TGQ MSMVs' stressors, distress, resilience, and supports experienced during reintegration from military culture to civilian culture appears absent across the literature.

Theoretical Framework: Theory of Acculturation

The contemporary, most popular definition of acculturation across anthropological and sociological science is "those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (Redfield et al., 1936, as cited in Sam & Berry, 2006, p. 149). As a psychological concept, acculturation refers to "the changes an individual experiences as a result of being in contact with other cultures" (Sam & Berry, 2006, p. 14) where changes include, for example, practices (such as language, customs, and traditions), values, and identification (such as attachment and esteem; Graves, 1967; Rudmin, 2009; Sam & Berry, 2006). This is distinguished from 'enculturation' as the natural development of learning about one's culture of origin and from 'socialization' as the deliberate teaching about one's context by knowledgeable others (Sam & Berry, 2006). To distinguish distinct aspects of

acculturation, Schwartz and colleagues (2010) encourage the more accurate labeling of behavioral acculturation, value acculturation, and identity acculturation.

Acculturation was quickly regarded within anthropology and sociology in the late 19th- and early 20th-centuries. However, in the former, it was used to conceptualize the process of a primitive group naturally advancing toward civility with the help of an enlightened group and, in the latter, it was renamed assimilation (McGee, 1989). Other terms, such as multiculturalism and interculturation, have since been used as alternative names or to name similar concepts (Sam & Berry, 2006). These rapid changes and differences of foci have inhibited robust theory development, empiricism, and utility across disciplines (Sam & Berry, 2006). Despite similar variabilities within psychology, the critical discussions of acculturation models within the field have promoted clarity of the theory overall.

Theoretical Components and Criticisms

Meta-theoretically, the essence of acculturation includes contact, reciprocal influence, and change (Redfield et al., 1936, as cited in Sam & Berry, 2006). Contact is identified as a direct and continuous interaction with another cultural group and within the same time and space. These interactions have been further qualified across three dimensions: voluntary to involuntary, sedentary to migrant, and permanent to temporary (Sam & Berry, 2006). Reciprocal influence refers to the changes in cultural patterns experienced by both groups (Redfield et al., 1936, as cited in Sam & Berry, 2006). The three hypothesized forms of reciprocal influence are blind acculturation (i.e., unrecognized adoption of cross-cultural patterns), imposed acculturation (i.e., forcible adoption of different cultural patterns), and democratic acculturation (i.e., respectful

adoption of cross-cultural patterns). Finally, change can be both a process and an outcome, and it is often associated with adaptation (Searle & Ward, 1990). Acculturative change, which can be distressing and supportive, can both be impacted by and impact various systemic and ecological levels- including those biological, political, economic, and social- as well as intrapersonal levels of affect, behavior, and cognitions of social identification (Berry, 2005; Masgoret & Ward, 2006; Tajfel & Turner, 1986; Sam & Berry, 2006, 2010).

Directionality and Dimensionality

Some of the basic criticisms of acculturation as a theory include those regarding the concept of culture and context. Operationalization of 'culture' is not only varied in scholarship but also varied across groups of people, and different operationalizations of culture have resulted in different empirical findings of acculturation (Sam & Berry, 2006; Snauwaert et al., 2003). Additionally, cultural context, or the sociopolitical background of and reasons for contact between two groups, is important to understand before acculturation experiences can be competently interpreted (Sam & Berry, 2006).

The most critical discussions about acculturation, however, focus on the fundamental issues of directionality and dimensionality of change. Directionality is theorized as being either unidirectional or bidirectional, where the latter represents reciprocal exchange of cultural patterns rather than the partisan adoption denoted in the former (Graves, 1967; Teske & Nelson, 1974). Dimensionality is theorized in a similar manner as being either unidimensional or bidimensional; respectively, a person either relinquishes one cultural pattern as they adopt another, or their participation in each cultural pattern can independently change (Berry, 1980; LaFromboise et al., 1993).

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Flannery and colleagues (2001) further proposed a tridimensional model whereby a new cross-cultural identity emerges. In contrast to the unidirectional and unidimensional theorizations of assimilation, psychology typically regards acculturation as being bidirectional and bi- (or multi-) dimensional (Ryder et al., 2000; Sam & Berry, 2006; Schwartz et al., 2010).

Methodology and Measurement

Conventional measurement of acculturation experience typically captures the categorical preference for one, both, or no cultures and the personal association with irrelevant cultural values, language, and/or practices. To address the ineffectiveness of a universal approach, many scales have been developed to measure different aspects of importance that are unique to a particular culture and therefore cross-culturally relevant, including furniture, holidays, language use, and sociocultural pressures (Rudmin, 2009; Rudmin & Ahmadzadeh, 2001). However, the same scales are often still used across multiple contexts (Rudmin, 2009). Chirkov (2009) more fundamentally suggested that this may be occurring because acculturation research has begun to conduct confirmatory analyses before completing sufficient exploratory or descriptive research. A return to theoretical foundations could illustrate the yet indistinguishable elements of acculturative processes and outcomes as well as of psychological and contextual impacts. Further, the apparent complexity of acculturation necessitates open-mindedness in epistemology and methodology such that current positivistic, quantitative approaches may offer limited means to comprehensively understand a qualitative phenomenon (Chirkov, 2009).

Acculturative Stress

Acculturative stress is defined in many interrelated ways, but it frequently refers to the adverse effect of an unfavorable context of cultural reception; in other words, it can be the pressure against acculturation by the new culture and/or culture of origin, and it can be the stress response to such pressures (Rodriguez et al., 2002; Rudmin, 2009). This operationalization appears ineffectively duplicitous; upon review of its typical use, the former operationalization is often used in measurement whereas the latter is often used in theory (e.g., Rodriguez et al., 2002). To further complicate its use, the construct has historically been conflated with psychological distress (e.g., anxiety, depression), and its measurement often lacks cultural representation. This has resulted in propositions to remove acculturative stress as a latent construct and parsimoniously focus on psychological impact within the theory and study of acculturation (Rudmin, 2009).

Discontinuation of the acculturative stress construct altogether, however, has the potential to overemphasize pathology and minimize the potential impact of sociocultural pressures (Rodriquez et al., 2002). For example, acculturative pressures such as discrimination are closely associated with psychological outcomes (Finch & Vega, 2003; Williams & Mohammed, 2009). Measurement of internal and external acculturation pressure, however, is not as common as that of acculturative stress despite the relative clarity of the former (Schwartz et al., 2010). Rather than eliminating the construct of acculturative stress to promote a parsimonious investigation of an acculturation-distress relationship, future theoretical and empirical pursuits may benefit from a separation of the construct into internal and contextual components, such as 'psychological functioning' and 'sociocultural pressure.'

Acculturative Support

Acculturation outcomes are often characterized by the presence of stress rather than functioning more holistically. Although some researchers measure functioning more inclusively (e.g., self-esteem, coping efficacy), stress seems to be a consistent variable of interest (Fox et al., 2013). This phenomenon may be an artifact of the theory's historical assumption of the intrapersonal acculturative challenges experienced by minority groups (Rudmin, 2003). A relatively novel construct is acculturation support, which represents a divergence from those assumptions. Acculturative support is not an established term per se, but across aggregated research that examines the relationship between sources of support and acculturation experiences, the concept broadly represents the systemic levels that facilitate favorable acculturation processes and outcomes. Though support via personality traits has contradictory evidence, the level of social support is a construct that has more recently been examined in relationship to acculturation (Benet-Martínez & Haritatos, 2005; Ryder et al., 2000). Although associations between social support and health outcomes are positive, replication of statistical significance nonetheless appears to be inconsistent (Alhasanat-Khalil et al., 2018; Falvarjani et al., 2019; Khan & Hasan, 2016; Panchang et al., 2016).

Theoretically, sociocultural institutions- via the pervasiveness of specific values, language expectations, and practices- may have the most profound impact on the opportunity to acculturate (Schwartz et al., 2006). This hypothesis has not yet been directly measured. However, there is evidence that prohibition of integration into a new culture at an institutional level can both transform identification with the culture of origin and promote the development of a social identity of activism and resistance (Cicognani et

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al., 2018). For example, in a qualitative study of adolescent and young adult Muslim Moroccan immigrants living in the Emilia Romagna region of Italy, many immigrants experienced significant barriers to gaining legal citizenship. Such a restriction has compounding impacts on employment, education, and social exclusions. Consequently, participants reported experiencing an increased criticism toward their Muslim and/or Moroccan culture while also developing a sense of activism within Italian culture to establish a sense of belonging between the two cultures (Cicognani et al., 2018). These experiences are typically not observed when conventional research neglects the sociocultural context.

The Culture in Acculturation Research

Depth of cross-cultural considerations within acculturation research has been minimal during the majority of its history (Sam & Berry, 2006). Acculturation studies traditionally pursue analysis of psychological adaption and contextual impact, but it also appears to be a cross-cultural investigation that would seem to necessitate an analysis of each culture involved. Elements of diversity, equality, conformity, autonomy, wealth, space, and time, and domains of history, generation, economy, and legislation are examples of sociological, anthropological, and ethnographic perspectives of culture that research of psychological acculturation typically does not consider (Chirkov, 2009; Meca et al., 2017; Sam & Berry, 2006).

The potential impact of such a comprehensive perspective on acculturation research itself includes the capacity for scholars and researchers to recognize the variability of acculturation, including diverse effectiveness of different processes and outcomes and the associated meanings that people construct about them (Chirkov, 2009).

For example, the experiences of Black male college students at a majority-White college were characterized by an integration of both ethnic cultures. But the students themselves described the 'integration' as being connected with distress that follows frequent coping with racial discrimination (Smith et al., 2007). Cultural analysis within acculturation research is slowly developing, and further advancement of this practice may require a collaborative return to the theoretical foundations of acculturation within psychology, sociology, and anthropology (Chirkov, 2009; Cicognani et al., 2018; Doucerain, 2019).

Berry's Model of Acculturation

Berry (1997) developed four theoretical categories of psychological acculturation within a bidirectional and bidimensional model: assimilation, separation, integration, and marginalization. Using the terms 'receiving culture' (or the culture into which one is entering) and 'heritage culture,' assimilation refers to the acquisition of the receiving culture and the relinquishment of the heritage culture, whereas separation refers to the opposite. Integration (sometimes referred to as being 'bicultural') signifies the acquisition of the receiving culture while maintaining the heritage culture, where, in contrast, marginalization refers to the rejection and/or discarding of both (Berry, 1997, 2005).

As the model has transformed, these categories became known in some research as actionable strategies that can be influenced by contextual factors rather than immutable outcomes toward the goal of integration (Schwartz et al., 2010). Incorporating a sociological perspective, Berry (1974) further proposed that personal agency can be limited when a dominant culture reinforces separation, marginalization, and integration to institute segregation, exclusion, and multiculturalism, respectively. Nonetheless, many scholars have typically concluded that whereas marginalization results in the worst

psychosocial functioning, integration results in the best, with separation and assimilation equal between the two (e.g., Berry, 2005; López & Contreras, 2005; Torres, 2010).

Empirical Evaluation of the Model

Berry's (1997) framework has been the most used within acculturation research for the past two decades, but recent analyses have transformed some of its foundational components (Doucerain, 2019; LaFromboise et al., 1993; Rudmin, 2003; Sam & Berry, 2006; Schwartz & Zamboanga, 2008). Those components include marginalization and its validity, integration and its possible subtypes, and the four categories overall regarding the existence of more or less categories. Though reconceptualization of marginalization arose initially from theoretical criticism, the subtypes of integration were discovered through more robust statistical analysis, and the validity of all four categories was pursued directly.

The concept of marginalization has received frequent scrutiny partly due to theoretical skepticism that a person can culturally develop without influence of the heritage or receiving culture. And as it is vaguely described within Berry's (1997) model, limited clarity about the construct has led to disagreement about whether rejection of both cultures results in an a-cultural outcome (Del Pilar & Udasco, 2004; Rudmin, 2003; Schwartz et al., 2010). In fact, Berry (1976) initially excluded marginalization from measurement due to the assumption that it would not be a chosen acculturation strategy. For example, Schwartz and Zamboanga (2008) found no marginalization category in its traditional meaning, but there was an 'undifferentiated' category that represented a combination of the four original categories and was characterized by confusion or a lack of clarity regarding cultural identity. Additionally, Fox and colleagues (2013) concluded

that a marginalization category did not emerge in their sample of people from multiple

ethnic cultures after a latent profile analysis despite emergence of integration,

assimilation, and separation categories. And in research conducted by Yue, Fong, Li, and

Feldman (2019) that examined acculturation of urban and rural migrant cultures in

Guangzhou, China, marginalization was only use as a qualifier of a separation category

but did not emerge from a latent class analysis independently.

In contrast, however, Meca and colleagues (2017) did find evidence of a

marginalization category that was, in contrast to popular hypothesis, comprised mostly of

participants who had lived in the United States longer than others in the sample. The

authors' attention to the potential impact of political influences on acculturative

experiences of Latinx immigrants is particularly notable in consideration of the United

States political climate around the time of the study's publication. Rudmin and

Ahmadzadeh (2001) suggest that if marginalization is not chosen, it may not be an

employed strategy as previously conceived but rather a resultant experience of contextual

barriers against integration. Further, Rudmin's (2003) hypothesis that the rejection of

both cultures may imply preference for a third, unspecified culture supports the

possibility of undiscovered acculturative experiences. This variability in evidence

suggests that marginalization may only be a relevant acculturative experience for some

populations, and there remains the possibility that absence of connection to heritage and

receiving cultures may not be autonomous but rather socio-culturally enforced.

Exploration of the integration category is typically conducted in regard to its

specificity rather than its soundness or presence. For example, Berry's (1997) integration

has been separated into subtypes, such as 'rural-oriented integration' and 'urban-oriented

integration' to indicate variable strength of integration toward one culture or another, and such as 'Anglo orientation' and 'Latino orientation' to differentiate contact with the receiving culture and continuity with the heritage culture (Torres, 2010; Yue et al., 2001). Many scholars and researchers, however, use 'bicultural' to denote an identity rather than the approach or strategy connoted within 'integration.' It may also be used in reference to a synthesized identity of two cultures that is different than the combination of their parts much in the same way that 'ethnogenesis' is used to refer to a similar phenomenon of cultural synthesis (Flannery et al., 2001; Schwartz et al., 2008).

Bicultural competence, or the ability to gain competence of the knowledge, beliefs, values, affective processes, communications, behaviors, and relationships of two culture, is a phenomenon studied in itself (e.g., Benet-Martínez & Haritatos, 2005; LaFromboise et al., 1993). For example, bicultural identity formation appears possible only with the appropriate interaction of distance (vs. overlap) and conflict (vs. harmony) between both cultural identities (Benet-Martínez et al., 2005). Particularly in consideration of contextual impacts such as social discrimination and political influence, such processes can manifest differently, but further research is needed to understand them (Chen et al., 2008; Meca et al., 2017). Both in theory and in science, integration appears much more complex than initially operationalized; it has transformed from a passive category to an active strategy that interacts with sociocultural context.

Berry's (1997) "fourfold theory" (Rudmin, 2003, p. 1) was initially accepted as a valid paradigm within analyses of acculturative experience. Bipolar scales and fourfold scales accompanied with a-priori cutoff points of the sample's median values had assumed the existence of all four acculturation categories, but this approach limited the

capacity for analyses to discover variability within the theory (Rudmin, 2003; Schwartz et al., 2010). Recently, more robust statistical analyses such as latent class analysis and cluster analysis supported opportunity for more or less acculturation categories to emerge.

Yue and colleagues (2019), for example, found two subtypes of integration and two subtypes of separation that they associate with assimilation and marginalization, but assimilation and marginalization did not emerge per se. Additionally, only three categories- integration, separation, and marginalization- emerged in Meca and colleagues' (2017) analysis. And in a study of the acculturation of values, identifications, and practices between United States culture and Hispanic culture (in this case, representing Cuba, Colombia, Peru, Puerto Rico, and Nicaragua), six categories emerged: assimilated, separated, full bicultural, partial bicultural, American-oriented bicultural, and undifferentiated (Schwartz et al., 2008). Berry's (1997) model of acculturation can no longer be considered exclusively fourfold. Moreover, the number of acculturation categories seem to vary at least in part by population, cultures of consideration, and method of measurement, so the relevance of pursuing a ubiquitous number is unclear.

Together, the theoretical criticisms and subsequent transformations of Berry's (1997) model of acculturation have encouraged understanding of the broader theory of acculturation. The theory parallels the model in history and development such that they began only in concept, were interpreted from varied perspectives and for various purpose, were scrutinized in logic and methodology, and, despite the resultant complexity at present, have been strengthened through increased rigor of scientific analysis. There is evidence of an acculturation experience, and Berry's (1997) model provides support to its

characterization. The recently discovered complexity of the theory of acculturation

necessitates continued theoretical criticism, robust scientific inquiry, and perhaps a

different methodological approach altogether (Chirkov, 2008).

MSMV Reintegration

Though sometimes referred to as 'transition,' 'readjustment,' 'community

integration,' 'community reintegration,' and less often 'culture clash,' 'reintegration' is

the most common term used in research and by military institutions in reference to the

phenomenon of transitioning from a life within military culture to a life within civilian

culture (Burrell et al., 2003; DeLucia, 2016; Doyle & Peterson, 2005; Elnitsky, Blevins,

et al., 2017; Greene et al., 2010; Leslie & Koblinsky, 2017; Murray & Taylor, 2019;

Pease et al., 2015; Resnik et al., 2012; Suzuki & Kawakami, 2016). Reintegration, more

so than the alternative terms, considers mental services and social services, physical

health, rehabilitation issues, and psychological contributions such as the enhancement of

one's sense of life meaning or purpose (Elnitsky, Fisher, et al., 2017). However, there is

considerable variability in the definition of reintegration (Elnitsky, Fisher, et al., 2017).

Some operationalizations, which are more often implicit than explicit, describe the

transition from foreign deployment to domestic life as an active duty service member,

whereas others describe it more longitudinally from life as a service member who has

been deployed to one as a formally discharged veteran, and yet others describe it as a

transition from active duty to veteran status regardless of deployment experience (e.g.,

Adler et al., 2011; Beder et al., 2011; Crocker et al., 2014; Doyle & Peterson, 2005; Hyatt

et al., 2015; Koenig et al., 2014; Lemaire & Graham, 2011; Resnik et al., 2012, Sayer et

al., 2014; Sayer et al., 2015; Theiss & Knoblock, 2013).

Elnitsky, Fisher, and colleagues (2017) developed the following comprehensive, emergent definition from a literature review of relevant theoretical and empirical publications: "both a process and outcome of resuming roles in family, community, and workplace which may be influenced at different levels of an ecological system" (Elnitsky, Fisher, et al., 2017, p. 2). The terminological and descriptive similarity of acculturation's 'integration' appears notable here (Berry, 1997). Considering the change that a reintegrating military service member- soon 'veteran'- experiences in contact with a different, non-military culture or sub-culture, the construct of acculturation appears applicable here as well and has been used in theoretical and empirical research (e.g., Bichrest, 2013; Suzuki & Kawakami, 2016).

Ecological Systems of Acculturative Reintegration

An ecological systems model that considers all four system levels (i.e., individual, interpersonal, community, and societal) may promote both a comprehensive, multidimensional conceptualization of both the connection between psychosocial and environmental factors and the process of reintegration; yet the latter has not been pursued (Bronfenbrenner, 1979; Elnitsky, Blevins, et al., 2017; Elnitsky, Fisher, et al., 2017). For example, Pease and colleagues (2015) proposed a description of a successful reintegration outcome, which includes being employed or in school; having access to benefits such as housing and healthcare; engaging in family, social, and community roles as an independent and autonomous person; experiencing a sense of belonging and connection; and involvement in leisure activities. This operationalization, and others similar across the literature, emphasizes an individual rather than systemic perspective of successful outcome, and it promotes individualistic values of the civilian community. In

other words, there is little representation of the environment's influence (i.e., context) in such an outcome, and independence and autonomy, for example, may not be meaningful values of a MSMV reintegrating from a collectivistic culture (Bronfenbrenner, 1979; Soeters et al., 2006; Trivette, 2010).

To propose that reintegration into civilian culture necessitates such transformation of one's values may be a judgement similar to those that have been contradicted within empirical studies of acculturation's integration (Berry, 1997). The impact and recognition of culture- including the ecological system of the military, the similarities and differences across military and civilian culture, and the protective and growth-promoting conceptualizations of culture- are rarely considered in reintegration literature compared to the study of other societal-level factors (e.g., economy, DoD, VA, and social policy) and other system levels (Kranke et al., 2016; Plach & Sells, 2013; Sayer et al., 2010; Sayer et al., 2014). To provide context for the cultural reintegration experiences of TGQ MSMVs, the following section briefly considers existing literature regarding reintegration experiences of MSMVs overall- which sometimes includes only combat veterans- within an ecological systems framework.

Societal Level

Reintegrating MSMVs' societal level experiences typically include government benefits and related information, social perceptions, cultural dissonance, and institutional values. These experiences have emerged from quantitative and qualitative research as well as literature review (Ahern et al., 2015; Bichrest, 2013; Demers, 2011; Leslie & Koblinsky, 2017; Mittal et al., 2013; Pease et al., 2015; Street et al., 2009; Suzuki & Kawakami, 2016). Whereas some of the experiences are described in either challenging

or supportive connotation, others are described in antithesis or neutrally; this is consistent across ecological system levels. For example, reintegrating MSMVs acknowledge the change of reintegration, are interested in the G.I. bill and to learn more about it, and freedom of choice. Regarding the latter, while the MSMV participants valued the civilian freedom of choice not afforded in the military, some participants noted civilians' contempt for the MSMVs' choice to serve in the military despite the military's protection of civilian freedoms (Bichrest, 2013; Suzuki & Kawakami, 2016). Although TGQ MSMVs have not been specifically recruited for participation in related empirical studies, gender-related reintegration experiences have been considered (Ahern et al., 2015; Street et al., 2009).

Challenges. A commonly emergent distressing experience is the various forms of cultural dissonance (Pease et al., 2015). Lack of civilian structure, incompatibility of pace, and feeling caught between two cultures were endorsed within three qualitative research studies and a literature review (Ahern et al., 2015; Demers, 2011; Leslie & Koblinsky, 2017). The transition from a highly structured setting in the military to a less structured civilian society can result in organizational and interpersonal challenges. Freedom of choice may inhibit decision-making clarity, and some reintegrating MSMVs may become frustrated when others are not, for example, respectful, punctual, dependable, or committed to a duty (Ahern et al., 2015). Overall, the reintegration experience can feel like time traveling or landing on another planet due to different cultural practices and behaviors (Demers, 2011). For example, it can be difficult for MSMVs to adopt the civilian norms that allow and even expect a psychologically and physically slower pace of life; however, both Leslie and Koblinsky (2017) and Demers

(2011) overrepresented combat MSMVs in their samples, and Demers (2011) included active duty service members and veterans but did not explicate their operationalization of reintegration, so the emergent themes may not be endorsed by veterans broadly.

Facilitators. In contrast, some of the supportive or positive experiences of reintegration, both emergent from qualitative inquiry, include connecting with the military as a family, the maintained military values of discipline, comradery, and service to others, and the integration of mental health services within deployment operations (Ahern et al., 2015; Bryan & Morrow, 2011; Suzuki & Kawakami, 2016). In a sample of interviewed veterans with deployment history, of whom almost one-third had separated from active duty less than one year prior and three-quarters had separated less than four years prior, Ahern and colleagues (2015) explored the impact of space and time between societies on the experiences of social expectations and familiarity. In part, thematic analysis revealed that the military environment was perceived as a family that provided support- including emotional support from fellow service members and the sense of parental guidance- and structure, which promoted clarity and simplicity in chaos (Ahern et al., 2015). For those MSMVs who preferred such structure and maintained military cultural values, their ideal careers were in education, law enforcement, and counseling (Suzuki & Kawakami, 2016). In fact, the stigma associated with mental health services such as counseling was diminished when such services were redesigned during deployment to promote the military cultural values of resilience and maintenance of psychological health, well-being, and fitness (Bryan & Morrow, 2011).

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Community Level

The community level experiences can be grouped into those regarding resources and treatment, employment and education, legal functioning, and community involvement (Ahern et al., 2015; Bichrest, 2013; Brenner & Barnes, 2012; Coll et al., 2011; DeLucia, 2016; Demers, 2011; Faurer et al., 2014; Hourani et al., 2012; Kranke et al., 2016; Larsen & Norman, 2014; Pease et al., 2015; Plach & Sells, 2013; Sayer et al., 2010). Overall, MSMVs express interest to receive information about resources and benefits for both reintegration generally and education specifically, and the preferable medium of receipt is, if not via e-mail or webpage, at a VA facility followed by through the mail (Bichrest, 2013; Sayer et al., 2010). Also, Coll and colleagues' (2011) theorization that reintegration results in a change of social status is reflected in returning veterans' description of their tendency to hold themselves to a higher standard than they do civilians. Such experiences acknowledge the different cultural norms regarding respect and purpose, where worse outcomes of social status may be associated with lower self-esteem and self-worth (Demers, 2011).

Challenges. Quantitative studies and literature reviews are more common than qualitative research when exploring community level reintegration experiences. A unique design is the longitudinal quantitative survey employed by Larson and Norman (2014) to examine the posttraumatic stress disorder-associated predicators of functional impairment within Marines before and after the TAP. Their method supports inquiry of a process of reintegration rather than either influence or outcome alone, but it is limited in its use of one item to measure reintegration difficulty, in its omission of cross-culture consideration, and in its sample heterogeneity regarding combat deployment history. The

generalizability of their findings and reliability of the reintegration construct may therefore be speculative (Larson & Norman, 2014). However, others have concluded similar results, where veterans may experience challenges in education and employment performance and access (Pease et al., 2015; Plach & Sells, 2013). Aspects of these challenges may be related to difficulty fitting into the civilian world and, more specifically, the lack of reintegration support from institutions such as the DoD and VA (Ahern et al., 2015; Demers, 2011). One veteran explained in 2015 that their commanding officer did not send service members to pre-discharge TAP, which is especially concerning considering the mandatory nature of the program as of 2011 (Ahern et al., 2015; VOW, 2011).

Facilitators. Treatment during military transitions is beginning to show support for suicide prevention, and reintegrating MSMVs who have participated in the TAP have found employment three weeks earlier on average than those who did not participate (Brenner & Barnes, 2012; Faurer et al., 2014). Mental health treatment recommendations include: the reduction of military identity stigma and help-seeking stigma through positive psychology techniques, the promotion of mental fitness as a culturally relevant and strengths-based approach, cognitive therapies or acceptance and commitment therapies, and the support toward a sense of normalcy by reorienting from a perception of differentness to one of sameness in relation to civilians (Kranke et al., 2018; Pease et al., 2015). However, reintegration programs and services prior to discharge may serve their own role in reducing adverse health outcomes, including stress management training, resilience building, and reintegration peer-partnerships within the familiarity of the military setting (Hourani et al., 2012).

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Participation in the community, whether civilian or veteran, is considered an important aspect of reintegration, which is partly evidenced by its targeted evaluation within the experiences of transitioning MSMVs (Resnik et al., 2012). 25-56% of a clinical sample of combat veteran VA users reported some to extreme difficulty with feeling involved in the civilian community and its activities (Sayer et al. 2010). However, becoming an ambassador to the military experience emerged as a method that some veterans have used to connect with family and to a develop sense of purpose. By connecting with other veterans and sharing personal experiences, reintegrating MSMVs may feel less alienated (Ahern et al., 2015).

Consistent with recommendations to re-create cultures of camaraderie and to increase opportunities for veterans to connect with others through their narrative experiences, DeLucia (2016) provides an observational account of veterans' participation in art therapy as a method of engaging with community (Demers, 2011; Kranke et al., 2016). DeLucia (2016) concluded that the Veterans Outreach Center in Rochester, NY offered opportunity for individual and interpersonal benefit within a community space through numerous experiences: creative risk-taking in a safe space, commitment to creativity within a culture of support and friendship, and displayed visual storytelling in a studio. The art-focused community experiences can help veterans share their thoughts, feelings, beliefs, and reflections about personal experiences, concerns, and goals with other veterans, family, friends, and the broader community (DeLucia, 2016).

Interpersonal Level

Social connection, relationships, and family roles and rituals are the domains that most often characterize reintegrating MSMVs' experiences at the interpersonal level

(Ahern et al., 2015; Demers, 2011; Hinojosa & Hinojosa, 2011; Hourani et al., 2012; Leslie & Koblinsky, 2017; Pease et al., 2015; Plach & Sells, 2013; Robertson, 2013; Sayer et al., 2010). Relationship functioning was endorsed as a challenge by 80% of 20- to 29-year-old veterans who had discharged from active duty within five and a half years even though 50% had engaged in mental health since that time and were motivated to spend more time with friends and family (Plach & Sells, 2013). For combat veterans receiving VA care, 25-56% reported some to extreme difficulty in social functioning in general, and one-third reported divorce or separation (Sayer et al., 2010). The overrepresentation of males, the absent consideration of gender, and the variable representation of race/ethnicity within these studies and much of the reintegration research, however, inhibits a valid and more accurate understanding of both the reintegrating MSMV population as a whole and the reintegrating TGQ MSMV population specifically. Nonetheless, some findings may be relevant for the latter population.

Challenges. The disconnection from family, interpersonal, and social relationships can be considered an overarching theme for the challenges experienced at this system level (Ahern et al., 2015; Demers, 2011). Lack of respect from civilians may, in part, heighten the sense of disconnection, and reintegrating MSMVs may ultimately feel alienated from family and friends (Demers, 2011). Demers (2011) proposes that the disconnection represents a fear of confronting the loss of their military identity that is recognized when family reflects their previous civilian identity back to them. In other words, when returning to civilian society, social and familial expectations of who the MSMV is may be inconsistent with the veterans' military cultural values and new

identity (Ahern et al., 2015). A sample of reintegrating women MSMVs- again overrepresented in presence of combat deployment experiences- endorsed particular experiences of fear of intimacy, remorse about missing their children's development, anger toward their family, a conflict between a desire to share their military experiences and an interest to not burden their family, and a sense of their family's lack of understanding of their emotional challenges (Leslie & Koblinsky, 2017). In fact, reintegrating MSMVs overall endorse difficulty coping with their feelings of loneliness, but social support can be an effective protective resource (Demers, 2011).

  Facilitators. Many, if not most, studies that explore the protective and supportive experiences of reintegrating MSMVs at the interpersonal level promote the benefit of social support. For reintegrating men MSMVs who are formally discharged from active duty service, veteran friendships play a critical role in the successful reintegration experience, and perceived social support can be a protective factor against mental health symptomology and prolonged transition during the reintegration process (Hinojosa & Hinojosa, 2011; Hourani et al., 2012; Robertson, 2013). This is consistent with phenomenological inquiry of TGQ service members' experiences, wherein peer support and relationships are integral to well-being (Parco et al., 2015). Such support may include talking with others who have encountered similar experiences or seeking advice and guidance from a veteran peer navigator who has successfully reintegrated (Ahern et al., 2015; Demers, 2011). For women, restoring family rituals and routines as well as accessing veteran support can also promote successful reintegration (Leslie & Koblinsky, 2017). However, women veterans may encounter a unique stressor of being less able to

access such support, a stressor which seems to be shared with TGQ service members (Ahern et al., 2015; Bockting et al., 2019; Street et al., 2009).

Individual Level

Finally, the ecological system at the individual level considers multiple factors in consideration of military-to-civilian reintegration. Most are in regard to psychological and physical health outcomes such as stress and resilience, but sociocultural demographic realities are explored as well (Pease et al., 2015). Coll and colleagues (2011) described a sense of disorientation- similar to the aforementioned description of time travel or landing on a different planet- following permanent travel into a non-military space, which is counteracted by a search for new identity and meaning (Demers, 2011). Within the psychological and physical domains, challenging and protective factors at the individual ecological level can be categorized within the experiences of activities of daily living and meaning making.

Challenges. Difficulty reintegrating has been associated with pain, posttraumatic stress, lower productivity, alcohol use, increased anger, lower income, and suicidality (Ahern et al., 2015; Demers, 2011; Hourani et al., 2012; Larson & Norman, 2014; Pease et al., 2015; Plach & Sells, 2013; Robertson, 2013; Sayer et al., 2010). Though an outcome of reintegration was not operationalized in a study that considered the financial impact of reintegration, financial income has been significantly negatively associated with duration of reintegration (Larson & Norman, 2014; Pease et al., 2015; Plach & Sells, 2013; Robertson, 2013). Within qualitative analysis, crisis of identity and loss of purpose emerged as relevant psychocultural phenomena for reintegrating MSMVs (Ahern et al., 2015; Demers, 2011). The individualistic civilian culture did not support participants'

engagement in contributions toward collective goals, and veterans subsequently felt a lack of meaning within their work (Ahern et al., 2015). Further, veterans described their experiential loss of military identity with visualizations of darkness and death; this phenomenon is descriptively similar to the acculturation category of marginalization, or the non-identification with both cultures with which one is in contact (Berry, 1997; Demers, 2011; Schwartz & Zamboanga, 2008). Without development of a new, civilian-relevant identity, and while enduring psychological, medical, and/or economic challenge, veterans may use substances to manage the sense of disorientation and isolation (Demers, 2011).

Facilitators. With sufficient space and time to adjust to the transition into civilian life, reintegrating MSMVs may experience personal growth. In fact, all active duty service members, reservists, and veterans endorsed this need (Demers, 2011). Recently reintegrated MSMVs in particular endorsed that they have learned to acknowledge that any reintegration challenges will ease with time (Ahern et al., 2015). Resilience strategies that can be used during such time and that have been described as beneficial during the reintegration experience include making meaning of one's military service and using military-acquired skills, such as 'battlemind' debriefing training for combat MSMVs (Adler et al., 2009; Leslie & Koblinsky, 2017). The approach to resolve identity-based challenges through military-based reflections and practices is unique within the reintegration literature in its cultural emphasis, particularly within the individual level of the ecological system. Further, such a perspective considers the relevance and connection of both the civilian and the military system- perhaps in this circumstance a 'military-

oriented integration'- which may otherwise be described as a sub-category of

acculturative integration (Berry, 1997; Torres, 2010; Yue et al., 2011).

CHAPTER THREE: METHOD

A qualitative approach, given its utility in investigating phenomena not yet studied and in exploring the experiences of a marginalized population, appeared most relevant for researching the reintegration experiences of TGQ MSMVs (Camic et al., 2003; Chirkov, 2009; Warner, 2008). Development of insights about the reintegration experience is necessary to facilitate greater understanding of associated challenges and to promote appropriate interventions (Ahern et al., 2015). The meaning of such experiences across individuals in an otherwise heterogeneous group may be partly shared and partly distinct, the latter which limits the potential for declaring a universal or normative experience of a diverse group (Cole, 2009; Creswell & Poth, 2018; Soeters, 2006). Yet the inductive-deductive nature of qualitative inquiry allows for the potential of revelatory, emergent understandings of all unexplored possibilities (Chirkov, 2009; Creswell & Poth, 2018). Further, qualitative research methodologically acknowledges the potential hindrances of positivistic approaches and the valuation inherent in empirical inquiry (Tebbe & Budge, 2016). Such acknowledgement, which positions the researcher within the context of the research, is essential to promote ethical and effective research practices with TGQ populations (Creswell & Poth, 2018; Tebbe & Budge, 2016).

Overall, research with TGQ populations must be relevant, valuable, and reciprocal, share power, and give voice (Creswell & Poth, 2018; Goodman et al., 2004; Namaste, 2009; Staples et al., 2018; Tebbe & Budge, 2016; Tracy, 2010). Creswell and

Poth (2018) proposed that "we conduct qualitative research when we want to empower individuals to share their stories, hear their voices, or minimize the power relationships that often exist between a researcher and the participants in the study" (p. 45). This study sought to accomplish all three so TGQ veterans would have the opportunity to share their feelings and thoughts in a more inclusive and respectful manner than has typically occurred in previous research with TGQ populations (American Psychological Association, 2015; Demers, 2011). Furthermore, in agreement with the values of counseling psychology, I intended to promote an affirmative and collaborative approach throughout the methodological process (American Psychological Association, 2015; Gelso et al., 2014; Palmer & Perish, 2008).

Methods of qualitative research promote the revelation of a complex, contextualized, and nuanced understanding of an experience (Creswell & Poth, 2018; Leslie & Koblinsky, 2017; Suzuki & Kawakami, 2016). I developed a detailed understanding of the topic's complexity through a comprehensive literature review to include the consideration of community and societal stressors and supports beyond only the individual and interpersonal experience (Creswell & Poth, 2018; Elnitsky, Fisher, et al., 2017). Therefore, a qualitative method was better equipped than alternative methods, such as surveys and quantitative analyses, to support further exploration of this complexity. In consideration of such complexity, a flexible style of reporting was warranted. I preferred to describe and interpret the reintegration experiences of TGQ MSMVs in an appropriately literary style that was not bound by the emphasized objectivity and undue formality of structure in conventional academic writing (Creswell & Poth, 2018).

Phenomenology

"Philosophy as a search for wisdom" (Creswell & Poth, 2018, p. 76) describes the motivations of phenomenology during its reemergence in the later 19th century. Phenomenology in its Greek origin is named 'phaenesthai,' meaning "to flare up, to show itself, to appear" (Moustakas, 1994, p. 26). Historically, it is foremost a philosophical concept or framework that refers to the pursuit toward understanding and representing an experience or 'phenomenon' (Creswell & Poth, 2018). However, Laverty (2003) emphasized the dynamic and evolving nature of philosophical phenomenology such that our understanding of it has developed and changed over time and will continue to do so. Nonetheless, Creswell and Poth (2018) described phenomenology as a description of "the common meaning for several individuals of their lived experiences of a concept or a phenomenon… [with the purpose] to reduce individual experiences… to a description of the universal essence" (p. 75).

Cohen (1987), among many others, refer to Edmund Husserl (1852/1980) as the founder of phenomenology due to his criticism of a positivist, objective reality and his support for subjectivity particularly within psychological inquiry. By acknowledging a person's ability to perceive life experiences in diverse ways, phenomenological inquiry studies the lived experiences within the world or meanings of human experience beyond those otherwise dictated by an objective reality (Laverty, 2003). Husserl rejected the dualistic philosophies of mind-body and person-world; rather, he proposed experiencing as an emergence within the intersection of a person and their world (Valle et al., 1989). Husserlian phenomenology, in other words, rejects the dichotomy of subjectivity-objectivity, wherein "the reality of an object is only perceived within the meaning of the

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experience of the individual" (Creswell & Poth, 2018, p. 76). Such a reality is possible because people possess experiential consciousness, including the perceptions, thoughts, and emotions attended to an event (Laverty, 2003; Reiners, 2012).

Husserlian phenomenology is essentially descriptive, and the 'transcendental' methodological approach seeks to represent an experience of the participant- in relation to the world- in a way that attempts independence from the researcher (Creswell & Poth, 2018). On the other hand, hermeneutic phenomenology is essentially interpretive and allows for an interaction between the researcher's interpretation of the experience (i.e., acknowledges the researcher's own meaning-making processes) while exploring participants' meaning-making about the experience (Polkinghorne, 1989; van Manen, 2014). Hermeneutic (i.e., interpretative) phenomenology seems more popular within recent academic literature, including considerations of, for example, its utility as a research methodology (Tuohy et al., 2012). Transcendental phenomenology, despite my typical academic and clinical interests in meaning-making, appeared nonetheless most relevant for this study due to the exploration of lived experiences rather than meaning-making per se (Reiners, 2012). In addition, its practices, such as bracketing researcher experiences and beliefs to promote open curiosity and presenting comprehensive descriptions of the reintegration experience, helped me to empower TGQ veterans by prioritizing their narrated wisdom over scholastic utility (American Psychological Association, 2015; Creswell & Poth, 2018; Moustakas, 1994; Tebbe & Budge, 2016). Through a social constructivism framework and with components of interpretative approaches, I applied transcendental phenomenology within this study (Smith et al., 2009; Tracy, 2010).

Social Constructivism

The combination of contextual and intrapersonal experience is well-represented in social constructivism, wherein a phenomenon is conceptualized as an individual's patterns of meanings that emerge from systemic (e.g., social, historical, cultural) impact (Creswell & Poth, 2018). Social constructivism can be described as a philosophical integration of constructivism and social constructionism (Creswell & Poth, 2018; Crotty, 1998). Social constructionism, in an extreme form, emphasizes the social influence of meaning at the disregard of subjective meaning-making (Creswell & Poth, 2018; Fourie, 2012). On the other hand, constructivism recognizes that phenomenological meaning is constructed, and can be described, only through the views and interpretations of an individual (Martin & Sugarman, 1997; Schwandt, 1998; Seigfried, 1976). My worldview is reflected in the social constructivist philosophy, and I perceive that meanings influence the essential experience of a lived phenomenon.

The multidimensional recognition of personal construction within cultural influence suggests that researchers must attend to the variety and complexity of meanings through an inductive approach (Creswell & Poth, 2018). Interview questions are broad, general, open-ended, and they can be process oriented. Compared to the many constructivist phenomenology approaches, a social constructivist approach appeared, in part, to have the potential to focus specifically on the cultural context of the participants (Creswell & Poth, 2018). This was particularly relevant for TGQ MSMVs due to the sociocultural contexts of gender identity and the nature of acculturation generally, and reintegration specifically, as a process (Elnitsky, Fisher, et al., 2017; Lefevor et al., 2019; Sam & Berry 2006). Although social constructivism may presuppose phenomenology

itself, it was explicitly included as a succeeding framework herein to differentiate from interpretivism approaches and to emphasize the systemic mediators of phenomenological essence (Creswell & Poth, 2018; Crotty, 1998).

Transcendental Phenomenology

Transcendental, meaning "in which everything is perceived freshly, as if for the first time" (Moustakas, 1994, p. 34), names an approach that highlights the removal of investigator assumptions as a means to promote new perspectives of a phenomenon (Creswell & Poth, 2018). A transcendental phenomenological methodology, therefore, focuses on descriptions of experiential essence as stated by participants (Moustakas, 1994). Describing rather than explaining data allows the emergence of rigorous phenomenological understanding of a yet unexplored human experience; participant subjectivity, but not subjective interpretation of participant or researcher, is prioritized (Parco et al., 2015). Though interpretative strategies are not explicitly utilized, it was inevitable that my worldview will impact the collection, analysis, and discussion of the data (Brinkmann & Kvale, 2015; Shaw, 2010). Self-reflexivity and collaboration with participants each had the potential to minimize undue influence of my worldview and promote credibility and resonance of TGQ MSMVs' reintegration experience (Creswell & Poth, 2018; Tebbe & Budge, 2016).

Overall, transcendental phenomenology seeks to holistically describe the complexity of a phenomenon in its entirety by starting with a narrow view of data and broadening into themes before an overall essence emerges (Miles & Huberman, 1994; Moustakas, 1994). This is possible by collecting data from a group of people who share the encounter with a particular experience. Though interview data is most common and

was most often used in this study, other data had the capacity to complement the phenomenological description and was requested in this study based on the interest of each participant, including journals and forms of art (Moustakas, 1994). Next, the researcher distinguishes significant statements and quotes such as sentences or phrases regarding the experience. The statements are then grouped by similar meaning to cultivate broader themes, which are systematically connected into a separate and then, finally, an integrated composition of the 'what' and 'how' of the experience to describe the overall phenomenological essence (Creswell & Poth, 2018; Moustakas, 1994). I valued reliance on, and accurate representation of, the participants' described psychological and ecological experiences. And although my personal position within this research may have supported such a pursuit in consideration of my identities, experiences, and worldview, I was committed to engagement in continued reflection as a method to distinguish my interpretations from participants' experiences.

Moustakas (1994) describes bracketing as an attempt, albeit not always perfectly, to enter a psychological state of curiosity that minimizes the impact of one's own perspective regarding a phenomenon (LeVasseur, 2003). Rather than the Husserlian perception that researcher experiences can be entirely removed, bracketing is associated with phenomenological reflection, wherein assumptions can be recognized, held, and set aside during exploration (Creswell & Poth, 2018; van Manen, 2014). Objectivity in qualitative research is not possible and not necessarily philosophically pursued, yet self-reflexivity can allow for public disclosures of researcher perspectives. Further, Tracy (2010) lists that self-reflexivity can consider values, biases, inclinations, and ongoing research experiences of the investigator. One recommendation, and the strategy I

employed, was the use of a reflexive journal. The journal began later in this section when I discussed my positionality, and it was used after each interview, after reading all transcripts, throughout thematic analysis, and while writing about the results. The descriptive and analytic memos consisted of, for example, free-association passages, brief comments, questions, and notes (Braun & Clarke, 2006; Creswell & Poth, 2018; Shaw, 2010).

For research with TGQ veterans, it is particularly important to support an appropriate degree of ownership of the stories they share (Namaste, 2009; Tebbe & Budge, 2016). Past research with TGQ populations has misrepresented their experiences and misused their disclosures with negative systemic effect (American Psychological Association, 2015). Tebbe and Budge (2016) promote community-based participatory research (CBPR, also called community participatory action research) as the gold standard for empirical work with TGQ populations for these reasons. CBPR is a post-positivist paradigm that invites the community into many, if not all, aspects of the research (Tebbe & Budge, 2016). As a methodology, CBPR incorporates the participants as co-researchers during, for example, development of research questions and interview questions, analysis of data, credibility checks, and actionable utilization of the results (Leung et al., 2004). Though CBPR was not implemented in this study, its components were integrated as possible. For example, to minimize the imbalance of power and support accurate representation, I provided the opportunity for community gatekeepers to review recruitment materials and interview questions, and I provided the opportunity for participants to conduct member reflections of transcripts as well as throughout the

analysis process (Creswell & Poth, 2018; Tebbe & Budge, 2016; Tracy, 2010; Vincent, 2018).

Positionality

My position within this study reflected my motivation to conduct the research as well as my biases regarding my interpretation of the literature, choice of theories, and selection of method; each of those were, within my worldview, influenced by my own lived experiences of variable discrimination and support, which were connected to my sociocultural identities within a broad system. At any early age, I recognized personal differences compared to my brothers: I was more physically and emotionally sensitive, I did not enjoy contact sports, and I preferred to play with toys made for girls as much as for boys. Although these expressions and interests were not necessarily challenged by my immediate family, and though I did not have a conscious awareness of it at the time, I often felt a sense of shame. The experience might be more accurately characterized as a dissonance between how I felt and the messages I received about who and how I should be as a boy or, later, a man. I retrospectively believe that my childhood feelings of shame were insidiously promoted through multiple environmental factors: primary school teachers' off-hand mentions about my supposed attraction to girls, frequent media representation of attraction and love as being between a man and a woman, and the explicit religious imperative to live a cis-heteronormative life at the mortal denouncement of all else.

The U.S. appears to have witnessed progressively greater representation and acceptance of diverse gender and sexual identities. In addition, my family, friends, peers, and colleagues are wholly supportive, understanding, and accepting of me now. I wonder,

however, whether earlier support from people and within the spaces I visited would have helped me reflect on and learn more about the intersectionality of my identities. Sexual identity had always been the identity in question and therefore was the most shameful; but in reality, my gender identity and expression were covertly encompassed by those experiences and my subsequent pursuit of self-discovery. For the simplicity of explanation, I disclose my identity as a gay cisgender man; but while I describe my gender identity as cisgender man, my conception of the identity is unconventional such that I identify with masculinity and femininity despite my expression typically being more consistent with the former than the latter. The following are my additional identities that may be relevant to this research: white, middle-upper socioeconomic status, able-bodied, and with family history of military service in World War II and the U.S.-led conflicts in Afghanistan and Iraq.

My position within this research has also been influenced by my past and current professional endeavors to promote identity-specific safety and well-being in sociocultural spaces. As a result of my own lived experiences with opposing identity-based prejudice and discrimination, I developed a passion within my later undergraduate college career to support others who have experienced similar phenomena. Most of my previous work, including volunteerism, research, academics, and clinical emphasis, has focused on the support of people with diverse and marginalized sexual identity. For example, when I was an undergraduate at the University of Florida, I participated in a semester-long workshop called Gatorship, which helped me join a community of empowered students who were interesting in promoting social justice on college campus environments; I volunteered for The Trevor Project's web-based crisis hotline for more than 3 years while

pursuing my Master's degree in social psychology; and I have been focused on minority identity-related research topics during my current doctoral training alongside my role as the facilitator of the Social Justice Cooperative, a student-led group in DU's Counseling Psychology department that actively promotes social justice within our local environments. Within the past year and a half, however, I recognized the relatively limited consideration of diverse and marginalized gender identity within academic literature and clinical practice, and the phenomenon was mirrored in an apparently unsubstantiated decision with dangerous potential impact: the regulatory change to limit military accession by TGQ people after non-discriminatory accession and retention was supported.

I continue to feel passionate about de-stigmatizing and de-pathologizing such military regulations in an attempt to inform inclusive regulatory modifications. However, I recognize that this research may more realistically inform competent awareness within, and practice by, mental health providers who work with reintegrating TGQ MSMVs. Nonetheless, I have learned much more than I anticipated about the nuanced historical and contemporary complexity of TGQ MSMVs' lived experiences and sociocultural contexts during my literature review, including, for example, the progression of identity-based regulations that appears to have been repeated for different groups; the presence of a discreet sub-culture during DADT; and the overt promotion of binary gender norms within, and the perception of hypermasculinity of, military culture despite its fundamental valuation of conventionally masculine and conventionally feminine qualities. Though I anticipated this study would demonstrate a representation of stressors, supports, distress, and resilience experiences similar to that described across the literature

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and presented herein, I acknowledged the variability of lived experiences for reintegrating TGQ MSMVs and the potential for participants' descriptions to focus on a yet unidentified aspect of the reintegration phenomenon.

Part of my motivation for this study was to incorporate relevance regarding my military career plan as well as to promote my understanding of a process related to my career interests. Though I did not specifically engage in gender or sexual identity-related practice during my practicum training at the VA, the reintegration component of this study partly emerged from my recognition of veterans' limited support of transition from military life into civilian life. So, the focus of this study was the exploration of lived military-to-civilian reintegration experiences of TGQ people- which may include stressful and beneficial phenomena- so that I and other health providers may be better equipped to support successful reintegration. Yet this study also possessed a secondary interest to advocate for justice of TGQ military service members and veterans within otherwise standardized regulations of fitness and healthcare. I also acknowledged the importance of focusing on the empirically supported improvement of military readiness and civilian reintegration via health services particularly due to the culpability of the mental health field in gender identity-related prejudice both within and beyond military-related spaces. I perceived these to be potentially compatible interests- perhaps in ways we do not yet understand- rather than contradictions.

Finally, as a doctoral graduate student in counseling psychology, this dissertation supported my progression toward achievement of a doctoral degree, which would be granted by faculty of my academic institution. Such pursuits often appear to be described as a benefit for the researcher and academia but not the participants or their communities,

and I acknowledged the potential for this study to be perceived in a similar way despite my efforts to present it otherwise. However, I was committed to sharing the power of my positionality as much as possible with participants toward their own empowerment and personal and/or communal benefit, and I was committed to conducting research that was thoughtfully determined to have limited potential for misuse. That, in part, necessitated my interest to collaborate with community gatekeepers and participants throughout the research process; I hoped to share- not take- knowledge, and my motivation toward such a collaborative approach has developed within past qualitative interview studies that I have co-conducted. I feel a responsibility to use my resources to help TGQ veterans develop a tangible and digestible yet dynamic and provocative narrative about one of their many lived experiences.

Data Collection

Community Gatekeeper Consultation

For research with TGQ people, it is important for the researcher- particularly those who do not share a TGQ identity- to communicate with the stakeholder before disseminating a recruitment request. Relatively unpracticed but often recommended is the consultation with gatekeepers and members of the population regarding the interview questions to promote inclusivity and clarity before the research begins (Tebbe & Budge, 2016). There is a related possibility that the gatekeeper may first want to review participant recruitment materials and other study materials before dissemination approval (Tebbe & Budge, 2016). So, as part of a project in an Advanced Qualitative Research course, I received consultation and feedback from community gatekeepers of two national organizations that support TGQ veterans. In anticipation that gatekeepers of a

marginalized population- particularly those I did not have the opportunity to collaborate with- would request information about me and my motivations, the recruitment distribution request (Appendix A) included an abridged version of my positionality and collaborative intent (Creswell & Poth, 2018; Tebbe & Budge, 2016; Vincent, 2018).

Both community gatekeepers were thoughtful and comprehensive in their feedback. One community gatekeeper of a national organization that supports TGQ veterans, who monitored the organization e-mail address and reviews research recruitment requests before forwarding them to the board of directors, provided consultation regarding all the materials in consideration of clarity, affirmativeness and conciseness (Tebbe & Budge, 2016; Vincent, 2018). As a result, the gatekeeper helped me revise the military-related language and structure in the drafted recruitment and study materials, suggested more inclusive options for demographic questions, recommended the development of much more concise recruitment materials with less jargon, and recommended the separation of some interview questions into sub-questions of specific content domains, each which I incorporated into the materials. And as an alternative to a pilot study for the same purpose, I consulted with a community gatekeeper from a second national organization that supports TGQ veterans for feedback regarding the interview protocol to promote the affirmativeness, relevant, and comprehensiveness of the interview questions (Tebbe & Budge, 2016; Vincent, 2018). Based on that feedback, the gatekeeper supported the relevance and affirmativeness of the interview protocol for the TGQ veteran population, I included an additional question on the demographic questionnaire to allow the participant to provide additional information for or clarify any of their answers, and I incorporated an additional interview question regarding the

reintegration-related advice that participants would provide to fellow service member-veterans.

Sampling

Although military service of TGQ people was supported by executive-level order and DoD policy by the completion of this study, the collection of data for this study occurred while DoD policies that excluded TGQ people from open service and treatment remained in effect. As such, the participation of TGQ service members actively undergoing reintegration posed unjustifiable risk, and veterans, rather than service members, provided recollected descriptions of their experiences reintegrating as MSMVs. The inclusion criteria for the sample included: age of at least 18 years; previous active duty military service in any branch of the United State Armed Forces, in any rank, and in any military occupational specialty; service of at least 180 days; discharge of any form whether voluntary or involuntary since the year 2000; self-identification with a gender identity that is not conventionally associated with the sex they were assigned at birth regardless of identification within or beyond a gender binary; and ability to articulate their experiences. Exclusion criteria and their rationale included the following: part-time duty such as reserve component in the national guard due to the comparatively less comprehensive integration within military culture; service of less than 180 days, which characterizes an entry-level separation and is not associated with veteran status; and discharge before the year 2000 due to the increasing relative variance of reintegration experience and context as time passes.

The purposeful strategy incorporated criterion, maximum variation, and snowball sampling. Criterion sampling was utilized based on the aforementioned inclusion criteria.

Beyond that, however, it was important to maximize the diversity of sampling sources. For example, I sampled from independent organizations that reflected different interests (e.g., social versus professional). This strategy was not intended to promote generalization- which is not necessarily the aim of qualitative research generally or phenomenology specifically- but to illuminate the potential complexity of the phenomenon (Creswell & Poth, 2018; Pinnegar & Daynes, 2007). I also utilized snowball sampling to sample potential participants through those who already participated and who were known or believed by the participant to fulfill the inclusion criteria (Creswell & Poth, 2018). Though not more than 10 people were interested to participate, maximum variation would have been used as needed to first select potential participants based on military branch and then based on their disclosed demographic identities.

Recruitment

Participants were recruited from a professional listserv and from a national organization that supports TGQ veterans; for both sources, a gatekeeper forwarded the recruitment message to their members. When clicking on the participation link within the recruitment e-mail or post, an interested individual was directed to the consent information (Appendix B) listed in Qualtrics, which as available to download. The individual was asked to indicate whether they consent to audio recording of the interviews and then whether they consented to participate overall, which included a Qualtrics eligibility survey, Qualtrics demographic survey, and two interviews.

Due to current regulatory interpersonal distancing precautions and in-person research restrictions during the COVID-19 pandemic, and to capture the demographic diversity of the population, all recruitment and participation occurred remotely and

electronically via Qualtrics, phone, e-mail, and visual/audio conference software including Skype- which does not require download of a software- and Zoom (Archibald et al., 2019). Nonetheless, internet-based communication appeared to be effective means of recruitment and participation of TGQ individuals as has been evidenced in previous research (Horvath et al., 2012; James & Busher, 2009).

Participants

I recruited eight TGQ veterans for this phenomenological study; six individuals participated in both interviews, and two individuals participated in the first interview only, yet no participants explicitly expressed the desire to opt out of participation. Sixteen individuals accessed the Qualtrics survey and endorsed consent to participate in the study. Two of those individuals did not meet the initial eligibility criteria and were automatically routed to the survey closure page with information about such ineligibility; the remaining 14 eligible participants proceeded to the next page to continue participation. One participant completed the survey and provided contact information, but it was thereafter determined that they were ineligible to participate due to their continued military service at the time of recruitment; their data was not included in reporting, and this decision was communicated to the individual. One individual did not finish the survey, and one completed the survey but did not provide any contact information for interview scheduling. Three individuals completed the survey and provided contact information but did not respond to two communication attempts to schedule the interview.

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Eligibility Survey and Demographic Questionnaire

Following indication of consent, participants first completed a Qualtrics survey to verify their eligibility (Appendix C) based on the inclusion criteria. Then, upon satisfaction of the eligibility, a new page requested their completion of demographic questions (Appendix D), including their gender pronouns for accuracy while writing the results and the creation of a pseudonym to be used in place of their name (Rosentel et al., 2016). Additional demographic items surveyed about age, gender identity, sexual identity, race/ethnicity, religion/spirituality, relationships status, living arrangements, level of education; military-specific items inquired about data of military service, branch or branches of service, primary job title and highest rank during service, number and location of deployments, and date and nature of service discharge. At the end of the demographic questionnaire, participants were asked to provide an e-mail address or phone number to schedule the first interview.

Interviews

Within one week of participants' completion of the eligibility survey and demographic questionnaire, I contacted each participant by e-mail or phone (Appendix E) to introduce myself, provide a link to an electronic version of the consent form, and answer any questions. I then scheduled the first interview either by phone, Skype video, or Zoom video to share the unique Skype/Zoom link for the first interview; Skype and Zoom audio were not requested but were offered to promote additional anonymity. Finally, I sent interview questions to participants who indicated interest to receive them beforehand. (Rood et al., 2017). One interview was conducted via Skype and the remainder which were conducted via Zoom.

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Each interview lasted 60-90 minutes each, and I encouraged participants to be in a distraction-free environment (Creswell & Poth, 2018). During the first interview, after re-reviewing the informed consent information- including the purpose of the interview, the amount of time we needed, and their ability to withdraw themselves from participation and their responses from analysis- and then confirming their consent for the interview to be audio recorded, I thanked participants for their interest and introduced the interview focus. I then requested permission to audio record the remainder of the interview, and following an affirmative response, I recorded the date and time of the interview, noted the participant pseudonym, and began recording on a recording device located near my computer (Adams, 2017; Creswell & Poth, 2018; Parco et al., 2015; Rood et al., 2017). I also emphasized my intent to share the results with them, which is recommended for TGQ health-related research in part due to the unethical history of prioritizing the research community over the participant community (Rood et al., 2017). The same format was used during both the first and second interview.

The interview protocol (Appendix F; see Appendix G for descriptions of each interview question's connection with the literature) included semi-structured questions that promoted some flexibility in the amount of time spent on each question. This, in part, depended on the focus of the participant, but I ultimately facilitated the interview (Brinkmann & Kvale, 2015; Creswell & Poth, 2018). The semi-structured approach has been used in multiple qualitative research studies with TGQ individuals and intended to manage the asymmetric participant-researcher power dynamic despite its comparatively inflexible nature relative to an unstructured protocol (e.g., Ahern et al., 2015; Demers, 2011; Rubin & Rubin, 2012; Suzuki & Kawakami, 2016). Additionally, participants were

openly encouraged to express their feelings, disclose their experiences, and take time to respond if needed. I hoped that this would be supported through rapport and trust-building that was made possible by using welcoming language throughout the recruitment process and by beginning with introductory questions that were contextual before continuing to the potentially more emotional questions about personal experience (Parco et al., 2015; Rood et al., 2017).

Debriefing and Member Reflections

At the end of each interview, I encouraged and allotted time for the participant to add information not yet shared or to omit any of that which had been shared, to ask questions about the research or the data, and/or to receive emotional support resources if needed (Demers, 2011; Rood et al., 2017). Participants were also encouraged to share with me via a Qualtrics survey any documents and audiovisual material that they, having completed the interview, believed may be relevant to and complement their descriptions of their experiences; a written statement describing the document/audiovisual material and its relevance to them and their experience were also requested within the Qualtrics survey (Creswell & Poth, 2018). However, participants shared no additional materials.

And at the end of the second interview, I discussed the opportunities for participants to engage in member reflections. Consistent with recommendations of collaboration for research with TGQ populations, participants were asked if they would like to engage in member reflections, which could have included a review their transcript for accuracy and/or their provision of feedback regarding clarity and representativeness of the contextual and composite descriptions of the experiential essence (Tebbe & Budge, 2016; Tracy, 2010). Six participants initially indicated interest to participate in member

reflections. Yet at email follow-up, only two expressed interest and were sent an electronic copy of their de-identified transcripts to review for accuracy and representativeness. However, those transcript copies were not returned. No correspondence was returned regarding those two participants' interest to engage in member reflection of the phenomenological descriptions. As a result, all interview data were maintained for analysis.

Compensation

In the essence of co-scholarship via a sharing of intellectual labor, participants were compensated for their time engaged in the interviews. For the first interview, participants were compensated $15, which was sent as an electronic gift card to an e-mail address that they indicated after completion of the interview. To incentivize continued participation in the second interview, participants were compensated an additional $15, which was sent in the same format as the first interview (Vincent, 2018). Participants therefore had the opportunity to be compensated $15 or $30 depending on the extent of their participation.

Storage and Security

Creswell and Poth (2018) note the surprisingly limited guidelines regarding qualitative data storage, but I describe within this section the approach to store and secure collected data. Within my password-protected Microsoft OneDrive account, each group of participant pseudonym, gender pronouns, and contact information was listed with an individual code number in a password-protected file within a non-descript folder. Interview recordings, interview transcriptions, and electronic documents/audiovisual materials were marked with the code number that was associated with the participant, and

those materials were kept in a different password-protected, non-descript folder within

my password-protected Microsoft OneDrive account. Finally, the interview recordings

were deleted after they were transcribed, and the participant contact information and all

message correspondence will be deleted after the dissertation has been defended and

finalized.

<div align="center">

Data Analysis

</div>

Transcriptions were completed manually to initiate my familiarity with the

interview data (Braun & Clarke, 2006). In addition to all words, I transcribed auditory

paraverbal content (e.g., utterances and other non-descript auditory expressions) and

pauses of silence (Braun & Clarke, 2006; Creswell & Poth, 2018). However, I removed

any identifying information from all materials, including transcripts, documents, and

audiovisual materials. Any content from my self-reflexive journal was already electronic

in origin. After all data was collected and transcribed, I read all transcripts two times to

gain a broad perspective of the data as a whole. Noteworthy quotes were identified during

this step before official coding begins (Creswell & Poth, 2018). All participant quotes

were edited only for grammatical errors and were otherwise included verbatim to reflect

participants' voices more accurately.

Coding

I used NVivo for the majority of the coding and analysis process (Bazeley, 2013;

Bazeley & Jackson, 2013). Through horizontalization, I indicated specific quotes- such as

sections, phrases, sentences in the transcript- that emphasized the participant's experience

of the phenomenon. Those quotes were separated into groups that represented the

distinction of concepts within the research questions and interview questions:

reintegration experience, military culture, civilian culture, advice for reintegrating TGQ

MSMVs, and recommendations for reintegration service providers. I then developed

clusters of meaning through a method that used coding, categorization, and thematic

analysis (Moustakas, 1994; Saldańa, 2016). Codes, which Saldaña (2016) describes as

"most often a [participant's] word or short phrase that symbolically assigns a summative,

salient, essence-capturing, and/or evocative attribute for a portion of language-based or

visual data" (p. 4) were developed for each unit (i.e., the language or visual data) through

the transcripts. Creswell and Poth (2018) call these nonrepetitive, nonoverlapping

significant statements.

I first utilized two cycles of coding that each included eclectic sub-cycles; the

approach allowed me to review the data from different perspectives before choosing the

method that was most effective in representing phenomenological essence. The first cycle

of coding included a combination of holistic and concept coding, which can be described,

respectively, as macro-level and an evocative big-picture. The second cycle included

more eclectic methods of descriptive, in vivo, process, emotion, values, versus, and

evaluation coding; those codes were represented by actual language, action words,

labeled emotions, explicit or implicit values, described power conflicts, and judgements

of policy (Saldaña, 2016). Though the first cycle encouraged an evocative perspective the

influenced coding within the second cycle, only the second cycle codes were maintained.

The final list of codes (i.e., codebook) were thoroughly reviewed to recode, distill

individual codes into sub-codes, and synthesize sub-codes into individual codes. The

resultant total of unique codes was 293, which fell within the range of 50 to 300 as

suggested by Friese (2014). However, the sub-total of unique codes was much lower

within each group as listed above (i.e., reintegration experience, military culture, civilian culture, advice for reintegrating TGQ MSMVs, and recommendations for reintegration service providers); analysis of the reintegration experience yielded 154 codes.

Categorization

Next, similar codes were synthesized and grouped into higher-order categories, which were represented as a phrase describing a pattern of data (Rossman & Rallis, 2003; Saldaña, 2016). To this aim, I reviewed the codes for patterns of commonality, difference, frequency, sequence, correspondence, and causation (Hatch, 2002; Saldaña, 2016). This was an intermediate step between the development of codes and themes (Saldaña, 2016). Ultimately, I identified 36 total categories during this process, which was more than the 15 to 30 planned; however, regarding the reintegration experience, 21 categories were developed (Creswell & Poth, 2018; Lichtman, 2013). The categories and their codes were reviewed and reorganized to present alternative category possibilities from which to conclude as most relevant to the research questions (Creswell & Poth, 2018; Saldaña, 2016).

Thematic Analysis

Braun and Clarke (2006) define thematic analysis as "a method for identifying, analyzing, and reporting patterns (themes) within data" (p. 79). A theme is an extended phrase, sentence, or summary that describes a more subtle and tacit process and meaning (Rossman & Rallis, 2003; Saldaña, 2016). By identifying that which is essential, a theme is "the form of capturing the phenomenon one tries to understand" (van Manen, 1990, p. 87). Ryan and Bernard (2003) proposed that themes can be identified, for example, in repetitions, indigenous categories (i.e., characterizing terms emergent from participant

expression), metaphors and analogies, transitions in content, and similarities and differences. Braun and Clark (2006) also support the explication of a theoretical framework that the researcher will use to guide the thematic analysis method. The thematic analysis of this study was conducted within a contextualist framework, which represents the combination of essentialist and constructionist methods and acknowledges that the social context influences individuals' experiential meaning; this coincidentally is also represented in social constructivism (Braun & Clark, 2006; Crotty, 1998).

Emergent themes were then developed within this method of analysis, six of which regarded the reintegration experience. Finally, a composite description was created to represent the essence of the reintegration phenomenon of TGQ MSMVs using rich and nuanced descriptions (Creswell & Poth, 2018). This was achieved by first writing a description that represented the military and civilian cultural context in which the phenomenon is situated- as reflected by their respective themes- and then constructing a composite textural-structural description of the essential and invariant structure (Creswell & Poth, 2018).

Criteria of Quality Research

The positivist constructs of validity and reliability have been criticized within the field of qualitative research. Some scholars and researchers use those terms yet define them differently in a qualitative application, whereas others use different terms and models entirely (Creswell & Poth, 2018). For example, Creswell and Poth (2018) promote the use of at least two of the following validation procedures during a study: triangulation of multiple data sources to corroborate evidence, engagement in reflexivity, seeking participant feedback, collaboration with participants, and generation of a rich and

thick description. Regarding phenomenology specifically, 'accuracy' may be a more relevant construct to describe the representativeness of results (Polkinghorne, 1989). Nonetheless, the objective is to promote a practice and an outcome of quality qualitative research (Tracy, 2010).

Tracy (2010) developed an expansive and flexible model for excellent qualitative research both regarding practice and outcome. In part because of the evolving and critical nature of practicing and evaluating quality qualitative research, the model is not meant to be universal across all qualitative approaches or the various methods therein. Criteria for excellent qualitative research include those with topic worthiness, rich rigor, sincerity, credibility, resonance, significant contribution, meaningful coherence, and ethicality (Tracy, 2010). A maximally excellent study might possess all of these, but they all may not be relevant for every framework, approach, and method of qualitative research (Lub, 2015; Tracy, 2010). Although aspects of all criteria were integrated within this study, the most relevant criteria and related practices herein included topic worthiness, rich rigor, sincerity, credibility, significant contribution, and ethicality (Tracy, 2010).

The conditions of topic worthiness include relevance, timeliness, significance, and interest (Tracy, 2010). These- in particular, a contextual relevance and timeliness for this population- have been implicated and explicated within the literature review. Rich rigor can be achieved through the use of "sufficient, abundant, appropriate, and complex" (Tracy, 2010, p. 4) constructs and methods. Complex theoretical constructs have been integrated and have also been discussed within the literature review and method for this study. Further, I proposed a systematic, detailed, and thorough data collection and analysis procedure for an appropriate sample (Creswell & Poth, 2018; Saldaña, 2016).

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Sincerity, which is practiced through self-reflexivity and transparency, occurred throughout this study (Tracy, 2010). Researcher transparency with TGQ populations in particular is encouraged from the development of research questions through the writing of conclusions (Vincent, 2018). As such, I consulted with gatekeepers about study materials in an attempt to increase sincerity. Related is credibility, which means that the research is marked by member reflections, triangulation through multiple data types, and thick descriptions of the phenomenon (Tracy, 2010). In part, a transcendental phenomenological approach would appear to support the credibility of this study (Ryan & Bernard, 2003). Finally, I hope that this study has offered a significant contribution, but the determination of a significant conceptual, practical, and moral contribution must be made by the participant community at least as much as the scientific community (Adams et al., 2017; American Psychological Association, 2015; Tracy, 2010).

Ethics Considerations

The ethicality of this research, both broadly and in consideration of quality qualitative research, is separated from the other criteria to represent its particular importance in research with military and TGQ populations (American Psychological Association, 2015; Creswell & Poth, 2018; Harrell & Miller, 1997; Tracy, 2010). The relevant ethical considerations, as identified and discussed within the literature, included aspects of study recruitment, consent, participation, and materials. These considerations were especially important due to the overarching potential conflict between military values of collective identity and the individualization of research designs that typically focus on a specific- particularly marginalized- military group (Harrell & Miller, 1997).

Contact and communication with TGQ populations is paramount toward building trust. This may be most effective by spending face-to-face time in the community to increase visibility and demonstrate trustworthiness (Tebbe & Budge, 2016). Particularly as an outsider, such communication represents a commitment to potential participants' well-being (Namaste, 2000). As a necessary alternative to such in-person presence, it was important to contact, and be as transparent as possible with, community gatekeepers regarding my research-related interests, including my positionality, my interest in researcher-participant collaboration, and my interest in the gatekeepers' feedback regarding recruitment and study materials (Tebbe & Budge, 2016; Vincent, 2018). However, gatekeepers are often inundated with requests for recruitment, particularly requests that are not inclusive or complete. Their rejection of my request to collaborate with them or to distribute recruitment materials- as did occur- was acknowledged with respect (Vincent, 2018).

An online, internet-based format of recruitment and participation may be beneficial for research with TGQ populations, but it can also pose a significant challenge. As described, TGQ populations seem to utilize the internet for networking and social communication (Horvath et al., 2012; James & Busher, 2009). The internet can also facilitate contact with populations that are small in number and those that are dispersed geographically, and its remote nature can increase anonymity (Miner et al., 2012; Tebbe & Budge, 2016). Additionally, regarding qualitative methods specifically, the difficulty perceiving researcher intentions through online questionnaires can be mitigated through the use of interviews over the phone or internet; opportunities for direct communication

allow participants and researchers to discuss and review the relevance of the study data and of the results (Tebbe & Budge, 2016).

The effective use of language with TGQ populations is the most consistently discussed ethical challenge in research. The American Psychological Association (2015) encourages the opportunity for participants to disclose a wide range of gender identity options within a demographic questionnaire, if used. I additionally would suggest- and incorporated- an open-ended option for disclosure of identities that were not listed as well as a request for participants' pseudonym and gender pronouns (Rosentel et al., 2016). Language used throughout study materials and the final product were also developed to be non-stigmatizing, though this has not consistently occurred throughout past research with this population (Adams et al., 2017; Vincent, 2018). Such historical repetition can be prevented with purposeful language within, for example, recruitment procedures; rather than the unintended specification of exclusive gender identity groups, materials and scripts can specify broader inclusion of people whose gender identity is not conventionally associated with the sex they were assigned at birth. Inviting language may additionally reflect researchers' comfort and familiarity with TGQ people and their lived experiences (Tebbe & Budge, 2016). Finally, through a more supportive researcher-participant dynamic, the potential for coercion may be diminished during informed consent (Martin & Meezan, 2003).

I acknowledge that my use of 'TGQ' herein may connote either an exclusive group or a non-representative term in consideration of the intended sample, and I have been agreeable to modifying this term to one that is more representative when analyzing data and with participant feedback. More accurately, I aimed to study the military

contextual impact on a group of people who may share the same experience of gender-identity related prejudice. Further, I have remained committed to a continued openness about potential challenges that arise throughout this study, and I believe that the discussion of these considerations herein has facilitated a proactive approach to preventing and managing any ethical concerns during this qualitative research study.

CHAPTER FOUR: RESULTS

The purpose of this qualitative phenomenological study was to explore and describe U.S. TGQ MSMVs' lived experience of reintegrating from life in the cultures of military societies to life in the cultures of civilian societies, including the resilience, distress, supports, and stressors encountered across ecological systems and as a result of TGQ-related military policy. A secondary interest of this study was to describe the military cultures from which, and the civilian cultures into which, TGQ MSMVs reintegrate. An additional interest of this study was to collect advice for reintegrating TGQ MSMVs and recommendations for healthcare practitioners who provide reintegration services, and emergent themes are provided herein. This chapter presents a narrative description of each participant, the emergent themes with corresponding descriptions and quoted examples, and, finally, the descriptions of the phenomenological essence of TGQ MSMVs' reintegration experience to answer the primary research question: what is the lived experience of U.S. TGQ MSMVs' cultural reintegration from life in military society to life in civilian society?

Participants

Participants were a homogenous group of TGQ veterans who had experienced military-to-civilian reintegration within the past two decades. As a group, they represented a diversity of gender identity, service branch, years of service, and nature of separation from service. However, their ethnicity and service rank were relatively similar,

and not all service branches were represented. Further detail about the sample can be found in Table 1. Some data was obscured to protect participants' confidentiality and to promote anonymity during data collection, analysis, and reporting. Age and number of years of service, and the year of separation from military service were expressed in ranges. Additionally, a pseudonym was identified for each participant. Some participants chose a pseudonym, and other participants collaborated with me to create one. Pseudonyms were also used for other identifiable names, such as those of institutions, unless otherwise stated (Creswell & Poth, 2018). The following are narrative descriptions of the participants, listed in alphabetical order of pseudonym.

Ben

Ben, a non-binary, transmasculine person whose pronouns were they/them, was 25-30 years of age, White, and very personable. They served 1-5 years in the Air Force at the rank of E-3 and separated from military service in the beginning of the 2010s. During service, Ben was an aircraft mechanic. Though they received an honorable discharge, it was involuntary as their reporting of a sexual assault experience dictated, at that time, that they be discharged from service. And as a result, Ben had difficulty resolving their unexpected service termination; compounded was their inability to return to their home community because of its exclusive religiosity as well as Ben's own simultaneous development of gender and veteran identity. Ben also encountered challenges separating from the military identity- that being part of Ben's belief of successful reintegration- due to their continued efforts of service with military and veteran communities. Nonetheless, Ben received reintegration support by civilian providers both at the VFW and the VA, they valued the benefit opportunities available to them that they would not have access to

Table 1

Participant Demographics

1	2	3	4	5	6	7	8
Ben	Non-binary transmasculine, they/them/theirs	White	25-30	Air Force	E-3	1-5	Honorable, involuntary
Bill	Transmasculine, he/him/his	Asian	25-30	Air Force	E-4	1-5	Honorable, voluntary
Charlie	Trans man, he/him/his	White	35-40	Army	E-4	1-5	Medical, involuntary
Jack	Transgender man, he/him/his	White	25-30	Marine Corps	E-5	1-5	Honorable, voluntary
Jennifer	Trans woman, she/her/hers	White	30-35	Army, Air Force	E-4	1-5	Honorable, involuntary
Logan*	Trans man, he/him/his	White	45-50	Army	E-5	25-30	Retired
Perry	Transman, he/him/his	Black/ European	25-30	Air Force	E-4	5-10	Honorable, voluntary
Shea*	Woman (soft butch), she/her/hers	White	25-30	Army	E-4	1-5	Honorable, involuntary

Note. Headers are numericized for fit: 1) Pseudonym; 2) Gender Identity, Pronouns; 3) Race/ Ethnicity; 4) Age; 5) Military Branch; 6) Service Rank at Separation; 7) Years of Service; 8) Nature of Discharge. Data are presented verbatim from participant self-report. *Indicates participants who only completed the first interview.

as a non-veteran civilian, and they were thoroughly involved in TGQ veteran

communities and organizations.

Bill

Bill, a transmasculine person whose pronouns were he/him/his, was 25-30 years

of age and Asian. He shared numerous aspects of his reintegration experience as well as

his experiences during military service and after separation from it. He served on active

duty in the Air Force for 1-5 years until the early 2010s before serving in the Air Force

Reserve for 1-5 years until the mid 2010s. Like Ben, Bill was also an aircraft mechanic

but at a rank of E-4. Bill's discharge was honorable and voluntary, yet his separation into

the Reserves and then out of service entirely was largely promoted by his need to pursue

gender transition within supportive civilian spaces. His family has a history of military

service, and, therefore, he perceived his own brief service as relatively inadequate.

However, as a veteran, Bill took full advantage of education benefits and opportunities to

become a lawyer in the non-profit sector. He experienced limited community support and

absent reintegration support, but Bill recognized the fundamental importance of veteran

benefits, when available.

Charlie

Charlie was a White, trans man of 35-40 years of age whose pronouns were

he/him/his. He was thoughtful and psychologically minded, and though he expressed

limited relevance of his gender identity relative to his other sociocultural identities, he

also understood the importance of attending to gender identity development after leaving

the military culture. Charlie served in the Army for 1-5 years as a cryptological linguist

and analyst at a rank of E-4, and he expressed great fondness of his military service and

his connection to military culture. Charlie unfortunately received a medical discharge in

the mid 2000s, which was involuntary, and he encountered subsequent difficulties

reintegrating; including reconciling a missed opportunity to deploy and a very clear

recognition of the sometimes contradictoriness of military culture. However, Charlie's

doctoral degree supported his career in veterans' mental healthcare, which he believed to

be connected to conventional values of the military, such as being in the service of others.

Perhaps unsurprisingly, Charlie mentioned that he does not want to fully reintegrate into the civilian world.

Jack

A transgender man whose pronouns were he/him/his, Jack was White and 25-30 years of age, and he referred to pre-recorded written notes to promote clarity and accuracy regarding his experiences. He served in the Marine Corps- the only participant of this study who did- for 1-5 years. Like, Ben, Jack also experienced sexual assault during his service. Jack was a cryptologic linguist at the rank of E-5 and deployed once during that time. However, to Jack's surprise, he would discharge- an honorable and voluntary discharge- shortly after returning from his deployment in the mid 2010s. Nonetheless, though the process was quick, he received effective reintegration support before separating from military service. Jack was very thoughtful about the spaces in civilian society that welcome and reject TGQ people, including TGQ survivors of sexual assault, particularly when the assault occurred prior to gender transition. Similar feelings of social and communal disconnection manifested in Jack's sense of discomfort with maintaining contact with friends from service, as he was uncertain about their perspectives on gender-affirmative service policy. In addition to his other responses, Jack provided one page of follow-up text responses after the first interview.

Jennifer

Jennifer was a trans woman whose pronouns were she/her/hers, who was 30-35 years of age, and who was White/Mediterranean. Her reintegration experience was atypical in that she spent time in multiple military cultures before and after her reintegration. Jennifer served on active duty in the Army for 1-5 years at the rank of E-4

as a geospatial intelligence analyst. During her active duty, which was post-DADT but pre-DTM-16-005, she began her gender transition. But command believed the transition would impact her service, and though command supported the honorable nature of her discharge, Jennifer involuntarily discharged from active duty in the mid 2010s before entering the Army Reserve. Shortly thereafter, she separated from the Reserve to continue her gender transition, which she was able to do with employer support as a civilian defense contractor. Jennifer expressed a greater connection to military culture than civilian culture, and she identified her more rigid, militaristic demeanor during the interview as a representation of that.

Logan

Logan, a trans man whose pronouns were he/him/his and who was White and 45-50 years of age, expressed the least connection to military culture despite his 25-30 years of service. Logan served in the Army at the rank of E-5 in multiple occupations, including aircraft repair, band musicianship, and intelligence. In the late 2010s, he retired from military service after entering the National Guard and was glad to reintegrate into civilian culture; he did not receive any reintegration support, but he also did not desire it nor any formal ceremony of his service or retirement. Logan initially encountered a sense of isolation in civilian society as a result of losing the consistent interaction, camaraderie, and community present in military culture. However, he sought interpersonal and community connections within his family and within a recreational sports group.

Perry

Perry was a transman whose pronouns were he/him/his. He was 25-30 years of age, Black/European, attending college, and from a family with military service history.

Having served in the Air Force for 5-10 years at the rank of E-4 as a propulsion specialist, Perry received an honorable discharge and voluntarily separated from the military in the late 2010s. However, his reintegration experience was, like Jack's, unexpectedly challenging. Perry discharged almost immediately after a medical leave, which meant that he was participating in reintegration services while taking pain medications, and he therefore was unable to fully engage with the education provided about financial planning, securing housing, and accessing veteran benefits. Despite these and other stressors, and despite the distress of social disconnection shared by Logan, Perry demonstrated resilience in seeking interpersonal support for housing and finances, in pursuing gender-affirmative psychological healthcare at the VA, and in persevering to maintain status as a student.

Shea

Shea was a woman (soft butch) whose pronouns were she/her/hers, who was 25-30 years of age, and who served in the Army for 1-5 years. She served at the rank of E-4 as a tactical data specialist. Shea's discharge was honorable, but her peers outed her and her gender identity to their command, and she was thereafter involuntary separated from military service; similar to Jennifer, this occurred post-DADT but pre-DTM-16-005. However, Shea mentioned that her command supported her as much as possible otherwise, including ensuring that she received an outgoing award and honorable discharge status. But she was not offered reintegration support or services by the DoD or the VA. As reintegration continued for Shea, she pursued higher education, recognized her diminishing interest to rely on military service- under gender-inclusive policy- as a

fallback, noticed the continued discrepancy of her military-learned behaviors in civilian culture.

Emergent Themes

Consistent with the analytic approach, acculturation research recommendations, and research questions, themes were divided into five groups: reintegration, military culture, civilian culture, advice for reintegrating TGQ MSMVs, and recommendations for reintegration service providers. Themes within each group will be described below and supplemented with corresponding examples from participant quotes; tables that provide a visualization of the iterative analysis process for each group can be found in the relevant appendices as listed. As advice for reintegrating TGQ MSMVs and recommendations for reintegration service providers are groups that emerged as a result of the interview questions rather than this study's research questions, and as they emerged through one fewer iteration of analysis (i.e., themes were developed from codes rather than categories), their descriptions were relatively synthesized with supplemental reference to their relevant appendix. Similarly, the reporting of military culture and civilian culture themes are relatively brief, as those were supplementary to the study of reintegration.

Reintegration

Regarding reintegration, six themes emerged, and their visual representation within the interconnected contexts of military and civilian culture can be found in Figure 1. Reintegration is: (1) an ongoing, complex process that depends on systemic context; (2) being uninformed about the realities and possibilities; (3) navigating the personal impact of inter-system gender prejudice; (4) redeveloping identity and worldview across cultures; (5) moving forward with empowered purpose; and (6) pursuing intra- and

Figure 1

Reintegration Themes Within Interconnected Military and Civilian Cultural Contexts
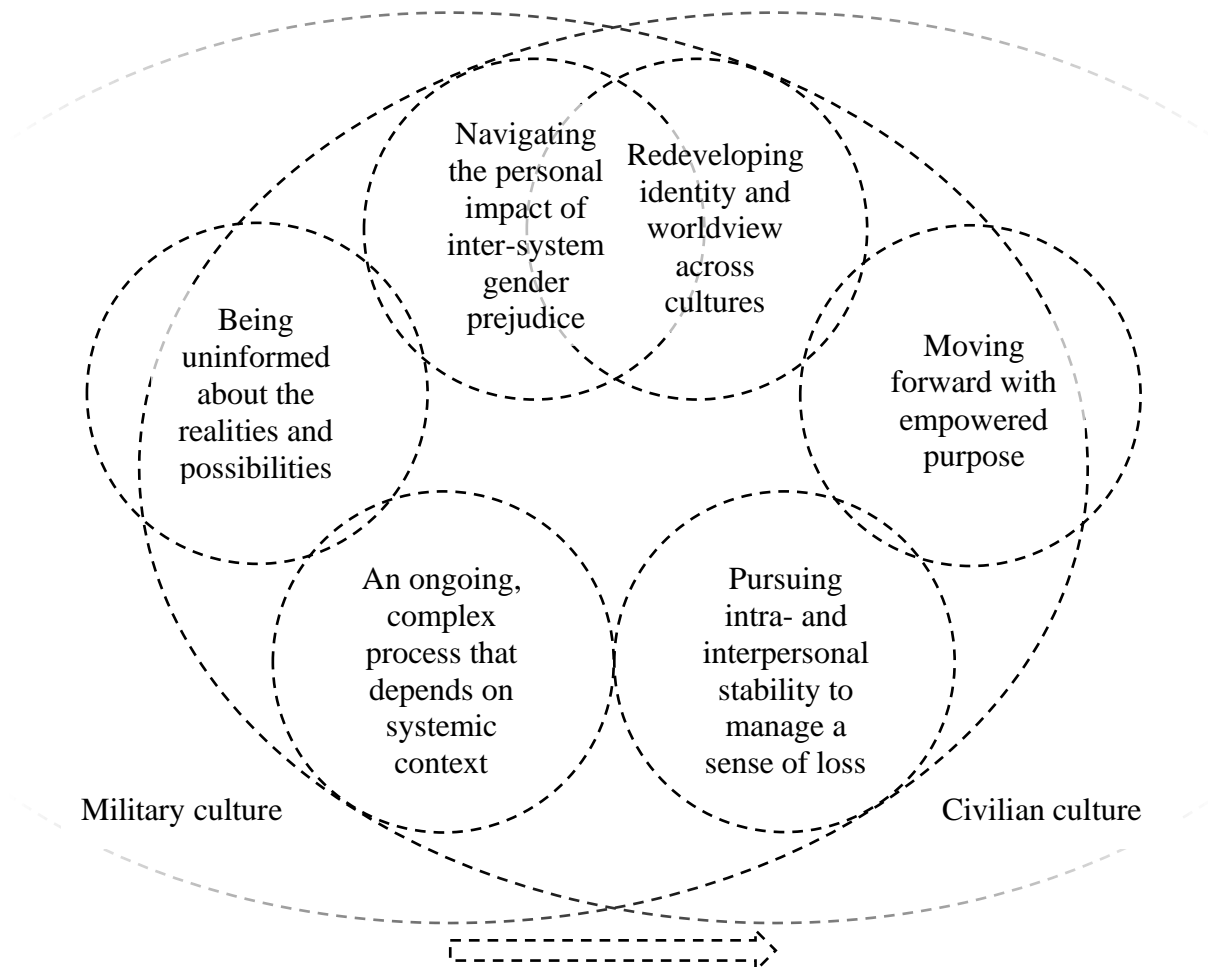
Note. The overlapping and broken lines represent the emergent interconnectedness among these themes and their contexts (Verdinelli & Scagnoli, 2013). The arrow represents the temporal nature and direction of reintegration as described by participants from military to civilian culture, but it is not meant to imply a normative, linear process of finitely relinquishing or adopting either culture.

interpersonal stability to manage a sense of loss. Appendix H depicts these reintegration

themes and their categories, codes, and example participant quotes.

Reintegration is an Ongoing, Complex Process that Depends on Systemic Context

This theme was developed from the following four categories: (1) an ongoing,

complex process that depends on the military and civilian contexts; (2) diverse

reintegration assistance opportunities; (3) receiving unrivaled vs. unconscionable system-wide care; and (4) a fulfilling vs. shocking adjustment. The complexity of reintegration was characterized by its gradual and progressive nature as much as its combination of facilitative and challenging elements, each which changed as a result of the contexts from which, and into which, participants reintegrated. Further, the experience was both fulfilling and shocking in regard to the diverse encounters with cultural differences, reintegration assistance, veteran benefits, and healthcare treatment from those unrivaled to those unconscionable.

An Ongoing, Complex Process that Depends on the Military and Civilian Contexts. Perry said, "It's a huge, broad spectrum. Uh, there's so many different parts and pieces when it comes to reintegrating." And in Logan's words, "it's been a long, gradual process." So, even after over ten years since his discharge, Charlie reflected, "I'm inclined to say, when I think about it, that I don't know if I've fully reintegrated yet?" Whether reintegration was finite or continuous, participants expressed uncertainty; Shea wondered, "I don't know if you can ever fully complete it."

Both generally and regarding TGQ MSMVs specifically, reintegration seemed to include a support for every stressor. Perry explained, "They kind of go hand-in-hand, you know? For everything- anything that's helpful, there's a difficult spot into it. You know, there's a difficult situation that made something else helpful." For Bill, that combination was most representative of the VA and its service to him:

> The VA has, has its problems. And, like, I, I- it's, it's a, it's a, it's a 'both and'
> thing. Like, they're, they're both incredibly amazing and helpful and wonderful to

me, and also, like, incredibly destructive and incredibly, like, awful and

frustrating.

However, for TGQ MSMVs specifically, participants noted a compounded experience of

additional stressors that were unique in relation to their cisgender peers. "All of these

things," Bill said," I think, like, really compound onto trans people when they get out of

the military." Jack provided some clarification about the inevitable nature of those

stressors, particularly for TGQ MSMVs with TGQ gender expressions, and said,

"Transgender people get caught in the crossfire regardless of what gender they are. The

fact that they've had experiences in different bodies that are perceived as different

genders, like, makes the whole process so complicated." This experience, as Jennifer

implied, was not a result of TGQ gender expressions but rather connected to the

expectations of cis-heteronormativity. She said that her reintegration

wasn't standard by any means. Not- especially not for a, I guess, a, a cisgender,

heteronormative society, and probably not so much even as a trans person

either… [and cisgender MSMVs] certainly don't have to deal with the, the any of

the transition hurdles.

As Bill summarized, "Trans people have a different existence coming into the world at

all."

The experience of reintegration also relied on military cultures and civilian

cultures. In other words, each participant reintegrated from and into different contexts

that influenced their experiences, and their perceptions of those experiences, accordingly;

those contexts can be reviewed above for each participant in the respective 'Participants'

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section. Nonetheless, Perry provided the following observation about contextual variability and the impact of the culture into which he reintegrated:

> I think you'll find- if you're lucky enough to find veterans across the nation- our geographical location will drastically change our experiences of how we've reintegrated… I believe if I was in state that I grew up in, in [the Western U.S.], and I was reintegrating into there, I truly believe I would have had a better time.

Perry's response represents the perception of the importance of participants' cultural contexts.

Diverse Reintegration Assistance Opportunities. Beyond culture, variability of context extended to participants' opportunity to receive and pursue reintegration assistance both before and after military separation. Some participants, like Jack, discussed the DoD's effective reintegration service and support:

> They even tell you in transition, um, the classes and stuff that you take, 'It's gonna be challenging. Like, be ready for it'… My unit in particular was pretty good about- and again, maybe this was just because I was coming fresh off a deployment and they didn't have anything for me- but, [they gave] me space to sort of get my ducks in a row.

Similarly, Ben received reintegration support- specifically, an interpersonal support of psychological health- through the VA:

> The best thing I did was go to a Vet Center, find somebody I can see. And she was a veteran herself, mother of an active duty person, and married to a veteran. And to just have her be like, 'It's okay. Like, this sucks, and you have no idea

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what's going on. You don't know- like, I know that there's nothing underneath

you, and that's okay. Like, here's the Vet Center, you can call this person.'

Others described a logistical nature of service, and Jack said, "it was definitely all

about, like, kind of logistical planning;" he "felt like the services are very 'checklist.'"

Charlie further explained that "it's, like, mostly, like, 'Here's how you do a resumé. Here

is how you, like, dress for a job.' And, like, 'Here's how you look for a job.'… But they

don't teach you." But not all reintegration services were even logistical; some were

inadequate in aspects of education, preparation, and/or length. Ben mentioned, "Nobody

really talked to me about, like, disability or, like, any of these things," whereas Jack said,

"None of it was about, like, mental or emotional adjustment, which was, like, a glaring

omission, I feel like, 'cause that's one of the hardest parts of reintegration." Both referred

to the psychological readiness that reintegration services did not offer, which was also

suggested in Perry's statement that the DoD reintegration service "[idealized] the, the

easiness of it. Yeah, no, that did not happen at all." But Ben received all but no assistance

from the DoD:

> I had an eight-hour transition assistance program, um, training. Um, and it was in
>
> one day, so it was probably even less than that. It was one workday… if [there
>
> was other assistance], I wasn't told about them or eligible for them.

Unfortunately, Bill and Logan were given no opportunity to engage with DoD

reintegration services, and both believed their military separation through a reserve

component may have contributed to the absent support.

Receiving Unrivaled vs. Unconscionable System-Wide Care. Part of the

military and civilian context essential to reintegration was, similar to reintegration

services, the provision and receipt of care across the civilian system. In support, participants received benefits and healthcare that were unrivaled in civilian society, which were mostly present in the VA; as Ben stated, "The support that I've gotten from the VA and from the military- like I can't get the equivalent of it in the civilian world." Logan, in complement, noted the appreciation of "having completely free access to care" because, otherwise, "insurance becomes prohibitively expensive." Psychological and medical healthcare specifically were listed as important services within VA care, wherein Bill reflected on the invaluableness of both:

> I went to counseling. I think that really helped. Um, I think if I wouldn't have had, like, a really awesome counselor at that time, things would've been really bad… I [also] have an amazing PCP, um, at the [Midwest U.S.] VA who has been nothing but, like, kind and gracious and compassionate… And so, like, that type of support was absolutely invaluable.

For TGQ MSMVs, the access to gender-affirmative care was notable, and Bill, Logan, and Perry each described affirmative experiences with their healthcare providers. In Perry's words, "My endocrinologist is completely respectful using male pronouns. Nothing, no- um, even his, um, technician as well is very respectful of- over the fact. Um, so, it's just, it's really nice."

However, participants also endured frustrating, unethical, and prejudicial experiences as a result of cross-system action and inaction. Procedurally, changing one's name listed on their DD-214- the documentation that represents eligibility for veterans' benefits- was challenging and resulted in a sense of powerlessness. To illuminate that particular concern for TGQ MSMVs who change their name, Jack explained, "Having the

wrong name on my DD-214 puts me in the position of either allowing people to think I'm committing stolen valor or outing myself." Thus, Bill described the grueling waiting process:

> Getting the VA to update my name was an absolute nightmare. Like it was an absolute nightmare. Took me years. It took me s- like, so many complaints filed, so many faxes, emails, uh, mail, like hard-copy mail-ins, like, before they would change it even when they- and, and then, every time they'd say, 'Oh, yeah, it's done,' I'd find another place that it wasn't done in.

Both Jack and Jennifer both explicitly indicated a near-identical barrier. And Shea noted that, in comparison to her cisgender peers, she is "sure [cisgender veterans] don't have to go through, uh, having to deal with the shit show that is trying to get hormones and, uh, gender care through the VA," part of which included the prioritization of DD-214 processing. Additional barriers included interpersonal ignorance and negligence in their treatment of TGQ veterans, which ranged from unethical healthcare practices to prejudicial employment practices. Regarding the former, for example, Logan reflected on the challenges that no patient, TGQ veteran or otherwise, should have to navigate:

> I've run into a couple of people at the VA that have kinda violated my privacy. Um, so now I have a restricted record… the nurses would speak, uh, openly- not, not necessarily openly, but they would speak, like, at the nurses' station among themselves, and patients walking by could hear them. And so, I was outed at, at that to other patients.

The workplace was also identified as a source of prejudice for multiple participants. Jennifer endured harassment in the workplace while employed, and Perry encountered

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gender prejudice in an interview process for employment despite his extensive skills. Separately, both Jack and Shea, respectively, discussed interviewer expectations that veterans should present a cisgender expression and that veterans engage in only combat roles.

A Shocking vs. Fulfilling Adjustment. Finally, this theme represented both the fulfillment and shock participants experienced during reintegration. Relatively few participants explicitly indicated their sense successfully reintegrating, though others also implied that outcome. Additionally, the earnestness with which participants described that feeling varied slightly. Ben, for example, said most enthusiastically, "I am, like, reintegrating more successfully than anybody's wildest dreams." In comparison, Shea thought, "For the most part, I feel fairly integrated into civilian society," and Charlie considered, "I guess my reintegration has been a pretty positive experience."

Yet more often, though not contradictory to success, participants described a sense of shock in the adjustment across cultures and societies. The qualified the experience as "strange" and "discrepant" because, as Charlie noted, "there's, like, the immediate kind of shock." Jack more specifically clarified that "it was also a lot about adjusting to the culture shock" and, in Bill's words, "adjusting back out of the military [and] figuring out how to live in a different context." So, in consideration of the variable civilian contexts into which TGQ MSMVs reintegrated, participants described the adjustment differently. Charlie focused on the change of structure:

You go from a system that's extremely orderly- it's- you know exactly what you're gonna wear. You know- you look at someone's chest, and you know exactly what

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your relationship is to them, like, the hierarchy is so- it's streamlines the simplifies things so much.

And while Jack also considered structure, he also noticed a change in autonomy:

The military is so regimented, and you kind of always know what you're going to be doing years ahead of when you're gonna do it. Or there's always a plan for you to follow. And then they sort of release you. And, like, it's all up to you now. There's nobody guiding you. There's nobody giving you checklists. Um, and you have so many options. Whereas, before, it was kind of, like, you had a few, and you knew what they were every single moment of the day. And that's a lot of freedom to give somebody that's, like, known what they're gonna do every single second of the day for the last four years.

Yet for TGQ MSMVs in particular, again enduring compounded stressors, Jack continued and discussed the impact of leaving a culture that valued identity concealment. He reflected:

I got into the military just, like, knowing that I was not gonna be able to talk about [my identity]. And it kind of felt, like, even though I felt like the repeal of Don't Ask, Don't Tell went well, that didn't mean that people were suddenly comfortable with talking about it at all. And so, it's like, you spend your entire service just feeling like you have to hide all of that. And so, it was very strange for me to go to college in [Western U.S.] afterwards, where it, like, nobody's hiding anything there ever. Uh, and adjusting to that was difficult.

Reintegration is Being Uninformed About the Realities and Possibilities

  The two categories that were paired to develop this theme included: (1) 'more [psychologically distressing] than… expected'; and (2) being misinformed about the reintegration process. Some of the challenges of reintegration included the surprising psychological and emotional distress that it incurred. Further, participants receive inadequate support in their preparation and were therefore misinformed about the common and uncommon, yet still possible, processes and components of reintegration.

  'More [Psychologically Distressing] than… Expected.' In Jack's words, reintegration was "more challenging than I expected it to be like." Perry likewise said, "[The reintegration experience] definitely blindsided me, and as a result, Perry was working numerous jobs and said he was "run ragged" and "sleep deprived." His description represented only one example of the psychological impact of reintegration. Participants also noted a range of emotions, including frustration, tension, demoralization, hopelessness, panic, fear, and vulnerability. Additionally, Charlie said there was "kind of a loneliness" to the experience as a result of leaving the military collective, a feeling shared by Logan, who succinctly stated, "I was just really lonely." Others indicated a sense of powerlessness in the process generally and in specific pursuits. Regarding the latter, Jennifer said, "I've definitely tried to fix it and correct it and have just gotten a runaround. So, I do kind of feel helpless in that sense and have kinda given up." And as a means to give oneself up to the process, Charlie wondered,

    Who knows what kind of madness might come out of it? I think that's part of the, the stress is, like, just not knowing, like, what crazy stuff's gonna happen next.

Like, you know, 'Oh, okay.' You just kind of have to buckle in and go along for

the ride.

Being Misinformed About the Reintegration Process. Whether a contributor to

unexpected distress, misinformation about the reintegration process was evident in

participants' experiences. A couple of participants provided their initial beliefs about the

nature of reintegration. Ben offered, "Reintegration, like, theoretically means the leaving

of one, um, leaving of service and going home." And even though Perry noted he "did

not even think about it too much," his attitude toward reintegration was, "'Oh yeah, it's

whatever. I'm going back to the real world, it's great.'" Relatedly, participants noted a

recognized sense of unpreparedness during the experience. Shea said that "It was a

surprise… I think the biggest difficulty was, um, not being ready to get out."

Nonetheless, Jack explained that no matter the preparation, there was a realistic and

inevitable psychological challenge inherent within reintegration: "The day that you, like,

walk off base is still- like, there's no way to make that easier."

Reintegration is Navigating the Personal Impact of Inter-System Gender Prejudice

Three categories were used to develop this theme: (1) enduring inter-system

gender injustices; (2) navigating safety in identity concealment vs. authenticity in identity

disclosure; and (3) facing shame and rejection as a TGQ veteran. As TGQ service

members and veterans, participants encountered gender-related injustice across societies.

Withstanding prejudice, particularly in the forms of invalidation and discrimination, was

connected to participants' decisions to either conceal or disclose their identities to

promote their own well-being. And as TGQ veterans specifically, participants faced

shame and rejection based on personal and societal expectations of idealized military
service.

Enduring Inter-System Gender Injustices. The gender-related injustices that
participants endured had impacts within and between both civilian and military systems.
For example, Charlie shared his fears about the possible rejection of his rights and
benefits in response to the implementation of DTM 19-004; he said,

> I would've been more comfortable if it just remained a ban versus, like, now you
> can serve, and now you can't. Like, that made [the whole situation] seem
> extremely precarious. And then it has me reflecting, like, 'Am I gonna get my
> medical care taken away?'

Bill's related concern resulted in a decision to leave active duty service for his own
health, and he powerfully stated, "My reason was law school, but like, I got out so I could
transition and not die."

Overall, the military system espoused a sense of incongruity with TGQ identities;
participants experienced a felt incongruity between military service and their gender
identity that resulted in being forced out of service and unable to return if desired. Perry's
separation from service was, as he said, "a shotgun type of ordeal" and, even if not
gender-related, was unjust in regard to the lack of transitional preparation it supported:

> I had left the state to get surgery at the [middle of summer.] And I was due to
> separate in [early Fall]. Um, I was out of state for 21 days, so I didn't get back in
> until [late summer]-ish? So, that left me with, uh, no time at all. I actually had a
> full- my full terminal leave- like, I had my entire leave saved specifically for me
> to go on terminal leave. And I did not get to take it.

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In Ben's case, they encountered the impact of more than just one gender-exclusive policy:

> I was shoved out just before the legislation was changed to make it that if you are-
> if you report a sexual assault, you don't get removed from the military, you get
> switched bases so you can have a clean start. Um, that went into effect later in the
> year.

Yet Shea and Jennifer were both discharged early in response to DTM 19-004 specifically. Shea indicated that she "still had two years on my contract. Um, so I was not planning for it at all… [I] did get honorable discharge, uh, through Article 5-17 through the UCMJ. Um, so I got kicked out for being trans." And while attempting to manage the distress of identity concealment, Jennifer was also unable to continue her service. She thought, "'Oh, maybe I can hide out in the [Reserves] until the, 'til the ban's over, and I can just go about my career.' But that, that didn't happen, and I ended up getting kicked out." The injustice of policy on continuing service was coupled by the injustice of re-entering service even years after separation, which Jack explained when he said,

> I had thought, occasionally, within the last few years about joining the Reserves
> just for, like, career opportunities. 'Cause I, I wanna move into government
> service, and the military can open those doors a lot more quickly than civilian
> service can. And now I can't.

In the civilian system, participants faced additional policy-related challenges and civilian-based consequences of DTM 19-004. Jennifer spoke of the federal policies that first protected employees based on gender identity and then that rescinded such protection, resulting in unregulated policy she had to navigate:

> Some contracting companies, um- under Obama, I believe he put out an executive
>
> order basically saying that all federal agencies and federal contracts have to be,
>
> uh, um, I guess, equal toward the LGBT members. And then Trump repealed that
>
> executive order. And some companies have gone back to, to being discriminant
>
> toward the LGBT members, specifically trans people, while others still are fully
>
> on board with, uh, treating everybody equally, at least from the corporate
>
> headquarters level.

The impact of policy, both military and civilian, however, can have comprehensive

effects from the community level to the personal level. For example, Jack faced the

external and internal perception of unworthiness regardless of policy and therefore had a

cultural basis:

> I already had so much, so much difficulty proving that I was worthy enough when
>
> I was in. This is like somebody putting icing on the cake that, clearly, I wasn't
>
> worthy. Even though, like, I have the military service to back it up, and I was a
>
> good Marine. Like I was, afterwards, deemed unworthy simply because I am a
>
> transgender person.

Those experiences highlight the ongoing systemic stressors that TGQ MSMVs face

between military and civilian societies and which are not situated in either culture alone.

Navigating Safety in Identity Concealment vs. Authenticity in Identity

Disclosure. One of the psychological impacts of being a reintegrating TGQ MSMV

included the need, for safety, to either conceal or disclose one's identity, which focused

on gender identity but also included other sociocultural identities. Bill introduced the

concept of an identity split between worlds when he described

having to really live in this, um, bifurcated existence… I was working full-time, like, in a civilian job, um, completely stealth as like Bill, he/him, nobody really knew outside of H.R. Um, and then on, like, the weekends, I'd go to- on- you know, go on base [as a reservist], and it was like, completely different name, completely different pronouns… and [I was] trying to, like, make sure that, like, I could, for this weird little [gap] of my life, like, live on both sides of the gender line fully, completely, and equally, without, like, any overlap.

Even once Shea discharged from military service, she continued to present her gender according to an intersection of cultural expectations and personal need: "Whenever I first got out, when I was still partially presenting as male, um, 'cause I needed the money, um, and I didn't know how to get a job as a woman."

Though implied in those descriptions, participants also explicitly engaged in the personal choice to disclose or conceal their gender identity to manage safety and well-being. For example, "very few people" knew that Bill was transitioning because, as he said, "there were people in my [Reserves] unit that were also at the same university," and those who did know even "had to not, like, gender correctly in public." Such identity concealment resulted in safety but also distress; Jennifer said she "couldn't stay in shape in my head anymore" and came out in the Reserves, which resulted in her discharge due to DTM 19-004, and Bill was

miserable… it was, like, the mental toll of n- not being able to, to be who I was… I just kind of struggled with, like, not being allowed to be who I was, and trying to lie constantly about that to basically everyone.

Unfortunately, gender identity disclosure was described as similarly challenging particularly because it was sometimes impossible to avoid. For instance, Jack explained the inevitability of gender identity disclosure when discussing his military service, in which he participated while presenting as a woman: "I have to figure out a way to explain that or I have to just out myself, which is not comfortable… anytime I want to have conversations in that space, I have out myself as transgender." Additional identities were also implicated in this experience, wherein participants learned to camouflage or emphasize aspects of themselves to manage potential prejudice, including sexual identity and veteran identity, respectively.

Facing Shame and Rejection as a TGQ Veteran. Participants faced both external rejection and internal shame during reintegration as they navigated their sense of value within community and society. External rejection was qualified as feeling like a stranger in a strange place, invalidations about service, marginalization based on idealized expectations, and an experience between communities that appeared mutually exclusive. In a profound reflection, Ben compared his ideal expectation of reintegration to his sense of disconnection from it:

> I never really associated the idea of reintegration with myself because it has taken
> so long to actually feel like I'm back home, and, at times, it still feels like I'm not
> quite- like I look around, and I'm just like, what is it that pe- like, I feel a half step
> off often times compared to most people. So, reintegration like ideally would be
> being able to come home and continue with life as if something- as if I hadn't
> experienced something that was so different from most people's experiences.

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He felt like a stranger in a strange place, and Shea felt similarly while navigating the

discrepancies between military and civilian cultural practices. She said her

> students are always laughing at, like, some of the weird phrases I'll use and be
>
> like, 'What- what does that even mean?' And then I'll explain it, and they'll be like,
>
> 'Why didn't you just say that?' And I'm just like, 'It's just a phrase I know. I don't
>
> know.'

Cultural practices were only one aspect of civilian perception as civilians also had narrow

expectations of the appearance of veteran disability. Ben wanted "to get disabled veterans

license plates... But I also am like- then anybody's gonna look at me and be like, 'But

there's nothing wrong with you." Yet other experiences of feeling like an outsider were

based in the military community, and Charlie indicated that, in part, deployment was an

expectation among veterans:

> When you talk to other veterans, even, in the world, it's like, 'How many
>
> deployments have you had?'... I can't really be part of that conversation. Um, and
>
> so that- that's still a thing that really gets to me. Because even among a lot of the
>
> post-9/11 veterans, I'm, like, kind of an outsider because I never got to have that
>
> experience.

Additional expectations of civilians and veterans, such as those that were cis-

binary-normative, were identified within civilian society and had marginalizing impacts.

Regarding the expectations of TGQ veterans, Jack offered a thoughtful criticism:

> One thing I've experienced a lot since getting out of the military is a lot of
>
> civilians expressing surprise that I was in the military. I guess I just don't fit their
>
> idea of what a service member- and especially a Marine- looks like. And I think

this can be an issue especially for queer veterans because queerness often breaks

traditional types of gender expression. Civilians expect us to look like jarheads,

not like real and diverse people.

He continued, summarizing an apparent cultural discrepancy between people with TGQ

identities and military society: "The stereotypes that people apply to service members and

veterans are so limiting and harmful. It definitely feels like queerness and military service

are exclusive to each other in the eyes of civilians." Those stereotypes, however,

remained present in civilian society and impacted veteran employment. For example, Bill

offered a criticism of reintegration services and stated,

You can give people résumé advice all day long, but what happens when they're

like, 'Well, my name's not legally changed. Do I submit- or how do I submit

my résumé?' An employer doesn't even, like, look at them because they call them,

and their voice doesn't match their name on the résumé.

Perry also recognized that cis-normativity and acknowledged that he would more likely

be offered civilian employment "if I was cisgender, and looked my part, and fluffed my

hair, or put makeup on, or whatever." Regardless of identity or community, Jack noted

that "it was kind of, like, neither space- because I was both LGBT and a veteran, like,

neither space was as supportive as they should've been." Due to the rejection of veterans

in LGBT communities and of TGQ people in military communities, participants faced

rejection pervasively.

Internally, participants questioned their own service value in comparison to other

veterans. Like noted above in Charlie's statement about deployment expectation, TGQ

MSMVs navigated questions of worth that were not specific to gender identity. Ben

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remarked the difficulty of learning to not ask himself questions like, "Whose service is-like, who deserves to be called a veteran?", "Is my service valid?', "How much should I stand on it?" and "Has my service been enough to justify even needing to reintegrate?" Many participants experienced a sense of shame and a diminished sense of their own veteran identity due to those and other comparisons they made to other veterans. And even though Bill, for example, made decisions during reintegration to promote his own health that were not contingent on others, the subsequent cultural and community rejection he endured in response to those decisions made him question his value both as a TGQ service member and a TGQ veteran; he felt

> so othered, um, by, like, my military service history… and also feeling like I was kind of a disgrace or like a- that I was doing something wrong, or that I was wrong because I was doing something that was wrong.

Reintegration is Redeveloping Identity and Worldview Across Cultures

This fourth theme was generated from the following four categories: (1) developing a gender-relevant self in the world; (2) winding among inter-multicultural worlds; (3) re-perceiving the military culture and its gendered influence; and (4) relinquishing vs. maintaining a connection to the military. Reintegration was a process of navigating and developing a personal identity- whether civilian, veteran-military, TGQ, or otherwise- that had an understanding of, and felt relevant within, their culture and communities of interest- again, whether civilian, veteran-military, TGQ, or otherwise.

Developing a Gender-Relevant Self in the World. Identity development, while gender-relevant, also integrated sociocultural identities, which themselves could be

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personal, that of a civilian, and connected to relationships and community. Jack explained that reintegration was

> about learning to kind of rebalance my life and my relationships with people… and just, you know, spending more time with my family and, and reconnecting with all of those, like, parts of myself that I had before the military that had kind of been put on the back burner.

So, with the gained opportunity to do so, some participants developed an identity of greater civilian than military emphasis. For example, Bill reflected that

> It's really good that the way that I think I define myself now is not heavily tied to the military… I'm kind of glad that it basically forced me to reject [the military] so that I could find other parts of myself, um, that I think have carried me a lot further and that have made me a lot better person, personally.

And Jack, having first prioritized the presentation of his veteran identity, learned that presenting as a civilian was more successful in his civilian connections:

> I definitely did the 'veteran' thing for a while, where I was, like, 'Back when I was in the Marine Corps, things were like this.' And everybody hated it all the time. And so, I had to learn how to stop doing that, and, like, find things to do outside of talk about my military service so that people would, like, want to hang out with me.

> Nonetheless, gender identity development was an integral element of reintegration for TGQ MSMVs. And inherent in such development was also redevelopment of oneself more broadly within the system in which one is situated. Bill's narrative of his own

redevelopment included, in addition to the afore-described elements, a resilient reflection of one's gender and oneself in the world:

> I mean I think that, like, if nothing else, being trans forced me to really think about myself and who I am, and my identity, and how I fit into systems instead of just allowing me to continue being kind of like a mindless cog in a machine. Um, like, I think it gave me a chance to really think about, like, my own happiness, and my relationship to the world, and my future, and, like, what, what I can rely on, who I can rely on, like, um, you know, building support systems around myself to take care of myself.

His thoughts complement those of other participants, who also experienced the opportunity for gender identity exploration through reintegration. As Jack noted, "Reintegration gave me a chance to do that [gender identity] exploration, which was helpful." And Ben noted the importance of such exploration and development, especially when reintegrating from "such a constrictive, like, process-oriented place as the military." Bill's words complement that importance in his insightful summary of intentional identity redevelopment from a service member into a self-validated TGQ person:

> I really embraced the military, um, until I started questioning my gender identity. And then when I realized I d- couldn't have both, like, I kind of made that choice. Um, and I think it's a good thing… [because] I think I could have kind of turned into somebody that I don't think I would actually really like all that much without being trans.

Winding Among Inter-Multicultural Worlds. Living in different societies with each their own culture resulted in a dual-world experience, representing an ebb and flow

of cultural practices. Participants were situated neither solely in one nor the other and were instead influenced by each, and both in combination, regarding cultural practices, worldviews, and identities. For instance, language was a particularly common element of cultural practice such that communication styles varied between military and civilian society. Charlie regarded this difference- and, specifically, the transition from military communication to civilian communication- with some challenge:

> From the civilian side, it's, um- there's kind of these, like even just expectations about, like, how you're going to talk. I think about language a lot. Like, 'cause you're gonna communicate in this- there's a certain, like- you're gonna communicate in a certain way. And, um, and you just- in the military, you, you, you don't talk that way. And you don't need to talk that way. And it, it's like, um-so, just, kind of what's polite and what's impolite. So even just kind of the basic rules of, like, courtesy

More broadly, however, participants described an experience of living between cultures and developing an intentionally intercultural worldview. As Charlie shared,

> It's given me a sense of, like, meaning and values. Like, overall, the overarching theme is that it's informed my sort of values compass. And, um, and i- it's like I get to take what I like from the military world, and I get to take what I like from the civilian world. I don't have to- I can leave the stuff I don't like about the military world- um, which there is a lot. But I don't have to take all the civilian stuff either because I have this other kind of thing to fall back on. Um, and so, it's-it's the best of both worlds, really, um, for me.

Shea provided an example of her thoughts during that process and said, "The military's a great, like, vehicle to get people, um, some class mobility and whatnot. But also, like, should it be the only way to do that? And do- like, do trans people really have to go through [that]?" There was a clear sense of balance among multiple worlds, which was explicated by many participants. Whereas Bill said he encountered a "struggling between those two worlds," Charlie noted that "it's a good balance… feeling like I was between worlds." Ben, more impartially, stated, "I've been able to stay connected to the active duty community and the veterans… and stay c- connected to my community, but also is like solidly in the civilian sector. So, that kind of- it's like straddling both."

As a result of living between cultures, participants navigated a fluctuation of cultural connections and cultural identification. For TGQ MSMVs, cultural identification implicated gender identity; Bill reflected, "I was figuring out my gender identity right around the time I got out. Um, and for me, part of that has actually been, like, feeling the validity of my service and my gender identity have been really entwined." Yet that conjunction was not momentary but ongoing, as evidenced by Charlie's reflection:

> It's, like, constantly, like, titrating how much of the civilian and how much of the military I want to kinda keep in myself. And as, like, I grow older, too, I'd imagine that will change, right? Like, um, just developmentally, like, I might decide I wanna throw myself even more into this world, I might decide I want to take a step back from it. Just kind of depends on how salient my veteran identity is as well, um, which has vacillated over the years.

In fact, Charlie continued to clarify, "I don't know if I've- if I want to reintegrate. I think I don't want to fully reintegrate. I think." His comment exemplified the strong intercultural

connection he experiences between military and civilian society. Some participants-namely, participants with minority racial/ethnic identities- described additional sociocultural intersectionality and the relevance that has in interpersonal connections. Both Perry and Bill aptly indicated that importance, wherein Bill expressed,

> There are a lot of other intersections that I think I've, I've found myself sitting at that have forced me to kind of create space in the world… Like, it, you know, it's-like, I, I feel like I- my entire life, though, I have to kind of piecemeal out those, those parts of my identity because there just aren't a lot of people that have those overlaps.

Notably, Bill's words offered the importance of TGQ MSMVs' navigation of marginalized intersectionality broadly rather than at any specific intersection.

Re-Perceiving the Military Culture and its Gendered Influence. Some participants engaged in a critical exploration of the military system. The majority of that exploration focused on the impact of the military system on reintegration success. While weighing the military and civilian impact, Bill decided, "In my experience, like, the problem is the military. The problem wasn't really that I was doing badly, like, in the civilian world." Shea continued further:

> A common thing that was very openly dis- it's very openly discussed in the military is people who get out of the military often wind up trying to get back into the military b- because they experience how unstable it is. So, sometimes it even feels like it's designed to be- system urges- like, it can encourage you to go back in the military.

There appeared to be specific, even if indirect, influence on the reintegrating MSMV. One possibility, according to Charlie was "the psychological inflexibility that that [the military structure] creates," which can cause distress "when you get to the civilian world." And participants' criticisms of the military system extended into considerations of civilian culture, wherein civilian perceptions of veterans followed the same expectations of cis-normativity that are present in military culture. Shea said that, according to civilians, "being non-binary and being a veteran is considered, like, incompatible." In response, some participants indicated efforts to minimize a perceived conflict between TGQ expression and veteran identity, such as when Jack explained,

> It's something I think about very consciously now when I make decisions to signal my queerness through the way I dress, cut my hair, what piercings or tattoos I have, etc. I don't want people to discredit my military service because they can't see me as both a trans man and a veteran, but I also don't want to keep myself from presenting in a way that feels genuine just because of other people's hang-ups.

As Jack also said that he is "still not entirely certain how to navigate that," the critical explorations and subsequent actions are a developmental process.

Relinquishing vs. Maintaining a Connection to the Military. Expressions of connection to the military varied between participants, but that variation also occurred within participants over time and as a matter of context. TGQ MSMVs' relinquishment of their connection to the military was represented in expecting a stronger civilian connection and a disconnection from both the military system and culture. Reintegration

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implied an ultimate disconnection from the military, so Ben was dismayed when their

connection to the military remained strong in relation to their veteran peers:

> I'm the friend of my friends' group- I'm the one who's been out of the military the
>
> longest. And I've lo- I'm still the closest to it because of the work I do. And the-
>
> and how closely I use the VA.

When participants had control of the degree of their connection, however, both

inadvertent and intentional disconnection occurred. For example, Logan expressed an

ultimatum and said he "didn't even have a retirement ceremony. I just wanted, I just

wanted to leave. I just wanted out. I didn't care;" Bill distanced himself in an effort to

develop a civilian TGQ identity; and Perry simply was

> a little bit out of touch with the policy changes. I used to be really into it when I
>
> was in the service because it affected me so directly. Um, and then, as I left, I just
>
> kind of went away from it.

No matter the process, participants recognized the benefits of reintegrating into a culture

that promoted self-exploration and self-development. Shea commented that engaging

more in civilian pursuits "started, like, challenging, um, some notions I had built through

my time in the military and before," which Perry exemplified when he said, "I'm no

longer being herded into a certain thought… I no longer needed anyone's approval."

> Maintaining connections to the military, however, was relatively more

multifaceted and was a more active than passive experience. As indicated in Ben's

concern above, their connection was maintained as a matter of depending on their veteran

status to access related benefits:

Reintegrating into civilian society has really depended on the fact that I am a veteran… there's just aspects of my life that I know I have access to because of my military service, which makes it very hard to completely leave the military service behind.

Some participants felt like an informal ambassador for military- and TGQ-related experience; in other words, as Charlie noted, "people kind of use you as their- and it, like- question-answer person for stuff like that." Though Charlie and Jack, for example, did not explicitly express disinterest in that role, Jack did describe it as more of an external expectation that can "get overwhelming sometimes":

If people know those two facets of your identity, like, they just want to talk about it all the time. Or just, like, it's kind of l- they don't know so many people that it affects, right? If they don't know so many transgender people, it's kind of, like, 'Well, I do know [participant], though. Obviously, this is something that affects him. And so, let's talk about it.'

Equally notable, however, was participants' desire to remain connected to the military in some manner. Simply, Bill reflected, "I think that the military was a really good thing for me" and indicated a continued sense of connection with it. Charlie also felt a sense of veteran membership and declared that he "will never not feel like I've had a transformative experience that [civilians] didn't have, and I'm in this club that they're not in. And it's kind of like, it's a- for me, it's a great club to be in." That sense of membership subsequently encouraged Charlie to pursue a career that balanced a military-style mission with civilian freedoms. Other participants, including Bill and Shea, more specifically leaned on the military itself as a fallback; those plans managed some of the

concerns about reintegrating into civilian life but were ultimately eliminated as they felt

more adequately reintegrated. Yet military familiarity, even in civilian culture, appeared

as an important resource for TGQ MSMVs. Within Jack's academic context, he

commented,

> I think it's useful to just have a space that you can- like, if things are feeling
>
> overwhelming, the change feels overwhelming, to have a space to retreat to that
>
> feels more familiar, familiar and more comfortable.

Though some aspects of a military connection were described as unintended and perhaps

undesirable, many others were expressed as valuable.

Reintegration is Moving Forward with Empowered Purpose

The following three categories were integrated to develop this theme: (1) taking

charge in one's own life; (2) 'mov[ing] forward' with purpose; and (3) gaining a

positionality of empowerment. Despite the stressors and distress that reintegrating TGQ

MSMVs faced, they also experienced a motivation to cultivate a life based on personal

interest, redeveloped purpose, and a sense of empowerment. Some of those actions were

promoted through interpersonal supports and community connection, but many also

represented practices of personal resilience.

Taking Charge in One's Own Life. Participants indicated a strong degree of

gusto that, in part, was required without support otherwise yet was, in part, for the

purpose of capitalizing on the resources available. That included a focus on personal

need, goals, and confidence to navigate the complex process on one's own. For example,

Ben indicated that they "had to kind of figure a lot of it out on my own" in reference to

finances and housing. Bill introduced the illustrative concept of "kind of figuring out how

to make things work for ourselves with not really, uh, any sort of blueprint for people like us," which meant that he "quit asking for it and just [did] a lot of stuff on my own." With personal responsibility, participants also explored and attended to personal needs and goals while eliminating that which was irrelevant; most explicated those goals as being academic in nature, whether undergraduate college, graduate school, or law school specifically. Some participants were intimidated by those pursuits, but ben explained the importance of building confidence and taking calculated risks:

> Leaving and going into the civilian world, you need to rebuild your confidence in being able to do those things… Um, but that difference in thought is what people need to have- like, like, you need to say, 'the world can be mine. What can I make out of it?'… and then the confidence is built, and it's easier to envision yourself there… [and] you can look around and say, 'Oh, of course I'm going here,' and 'Of course I can do this.' And I think that's the key thing, is being able to make that jump [from] 'I can't' to 'Of course.'

Shea provided an example of a fulfilling result from such confidence, which allowed her to capitalize on the ever-subsequent availability of new resources:

> Whenever I eventually quit waiting tables and started working in, like, chiller jobs, where I'd be doing delivery or in- on-campus jobs, um, I suddenly had time to be a person. Um, and through that, have time to actually talk to people and engage, and, um, do better in coursework.

Though sometimes there were more 'immediate' emergencies to address, as Ben noted, self-reliance remained relevant to take charge in one's own life.

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'Mov[ing] Forward' with Purpose. Consolidation, acceptance, purposefulness, and hopefulness were expressed as distinct yet compatible elements that represented the participants' efforts to, in Charlie's words, 'move forward.' He said,

> When I think about my reintegration process, it was kind of looking at these three
> kinds of phases of my life. There's like your pre-military life, your military life,
> and then, like, your- like, what's waiting for you on the other side. And kind of
> finding a way to consolidate all those things… I think it's like trying to weave
> everything together in a way that helps you move forward

Charlie did not attempt to elucidate any particular process by which such consolidation might occur for all TGQ MSMVs, but he and other participants offered some possible opportunities. In his own exploration, Charlie realized the importance of accepting the distress of reintegration; he shared,

> Part of it was just not avoiding it… You'll never get anything done if you
> keep avoiding. So, I had to really look into it and, like, be willing to, like, stare
> those feelings an- in- in the face and, um, and then realize that- you kn- I kind of-
> it was an iterative process… But it's okay now when I- when it comes up, it's
> okay. It's just- and, like, it's just part of, part of this

Understandably, leaning into and accepting those emotions and distressing experiences can be challenging. For some participants, a sense of discrepancy- between a purposefulness of a military identity and a purposelessness of a civilian identity- arose. Jack alleviated that discrepancy by focusing on his academics, which he stated, "helped with that loss of purpose." And Charlie, for instance, found purpose in a meaningful career. But regardless of the pursuit, Jack clarified,

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You have to actively go out and find that. It's not gonna come find you again like

it did in the military. And if you don't go out and find it, you're gonna feel

directionless, and you're gonna feel like, like you're just living in the past, living

in those good old days. And that's not good for anybody.

Last, some participants expressed a sense of hope to continue making progress through

reintegration and within civilian life. Ben routinely connected with a friend, shared a

meal, and "would talk about how life would be better someday," while Charlie, reckoning

with society, mused, "The arc is going- you know, I, I'm not even gonna try to

paraphrase, but you know- is, it bends toward justice."

Gaining a Positionality of Empowerment. TGQ MSMVs encountered many

experiences not faced by their cisgender peers, including the development of a practice of

advocacy, activism, and empowerment. Those practices were developed in response to

individual, community, and societal events, and most regarded gender or gender identity.

Working with a national organization that supports TGQ service members and veterans,

Ben seized the opportunity to

get involved with, like, helping other people so no other veteran has to go through

the same kind of rebuilding process… [and I] do a lot of one-on-one mentorship

with people- because that's what I was lucky enough to receive [it].

They received support from individuals and communities and therefore wanted to "give

back to my community." Ben continued to say that their reciprocated community

empowerment was "kind of a way to channel all of my, like, desire to never see anybody

experience what I've been through again, and be like, 'What can I do to help prevent

this?'" Others participated in community activism in response to the perceived injustice

of DTM 19-004. For Shea, the implementation of DTM 19-004 "was just kinda, like, one of the key moments for me where, like, I'm still going to try and help and fight any effort to, like, help get people in if they want." However, as in Jack's experience, advocacy was not reserved for TGQ people and identities alone, and he powerfully shared a story of learning to advocate across identities:

> [Having a horrible experience reporting sexual assault] made me feel like I couldn't talk about my experiences anymore in the military. And so, when I got out of the military, I decided that I wasn't gonna do that anymore. Like, I wasn't gonna be quiet about it. I was definitely going to use my experiences to, like, inform other people that there is a serious problem and to talk about that problem. But since I've transitioned, that has sort of made that piece of it harder, because I'm talking specifically about things that happen to people that were in bodies that are perceived as female.

And as noted in Jack's response, the responses provided by each participant indicated the developmental nature of learning about and gaining an identity and a practice of empowerment.

Reintegration is Pursuing Intra- and Interpersonal Stability to Manage a Sense of Loss

This final theme emerged from the integration of five categories, the first three which appeared to counteract the last two: (1) building both veteran and civilian community support networks; (2) finding direction through intentional interpersonal connection; (3) achieving stability at home, work, and school; (4) losing self and relationships; and (5) facing deprivation of interpersonal-communal resources. Participants gained support from interpersonal and community relationships- which were,

in part, developed by participants themselves- and gained additional stability at the community level. However, participants also experienced a loss of self, relationships, and resources, each which were managed by the aforementioned systemic supports.

Building Both Veteran and Civilian Community Support Networks.

Community connections were helpful for multiple reasons, including the experiential navigation of civilian society that it provided. Ben gained connections to a community of TGQ veterans, who, they explained, "have been able to kind of show me how to navigate this, like- needing these supports or being able to find, um, veteran scholarships or LGBTQ veterans' scholarships." Shea described a similar experience of feeling guided: "I kind of integrated into a, um, community of, like, other trans people, other queer people, um, etc. through, um… like, queer groups, um, which helped kind of set me on the right path." As such, participants connected with a diversity of communities. Logan, for example, "found an amazing hockey community" and noted that "it's really close-knit and very active." Shea's aforementioned community connection was also civilian based, yet it was additionally a TGQ community, of which she felt like a validated member:

> It also just kind of helped in the sense, specifically on the queer front, of, um- you know, you get so trapped in this sense of, like, this, like, dysphoria and all that stuff. And then to, like, go to these spaces and have thes- have all these people be like, 'You're gorgeous, you're beautiful'… Um, so like that validation even is good.

The "LGBT military and veterans' groups and communities" were some of those most important for Jennifer. As such, Jack explained the importance of balancing one's connection to veteran and civilian communities:

I think it's useful to have at least some friends that can sort of identify with your

history as a veteran. I think it can be bad, too, if, like, you choose to only stay in

those spaces, but it can also be good… I think if you throw yourself into it too

much, you can sort of use it to not, to not adjust, right? You can just kind of hide

yourself in with other veterans and not ever attempt to meet other people or, like,

do things outside of that veteran identity.

His thoughts clarified that reintegrating MSMVs can benefit from seeking familiar,

military connections as equally as from cultivating acculturative civilian connections.

Additionally, it emphasized the active role within pursuing communal support. Ben

provided an example of the thoughts that they used within that active role, wherein they

built their own community support "networks;" they thought, in their interactions with

others, "Hey, you could know this person, and you could know that person. And by the

way, I need to learn things from both of you.'" So, while community membership resulted

in support incidentally, participants were resilient in their intentional search for those

networks, both civilian- and veteran-related.

Finding Direction through Intentional Interpersonal Connection. The

interpersonal support that participants experienced originated from multiple sources, such

as cisgender veterans, TGQ service members and veterans, family, mentors, partners, and

friends. For example, Perry and Shea commented that they temporarily lived with a

partner and a friend, respectively; Jack joined a recreational club in college, Logan

participated in a civilian sports team, and Shea was a member of a TGQ campus

organization. Perry additionally described being offered support from his family, who,

after they learned "how difficult of a time it was having securing anything," said, "We

know we have our differences. We know we argue about the things that are going on in your life. But you can come and stay with us.'" Though some of those connections were more common than others, each participant response indicated a sense of supportive impact. And as with the experience of community support, participants assumed an active role in the pursuit of interpersonal connections, including pursuing mentorship and relearning friendship. Overall, as Ben noted, those connections were invested into if they were "meaningful," and that first required Ben to be "really eager to meet people" and to have a "willingness to just [think] 'I'll meet anybody once.'"

Regardless of the diversity of those interpersonal connections, participants expressed appreciation for them. Jennifer noted, for example, that "as far as the, the support goes, it's d- definitely helps to be around people willing to give me a fair chance." So, in part, participants gained benefit from their relationships. For Bill, the benefit was described as a connection through shared experience based on sociocultural identity:

> I've had supportive friends and, you know, things, uh, things and people in my life who can provide support kind of in, like, a particularly niche way, you know. Like I find- like, there- like, I do h- I do enjoy hanging around other veterans, for example, someti- sometimes in, in certain context. Because, like, there are things that I just relate a lot better to them on. There are times where I wanna hang out with just other queer people because there are things I relate to them better, or just other Asian people, or whatever it may be.

Participants also felt connected to TGQ MSMVs who had previously reintegrated, which Ben called reintegration "representation" whether or not interaction occurs. Ben found

reintegration "easier" when "going and leaning on the people who have already transitioned out who already know all these things." Yet, Jack said that seeing "other people that were veterans, even if you're not engaging with them, was, like, very comfortable when things were feeling overwhelming." Even having observed parents' past reintegration was protective, as was the case for Shea.

Achieving Stability at Home, Work, and School. This category was relatively straightforward, wherein participants achieved financial stability, achieved success through military-promoted education, began reintegration with academic success, succeeded in the workplace, ultimately secured stable housing. Those experiences, which were regarded more as active, resilient pursuits than as external supports, were typically described simply. Nonetheless, participants also received support externally, such as through financial benefits like disability payments and emergency grants, academic resources such as G.I benefits and campus veterans' events or lounges, and employers' equal opportunity support. The following quote both detailed Jennifer's experience of employer support and represented the connotation of other responses in this category:

> Thankfully, the first company that I worked for- actually o- one of the major defense, uh, contractors out there, definitely had a positive, uh, LGBT, um, equality in their, uh, EO (equal opportunity) process, so, in their EO rules and regulations… So, coming out in the workplace really wasn't that big of a deal. They just wanted to sit down, talk to me about it, and kind of get a game plan of what I plan on doing, and how they can assist, and what they need to do on their end. So that was, that was extremely positive.

Losing Self and Relationships. Participants described a sense of interpersonal and community disconnection during reintegration whether the result of leaving social and familial spaces of the military or feeling separated from civilian communities, and they encountered varied personal distress in that regard as well. Simply, Charlie described reintegration as "destabilizing," which was corroborated by Perry's explanation of personal instability:

> Honestly, the most difficult part was securing- security, you know?... If you don't have a place to call your own, if you don't have security or a grounding situation, everything else will crumble. If you don't have a foundation or a base, everything else cannot stand.

He acknowledged the importance of feeling secure and grounded in a stable foundation, which participants did not always experience in part because of the losses of identity and purpose. For example, regarding the former, Bill noted, "You come out of the military, and you feel no longer connected to one identity that you set the other parts of your-yourself aside for." So, identities were relinquished when entering military service but were not necessarily regained when leaving service. Conversely, a sense of purpose was gained when beginning military service but, as a matter of separating from service, was lost. Jack reflected that he "kind of felt like I struggled with a, a loss of purpose… or, like, having any sense of purpose." Likewise, Charlie "really needed direction. I really needed some purpose to be pushed toward."

Additional losses were listed as familial, social, and communal in nature, and each were described as equally distressing. First, participants said that reintegration resulted in a felt loss of familial relationship with the military. Charlie clarified that even

a veteran identity was not a sufficient replacement when he said, "You're not part of the family anymore… Like, you're out of the military. You'll never be like that again. Being a veteran's not the same." And even Perry, who used similar language to describe that experience, felt a change in connection to people from his unit more specifically; he reflected:

> It was not like, 'Um, you're not a part of us anymore.' It's like, 'Hey, thanks for reaching out. This is what happened.' So, you're still a little bit there, but it's just, it's not the same. You know, it's, it's definitely not the same. You, you lose your military family.

Perry's thoughts indicated the interpersonal impact of loss, an experience of social disconnection that Logan also faced due to the loss of constant social opportunities in military spaces that were relatively absent in civilian ones: "Being a night owl, um, I've experienced a lot of loneliness, um, in the middle of the night. There's nobody to talk to. Nothing to do. So, I struggled with that." As such, the loss of self and relationships was both an interpersonal and a community stressor that resulted in profoundly personal distress.

Facing Deprivation of Interpersonal-Communal Resources. Finally, participants endured a lack of interpersonal resources, which was otherwise qualified as a deficit, an absence, or a loss of external support. Whereas some resources- and the lack thereof- were relatively abstract with psychological impact, others were concrete with tangible consequence, such as finances, housing, healthcare, and employment. Ben broadly noted the barrier that occurred as a result of pursuing military service in comparison to a conventional civilian pursuit when they said, "I think one of the most

difficult things was, like, I had even fewer supports than if I had gone to college."

Military service may have provided its own supports, but separating from military service

rendered participants devoid of civilian-specific supports. So, as a result, participants

experienced unsettled housing, financial need, long work hours, and the necessity to work

outside of one's vocation as a means to gain income. Shea, for example, commented that,

when she separated from service, "the need to, um, have money, um, was important;" her

straightforward description was representative of participants' comments about other

resource deficits as well.

Further, most participants indicated some degree of discouragement with, or

disappointment in, VA services, and some expressed the same about their family of

origin. Logan was "receiving no help from any VA… even though they claim 'We're here

to help you. We're here to get you through this. We're here to help you reintegrate.'"

Unrelated to reintegration services specifically, Jennifer was

> trying to change my documentation, trying to get seen… [but] the feeling that it
>
> was all because of my trans status that they didn't want to help me… like people
>
> didn't even want to answer my questions or talk to me.

TGQ MSMVs therefore faced resource deprivation not experienced by their cisgender

peers, which Bill also experienced- also at the VA- during a medical emergency. He

stated that he

> was calling the liaison several times. I was, like, 'I've been sitting in this hospital
>
> for almost two weeks now. Nobody knows what they're doing. Like, we don't
>
> know where I'm going. Like, I, I have no medical reason to be here, but if they

just discharge me, like this all stops, and we have to start over. Like, can you

help?' Never returned calls.

Additionally, TGQ MSMVs were not offered the family support that they recognized

their cisgender peers relatively more often received. Charlie said he "couldn't go home"

because of the exclusive religiosity of his family of origin:

I didn't have that safety net that everyone assumes that a like 19-year-old kid does

of like, 'You can go home.' So that was particularly hard- is like I left, and I didn't

have that, like, landing cushion, um, and a safety net that a lot of people have.

The resource deficits that more specifically resulted in psychological impact

included, for example, losing social status across societies and witnessing other veterans'

stressors. Participants explained that service members gained a higher caliber of status in

professional-vocational as well as social roles compared to their civilian peers. Regarding

the former, Jack referred to his own experience transitioning into academic life in

college; he

felt like I was so much older than everybod- like all my peers in my classes, and

that was a big struggle. Um, I struggled a lot with feeling like I had lost a lot of

my authority… in college, I was just, like, another student.

But regarding the latter, Bill reflected on the observations he made about other MSMVs

who "have a hard time learning how to exist in the civilian world" because they "are

almost not even reintegrating as much as, like, for the first time being a civilian adult…

it's kind of like going into a completely different area of life." That observation was only

one of the many that participants made about other MSMVs' stressors, yet some had

greater impact than others; for instances, while Jack simply noticed others' loss of

purpose, he also avoided VA psychological healthcare after hearing about others' related challenges. Each of those numerous observations explicitly regarded many of the aforementioned elements of reintegration.

Military Culture

Regarding military culture, five themes emerged: (1) cultural indoctrination of structure vs. digression; (2) hierarchical majority determines social position; (3) using military language to communicate directly and meaningfully; (4) intra- and inter-branch diversity despite value convergence; and (5) individuality within the collective. These themes, based on interviews with six participants, were associated with a diversity of sub-cultures within the military system. Service branches included Air Force, Army, and Marine Corps; the only active duty branch not represented was the Navy. Service components included active duty for all the aforementioned and also Air Force Reserves and Army Reserves. Some of the occupational specialties include intelligence, aircraft mechanics, data specialists, propulsion specialists, and linguists. However, only enlisted rank, and not commissioned rank, was represented.

Cultural Indoctrination of Structure vs. Digression

Military culture was a highly structured with concrete values and a prescriptive professional trajectory. For enlisted service members, Ben explained that "you enlist, you find your job, you're gonna do your job until you cross train, you're gonna get promoted, you might cross train, you might go officer. Like, there are only so many options." And Bill stated about values that it is "a very particularly military-type thing to have, like, concretely named principles." Those structured components of military culture, as Charlie suggested, were "an interesting combination of stuff that, like, is kind of probably

more innate, and stuff that, like, the military kind of has to probably, like, hammer down

or define an- uh, early." So, whereas Charlie wondered "if and how the military made me

somehow, like, more of a- like, amplified those [personal values]," Jack said that the

military is effective in,

> Projecting what their values are to the individuals, like, inside the culture. Um,
>
> the, the military is, like, very, very forward about, like, 'This is the kind of person
>
> we expect you to be.' Um, 'This is the standards that we want to adhere to.'

Bill clarified this nature-nurture synthesis by saying that "in the military, it's kind of, like,

the military just takes over so much of your individual identity and kind of… [reorients]

people around these, these particular core values." And it was effective, as Charlie said,

"the military functions very well on an 'us versus them' mentality… and there's a lot of

pride in, like being a counter-culture in that way."

Though some participants expressed a commitment to those reinforced principles,

others experienced a digression from military culture. The digression manifested in two

ways: an occasional societal divergence from cultural norms, and a personal

disconnection from the culture. Regarding the former, for example, Ben said,

> I really don't know how to describe the values because I don't think I really
>
> understood them when I was in. We were taught one thing, like, in basic and in
>
> in-job training and, like, the- all the literature and the, the things you're told say
>
> one thing, and then what people do is different.

Officers and commanders more successfully upheld the military values, according to Jack

and Jennifer. But the apparent inconsistency of values and practices appeared, to Charlie,

to be for both psychological and communal purpose. He explained that the values he was

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taught were "broad enough and fuzzy enough to justify in, like, any manner of horrific behavior," behaviors that were determined by the "rules of engagement" in wartime, but which otherwise contracted his own "humanistic" interpretation of those values. Jack referred to this as a "contradiction of values," which participants expressed was concerning. Yet the inconsistency was also a form of encouraged diversity and interpretation; Charlie continued by saying,

> You have to find a big enough space for all these different people to exist in a relatively, um, satisfying way… you have to be able to make a space where you can fit people like me, and fit, fit everybody in this, this system.

Nonetheless, the flexibility within interpretation and psychological justification resulted in initial confusion and ultimate separation from a military identity. Ben said, in the beginning of their service, "I was operating by a different set of rules or expectations, but I didn't always know what those were," and by the end of their service, they realized, "the place I was landed was not a place I wanted to be."

Hierarchical Majority Determines Social Position

The structure of the military culture created a social class hierarchy between enlisted-level and officer-level service members that appeared "artificial" to Jack but also was essential to functioning, according to Charlie, "because you shouldn't be thinking too much when your life is on the line. You have to be able to follow orders." The result was both neutral and harmful class disparities for enlisted service members. For example, Bill recognized that "the military explicitly defines people into, like, officer or enlisted class." Further, Jack was taught to believe, whether accurate or not, that,

'Officers are not here to help you. They're not here to, like, take care of you. Like, they're here to screw you. And, so, you can't be honest with them. You can't talk to them about, like, your issues because, like, they're not on your side.'

While the perception of officers is that their "lives are easier, and they don't deal with all the hard stuff like enlisted personnel do, and, like, they're kind uppity," as noted by Jack, Perry was made to feel like he and other mechanics were "dirtbags because our uniforms were dirty [and] we smelled like fuel," perceptions that also resulted in mistreatment. Jack wondered, "What does it mean when you have a problem of being discriminated against, but you've been told not to trust the officers who are the people that are officially supposed to help you in that capacity?"

There was also a majority identity normativity within, for example, gender and racial disparities. Regarding gender and gender identity, masculinity and cisgender men were valued over femininity, women, and TGQ service members. Jack described the prejudice as partly institutionalized and partly personal to some service members:

People come into it maybe with some internalized sexism… racism… homophobia and transphobia as well. But I also think that it's kind of institutionalized, too. I know when we were in boot camp, like, our drill instructors were basically setting us up to expect those kinds of things.

Beyond personal prejudice alone, gender and sex discrimination occurred. Jennifer distinguished that although "sexism is common," support from leadership was more common from higher-ranking command:

Some people in the command environment absolutely hated me because they knew I was queer. Whereas others, typically the higher-ranking officers who tend

to have a higher degree of education… only cared about the job… and because I

could do that, they, they left me alone.

Participants shared reflections of the impact of institutionalized prejudice on multicultural

worldviews and service members. Jack, as a service member, was taught that, "'We're all

the same. Like, we all bleed green. None of us are Black. None of us are Hispanic. Like,

we are all the same… We don't see you as different.'" But he and Bill both challenged

that notion. First, Jack said that "[the] reality is that people are going to treat you

differently and terribly." And Bill explained that he understood the utility of the notion of

universalism while also acknowledging its harmfulness:

> You can't divorce the bias from, um, people, even if you give them some sort of
>
> unifying identity beyond race or gender or class or whatever it is. Um, and I think
>
> that that is important in military culture. But I think it also leads to this kind of
>
> almost, like, like, self-delusional colorblindness.
>
> Finally, social position was also determined by professional effectiveness. Perry

said that his "[extrinsic] self-worth was determined upon my ability to do my job." He

explained that such a determination promoted competitiveness of achievement: "When

you're in, you're always, always fightin' with other people, you know, metaphorically, to

g- to get to the top, to get to that one spot." However, this was not always a concern. In

achievement, and despite facing institutionalized criticism as a TGQ service member,

such a professional determination meant that Bill "didn't feel like I had to question

whether my successes were earned."

Using Military Language to Communicate Directly and Meaningfully

Participants discussed the presence of a language and style of communication that is specific to the military. Communication assumed the form of words, attitude, demeanor that valued assertiveness, stoic affect, clarity, and purposefulness. As Jennifer corroborated, "The military has its own unique lingo and vocabulary," and she also provided detail about the style of communication:

You have to, you have to be aggressive and assertive in the military… I had to learn to be, like, a lot more aggressive in order just to be taken seriously and just to, to do what I have to do in the work environment.

In Perry's experience, the concealment of emotion was important when receiving feedback to the extent that, particularly when "in trouble [or getting yelled at]… you just kind of flip the switch, and you turn off your emotions, and you kind of go monotone about what you're saying." Those practices and expectations, though challenging, were connected to benefits in interpersonal communication. For example, Bill appreciated "how clear and, and, uh, uh, u- u- honest and upfront, uh, people are in the military… Like, you, you know what you're getting with them. They don't pretend to be something else." For Jennifer, most of the time, "if you're talking, you're talking because you have a purpose." Notably, however, there was also some flexibility to that otherwise structured practice, and if "there is absolutely nothing to do… then [you are] talking about a subject, arguing, or debating each other and cutting up, making jokes."

Intra- and Inter-Branch Multiculturalism Despite Value Convergence

Regardless of the structure and similarities across the military as an institution, there were clear and sometimes major cultural differences among service branches as

well as differences among occupational specialties within a particular branch. Though participants did not always provide concrete examples of between-branch differences, Jennifer said, "there are very, like, very obvious differences in culture between branches," and she specifically listed the Air Force as being "quite a bit different." Some said within-branch differences by occupational specialty can regard efficiency, work environment, language, appearance, and expectations. "It's a totally different world" based on your occupation, according to Perry. He described a common experience at the on-base retail store wherein he could recognize a person's rank- and therefore social status and values- based on their appearance; "You could tell that the way that they carried themselves, the way that they walked, that they had different values or expectations upon themselves in how they looked in uniform compared to us." The differences even reached societal levels of policy and law, as described by Perry, "Like, we could get tried for it, for cursing in uniform. But it's just kind of this universal acceptance that maintenance and security forces didn't have that rule." But, despite those differences, and despite different language used, participants Perry explained that the values promoted by each branch, though seemingly different, converge on the same concepts,

> With the, the core values and such, um, I think I mentioned that the military has a very generic core structure, but each branch has a very specific-to-that-branch structure of core values. So- but it's all basically the same, it's just titled something different.

Individuality Within the Collective

Military culture promoted the worldview of collectivism, but participants were challenged by the expectation to relinquish individuality. Some of the values of collectivism, according to Bill, were "responsibility, and ownership, and accountability." In practice, Charlie mentioned that "you can do so little alone in the military… you just learn a greater sense of responsibility, communal responsibility for other people… these are the people that you're responsible for and that you need to take care of." He also recognized the benefit of collectivism to personal and communal functioning, first saying,

> If you can, like, assemble back all these people from all these different
>
> backgrounds and, and you can do this with them, like, it's, it's really
>
> extraordinary. And to be able to relate closely to people who you have nothing in
>
> common with, who you would never be friends with, it just expands your idea of-
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> it just expands your empathy, I think.

And the collective benefit continued from the individual benefit. "Because if you can take- you know, with all the flaws and the subtleties- if you can take all these people and… meld them into this, like, functioning military unit," Charlie says, the unit can "achieve, like, truly extraordinary things, like, superhuman things."

Participants did indicate a sense of collective identification with the military. In acknowledgement of the individual's place in a collective, Jack said "the military is a lot about, like, being homogenous, and, like, fitting into the collective." And Bill confirmed that his "identity was kind of being a part that goes into the whole." However, there existed conflicts between individual and collective priority. This partly emerged as a

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contradiction of practices particularly in the sense of communal responsibility. In Ben's case, the military promoted the expectation that,

> 'We will take care of our own, and we will take care of you.' [But] then the actual actions really, the- there was a mismatch.

Additionally, the individual-collective conflict presented personal challenges. For example, Perry said, "I kept to my values. I tried to state those core values as best as I could." But that practice was not always possible, and Jack challenged some of the more extreme expectations of military collectivism, noting, "It's kind of hard to be faithful to your values. You're, you're kind of always asked to sabotage them… I always refused to do it." Jack also had to hide his "identity as a queer person, both trans and, and bisexual." In some cases, relinquishing the self for the collective was harmful. Bill reflected,

> It encouraged me to not, um, grapple meaningfully with, like, the ways in which I was different. Um, and, and it kind of encouraged me to just continue doing what I had learned as a kid, um, you know, which is just kind of, like fit it. Um, and, and that I don't think was good for me at the time.

Civilian Culture

For civilian culture, five themes emerged: (1) overwhelming freedom in an amorphous culture; (2) living life on one's own accord; (3) collective vs. hierarchical power; (4) shallow depth of civilian interactions; and (5) multiculturalism despite variable acceptance of diversity. These themes emerged from interviews with six participants and represent a variety of sub-cultures across the civilian system. Within rural/suburban and urban areas in the southern/southeastern, western, and southern Midwest U.S., these themes are associated with, in part, machine shops, non-profit

organizations, recreational sports, veteran communities, LGBTQ communities, legal

communities, academia, and civilian defense contracting.

Overwhelming Freedom in an Amorphous Culture

Civilian culture was described as indefinable with numerous, and sometimes

overwhelming, opportunities with which to engage with it. Though civilian culture was

bounded in demographic descriptors listed above, and though Jack noted that "there are a

lot of different cultures, which is a good thing because it allows people to exist in a lot of

different ways," the communities associated with sub-cultures were all be unnamed. Jack

identified "the queer community," and Jennifer identified "the gay community," "the

LGBT community," or the "queer community" as having its own sub-culture. Jack said,

"the queer community has its own set of values," whereas Jennifer described its sub-

culture as promoting a sense of shared experience and protection from prejudice before

stating that it "has its own lingo and, and everything else as well. Different norms and

everything."

Beyond that delineation, civilian culture was "much less defined," as Bill

described, because "there's really no common, like, goal, or identity, or even major

overlap, honestly, in terms of, like, what peoples' days are like. Perry even called it "a

chaos that is controlled." Ben found,

> civilian, um, environments and values to be much more fluid and…
>
> overwhelming because there are just so many options. And as long as the- like, as
>
> long as you're not hurting other people and you're doing something that makes
>
> you happy, like, no one really seems to care. Um, and the workplace values are all
>
> a little bit mushy like that as well… Um, and so, like, it's much more amorphous.

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A contributing factor to that non-structure was, according to Bill, that "expectations are a lot less clear… [they] vary… [are] more broad… are also kind of lower… are much more loose… less defined, tend to be less, um, communicated well," and because the expectations and principles are not enforced. Societally, Charlie, reflecting on the incongruence between ideal and actual values of multiculturalism, said that,

> We're supposed to be this big, like, cultural, like, melting pot, but we're not- the- our value system isn't really set up to- once we have, like, gotten in- I don't even know if it's, like, a stew, right? It's- rather than, like, a puree [laugh]. And so, um, so, uh, so the values that we have are actually kind of contrary to that ideal as well.

> However, a personal impact- both fulfilling and challenging- also manifested.

Ben's note that "there was just too much freedom" was corroborated in Jack's experience of "culture shock, especially in terms of values." Jack continued to say that,

> you have to spend a lot of time finding your tribe of people. So, um, I felt a lot like, like I didn't really know who I was or who I wanted to be. And, like, I couldn't find people to help me figure that out,

which was a challenging experience shared by both Bill and Perry. Yet Ben qualified the openness as "a choose your own adventure with no road map." And despite Bill's encounter of challenge, he also ultimately perceived the diversity of civilian culture as a benefit: "in my life now, like, it's all, in some sense, it's creation." There emerged an opportunity for flexibility and autonomy, each which are a response to constraints that Ben learned to overcome: "you have these constraints, but you can decide how to work within them… [and] as you work with them, you can change them."

Living Life on One's Own Accord

For participants, the perception of civilian culture was that it allowed the prioritization of self-interests and self-development. The self-focus was associated with a personal connection to either and both civilian and veteran cultures, and it supported a professional-personal life balance. For example, regarding encouragement of self-fulfillment and self-care, Ben noticed,

> there's also this expectation that what you're doing is self-fulfilling… and it's something that you are passionate about and at least interested in... [and] one of the strangest things about being in college is, like, self-care was, like valued. And, um, like- there was- I had a professor who would give a no-questions-asked mental health day once a semester… [because the expectation is] 'You can't function at your best if you're not feeling your best, um, and if you're not taking care of yourself. And like, what is your life outside of work, and do you have things that fulfill you?'

He also identified that the self-focus was possible through a power of personal choice: "You can figure it out… You have this power to figure it out and to work on it… it gives you the control over it rather than have it be some, like, thing that's done to you." Perry continued the reflection on self-determination by saying, "My expectations and values are all circumstantial. There's no one else setting the limit besides myself on what each one means. And I think that's pretty awesome." And while Charlie indicated that being "self-focused and self-motivated" can help "you can crawl out of really horrific circumstances… [and] you really can do incredible stuff," he also recognized that individualism is "also problematic" because,

It reduces our quality of life, reduces our capacity to be empathic with other

people, especially if they're from a different cultural group than us… [and it]

really shows up in, like, social media, where everything's kind of about, like,

curating this very particular image of yourself. And we do, um, impression

management all the time.

Some of the opportunity in autonomy within civilian culture allowed for a

separation from civilian culture or a continued connection to military culture based on

one's preference. Perry, Charlie, and Jennifer, for example, expressed a continued

identification with military culture that promoted a self-determined identity as a veteran.

Perry's experience regarded relatively greater challenge, and he acknowledged, "It's still

very hard for me to separate or to integrate, I guess. I still feel that the civilian world is

their own entity that I still am not a part of." Nonetheless, while navigating his place in

the civilian world, Perry described an intentional values redevelopment wherein, for

example, his transformed his valuation of "service before self" to become more flexible

and allow for prioritization of the self over service. Jennifer likewise "still [identified] as,

like, an Army veteran," and Charlie sought a career and employer that would allow him

to integrate both military and civilian cultures. Charlie declared,

[Military culture] is very congruent for me... I love the idea of going to work

[with veterans] and having just very like-minded group of people who are very

committed to a mission that is a humanistic mission that's a service mission.

Collective vs. Hierarchical Power

This theme represents the conflict between two practices within civilian culture:

community responsibility and harmony, and patriarchal power over people. Some

participants identified indicators of these practices and the underlying values; whereas the former practice was represented in the social community, the latter was represented in the professional community. Ben, regarding communal responsibility, said that "other people will actually take care of you." Continuing with a sense of surprise, Perry described civilian culture as having a "strange mutual respect structure," and Ben confirmed that when they said, "You had to get along with everybody when you were there." However, Bill, who experienced challenge working in the non-profit sector, noticed a discrepancy in the value of collective power; notably, he declared, "We live in a capitalist society that does not put, like, people over profit." The principle of prioritizing profit, or power, over people, was qualified by hierarchy, disparity, and disposability. So, Bill continued by noting first that "there's very much a ruling class disparity," and that "there's a sense of disposability in the civilian workplace… you're there to serve a purpose until you're not."

Shallow Depth of Civilian Interactions

During interpersonal connection, participants expressed difficulty due to the superficial, gossip-like, and performative nature of civilian interactions. In general, Jennifer well-described this phenomenon:

It definitely feels more like, in the civilian side of things, that people just talk to talk. There's no real substance to it whatsoever… It's not really, like, a- the deeper community type of connection… I don't feel motivated just to talk about nothing… just to hear myself talk.

In Bill's experience with civilian culture broadly, "the civilian world is very, like, slimy, um, honestly, and it's all about image management." Jack encountered a similar experience, but he identified it within queer culture specifically and in particular regard to

gender expression: "It almost makes it feel like the queer culture is kind of performative… 'do you project enough of an im- of an image of queerness?'" Unfortunately, and perhaps as a result of surface-level social engagement, civilian culture promoted in-grouping and out-grouping, as evidenced by Bill statement that,

> We just- we self-isolate, um, and, and, and silo ourselves off, and, and, and, um, you know, become, like, bitter and unable to talk to each other and, and, you know, out-grouping. We do- we just- we- we're so eager to out-group other people.

A benefit of connection to military culture and military societies was, for participants, the opportunity to engage more seamlessly with service members and veterans. For Jennifer in particular, she was able to

> go walk up to a uniformed Marines or Airmen, tell a couple of, uh, very dark s-dark-humored jokes, they laugh, and have a casual conversation pretty easily, use the lingo and everything else, and I'm, I'm in, and I can talk to people,

which was an experience that participants did not explicitly encounter with civilians.

Multiculturalism Despite Variable Acceptance of Diversity

Societal perceptions of gender and military service, and personal experiences of both gender identity and veteran identity, were essential components of civilian culture. Participants first noted variation in the acceptance they received and the discrimination they withstood, both which were either intentional or culturally promoted. Jack initially told a discerning story of "politeness culture" in the South, which he said

> is very gendered. You call people, sir. You call people, ma'am. You open doors for women. Um, like, you relate to your male buddies about fishing, and fixing

things, and whatever. Um, and so, it's kind of like, even when people are trying to

be respectful, like, they can't do that if they don't know what gender you are.

Yeah. Super, super binary. There is no place for non-binary people at all in, in the

South... yet.

Conversely, and in explicit reference to the support from the queer community, Jack then told a story of empowerment:

The queer community is a lot about, like, 'If you're different, that's cool. Like, you

should be okay with that, and you should stick up for other people that are

different and who, maybe, are not getting the support that they should.'

Nonetheless, both the queer community and military communities expected a particular gender expression. Jennifer felt pressured to present an "extra aggressive… extra assertive," masculine demeanor "just to be taken seriously," which emphasized the cisgender binary Jack described about the South. Yet the queer community, in Jack's experience, pressured gender expectation in the opposite manner; it expected queer people to "[break] gender expectations of how to dress, and how to look."

Further still, prejudice was not confined to gender identity; in some cases, it regarded the perception of the military and of military service. Jack described a misconception in the queer community and said that "it can be very anti-military sometimes." Yet Jennifer described a willful ignorance rather than misconception alone: "The majority of the civilian population just would rather not know what's going on or how, like, how some stuff goes, or some of the stuff that we see, and do."

Finally, identity development was an important component of civilian culture. Partly in response to the prejudice and injustices faced, participants developed an

advocate identity. Charlie said that he had "become a much stronger feminist since I became a man, because now I recognize, like, extra, how extra injustice it is," and he saw it as "a very, like, important part of my value system to advocate and stand up where I can for, for women." Even further, Jack believed advocacy does not stop at the individual level, as he said, "This is a fight for, like, everybody right now. Like, everybody should be involved in this." Beyond an advocate identity, participants developed a personal value system, a sense of self-worth, and sense of validated identity complexity. Because the military "issued" values to Jack, he found it "difficult" to "reorient myself." Similarly, in transition, Perry was "learning how to value myself and my self-worth," which he indicated was a challenge. But eventually, by engaging within civilian societies, Ben learned what "I don't want to be from being around other people. And I'm seeing bits and pieces of things I would like to carry forward." The progressive development helped Bill "see myself in a more complex manner." For example, Ben

> was able to be a plumber who also did LGBTQ advocacy, who also liked to play video games. And then I was also a community college student. And a- and then a college graduate who has also been all of these things.

Self-valuation and the recognition of one's complexity, in combination, were distinguished within Charlie's reflection of the power he gained through his gender identity:

> It can be like a trans superpower to be able to have such a comprehensive m- like, we- you have more perspective, lived experience in this gender spectrum than pretty much anybody else. And it's, really c- I think it's really- I think it's really cool, and it's really valuable.

Advice for Reintegrating TGQ MSMVs

Seven themes emerged regarding advice for reintegrating TGQ MSMVs: (1) plan early for success later; (2) prepare for possible hardship; (3) take a chance on rediscovering purpose; (4) do what makes sense for yourself; (5) seek connection in community; (6) integrate the military past into a civilian future; and (7) find and use any resources and benefits. Appendix I contains additional detail about these themes and their corresponding codes and participant quotes. These themes emerged independent of others and therefore do not explicitly contribute to the answering of the primary or secondary research questions. Yet, they are included here both due to their profoundness, to present the complete results of this study, and to support further discussion in the next chapter.

Based on participants' advice, some of the first steps that reintegrating TGQ MSMVs are encouraged to take may be logistical and practical. For example, TGQ MSMVs can research the reintegration process and benefits, especially benefit availability. As part of the process of securing benefits, TGQ MSMVs can collect and review complete health documentation prior to separating. Perry said,

> Get everything documented, everything. I cannot harp that enough. Get
>
> everything document in- in your medical files, go back to your doctor again, and
>
> make sure that everything is documented. Request your documents. Look at your
>
> documents. Make sure they're in your documents.

And many participants expressed the importance of developing a plan and back-up plan perhaps to complete after gaining adequate information about reintegration; typically, such information and planning will occur through reintegration assistance services, but those services may not be comprehensive enough or even provided. Additional

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preparation can include the transformation of expectations to acknowledge potential economic impacts- such as income, insurance, and allowances- and psychological impacts, the latter which may be managed with psychological healthcare.

Connecting to community within civilian society was a common suggestion by participants. Some participants advised a balance of veteran and civilian connections, such as when Shea encouraged,

> [Engage] with communities that aren't just veterans- which is often the case, um, that I see- so that you're actually making connections with civilians and are having a stake in civilian life versus a very insular community that doesn't have a stake in civilian life.

Like connecting to civilian communities, participants stated that rediscovering a sense of new purpose- an important reality of reintegration- may feel uncomfortable or require taking risks. According to Jack, "Just realize that you're gonna feel a loss of purpose 'cause, like, the military gave that to you. And now there's nobody around to give it to you. You have to find it for yourself." However, that does not mean the military past is irrelevant; actually, it can be important to use skills that were learned in the military- such as problem-solving skills- to address civilian problems. Nonetheless, Ben discouraged a return to military service; "There's this familiar thing that you can't go back to and you shouldn't go back to." No participants encouraged such a return. Logan did mention, for those interested, a federal employment opportunity as a National Guard technician, which might achieve a similar civilian-military balance like Jennifer's employment as a civilian defense contractor.

Reintegration occurs diversely, so participants suggested a recognition of one's own unique circumstances while taking advantage of resources to navigate the experience. Logan said that "Everybody's so different, every, every situation is so different." In part, that might call for "[taking] your time", as Jennifer noted, and it might also call for introspection about the impact of military culture on gender identity; Jack said that he

> would tell anybody specifically that's trans that gender is a big part of your
>
> military service, and not the way you want it to be. So, like, you gotta take some
>
> time to untangle that and figure out, like, who you are, and what your gender is in
>
> comparison to, like, what the military expected you to be.

And whether reintegrating TGQ MSMVs engage with reintegration assistance services, pursue education for stability, or find other resources, Bill said, "Don't, limit yourself on what you think you deserve or whatever based on your service…. Like, take, take whatever you need to."

Recommendations for Reintegration Service Providers

Six themes emerged regarding recommendations for reintegration service providers: (1) improve and endorse reintegration services; (2) recognize that reintegration for TGQ MSMVs is disparate and proliferate; (3) be a responsive, available, informed resource; (4) promote system-wide gender-affirmative practices; (5) de-stigmatize psychological health(care); and (6) explore potentially merging identities within shifting communities. These themes answer the fourth research sub-question: what recommendations would TGQ MSMVs suggest to reintegration services, including

psychological services? Additional information about these themes, with corresponding codes and participant quotes, is listed in Appendix J.

Participants recognized both the proliferation and disparate nature of reintegration for TGQ MSMVs. In their recommendations to those who provide reintegration services and support, participants encouraged such providers to recognize the same. Bill said,

There is no 'One size fits all.' Um, at the end of the day. And I don't think that, um, this is something that, like, you can ever create a 'One size fits all,' because that path doesn't look the same for everyone… [and] there are gonna be more and more and more, um, coming out, and in future years. Um, you know, I think, I think it's only, it's only gonna become a bigger issue.

Some of those experiences within the growing frequency of reintegration for TGQ MSMVs, for example, might include changes in family dynamics, gender identity development from military to civilian cultures, and identity integration within civilian communities. Charlie, a healthcare provider himself, suggested the following questions:

'How was it to, like, be really masculine all the time? Did that feel really good?' And that might, you know- if they're kind of, like, in early stages of the transition or questioning, you know, like, 'What if you experimented with that now, like, and see how that felt?' Or, um, you know, kind of the opposite way with trans feminine people, right? Like, 'How did that feel to, like, keep that all inside. And how might that inform your life now that you have some more freedom?'

He posed those questions as examples for providers to help facilitate military and civilian identity development.

According to participants, providers can support reintegrating TGQ MSMVs within and beyond the interpersonal level, including the provision of direct, responsive, holistic, and continued guidance, and the practice of patient education and advocacy. Shea said provider approaches might appear something like, "'Hey, person who has never had their own apartment, has only looked- lived in the barracks throughout their life or at their parents' house. Here's a list of people of people that can help you find an apartment.'" Bill, after encountering negligent reintegration services, wished he "would have had more information, more advocacy… a really holistic guide [for TGQ MSMVs]." But providers are also often effective in their practice, and Ben expressed the importance of providers' collaborative empathy through statements like, 'It's okay that you don't know anything. We're just gonna figure this out together, and you have a safety net.'

At a broader system-level, participants expressed the importance of strengthening gender-affirmative practices. Jennifer noted, "I also think that you have, like, personal issues within some of those as well to where people will put roadblocks and make things more difficult." Her experience, in addition to the need for accurate differentiation of gender identity and sexual identity, implicates the necessity for providers' attitudinal and practical transformation from one of prejudice to one of affirmation, which can be supported through collegial intervention. Regarding documentation updates, such as name and gender marker changes, Jennifer also said she would "like to see, uh, the medical records and things like that either streamlined or figured out as far as, as far as getting all that straight." Such challenges can present clear barriers to healthcare that affirms TGQ MSMVs. Whether regarding name changes, surgery access, or otherwise,

participants encourage providers to make efforts toward the increase accessibility of gender-affirmative care.

Recommendations continued into institutional and cultural domains to support reintegrating MSMVs overall. Participants described different suggestions for the improvement of reintegration services from Perry's recommendation for "mental health reintegration, and the starting TAPS a heck of a lot sooner" to Charlie's recommendation to acknowledge that reintegration is "more of a cultural transition". Nonetheless, Jack encouraged reintegration service providers to,

> Commit to seeing [reintegration services] as important. 'Cause if you don't think they're important, or if you think it's just another thing to check off the list, the people that you're giving it to will also think that- they'll get that impression from you.

Similarly, participants expressed a similar importance of psychological health and healthcare, but they described a related stigma promoted within military culture that may prevent reintegrating MSMVs from pursuing both health and healthcare. As Perry explained,

> Mental health [patients need you] to, I don't want to say hold your hand through the process, but hold our hands through the process. We want to be big, bad, tough guys, but hold our hand through the process. Because we're gonna be like, 'Oh yeah, it's fine. We got it.' And then, two minutes after walking out of your office, we're having panic attacks, type of thing, you know. We don't want to say we need help because, therefore, that means that you're gonna mark something else down in our, in our file that we don't want.

Charlie made a complementary recommendation to de-stigmatize emotion specifically, perhaps by "kind of focusing- if you're kind of a cognitive-behavioral person- like, focusing, like, trying to get them to process those emotions because they're probably not gonna do a lot of it on their own."

Phenomenological Descriptions

The following descriptions represent, in part and composite, the phenomenological essence of the reintegration experience for TGQ MSVMs. First, the themes of military and civilian culture were integrated to develop the description of cultural context. Then, the reintegration themes were used to develop the composite textural-structural description of TGQ MSMVs' experience of cultural reintegration, which answers the primary research question: what is the lived experience of U.S. TGQ MSMVs' cultural reintegration from life in military society to life in civilian society? By answering the primary research question, the composite description also answers the first three research sub-questions:

1. How is military-to-civilian reintegration characterized?

2. What changes in cultural identity, values, and practices occur?

3. What supports/resilience and stressors/distress interact with this experience?

    a. What impact does TGQ-related military policy have on the reintegration experience?

Description of Cultural Context

Military-to-civilian reintegration, as named, implicates and depends on both the military culture and the civilian culture. TGQ MSMVs separate, in part or whole, from military culture and integrate, in part or whole, into civilian culture. Yet, both military

and civilian culture are comprised of sub-cultures with similarities and differences. This distinction is important because TGQ MSMVs' experience of reintegration can be nuanced due to its relation to both military and civilian contexts. Nonetheless, military culture and civilian culture separately possess an essential structure.

Military culture has its own language, the communication of which is typically assertive, direct, and meaningful. The culture is also highly structured with concrete, explicit norms and prescriptive career trajectories. Service members are rigorously indoctrinated- through education, storytelling, peer guidance, and encouragement of compatible personal qualities- to think and behave in congruence with that structure. Accordingly, it is all-encompassing within service members' lives, particularly those of enlisted rank. Values are essentially collective and promote cooperation, respect, and universalism. Military cultural values, however, are inconsistently applied for multiple reasons. Enlisted service members and non-commissioned officers are less likely to uphold them compared to higher command, including commissioned officers. Some of that difference may be due to sub-cultural variability among branches as well as among occupations within a particular branch. Additionally, a hierarchy exists within the cultural structure that promotes the practice of patriarchal power, classism, and competition, each which are contradictory to collectivism. Such practices despite the value of universalism, in turn, promotes sex- and gender-related prejudice, including cis-heteronormativity, as well as other minority-targeted prejudice. Nonetheless, some peer support is available for TGQ service members.

Civilian culture is, comparatively, much more amorphous. Subsequently, it promotes freedom and autonomy. Its values are partly individualist, including self-care

and self-fulfillment, but it is also partly collectivist, including service of others, communal responsibility, and social harmony. As such, civilians can be accepting of multiculturalism and diverse people, such as veterans and TGQ people. However, within civilian culture is also a contradiction among values, practices, and ideals. A lack of structure, which occurs through loose, unclear, and unreinforced expectations, contributes to a sense of confusion and loss of direction. Individualism can result in in-group isolation, performative interpersonal interactions with shallow depth, and power over others, the latter which contributes to class disparities and perceptions of others' disposability. Further, despite the aforementioned acceptance of diversity, some civilians reject it. Civilians across communities can be ignorant and critical of the military broadly- including of its culture and of service members and veterans. And at least some civilians have prejudice of TGQ people. Combined, civilian culture promotes a cis-heteronormative ideal of service members and veterans. Veteran culture, which exists within the civilian system, also espouses ideals of service, wherein, in part, veterans are expected to have deployed during service. At the societal level, whereas some civilian sub-cultures- such as those with relatively more conventional or traditional worldviews- value binary gender expressions, other sub-cultures may expect moderately to extremely queer gender expressions of TGQ people.

Finally, reintegration can present differently while the TGQ MSMV is straddling both, and before and after moving between, military and civilian cultures. Variation in service component, nature of discharge, reintegration services, and treatment in civilian society can result in diverse experiences. The TGQ MSMV can separate, for example, from active duty, after a deployment, from active duty and then through the reserve

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component, or from active duty, then through the reserve component, and then through civilian defense contracting. Type of separation may more likely be voluntary with an honorable discharge or medical separation but can also be involuntary, a dishonorable discharge, or separation of another form; yet even TGQ MSMVs who receive an honorable discharge may be involuntarily discharged due to their TGQ identity. Regarding reintegration assistance, services from the DoD and VA exists on a continuum from effective to absent, including effective services from the DoD and VA-VFW, logistical services from the DoD, negligent services from the DoD, and absent services overall. And in the civilian system, whether regarding TGQ MSMVs as veterans, TGQ people, or both, the treatment of TGQ MSMVs within healthcare, the workplace, and society is unrivaled and invaluable but also unconscionable and ostracizing.

Composite Textural-Structural Description

Reintegration means leaving the military system and entering the civilian system, yet it implicates a transition from military culture to civilian culture. It is incommunicably complex such that TGQ MSMVs can have difficult describing it and the ways they navigate it. Further, it is not an isolated moment; it is a gradual, ongoing, perhaps never-ending experience process that may, whether naturally or intentionally, be brief, prolonged, or continuous. Some TGQ MSMVs value their lasting connection with military culture and maintain the collective identity, concrete values, and direct language practices learned during service. Others feel firmly situated within their civilian identity, disconnected from and sometimes critical of the military. And yet others lie between, balanced across both military and civilian cultures as a veteran-civilian, ever-titrating the degree to which each identity is prioritized. Nonetheless, the relationship among military

culture, civilian culture, and the TGQ MSMV fluctuates with time and is influenced by situational context. Adjustment to those contexts, and reactions to reintegration generally, represents a culture shock into a completely different world, and it exists on a continuum from discrepant to fulfilling. As such, reintegration can be nuanced.

TGQ MSMVs are surprised by the degree of psychological distress experienced during reintegration, including loneliness, powerlessness, fear, vulnerability, and frustration. Generally, due to incomplete or absent reintegration assistance services, they are underinformed about and therefore unprepared for the process of reintegration, including the opportunities in civilian culture, the possibility of distress, the barriers to overcome, and the internal and external resources that can be utilized. TGQ MSMVs, without such reintegration support, cannot effectively access veterans' benefits, secure housing, seek employment, develop financial stability, or recognize the need for psychological support. But with effective and even logistical reintegration support, education and guidance, in addition to the multitude of veterans' benefits unparalleled in the civilian system, can promote TGQ MSMVs' reintegration progress.

While TGQ MSMVs encounter experiences shared by cisgender MSMVs, TGQ MSMVs in particular also encounter unique experiences of reintegration, such as the gender and gender identity prejudice present within and across both military and civilian systems. For instance, TGQ MSMVs must decide whether and when to conceal or disclose their TGQ identity- balancing safety and authenticity- despite their experience of shame and rejection within their TGQ and service member-veteran identities. The existence of gender-exclusive policies in military and civilian systems- in particular, DTM 19-004- also resulted in TGQ MSMVs' potential for involuntary discharge, fear of

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civil rights exclusions, inability to re-enter service, and necessity to discharge before pursuing gender transition, if desired. Gender-affirmative care across the civilian system is also a vital element of reintegration, but TGQ MSMVs encounter extremely valuable healthcare treatment while simultaneously enduring unethical healthcare practices and nightmarish experiences when attempting to update their DD-214.

In response to the transition and adjustment between cultures, TGQ MSMVs engage in a redevelopment of identity and worldview. Although part of this experience is not gender-specific, part is relevant to gender and gender identity. First, reintegration is navigating oneself through the interconnected nature of the multicultural societies of military and civilian systems; this implicates reflection of, and perhaps changes in, cultural identity, values, behaviors, and worldview overall. And TGQ MSMVs may be connected to one of more of those relevant cultures- including, broadly, military and civilian culture- resulting in the relinquished or maintained connection to the military system. Some TGQ MSMVs disconnect from part or all of the military, some want to disconnect from the military but feel unable to, and some value their connection- whether in a personal, interpersonal, or community context- enough that it informs their career choices and future goals. Identity development continues by reconnecting with oneself and others in a civilian context, both which may have been neglected during military service. Further, TGQ MSMVs engage in resilient development of gender identity and gender expression during reintegration; this occurs because although some TGQ MSMVs recognize their TGQ identity before or during military service, some recognize it just before reintegration begins or even after separating from military service. And as

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reintegration and gender identity development are entwined, TGQ MSMVs reflect on and re-perceive elements of military culture, whether gender-relevant or otherwise.

Reintegration is also an intrinsically powerful and purposeful, as well as an interpersonally and communally facilitative, experience despite an inevitable struggle of loss. TGQ MSMVs encounter a sense of loss of oneself and relationships as a result of leaving military culture and community, which can be destabilizing particularly when entering cultures that share few values and practices of military culture. They withstand a deficit and deprivation of resources- VA-based or otherwise- in employment, housing, finances, healthcare, education. TGQ MSMVs specifically encounter an inadequate degree of gender-affirmative healthcare and feel more unlikely to be welcomed home because of their TGQ identity. Nonetheless, they are intrinsically resilient. TGQ MSMVs take charge of their life by attending to their needs, pursuing their goals, and relying on themselves when necessary. They redevelop a sense of purpose, which was lost in the cultural transition, by consolidating the military, reintegration, and veteran phases of life into focused action. And they advocate for themselves and others, particularly, for TGQ MSMVs, regarding gender-related policy and empowerment and in reciprocation of the communities that supported them.

An additional approach to managing the sense of loss, especially regarding relationships, is TGQ MSMVs' pursuit and cultivation of support networks. TGQ MSMVs recognize the importance of navigating reintegration with communities of other veterans, and other TGQ veterans and service members, who have previously reintegrated and with diverse communities of civilians to support the adjustment into civilian life. So, TGQ MSMVs seek those connections as well as guidance and support

from friends, family, mentors, and social groups. They are fulfilled when welcomed into and understood by civilian communities that offer meaningful interpersonal connections, share cultural wealth, and promote TGQ MSMVs' application of their personal values. Through both their own resilience and the interpersonal-communal support they receive, TGQ MSMVs ultimately achieve stability in the contexts of home, school, work, and finances.

CHAPTER FIVE: DISCUSSION

This final chapter presents a discussion of the results of this study. First, an overview is provided to review the study's purpose, primary research question, theoretical frameworks, method, analysis, and results. Then, the results are interpreted in and compared to the theoretical frameworks from which this study was developed, and the previous literature discussed in previous chapters. Third, implications for training, practice, and policy are described with direct support from related themes. The study's strengths and limitations are then considered. And after future directions in research are offered to continue the exploration of this phenomenon, this chapter ends with a conclusion.

Overview

This study was a phenomenological exploration of U.S. TGQ MSMVs' lived experiences of military-to-civilian reintegration. The primary research question was: what is the lived experience of U.S. TGQ MSMVs' cultural reintegration from life in military society to life in civilian society? Theoretical frameworks that contributed to this exploration included ecological systems, genderqueer minority stress, queer theory, and the theory of acculturation. And while this study utilized a transcendental phenomenology to purse an emergent description of a phenomenological essence, it also integrated a social-constructivist awareness of contextual relevance. All participants were

TGQ veterans who had served on active duty and discharged or retired since January 1, 2000. Eight participants completed one semi-structured interview about their reintegration experience, and six of those participants completed a second semi-structured interview about their perceptions of military and civilian culture. The interview data was transcribed and then was analyzed in NVivo; codes and categories were developed followed by and a thematic analysis.

Six themes emerged with the stem 'Reintegration is': (1) *An Ongoing, Complex Process that Depends on Systemic Context;* (2) *Being Uninformed About the Realities and Possibilities;* (3) *Navigating the Personal Impact of Inter-System Gender Prejudice;* (4) *Redeveloping Identity and Worldview Across Cultures;* (5) *Moving Forward with Empowered Purpose;* and (6) *Pursuing Intra- and Interpersonal Stability to Manage a Sense of Loss*. Peripheral themes also emerged regarding military culture, civilian cultures, advice for reintegrating TGQ MSMVs, and recommendations for reintegration service providers. The emergent themes of reintegration, and the themes of military culture and civilian culture, were integrated into a phenomenological essence of reintegration within cultural context.

Connection to Theoretical Frameworks and Previous Literature

To explore TGQ MSMVs' experiences of reintegration, this study was developed and conducted within the following theoretical frameworks: genderqueer minority stress, queer theory, the theory of acculturation, and ecological systems theory. Those frameworks, in addition to the previous literature about military-to-civilian reintegration experiences generally and about TGQ service members', veterans', and civilians' overall lived experiences, support many results of this study. Nonetheless, some expected

experiences did not emerge from the data, yet some results were unexpected and contributed to novel understandings of TGQ MSMVs' reintegration experiences not captured by previous research of reintegration more generally. This section will present the results of this study- answers to the research questions- in the context of previous literature.

Military-to-Civilian Reintegration

Research sub-question 1: How is military-to-civilian reintegration characterized? Reintegration for TGQ MSMVs was experienced as a process that was complex and ongoing- and therefore without foreseeable end- within individual, interpersonal, community, and societal domains; TGQ MSMVs encountered psychological distress and intrapersonal development, interpersonal conflict and support, community disconnection and empowerment, and societal barriers and adjustment. Although Elnitsky, Fisher, and colleagues' (2017) description of resumed roles- implying the return to pre-service roles- in the family, the community, and the workplace, TGQ MSMVs appeared to adjust into roles and identities that were new or at least adapted from those before service, though family roles were less indicated. Further, the ecological systems into which TGQ MSMVs reintegrated were also different than those before service, as their military service and gender identity development created new opportunities not previously recognized, accessible, desired, or needed. And both surprising and further still, the results of this study suggest a nuance such that reintegration can be experienced differently based on TGQ MSMVs' context immediately prior to discharge, including a return from deployment or medical leave and an active duty or reserve component.

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TGQ MSMVs' sense of successful reintegration in those roles varied, however, depending on the nature and extent of reintegration support they received, for the opportunities to engage with reintegration services were diverse; they were effective, logistical, negligent, or absent. This result contributed nuance to the previous findings of lacking reintegration support (Ahern et al., 2015; Demers, 2011). The lack of comprehensive support, in turn, contributed to an unpreparedness to reintegrate and a greater distress than TGQ MSMVs expected, including loneliness, powerlessness, instability, vulnerability, fear, and frustration. Comparatively, the distress of reintegration was previously, primarily characterized by loneliness (Demers, 2011). And though TGQ MSMVs may have implied the experience when referencing hospitalization, absent from this study's results was the disclosure of experienced suicide ideation as described in previous literature (Matarazzo et al., 2014; Tucker, 2019).

The deficit of resources that TGQ MSMVs endured were numerous within the community level and included insecurity in housing, finances, VA support, and employment. This finding was corroborated by, and contributed nuance to, Leslie and Koblinsky's (2017) such that veterans encountered difficulty accessing support generally. In previous research, financial challenges specifically contributed to a prolonged reintegration process while MSMVs simultaneously encountered barriers to employment (Larson & Norman, 2014; Pease et al., 2015; Plach & Sells, 2013; Robertson, 2013). TGQ MSMVs experienced similar challenges and barriers such as overworking for underpay, and they were otherwise prevented from employment due to civilian employment assumptions of military occupations and transferrable workplace skills. As

they do not explicate a gender-relevant experience, these results may be relevant for MSMVs generally rather than TGQ MSMVs specifically.

Conversely, as suggested by previous research for MSMVs overall, support from external sources was an essential characterization of reintegration for TGQ MSMVs. Those sources were based in interpersonal, community, and societal levels of the military and civilian system. Whereas some previous research discovered the general, facilitative impact of peer support and relationships on veterans' well-being, such as Demers' (2011) finding that social support can protect against MSMVs' loneliness, other studies promoted the importance of interacting with and seeking advice or guidance from others who have experienced reintegration whether successfully or otherwise (Ahern et al., 2015; Demers, 2011; Parco et al., 2015). Beyond interpersonal support from other veterans, TGQ MSMVs in this study also encountered some family support and relatively greater housing support from friends and partners, an experience not identified in previous literature. Further, TGQ MSMVs received support from multiple communities, including LGB and TGQ service members and veterans, cisgender veterans, and TGQ civilians; though not every participant indicated close connection to these communities, their diversity suggests the importance of finding one or more supportive communities from either or both military and civilian societies. And finally, although again not explicitly relevant to gender identity, civilian-sector support and veteran benefits were facilitative factors of reintegration for TGQ MSMVs, the latter which the literature has corroborated (Leslie & Koblinsky, 2017). Those supports in this study included psychological healthcare in the civilian sector and general VHA healthcare, but more

notably, TGQ MSMVs identified VA benefits overall as being unrivaled, yet still challenging to access, compared to civilian alternatives.

TGQ MSMVs in this study were more conservative regarding their experiences of personal strength, yet this appears to be represented in the literature whether as a result of study design or participant responding. Nonetheless, TGQ MSMVs described themselves as purposeful and effective during reintegration. For example, TGQ MSMVs often described their intentional development of support networks rather than a relatively more passive connection to community implied in previous research. And through their self-reliance- as expected by the values of autonomy and individualism of civilian society- in combination with external supports, TGQ MSMVs achieved stability at home, work, and school. Both the intentionality and cultural awareness represent the meaningfulness of TGQ MSMVs' resilience not previously found in reintegration research overall.

Acculturative Experience

Research sub-question 2: What changes in cultural identity, values, and practices occur? The reintegration experience for TGQ MSMVs was not interpreted through a particular model of acculturation, and the results of this study were not developed into acculturation categories. Nonetheless, TGQ MSMVs did describe experiences of acculturation, including those similar to Schwartz & Zamboanga's (2008) undifferentiated category, Meca and colleagues' (2017) and Rudmin and Ahmadzadeh's (2001) marginalization category, and the integration/bicultural category found by many others (Benet-Martinez & Hariatos, 2005; Torres, 2010; Yue et al., 2001). TGQ MSMVs' experiences were therefore dependent upon the contexts from which and into which they reintegrated, where different intersections of rejection and congruence from military and

civilian society impacted the degree of participants' connection to the military and civilian culture. Reintegration was also described as a culture shock into a different, discrepant world; though TGQ MSMVs in this study did not remark on a lack of civilian culture as suggested by Ahern and colleagues (2015), the incompatibility of pace, disoriented sense of time- and space-travel, and effortful balance between cultures found in previous studies were relevant (Ahern et al., 2015; Demers, 2011; Leslie & Koblinsky, 2017).

The acculturative experience was complex with many elements, including loss, gain, and balance of cultural identity, values, and practices within and between military and civilian society. Cultural identity changes for TGQ MSMVs did not appear to resolve; though they became more stable, they often fluctuated depending on personal development and cultural context. TGQ MSMVs' initial encounters of feeling like a stranger in a strange place and losing a sense of identity and purpose were not novel in the literature, as other research has identified challenges becoming involved in civilian society, a crisis of identity, and loss of purpose and meaning within an incongruent civilian culture (Ahern et al., 2015; Sayer et al., 2010). But questioning the validity of one's veteran identity, especially in comparison to other veterans' service, appeared to be a novel result of this study and implicates the impact of normative expectations on veteran identity development.

Continuing at that broader ecological level, TGQ MSMVs faced rejection from mutually exclusive communities, which is consistent with previous findings of disconnection, rejection, and ostracism from communities whether due to absent deployment experience, incongruent cultures, or contempt of military service (Bichrest,

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2013; Chen et al., 2017; Lehavot et al., 2016; Suzuki & Kawakami, 2016). More relevant to TGQ MSMVs, Chen and colleagues (2017) found that transgender veterans felt rejected and experienced discrimination from both military and civilian societies. As such, beyond cisgender MSMVs' identity navigation within the discordance of civilian and military culture, TGQ MSMVs appear to encounter a relatively more compounded discordance- one that is more intrinsically than extrinsic impactful- due to gender identity prejudice.

Despite acculturative stressors, TGQ MSMVs also gained fulfilling and transformative intercultural experiences that contributes additional detail to previously literature. Research has identified the importance of personal growth, acceptance and positive reframing, pursuing purpose, and using military-acquired skills in the reintegration process, all which corroborate this study's finding of TGQ MSMVs' efforts to consolidate their experiences as a way of purposefully moving their life forward (Ahern et al., 2015; Demers, 2011; Leslie & Koblinsky, 2017). Yet while Demers (2011) previously found that veterans pursued a new identity, this study alternatively suggests a reconnection with personal identity and relationships as a civilian; in other words, TGQ MSMVs did not develop new identities but connected to pre-service identities- and relationships- as a means of developing oneself in the civilian world. That interconnection continued to be represented as TGQ MSMVs' identities fluctuated yet became integrated between military and civilian culture. TGQ MSMVs identified partially with each culture and, consequently, developed an intercultural worldview, both experiences which seem to contribute novel understandings of culture- and identity-relevant reintegration.

Cultural values and practices were also relevant for TGQ MSMVs, though the latter appeared less so. TGQ MSMVs encountered a sense of incongruency, which resulted in a sense of interpersonal conflict, between their values as emerging veterans and the values of their civilian peers. Those values, however, were not based in military or civilian culture specifically. TGQ MSMVs' connection to civilian culture was comparatively less relevant, which is expected when considering their perception of it as amorphous. But their connection to military culture was diverse, where some disconnected from it in part or whole, either initially or continuously; this finding contributes new information to the study of reintegration and promotes the impact of individual motivation rather than passive development. However, some TGQ MSMVs maintained cultural connection to the military in identity and community, both which are already well-represented in the literature: Ahern and colleagues (2015) similarly identified a familial connection to the military, Bryan and Morrow (2011) noted the maintenance of military values, and Suzuki and Kawakami (2016) discovered that veterans, in maintaining those values, were more often to pursue social service careers. That connection, in both this study and previous research, extended to a search for military familiarity, and therefore a sense of security, within relatively unstructured opportunities of civilian society (Ahern et al., 2015). With time, however, TGQ MSMVs in this study described a reconciliation of their military service- similar to the meaning-making suggested by Ahern and colleagues (2009)- and a reflection of the military influence that tempered the military connection while promoting a civilian connection, wherein, compared to MSMVs overall, TGQ MSMVs more often implied criticism due

to the unjust treatment of women and TGQ service members (Chen et al., 2017; Downing et al., 2018; Hoy-Ellis et al., 2017).

Previous findings, surprisingly, did not include changes in cultural practices during reintegration. Yet TGQ MSMVs in this study learned to navigate different cultural practices between civilian and military society; experienced fluctuations in their practice of military behaviors as they continued to engage with civilian society; and learned or relearned civilian-relevant practices. It seems, when considering these limited results, that either cultural practices and behaviors are less essential than identity, values, and expectations, or the concept appears too abstract. Thus, the particular exploration of changing cultural practices and behaviors during reintegration, in addition to changing cultural identity and values, would appear to be a prosperous new frontier for future research.

Stressors and Distress

Research sub-question 3, part 1: What stressors/distress interact with this experience? The frameworks of minority stress and, more relevant to this study, genderqueer minority stress were relevant such that they are congruent with previous literature that found pervasive experiences of reintegration stressors and distress for TGQ service members and veterans, such as general workplace harassment, unsupportive medical care and administrative services, discomfort in gendered spaces, gender identity-related shame, and discrimination and rejection (Hendricks & Testa, 2012; Meyer, 2003; Schvey et al., 2019; Tucker et al., 2019). This study corroborated those findings within TGQ MSMVs' experiences while contributing new information. So, whereas earlier sections connected the results of this study to previous study of reintegration more

generally, this section considers the unique reintegration experiences of TGQ MSMVs specifically.

TGQ MSMVs concealed their identity as both TGQ and a veteran for different reasons, including the aforementioned prejudice within civilian and military-veteran communities. It was a purposeful action and a recurring process while emerging as a veteran; as previous literature further suggests, identity concealment is a product of social context in that it seeks to minimize discrimination and promote personal safety (Brumbaugh-Johnson et al., 2019; Goldberg & Kuvalanka, 2018). Nonetheless, TGQ MSMVs, as do TGQ veterans, encounter distress as a result of such concealment, including fear, low self-esteem, frustration, excessive substance use, and inauthenticity to be just some examples (Fredriksen-Goldsen et al., 2014; Hill, 2012; Rood et al., 2016; Rood et al., 2017). In this study, the impact on authenticity was primarily described in a manner that was similar to yet distinct from previous literature of genderqueer minority stress: TGQ MSMVs felt ashamed for pursuing gender identity authenticity during service. It was not gender identity per se that felt shameful but rather the pursuit of internal congruence within a prejudicial society that prohibited such congruence. TGQ MSMVs, as a further result, encountered a bifurcation of their gender identity which allowed yet also required them to express their gender differently between military and civilian societies. This strategy was similar to the one described by Parco and colleagues (2015), in which gender identity concealment and disclosure was determined by the anticipation of rejection and affirmation, respectively. These results suggest the essential quality of gender identity concealment within the current, prejudicial sociocultural

contexts in which reintegration occurs, and more affirming contexts may promote greater authenticity and therefore well-being.

Compared to cisgender MSMVs, TGQ MSMVs appear to face disproportionate stressors when reintegrating into the community, whether that of family, social groups, or healthcare. In this study, TGQ MSMVs noticed that the home safety net available to their cisgender peers was relatively absent to them, and this was unfortunately expected when considering the relatively higher rates of housing insecurity within the TGQ community (Grant et al., 2011). TGQ MSMVs also encountered others' perceptions that predetermined their military service as unworthy; in civilian and military spaces, that perception was promoted by executive-level prejudice and policy-level exclusions against TGQ service members. These results, while opportunities for further exploration, seem to be novel findings within the literature. But previous research did show both cis-normative expectations in military service, such as gendered uniforms, gendered bathrooms, and harassment from peers and command (Grant et al., 2011; Schvey et al., 2019). TGQ MSMVs, however, also encountered those experiences within civilian society, which suggests that TGQ MSMVs are ostracized from cis-binary-normative ideals not only as service members but also as veteran-civilians. These results overall were particularly notable when considering the open-ended nature of inquiry into TGQ MSMVs' reintegration stressors and distress.

Impacts of Policy

Research sub-question 3a: What impact does TGQ-related military policy have on the reintegration experience? Participants often qualified that, as many did not recognize or disclose their TGQ identity during service, most of the specific policies did not

directly affect them. However, military policy-level exclusions of TGQ service were nonetheless associated with impacts across the military and civilian systems. Though this study shared results with some previous literature findings- such as the impacts on discharge, benefit access, and VA-VHA care- some results of this study implicated the civilian system in a way that has not previously been discussed. For example, TGQ MSMVs feared that the military policy would promote civilian legislation to additionally remove their civil rights despite the recognition that their rights as TGQ civilians were already compromised. TGQ MSMVs are undoubtedly TGQ in military and civilian systems, so their experiences transfer from, and are relevant in, one society to the next.

As TGQ MSMVs discussed these impacts, they appeared to connect TGQ-related military policy with TGQ-related civilian policy, the latter which may be more accurately represented as a lack of policy or procedure for TGQ veterans. TGQ MSMVs in this study endured the same extreme and unethical challenges in administrative and healthcare services, respectively, as has been represented in previous research. Documentation, name, and gender marker changes were the most difficult administrative endeavor, a major stressor Harrison-Quintana and Herman (2013) and Rosentel and colleagues (2016) also identified, and which can result in the denial of veteran benefits. And without proper VA or VHA policy regarding the treatment and care of TGQ veterans, TGQ MSMVs in this study either avoided necessary services altogether or withstand incompetent, unethical, and even refusal of service in providers' response to their gender identity. Many studies have previously found and discussed this reality and the consequences for TGQ veterans, but this study's results critically suggest that this experience begins not after a TGQ service member has already gained stability as a

veteran but while the service member-to-veteran transition is actively ongoing. It is during those moments that ethical and affirmative outreach and intervention can be particularly vital (Bryan & Schilt, 2008; Lerner & Robles, 2017; Rosentel et al., 2016; Shipherd et al., 2012; Shipherd et al., 2019; Snow et al., 2019).

Nonetheless, some impacts were more directly associated with military policy. Consistent with previous research that found TGQ service members more likely to be disproportionately disregarded, disciplined, or discharged from service, TGQ MSMVs in this study who recognized and desired authenticity of their gender identity during service felt that policy required them either to be inauthentic or to discharge from service (Grant et al., 2011; Parco et al., 2015; James et al., 2016). To be authentic meant to prematurely discharge or to be involuntarily discharged from service, but in either case, the policy prevented TGQ MSMVs' return to service and therefore necessitated reintegration without the aforementioned security of military familiarity. And though most impacts were described in challenge, some TGQ MSMVs indicated that the exclusive policies motivated their efforts in advocacy and activism to promote inclusive military policies, protect TGQ service members, and support TGQ veterans.

Resilience and Supports

Research sub-question 3, part 2: What supports/resilience interact with this experience? This section, contrasting previous sections, also considers the unique reintegration experiences of TGQ MSMVs rather than those of MSMVs more broadly. Trivette (2010) had utilized a queer theory framework to describe the emergence of a discreet network of LGB service members within marginalizing military communities; that framework was also used in this study to explore the reintegration experiences of

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TGQ MSMVs- those that are not captured in research of broader MSMV communities, which inadvertently marginalizes non-dominant experience. Although a discreet network of TGQ service members or veterans was not relevant for the TGQ MSMVs of this study, external supports and internal resilience unique to TGQ MSMVs, and more specifically regarding gender identity, emerged.

Previous research of TGQ veteran experiences found that social, community, and healthcare support were important sources of external support whereas resilience was represented in pride, hope, optimism, and authenticity (Bockting et al., 2019; Chen et al., 2017). For TGQ MSMVs in this study, supports were similar to those described in the literature, but resilience was different and characterized more as processes in context than psychological or emotional. Community supports for reintegrating TGQ MSMVs were diverse and included TGQ service members and veterans, TGQ civilians, and LGB service members and veterans. Research previously suggested the importance of TGQ civilians to be connected with other TGQ civilians and for TGQ veterans to be connected with other TGQ veterans, but this study suggests the importance of cross- and inter-community support, whether for representativeness, belongingness, and social connection (Barr et al., 2016; Chen et al., 2017; Levitt & Ippolito, 2014). Further, support extended to command, who supported participants' honorable discharge even if the discharge was involuntary and in response to gender-exclusive policy. And though the importance of competent VHA healthcare would seem essential, TGQ MSMVs in this study appear to be some of the first to explicitly state the invaluable nature of gender-affirmative VHA healthcare, which can be supported by such guidance as the WPATH *Standards of Care*

and the relevant APA *Guidelines* (American Psychological Association, 2015; Coleman et al., 2012).

TGQ MSMVs described profound practices of resilience as they separated from active duty military service and entered civilian society and culture as a veteran and TGQ person. One of the higher-order practices was their reflection of the incongruence between military culture and marginalized gender identities; that practice, whether by curiosity or criticism, supported TGQ MSMVs' development beyond a military identity alone. Some even further reciprocated the empowerment they gained from community support or learned to engage in advocacy for those whom the military perceived as incongruent. Yet more common was the resilience inherent in TGQ MSMVs' gender identity development such that TGQ MSMVs pursued authenticity despite sociocultural pressures otherwise. Levitt and Ippolito (2014) characterized this as an interrelated balance of authenticity and survival. And in the cases that necessitated safety, TGQ MSMVs would practice forms of impression management and social camouflage, each which corroborated previous findings of the strategies that TGQ people employ to minimize harmful impact (Brumbaugh-Johnson & Hull, 2019; Parco et al., 2015). Whether as service members in military society or veterans in civilian society, and especially during reintegration, TGQ MSMVs were resilient by nature of, and for the purposes of, survival, authenticity, and personal-sociocultural development across military and civilian contexts.

Strengths and Limitations

Overall, the qualitative method of this study was most relevant as a means to capture the richness of TGQ MSMVs' reintegration experiences, and the

phenomenological framework appeared most appropriate despite the additional potential

for most other qualitative research frameworks. The contextual analysis, while promoting

transferability, additionally provided opportunity for nuance and difference to emerge;

this strength is not only important within a social constructivist framework but also

within a queer framework, which challenges dominant, normative, and universal

experiences in supporting otherwise unique and marginalized experiences (Creswell &

Poth, 2018). Regarding procedures, the use of semi-structured interviews was beneficial

as it allowed for the interview to refocus on content most relevant to participants'

experience, which sometimes included more time spent discussing one content area than

another. An unstructured protocol may have been overwhelming and captured data

peripheral to the research question, whereas a structured protocol may have been unable

to explore depth and disregarded relevant yet unforeseen content. And offering the

interview questions before the interview was a relatively surprising strength of this study

as it allowed some participants to reflect on their experiences beforehand, feel more

confident in their responses during the interview, and even type their responses

beforehand to help them feel focused and that their responses were complete.

The sample included adequate demographic and sociocultural diversity regarding

branch of service, service component, age, ability/disability, and gender identity; the

sample included some diversity of race/ethnicity that contributed to important nuance

within the context of military and civilian cultures and improved the potential for

transferability. And although none who participated had served in the Navy, participants

did not describe essential differences in reintegration experience or military culture by

branch of service. As participants preferred to discuss the study and meet for interview on

different platforms, the flexibility in offering both Zoom and Skype, as well as being available by phone and email, promoted communication generally as well as the ability to participate specifically. It was also clear that participants experienced fluctuating and absent community support, so recruiting from more than one type of source- a national community organization that supports TGQ service members and veterans and a professional psychology listserv- increased the potential for generalizability. And the consultation received from community gatekeepers was a crucial element of this study as it promoted respectfulness, relevance, and accuracy within the overall language, interview questions, and materials used in this study. Finally, and perhaps as a result of the gatekeeper consultations, participants expressed honesty and an openness to fully share their experiences of reintegration.

Despite the strengths of this study, there are important limitations. There was a relative homogeneity of race/ethnicity such that most participants disclosed they are White, one as Black/European, and one as Asian. Though increased racial/ethnic diversity and other intersectionality are essential to increase population representativeness, the possibility of experiences unique to TGQ MSMVs in relation to other identities must also be considered. Further, all participants' military service was completed at an enlisted rank, so the results of this study may not be representative, and likely are not representative, of TGQ MSMVs who served as commissioned officers. And similarly, only one participant retired from military service- meaning they served at least 20 years- whereas all others discharged in some form after one to ten years; it is possible that nuanced reintegration experiences may emerge with increased sample diversity in that regard.

Regarding method, data was collected only from interviews and therefore from no other source; that was nonetheless expected as other forms of data collection- such as mementos, photographs, and documents- were offered but not prioritized, and that is not a major limitation yet is an opportunity for future exploration. The virtual nature of interviewing, however, may not have allowed for the strength of rapport expected from in-person interviews, the latter which may have offered the opportunity for participants to discuss more sensitive experiences. Next, although there was some diversity of recruitment source, recruitment relied on participants' connections to TGQ and military communities, which increased the potential of recruitment bias such that participants who are disconnected from those communities- intentionally or otherwise- may have been less likely to receive the recruitment materials. Recruitment from additional sources was also challenged because of unanticipated non-response from organization administrators even despite connections developed with gatekeepers.

Perhaps the most disappointing limitation is the absent participation in member reflections; six participants expressed initial interest, and three participants received their transcript to review, but no response was given. This may have occurred due to the inhibited trustworthiness that can typically be built within face-to-face interactions, due to the amount of time that passed between interview and first member reflection opportunity, due to diminished interest in and/or availability to continue participating in the study- very possibly as a result of the progression of the COVID-19 pandemic- or another unknown impact. The absence of co-researchers to cross-reference and validate codes, categories, and themes, therefore became an unexpected limitation. Additionally, the transferability of the results should be considered within contexts of policy and

politics. The 2021 presidential election was upcoming at the time of participant interviews and may have impacted participant perspectives and/or researcher interpretations. So, although the integration of context may be an essential element of this method, this such context may have promoted the emergence of some unique results.

Lastly, the aims of this study were formidable. It explored the experience of reintegration, captured a description of military and cultural contexts, sought to understand the acculturative impact on participants' values, identities, and behaviors, and gathered participants' recommendations for reintegration service providers; additionally, one of the interview questions inquired- relatively independently of all the aforementioned- about participants' advice for reintegrating TGQ MSMVs. Though themes and essences emerged, phenomenological descriptions were developed, and research questions were answered, this study had many content areas of foci, each which may be more effectively explored within a multi-part study.

Implications for Training, Practice, and Policy

The results of this study suggest implications for training, practice, and policy in regard to reintegrating TGQ MSMVs. Whereas some considerations may be more relevant for one population or another, others are relevant for TGQ and cisgender veterans or service members. Additionally, while implications that emerged directly from thematic analysis will be emphasized- particularly in regard to training and especially practice- some additional, interpretive implications emerged that are connected to and supported by previous literature; the former refer to the 'Recommendations for Reintegration Service Providers' themes provided in Chapter 4. The combination of indigenous recommendations and literature support may increase the potential for these

implications to uphold experiential representativeness and professional relevance, respectively (Namaste, 2009; Tebbe & Budge, 2016).

TGQ MSMVs indicated the importance of service providers' awareness of the reintegration experience for TGQ MSMVs, as they noted both that the experience can be diverse and that the rate of TQG service members leaving service may increase over time. Therefore, providers must ever-develop cultural competence in their care of military populations (Meyer et al., 2016). Within the professional culture, military healthcare providers exist between their civilian-based ethics codes and their commitment to the DoD mission, the latter which sometimes promotes exclusive standards of health such as in the case of TGQ service members. Military psychologists, and military healthcare providers in general, should be trained to recognize and resolve ethical dilemmas that occur at that civilian-military intersection of ethics (Frey, 2017). And beyond cultural orientation broadly, military healthcare providers should also continue engaging in training that promotes an awareness of the sub-cultural dynamics within the military; practitioners' cultural identification may be different than that of their patients, and their patients' military sub-cultural identification may have important considerations for treatment as do other forms of cultural identification (Meyer, 2013). Multicultural counseling competence training, for example, may promote affirmative care of TGQ MSMVs by improving providers' knowledge of gender roles (Chao, 2011). Yet the development of a multicultural orientation- including a stance of humility, the recognition of opportunities to discuss cultural content, and the comfort of discussion such content- may more effectively address the diversity of TGQ MSMVs' experiences as it promotes a

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sense of curiosity and openness where competence can mistakenly promote finite expertise (Davis et al., 2018).

Coupled with a multicultural orientation, service providers who work with reintegrating TGQ MSMVs must promote, practice, and implement system-wide gender-affirmative practices. Such efforts can be realized through employer workshops and online tools, for example. The VHA has facilitated a training program- called the SCAN-ECHO- for their providers in the care of TGQ veterans, and empirical evaluation supports its efficacy in the enhancement of knowledge, clinical skills, and interdisciplinary collaboration (Shipherd et al., 2016). At the higher education level as well, medical students developed similar improvement in gender-affirmative medical competence for TGQ patients generally (Thompson et al., 2020). Such trainings have the potential to improve TGQ MSMVs' access to and utilization of healthcare whether through the VHA or civilian alternatives (Shipherd et al., 2012). And a more accessible modality of effective training may be online tools such as the "*Transgender Veterans: VA Community Provider Toolkit*" (n.d.), literature review such as the guide for care of TGQ service members developed by Love and colleagues (2018) and the discussion of the care for TGQ veterans written by Johnson and colleagues (2016), and electronic professional guidelines such as the WPATH Standards of Care (Coleman et al., 2012; Donaldson et al., 2019). Even further, civilian employers and workplace colleagues have an imperative to educate themselves and advocate for their TGQ coworkers as much as healthcare providers (Jones, 2020). Nonetheless, there appears to be an opportunity for revolutionized training- across the civilian and military system- for the care of TGQ

MSMVs to include awareness and skill yet to prioritize a multicultural orientation (Yerke & Mitchell, 2013).

Robust training is certainly only one element of effective care, and TGQ MSMVs recommend that providers emphasize multiple practical elements in their care: improving and endorsing reintegration services, being a responsive, available, and informed resource, de-stigmatizing psychological health and healthcare, and exploring potentially merging identities within shifting communities. Some of the more common recommendations include the provision of cognitive or acceptance and commitment therapies (Kranke et al., 2018; Pease et al., 2015). Yet prior to manualized treatment, reintegration services such as the Transition Assistance Program have the potential to reduce veterans' health adversities by developing their stress management, sense of resilience, and veteran-peer connections. (Hourani et al., 2012). Unfortunately, reintegration services in the military and civilian systems seem to be insufficient in access and content, and not all veterans have access to or pursue them. Providers should be informed enough to provide early, comprehensive, practical education and support in all domains of life that an adult with military experience would be expected to navigate. Though veterans may be more likely to pursue assistance for employment and education, and though TGQ veterans may be disproportionately likely to encounter housing instability, TGQ MSMVs expressed interest in services that would help them understand and access veteran benefits, receive healthcare services, search for and secure housing, pursue education, apply to jobs and succeed in interviews, pay bills and make informed financial decisions, and learn about some of the major elements of civilian culture, such

as its individualistic values and its relatively non-hierarchical social interactions

(Blosnich et al., 2020; Kranke et al., 2016; Morgan et al., 2020; Perkins et al., 2020).

Throughout, providers must be responsive enough to recognize MSMVs'

changing needs. Sometimes MSMVs will need to reduce the stigma against mental health

and healthcare they acquired through either civilian or military culture. Strengths- and

resilience-based positive psychology interventions can include narrative techniques such

as reconceptualizing identity disclosure as strategic safety, or they can integrate the

warrior mindset to reconceptualize health practices as actionable skills in metal agility

that can occur outside of the conventional treatment setting (Bryan & Morrow, 2011;

Heliana Ramirez & Sterzing, 2017). MSMVs may also encounter an assimilation of their

identities from military to civilian society, the exploration and development of which

may promote higher life satisfaction and lower reintegration difficulty (Mitchell et al.,

2020). Despite these considerations of MSMVs overall, the practices can be translated to

the care of TGQ MSMVs, including providers' affirmation of TGQ MSMVs' strengths

and resilience, providers' encouragement of TGQ MSMVs to seek social community or

therapeutic groups, and providers' system-wide advocacy on the behalf of TGQ MSMVs

(Chen et al., 2017).

Finally, yet at least as equally important, is the implication of policy. Shipherd

(2015) declared that "policy and advocacy work are central to our roles as psychologists

and not an extracurricular activity." Those who make policies that impact TGQ service

members and veterans should be educated about their experiences, about the differences

between gender and sex, and about the verified statistics of gender transition. Many in the

academic, professional, civilian public, and military service domains support the reversal

of current exclusions of TGQ service members and the provision of comprehensive gender-affirmative healthcare for TGQ service members and veterans (Dietert et al., 2017; Lewis et al., 2021; Yerke & Mitchell, 2013). And the rationales used to implement the exclusive policy were frequently disputed (Dunlap et al., 2021). As such, the exclusive military policies should remain rescinded and should consequently be replaced with inclusive policies, and exclusive civilian policies should follow likewise (Yerke & Mitchell, 2013). While research should continue to evaluate those claims, psychologists and other service providers must also advocate for evidence-based and equitable policy regarding the accession, retention, and healthcare of TGQ MSMVs in both military and civilian-veteran systems. And as the redevelopment of policy may be complex, Elders and colleagues (2015) suggest adopting and adapting inclusive foreign military policy, and psychologists should closely collaborate with policymakers throughout the process (Crosbie & Posard, 2016).

Future Directions in Research

To our knowledge, this was a novel study of TGQ MSMVs' experiences of reintegration generally with a consideration of the cultural context on that experience; the results support the presence and relevance of culture, cultural context, and a degree of acculturation in the reintegration experience for TGQ MSMVs. Nonetheless, there are many more directions that future research can pursue. First is the deeper exploration of the cultural relevance to reintegrating MSMVs whether TGQ or otherwise; in other words, researchers can explore greater depth of participants' perceptions of military and civilian culture and its impact on reintegration rather than a context of reintegration. Continued emphasis of the cultural element of reintegration can support the relevance of

that element, as sociocultural impacts will always be relevant overall as well as relevant to the exploration of non-dominant experiences.

Due to sample limitations, there is opportunity in future research to explore the experiences of the TGQ MSMV population with improved representativeness. Importantly, reintegration experiences of genderqueer MSMVs should be more directly and thoroughly explored due to the military culture's continued emphasis on binary gender expression that may not be as impactful for transgender MSMVs who identify with and express themselves within a gender binary. Yet unrelated to gender identity specifically, the experiences of TGQ MSMVs who served as commissioned officers may differ than those who served at enlisted rank. And the experience of one retiree was captured within this study, but data from a more balanced sample with additional retiree participants may yield new insight. Regarding separation, TGQ MSMVs encounter diverse forms of discharge; as only some of those differences were represented in the results of thematic analysis, researchers can investigate potential reintegration differences based on the nature of discharge.

Regarding method, this study was a retrospective reflection of participants' experiences, and the impact of time and experience on recollection is an important consideration. Perhaps future research, with the formal acceptance and safety of TGQ people in the military, can pursue an in-vivo, longitudinal approach to data collection while participants are actively experiencing the reintegration process. This study also did not explore reintegration services- whether DoD, VA, or otherwise- in sufficient depth to capture the specificity of detail needed to make recommendations for improvement. Additionally, previous literature tends to review the effectiveness of reintegration

services rather than their content. So, future exploration of such content and structure may help support related program development.

A crucial theoretical consideration is that, in contrast to acculturation research of immigrant populations, MSMVs typically reintegrate back into the same country from which they entered military service. Though the cultures may be different, they may also be connected and similar enough to represent the broader civilian culture of the United States. Therefore, the reintegration construct and its models may need to be evaluated from the perspective as, to our knowledge, they have not yet been, and the form of acculturation experienced by MSMVs may differ from that of the current construct. The exploration of TGQ MSMVs' meaning-making- utilizing Hermeneutic-interpretative phenomenology- during reintegration may thereafter be warranted to understand how reintegrating TGQ MSMVs make sense of their experience beyond description alone (Polkinghorne, 1989; van Manen, 2014).

And last, as time passes after the repeal of gender identity exclusions, recruitment of TGQ service members may be gradually safer. Yet, researchers must recognize that the repeal of DADT did not immediately protect the safety of gay and lesbian service members, and a similar process may occur following the restoration and implementation of inclusive policy; TGQ MSMVs may continue to encounter discrimination and risks to safety. So, when indicated and ethical, a follow-up exploration of this experience may be warranted as TGQ MSMVs may describe a different experience as military regulations and culture, and perhaps veteran-related policy and culture, become more accepting of TGQ people. Perhaps TGQ MSMVs will describe less impact of prejudice and resource disparity and greater opportunity for a fulfilling adjustment into civilian culture.

Conclusion

The results of this study represent interconnected elements of the reintegration experiences for TGQ MSMVs and characterize internal and external challenge and resourcefulness, relevance of culture and identity, and practical impact within both military and civilian societies. Some of the experiences were not surprising in consideration of the previous literature that explored the reintegration experience of MSMVs broadly. But others were more uniquely situated within the context of TGQ identity, and all regarded a complex cross-cultural process. While the former provides new understandings of reintegration for TGQ MSMVs, the latter providers new perspectives of reintegration overall, such as the reflection and redevelopment of oneself and one's connection to military and civilian cultures.

Unfortunately, despite the previous qualitative and quantitative research of reintegration, little change has occurred to support reintegrating MSMVs; reintegration can be shocking, be psychologically distressing, and lead to a sense of personal, interpersonal, and communal loss, and related support services are too inconsistent to capitalize on their potential to help prevent those adverse outcomes. With the compounded prejudices they endure within the culture of military and civilian societies, TGQ MSMVs are therefore even further disadvantaged; they may not feel safe enough to present their authentic gender identity and can face rejection as a veteran when they do in social, employment, and healthcare contexts. But TGQ MSMVs are powerfully resilient within their practices of gender identity development, self-reliance, purposefulness, empowerment, support networking, and interpersonal connectedness that each contribute to a sense of increasing stability.

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Those experiences are novel to the study of reintegration but supported by previous study of TGQ peoples' experiences. When considered by those who serve and interact with TGQ MSMVs- including, but not limited to, healthcare practitioners, policymakers, employers, and educators- the findings can help promote a more fulfilling psycho-socio-cultural adjustment into civilian life across the military and civilian system. For example, while this study was being conducted, an executive order was established that initiated the implementation of DoD policy to again support open military service by TGQ service members. The policy has the potential to increase gender-affirmative healthcare for service members- both TGQ and cisgender- strengthen sociocultural acceptance of TGQ service members, veterans, and civilians, and broaden TGQ veterans' access to veteran-civilian resources, such as unrestricted gender-affirmative VA and civilian healthcare, housing, employment, and education.

To promote further justice and an improvement in the lives of TGQ MSMVs, psychologists must continue to engage in at least four efforts: continue research in this field to help develop an accurate understanding and representation of TGQ MSMVs' experiences; partner with policymakers to apply such research results to the development and redevelopment of policy and programming relevant to each element of the reintegration process, including reintegration services; consult with healthcare practitioners and institutions regarding the ethical, research-informed, and affirmative care of TGQ MSMVs; and, above all, humbly connect and collaborate with TGQ MSMVs to learn about their interests in psychologists' role within TGQ MSMVs' lives. We as psychologists may have unique privileges in research, education, healthcare, and policy to help empower some people, share some voices, and transform some systems,

yet we are a support in those processes. We must remember that TGQ MSMVs are powerful in their own right. The decisions for their life- and for anyone's role in it- must be their own. Only then may TGQ service members, veterans, and civilians begin to flourish within the meaningful life they deserve.

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APPENDIX A

Recruitment Distribution Request with Recruitment Email

Hello,

My name is J Galluzzo, and I am a Ph.D. student from the Counseling Psychology department at the University of Denver. I am conducting a research study for my dissertation, and I would like to send my recruitment message (below, with additional information about the research) to the members of your organization. If you would first like to review my study materials, or if you first have questions for me, please let me know.

Thank you very much!
Sincerely,
J Galluzzo, M.S.

Dear [name of organization] member,

My name is J Galluzzo, and I am a Ph.D. student from the Counseling Psychology department at the University of Denver. I'm sending this message to ask if you would like to participate in a collaborative research study about your experiences exiting the military and transitioning into civilian society. I would be grateful to have the opportunity to collaborate with you and hear about your experiences, and I hope to offer a welcoming environment for you to share your opinions and perspectives. This study will focus on several topics, including military and civilian culture, the impact of gender-related military regulations, barriers and supports of your discharge experience, and military-to-civilian reintegration services.

You're eligible to be in this study if:
1) you are 18 years of age or older,
2) your gender identity is not conventionally associated with the sex you were assigned at birth regardless of identification within or beyond a gender binary - this includes trans, genderqueer, non-conforming, and, of course, many other gender identities,
3) you served on active duty for at least 180 days, and
4) you discharged or retired from military service or after January 1, 2000, and
5) you are open and willing to share your personal experiences in 2 interviews.

If you decide to participate in this study, you will first be asked to complete a 10-minute questionnaire about yourself, and then you will be asked to participate in 2 audio interviews over the phone, Skype, or Zoom that will last 60-90 minutes each. I would also like to audio record your interview, and if you happen to say identifying information, like your name, I will remove that information from the recording. The information will be used to help me with my dissertation research. If you are interested, you will also have

the opportunity to review the accuracy of your interview transcript and to review the results to let me know whether they represent your experiences. You will receive up to $45 in VISA gift cards for your participation.

Remember, participation is completely voluntary. You can choose to be in the study or not. If you have any questions about the study, please contact me at [email address] or [Google Voice phone number]. You can also contact my Faculty Sponsor, Dr. Ruth Chao, at [email address] or [office phone number].

To participate, please click the following link to access the consent information and to complete the initial questionnaire. After you complete the questionnaire, I will contact you soon to schedule an interview: [Qualtrics link]

Thank you very much.

Sincerely,
J Galluzzo, M.S.

APPENDIX B

Informed Consent Document

Consent to Participate in Research

Study Title: Reintegration of Trans and Genderqueer Military Service Member-Veterans
IRBNet #: 1618398-1
Principal Investigator: Joseph Galluzzo, M.S.
Faculty Sponsor: Ruth Chao, Ph.D.
Study Site: Qualtrics/Skype/Zoom/Telephone

You are being asked to participate in a research study. Your participation in this research study is voluntary and you do not have to participate. This document contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate.

The purpose of this form is to provide you information that may affect your decision as to whether or not you may want to participate in this research study. The person performing the research will describe the study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to give your permission to take part. If you decide to be involved in this study, this form will be used to record your permission.

<u>**Purpose**</u>
If you participate in this research study, you will be invited to participate in an interview about your experiences exiting military society and entering civilian society as a veteran, otherwise known as reintegration. In part, you are eligible to participate if your gender identity is not conventionally associated with the sex they were assigned at birth regardless of identification within or beyond a gender binary (including but not limited to trans and genderqueer identity as the title implies). You would be interviewed about different experiences, such as your perception of military culture and civilian culture, the impact of past and recent restrictions against military service by transgender people, your process you experienced of transitioning from military culture/society to civilian culture/society, and the supports, barriers, distress, and resilience you experienced during that process.

If you choose to participate, you will first be asked to complete a 10–15-minute questionnaire about yourself. You will then be asked to participate in 2 interviews, which can occur on the phone, through Skype or Zoom video, or through Skype or Zoom audio, any which will be audio recorded only. Each interview will last 60-90 minutes. Some of the interview questions might include, "How would you describe the values of the military culture you lived in during active duty service," "What was or has been your experience of reintegrating from life in military culture to life in civilian culture," and

"How have you been impacted by the recent and current transgender-related policy changes?" You may refuse to answer any question in any interview.

You will also be offered the opportunity to electronically share materials related to your experiences, such as documents or audiovisual materials. You will also have the opportunity to provide feedback about your interview after it is transcribed, including clarification of language and terminology that you used, and to let me know whether you would still like your transcript to be used in the research. You will also be offered the opportunity to provide feedback during some data analysis stages and before the results are written.

Risks or Discomforts
Potential risks, stress and/or discomforts of participation may include emotional discomfort due to discussing potentially emotional experiences that you have encountered. You will be offered a list of national telephone- and web-based resources to help alleviate emotional discomfort. There is also a risk of a breach of confidentiality due to the temporary collection of your contact information, however your personal information will be deleted immediately following your participation.

With your permission, I would like to audiotape the interviews so that I can make an accurate transcript. Once I have made the transcripts, I will ensure all identifying information is removed, and I will erase the recordings. The transcriptions will be kept indefinitely, may be shared with other researchers, and may be used in presentations or publications. Again, you will be given an opportunity to review the recordings and ask for any portions to be deleted.

Benefits
We cannot and do not guarantee or promise that you will receive any benefits from this study. However, some benefit to society may include increased social and scholarly understanding about the experiences of reintegrating as a trans/genderqueer veteran. Although both benefits may ultimately contribute to changes in healthcare services and institutional regulations, these outcomes cannot be guaranteed.

Limits to Confidentiality
All of the information you provide will be confidential. However, if we learn that you intend to harm yourself or others, including, but not limited to child or elder abuse/neglect, suicide ideation, or threats against others, we must report that to the authorities as required by law.

Before you begin, please note that the data you provide may be collected and used by Qualtrics and Skype or Zoom as per their privacy agreement. This research is only for U.S. residents over the age of 18. Please be mindful to respond in private and through a secured Internet connection for your privacy. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

Your name will not be used in any report. Identifiable research data will be encrypted and password-protected, and any identifiable data collected to facilitate communication with you during your continued participation will be deleted when your participation ends. Your name will not be in the transcript or my notes. The information that you give in the study will be anonymous. Your name will not be collected or linked to your answers. Because of the nature of the data, it may be possible to deduce your identity; however, there will be no attempt to do so, and your data will be reported in a way that will not identify you.

Your responses will be assigned a code number. The list connecting your name to this code will be kept in an encrypted and password protected file. Only the research team will have access to the file. When the study is completed and the data have been analyzed, the list will be destroyed.

Data Sharing
De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information (e.g., your name, date of birth) that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information or samples we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Incentives to participate
After completing the 1st interview, you will be sent a $15 VISA electronic gift card by e-mail. After completing the 2nd interview, you will be sent a $15 VISA electronic gift card be e-mail. And if you would like to also provide feedback about the transcripts of your interviews and/or about the study results, you will be sent a $15 (total) VISA electronic gift card by e-mail. You must have access to an e-mail address to receive the gift card(s), and you can create an anonymous e-mail address to use if you'd like.

Consent to audio recording solely for purposes of this research
This study involves audio recording during the interviews, which will be scheduled after you complete the remainder of this Qualtrics survey. If you do not agree to be recorded, you cannot take part in the study.

_____ YES, I agree to be audio recorded.

_____ NO, I do not agree to be audio recorded.

Questions
For questions, concerns, or complaints about the study you may contact Joseph "J" Galluzzo, M.S., at [email address] or [Google Voice phone number], or the Faculty Sponsor, Dr. Ruth Chao, at [email address].

If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the University of Denver (DU) Institutional Review Board to speak to someone independent of the research team at 303-871-2121 or email at IRBAdmin@du.edu.

Please take all the time you need to read through this information and decide whether you would like to participate in this research study.

If you decide to participate, your completion of the research procedures indicates your consent. Please keep this information for your records.

APPENDIX C

Eligibility Survey

(Presented following indication of informed consent on the previous page.)

Thank you for your interest to participate in this study. To ensure that you are eligible to participate, please answer the questions below.

1. Are you 18 years of age or older?
__ Yes   __ No

2. Have you served on active duty in the Air Force, Army, Coast Guard, Marine Corps, and/or the Navy for at least 180 days?
__ Yes   __ No

3. Do you identify with a gender identity that is not conventionally associated with the sex assigned to you at birth regardless of identification within or beyond a gender binary? This includes but is not limited to the following gender identities: transgender, transman, transwoman, genderqueer, non-binary, non-conforming, agender, genderfluid.
__ Yes   __ No

4. Did you discharge or retire from military service on or after January 1, 2000?
__ Yes   __ No

Please proceed to the next page.

(A "No" response to any of the questions will proceed to the following page.)

Thank you for your interest to participate in this study. Unfortunately, you are not eligible to participate because you answered "No" to one of the questions on the previous page.

If you have any questions, please contact J Galluzzo at [email address], Dr. Ruth Chao at [email address], or the DU Human Research Protection Program at IRBAdmin@du.edu or 303-871-2121.

(A "Yes" response to all questions will proceed to the following page, which is the demographics questionnaire.)

APPENDIX D

Demographic Questionnaire

(Presented following satisfactory completion of the eligibility survey on the previous page.)

(Page 1)
Thank you for your continued interest to participate in this study. Please continue to the next page. The following are demographics questions. Although we would appreciate you answering as many questions as possible, you can skip any question(s) that you do not feel comfortable answering.

1. What pseudonym (a fictitious name not similar to your own) would you like me to use when writing about your experiences in my dissertation?
[text field]

Please make a personal note of that pseudonym.

2. What is your age?
[text field]

3. What is your gender identity?
[text field]

4. What are your gender pronouns?
[text field]

5. What is your sexual identity?
[text field]

6. What is your race/ethnicity?
[text field]

7. How would you describe your religion/spirituality?
Buddhist
Christian
Hindu
Muslim
Jewish
Atheist
Agnostic
Other, please specify [text field]

8. What is your current relationship status?

Committed relationship
Divorced/Separated
Married/Remarried
Widowed
Never in a committed relationship
Other, please specify [text field]

9. What is your current living arrangement?
Live alone
Live with partner/spouse, without children
Live with partner/spouse, with children
Live with parent
Live with child(ren)
Live with someone else [text field]
Other, please specify [text field]

10. What is the highest level of education that you have completed?
Less than high school
High school or GED
Some college
Associates (2-year) degree
Bachelors (4-year) degree
Master's degree
Doctoral degree
Other, please specify [text field]

11. How would you describe your socioeconomic status (SES)?
Lower
Lower-middle
Middle
Middle-upper
Upper
Other, please specify [text field]

(Page 2)
1. In what year did your military service begin?
[text field]

2. In what year did your military service end?
[text field]

3. In what military branch(es) did you serve? Choose all that apply.
Air Force
Army
Coast Guard

Marine Corps
Navy

4. What was your highest rank during service? (please use the format of E-#, O-#, etc.)
[text field]

5. What was your primary job title? If more than one, please list each of them or the one(s) most relevant to you.
[text field]

6. How many times were you deployed?
[text field]

7. Which locations were you deployed to?
[text field]

8. What was your date of discharge or retirement from military service, in month and year?
[text field]

9. Did you discharge or retire from military service?
Discharged
Retired

10. If you discharged, was your discharge voluntary or involuntary?
Voluntary
Involuntary
Other, please specify [text field]
N/A; retired

11. If you discharged, what type of discharge did you receive?
Honorable discharge
General Discharge Under Honorable Conditions
Other Than Honorable discharge
Bad Conduct discharge
Dishonorable discharge
Medical discharge
N/A; retired
Other, please specify [text field]

12. If you would like to provide additional information and/or clarification about your responses, please do so here.
[text field]

(Page 3)

Thank you for your continued interest to participate in this study. Please provide an e-mail address <u>or</u> phone number so that I may contact you to schedule the interview, provide additional information, and answer questions you may have. Remember that, if you'd prefer, you can create an anonymous e-mail address, or you can connect your phone to a different number through services like Google Voice.

E-mail address: _____
Phone number: _____

If you have any questions, please contact J Galluzzo at [email address], Dr. Ruth Chao at [email address], or the DU Human Research Protection Program at IRBAdmin@du.edu or 303-871-2121.

Please click the arrow button below to submit your responses.

Interview Scheduling Scripts

<u>Direct E-mail to Participant to Schedule Interview</u>

Hello,

My name is J Galluzzo. Thank you for completing the brief survey that I posted about my dissertation research, and thank you for agreeing to be contacted for an interview. As a reminder, this study is about the experience of exiting the military and entering into civilian society for people whose gender identity is not conventionally associated with the sex they were assigned at birth regardless of identification within or beyond a gender binary. Those identities could be transgender, genderqueer, non-conforming, and a lot of other gender identities. As a reminder, for completing the 1st interview, you will receive a $15 VISA gift card; for completing the 2nd interview, you will receive another $15 VISA gift card; and you can receive another $15 VISA gift card for providing feedback about the transcript of your interview and the results of the study, which we will have time to talk about after the second interview. You already completed the online questionnaire, and the next step would be for us to meet for the 1st of 2 interviews over Skype, Zoom, or telephone.

If you have any questions for me before we schedule the interview, please let me know, and I would be happy to discuss them with you. If you don't have any questions, please:

1) reply to this e-mail with your availability for the 1st interview during the next few weeks,
2) let me know if you would prefer to meet over the phone, through Skype or Zoom video, or more anonymously through Skype or Zoom audio, and
3) let me know if you would like me to provide you with the interview questions prior to our e-meeting.

Thank you very much!
Sincerely,
J Galluzzo, [email address]
Faculty Sponsor: Dr. Ruth Chao, [email address]

<u>Phone Verbal Script to Schedule Interview</u>

Hello,

My name is J Galluzzo. Thank you for completing the brief survey that I posted about my dissertation research. You noted that you'd like me to contact you to schedule an

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interview with you. Do you have 5 to 10 minutes to talk with me about the study before we schedule the interview?

[If no:]
Okay. Would you like me to call you at another time?
    [If no:]
    Okay. Thank you for letting me know. I hope you have a great day. Goodbye!
    [If yes:]
    Okay. When would be a good day and time to call you in the next week or so?
[If yes:]
Okay, great. As a reminder, this study is about the experience of exiting the military and entering into civilian society for people whose gender identity is not conventionally associated with the sex they were assigned at birth regardless of identification within or beyond a gender binary. Those identities could be transgender, genderqueer, non-conforming, and a lot of other gender identities. For completing the 1st interview, you will receive a $15 VISA gift card; for completing the 2nd interview, you will receive another $15 VISA gift card; and you can receive another $15 VISA gift card for providing feedback about the transcript of your interview and the results of the study, which we will have time to talk about after the second interview. You already completed the online questionnaire, and the next step would be for us to meet for the 1st of 2 interviews over Skype, Zoom, or telephone.

I'm happy to answer questions you have about the study, about my dissertation, or about me before we schedule the interview.
- So, what questions do you have for me?
- Are you still interested to participate in the study?
[If no:]
Okay. Thank you for letting me know. I hope you have a great day. Goodbye!
[If yes:]
- Within the next two weeks, when would you like to participate in the 1st interview?
- Would you prefer to meet over the phone, through Skype or Zoom video, or more anonymously through Skype or Zoom audio? [if Skype/Zoom, provide anonymous Skype/Zoom meeting link]
- Would you like me to provide you with the interview questions prior to your interview? I would need to do that through e-mail.
- We'll review the informed consent before your interview. Did you download it from the online questionnaire? [If not:] You can access it here: [tinyurl Qualtrics link]
- Do you have any additional questions for me at this time?

Thank you very much! I look forward to speaking with you more soon!
Goodbye.

APPENDIX F

Interview Protocol

Interview #1:

(Discuss and obtain informed consent, including a review of duration and consent to audio record.)

[Thank you so much for agreeing to participate in this interview. Foremost, it's important that you feel comfortable to talk openly about your experiences. No one but me, and potentially the three DU faculty who are part of my dissertation, will hear the audio recording or read the transcript of this interview. Your name will not be included anywhere in the transcript or my dissertation, and I will instead use the pseudonym you've created. And finally, the results will be part of my dissertation and may be published to help strengthen military and veteran reintegration services for trans and genderqueer active duty service members and veterans.

What questions do you have about that?

Okay, I'd like to help set the stage for the questions before we begin. These questions may not often specifically include gender identity language, which is partly because it is common for participants to think they have to speak on behalf of or about the experiences of their community as a whole; however, I am interested to hear about *your* experiences, which may be similar to and different than others' experiences, and which may or may not be related to your gender identity. Nonetheless, please feel free to talk about the role that your gender identity might be relevant in your experiences.

What questions do you have about any of that?

Great, let's go ahead and get started then. I'm going to read to you a description of reintegration from military to civilian life:

Reintegration is a word used for the experience of leaving the military and transitioning back into civilian society... It's related to resuming roles in the family, the community, and the workplace... It can affect people personally, between people, within the community, and within society… The process might start before leaving the military and while still on active duty, including expectations, planning, and education about it… and it might continue for some time after completing service.]

1. What did or does reintegration mean to you?

2. What was or has been your experience of reintegrating from life in military culture to life in civilian culture?

3. Considering your gender identity, what were or are your experiences of reintegration that cisgender service members may not have experienced?

[Now I'd like to hear about your experiences of support and the challenges you might have experienced during reintegration.]

4. What was or is helpful during the experience of reintegration for you?
    (*If clarification is needed: In other words, what was or is helpful during that experience, whether that's something you did, something someone else did, or something else entirely?)

5. What was or is difficult during the experience of reintegration for you?
    (*If clarification is needed: In other words, what was or is difficult during that experience, whether that's something internal, something about other people, something about the world, or something else entirely?)

6. In the past couple of years, there have been specific policy changes related to the military service of transgender people. How did those policies impact, or how are those policies impacting, your reintegration experience?

[Last, I'd like to hear your recommendations to other (state participant's gender identity) service members and veterans who are reintegrating and to reintegration services who work with (state participant's gender identity) service members and veterans.]

7. For service members and veterans who share your gender identity, what advice would you give to them about reintegration?

8. What suggestions or recommendations do you have for reintegration services or for mental healthcare professionals who provide reintegration services?
    (*If clarification is needed: For example, what was missing that you think/feel should have been provided/educated about/accessible to support that experience, or what do you think/feel was provided/educated about/accessible that supported your reintegration?)

[Before we wrap up, I want to be sure I didn't miss anything you've wanted to say.]

9. Is there anything I haven't asked about or that you haven't expressed that you would like to say about these experiences?

[Okay, great. That's all for today. Thank you so much for talking with me. I've really appreciated hearing from you about your experiences. It's common to think about things *after* the interview that you wish you would have said *during* the interview- if that happens to you, please feel free to let me know those things through e-mail.

What questions do you have about today's interview or the study overall?

Would you like me to provide you with any web-based mental health resources today?

Okay. I'd like to send you a $15 electronic VISA gift card for your participation in the interview today, and I'll have to send that through e-mail. I'm not going to keep the e-mail address after I send the gift card, but remember that I can send it to an anonymous e-mail, like one that you created just to receive the gift card. What e-mail address would you like me to send it to?

Okay, great. You should receive that message by the end of today. Would you like to participate in the 2nd interview?]
(If no:)
[Okay. Thank you for letting me know. I hope you have a great day, and thank you again for participating in the interview! Goodbye!]
(If yes:)
[Okay, great! What day and time in the next few weeks might work best for you?

Do you have any questions for me at this time?

Okay. I hope you have an enjoyable day! Goodbye.]

Interview #2:

(Discuss and obtain informed consent, including a review of duration and consent to audio record.)
[Thank you again for agreeing to participate in this second interview. I'd like to briefly review what I mentioned before the first interview: It's important that you feel comfortable to talk openly about your experiences, so please let me know if there's anything I can do to help you feel more comfortable. I am interested to hear about *your* experiences, which may be similar to and different than others' experiences, and which may or may not be related to your gender identity. Nonetheless, please feel free to talk about the role that your gender identity might be relevant in your experiences.

What questions do you have about any of that?

Great, let's go ahead and get started then. I'd like to start us off by talking about your experiences of military culture.]

1.1. How would you describe the values of the military culture you lived in during active duty service?
1.2. How would you describe the expectations of the military culture you lived in during active duty service?
1.3 How would you describe the practices of the military culture you lived in during active duty service?

2.1. How would you describe your values while living in the military culture?
2.2. How would you describe your identity while living in the military culture?

2.3. How would you describe your behaviors while living in the military culture?

[Okay. Now, I'm interested to hear about your experiences of civilian culture.]

3.1. How would you describe the values of the civilian culture you have been living in after leaving the military?
3.2. How would you describe the expectations of the civilian culture you have been living in after leaving the military?
3.3. How would you describe the practices of the civilian culture you have been living in after leaving the military?

4.1. How would you describe your current values while living in that civilian culture?
4.2. How would you describe your current identity while living in that civilian culture?
4.3. How would you describe your current behaviors while living in that civilian culture?

5. Is there anything I haven't asked about or that you haven't expressed that you would like to say about these experiences?

[Thank you so much for talking with me. I've really appreciated hearing from you about your experiences. Again, it's common to think about things *after* the interview that you wish you would have said *during* the interview- if that happens to you, please feel free to let me know those things through e-mail, and please let me know the day you interviewed with me so I can add it to your transcript.

What questions do you have about today's interview or the study overall?

Would you like me to provide you with any web-based mental health resources today?

Okay. I'd like to send you a $15 electronic VISA gift card for your participation in the interview today, and I'll have to send that through e-mail. I didn't keep the e-mail you gave me after the 1st interview, and remember that I can send it to an anonymous e-mail, like one that you created just to receive the gift card. What e-mail address would you like me to send it to?

Okay, great. You should receive that message by the end of today.

Sometimes there are materials like documents, photographs, art, mementos that people associate with their experiences. If you have anything that you think is related to something or everything that we've discussed that you'd like to share with me, I'd be glad to incorporate that into the research. Does that sound like something you're interested in?

(If no:)
Okay, not a problem.
(If yes:)
[Okay, great.] (First ask whether there's something they're currently thinking about, and then request it to be sent in through the relevant Qualtrics survey. If there's not something they're currently thinking about, encourage them to contact me via e-mail if they think of something, at which time I'll provide them with a Qualtrics survey link to submit it and to answer some questions about it. Either way, state the following:)
[If anything has identifiable information on it, I'll be sure to remove that.

I also mentioned in my communication with you earlier and in the consent form that you can continue to participate if you'd like to. We would collaborate electronically through e-mail, and descriptions of your feedback would be part of my dissertation.

So, you would be able to review the transcript of your interviews to make sure it's accurate and that you want all of it to be included. Are you interested to review the transcript of your interview?
Okay. Are you interested to review the results as I analyze the data from all of the interviews? I'd be glad to hear from you about whether you think the words I use are correct and whether your experience is represented.] [a, b]

[a] (If yes to either or both)
[That's great to hear. Thank you for your interest to continue. I'll contact you by e-mail when we're at those stages in the research. (Request e-mail contact if not yet obtained, include reminder that it can be an anonymous e-mail, and store securely and delete as aforementioned.)

Do you have any questions for me at this time?

Okay. I hope you have an enjoyable day! Goodbye.

[b] (If no to both)
[Okay, again, thank you very much for spending time talking with me.

Do you have any questions before we part ways?

Okay, I wish you all the best. I hope you have an enjoyable day! Goodbye.]

APPENDIX G

Interview Questions with Connection to the Literature Review

Interview Question	Connection with the Literature	Sources from the Literature
What did or does reintegration mean to you?	The collaborative opportunity to co-construct terms- if not research questions and interview questions- is identified as ethical practice.	American Psychological Association, 2015; Harrell & Miller, 1997; Tebbe & Budge, 2016
What was or has been your experience of reintegrating from life in military culture to life in civilian culture?	The reintegration experiences of TGQ MSMVs are yet unexplored. Moreover, cultural considerations are minimal in reintegration research. Although both TGQ service member and TGQ veterans appear to experience different experiences from their non-TGQ peers, they may also experience similarities. It is important that this first inquiry into a yet unexplored phenomenon be open and not leading to focus on any particular aspect of the experience, including gender identity.	Downing et al., 2018; Hill et al., 2016; Rosentel et al., 2016; Tebbe & Budge, 2016
Considering your gender identity, what were or are your experiences of reintegration that cisgender service members may not have experienced?	TGQ MSMVs may encounter unique reintegration experiences in regard to their gender identity not experienced by their non-TGQ peers, such as changing documentation, adverse healthcare treatment, stigmatizing sociopolitical societies, workplace harassment, and institutional policy barriers.	Brooks Holliday & Pedersen, 2017; Elders et al., 2015; Harrison-Quintana & Herman, 2013; Parco et al., 2015; Rosentel et al., 2016; Stroumsa, 2014
What was or is helpful during the experience of reintegration for you?	Supports and resilience appear to contribute to MSMVs' reintegration experiences. Because the facilitative experiences of TGQ MSMVs is yet unexplored, evidence suggests the benefit of, for example, queer spaces, military peer support, access to competent healthcare, and a sense of pride in military identity and authenticity in gender identity.	Chen et al., 2017; Parco et al., 2016; Trivette, 2010; Tucker et al., 2019

What was or is difficult during the experience of reintegration for you?	Similarly, the challenging reintegration experiences of TGQ MSMVs has not been studied. Stressors and distress may, in part, impact reintegration experiences of MSMVs broadly. However, TGQ MSMVs in particular may experience multiple genderqueer minority stressors, such as rejection, identity concealment, violence, and suicidality.	Chen et al., 2017; Hendricks & Testa, 2012; Lefevor et al. 2019; Lehavot et al., 2016; Matarazzo et al., 2014; Rood et al., 2017; Tucker, 2019; Tucker et al., 2019
In the past couple of years, there have been specific policy changes related to the military service of transgender people. How did those policies impact, or how are those policies impacting, your reintegration experience?	Regulatory changes granted access and retention of openly TGQ service members and subsequently reversed most of such provisions within three years. The exclusions have the potential to follow historical patterns of promoting stigma and discrimination within military and civilian society and to affect the lives of TGQ service members and veterans.	Beemyn, 2015; Bockting et al., 2013; Office of the Deputy Secretary of Defense, 2019, 2020; Schvey et al., 2019; Secretary of Defense, 2016
For service members and veterans who share your gender identity, what advice would you give to them about reintegration?	Connection to peers through community, such as sharing personal experiences through an ambassador or navigator role, can facilitate the military-to-civilian reintegration experience within personal, interpersonal, and community domains, including the development of a sense of purpose and the diminishment of feelings of alienation during and following reintegration.	Ahern et al., 2015; Chen et al., 2017; DeLucia, 2016; Demers, 2011
What suggestions or recommendations do you have for reintegration services or for mental healthcare professionals who provide reintegration services?	Counseling psychology has a history in supporting the rehabilitation- now reintegration- of military veterans, but recent and current healthcare services for TGQ veterans are ineffective at best and harmful at worst; established reintegration services such as the TAP may also be ineffective if not inconsistently provided. TGQ veterans have experienced the services firsthand and may be a rich source of	Danish & Antonides, 2009; Gelso et al., 2014; Harrison-Quintana & Herman, 2013; Tebbe & Budge, 2016; Vera & Speight, 2003; Whiteley, 1984

	wisdom to support the competence of reintegration and healthcare services.	
How would you describe the [values, expectations, practices] of the military culture you lived in during active duty service?	To accurately and comprehensively explore personal acculturation experiences, cultural contexts must be understood. This includes the sociopolitical background of, and reasons for contact between, the two cultural groups.	Sam & Berry, 2006
How would you describe your [values, identity, behaviors] while living in the military culture?	The distinction of acculturation into values, identity, and behaviors has been encouraged to explore its manifestation within these components. Because reintegration is a process of transition from one society to another, it is important to partly understand TGQ MSMVs' values, identity, and behaviors within the culture from which they are exiting. Further, the connection with military culture appears to have a lasting impact.	Elnitsky, Fisher, et al., 2017; Fennell, 2008; Schwartz et al., 2010
How would you describe the [values, expectations, practices] of the civilian culture you have been living in after leaving the military?	TGQ veteran culture is yet undescribed. Although that may be due to its potential heterogeneity, and veteran experiences may best be explored individually within the larger group context, there continues to exist the need to gain an understanding of the culture and sociocultural context into which TGQ MSMVs acculturate.	Bichrest, 2013; Huxford et al., 2019; Sam & Berry, 2006
How would you describe your current [values, identity, behaviors] while living in that civilian culture?	Again, the experience of acculturation may more clearly be represented within values, identity, and behaviors. In addition, the exploration of values, identity, and behaviors may help to describe the TGQ veterans' internal experience: as distinct from, yet may inform, reintegration and social context per se; and as a combination of TGQ service member and TGQ civilian experiences.	Barr et al., 2016; Brown & James, 2014; Chen et al., 2017; Downing et al., 2018; Elnitsky, Fisher, et al., 2017; Harrison-Quintana & Herman, 2013; Hendricks & Testa, 2012; Martin et al., 2014; Parco et al., 2016; Schwartz et al., 2010; Shipherd et al., 2012; Snow et al. 2019; Tucker et al.,

		2019; U.S. VHA, 2018; Valentine & Shipherd, 2018; Witten, 2007
Is there anything I haven't asked about or that you haven't expressed that you would like to say about these experiences?	To prevent historical recurrence of conducting research on this population and using their voice against them, the emphasis on TGQ veteran participants describing their experiences using their own words is paramount to research with this population, which includes their continued empowerment to share their voice in ways that are most meaningful to them.	American Psychological Association, 2015; Tebbe & Budge, 2016

APPENDIX H

Reintegration Thematic Coding Table

Theme	Categories	Codes	Example Quotes
An ongoing, complex process that depends on systemic context	An ongoing, complex process that depends on the military and civilian contexts	(1) Incommunicably complex (2) Different from active duty, deployment, reserves, or contracting (3) Dependent on the civilian cultural context (4) A 'gradual' 'ongoing' process (5) A 'vital process… overlooked' (6) A support for every stressor (7) Different, compounded experience for TGQ veterans	"There's so many different parts and pieces when it comes to reintegrating." -Perry "The process of, um, coming to terms with my military service and adjusting to civilian life is still going on now." -Ben "I think you'll find- if you're lucky enough to find veterans across the nation- our geographical location will drastically change our experiences of how we've reintegrated." -Perry "The fact that [transgender people] had experiences in different bodies that are perceived as different genders, like, makes the whole process so complicated." -Jack
	A fulfilling vs. shocking adjustment	(1) Sense of successfully reintegrating (2) 'A pretty [fulfilling] experience' (3) Relief (4) 'Strange' (5) 'Discrepant' (6) Encountering a military-to-civilian 'culture shock'	"I guess my reintegration has been a pretty positive experience." -Charlie "It's kind of a culture shock in and of itself." -Jennifer "It was also a lot about adjusting to the culture shock." -Jack "Going into the civilian experience as a trans person, it's, like, it's complet- you're

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		(7) Adjusting oneself into a 'completely different world'	going into a completely different world." -Bill
	Diverse reintegration assistance opportunities	(1) Effective reintegration assistance (DoD) (2) Effective reintegration assistance (VA-VFW) (3) Logistical reintegration assistance (DoD) (4) Reintegration assistance (DoD) personally unnecessary (5) Negligent reintegration assistance (DoD) (6) No reintegration assistance (7) DoD-VA is still learning reintegration needs	"And the best thing I did was go to a Vet Center, find somebody I can see." -Ben "The month leading into the discharge, they kinda rushed me into, um, these classes that, um, most people are required to take." -Shea "I had already, you know, figured out my civilian life. So, I didn't really need that much help from them." -Logan "I was only National Guard, uh, by the time I retired. So, um, [the] National Guard didn't provide any of that for me." -Logan
	Receiving unrivaled vs. unconscionable system-wide care	(1) Receiving psychological health treatment (2) Receiving unrivaled VA benefits (3) Receiving VHA healthcare (4) Receiving 'invaluable' gender-affirmative VHA healthcare (5) Recurring name change documentation 'nightmare'	"The support that I've gotten from the VA and from the military- like I can't get the equivalent of it in the civilian world." -Ben "My endocrinologist is completely respectful using male pronouns. Nothing, no-um, even his, um, technician as well is very respectful of-over the fact. Um, so, it's just, it's really nice." -Perry "The VA, um, has been really good. Uh, having access to care. Like, even when I had

		(6) Struggling to receive gender-affirmative VHA healthcare (7) Facing providers unethical practices (8) Facing 'workplace harassment' from a typical group (9) Encountering employment prejudice	insurance, um, sometimes insurance becomes prohibitively expensive. So, having completely free access to care at the VA was great." -Logan "I've run into a couple of people at the VA that have kinda violated my privacy. Um, so now I have a restricted record." -Logan
Being uninformed about the realities and possibilities	'More [psychologically distressing] than… expected'	(1) 'More challenging than… expected' (2) Enduring psychological distress (3) Loneliness (4) Powerlessness (5) 'Vulnerable' (6) 'Scary' (7) Frustration (8) 'Demoralizing' (9) Hopeless (10) Panicked (11) Tension	"It was pretty challenging for me. It was more challenging than I expected it to be like." -Jack "And there's- it's kind of a loneliness, though." -Charlie "I've definitely tried to fix it and correct it and have just gotten a runaround. So, I do kind of feel helpless in that sense and have kinda given up." -Jennifer
	Being misinformed about the reintegration process	(1) Surprise (2) Feeling unprepared to reintegrate (3) 'Seamlessly' returning 'to the real world' (belief)	"So, I think the biggest difficulty was, um, not being ready to get out." -Shea "I did not even think about it too much, you know? I was like, 'Oh yeah, it's whatever. I'm going back to the real world, it's great.'" -Perry
Navigating the personal impact of inter-system	Enduring inter-system gender injustices	(1) Fearing unfounded rights removals across worlds	"My reason was law school, but like, I got out so I could transition and not die." -Bill

gender prejudice		(2) Enduring systemic perceptions of service unworthiness (3) Service prevents gender authenticity and vice versa (4) 'I got out so I could transition and not die' (5) Imagining consequences of continued service (6) Being discharged due to DTM 19-004 (7) Inability to re-enter military service (8) Being unjustly 'shoved out' of service (9) Navigating unregulated policies of trans rights	"I did get honorable discharge, uh, through Article 5-17 through the UCMJ. Um, so I got kicked out for being trans, essentially." -Shea "I was shoved out just before the legislation was changed to make it that if you are- if you report a sexual assault, you don't get removed from the military, you get switched bases so you can have a clean start." -Ben "I already had so much, so much difficulty proving that I was worthy enough when I was in. This is like somebody putting icing on the cake that clearly, I wasn't worthy. Even though, like, I have the military service to back it up, and I was a good Marine. Like I was, afterwards, deemed unworthy simply because I am a transgender person." -Jack
	Navigating safety in identity concealment vs. authenticity in identity disclosure	(1) Living in a 'bifurcated[-gender] existence' (2) Concealing vs disclosing gender identity for safety (3) Unavoidable gender identity disclosure when discussing service experience (4) Experiencing distress of	"Because I figured out I was trans, I just ended up having to really live in this, um, bifurcated existence." -Bill "Even when talking about my service, [my gender identity] comes up in ways that I can't really, like, deflect or hide." -Jack "Pretty much lived the whole double-life thing while on active duty, which was, which was definitely stressful at, at times, for sure." -Jennifer

		identity concealment (5) Social camouflage as self-preservation (6) Learning effective impression management	"I realized that people just will leave me alone more, especially TSA, if she was in, like, the military-style vest that says service animal… it made our lives a lot easier." -Ben
	Facing shame and rejection as a TGQ veteran	(1) Facing antagonism about civilian self-improvement (2) Encountering interpersonal conflict (3) Being a stranger in a strange place (4) Anticipating service-related invalidation (5) Questioning the validity of a veteran identity (6) Comparing oneself to other veterans (7) Facing rejection from mutually exclusive communities (8) Fearing ostracism from the veteran ideal (9) Being marginalized by cis-binary-normative expectations (10) 'Feeling like… I was wrong'	"I never really associated the idea of reintegration with myself because it has taken so long to actually feel like I'm back home, and, at times, it still feels like I'm not quite- like I look around, and I'm just like, what is it that pe- like, I feel a half step off often times compared to most people." -Ben

"I think sometimes I, I have a hard time, like feeling like eno- like enough of veteran." -Bill

"Because I was both LGBT and a veteran, like, neither space was as supportive as they should've been." -Jack

"Also feeling like I was kind of a disgrace or like a- that I was doing something wrong, or that I was wrong because I was doing something that was wrong." -Bill

"Even among a lot of the post-9/11 veterans, I'm, like, kind of an outsider because I never got to have that [deployment] experience." -Charlie |

		(11) Shame	
Redeveloping identity and worldview across cultures	Developing a gender-relevant self in the world	(1) Reconnecting with oneself and relationships (2) Redeveloping a personal, civilian identity (3) Reflecting on oneself in the world (4) Engaging in resilient gender identity development (5) Blended with gender identity-expression development	"I'm kind of glad that it basically forced me to reject [the military] so that I could find other parts of myself, um, that I think have carried me a lot further and that have made me a lot better person, personally." -Bill "But once you've already had to reinvent who you are and your gender identity and do it in such a constrictive, like, process-oriented place as the military…" -Ben "I'm kind of, like, weaving in and out of, like, gender, like development and, like- but I think it's all on the same path." -Charlie
	Winding among inter-multicultural worlds	(1) An ebb and flow of cultural practices (2) Navigating different cultural practices between spaces (3) 'Entwined' identities 'in [never-ending] flux' (4) Developing an intercultural worldview (5) 'Balancing' among multiple 'worlds' (6) 'Identifying partially with each' world (7) Navigating intersectionality	"I was figuring out my gender identity right around the time I got out. Um, and for me, part of that has actually been, like, feeling the validity of my service and my gender identity have been really entwined." -Ben "It's, like, constantly, like, titrating how much of the civilian and how much of the military I want to kinda keep in myself. And as, like, I grow older, too, I'd imagine that will change, right?" -Charlie "I think it was just kind of feeling like I was between worlds." -Charlie

	Re-perceiving the military culture and its gendered influence	(1) Reconciling military service (2) A military vs a civilian problem (3) Reflecting on the influence of military culture (4) Exploring a military-gender identity incongruence	"In my experience, like the problem is the military. The problem wasn't really that I was doing badly, like, in the civilian world." -Bill "My experience in the military made it very difficult for me to come to terms with, with the reality that I was transgender." -Jack
	Relinquishing vs. maintaining a connection to the military	(1) Expecting a stronger civilian than military connection (2) Disconnecting from part or all of the military (3) Relinquishing military culture (4) Being grateful for tapered service experience (5) Depending on the veteran status (6) Appreciating membership in the veteran 'club' (7) Being an informal 'ambassador' for military and TGQ experience (8) Continuing to serve the military with civilian 'freedom' (9) Maintaining connections to	"That also started, like, challenging, um, some notions I had built through my time in the military and before." -Shea "I will never not feel like I've had a transformative experience that [civilians] didn't have, and I'm in this club that they're not in. And it's kind of like, it's a- for me, it's a great club to be in." - Charlie "Even though I got out in 2005, like, I still have made life choices that's kept the- kept me really closely connected to the military." - Charlie "I think that the military was really good thing for me." - Bill "I think it's useful to just have a space that you can- like, if things are feeling overwhelming, the change feels overwhelming, to have a space to retreat to that feels

		the military community (10) Valuing own military service (11) Leaning on military as 'fallback' (12) Searching for military familiarity	more familiar, familiar and more comfortable." -Jack
Moving forward with empowered purpose	Taking charge in one's own life	(1) Relying on oneself without a 'blueprint' (2) Attending to personal needs (3) Pursuing 'the best [goals] for [oneself] at the time' (4) '[Making] the jump from 'I can't' to 'Of course'' (5) Capitalizing on resource proliferation (6) Triaging the 'immediate emergency' (7) Transferring experience from military to civilian life (8) Having benefit priorities	"I think that's the key thing, is being able to make that jump from the, 'I can't' to 'Of course.'" -Ben "…Kind of figuring out how to make things work for ourselves with not really, uh, any sort of blueprint for people like us." -Bill "I've had to do a lot of my own, like contextualizing and kind of, like, um, processing of that." -Charlie "I just kind of had to look around and be like, 'Okay, what about my life do I want to keep, and what is not going to work anymore?'" -Ben
	'Mov[ing] forward' with purpose	(1) Consolidating three phases of life to 'move forward' (2) Practicing acceptance of the reintegration process	"It was kind of looking at these three kinds of phases of my life. There's like your pre-military life, your military life, and then, like, your- like, what's waiting for you on the other side. And kind of finding a way to consolidate all those things." -Charlie

		(3) Alleviating the discrepancy with purposeful action (4) Hopeful	"The separation felt so bad, that it really just informed my entire career path, and I hold a lot of value in my career and, like, the, the meaning and purpose that it gives me." - Charlie
	Gaining a positionality of empowerment	(1) Learning to advocate across gender identities (2) Reciprocating community empowerment (3) DTM 19-004 motivated community advocacy-activism	"I've spent the last several years working on all of that and supporting veterans and service members. So, it's been kind of a way to channel all of my, like, desire to never see anybody experience what I've been through again, and be like, what can I do to help prevent this?" -Ben
Pursuing intra- and interpersonal stability to manage a sense of loss	Building both veteran and civilian community support networks	(1) Navigating with community (2) Receiving support from TGQ civilian communities (3) Building a community support 'network' (4) Balancing veteran and civilian connections (5) Receiving support from LGBT military and veteran groups and communities	"I kind of integrated into a, um, community of, like, other trans people, other queer people… which helped me on the right path." -Shea "I think, I think it's useful to have at least some friends that can sort of identify with your history as a veteran. I think it can be a bad, too, if, like, you choose to only stay in those space, but it can also be good." -Jack "I also found an amazing hockey community." -Logan
	Finding direction through intentional interpersonal connection	(1) Receiving support from cisgender veterans (2) Receiving support from	"I think that has been the most useful thing, is the willingness to just, 'I'll meet anybody once.'" -Ben

		TGQ service members and veterans (3) Being offering support from family (4) Pursuing 'meaningful' connections (5) Pursuing active mentorship (6) Appreciating interpersonal relationships (7) Temporarily living with friends or partners (8) Joining social-recreational clubs (9) Relearning 'how to make friends' (10) Feeling comforted by reintegration representation	"I've had supportive friends and, you know, things, uh, things and people in my life who can provide support kind of in, like, a particularly niche way." -Bill "I think having someone you can, like, frankly talk to about your- like, the doubts." -Charlie "Even to just go and, like, sit in there and see other people that were veterans, even if you're not engaging with them was, like, very comfortable when things were feeling overwhelming." -Jack "The fact that I saw something on the quad and was like, 'Yeah, I'm actually going to go to this meeting' was very strange. But it was very positive." -Shea
	Achieving stability at home, work, and school	(1) Achieving financial stability (2) Achieving success via military-promoted education (3) Starting with academic successes (4) Succeeding in the workplace (5) Securing housing	"The military was the thing to unlock that door. Like, I never would've been able- like, I don't think I would've gone to college without the military. Um, and so, like- and obviously now I'm a licensed attorney, like, I'm doing pretty fine." -Bill "Coming out in the workplace really wasn't that big of a deal. They just wanted to sit down, talk to me about it, and kind of get a game plan of

		(6) Accessing financial benefits (7) Being supported by academic resources (8) Receiving employer's collaborative EO support	what I plan on doing, and how they can assist, and what they need to do on their end. So that was, that was extremely positive." -Jennifer "I am currently in an apartment that I was able to save up for, to put the down deposit. I was able to hire movers and have enough money left over to still cover nex- the next month's rent… in a location I wanted without any hassle and still have money left over." -Perry
	Losing self and relationships	(1) Losing the 'military family' (2) Facing social disconnection (3) Receiving little to no community support (4) Loss of personal and contextual self (5) 'A loss of purpose' (6) A sense of instability (7) 'Destabilizing'	"I kind of felt like I struggled with a, a loss of purpose." - Jack "When you come out of the military, and you feel no longer connected to one identity that you set the other parts of your- yourself aside for." -Bill "You're not part of the family anymore, right? Like, you're out of the military. You'll never be like that again. Being a veteran's not the same." - Charlie
	Facing deprivation of interpersonal-communal resources	(1) Encountering resource deficit (2) Losing status in role transition (3) Entering the workforce with less deployment credibility than cisgender veterans	"I know some people that have done that, and they are- I mean, they've been out for years, and they still have not adjusted, especially in terms of finding a sense of, like, purpose or worth." -Jack "It's a huge role transition, right?" -Charlie

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| | | (4) No 'safety net,' no 'landing cushion' at home
(5) Unsettled housing
(6) Facing financial need
(7) Working long hours to survive
(8) 'Not much [VA] help… even when you ask for it'
(9) Working outside of one's vocation for income
(10) Enduring distress of education-vocational pursuits
(11) Witnessing other veterans' stressors | "The policies and everything else, uh, definitely had, uh, some issues where it has impacted my career and my income because of my trans status." -Jennifer

"I didn't have that safety net that everyone assumes that a like 19-year-old kid does of like, 'You can go home.' So that was particularly hard- is like I left, and I didn't have that, like, landing cushion, um, and a safety net that a lot of people have." -Ben

"[I] was getting- receiving no help from any VA, nothing. Even though they claim, 'We're here to help you. We're here to get you through this. We're here to help you reintegrate.' I didn't see any of it." -Perry |

Advice for Reintegrating TGQ MSMVs Thematic Coding Table

Theme	Codes	Example Quotes
Plan early for success later	(1) Have a detailed plan and back-up plan (2) 'Start your disability claim' before separation (3) 'Get everything documented' before separation (4) 'Do your research'	"Educate yourself on benefits. Make sure you, you know, like, what you qualify for. Make sure you know what deadlines, and, and paperwork, and hoops you're going to have to jump through to make that happen." -Bill "If I could have gotten my disability claims done, and filed, and started receiving my benefits, I wouldn't have cared to look for a job. So, like, get everything documented, everything. I cannot harp that enough. Get everything document in- in your medical files, go back to your doctor again, and make sure that everything is documented. Request your documents. Look at your documents. Make sure they're in your documents." -Perry
Prepare for possible hardship	(1) Understand the possible income reduction (2) Seek counseling to 'get ahead of' 'stored-up' distress	"And don't expect to make as much money as you think you're gonna make on the civilian side. I see that a lot with- not even just trans or LGBT service members- I see that a lot with, like, youngest- younger service members who are planning on getting out, or just, they've never taken to account cost of, like, health insurance, uh, the fact that you're not gonna get any, uh, basic housing allowance, or [cost of living allowance], or any per diems, or anything like that anymore. So, sure, that, that fifty thousand dollar salary looks great, but you're already making more now as an E-5 in the military." -Jennifer

		"I also think that any veteran, but especially LGBT people, but especially transgender people, are gonna have some trauma just, like, stored up, and that, at some point, it's gonna come out, and you wanna get ahead of it, and not let it blindside you. Because, like, it's, it feels so easy to bottle that all up when you're in the military, and then you get into a more supportive, open space, civilian space, like, there's no chance you can keep doing that. It's gonna come out. And, if you're not careful, it'll wreck you. It'll cause you to fail classes. It'll cause you to, you know, do badly at your job, or maybe even lose your job. Like, to break relationships that you don't need to break, just to have really unhealthy behavior. And so, get counseling." - Jack
Take a chance on rediscovering purpose	(1) Be prepared to rediscover a sense of purpose (2) Make steps to transition into 'the next [phase] of life' (3) 'Be willing to take big risks'	"Just realize that you're gonna feel a loss of purpose 'cause, like, the military gave that to you. And now there's nobody around to give it to you. You have to find it for yourself." -Jack "Get yourself set up for the next chapter of life." -Bill
Do what makes sense for yourself	(1) Explore yourself, your gender, and the military impact (2) Recognize your unique circumstances (3) Build confidence (4) Recognize your intersectional value (5) 'Be your own best advocate' (6) 'Take your time'	"'What is your wildest dream? What do you want to do? Like what infuriates you about these things you're seeing in the news?' to really try and get people to use critical thinking on themselves." -Ben "I think it kind of depends on where they are in their transition, like ma-majorly. Like, I mean, are they still in, thinking about transitioning in, transitioning out? Are they out and thinking about transitioning? Are they in the process of doing both?

		Like, gender transition and military transition?" -Bill
Seek connection in community	(1) Connect with both veteran and civilian communities (2) 'Find your community' (3) 'Secure the support group'	"And so, I've noticed a lot of people who are like, 'Okay, I need to figure this out myself because I don't want to drag anybody else down on my team.' And I'm like, 'That's not how this works. This is not how training works. This is not how it works in the military. Like, do not jump into that,' and people fall into that very easily." -Ben "Don't insulate yourself in veterans' groups. But, like, also it's okay to look f- like, it's okay to look for that comfort. Definitely seek that comfort if you need it. But, like, don't insulate yourself there because it's bad for you." -Jack
Integrate the military past into a civilian future	(1) Use military-style problem-solving skills (2) Consider federal civilian service opportunities (3) Do not return to military familiarity	"Just treat it like another problem that you'd have to solve in the service." -Ben "If they're still young enough, and they still wanna stay, um, maybe in the National Guard, the federal civilian technician program- it's an accepted technician program… Um, it's a government service. You're a civilian employee. You have to be in the National Guard. So, you do the National Guard on the one weekend a month and two weeks in the summer. But then, during the week, you're a federal civilian. You get paid- the pay rate is amazing. Um, and you go- you- most people pretty much do the same job that they do on the weekend. But you do it as a civilian." -Logan
Find and use any resources and benefits	(1) Use the benefits you deserve no matter your service	"So, part of that is, um, the, generally required, um, little training sessions they have people go through with, uh, working in finance

	(2) Use benefits to engage with education for stability (3) 'Find your resources' (4) Engage with the DoD reintegration assistance (5) 'Rules' beget 'loopholes' (6) Do not 'rely on the VA'	and such. The going to those, actually engaging in those, I know while I was going through that process, everyone else was, like, not paying attention to them. 'Like um, y'all.' So, actually taking part and engaging with that." -Shea "I feel like, most of the time, it involves some, some sort of utilization of education benefits. Um, so, like, at least have a- like, I don't care even if you don't want to go to school, it's at least a way to, like, stabilize yourself with some income for a little while, while you figure it out." -Bill

APPENDIX J

Recommendations for Reintegration Service Providers Thematic Coding Table

Theme	Codes	Example Quotes
Improve and endorse reintegration services	(1) Redevelop reintegration service programming (2) Express importance of reintegration services	"It's not something that I think, um, uh, is, like, gonna be fixed by just, like, um, taking the existing model and tweaking it slightly. Like, I think it kind of needs, like, an entirely, like, rebuilt from the ground-up." -Bill "If you're gonna have services, commit to seeing them as important. 'Cause if you don't think they're important, or if you think it's just another thing to check off the list, the people that you're giving it to will also think that- they'll get that impression from you." -Jack
Recognize that reintegration for TGQ MSMVs is disparate and proliferate	(1) Recognize the disparate nature of reintegration (2) Recognize the proliferation of TGQ MSMV reintegration	"When it's time to turn off that mentality, um, and, and go back into a world where that's not the right- frankly, the right way to look at things, um, anymore, like, you can't just give everybody a 'One size fits all, um, here- here's how you reintegrate.' Um, you know, it's just- it's, it's, it's really, uh, I think, irresponsible and dangerous, to be honest. Um, I don't think it's just bad, or, like 'Oh, we could do better.' Like, I think that- I think that, like, tangibly, that kills people." -Bill "You can't just kind of pretend like this is a rare thing and handle it, like, on an ad-hoc basis. Like, it's not, it's not gonna work, and there are gonna be more and more and more, um, coming out, and in future years. Um, you know, I think, I think it's only, it's only gonna become a bigger issue." -Charlie

Be a responsive, available, informed resource	(1) Provide more education and advocacy (2) Offer continued guidance (3) Provide direct, immediate support (4) Be responsive to 'where [veterans] are' (5) Anticipate instrumental and psychological needs (6) Facilitate flexible reflection of service and of civilian goals (7) Provide a holistic guide for TGQ MSMV	"I think it's to try and recognize where people are- like, it's very, it feels almost trite to say that because that's what mental health professionals are trained to do, is like recognize where people are and meet them." -Ben "I feel like what trans people need is kind of, like, a really holistic guide to education, to disability, to healthcare, to name changing to, um, you know, updating any, any military, you know, -related whatever-the-hell documents, uh, like legal support, uh, family stuff." -Bill
Promote system-wide gender-affirmative practices	(1) Do not conflate sexuality with gender (2) Confront provider discrimination (3) Improve documentation change processes (4) Increase accessibility of gender-affirmative care	"Obviously, I'd like to see, uh, the medical records and things like that either streamlined or figured out as far as, as far as getting all that straight. 'Cause I hate it when I walk in for a doctor's appointment and they sta- still call me '[rank] [lastname]'." -Jennifer "For a lot of people, in the- when the VA's their only source of healthcare, like, not being able to access surgery is kind of a really big problem. Um, like major, major, major problem." -Bill
De-stigmatize psychological health(care)	(1) Emphasize emotion-focused support (2) Address psychological health(care) stigma with MSMVs (3) De-stigmatize emotions	"I think overall, like, a focus on emotions, like, just emotion processing and emotional identification." -Charlie "There's such a stigma against it in the military. Just, like, I feel like, in every branch with every person. Um, and just finding- I don't, I don't even know how you begin to untangle that with service members and veterans. But, like, it's gotta

		happen, 'cause regardless of, like, where that trauma comes from in the military, the military's a traumatizing place. And service members need a way to tackle that. And if they don't do it through mental health services, like, things just go wrong." -Jack
Explore potentially merging identities within shifting communities	(1) Consider possible changes in family dynamics (2) Discuss identity reintegration with sub-communities (3) Facilitate reflection of gender identity development	"I think it's incredibly, incredibly important to, like, have these micro-conversations with these these com-these people and these communities because, like, it's- otherwise, you just never give people a chance to, like, rebuild and real- like, reintegrate that part of their identity, because it's just not part of the military goals, or, or structures, or whatever." -Bill
		"So, in the context of, like, trans folks, um, like, 'How was it to, like, really masculine all the time? That feel really good?' And that might, you know, if they're kind of, like, in early stages of the transition or questioning, you know, like, 'What if you experimented with that now, like, and see how that felt?' Or, um, you know, kind of the opposite way with trans feminine people, right? Like, 'How did that feel to, like, keep that all inside. And how might that inform your life now that you have some more freedom?'" -Charlie