



Western Michigan University  
ScholarWorks at WMU

---

Dissertations

Graduate College

---

8-2020

## Ally or Enemy: The Impact of Leadership on United States Army Combat Veterans' Deployment Experiences Who Have Served in Iraq and Afghanistan

Derik Van Baale  
*Western Michigan University*

Follow this and additional works at: <https://scholarworks.wmich.edu/dissertations>



Part of the Military and Veterans Studies Commons

---

### Recommended Citation

Van Baale, Derik, "Ally or Enemy: The Impact of Leadership on United States Army Combat Veterans' Deployment Experiences Who Have Served in Iraq and Afghanistan" (2020). *Dissertations*. 3631.  
<https://scholarworks.wmich.edu/dissertations/3631>

This Dissertation-Open Access is brought to you for free and open access by the Graduate College at ScholarWorks at WMU. It has been accepted for inclusion in Dissertations by an authorized administrator of ScholarWorks at WMU. For more information, please contact [wmu-scholarworks@wmich.edu](mailto:wmu-scholarworks@wmich.edu).



ALLY OR ENEMY: THE IMPACT OF LEADERSHIP ON UNITED STATES ARMY COMBAT  
VETERANS' DEPLOYMENT EXPERIENCES WHO HAVE SERVED  
IN IRAQ AND AFGHANISTAN

by

Derik Van Baale

A dissertation submitted to the Graduate College  
in partial fulfillment of the requirements  
for the degree of Doctor of Philosophy  
Public Affairs and Administration  
Western Michigan University  
August 2020

Doctoral Committee:

Robert Peters, Ph.D., Chair  
Darryl Plunkett, Ph. D.  
Jerry Johnson, Ph. D.

© 2020 Derik Van Baale

# ALLY OR ENEMY: THE IMPACT OF LEADERSHIP ON UNITED STATES ARMY COMBAT VETERANS' DEPLOYMENT EXPERIENCES WHO HAVE SERVED IN IRAQ AND AFGHANISTAN

Derik Van Baale, Ph.D.

Western Michigan University, 2020

Soldiers' deployment experiences have been well-researched and studied, but the primary focus has been on enemy-induced trauma. Being a combat veteran who served in Iraq myself, and as someone who has counseled a plethora of combat veterans, I am keenly aware that there is more than exposure to enemy fire and the loss of comrades that can leave a lasting impression. Often, the actions by and interactions with leaders during deployments can also prove to be quite impactful to soldiers. However, very little research exists on the impact of leadership behavior as a factor during a soldier's deployment experience and on resulting mental health outcomes.

This research study aimed to explore what type of impact leaders' behavior has on soldiers' deployment experiences and the potential effect that impact may have on the soldiers' subsequent mental health. This research also explored the trends in the data that may align with known leadership theories. A quasi-explanatory sequential mixed method research design was used here, with two distinct phases: a quantitative Phase 1, and then a qualitative Phase 2, with the addition of a qualitative analysis during Phase 1. During Phase 1, participants (n=236) were

United States Army veterans who served in Iraq and/or Afghanistan, who were solicited from veterans-specific Facebook groups. An online survey utilizing Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)) provided the data collection instrument for Phase 1, and in depth phone interviews were conducted for the data collection for phase 2. Open, axial, and selective coding were utilized in the qualitative data analysis to explore emerging themes and categories.

I expected to find leader attributes aligning with the servant leadership theory to have a strong relationship with the attributes of a perceived “good” leader. The data emerging from the analysis suggested a good combat leader has a balance of selfless service, technical and tactical proficiency, and leadership by example, as these traits dominate in “good” leader attributes according to the study participants. What is interesting is that the data also suggested that a *lack* of selfless service (servant leadership theory) attributes correlates with the “worst” leaders as defined by a (-4) or (-5) rating on the online survey. Furthermore, the research identified a moderate, positive correlation between deployment experience and leadership behavior. This research study clearly shows that leaders’ behaviors indeed impact the deployment experiences and, to a degree, mental health outcomes of U.S. Army combat veterans who have served in Iraq and/or Afghanistan.

## ACKNOWLEDGMENTS

I would like to begin by acknowledging my Lord and Savior Jesus Christ, my Rock, my Fortress, and the Truth everlasting. There have been several highs and lows during my time in this program, but His love and care have remained rock solid and His faithfulness steadfast. He is the Way, Truth and Life; no one comes to the Father except through Him. (John 14:6)

This dissertation would not be possible without the love and support of my wife, Sarah. Her patience, encouragement, and commitment were unwavering during this process, and I will forever be indebted and grateful for the many sacrifices she made so I could have the opportunity to follow this dream. I would be remiss if I did not also say thank you to my children: Isaac, Gabriel, Susanna, Benjamin, Anna, and Joshua. You also made sacrifices and had to put up with me being down working on this paper. We have a lot of basketball, baseball, and fishing to catch up on.

I would also like to thank Dr. Robert Peters for not only his willingness to chair my committee, but also for his guidance through this process. You have been a source of encouragement throughout my time at WMU. Your personal anecdotes from your dissertation experience provided examples of perseverance that was most helpful, as I seemed to stall in the process of completing this study.

Next, I would like to say thank you to Dr. Jerry Johnson. Since my time as a graduate student, you have always pushed me to critically think about views outside of my own and focus on the bigger picture. Your feedback during the developing of the survey and interview questions helped strengthen this research. I will always appreciate your taking the time to make sure that I

### Acknowledgments—Continued

was still living during this process. Having talks that focused on topics outside of this study was very appreciated.

Finally, a special thank you needs to go to Dr. Darryl Plunkett. Your mentorship has helped me develop into not only the counselor I am today, but the leader I am, as well. You always take the time to “talk it out” with me, and when you challenge my thoughts, it is only and always for my benefit. I will always be grateful for Friday afternoon mentoring sessions.

Derik Van Baale

## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	ii
LIST OF TABLES .....	vii
LIST OF FIGURES .....	viii
CHAPTER I: INTRODUCTION.....	1
CHAPTER II: LITERATURE REVIEW .....	9
Introduction .....	9
Overview of Mental Health in the Army .....	11
U.S. Army Values and Leadership.....	21
Values .....	21
Leadership .....	22
Leadership Theories .....	28
Transactional Leadership Theory .....	28
Transformational Leadership Theory .....	31
Servant Leadership Theory.....	35
Leader-Member Exchange Theory .....	37
Emotional Intelligence.....	38
Trauma Exposure and Seeking Treatment .....	39
Similarities between First Responders and the Military.....	40
Conditions for Treatment .....	41
Conclusion.....	42
Statement of the Problem .....	42
CHAPTER III: METHODOLOGY .....	44
Introduction .....	44
Research Design.....	44
Role of the Researcher .....	48
Reflection on My Identity: The Researcher as an Instrument.....	48
Participants .....	52



## Table of Contents--Continued

Inclusion/Exclusion Criteria.....	52
Sampling Method .....	55
Instrumentation .....	56
Phase 1 Online Survey.....	56
Phase 2 Interview Questions .....	61
Data Collection.....	64
Facebook as a Recruitment Tool .....	64
Data Analysis .....	67
Phase 1 Quantitative Data Analysis .....	67
Phase 1 Qualitative Data Analysis .....	67
Phase 2 Data Analysis .....	68
Summary .....	69
CHAPTER IV: RESULTS.....	71
Introduction.....	71
Participants.....	72
Phase 1 (Quantitative) .....	72
Phase 2 (Qualitative) .....	76
Findings.....	80
Phase 1 (Quantitative) .....	80
Phase 1 (Qualitative) .....	81
Phase 2 (Interviews) .....	94
Data Alignment with Leadership Theory .....	99
Possible Impact on Mental Health Outcomes .....	119
Summary .....	121
CHAPTER V: DISCUSSION.....	123
Summary of the Study.....	123
Analysis of the Findings.....	124
Knowledge in the Field of Leadership .....	124
Limitations of the Study .....	129

## Table of Contents--Continued

Recommendations for Future Research .....	131
Servant Leadership and Mental Health .....	131
Implications of the Study .....	131
Implications for the United States Army .....	131
Conclusion.....	132
REFERENCES .....	134
APPENDICES	
A: IRB Approval Letter .....	155
B: Anonymous Online Survey Consent .....	155
C: Phase 1 Online Survey Questions .....	156
D: Phase 2 Phone Interview Questions .....	162
E: Script for Access for Veterans Facebook Groups .....	164
F: Script for Phone Interview .....	165

## LIST OF TABLES

1. Location of Specific Deployment .....	74
2. Descriptive Statistics on Deployment Experience and Leadership Experience .....	74
3. Phase 2 Interview Participants .....	80
4. Open Coding for Positive Leader Traits .....	83
5. Open Coding for Negative Leader Traits.....	84
6. Selective Coding Categories and Operational Definitions .....	91
7. Selective Coding Categories, Operational Definitions and Leadership Theories.....	116

## LIST OF FIGURES

1. Quasi-Explanatory Sequential Mixed Methods Design.....	45
2. Gender Demographics .....	73
3. Scatterplot of Leadership Experience v. Deployment Experience .....	81
4. Selfless Service Category .....	86
5. Positive Leader Behaviors by Leadership Experience.....	125
6. Negative Leader Behaviors by Leadership Experience .....	126
7. Positive Traits of Worst Leaders.....	128

## CHAPTER I: INTRODUCTION

The United States Army has been training and sending soldiers to fight since the country's inception. The American military is considered the best trained and best equipped fighting force the world has ever known (Husseini, 2019). Hours of training and preparation get every service member physically, emotionally, and mentally ready to engage the enemy.

Unfortunately, the same cannot be said for when these same men and women return home from the fighting and try to assimilate back into civilian life. The trauma of horrors they witnessed on the battlefield does not dissipate when the war is over or when it is time to come home.

American soldiers have been grappling with the psychological aftermath of war for centuries in the form of wounds that are invisible but no less obvious. Although medicine and psychological treatment have advanced, many combat veterans still bear the invisible but very real scars of war.

The United States of America has been in a continuous state of war since September 11, 2001, with the war in Afghanistan, known as Operation Enduring Freedom (OEF); and, as of February 2003, the first two-front war since World War II, Operation Iraqi Freedom (OIF). Many soldiers who have served in either of these two wars experience post-traumatic stress disorder (PTSD) or other associated mental health conditions, including depression, anxiety, insomnia, and traumatic brain-injury (TBI) (Diagnostic and Statistical Manual for Mental Health Disorders, 2013). While mental health issues related to combat service are not a new phenomenon, the real concern is that mental health outcomes are not significantly improving. Historically, the suicide rate among the military has been lower than the national average. However, after 2003, the rates of military suicide have surpassed the rates of suicides by their civilian counterparts (Watkins, et al., 2018). Looking only at the suicide rate for those who have served in the military, an alarming 20 veterans a day are ending their own lives (Department of

Veteran Affairs, 2018). Clearly, the situation is not getting better. A new paradigm needs to be explored and a new way of looking at a complex and perplexing problem is warranted, with the hope that positive change can be made to reduce the number of combat soldiers who return home with PTSD or other mental health illnesses that might otherwise lead to suicide or other harmful behavior. The problem that is going to be explored in this study is as follows: What impact do military leaders have on the deployment experience and mental health outcomes of U. S. Army combat veterans who were deployed to Operation Enduring Freedom or Operation Iraqi Freedom?

This issue of combat veteran mental health and the role military leaders may have in it, is a really personal one for me. I served in Operation Iraqi Freedom during the invasion of 2003 and later became a clinical social worker, specializing in the treatment of PTSD for combat veterans. I have counseled combat veterans from World War II, Korea, Vietnam, Desert Storm, Iraq, and Afghanistan. The geography of war may vary, the technology may advance, but what does not change is the strength and courage young men and women display when called upon to fight, and neither do the challenges they experience when they return home. What I have come to see is that the issue of mental health among combat veterans is about more than mere data on a spreadsheet, more than compelling statistics that prove or disprove a point, and more than theorizing an approach for solving it. The issue is significantly also about how leaders in the military have impacted the resiliency and retention of deployed U.S. Army veterans. Leaders and, more specifically, leaders' behaviors need to be studied to determine if they are a factor in the extent to which a combat deployment is, or is not, traumatic. When a soldier comes home from combat, the memories and experiences, both good and bad, also come home. These memories and experiences can have an impact that expands beyond the veteran to their family,

friends, job, school, and every other area reflective of their capacity to adjust back to civilian life. Current psychological and psychiatric approaches have done an admirable job of trying to address the problem regarding the diagnosis and treatment of obvious mental illness arising out of combat deployment, but something is still missing. The role of leadership has been cited as a significant amplifier to difficulties experienced in the military (Gallus, Walsh, Van Driel, Gouge, & Antolic, 2013). However, the idea of leaders' behavior influencing a deployment and quite possibly the mental health of Army combat veterans was only solidified for me from my work providing mental health counseling to combat veterans who disclosed that interactions with, specifically, exceptionally good and exceptionally bad leaders while deployed significantly impacted their mental health. Most notably, for example, those veterans who experienced terrible leaders while deployed to a combat zone may have difficulties with people in positions of authority or have developed an inability to trust.

The impact of leaders' behavior on deployed soldiers really started to stand out for me while working in my current role as the State Behavioral Health Officer for the Michigan Army National Guard. I conduct fitness for duty evaluations that help determine if a soldier is fit to deploy to an austere environment or fit to remain in the military. In the course of my carrying out these evaluations, particularly for fitness for duty, an alarming trend became glaring. For soldiers with more than one combat deployment, I have come to the conclusion that the deployment with the most combat engagement is not necessarily the deployment that causes the most distress. Often the deployment causing the most distress are the deployments with bad leaders.

This research study explored the relationship between U.S. Army leadership and the mental health outcomes of U.S. Army veterans who have been deployed to Iraq and/or Afghanistan. Available literature was reviewed to explore and evaluate the “why” and “so what”

of this research. By also focusing on previous research in mental health, specifically, PTSD, TBI, and other related conditions, a better understanding of the overall problem of military leaders' role in combat-related mental illness can be gleaned. Although a causal link between the mental health and combat experiences of soldiers has been well explored in the literature (Brailey et al., 2018; Possemato, McKenzie, McDevitt-Murphy, Williams, & Ouimette, 2014; Hoge et al., 2014), scant research has been undertaken with even the notion of how leadership in the U.S. Army impacts the mental health of those who have served in OEF and OIF. It is critical to examine this relationship between leaders' behaviors and the impact they have on soldiers' deployment experience, including their impact on soldiers' mental health because, as these conflicts wind down, the pattern of history has shown that the next war is right around the corner, and so is the subject of leaders' influence on deployment experience and mental well-being. When OEF and OIF veterans were interviewed for this study, it was expected they could easily articulate how both good and bad leadership impacted their respective deployment experiences and thus impacted their mental health outcomes. It was hoped that the data analysis would uncover themes within the interviews that could be tied closely to one or more leadership theories. Just as an accurate diagnosis for PTSD is the first step in understanding and successfully treating PTSD, accurately identifying what leadership styles that minimize the incidence of mental health conditions and negative deployment experiences are linked to a leadership theory or theories can potentially enhance how leaders are trained for better engagement with soldiers they will lead into battle in the next war.

The focus of the literature review in this study then shifted towards U.S. Army culture, specifically examining leadership training. This background was vital in understanding how the Army trains its commissioned officers compared to non-commissioned officers in leading



soldiers into combat. There are stark differences in how they are trained to lead. For example, emphasis is placed on commissioned officers to be strategically proficient in combat maneuvers and have a macro view of the battlefield landscape. In contrast, the focus for non-commissioned officers is on taking care of the micro level needs of the unit and the soldier. This aspect of leadership training for commissioned versus non-commissioned officers is important to understand because, when individuals in these respective leadership roles do their jobs exceptionally well or exceedingly poorly, there is a ripple effect that extends beyond a win or a loss on the battlefield.

Finally, this study focused on four dominate leadership theories that currently exist in academia. Many leadership theories exist that cover the academic landscape, several of which having integrated or overlapping characteristics with other theories. The four leadership theories I have chosen were selected because of their distinction (no overlapping) compared to other theories used; these theories align well with leadership traits associated with the United States Army; and they have been previously well researched. These theories were analyzed to determine what correlations could be drawn amongst current leadership theory and mental health outcomes in combat soldiers who have been deployed to OIF and/or OEF. Correlating positive and negative leadership traits to one or more of the prevailing leadership theories can then lay the groundwork for future research focused on rethinking how the Army trains its leaders.

The next chapter, on methodology, will focus on the “how” of this study. The population for my research consisted of U.S. Army veterans who have served in Iraq and/or Afghanistan. The sample for this population was recruited from Facebook groups related to combat Army veterans of OEF and OIF in particular to which members of this population belong. Because of Facebook’s broad geographical reach across the United States and beyond, by using Facebook

groups to solicit participants for this research, I was able to cast a net that covers an area larger than West Michigan, thus diversifying and multiplying the number of veterans who qualified for this study. An online survey was developed and administered via Survey Monkey and, together with Facebook, yielded a large enough sample size of 100 to 150 completed surveys to allow for adequate analysis of the data (Creswell, 2013).

I chose to utilize social media to recruit the population sample for several reasons. The first reason was convenience and cost effectiveness (Thornton, et al., 2016). Facebook is free to use, and being able to join veteran-specific groups within Facebook allowed me to recruit a highly targeted population that would have been difficult to reach using more traditional methods such as letters, fliers, and newspaper ads (Whitaker, Stevelink, & Fear, 2017). The second reason for choosing Facebook was that it is the medium preferred by this population to keep in touch and stay informed. In the Army (and all other U.S. military branches, for that matter), members create bonds by coming and serving closely together for a period of time, then they either go to another duty station, to another deployment with a different unit, or leave the military and go home. Facebook allows that camaraderie to remain intact like no other medium. The third reason the use of Facebook was chosen to solicit participants was due to my role as an insider. Most of the military, Army, and veterans' groups on Facebook are closed groups; that is, membership is by permission only from a group administrator. In order to gain this acceptance, you must be able to show that you are directly related to the specific group. For example, for some OIF groups, a copy of discharge papers (DD-214 with personally identifiable information blackened out) must be sent to the administrator and approved before one is allowed into the group. For other groups, members must answer questions based on branch of service or deployment. Answers are then reviewed by the group administrator before approval is granted. For the

purposes of this study, I developed a Facebook page that provided background information on this research and a direct link to the survey located on SurveyMonkey.com. I then reached out directly to the members in these veterans' Facebook groups by posting a message about my research, a link to my Facebook page, and a link to the online survey. Since I am considered an "insider" (Finefter-Rosenbluh, 2017) within this population, I already had access to these closed groups, which allowed me to recruit eligible participants to take the online survey as the first part of the research design method.

The research design utilized was an explanatory sequential mixed methods study. This design was selected because of its two distinct phases, a quantitative phase followed by a qualitative phase (Inakova, Creswell, & Stick, 2006). The first quantitative portion consisted of a survey placed on Survey Monkey (see Appendix A). The survey questions were sorted based on participants' responses to the question about their experience as it relates to their perception of leadership (mostly positive or mostly negative) during a specific deployment to Iraq or Afghanistan. A correlation analysis examined the sorted data gathered from the responses to the perception of leadership question. From there, a qualitative analysis was begun. Data was chunked together by level of leadership perception, which was represented on a scale ranging from -5 mostly negative to +5 mostly positive. This data was color-coded by response and analyzed to see what themes emerged. The open-ended and short-answer survey questions were also coded and analyzed for any themes. Based on this analysis, eight participants were selected for interviews, marking the second phase of this explanatory sequential mixed methods design.

The interviews added to the thick, rich description of the emerging themes discovered in the qualitative analysis of veterans' experience with leadership while deployed to Iraq and/or Afghanistan. This qualitative portion of the explanatory sequential mixed methods design

attempted to capture what Creswell (2013) called “the universal essence of the shared experience” (p. 77).

In summary, this explanatory sequential mixed methods study focused on how U.S. Army leaders’ behaviors impact the deployment experience and mental health outcomes of Army veterans who have been deployed to Iraq and/or Afghanistan. This study also qualitatively analyzed survey responses to determine trends in the data that align with known leadership theories and how those theories correlate to mental health outcomes in those Army veterans who served in Iraq and/or Afghanistan.

## CHAPTER II: LITERATURE REVIEW

### **Introduction**

When soldiers go to war, they do not return home the same. Many come back with physical and/or psychological wounds (Britt, Greene-Shortridge, & Castro, 2007). Although the terminology has changed to describe the psychological wounds soldiers sustain in combat, from “shell shock” in World War I, to “battle fatigue” in World War II and the Korean War, to “post-traumatic stress disorder” in the Vietnam War and today’s battle fields in Iraq and Afghanistan, the injury sustained by these soldiers has not. Exposure to close-quarter combat, watching a fellow soldier being killed, and civilian casualties, along with regular exposure to indirect artillery fire and improvised explosions can leave lasting physical and psychological impacts that will remain with these soldiers for the rest of their lives (Sayer, Carlson, & Frazier, 2014).

The literature review focuses on a brief overview of mental health illnesses in the United States Army, such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and suicide. This background provides a foundation demonstrating that, despite evolutions in warfare, the mental health impact on human beings has a significant and long-lasting effect. These mental health issues are well researched, studied, and documented, and the overview provides a sufficient understanding of how these issues, which are sustained from or caused by time in combat, impact soldiers. This basic understanding is needed in order to have an accurate perspective on the invisible wounds some battle-worn soldiers bring home with them.

Although many aspects of the link between combat and mental health have been extensively studied (Hoge, et al., 2014; Brailey et al., 2018; Possemato et al., 2014), the literature has not examined what influence or role leadership or, more specifically, leaders’ behaviors have on the deployment experience or mental health outcomes of the personnel under their command.

This consideration is important because this literature review and overall study addresses an unexplored aspect of a combat deployment that often is quite significant. Leadership behaviors can impact the deployment experience and mental health outcomes of OIF/OEF veterans who have deployed to Iraq and/or Afghanistan.

Given the essential role leaders play in combat and the influence their behaviors can have on those they command, consideration should not only be given to the long-established and recognized importance of their tactical and technical effectiveness on the battlefield, but also to how their behaviors impact the soldiers' combat experience and subsequent mental health. Even though leadership affects deployment experience and mental health, the issue has not been studied in the context of the military although it has been analyzed in the case of first responders, such as emergency medical technicians, firefighters, and police officers. There are quite a few similarities between firefighters, police, and soldiers in combat. First responders typically experience comparable trauma, stressors, and responses to the traumatic experiences they face in the same way as soldiers in combat. For instance, both face situations in which their lives could be in danger, both have taken an oath to protect and serve, and both are specially trained to perform tasks under exceedingly high levels of stress and pressure. In addition, both first responders and combat soldiers may be exposed to situations that call for them to witness dead human beings or taking a life. Moreover, first responders and military personnel are all expected to stay until the fire is out, the shift or crisis is over, or the tour is complete, as applicable, and they are expected to perform their tasks consistently at peak level despite any loss of fellow comrades. Of course, with the similarities, there are some differences; for example, police and fire fighters typically do not have to relocate every few years the way active duty military personnel do. For the latter, the movement to different military installations every few years

means joining and getting acclimated to totally new teams, whereas most firefighters and police officers are able to build and sustain long term, cohesive teams.

Consider the tremendous stressors a combat soldier would feel if their leadership also presented obstacles that increased the soldier's stress level or, worse, placed that soldier in a situation where a life is in danger. Equally worth considering is the impact that positive leadership has on the welfare and mental health of combat soldiers. Discovering themes that indicate what type of leadership theories are present in the perceived leadership enacted in combat can possibly help connect positive leader traits and/or negative leader traits with respective leadership theories. This discovery can possibly change the soldiers' deployment experience in a combat zone. Identifying leadership traits that produce a toxic atmosphere that may cause harm in soldiers (Shay, 2014), thereby enhancing the probability of developing mental health issues, could in turn lead to corrective changes in how the Army trains its leaders.

The inclusion of these considerations regarding first responders and leaders provided useful insight for this study. The conclusion covers the strengths and weaknesses of the literature, possible missing elements from the literature, and next steps for future research endeavors.

### **Overview of Mental Health in the Army**

Modern warfare allows those on the battlefield to move faster and fight with more lethal means, but the effects of war on the mind have remained steadfast (Jones, 2013). Mental health conditions, notably post-traumatic stress disorder (PTSD, traumatic brain injury (TBI), and suicide are prevalent byproducts of conducting warfare. For PTSD in particular, the symptoms have been present long before an official name was given to categorize them.

PTSD is defined as resulting from a situation or event where a person witnesses “actual or threatened death, serious injury, or sexual violence” (American Psychiatric Association, 2013, p. 271). Some of the major characteristics present for the diagnosis include witnessing the event, having details of the traumatic event, and/or learning the event happened to a close friend or family member (American Psychiatric Association, 2013). PTSD also includes some of the following common symptoms: anger, isolation, emotional numbing, intrusive thoughts, nightmares, flashbacks, and avoidance of situations that are a reminder of the experience (Doron-Lamarca, Niles, King, King, Kaiser, & Lyons, 2015; Dursa, Reinhard, Barth, & Schneiderman, 2014).

TBIs can occur from sustaining brain injuries related to explosions, being knocked due to the concussion of the explosion, and being hit in the head hard by any number of means. Symptoms of TBI can include cognitive problems, physical problems such as headaches, impaired equilibrium, and light sensitivity, as well as “post-concussive symptoms” that include depression, sleep issues, memory impairment, and irritability (Porter et al., 2018; Morissette et al., 2011). PTSD and TBI can appear very similar in psychological symptom presentation. Both entail issues with sleep, depression, anger, anxiety, irritability, and flashbacks, and some sufferers of both conditions may also experience problems with learning (Sbordone & Ruff, 2010). Boyd et al. (2016) states, “In veterans with a history of mild TBI, the rate of PTSD is 43.9% as compared to 16.2% in those with other types of injuries” (p.174).

Soldiers’ experiences with TBI and PTSD have been documented since World War I, although those experiences were not called by these names (Taber, Warden, & Hurley, 2006). During World War I, soldiers were engaged in trench fighting, often in close quarters under the barrage of heavy artillery fire (Jones & Wessely, 2014). Service members who had experienced



too much combat during this time were said to be suffering from “shell shock” (Winter, 2014). In the 1940s, during the America’s long sustained campaigns in European and Pacific theaters during World War II, the term “battle fatigue” was coined to describe the psychological conditions experienced by those serving (Chermol, 1985). When service members returned to the states, they were welcomed home as heroes. Multitudes of them joined local Veterans of Foreign Wars (VFW), American Veterans (AmVets), American Legions, and other veteran service organizations to help cope with the horrors of the war by being around other service members. They also used alcohol to help numb the tortuous thoughts and emotions. The next major war for the U.S. was the Korean War (1950-1953), often referred to as the “Forgotten War” (Oh, 1998). The fighting was tough, but this war was fought, not until a total victory was achieved but rather until a negotiated peace could be reached. This was the first “war” of the Cold War era but, regrettably, not the last war for the United States (Stueck, 2010). When the Korean War was “ended,” service members came home but not to the fanfare that welcomed home World War II soldiers. This time when battle-worn soldiers returned, most of them inconspicuously reintegrated back into society, with only some joining the veteran service organizations established after World War II to help them cope with the after-effects of their combat experiences.

The U.S.’s next military engagement was fought in Southeast Asia, in the country of Vietnam. The Vietnam War ushered in many changes for America militarily, psychologically, and politically. From a military standpoint, the use of attack helicopters allowed for quick troop and equipment placement all over Vietnam. The North Vietnamese and Vietcong fought primarily with unconventional or guerilla style (hit and run) tactics, to which U.S. forces were not accustomed. Finally, the measure of military success in Vietnam was not the taking and

sustaining of territory in order to achieve a total victory as in previous wars but that of a body count of the dead enemy (Gartner & Myers, 1995). The Vietnam War also introduced another facet to deploying and fighting in a foreign country. Instead of sending entire units en masse to go, stay, and fight, in Vietnam, individuals would rotate in groups for twelve-month deployments and then return home. This mode of operation contributed to feelings of isolation within the soldier that carried over upon returning home; that is, a persistent feeling of being all alone.

This feeling of isolation was exacerbated by the fact that the Vietnam War was the first war for which, when American soldiers returned home, they were far from being greeted as heroes. From a political standpoint, the Vietnam War was a war fought not for total victory against a direct enemy but rather a proxy war against a larger ideological enemy, communism. Many Americans therefore protested U.S. involvement in the war and took their frustration with the government out on the soldiers returning home. Many civilians viewed these soldiers as baby killers and monsters who lay carnage on poor, innocent people (Glover, 1988; Shay, 1994). Quite a few soldiers cite their coming home experience as being just as traumatic as their time in Vietnam. To make matters worse, for most of the war, the American economy was sputtering along, which made it difficult for Vietnam veterans to find gainful employment upon their return. This in turn helped fuel the flames of depression, survivor's guilt, remorse, and anger that blanketed many of them as they tried to acclimate back into civilian life.

From a psychological standpoint, the United States government had changed how Army recruits were trained to fight. During World War II, the rate at which U.S. soldiers fired at the enemy was 15 to 20 percent of the time (Chambers, 2003). In contrast, soldiers in Vietnam had fire rates of 90 to 95 percent, with the change attributed to classical and operant conditioning during basic training (Grossman, 2009). As Grossman (2009, p. 25) points out, "Every aspect of

killing on the battlefield is rehearsed, visualized, and conditioned...by making the targets more human like (instead of a bullseye on a piece of paper) and having the targets drop when hit.”

This change is significant because the higher the fire rate, the more opportunity to kill the enemy and, thus, the higher probability of exposure to psychological trauma. It correlates, then, that the Vietnam War signified another change in terminology in reference to the psychological effects of trauma experienced in military combat: PTSD. PTSD was not made an official diagnosis in the Diagnostic and Statistical Manual for Mental Disorders-III until 1980. It marked a significant breakthrough in treatment for returning service members because, prior to the diagnosis of PTSD, people were misdiagnosed with bipolar, schizophrenia, or some type of substance abuse disorder (Scott, 1990). For example, a soldier who displayed massive mood swings to include anger outbursts or depression would be diagnosed as bipolar, and those who had flashbacks or displayed paranoia were often diagnosed with schizophrenia. Furthermore, along with symptoms relevant with previous wars, Vietnam also ushered in rampant substance abuse. Some soldiers became addicted to marijuana, amphetamines, and heroin while deployed in Vietnam (Hall & Weier, 2016). Oftentimes, psychological symptoms such as mood swings, depression, flashbacks, or paranoia were compounded in complexity due to the use of drugs or alcohol as a maladaptive coping mechanism. With these misdiagnoses, a long stay at a mental health facility usually followed for more of the extreme cases.

After Vietnam, the United States engaged in minor altercations, such as Grenada and Panama in the 1980s. These skirmishes are barely if at all covered in the history books. Grenada (Operation Urgent Fury) in 1983 and Panama (Operation Just Cause) in 1988 were quite short in duration and each had its own specific mission. These factors marked a sharp turn from the prolonged war of Vietnam. Next, the first large-scale fighting occurred with the first Gulf War,

Operation Desert Storm in 1991, although very little changed in terms of identification and treatment of mental health conditions for combat veterans. What did change, however, was evident in the welcome home that Gulf War veterans received. The parades and fanfare were reminiscent of the return from war at the end of World War II.

The next wars in Iraq (Operation Iraqi Freedom, or OIF) and Afghanistan (Operation Enduring Freedom, or OEF) would usher in some significant changes relating to how our military deployed and fought. On September 11, 2001, terrorists attacked the World Trade Center in New York and the Pentagon in Washington, D.C., ushering in the longest sustained military operation in our nation's history. These attacks also ushered in a change in how warfare is conducted that directly impacts soldiers. Historically, war has involved front lines at which a majority of the actual fighting takes place, even in areas where guerrilla warfare is at play. Now, however, with the use of specialized bombs called Improvised Explosive Devices (IEDs), all such lines have been erased, meaning no one is safe. They can be detonated remotely with devastating results, making previously safe areas of operation unsafe. Truck drivers, engineering equipment operators, and mechanics are just as likely to be exposed to IEDs as the infantry, artillery, and armored vehicle drivers are. IEDs have produced the most injuries and the most casualties for both wars (OIF and OEF) (Morrison, Hunt, Midwinter, & Jansen, 2012). The use of "booby traps" and bombs of these types are not new to warfare, but the armor piercing, mass casualty producing nature of IEDs is new.

The signature invisible wounds of OEF and OIF, initiated in 2001 and 2003, respectively, have been PTSD, TBI (Wieland, Hursey, & Delgado, 2010), and suicide. During the first few years of the wars in Iraq and Afghanistan, many U.S. service members were being misdiagnosed with PTSD when actually they had experienced TBI. This misdiagnosis was due to the similarity

and overlapping of symptoms, including depression, anxiety, sleep problems, anger, and difficulty concentrating, and led to complications in the psychiatric and psychological treatment of these individuals. The physiological damage to the brain can cause cognitive impairment, which makes the treatment that is typically effective for PTSD, such as cognitive behavioral therapy, quite ineffective. Another component of the misdiagnosis centered on the accounting for TBIs. The Department of Defense (DoD) did not start accounting for TBIs until 2000 (DoD World Wide Numbers for TBI, 2019). TBI is defined mainly as mild to moderate concussions with residual effects lasting days for some and weeks to years for others. Some of the major characteristics present in TBI that distinguish this diagnosis from PTSD include headaches, impaired short- and mid-term cognitive impairment, and light sensitivity (Gfeller & Roskos, 2013). The use of IEDs by the enemy in Iraq and Afghanistan have significantly increased the number of soldiers inflicted with TBI and PTSD.

PTSD and TBI are often considered risk factors for suicide. Suicide is often viewed as a result of unresolved issues or symptoms related to PTSD/TBI (Holliday, Lindsey, Monteith, & Wortzel, 2018; Stein & Ursano, 2013). Suicide data has only been collected by the Department of Defense since 2001, so it is hard to make correlations to other war eras and suicide rates (Novotney, 2020). The National Veteran Suicide Annual Report (Department of Veterans Affairs, Office of Mental Health & Suicide Prevention, 2019) indicates the annual number of veteran suicide deaths has exceeded 6,000 per year ever since 2008. In 2017, 58.7 percent of documented veterans who completed suicide had a mental health diagnosis (VA, 2019). Firearms are the primary means that veterans use to take their own life (veteran males at 70.0 percent compared to 53.5 percent of non-veteran males, and 43.2 percent for veteran females compared to 31.3 percent for non-veteran females (VA, 2019)). This research identifies PTSD, TBI, and

suicide as primary mental health conditions plaguing OEF and OIF veterans. It is understood that these service members may also experience other mental health conditions, such as anxiety, depression, insomnia, and substance abuse disorders, along with a litany of other diagnoses. PTSD, TBI, and suicide were singled out because they are signature mental health conditions for OEF and OIF veterans, and the other mental health issues are often integrated within the epidemiology of PTSD and TBI.

One unique aspect to America's wars in Iraq and Afghanistan that impacts mental health is the multiple deployments several soldiers face. Considering the stress associated with multiple OEF and OIF deployments, which was practically nonexistent in prior wars and other U. S. military conflicts, investigating the potential role of leadership in reducing and minimizing the incidence of PTSD and TMI assumes greater importance. In World Wars I and II, and the Korean War, soldiers either volunteered or were drafted to serve and remained in the combat country and fought until either the war ended, they were wounded and sent home, or, in the case of the Korean War, a peace treaty was negotiated. The Vietnam War did see some soldiers serving more than one tour, but this was very uncommon. Now, in Iraq and Afghanistan, due to the adoption of an all-volunteer Army in April 1971 (Dixon, 2012), multiple deployments are common. These multiple deployments cause several concerns, namely, treating PTSD between deployments; the need for soldiers to remain in hypervigilant status to be ready for the next deployment; and, finally, the impact on the family. The potential role of military leaders also assumes more importance because, with an all-volunteer army, the probability of multiple deployments is greater than in previous wars.

Multiple deployment challenges associated with treating mental health conditions are exacerbated by the fact that the next deployment is looming in the next 12 to 18 months. Soldiers

are given 12 months, by regulation, of dwell time before being redeployed. Dwell time is defined as the “time home between deployments” (MacGregor, et al., 2012, p. 55). Unfortunately, this is not down time. For many soldiers, these 12 months are spent training for the next deployment and begin shortly after returning home. Many soldiers want to remain ready as training is conducted and preparations are made for the next deployment. Under these conditions, a soldier can receive mental health counseling and take psychotropic medications to help adequately cope with these systems. However, deeper issues encompassing the diagnosis of PTSD, such as survivor’s guilt, forgiveness, and trying to process graphic events, take time to address, process, and manage. To sufficiently deal with these issues, soldiers would need to attend individual therapy, meet regularly with psychiatry, and, in extreme cases, need inpatient mental health treatment before their next deployment.

The need to maintain hyper-vigilance between deployments also magnifies the challenges confronting all troops, regardless of whether they exhibit the symptoms of PTSD or TBI. It is difficult for a soldier to “turn off” being completely aware of one’s surroundings, and constantly on guard and ready to engage in “fight or flight” when a perceived threat presents itself. A threat can be anything from somebody driving too close, large groups of people, loud noises, or someone appearing aggressive. The hyper-vigilant soldier can easily deem something a threat, engage the “enemy” in response, and end up in trouble with law enforcement. So, how are soldiers supposed to walk that fine line? Thoughts, feelings, and behaviors that are rational and normal in combat can be deemed as irrational, bizarre, or even dangerous back home. Moreover, the risk for the development of mental health conditions increases as the number of deployments increases (MacGregor et al., 2012).

Multiple deployments can also put a strain on marriages and home life (Negrusa & Negrusa, 2014). Some soldiers come home and prefer to spend time with the soldiers with whom they deployed over time with the family. This preference is due to strong bonds made during a deployment in which intense experiences were shared coupled with essentially placing each other's lives in each other's hands. Furthermore, when a soldier is deployed, the family members left behind must assume the role that the soldier had while home. When the soldier returns home, discord may occur as the family dynamic re-establishes the roles.

Along with the desire to spend time recreationally with those who shared the previous deployment(s), and trying to re-establish roles within the family unit, military leadership can also affect a soldier's time between deployments. Due to the various stressors of dwell time, the relationship between leaders and the symptoms that arise from PTSD and other mental health conditions is prone to also impact dwell time. For instance, a change in command may force units to start training harder and sooner than they would have with the outgoing command. In addition, a leader's view on mental health can also play a major role in how a soldier deals with issues stemming from the previous deployment(s). As an example, a leader who does not see value in a soldier missing a weapons qualifying range so that they can attend a mental health appointment can cause significant stress for the soldier. Similarly, if the leader cares more about their own self-interest, say, their own performance evaluation, above the interest of the soldiers, this type of attitude can also negatively impact soldiers' dwell time. If the soldier is experiencing readjustment issues at home but the leader expects that soldier to be in the field training for the next deployment, it can impact morale during dwell time. The degree of importance the leader places on mental health treatment can create a culture within the unit such that soldiers can either



be free and open about getting the treatment they need or not be forthcoming or diligent about it at all.

### **U.S. Army Values and Leadership**

As previously noted, PTSD is caused by being in a situation in which one's life is in danger or perceived to be in danger (APA, 2013). The probability that individuals will place themselves in such circumstances is a function of participating in U.S. Army values and leadership. Values are more than words, as they involve cherishing and standing for something despite the individual cost. Leadership is the hallmark of the United States Army doctrine (Army Doctrine Publication 6-22, 2012).

#### **Values**

Being able to influence others allows leaders to take soldiers into the most horrific conditions and get them to perform all assigned tasks and complete all missions. In order to fully understand that influence, one first must understand the tie that binds all soldiers, and that is the U.S. Army Values. These Army Values (<http://www.army.mil/values>) are:

- *Loyalty*. Soldiers are taught to uphold the constitution, support the leadership, and stand up for other soldiers. This value infuses backing for leadership even in situations where it may be harmful to the mission or the individual.
- *Duty* calls for soldiers to fulfill the mission by fully performing the mission or task at hand. This call lays the groundwork to ensure soldiers complete the mission even under the most undesirable conditions. Duty also infuses teamwork and deters a soldier from incorrigible behavior.
- *Respect* is all inclusive, meaning the soldier should have respect for other people, looking for the best in others, as well as self-respect. This value accentuates the

importance of having enough reverence for self and others to put forth the maximum effort to complete the mission.

- *Selfless Service* is doing one's duty without any desire for personal recognition or selfish benefit, which is a foundation for teamwork. Completing the mission is paramount and selfless service is the linchpin to make this possible. When soldiers place the mission, team, and unit before their own wants and desires, suddenly no job becomes too dirty or too hard if it means the mission will be successful.
- *Honor* is upholding and living the Army Values and carrying one's self in a manner that brings integrity to the unit and to the country.
- *Integrity* is a sense of honesty and simply doing what is right, even when no one else is looking.
- *Personal Courage* is facing situations that may be morally or physically challenging, which is critical for performing under the pressure of combat.
- *Warrior Ethos*. These Army Values help shape the spirit of the United States Army fighting soldier, a spirit that declares: I will always place the mission first. I will never accept defeat. I will never quit. I will never leave a fallen comrade (Army Regulation 350-1, 2014).

## **Leadership**

Once a soldier earns the rank of specialist, they are expected to take on more leadership responsibilities. The Army Doctrine Publication defines an Army leader as:

Anyone who by virtue of assumed role or assigned responsibility inspires and influences people to accomplish organizational goals. Army leaders motivate people both inside and outside the chain of command to pursue actions, focus

thinking and shape decisions for the greater good of the organization (ADP 6-22, p. 1).

In the Army, enlisted service members (to include non-commissioned officers (NCOs)) and officers can be considered leaders, either formal or informal depending on the specific role or task assigned. In contrast, those in command are exclusively officers who have been given lawful authority to direct and guide subordinates, including their health and welfare (ADP, 2012). Most of the literature focuses on leadership in general terms but fails to address the importance and the impact of leadership at different levels of the hierarchy of enlisted, NCO, and Officer Corps (Morath, Leonard, & Zaccaro, 2011; Laurence, 2011). When exploring the impact of leaders' behaviors on deployment experience and on mental health outcomes for combat soldiers, a clear understanding of each of these levels in the hierarchy is imperative because this understanding will provide greater insight on how leaders in the U.S. Army do or do not carry out the Army doctrinal definition of leadership while in a combat zone. Such insight can enhance awareness as to whether leaders are indeed motivating enlisted and NCOs to pursue actions for the greater good of the organization and at what cost from a psychological standpoint. It is important to understand each of these levels (enlisted, NCO, and officer) in order to better understand how each level is impacted and can impact the deployment experience and the mental health of soldiers in combat.

### ***Enlisted.***

Leadership training at the enlisted (specialist and below) level is mostly hands-on and informal. The first major leadership training is right before a soldier becomes a sergeant. The Basic Leadership Course (BLC) is the first training that incorporates formal military leadership doctrine (Army Regulation 350-1). The Army has recently changed the name and structure of

this first leadership course. It was previously called the Warrior Leadership Course but was changed to reflect evolving demands on junior NCOs. The BLC is a 22-day course for the ranks of specialist through staff sergeant that focuses on six core competencies the Army has deemed essential for junior leaders. A change from the previous Warrior Leadership Course is the addition of six leader core competencies, which are “readiness, leadership, training management, communications, operations, and program management” (O’Donnell, 2019, p.2). While the addition of these leader core competencies can improve several qualities for a new leader in the Army, what remains missing in BLC is the introduction and teaching of soft skilled leadership. Soft skilled leadership is the kind of leadership that influences the climate of units to be in degrees either positive to toxic, with intangible components such as listening, coaching, and positive communication (Bates & Morgan, 2018; Ngang, Prachak, & Saowanee, 2013).

### ***Non-Commissioned Officer.***

The Non-Commissioned Officer (NCO) is known as the “backbone” of the United States Army. The NCO is the bridge between the officer and the enlisted, being in the unique position of a follower to the officers and a leader to the enlisted. “No one is more professional than I” is how the NCO Creed ([www.army.mil](http://www.army.mil)) begins. NCOs are responsible for training, guiding, and mentoring the enlisted, and they also serve as the technical experts who provide guidance to officers. NCOs are typically the enlisted leaders of teams (consisting of up to five soldiers each), squads (up to 10 soldiers), platoons (up to 40 soldiers), companies (up to 200 soldiers), and battalions (up to 1,000 soldiers). In larger sized elements, NCOs are responsible for managing the units executing the commander’s plans. NCOs are highly instrumental in the Army and have a tremendous amount of influence on both the enlisted and officers; because of NCOs’ training and level of expertise, both enlisted and officers (especially junior officers) seek the guidance of

the NCO on a multitude of issues ranging from technical and tactical to how to handle personnel. In smaller sized elements (platoons or smaller), the NCO is usually the most senior person in the enlisted ranks and, thus, plays a significant role in setting the climate for the unit. The NCO is considered more of a “hands-on” leader, dealing more directly with the soldier on a micro level, as compared to the officer who ultimately leads the soldier but has much more of a macro focus primarily on mission accomplishment. NCOs are usually the most experienced enlisted members in a unit. As such, in combat, NCOs are called on to absorb a significant amount of the responsibility.

### *Officers.*

When most people think of leaders in the Army, officers are what come to mind. From General George Washington to General George Patton, the Army trains officers to lead and command soldiers. Officers are expected to hold themselves to a high moral standard that allows influence to occur. An effective leader leads from the front rather than from behind no matter the situation and displays great physical and moral courage. Moreover, as Major General Maxwell D. Taylor noted, “The badge of rank that an officer wears on his coat is really a servitude to his men” (Roberts, 2018, p. 5). Officers can become commissioned through a military academy (e.g., West Point, the Virginia Military Institute), the Reserve Officers Training Corps (ROTC), and Officer Candidate School (OCS). The Army demands, in theory, certain attributes from its officers, including technical competency, character, intellect, development of self and others, and the ability to display a level of empathy (Army Regulation 600-100, 2007). Officers must be able to place their soldiers in harm’s way and have them perform. In addition, officers are expected to build trust and provide a climate where soldiers feel confident that, when the time comes to be placed in harm’s way, their officers’ leadership will help ensure they make it out alive. Of

course, it is a burden to make command decisions that put soldiers in harm's way and that, at times, get those soldiers killed. Indeed, particularly in combat, officers have a plethora of objectives for which they are responsible. Therefore, officers must be able to balance the objective of the successful completion of the mission with the welfare and morale of those in their command, as well as their own thoughts, feelings, and resulting behaviors. In the fog of war, achieving this balance can be difficult. When the mission calls for direct engagement with the enemy or operating in areas where IEDs are suspected (for instance, when securing a valuable piece of terrain such as a hill overlooking a town or a road to be used for the safe transportation of personnel, equipment, and supplies), the mental health of the enlisted and officers can be negatively impacted. A high-stress environment or operational tempo definitely influences morale and welfare, as well. All these factors combine to put a cumulative weight of responsibility on the officers in combat, which in turn adds to the impact on the mental health of the soldiers under their command.

For the purpose of this study, Army veterans who have deployed to Iraq and/or Afghanistan were interviewed to ascertain the impact that leaders' behaviors had on their deployment experience and mental health outcomes. This focus allowed for the examination of specific ways in which leaders' behavior affect, either positively or negatively, those they lead. The resulting feedback could possibly change how the Army trains leaders so as to help minimize negative impact by leaders' behaviors on soldiers' experiences during future combat deployments. Those negative behaviors can come in the form of toxic leadership. Toxic leadership is the engagement of negative behaviors, including intimidating and bullying, that "if continually repeated, can cause psychological harm for their followers" (Webster, Brough, & Daly, 2016, p. 346). Interestingly, then, toxic leadership seems almost paradoxical when viewed

through the lens of the Army Values and Warrior Ethos. Therefore, the question then becomes, how do toxic leaders impact units in combat?

Mawritz et al. (2012) noted the impact of “trickle down” supervision whereby junior NCOs and lower-ranked enlisted soldiers alike mirror the leadership climate under which they operate, good or bad. If the leadership in a unit is toxic, then the climate of abusive supervision will “trickle down” within the unit. One significant impact of trickle-down supervision is seen in how other soldiers reach out for help for any mental health issues, if they decide to reach out at all, due to how mental illness would be perceived within the unit. Gallus, Walsh, van Driel, Gouge, & Antolic (2013) discuss “toxic leadership congruence” (p.589) and its relationship to the strong psychological conditioning to follow orders and obey the chain of command that takes place for the enlisted upon entering the Army. This strong conditioning may make it difficult for the enlisted to stand up to abusive leaders. If leaders consider mental health issues to be a sign of weakness, soldiers who attempt to seek help are likely to experience shaming, humiliation, and/or bullying. This possibility is particularly crucial for those enlisted at the lower-rank level. How leaders perceive, stigmatize, or normalize mental health issues will have a tremendous impact on how they care for soldiers as some of those soldiers move up in the ranks and start to become leaders themselves. With the enlisted soldier, NCOs, and officers, common values and traits are universally applied for leadership to occur at all levels. As the Army Values bind together all those who serve with a singular ethical purpose and direction (excluding self-seeking and toxic leaders), the same claim cannot be made for leadership theories used in the Army. Why? Because the Army Values do not address any specific theory related specifically to leadership but rather to general attributes, competencies, and outcomes (Department of the Army, 2019). So, why is this important? If a correlated theme or themes from the interviews

conducted in this research can be made tying soldier's perceptions of "good" leadership with a specific theory or "bad" leadership with a specific theory, the stage would be set for further research to validate these findings. There is value in making the preferred leadership theories explicit. If a leadership theory is shown to significantly relate to what is prescribed as "good" leadership, this could potentially change how the Army trains leaders. The same line of thinking also holds true related in examining what toxic leader behaviors could potentially align with leadership theory. These major leadership theories must first be identified, defined, and discussed.

### **Leadership Theories**

In order to better understand the role leadership plays in the mental health outcomes of soldiers in combat, it is necessary to explore the major leadership theories so that a necessary correlation can be made to connect theory with the practical application of leader attributes in the Army. Defining these theories will also help during the analysis of the data. The theories of transactional leadership, transformational leadership, servant leadership, leader-member exchange will be studied. Emotional intelligence will also be included in this study even though it is not a traditional leadership theory, its content is germane to this study.

### **Transactional Leadership Theory**

In transactional leadership theory, structure, order, and clear boundaries are established by the leader. Followers are rewarded or punished based on their ability to meet the goals of the leader; thus, the status quo is maintained by the followers' ability to follow the rules (Odumeru & Ogbonna, 2013). On face value, transactional leadership theory would seem a perfect fit for many organizations, including the military. There is probably no better illustration of transactional leadership theory in practice than in basic training. The senior drill instructor



structures and controls every aspect of a new soldier's life during the 12 weeks of basic training. Such structure and control are needed tools as these new soldiers shed their individual identity to become part of one cohesive team. If a soldier fails to follow the instructions of the drill instructor, the soldier is often disciplined. Some examples of failure to follow might include being late for a formation, making an error during drill and ceremony (marching), or talking to a drill instructor without permission. Discipline for failure to follow instructions may come in the form of push-ups, scrubbing toilets, or extra kitchen duty washing pots and pans. To a civilian, these tasks may seem silly and unnecessary and the discipline may seem quite strict, but for someone being trained with the end goal of successfully performing their duty in combat, being one second late can literally mean the difference between life and death. Therefore, such disciplinary methods are understood to be normal during basic training. Strict discipline helps condition the soldier to follow the Army way of doing things and abandon their own personal preferences. Transactional leadership is often the de facto leadership style in a combat zone due to its inherently conducive nature in that context.

On a psychological level, transactional leadership theory suggests that the leader determines the needs of the followers who serves the leader's best interest, and then the leader develops punishments and rewards that help establish the mental conditioning the followers need to follow orders (Nelson, 2016). It is not being suggested that the Army is producing mindless robots who follow orders unconditionally. Rather, leaders are developing disciplined team members who are willing to put their life on the line in dangerous and hostile situations. Following orders is a key aspect of that discipline trait and is why, in basic combat training, orders are given, and permission is required for literally every single task, including going to the bathroom and eating. This ongoing "transaction" between leader and follower must be initially

established during basic training. If during basic training a soldier is unwilling to follow orders, the transactional relationship is broken or not quite fully developed, and that soldier will be punished and/or retrained. If the soldier continues to disobey orders, they may be removed from service. Consider what would happen in a combat situation if soldiers decided to ignore orders and do whatever they feel is the best thing for themselves rather than the unit. They would be putting the lives of all the other members of that unit in peril. Soldiers must follow orders.

If the above scenario is true, then what is the need for any other type of leadership theory? Well, transactional leadership theory can have a dark side. If the leader does not have the best interest of the soldier in mind, or puts their own interests first, the complete structure of this theory is fractured. This dark side is manifested in the transactional leader's ability to hand out rewards and punishments (Van Wart, 2011). These rewards can come in the form of bonus pay or clear guidance, and punishments can be having to stay late to finish work or extra duty. The basic hierarchy of the military is naturally set up for transactional leadership theory to flourish with this rewards and punishments system. If soldiers do an outstanding job, they may earn a medal. Conversely, if soldiers act or perform in an undesirable way, they may face punitive sanctions such as loss in pay, demotion, or immediate corrective action in the form of, for example, pushups. Lower-rank leaders would be more likely to actively use transactional leadership to influence subordinate soldiers in their charge (Ivey & Kline, 2010). Moreover, soldiers who were by default trained on the rewards and punishments of transactional leadership theory without any intentional exposure to other leadership theories will naturally carry on the use of transactional leadership by default themselves. This practice can be to the detriment of the followers specifically when the leadership-follower power differential is abused. Unfortunately, particularly under stressful situations, bad leaders using transactional leadership techniques can

produce devastating effects in the soldiers they lead. Ambrose (2001) chronicles the World War II experience of E Company, 506<sup>th</sup> Regiment, 101<sup>st</sup> Airborne, to which CPT Herbert Sobel was assigned as the company commander. He trained soldiers by pushing them to and sometimes past their breaking point because he placed his needs before those of his men. One of Sobel's platoon leaders, 1LT Winters, noted, "The trouble was Sobel could not see the unrest and the contempt that (he) was breeding in the troops. You can lead by fear or you can lead by example. He led by fear" (p.26).

Bad leaders who use the methods entailed in transactional leadership theory can take the concept of rewards and punishments to a deadly level. In a combat situation, punishment can take various forms. These forms may include being forced to go on convoys to dangerous areas more often than the other soldiers, pull security watch night after night, repeatedly be the first person on a maneuver where enemy contact is expected, and so on. This type of leadership style can have a significantly negative impact on the psyche of the soldier when leaders use these types of methods as self-serving tools. For instance, a leader seeking a promotion may take advantage of their soldiers for personal gain on the battlefield by needlessly exposing them to trauma or causing unnecessary loss of life. Fortunately, the review of the leadership theories does not end with transactional leadership theory. Oftentimes combat conditions require more than just maintaining the status quo and involve more than just a mere transaction from the leader to the follower (Odumeru, & Obgonna, 2013).

### **Transformational Leadership Theory**

Transformational leadership theory provides the leader with more than just simple transaction as a way to enhance followership (Lowe, Kroeck, & Sivausubramaniam, 1996). In fact, often transactional leadership serves as an adjunct to transformational leadership, thus

making the latter the next step in the evolution in leadership theory (Howell, & Avolio, 1993). Transformational leadership theory was developed as a more effective way for leaders to lead (Nguyen, Mia, Winata, & Chong, 2017). Transformational leadership theory requires a deeper level of leadership, one where the idea of having a vision is introduced (Bass, Jung, Avolio, & Berson, 2003). Some of the earliest studies regarding transformational leadership are attributed to James MacGregor Burns and Bernard Bass. Burns studied leadership through the prism of politics and focused much on Franklin D. Roosevelt. As cited in Sorenson (2015, p. 478), Burns described his idea of a transformational leader as follows:

A relationship of mutual stimulation and elevation that converts followers into leaders and may convert leaders into moral agents. A transformational leader looks for potential motives in followers, seeks to satisfy higher needs, and engages the full person of the follower (Sorenson, 2015, p. 478).

Transformational vision pushes followers to get positive results, as Kane & Tremble (2000) note, “in levels of organizational effort and performance over and beyond what is possible by transactional behavior” (p. 138). This leadership theory has merit for characteristics that would be desirable in a leader on the battlefield. When the fighting gets tough, when sleep and food are afterthoughts, when fellow members in the unit get killed, it is the leader who can convey the bigger picture that will keep soldiers motivated to fight. Some key components considered essential for transformational leadership include “idealized influence (i.e., charisma), inspirational motivation, intellectual stimulation, individualized consideration (for the follower), and a potent psychological impact on followers beyond the effects of quid-pro-quo” (Antonakis, & House, 2014, p. 746-747).

Another factor that influenced Burns’ philosophy on leadership was his time as a combat historian during World War II. He noted that this experience gave him an appreciation for how NCOs and enlisted soldiers lead in combat (Bailey & Axelrod, 2001). With most historians

focusing on officers, Burns' recognition of NCOs and enlisted leaders provides an interesting and often overlooked observation on combat leadership. During his stint with the Army within the Pacific theater, Burns was able to extensively interview several enlisted non-commissioned officers and more junior officers. He observed the following:

[I]n the military there is no real followership, they talk about loyal troops and all that, but essentially the troops are not followers; they're what, manipulated automatons or something. ...One thing the military leader knew was that their troops would be loyal unless they got into extreme situations. So, you have these absolutely loyal followers who would do anything. They'll go to their death if you order them to (Burns, 2009).

The men of E Company may disagree with Burn's observation. Leadership in the military would seem like a natural fit for this transformational leadership theory. No leader in American military history personifies transformational leadership theory like General George S. Patton. Some characteristics of a transformational leader that Patton clearly displayed include being an inspirational motivator, having a purpose and being extremely driven, and challenging followers to be innovative and creative (Niessen, Mader, Stride, & Jimmieson, 2017). George S. Patton's march across Europe during WW II evinced the epitome of transformational leadership. Bastogne, Belgium was being held by Allied Forces (101<sup>st</sup> Airborne) but were under constant assault by the Germans and the brutal cold of the weather. If Germany were to secure Bastogne, historians suggest they might have seized victory at the Battle of the Bulge (Bastogne was a part of this battle). When General Patton received orders to relieve the 101<sup>st</sup> in order to keep Bastogne, he did the unimaginable. He "force-marched and pushed foot infantry to inhuman levels" (Carter & Finer, 2004, p.12). No one, not even General Patton's staff officers, thought this could be done. His men were tired, hungry, and had been fighting almost non-stop. General Patton was able to motivate his men to keep pushing and eventually they engaged and defeated

the Germans in Bastogne. Despite his harsh nature and high demands of his soldiers, General Patton's ability to inspire and motivate his soldiers is quite remarkable.

Transformational leaders exemplify what military leaders should be in terms of being adaptive and by building cohesive, inspired, and involved military units (Bass, et al., 2003). The literature acknowledges how leaders can influence individuals and the group as a whole to produce amazing results (Cho & Dansereau, 2010; Piccolo & Colquitt, 2006). However, what the literature fails to identify is the potential cost to the psyche for the soldiers who serve a transformational leader (Yukl, 1999). That is, oftentimes soldiers will be placed in life threatening situations for the advancement and self-promotion of the transformational leader.

Both transactional leadership theory and transformational leadership theory take a top down approach to leadership with a power differential between leader and follower. In combat, all the attributes that make transformational leadership theory appealing, namely, vision and motivation, which at times are needed in order to accomplish difficult objectives or seemingly impossible missions, can come at a cost to the soldiers, who have to carry out ambitious and possibly life-threatening orders. In the private and public sectors, followers can simply quit and go work at another job if they do not like the vision or motivation of the leader. In contrast, soldiers in the Army do not have this luxury. Moreover, soldiers who do not follow orders can be significantly punished with the possibility of death (Army Field Manual 27-10, 1956; Army Field Manual 27-2, 1984). Any other type of leadership theory would seem counter to the lead-from-the-front-mantra of the United States Army.

The transformational leadership theory further conjures up images of General George Washington prior to the Christmas crossing of the Potomac River, firing up his half-frozen men with a vision to help them continue the fight against the mighty British Army. There is no doubt

that being able to provide a vision and being charismatic and inspirational are definitely needed within the ranks of Army leadership. But the question must be posed, is transformational leadership always good? The literature is laden with research that validates Bass's (1985) hypothesis of the significance and importance of transformational leadership, but it all assumes that this type of leadership is naturally positive (Dvir, Avolio & Shamir, 2002; Hardy et al., 2010; Tucker & Russell, 2004). I would argue that transformational leadership is not all positive, at least not in the military. While there is no leader as motivating and inspiring as General Patton was, his nickname was "Old Blood and Guts" for a reason (Lovelace, 2014):

An artillery officer in the Ninety-Fourth Infantry Division in charge of censoring mail remembered, "Sometimes people that'd write those letters saying how wonderful Patton is would go outside and bitch about him to each other... But when they'd write home, they'd brag, brag, brag. They'd say, 'I'm a Patton man!'" (Lovelace, 2014, p.110).

### **Servant Leadership Theory**

An alternative leadership theory approaches the idea of what a leader is and what a leader does from a very different perspective. In many ways, servant leadership theory is a leadership theory that is paradoxically different from the two leadership styles already discussed, including the role of the leader. The concept of a servant leader ties in with the Army's value of selfless service. A servant leader is a leader who places the mission and the people under their care first. It is a leadership style that comes from the heart (Frick, 2006). In theory, this leadership style should be second nature to those in military leadership who embody the core Army Values of loyalty, duty, selfless service, respect, honor, integrity, and personal courage. Moreover, on face value the term "servant leader" may appear oxymoronic compared to transformational leader and transactional leader when one considers that Spears (1996) cites Robert K. Greenleaf as "envisioning

leadership through service to others which empowers them to achieve their full potential, thereby enhancing the entire society” (Spears, 1996, p. 62). However, servant leadership generates from a different starting point than transformational and transactional leadership. Leaders who operate by servant leadership theory view themselves as stewards of the organization and feel tremendous responsibility to care for, foster, and grow the organization and its people (Reinke, 2004). This theory differs from others because of its religious underpinnings. Jesus Christ is often referred to as the model for servant leadership (Greenleaf, 1977).

This cohesion of personal and organizational growth, in which leaders willingly place themselves last, would naturally be unappealing to military leaders who are looking for the next quick promotion, or the self-promoting glory of being in charge, or are in some other way driven by an ego-centric nature. Although selfless service is a core value of the Army, some leaders will look to place themselves in the best possible position, no matter the cost, to be first in line for the next promotion. These self-maximizers will lead from a position that will benefit themselves and their careers first (Frederickson, Smith, Larimer, & Licari, 2012), leaving everyone and everything else a distant second. Of course, while self-less service is a great facet of good leadership, the argument could also be made that something more is required from a leader to effectively lead others in the Army. Not every follower, nor soldier, requires the same type of leadership. Some soldiers will flourish under a transactional or transformational leader, while other soldiers might prefer the service-first mentality of a servant leader. In all three styles of leadership, however, one thing is missing, and that is understanding what type of leadership style works best for the individual.



## **Leader-Member Exchange Theory**

The leader-member exchange (LMX) theory is the leadership theory that places the focus on what the follower or soldier needs. LMX postulates that a leader will not treat every follower in the same manner. With some followers, a leader will develop a low-quality relationship based primarily on a transactional-level connection, while other followers develop a more nurturing relationship with the same leader (Vidyarthi, Liden, Anand, Erdogan, & Ghosh, 2016). If a leader needs to delegate responsibilities in order to ensure the unit is successful, they need to be able to select a follower with the necessary skills to successfully complete the mission. Because of the fact that, if the mission fails, the leader is ultimately responsible, the leader must be able to trust the skills and abilities of the follower for mission success (Liden & Graen, 1980). There are many benefits and advantages of LMX that make this type of leadership theory appealing, including “job satisfaction, task performance, organizational citizenship behavior, commitment, and role clarity” (Breevaart, Baker, Demerouti, & van den Heuvel, 2015, p. 755). Notably, while it is important to have a good working relationship with followers, and factors such as integrity, trustworthiness, and being personable help foster a deeper leader-member exchange, this is not always feasible, thus highlighting the limitations of this leadership theory.

LMX also presents some challenges when leaders display favoritism towards some followers over others. While displaying favoritism would seem like a given, it is unique to LMX due to the individualized relationships that are developed under this theory. Tse, Lam, Lawrence, & Huang (2013) noted that different relationships between a leader and their followers can impact an organization both positively and negatively. For example, a leader may see themselves in a follower, or the leader and some followers may have more compatible personalities that just work better together compared to other followers. These are just a couple of examples of

secondary factors that impact leader-follower relationships. Furthermore, in the public, private, and non-profit sectors, the inability to develop and foster quality leader-follower exchanges might cause the follower to look for another job or may have the leader find another follower who is a better fit. This flexibility is not possible for leaders or followers in the military. Especially in combat, the inability for a follower to leave or for a leader to replace them can produce a leader-member exchange where a less connected soldier is tasked out on more dangerous jobs (e.g., clearing buildings or mines, or taking the lead position on a patrol) than a soldier who has a better relationship with the leader.

### **Emotional Intelligence**

The final leadership theory is not a theory like the others per se, but it is as important. Emotional intelligence is the ability to effectively monitor the emotions of both self and others for influence (Mayer & Salovey, 1993). The Army is known as the bedrock for producing and fostering tactical leaders (officers and NCOs) and, thus, for developing strategic subject matter experts who know how to successfully maneuver, defend, and advance troops and equipment on the battlefield. Often, it is not the tactical competency that determines leader effectiveness but rather that leader's ability to connect on an individual level to the soldiers they must lead in combat. That connection is relational. A significant, disproportionate amount of officer training is focused on tactical training, and the results of little to no formal relational training becomes evident when officers take command of units (Allen, 2015; Nemec, 2016). There must be a balance between tactical and relational proficiency from officers. Daffey-Moore (2015) noted that leaders who lack emotional intelligence often cannot relate on a personal level to soldiers. They may even come off as cold or indifferent towards the soldiers they lead, often causing these soldiers to be reluctant to follow tough orders in combat that will place their lives in danger. As

noted within the above discussion of other leadership theories, leaders with poor relational skills can pose a real problem for soldiers.

Conversely, leaders who know how to tap into the human element with the people they lead can get maximum effort from their followers. Leaders with a higher sense of emotional intelligence tend to have higher self-esteem and a larger capacity to influence others. This ability to influence others is the essence of leadership (Shutte & Loi, 2014). The use of emotional intelligence under times of extreme pressure and stress seems to foster resiliency in leaders that then transfers to subordinates (Schneider, Lyons, & Khazon, 2013). Emotional intelligence has tremendous potential to positively influence a leader's decision-making capability and behaviors on the battlefield, and the lack of it can have a corresponding negative influence, so that, depending on whether it is present or absent, emotional intelligence has either a positive or a negative impact on the mental health outcomes for soldiers in combat (Koh & O'Higgins, 2018).

Soldiers in combat are not the only group of people who are exposed to high levels of job-related stress and potential trauma. First responders are exposed to extremely stressful, often life-endangering situations and events, many of which can mirror what a soldier faces in combat, including having to make split-second decisions that could mean life and death, exposure to death, and loss of comrades, just to name a few. It is critical to look at a leader's impact on mental health from that perspective of another group, first responders, who are also placed in harm's way, to explore any correlations that may exist.

### **Trauma Exposure and Seeking Treatment**

There is a lack of adequate research exploring the direct relationship between leadership influence, good and bad leadership, and mental health in followers for the military. In order to

gain perspective. looking through the lens of certain types of professions where the potential for trauma is also high, may provide some needed insight.

### **Similarities between First Responders and the Military**

First responders such as police officers, fire fighters, and emergency responders experience stressful situations and face possible exposure to trauma similar to what someone in the military experiences; for example, exposure to dead and dying human beings, having to take someone's life, not being able to save someone's life, and having one's own life put in danger. Being exposed to traumatic situations, such as a shootout, a horrendous accident, or a burning building, can lead to the diagnosis of PTSD in these first responders (Haugen, McCrillis, Smid, & Nijdam, 2017). Anger, anxiety, depression, and other symptoms of PTSD do not discriminate between first responders and military personnel.

For first responders, exposure to trauma in the form of death and destruction can present suddenly. This exposure can cause mental health issues such as PTSD, depression, anxiety, and sleep problems (Benedek, Fullerton, & Ursano, 2007). Leadership can play an important role in how first responders can cope, process, and deal with these experiences. Allowing first responders to seek and attend mental health appointments or removing personnel from duties that may trigger PTSD symptoms (that is, trigger unwanted thoughts about a traumatic situation, potentially causing a panic attack) while seeking treatment are examples of positive actions first responder leaders can take to help those they lead. First responders also share with military personnel the possibility of exposure to multiple traumas within a short period of time (Flannery, 2015). In exploring psychological responses of fire fighters and trauma, Fullerton, McCarroll, Ursano, & Wright (1992) identified the type of leadership as a stress mediator for those first responders. Because leaders can play a valuable role for followers in the aftermath of a traumatic

experience, leaders who acknowledge the fact that everyone will have their own response to the traumatic experience and will process that experience can help foster an environment where these individuals can seek professional mental health help. Leaders who allow time for first responders to seek mental health counseling and time to process with peers will set a climate that allows for healing. When leaders are properly trained, at a bare minimum, to be aware of the signs and symptoms that first responders may be experiencing, residuals from trauma exposure referrals can be made to get professional mental health assistance.

On the flip side, there are leaders who stigmatize those who need mental health assistance and will not allow them time to seek mental health treatment. These leaders lack emotional intelligence and minimize or fail to acknowledge what has been experienced as traumatic. Leaders who fail to address the needs of those they lead can have the same negative impact on followers and unit morale as in the military.

### **Conditions for Treatment**

Fire, police, and emergency medical technician leaders enjoy an advantage over their military counterparts; namely, stability. Leaders in the Army usually cycle through a unit every 24 to 36 months, whereas a police or fire chief can remain in the same position for decades. The constant turn-over in the Army can cause instability with soldiers, whereas stability develops for first responders that can provide them steadiness within an organization and can deepen the sense of camaraderie within the unit. Such more long-term leaders have a better opportunity to fully engage with followers and develop a leadership style where the leader has a deeper personal relationship with each follower that can blossom over the years, providing better opportunity for authentic leadership which the military just cannot.

By focusing on that stability, a deeper look at the impact of leadership towards first responders who have experienced trauma could provide the Army with insight that can better prepare leaders in managing soldiers who have experienced trauma. The symptoms of PTSD have been well researched across military and first responders (McFarlane, Williamson, & Barton, 2009; Vitzthum, Mache, Joachim, Quarcoo, & Groneberg, 2009). Further research dealing with this dynamic of leaders' behaviors and their influence on followers who have experienced trauma would benefit both the military and first responders alike. First responders might provide a better "environment" for this research, specifically, the longitudinal effects of leaders' behaviors on followers due to the aforementioned greater stability of some police and fire units. This type of research would also help identify appropriate leadership climate. Leadership climate is critical to followers' willingness to open up and get help without feeling stigmatized for doing so.

## **Conclusion**

### **Statement of the Problem**

What is the impact of leaders' behaviors on deployment experience and mental health outcomes for Army combat veterans? Trauma exposure and the aftermath are well documented for those who have been in combat. What has not been thoroughly explored is the impact that leaders' behaviors have on deployment experience and mental health outcomes.

This research explored the phenomenon of leadership in combat, with two goals. The first goal was to identify what kind of role, or impact, leaders' behavior has on the deployment experience and on the mental health of Army combat veterans deployed to Iraq and/or Afghanistan. The second goal of this research was to see what themes developed from the interviews that could directly be related to current leadership theory. This research will help fill a

gap in the current literature and contribute to the fields of Army leadership, public administration, and leadership studies. New areas for further research may be developed based on this research, specifically identifying leadership traits, personalities, and/or theories that can be used to better train Army leaders to communicate, inform, and lead soldiers in combat. Providing an illumination on how leaders' behaviors both positively and negatively influence the mental health of soldiers and the deployment experience, the Army can possibly change how they train and develop leaders in preparation for the next war. These changes could ultimately result in better mental health outcomes and better deployment experiences for soldiers.

## CHAPTER III: METHODOLOGY

### **Introduction**

The need to explore U.S. Army leaders' behaviors and how those behaviors can impact soldiers' deployment experiences and mental health, is great. This research study took on that previously unconsidered aspect of mental illness in combat veterans, with the hope that a deeper understanding of the relationship between leadership behavior and deployment experience and mental health outcomes could be gained. Leader behavior attributes were also studied to see if any correlations could be made with well-established leadership theories (transactional, transformational, servant, and leader-member exchange (LMX)) and emotional intelligence. This chapter describes the research design, the role of the researcher, participants, instruments, data collection, and data analysis.

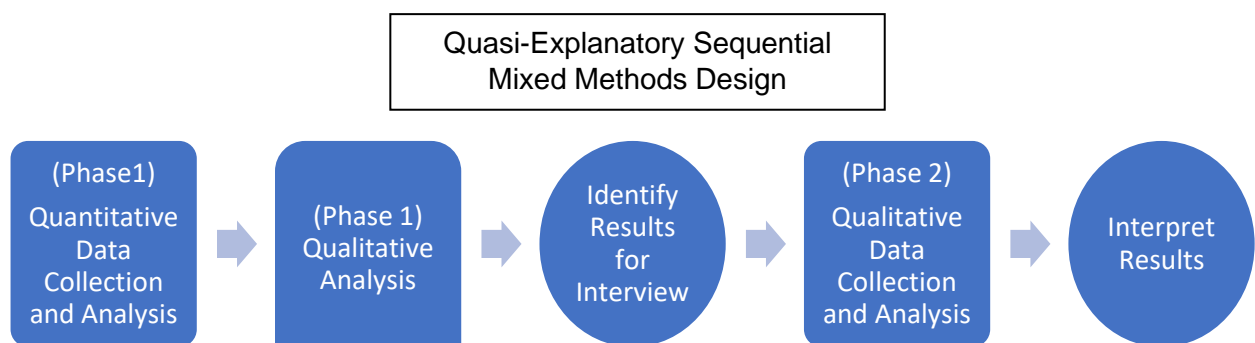
### **Research Design**

This research study sought to explore an answer to this question: Do U.S. Army leaders' behaviors impact the deployment experience and mental health outcomes of Army combat veterans deployed to Iraq and/or Afghanistan? The underlying or sub-question for this research centered on discovering whether there were trends in the data of the qualitative analysis that aligned with known leadership and, if so, how those trends related to mental health outcomes.

This study used a quasi-explanatory sequential mixed methods research design. In a traditional explanatory sequential mixed methods design, there are two different phases that are clearly separate and distinct: a quantitative analysis phase (Phase 1), followed by a qualitative analysis phase (Phase 2). The purpose of the qualitative analysis phase is to explain in depth the results found in the quantitative phase (Creswell & Creswell, 2018). Now, the research design being utilized for this study departed slightly from the traditional explanatory sequential mixed



methods model by adding a qualitative analysis once the Phase 1 quantitative analysis was completed but before the Phase 2 qualitative analysis began. This additional, preliminary interpretation of the quantitative data gathered in Phase 1 was necessary in order to identify and explore any themes, which in turn allowed for a more targeted selection for the interviews that were a part of Phase 2. This exploration of themes was preferred over relying solely on the quantitative analysis to establish criteria for interview and other qualitative data collection activities in Phase 2. Figure 1 provides a visual representation of the process flow of this quasi-explanatory sequential mixed methods research design study. It is important to note that the essence of explanatory sequential mixed methods design remained intact during this research.



*Figure 1. Quasi-Explanatory Sequential Mixed Methods Design*

The strength of the quasi-explanatory sequential mixed methods research design is in its “straight forwardness and opportunities for the exploration of the quantitative results in more detail” (Ivankova, Creswell, & Stick, 2006, p. 5). Crewsell and Zhang (2009) noted the richness that mixed methods research design brings to the field of trauma research. The richness described for trauma research in particular, when compared to a purely quantitative or qualitative research design, lies in the fact that this mixed methods approach provides a deeper understanding by combining the strengths of both research methods (Bowen, Rose, & Pilkington, 2017). In fact, for this research study, a mixed methods approach was essential because using

only a quantitative or a qualitative research design would not adequately explain the various unique complexities of this specific topic (Ivankova, Creswell, & Stick, 2006).

Furthermore, the explanatory sequential research design is the most appropriate of the four most common mixed method designs because of the nature of the research question. Identifying, rating, and then correlating themes and other aspects of the relationships between the deployment experience, leaders' perceived behaviors, and the mental health outcomes of the participants all needed to occur first and then be explored deeper through conducting interviews in order to provide fully integrated and explorative insight into the research question.

The other three mixed method designs are the triangulation design, the embedded design, and the exploratory designs. The triangulation design is a one-phase design that seeks to have the quantitative and qualitative data find “different but complementary data on the same topic” (Creswell & Plano Clark, 2006, p. 60). The embedded design has one data set providing support to another data type; for example, the “embedding qualitative data within a quantitative methodology” (Creswell & Plano Clark, p. 69). This research method was considered for this study but was ultimately discarded because my objective was not to integrate qualitative data in or embed it with quantitative design but rather to use the qualitative analysis to develop and establish more purposeful interview selection criteria. Finally, the exploratory design method utilizes a two-phase model but differs in the sequential order of the qualitative and quantitative phases whereby the qualitative phase occurs first when there is no model or when instruments are not available. The explanatory design is suitable for developing and testing research instruments and to generalize results to different groups, as well as for uncovering more information about a phenomenon (Creswell, Plano Clark, et al., 2003). Conversely, the other

three designs are not as straight forward, nor do they allow for further exploration on emergent and unexpected themes (Driscoll, Appiah-Yeboah, Salib, & Rupert, 2007).

Phase 1 of this quasi-explanatory sequential mixed methods research design study focused on the aspects essential to quantitative research. These aspects are design, identification of variables, data collection, and data analysis (Grinnell & Unrau, 2018). Another key component of quantitative research is the use of an instrument to collect information from participants. For Phase 1, an online survey was used to cache responses from participants as well as to serve as the platform for the data analysis. A correlation analysis was conducted to determine the strength of the relationships between leaders' perceived behaviors and the deployment experiences and mental health outcomes of Iraqi and/or Afghanistan war veterans. This analysis helped to set up the additional qualitative analysis for Phase 1.

Phase 2 of this quasi-explanatory sequential mixed methods research design was qualitative. It consisted of eight one-on-one interviews with a selection of individuals who also completed the online survey. The qualitative analysis of Phase 2 had a phenomenological feel to it. Among the blessings and curses of using mixed methods research design is the subjectivity and flexibility afforded in how the design can be structured. That is, while this study utilized an explanatory sequential mixed methods design, the options for configuring Phase 1 and Phase 2 were numerous. For example, Phase 1 could have consisted of the online survey and Phase 2 could have collected the qualitative data in the form of case studies, ethnographies, or narratives. However, for this study, Phase 2 utilized a phenomenological design that emphasized the lived experiences of the participants and minimized the experience of the researcher in order to arrive at an analysis that examined themes and descriptions while embracing the overall essence of their experience (Moustakas, 1994). Despite other mixed method designs' being well suited for

phenomenological research (e.g., embedded and exploratory research designs), the manner in which this explanatory sequential mixed methods research study was structured, with an initial emphasis on correlating relationships and then exploring themes that emerged from the quantitative data, allowed for a very purposeful targeting of interview participants who could provide a robust context to the overall analysis (Bevan, 2014; Rudestam & Newton, 2007).

### **Role of the Researcher**

#### **Reflection on My Identity: The Researcher as an Instrument**

Today's American soldier volunteers to serve in the Army with the understanding that going to combat is a very real possibility. In the wake of September 11, 2001, the United States has been at war in Afghanistan and in Iraq since 2003, which means that today's soldiers have grown up in a country that for them has been continually at war. In other words, an 18-year-old who enlisted in the Army in 2019 has been alive for as long as the United States has been at war in Afghanistan. In fact, it is unprecedented in our country that the wars in Afghanistan and Iraq are the longest continual wars in our nation's history. Moreover, with no draft to secure a fresh crop of soldiers, many of them have been deployed multiple times to both wars. The Army does an excellent job of preparing soldiers for the physical and psychological aspects of war in terms of how to perform their jobs under stress (Grossman, 2009). Still, while training will give soldiers a sense of what war may be like, it is difficult to fully predict how individuals will react until they are actually in combat. This uncertain reality holds true for leaders, as well. Most soldiers do not have any way of knowing how their leaders' will actually behave while deployed in combat. In some cases, leaders make decisions that prove lifesaving, but for other soldiers, the negative influence of their leaders can make an already difficult combat deployment nearly insufferable.

I can relate to soldiers who have been deployed. I was deployed to Kuwait prior to Operation Iraqi Freedom (OIF) in 2003 as part of the invasion forces that crossed the berm from Kuwait into Iraq in February of that year. I served as a fire support officer attached to an infantry unit and my job was to radio in artillery, air support, and naval gun fire. I was able to witness firsthand the realities of war; namely, all the sights, sounds, smells, and decisions that leave a permanent imprint on a combat soldier's psyche.

I was a leader during this deployment, responsible for placing my men in harm's way so they could do their job. I had to place my enlisted men and NCOs in the best position for them to see the enemy so they could call in artillery fire. Because this often left them exposed to enemy fire, these soldiers had to trust that I was making the most wise and discerning decisions regarding their placements. Due to the nature of several of the missions we had to accomplish, these men were placed in between the enemy and our forward units. Fortunately, I was able to seek out guidance and support from my leadership in the same way my soldiers could seek it out from me.

My battalion commander and company commander instilled a great sense of confidence in his men and made me personally feel as if I knew I was going to make it home. That confidence, however, did not protect against or remove the impact from the hardship and violence that is experienced in combat. Still, despite experiencing the many negative aspects of war that still impact my mental health today, my battalion commander demonstrated what great leadership should look like. Not only did he have the technical and tactical expertise that is expected from an infantry battalion commander, he also displayed a genuine love and care for the soldiers he commanded. I naively thought that all leaders, under the duress of combat, would behave in a similar manner. I logically knew that "bad leaders" existed, and I had experienced

some of them prior to going to combat. But I still thought, apparently under the fog of war that all leaders would place the care and well-being of their soldiers first and foremost. It was not until several years later that I began to see the impact and damage that poor leaders can inflict on soldiers in combat.

After getting out of the military in 2004, I decided to rejoin in 2013, but this time as a behavioral health officer in the U.S. National Guard, a role in which I continue today. In this role, I conduct fitness for duty examinations that determine whether a soldier should be allowed to deploy or continue their military service. In the course of conducting these examinations, something interesting started to happen. Soldiers started to disclose to me that the source of their traumatic experiences was not the enemy fire or explosions but, rather, poor leadership. For soldiers with multiple deployments who experienced significant combat trauma (bombing, engaging in close-quarter combat, IEDs) during one deployment and little to no enemy engagement in the second, reported that the second deployment was just as or more stressful than the first deployment. I soon began to really wonder what role leadership plays in mental health outcomes for combat soldiers.

Interestingly, the impact of negative leadership also holds true for some Vietnam veterans I have counseled over the years. Many of them have deep resentment and anger towards leadership for being asked to do or not do some tasks or commit some acts that still have a very deep impact even 40 or more years later. Some of those acts or tasks are normal orders given in a time of war, such as conducting a reconnaissance patrol in a potentially hostile area or ambushing a larger enemy force. Other leaders' orders, such as night patrol or continually being assigned to "walk point," are exacted just because the leader does not like a particular soldier as a person, which can field just as negative of thoughts and emotions as being in a wartime fire

fight. This research study will have an impact on further exploring this phenomenon of leadership on mental health, along with exploring trends in the interviews from which possible correlations can be drawn to leadership types.

Not only did I join the National Guard, but I have been spending most of the past decade working as a mental health counselor for the Department of Veterans Affairs, with a focus on counseling combat veterans with PTSD. It has been amazing to witness how a six- to 12-month time period can have lifelong repercussions in someone's life. Being exposed to the horrors of combat in which soldiers are asked to participate in events that place them in a role where they can be both the perpetrator and a victim (that is, killing, witnessing a friend's killing, or just witnessing death) leaves an everlasting imprint of the hell that war can truly be. Exposure to trauma in combat can produce negative thoughts and feelings as well as unwanted behaviors. Some of the more common negative thoughts, feelings, and unwanted behaviors include nightmares, flashbacks, avoidance behaviors (internally avoiding distressing thoughts and memories and externally avoiding people, places, or conversations that serve as reminders of the traumatic experience), hypervigilance, isolation, survivor's guilt, thoughts of worthlessness, depression, and anxiety (Beevers, Lee, Wells, Ellis, & Telch, 2011; Walton et al., 2017). The counseling process can help sufferers of these conditions examine, accept, and cognitively restructure those thoughts, feelings, and behaviors that contribute to the distress. Being able to help veterans process their thoughts and feelings towards making positive changes in how they view their traumatic experience(s) and view themselves, and towards restoring broken relationships, is extremely rewarding to me.

It is important to understand that my experiences have helped shape who I am. Creswell (2013) noted the importance of his understanding, along with how the researcher's own

experiences, values, and perspectives, can influence and impact their research. It is important for the reader to be aware of my passion and desire for helping combat veterans with mental health issues and my bias in my belief that leadership, especially bad leadership, significantly impacts the mental health of soldiers in combat. Poor leadership is defined as “ineffective and/or unethical” (Kellerman, 2005, p. 43; Gini & Green, 2012). Marshall and Rossman (2016) noted the importance of separating the researcher’s bias from their perspective on collecting data. I am aware that I am an “insider” of this population on multiple fronts: I am soldier, I have deployed to Iraq, and I have served both as enlisted and as an officer. Chenail (2011) noted about researchers that, “being a member of the group themselves can introduce a question of bias into the study” (p.257). However, as Galdas (2017, p.2) points out:

“[T]hose carrying out qualitative research are an integral part of the process and final product, and separation from this is neither possible nor desirable. The concern instead should be whether the researcher has been transparent and reflexive (i.e., critically self-reflective about their own preconceptions, relationship dynamics, and analytic focus)”.

Reflexivity is not to show objectivity or impartiality (Probst & Berenson, 2014) but to be aware of how the researcher’s thoughts and feelings contribute to the overall research process (Mackieson, Shlonski, & Connolly, 2019; Gringeri et al., 2013).

## **Participants**

### **Inclusion/Exclusion Criteria**

The population for this research were U.S. Army combat veterans who served in Afghanistan for Operation Enduring Freedom (OEF) and/or Iraq in Operation Iraqi Freedom (OIF). Other war eras were initially considered but were ultimately excluded from this research primarily to keep a narrower focus for the research scope. Additionally, with the wars in Iraq and Afghanistan still ongoing, it was more relevant to provide insight into a current phenomenon.



To consider combat veterans from other war eras along with the OEF/OIF veterans would have meant the consideration of aspects of the war experience that are unique to those specific periods. For example, OEF/OIF veterans deploy on average for 12 to 18 months. Many of these soldiers leave their time in the military with more than one deployment. Compare that to the Vietnam veteran who may have been drafted instead of enlisted into service, served one to two years total in the military with one year in combat, and then was discharged out. Vietnam veterans also fought a very unpopular war and oftentimes came back to the U.S. to the calls of “baby killer” and “murderer.” It would be quite uncommon for an OEF/OIF veteran to experience that kind of reception upon coming back from combat. Yet another example would be Desert Storm veterans. The war in the Persian Gulf (1991) was short compared to OEF/OIF; Desert Storm had six weeks of air strikes against the Iraqi forces, followed by a one hundred-hour ground attack that liberated Kuwait (Collins, 2019). Desert Storm would be better studied with more like engagements, such as in Lebanon and Grenada, that were also short in duration.

Military personnel who served in OEF and OIF have some notable distinctions that are unique to them, further making them ideal for this study. For one, in addition to Army deployments being typically 12 to 18 months in duration, with many soldiers being deployed multiple times, soldiers must have one year off and then can be deployed to either Iraq or Afghanistan. Added to these deployments is the unique fact that most soldiers are moved from duty station to duty station (an Army base such as Ft. Bragg or Ft. Lewis) every three years. So, it is common for a soldier to come back from a deployment and immediately transfer to a different duty station where they start preparation for the next deployment. In theory, that soldier is supposed to be taking time off, but most of that time is spent training. Then, add to that another unique factor, namely, the constant hypervigilance a soldier must keep during their time

off between deployments, whereby they are constantly on guard, scanning for threats of suspicious activity (Holowka, Marx, Kaloupek, & Keane, 2012; Rollman, 2009). Finally, since the pattern of soldiers' experiences established during OEF and OIF will most likely have more similarities with future wars than with previous wars, such as units deploying together, coming home together, and going on multiple deployments, having that possible perspective and insight from this research could perhaps be applied to America's next war.

Other branches of military service were also considered for this research but were excluded in order to keep consistency throughout the study. Key components of the Army deployments consist of deployment time frames (12 to 18 months), geographical locations (deployed consistently to both Iraq and Afghanistan), training, and my personal familiarity with the Army. Ideally, the target population consisted of male and female Army combat veterans who had either especially positive or negative deployment experiences.

In order to secure a robust sample size for this research, all ranks from enlisted to officer were considered. Initially, only soldiers who have not been in a leadership position while deployed were going to be considered for this research. However, upon further exploration, it was determined that, with the amount of deployments some soldiers have experienced, it would prove difficult for potential participants to clearly distinguish between multiple deployments and that exclusion criteria could negatively impact this research. Even if a participant served in a leadership position, it was more likely than not they still also reported to a leader. Additionally, the target sample goal for this research was 100 to 150 participants, which was large enough to ensure reductions in sampling error while still producing an adequate representation of the subject. Participants were recruited through Facebook, as described in detail later in this chapter.

For the Phase 2 interviews, the same pool of participants provided a further sample size of eight participants, who were purposively selected based on the emergent themes determined from the Phase 1 qualitative analysis. These eight participants provided more thick, rich insight into the information garnered from the online survey. Malterud, Siersma, and Guassora (2016) stated that the sample size for qualitative research does not necessarily conform to the prevailing but “inconsistently applied” (p. 1753) saturation. Rather, the research should strive for information power such that, “the larger information power the sample holds, the lower the sample size needs to be” (Malterud, Siersma, & Guassora, 2016, p. 1754). Furthermore, qualitative samples are purposeful and are selected by virtue to provide relevant information opulently textured for the topic, or in the case of this research, the phenomenon under exploration (Vasileiou, Barnett, Thorpe, & Young, 2018).

### **Sampling Method**

In order to acquire participants to complete the online survey, a sampling method needed to be used that was specially designed to reach populations that could be difficult to reach, such as combat veterans. The snowball sampling method is usually used for gaining access to hard to reach populations (Valerio et al., (2016) by finding initial participants who in turn help recruit more participants through “network linkages” (Heckathorn & Cameron 2017, p. 101). Baltar and Brunet (2012) noted that using a snowball sampling method with social media, specifically Facebook, was an excellent way to find the hard to find populations. It is recognized and acknowledged that the snowball sampling method does not meet the gold standard of probability sampling and introduces the potential for bias. However, given this mixed methods research study’s stronger focus on the qualitative components found in exploring the answer to the research question, combined with the difficulty in finding and selecting this population, the

snowball sampling method was appropriate for this research. OEF and OIF Army veterans are considered “a hard to find” population because they do not congregate, as veterans of previous other eras traditionally have. World War II, Vietnam, and Desert Storm veterans filled brick and mortar buildings (e.g., VFWs and American Legion Halls), while these younger veterans, who may have families and interests that differ dramatically from older veterans, are just not joining the traditional organizations. Steinhauer (2019) noted that younger veterans are more likely to join newer organizations, such as Iraq and Afghanistan Veterans of America or Team Red, White, and Blue, that have more of a micro focus in serving veterans specifically of Iraq and Afghanistan.

For the Phase 2 qualitative interviews, a purposive sample method was used for the selection of participants. The interview participants were drawn from the same pool of participants who completed the online survey and were willing to conduct the follow-up interview. In a purposive sampling method, the participants are selected for a purpose, which in the case of this research study was to explore in more detail answers provided in the online survey coupled with the emergent themes from the Phase 1 qualitative analysis. Participants selected for the interviews needed to be able to provide first-hand accounts of how leaders’ behavior impacted their deployment experience and possibly their mental health. The objective was to bring to the research “individuals who can provide relevant descriptions of an experience” (Polkinghorne, 2005, p. 140) that added richness to this research.

## **Instrumentation**

### **Phase 1 Online Survey**

The instrument utilized for the quantitative phase of this research was an online survey (see Appendix A). Online surveys have gained momentum in use and respectability as a research

instrument in the past decade (Evans & Mathur, 2018). Advantages of using an online survey are convenience, flexibility, speed and timeliness, ease of data entry, question diversity, and the requirement or forced completion of survey questions. Conversely, some weaknesses with online surveys are instrument administration (i.e., giving verbal instructions in person increased participants' understanding), the amount of time participants are willing to give to completing them, false information provided by participants, online surveys are often seen as impersonal by participants, and the potential for low response rates (Evans & Mathur, 2018; Rice, Winter, Doherty, & Milner, 2017). Acknowledging the advantages and disadvantages of online research, the use of an online survey is still the most effective and most efficient way to cast the widest net for reaching the most geographically diverse population for this study. The survey was developed using SurveyMonkey.com and was comprised of 27 questions that were a mix of short answer, lists, and Likert scale responses. This survey was field-tested prior to going live to ensure the questions were readable, had a logical flow, and to harmonize the survey. The survey took participants between 15 and 20 minutes to complete. It was reviewed and approved by the Western Michigan Institutional Review Board (see Appendix A).

The first item participants encountered when they followed the link to SurveyMonkey.com was the Informed Consent, with Question 1 essentially stating that, by participating in this survey, the participant was giving their consent for the use of the answers they supplied. Participants had to answer yes or no. A yes answer allowed the participant to proceed to the next question, and a no answer exited the participant from the survey.

Questions 2, 3, and 4 asked about basic demographic information, such as gender, age at the participant's last birthday, and marital status. Question 5 asked about the participant's military service in Iraq and/or Afghanistan. This question served as a screening question.

Participants who had not served in one or both countries were at this point exited out of the online survey and thanked for their time. Question 6 also served as a screening question but from a slightly different perspective, as it asked about branch of service, i.e., Army, Navy, Air Force, Marines, and Coast Guard. Participants were able to select either Iraq, Afghanistan, “Both,” or “Neither.” A “Neither” selection exited the participant from the remainder of the survey. For Question 7, the initial plan was to ask if the participant had only served on active duty, with a simple yes or no response. However, I decided to include National Guard Reserve and Army Reserve combat veterans in the study because many National Guard and Army Reserve units are assigned or attached to active Army units when deployed.

Question 8 asked the participant to think about a specific deployment to Iraq and/or Afghanistan and rate their perception of the deployment experience using a sliding scale from negative (-5) to positive (5). Questions 9 through 12 asked about the general location of the participant’s deployment (e.g., Northern Iraq, Central Afghanistan, etc.), the year of deployment, the participant’s Military Occupational Specialty (MOS), and whether or not they served in that capacity during the deployment (e.g., if the participant’s primary job was as a cook but served as an infantryman during the specific deployment). This last question was included because it is important to be able to compare if the participant’s deployment experience is influenced by job competency, especially in a potentially intense and dangerous environment. A participant who was placed in a new MOS to fill a needed vacancy for deployment may experience the deployment in a negative manner.

Question 13 asked the participant to list three things about the deployment that made the experience positive and/or negative. This question encouraged the participant to start thinking in more specific terms of positive and/or negative aspects about the deployment, building on the

response from Question 8 regarding rating the deployment experience as negative, neutral or positive. Question 14 then moved to the participant's thoughts about the leadership they experienced while on their specific deployment, using a sliding scale to indicate the number that corresponded to their perception of the leadership, from being extremely or very negative (-5), to neutral or no opinion (0), to extremely or very positive (5).

Question 15 asked the participant for the individual they considered to be the "best leader" with whom they had regular contact during the specific deployment. The participant needed to provide only the rank and the position held by the "best leader." The participant could choose to leave this entry blank and move on to the next question. Questions 16 and 17 were follow-up questions to Question 15 and sought to gain more insight to the selection of "best leader" on the specific deployment. Question 16 asked the participant to identify up to three positive characteristics for the individual identified as "best leader." For Question 17, the participant was asked to identify up to three negative characteristics for the "best leader." The purpose for these questions was to compare, by correlation analysis, these responses to Question 8 regarding deployment experience, to see if the "best leader" characteristics have any influence on the perceived deployment experience for the participant. Questions 18 through 20 asked the same information in the same way, but instead of the "best leader," the participant focused on the "worst leader."

Question 21 asked the participant if they had to redeploy under the direct supervision of the person the participant identified (by rank and position held) as "best leader," would they go back. This question sought a yes or no response, with a text box for the participant to provide the reason(s) for the answer. Question 22 asked the same question in the same way except in terms of the individual the participant identified as the "worst leader." The rationale for asking

Question 21 and Question 22 was to see if a correlation could be drawn from Question 8 that will help indicate the weight the participant places on the leadership they experienced while deployed as a factor in the participant's desire to "go back to war."

Question 23 shifted the survey's focus towards the participant's exit out of the military. The yes or no question asked if the participant's experience with leadership during the identified deployment was a contributing factor for the participant's staying in or leaving the Army. Question 24 asked, yes or no, if the participant has been diagnosed with any mental health condition(s) as a result the deployment(s), with PTSD, depression, and anxiety listed as examples. Question 25 asked the yes or no question if the participant has experienced any mental health symptoms (e.g., depression, anxiety, anger, or poor sleep) as a result of the deployment(s) for which they had never sought help. Questions 24 and 25 actually ended up preventing achieving the full objective of drawing direct correlations between deployment experience with leadership styles and mental health diagnosis because of the inclusion of the "(s)" on "deployment." There is no certain way of knowing directly if the mental health diagnoses were the result of the "specific deployment" or of another deployment.

Question 26 asked the participant if there were general ways in which "your" leader made the combat tour more tolerable or less tolerable, with a text box to fill out the answer. This question allowed the participant an opportunity to provide insight and information that may not have been covered in the previous questions and that might require deeper explanation, thus making this question a possible indicator for participant selection for Phase 2 qualitative interviews. Question 27 asked participants if they would be willing to be contacted by phone or email for follow-up questions. A yes answer had a text box attached for the participant to enter their email address.



## **Phase 2 Interview Questions**

The Phase 2 interviews were in-person, with participants specially selected from those who completed the online survey. I conducted every interview myself. The interview questions for Phase 2 were to help enrich the common themes that were discovered during the Phase 1 analysis. Question 1 asked the participant for their reason for joining the Army, followed by Question 2 asking the participant to discuss their time in the Army. The rationale for these questions was two-fold. First, they served as an ice breaker for the participant and provided me as the interviewer with some insight into questions I asked later in the interview that centered more on the participant's experience with their leadership. For example, if the participant had discipline problems for their entire time in the Army but also had poor discernment or self-awareness and blamed leadership continually, that factor could perhaps skew that veteran's perception of their experience with leadership during that deployment. Conversely, if a veteran was an exemplary soldier up to the deployment and planned to make the Army a career but their experience with leadership during the combat deployment made them decide to leave the Army, that information would require a deeper inquiry into the deployment experience.

Question 3 started to get the participant to think about the deployment by asking when and where they were deployed. I clearly identified that the initial deployment the participant should articulate was the deployment they previously identified in the online survey. If the participant had more than one deployment, the participant was able to identify those additional deployment dates and locations also. Question 4 asked the participant what jobs and duties they held during the deployment and if those jobs and duties were congruent with their official MOS. This question provided good insight into the morale, competency, and confidence levels of the participant during the identified deployment. If the participant indicated they performed duties

significantly outside of the primary MOS (for example, a truck driver conducting raids and clearing buildings), this incongruence could dramatically impact the perception of the deployment and leaders' behaviors, specifically if leaders were being asked to perform duties outside of their training.

Question 5 asked the participant to identify the best leader they had contact with during the deployment and what attributes made that leader the best. The question sought to explore further the similar question that was asked on the online survey. Question 6 asked about the worst leader with whom the participant had regular contact during the deployment. As with Question 5, a deeper dive to find more information about the leader's attributes and the participant's perceptions was being explored. Questions 5 and 6 embodied the essence of the Explanatory Sequential Mixed Methods Research Design Model by having the qualitative interviews provide a deep, rich explanation of the quantitative findings.

Question 7 explored the participant's perception of how, if at all, the leader(s) affected the participant's and the overall unit's morale. This question sought to provide a degree of correlation between positive or negative leader behavior and the impact that behavior had on subordinates both collectively and individually. It was expected that a "positive" leader would produce behavior that would foster a positive morale for the unit and, similarly, a "negative" leader would foster a poor or negative unit morale. It would be quite noteworthy if the leader's behavior had an adverse impact on morale.

Question 8 and four sub-questions shifted the focus of the interview to the mental health of the participant. Question 8 asked the participant if the deployment affected their mental health. If the participant answered yes, the first sub-question asked about specific factors related to the deployment that may have contributed to the effects on the participant's psychological well-

being. If the participant answered no to Question 8, the second sub-question asked the participant if there were factors about the deployment or about the individual that made them able to handle the deployment better than other members of the unit. The third sub-question then asked the participant about what aspects of the deployment made it more difficult or less difficult to cope. The first three sub-questions were exploring the participant's ability to effectively handle the deployment and what coping strategies were used, which potentially helps identify resiliency skills and, to a lesser degree, the effectiveness of employed coping skills. The fourth sub-question for Question 8 asked specifically if the participant's leadership contributed to the participant's development of any mental health symptoms, whether diagnosed or undiagnosed. Follow-up questions in this sub-question asked the participant 1) if the leader was willing or even proactive in assisting those who needed mental health help during the deployment; 2) if the leader was proactive or willing to assist those who needed mental health help during dwell time; and 3) were there things about the leader that contributed to the development or absence of mental health conditions. Really, Question 8, this fourth sub-question, and the accompanying follow-up questions addressed the heart of this research study's overall question: What type of impact does leader's behavior have on the deployment experience and mental health of Army combat veterans who have served in Iraq and/or Afghanistan?

Question 9 of the Phase 2 interviews asked each participant if they had to return to the specific deployment they identified, would they go back with the same leader they identified as the best leader and, if so, to provide the reasons why. Question 10 asked the same question but in terms of the worst leader and the reasons why. These two questions were to gage the participants' desire to return to a combat zone and under whose leadership. For instance, are they willing to return to Fallujah, Iraq, during the surge in 2004 with the person they identified as the

worst leader, or have the best leader they have ever experienced and not wish to return?

Obviously, follow-up questions needed to be asked on an individual basis in order to gain a better perspective and reasoning for the responses. The final question of the interview allowed every participant the opportunity to add or include any other pertinent information. The interview questions can be found in Appendix C.

## **Data Collection**

### **Facebook as a Recruitment Tool**

Facebook was utilized as the recruitment tool for this research study. In recent years, this global, online social media platform has proven to be a valuable tool for recruiting research participants (Pedersen & Kurz, 2016; Lohse & Warnboldt, 2013; Ramo & Prochaska, 2012). Researchers have been turning to Facebook as a cost-effective way to source diverse and hard to find populations (Thornton, Harris, Baker, Johnson, & Kay-Lambkin, 2016). Whitaker, Stevelink, and Fear's (2017) systematic review of using Facebook for recruiting participants in 35 different health research studies noted Facebook's "advantage over traditional recruitment methods (like print, radio, television, and email)" (p. 7).

A Facebook page was the first component I set up. The page contained information about the research project and included a link to the online survey on Survey Monkey. Setting up a Facebook page allowed me to share information straight to my specifically targeted veteran groups. Participants were then able to "like," share, and direct other veterans to the page and, in turn, to the online survey. Reaching out to specific veteran groups in this manner provided me several advantages over a traditional snowball sampling method, including virtually no cost to recruit as with in other types of studies (Batterham, 2014; Richiardi, Pivetta & Merletti, 2012).

Being a veteran of the Iraq War, I am considered an “insider” with the population I was recruiting for this study. Leveraging my insider status, I shared my Facebook page with various existing veterans’ groups to which I already belonged, as well as groups I asked to join, and then I shared my research on those groups’ pages. Most of these veterans’ Facebook groups are closed groups, meaning their respective site administrators must grant permission for new members to join. In order to be granted permission, potential members typically must answer a few questions about their time in the service, where they served, or their job in the military. One group, Iraq War Veterans, requires a redacted copy of a service member’s DD 214 (their discharge paper) in order to verify time in service. The specific veterans groups that were selected for outreach for this study were Iraq and Afghanistan War Veterans; Michigan Military Veterans; Operation Iraqi Freedom Veterans; Veterans for Veterans; Army Forces; OIF/OEF Veterans-Military Empire; Iraq and Afghanistan Veterans of American Southern Friends; Lessons of the Afghanistan and Iraq Wars; Balad Iraqi Veterans; Afghanistan/Iraqi Veterans Underground; 3<sup>rd</sup> Infantry Division Veterans of the War in Iraq; US Army Veterans; VETERANS, All Welcome Here; Iraqi War Veterans; OIF Veterans Only; and Army Veteran-Proud to have Served. These groups were specifically targeted because of their focus on the Iraq and Afghanistan Wars, the Army, and veterans. Other groups that were considered but not included were Lighthouse for Veterans, West Michigan Veterans Ranch, Iraq and Afghanistan Veterans for America, and Dysfunctional Veterans. Lighthouse for Veterans and West Michigan Veterans Ranch are both local West Michigan groups and were excluded due to their smaller geographical net. Conversely, Iraqi and Afghanistan Veterans of America and Dysfunctional Veterans are both exceedingly large groups; however, it was remarkably difficult to get items posted on their pages. The plan was to reach out to the groups and have members not only recruit others but also visit my Facebook page and

subsequently go to the online survey and complete it, keeping the online survey live for two weeks or until the desired sample size of 100 to 150 participants completed the survey.

Once the online survey was closed to further participants, the data was imported from Survey Monkey to a Microsoft Excel spreadsheet, and the quantitative analysis was begun, followed by the qualitative analysis (as explained in Chapter IV). The quantitative analysis helped examine correlations between leaders' behavior, deployment experience, and mental health outcomes. The Phase 1 qualitative analysis began immediately after the quantitative correlation analysis was completed. The qualitative analysis explored whether any common themes emerged from the data and what those common themes were, and participants were selected who could potentially provide a thick, richer understanding about those themes. These participants were selected from among the same pool of participants who completed the online survey.

On the online survey, Question 27 asked the survey participants if they would be willing to be contacted by phone or email for follow-up questions. This question established the first and most important selection criteria for the follow-up interview. Based on the common themes identified in the Phase 1 qualitative analysis, five to 10 participants were initially targeted to be selected, with an email going to those individuals. In this email, those participants were first thanked for participating in the online survey and then were asked if they were still willing to engage in a follow-up phone interview. If the participant was still interested in a follow-up phone interview, they were to indicate what day(s) and time(s) worked well and to send the reply back to me (see Appendix D). Recordator.com was utilized to record the phone interviews and was selected based on a couple of factors. The first factor was that large research universities and organizations use Recordator.com, such as the University of Michigan, New York University,

John Hopkins University, and the Natural History Museum of Utah. The second factor was the company would also transcribe the calls, which saved me a significant amount of time from having to transcribe each interview by hand myself.

## **Data Analysis**

### **Phase 1 Quantitative Data Analysis**

This research study is answering the question, What type of impact does leadership have on the deployment experience and mental health outcomes of U.S. Army Combat veterans who have served in combat in Iraq and/or Afghanistan? By using an Explanatory Sequential Mixed Methods research design, information and data collected was analyzed in two very distinct phases. For the Phase 1 data analysis, the results from the online interview were imported from Survey Monkey to a Microsoft Excel spreadsheet, where the data underwent a correlation analysis. The data was organized by deployment experience from the most negative to the most positive for participants. From there, the data was further analyzed by filtering and sorting the deployment experience according to participants' perceptions of best and worst identified leader and those who self-identify with having a mental health diagnosis or having experienced mental health symptoms. The purpose of this particular evaluation was to examine the strength of the relationships between these data points, namely, perceptions of leaders and self-awareness of potential or confirmed mental health concerns.

### **Phase 1 Qualitative Data Analysis**

Once the strength of the relationships between data points was evaluated in the quantitative analysis, the Phase 1 qualitative analysis of the data points occurred. With the data already sorted by deployment experience on the Excel spreadsheet, the identified leaders' behaviors were then filtered on the spreadsheet so that the data could be more easily separated

into categories based on their correlation with positive leadership behaviors and negative leadership behaviors. Those categories were analyzed and coded based on initial common themes. These themes were then organized into clusters, which were then refined down into codable operational definitions for each theme. The data was then re-evaluated and organized using the operational definitions. From these now clearly defined and coded themes, eight participants were selected for the Phase 2 interviews who were able to provide rich depth that explained and connected the quantitative and qualitative findings from Phase 1 (Ivankova, Creswell, & Stick, 2006).

### **Phase 2 Data Analysis**

The data analysis actually began during the data collection process (Merriam & Tisdell, 2012). During the recorded phone interviews, I took memos to adjunct and note nuances that seemed to help answer the research study question, which could be referenced when the analysis of the transcribed interview took place. The completed interviews were transcribed by Recordator.com and then exported by them onto Microsoft Word files. The transcribed interviews and written memos helped produce method triangulation in the analysis. Method triangulation in the research process produces credibility through the convergence of information from two sources (Polit & Beck, 2012; Patton, 1999), with the third source of credibility being provided by the interview participant through sharing details of their specific deployment.

The phone interviews were initially sorted and coded by looking for key words or phrases that appeared in the transcribed text. Words and phrases that were similar were grouped together and organized according to the list of operationally defined terms from the Phase 1 qualitative analysis. That information was reviewed, refined, and re-evaluated to explore any new trends, words, or expressions that might have emerged from the phone interviews.



## **Summary**

This chapter identified and described the Quasi Explanatory Sequential Research Design with its two distinct and straightforward phases in order to answer the research question, What type of impact do leaders' behaviors have on the deployment experience and mental health outcomes for U.S. Army combat veterans who have served in combat in Iraq and/or Afghanistan? A qualitative analysis was included in the Phase 1 analysis to explore the emerging themes from the online survey. In addition, my role as the researcher was discussed as an instrument for the research, as well as my overall identity as an insider with the target population.

The participants for this research were U.S. Army combat veterans who have served in Iraq and/or Afghanistan who were recruited utilizing Facebook as the primary recruiting instrument. Because of the narrow scope and focus of this research study, other branches of the military and other war eras were initially considered but ultimately excluded from the scope of the study.

Aside from myself as an instrument for this research, an online survey was the method of data collection. The survey asked participants to rate their deployment experience, inquired about their perceptions of their leaders' behaviors while on a specific deployment, and touched on participants' mental health as it related to their overall service in the military. The phone interview was the instrument utilized to explore more deeply some of the emergent themes from the Phase 1 analysis.

My Quasi Explanatory Sequential Mixed Methods research design had two distinct data analysis phases. During Phase 1, the quantitative analysis was conducted using a correlation analysis to view the strength of the relationships between the deployment experience and the

leaders' behaviors and the participants' mental health outcomes. A qualitative analysis was also conducted during this first phase to explore the emerging themes from the answers provided on the online survey. This analysis helped to purposively select the sample size of participants for the Phase 2 phone interviews. The data analysis during Phase 2 began during the data collection and ended with the final analysis of the interviews and how the information, once gathered and analyzed, answers the research study question.

## CHAPTER IV: RESULTS

### **Introduction**

A combat deployment can impact a veteran significantly. The U.S. Army trains soldiers to engage with the enemy, fight, and win. Unfortunately, the cruel course of history has taught us that, often, combat soldiers come home with haunting memories, nightmares, and intrusive thoughts of war. Post-Traumatic Stress Disorder, or PTSD, is the official diagnosis given to those who make it home but are still fighting the war in dreams, memories, sounds, smells, and anniversary dates of major battles or lost comrades (Reger, Bourassa, Smolenski, Buck, & Norr, 2019; Fulton, et al., 2015). Many of these men and women, who volunteered to serve and fight, did not expect to deploy to a combat environment only to have an adversary be someone in a leadership position make an already tough and dangerous deployment even more so. This research study sought to explore the extent to which leaders magnify the dangers of deployment and the resulting impact on the mental health of soldiers returning from combat.

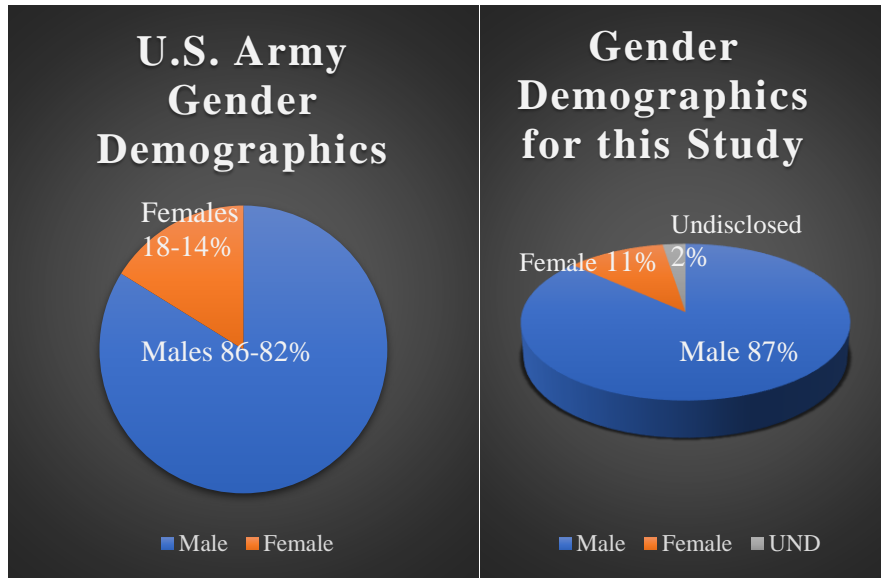
A Quasi Explanatory Sequential Research Design method was employed in a two-phase process. During Phase 1 of this research design, data were collected in the form of online survey responses, exported to a Microsoft Excel spreadsheet and then investigated using a correlation analysis to examine the relationship between the perception of deployment and the perception of leadership. The correlation analysis produced the line of best fit along with descriptive statistics about the population sample. A qualitative analysis occurred next, along with an exploration of trends emerging from the short answer responses from the online survey. This exploration of trends used open, axial, and selective coding. The findings from the quantitative analysis were then integrated with the findings from the qualitative analysis to help purposively select participants for the Phase 2 phone interviews. Once the Phase 2 participants were selected and

confirmed their willingness to participate, the interviews were then conducted, transcribed, coded, and subsequently explored for further theme development. The data from Phase 2 provided a thick, rich description of the data presented during the Phase 1 analysis. This chapter includes information on and pertaining to the actual participants in the study, the results from the quantitative and qualitative analysis from Phase 1, the results from the qualitative analysis from Phase 2, and a summary.

## **Participants**

### **Phase 1 (Quantitative)**

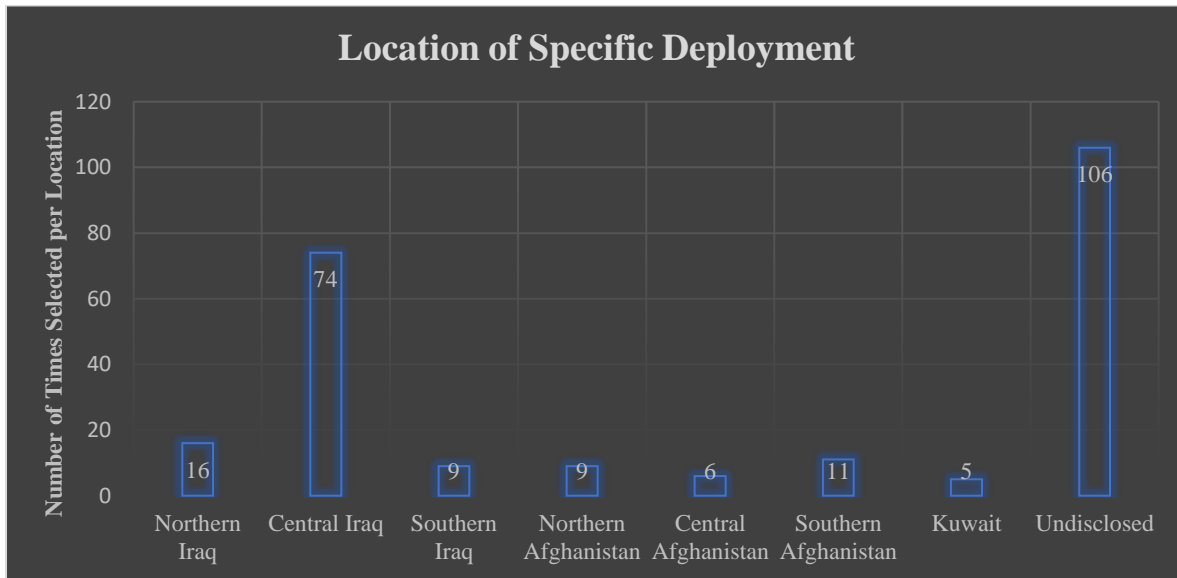
Army combat veterans who have been deployed to Iraq and Afghanistan were the focused population for this research study to explore the impact of leaders' behaviors on their deployment experience and mental health outcomes. The survey was opened on March 19, 2020 and closed on March 29, 2020. The total number of participants who completed the online survey for this study was 236. The minimum age was 25 years old, the maximum age was 72 years, the median age was 42, and the mean age was 43.5 years old. Of the 236 participants, 87% were male (n=205), 11% were female (n=26), and 2% (n=6) were gender undisclosed. Comparatively, females constitute between 14 and 18 percent of the Army's fighting force (Army Public Affairs, 2020; Dever, 2019) (see Figure 1 Gender Demographics). Regarding marital status, 70% (n=166) of participants reported being married, 17% (n=41) reported being divorced, 9% (n=22) stated they were single, and 2% (n=7) indicated being separated at the time of completing the online survey.



*Figure 2. Gender Demographics*

The earliest deployment year reported on the survey was 2002, the latest year was 2019, the median year was 2005, and the mean deployment year was 2006. Iraq was reported as the deployment location by 70% (n=167) of participants, Afghanistan by 7% (n=17) of participants, and both Iraq and Afghanistan by 20% (n=46) of participants. Three percent (n=6) of participants indicated neither Iraq nor Afghanistan as their deployment location. Participants reported being deployed to the following areas for Iraq: Northern Iraq, 6% (n=16); Central Iraq, 31% (n=74); and Southern Iraq, 4% (n=9). The areas reported for Afghanistan deployments were: Northern Afghanistan, 4% (n=9); Central Afghanistan, 3% (n=6); and Southern Afghanistan, 5% (n=11). Two percent of participants (n=5) identified being stationed in Kuwait but spent most of their tour in Iraq, and 45% of participants (n=106) did not respond to this question.

Table 1: Location of Specific Deployment



Survey participants were asked to score their respective selected deployment experiences in terms of how positive or how negative they were for them, using a Likert scale to select the number that best corresponded to their perception of the deployment. The sliding scale indicated a range from negatively perceived deployment (-5) to a neutral deployment (0) to a positive deployment (5). The mean for the deployment experience reported by the participants was -3. Participants were next asked to think about their leadership during the “specific deployment” and select a number on another sliding Likert scale to indicate if the leader was extremely or very negative (-5) to extremely or very positive (+5). The mean score reported for this question was 0.139. (See Table 2.)

Table 2: Descriptive Statistics on Deployment Experience and Leadership Experience

	Min	Max	Median	Mean
Age	25	72	42	43.56
Year Deployed	2002	2019	2005	2006
Deployment Experience	-5	5	0	-3
Leadership Experience	-5	5	1	0.139

Participants were also asked whether, if they had to redeploy to the deployment identified for the online survey, would they go back with the leader they reported as the “best” leader. Forty-eight percent (n=114) indicated they would go back on the specifically identified deployment, and 8% (n=17) specified they would not, while 44% (n=105) provided no answer. Similarly, participants were asked to identify the “worst” leader they had regular contact with and were asked whether they would go back on the specific deployment with those “worst” leaders. Only 8% (n=20) stated they would go back, 43% (n=102) specified no, and 48% (n=114) did not answer.

For the final questions of the online survey, participants were asked about their mental health, including specifically if their experience with leadership during their deployment was a contributing factor for “getting out of the Army.” This question is pertinent and worthy of including with the other mental health questions when exploring reasons for a soldier’s departure from the Army. Good leadership is not a common or even typical reason for a soldier to ETS (Expiration of Term of Service) from the Army but serving under a “bad” leader can be, especially in the context of a combat environment. Six percent (n=15) of participants said yes, leadership was a contributing factor to their exit from the Army, 8% (n=19) said no, and 86% (n=202) did not respond. Next, participants were asked, “Have you ever been diagnosed with any mental health issues as a result of your deployment(s)?”, to which 13% (n=90) answered yes, 10% (n=14) answered no, and 52% (n=122) did not respond. The final question related to participants’ mental health asked, “Have you ever had any mental health symptoms (such as depression, anxiety, anger, or poor sleep) as a result of your deployment(s) that you never sought help for?” Results for this question were 13% (n=30) yes, 5% (n=12) no, and 82% (n=194) no response.

## **Phase 2 (Qualitative)**

After the Phase 1 analysis concluded, eight participants were purposively selected for the Phase 2 phone interviews. The selection criteria used to purposively select the interview participants included the following: 1) the participant completed the online survey; 2) the participant agreed to be interviewed by indicating such at the end of the online survey; 3) the participant indicated on the online survey that they either had been diagnosed with a mental health condition or experienced mental health symptoms, such as anxiety, depression, or substance abuse; and 4) the short-answer responses to the question about perceptions of “best” and “worst” leadership during the specified deployment merged with the quantitative analysis to find participants that could provide a deeper dive into the experience, which would help explain the findings from the Phase 1 analysis in more detail. In order to obtain that robust richness from each interview, triangulation was used as a multifaceted way to collect the data. Each interview was recorded and transcribed verbatim, with memoing also being conducted during the interview process. Memoing is “the act of recording reflective notes about what the researcher is learning from the data. These memos add to the credibility and trustworthiness and provide a record of the meaning derived from the data” (Groenewald, 2008, p. 506). Memos allow for reflexivity for the researcher, which permeates a deeper understanding of the qualitative data (Birks, Chapman & Francis, 2008).

Veteran 1 was a 37-year-old, divorced, Regular Army, male. He reported his “specific deployment” as being to Central Iraq in 2007. Veteran 1’s Military Occupational Specialty (MOS) was 11B (infantry) and he reported being able to perform that job during that deployment. Veteran 1’s perception of his deployment was negative (-4), and his view of his leadership during that deployment was very negative (-5). He reported that he would re-deploy



under the direct supervision of the person he identified as the “best” leader but would not if he had to redeploy under the direct supervision of the person he identified as the “worst” leader. Veteran 1 indicated that leadership was a contributing factor for leaving the Army. He endorsed having mental health issues as a result of his deployment(s).

Veteran 2 was a 37-year-old divorced male who served on active duty with deployments to both Iraq and Afghanistan. He indicated his “specific deployment” was to Central Afghanistan in 2002. Veteran 2’s MOS was 15U (helicopter mechanic) and he was able to perform those duties during that deployment. Veteran 2’s perception of his deployment experience was slightly negative (-2). Reflecting upon his leadership during that 2002 deployment, he rated his leadership as negative (-3) but did indicate that he would re-deploy back under the direct supervision of the individual identified as the “best” leader. Conversely, Veteran 2 would not choose to redeploy back under the direct supervision of the person he identified as the “worst” leader. Veteran 2 stated that leadership was not a determining factor for choosing to separate from the Army. Although he did not have a formal mental health diagnosis as a result of his deployment(s), he did endorse having mental health symptoms, such as depression, anxiety, and anger; however, he reported not having sought out formal help.

Veteran 3 was a 41-year-old, married male who served in the Army Reserves and was deployed to Central Iraq in 2004 as his “specific” deployment. His perceived experience of that deployment was somewhat negative (-2). Veteran 3 was trained as an Engineer Officer but did not perform those duties during his 2004 deployment, having instead served as a Liaison Officer mixing with military and state department personnel. Veteran 3 rated leadership for this deployment as negative (-3). He would re-deploy back to this specific deployment with the individual identified as the “best” leader but would not redeploy back under the direct

supervision of the individual he recognized as the “worst” leader. Veteran 3 identified the experience with leadership during the deployment(s) as a contributing factor for leaving the Army Reserves as well as for his having a diagnosed mental health condition and related mental illness symptoms as a result of his deployment.

Veteran 4 was a married 35-year-old male who deployed to Central Iraq in 2004 while serving in the Regular Army. His MOS was 11B (infantry) and he was able to perform this job while deployed. Veteran 4 had a slightly positive deployment experience (1) during his 2004 deployment but rated leadership as negative (-3). He would re-deploy back with the leader he identified as the “best” leader but would not with the leader he identified as the “worst” leader. Veteran 4’s experience with leadership was not a contributing factor for his decision to leave or stay in the Army. Veteran 4 was diagnosed with a mental health disorder as a result of his deployment.

Veteran 5 was a 35-year-old female who served in the Army National Guard when she was deployed to Kuwait in 2010. She had a neutral (0) deployment experience in 2010. She was trained as a combat medic (68W) and was able to perform those duties during this deployment. Veteran 5 rated leadership as slightly positive (2) and would re-deploy back on this specific deployment with the person she identified as the “best” leader and would not with the person she identified as the “worst” leader. Veteran 5 noted that her experience with leadership was a contributing factor for leaving the National Guard and was diagnosed with mental health issues as a result of the deployment.

Veteran 6 was a married, 41-year-old male who served in the Regular Army and indicated Central Iraq in 2003 as his specific deployment. His MOS was 42A (human resources specialist) but did not serve in that capacity during that deployment. Veteran 6 rated his

deployment experience as positive (3), he rated his perception of his leaders as positive (3), and he indicated he would re-deploy to this specific deployment with both of the individuals he identified as the “best” and “worst” leaders. His experience with leadership was not a factor in his decision to stay in or get out of the Army. Veteran 6 endorsed having a mental health diagnosis as a result of his deployment.

Veteran 7 was a single, 32-year-old male who served in the Regular Army and was deployed to Central Iraq in 2007 as an infantryman (11B). He was able to perform the duties required of his job during this deployment, and his perceived experience rating of this deployment was negative (-3), as was his perception of his leaders (-4). He would re-deploy back to this specific deployment under the leadership of the person he identified as the “best” leader but would not for the person he identified as the “worst” leader. Veteran 7 cited his experience with his leaders as a reason for staying in or getting out of the Army, and he specified having a mental health diagnosis and symptoms as a result of the deployment.

Veteran 8 was a 48-year-old, married male who served in the Army National Guard and was deployed to Northern Iraq in 2005. He was a 42A (finance officer) and was able to perform that job during this deployment. Veteran 8 rated his deployment experience as slightly positive (2) and his leaders as very negative (-4). He would re-deploy back to this specific deployment with the individual he identified as the “best” leader but would not with the person he identified as the “worst” leader. Veteran 8 cited his experience with his leaders as a contributing factor to his decision to stay in or leave the Army National Guard. He endorsed being diagnosed with a mental health disorder as a result of this deployment and has correlating mental health symptoms.

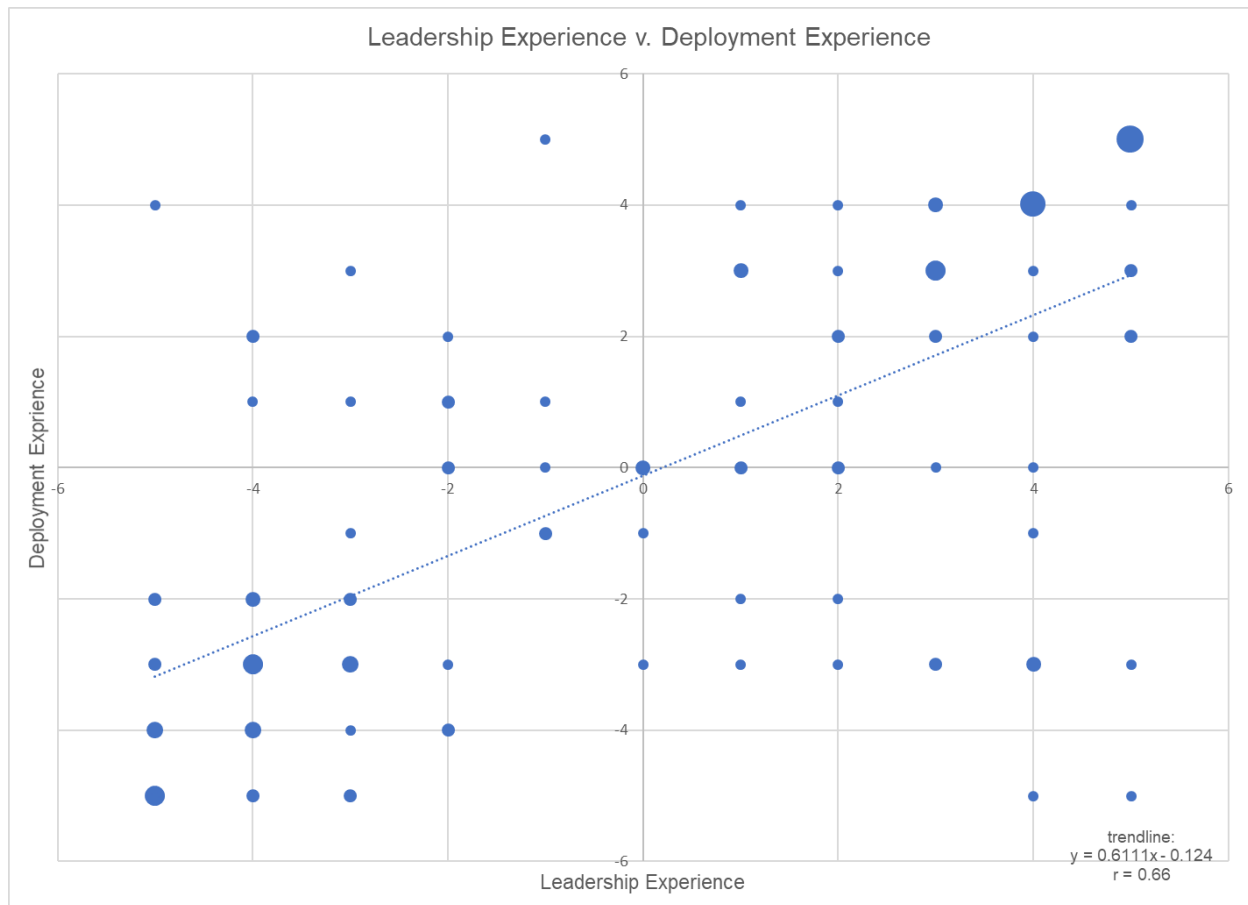
Table 3: Phase 2 Interview Participants

Veteran	Gender	Age	Marital Status	Serve in Iraq/Afghanistan/Both/Neither	Active/NG/AR	Deployment experience rating	Location of deployment	Year	MOS	Officer/Enlisted	Served in MOS during deployment	Experience with leadership rating	Redeploy with best leader	Redeploy with worst leader	Experience with leadership impact decision to stay in?	Mental health issues due to your deployment?	Mental health symptoms due to deployments
1	Male	37	Divorced	Iraq	Regular Army	-4	Central Iraq	2007	11B	Enlisted	Yes	-5	Yes	No	No	Yes	No
2	Male	37	Divorced	Both	Regular Army	-4	Central Afghanistan	2002	15U	Enlisted	Yes	-3	Yes	No	Yes	No	Yes
3	Male	41	Married	Iraq	Army Reserves	-2	Central Iraq	2004	21H	Officer	No	-3	Yes	No	Yes	Yes	Yes
4	Male	35	Married	Iraq	Regular Army	1	Central Iraq	2004	11B	Enlisted	Yes	-3	Yes	No	No	Yes	No
5	Female	35	Married	Iraq	National Guard	0	Kuwait	2010	68W	NCO	Yes	2	Yes	No	Yes	Yes	Yes
6	Male	41	Married	Iraq	Regular Army	3	Central Iraq	2003	42A	NCO	No	3	Yes	Yes	No	Yes	No
7	Male	32	Single	Iraq	Regular Army	-3	Central Iraq	2007	11B	Enlisted	Yes	-4	Yes	No	Yes	Yes	Yes
8	Male	48	Married	Iraq	National Guard	2	Northern Iraq	2005	42BF4	Officer	Yes	-4	Yes	No	Yes	Yes	Yes

## Findings

### Phase 1 (Quantitative)

The Phase 1 quantitative data analysis examined the closeness of the relationship between perceived leaders' behaviors and deployment experience. The data was filtered to remove those participants who did not complete the survey. A linear correlation analysis was used to determine the strength of the relationship between perceived leaders' behavior and deployment experience. After plotting the data on a scatter plot (see Figure 2) and calculating a trendline, the correlation coefficient was  $r=.6667$ . This score indicated a moderate positive correlation between perceived leadership behavior and deployment experience. The scatterplot reflects a total of 52 data points. Several data points had more than one response, so the circles representing each value were increased in size proportionately to the number of responses they represented. The largest clusters occurred at (+5,+5) with 5 groups, (-4,-3) with 4 groups, and (+3,+3) and (+2,0) with 3 groups each, respectively. Based on the information provided from the correlation analysis, it would be expected that if perceived leaders' behaviors improved, the deployment experience would also improve for the participants who indicated having a mental health diagnosis or experienced mental health symptoms based on their deployment(s). This information will be further discussed after the qualitative interviews have been analyzed.



*Figure 3: Scatterplot of Leadership Experience v. Deployment Experience*

### **Phase 1 (Qualitative)**

After the Phase 1 quantitative data analysis was concluded, the Phase 1 qualitative analysis was conducted to explore the participants' short-answer responses about “best” and “worst” leader characteristics. The process used to explore, organize, and evaluate the data for this qualitative process involved open, axial, and selective coding. Upon completion of the selective coding process, a final set of categories was named and given operational definitions (Merriman & Tisdell, 2016).

Open coding kicked off the Phase 1 qualitative analysis. This initial process explored the data to discover the words, meanings, or ideas it might hold (Corbin & Strauss, 2015). The data was surveyed for similar words or patterns emerging from the text of participants' responses in

the online survey. As the words and phrases began to be revealed, it was becoming clear that I needed a way to outline the number of times a word or phrase was used versus the number of participants who used the word or phrase in order to capture what was actually being stated in the data rather than allowing a handful of participants to alter the research by their responses. This need for an outline was due in part because, in the online survey questionnaire, participants were asked to list three characteristics of the “best” leader and then three characteristics of the “worst” leader. A participant could use the word “care,” for example, or similar words or phrases to describe the identified leader. By tracking the frequency of instances of words as well as the number of participants, a more accurate picture of “best” and “worst” leader attributes could be established and illustrated. The next two paragraphs and accompanying tables (Table 4 and Table 5) provide a breakdown of the open coding process and what words and phrases stood out during this initial analysis.

The most frequently used word for “best” leader attribute (see Table 4) during this open coding procedure was *lead*. *Lead* was used 37 times by 32 participants, with the most common instances being “lead by example” or “lead from the front.” *Honest* was the second most occurring word at 32 times, used by 30 different participants. Some of the key phrases identified during the open coding phase for *honest* were “honest” (just the word by itself), “honest and straightforward,” “very honest,” and “honorable.” Following *honest* in number of instances indicated during the open coding was *knowledge* or similar concepts. *Knowledge* was used 30 times by 30 different participants with words and phrases such as “skilled at job,” “tactical knowledge,” “was competent in job,” and “technical proficiency.” Behind *knowledge* was *cares*, which was used 26 times by 25 different participants, with words and phrases such as “you knew he cared,” “genuinely cared,” and “actually cared for the troops.” The next word identified from

the open coding process was *listen* at 15 instances by 15 participants, with “listened to troops,” “listened to subordinates,” and “actively listened” being some of the examples of key words and phrases identified. The final word selected from the open coding process was *trustworthy*, which occurred seven times by seven individuals. *Trustworthy* was identified by such words as “trustworthiness” and “trust.”

Table 4: Open Coding for Positive Leader Traits

Positive Leader Trait Words	Number of Instances	Number of Participants
Lead	37	32
Honesty	32	25
Knowledge	30	30
Cares	26	25
Listen	15	15
Trustworthy	7	7

The open coding process was also used for the “negative” leadership traits to begin organizing similar or related words and phrases that emerged from the data. *Incompetent* was mentioned 28 times by 26 participants, with words and phrases such as “completely incompetent,” “incompetent at job,” and “completely incompetent to be in combat” identified. Next, “selfish,” “narcissistic,” and “self-centered” were identified 21 times by 20 participants for the open code word *selfish*. Just behind that, a *bad* leader was directly indicated 20 times by 20 participants, with phrases such as “easily bribed by money and gifts,” “always stayed in the pod playing video games,” and “hit on me in pre-deployment.” The open code key word *does not care* was presented 20 times from 18 participants, with identified words and phrases such as “didn’t seem to care about soldiers,” “uncaring,” and “poor attitude towards soldiers.” After that, *did not listen* was noted 10 times directly by 10 participants, with “did not listen” as the direct quote. Next was

*afraid*, mentioned 11 times by 11 participants with words and phrases such as “coward,” “never left the wire,” and “would talk a mean game about being in combat, when the chance arose, he hid in the police station.” Finally, *toxic leader* was specifically noted by five participants a total of five times.

Table 5. Open Coding Process for Negative Leadership Traits

Negative Trait	Number of Instances	Number of Participants
Incompetent	28	26
Selfish	21	20
Bad leader	20	20
Does not care	20	18
Does not listen	10	10
Afraid	7	7
Toxic leader	5	5

Once the open coding was completed, the next phase of the qualitative analysis ensued, which was the axial coding phase. Axial coding refers to a process that takes the words or phrases found during open coding and groups those words or phrases that directly, or can be interpreted to, go together into categories (Corbin & Strauss, 2015). In other words, these categories are formed that “reflect commonalities.” (Marshall & Rossman, 2016, p. 233). The data is then reviewed again using each of the central codes delineated above to see if any of the other words and phrases in the data relate to each other or can be linked together to establish categories.

During the axial coding phase, then, the first “best” leader open code explored was *care*. Reviewing the data once more, terms and phrases that were interpreted using inductive and



deductive reasoning to be similar enough to *care*, began to form a category. That category was *selfless service*. Figure 3 provides a visual representation.

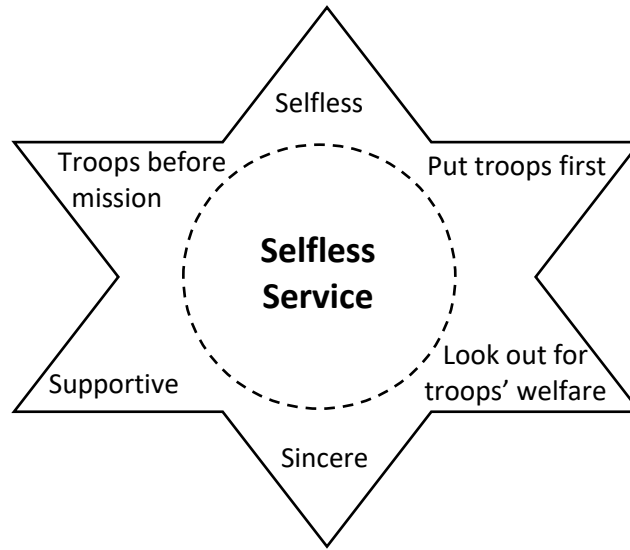


Figure 4. Selfless Service Category

Initially, *listen* was considered with the other aforementioned terms to form the “care” category; however, enough variations and analogous terms for *listen* were identified that it warranted its own category. *Knowledge* was the next code that grouped with other words and phrases that were similar in meaning. For example, “military knowledge,” “competent,” “smart,” “intelligent,” and “tactically proficient” were grouped together in the same category with *knowledge* in order to better capture the overall essence of what it means to be well-informed. Next, the term *honesty* was explored, interpreted, and determined that grouping similar words and terms such as “integrity,” “fairness,” and “treated us equally” would combine nicely into a category. A *positive attitude* and *motivation* were clustered together as well as terms such as “humor,” “fun,” and “uplifting” to form a category named *optimistic outlook*. Interestingly, despite not having a fully cohesive link at face value, the interpretation of the text provided a picture where, in fact, these terms did have an interconnected meaning within this culture and thus allowed for the establishment of a category.

By far the most challenging central code to group within the “best” leader characteristics was the word *leader*. Most of the words and phrases akin to *leader* included “he was in the thick of it with me” and “he got down and dirty with us when the time came; he would help us on his vehicle and other equipment.” This central code also included terms such as “great military bearing,” “work ethic,” and “lead from the front.” A deep, real understanding of those words and phrases allowed such disjointed terms to flow into a category that encapsulated the essence of their real meaning to combat veterans. Finally, a last category developed during this exploration of the data was to capture the terms used to describe attributes associated with being *fearless*, and that was having “courage.”

The coding process used to take the central codes from “best” leader and linked into categories was the same process used for “worst” leader characteristics. At first glance, it was anticipated that the central codes of *incompetent*, *bad leader*, and *toxic leader* would be grouped together. However, upon re-exploring the data, several other phrases associated with *incompetence* began to emerge from the participants’ responses. For instance, “comprised base security” was grouped with *incompetence* after interpreting other responses by the participant who used this term and deducting that this phrase was akin to being incompetent. Moreover, terms such as “idiot,” “clueless,” “inept,” and “not smart” were also clustered together to categorize the central code of *incompetence*.

With these *incompetence*-related words and phrases forming their own category, other words and phrases still stood out in the text that reflected traits and characteristics of a *toxic leader*. “Ego-driven,” “selfish,” “arrogant,” “only cares about their own career,” and “narcissist” were clustered together in the *toxic leader* category. *Insensitive* was the next central code examined and the data re-explored for terms and phrases that could be placed into the same

category. Terms such as “rude,” “inconsiderate,” and “always put people down” were found to be similar to *insensitive* and thus were grouped in the same category. Next, similar terms were categorized together under *coward*, such as “afraid of the situation,” “faked an injury to get sent home early,” “no backbone,” and “never went outside the wire.” An interesting point with this category centered on “never went outside the wire,” which to this population means someone who stays back in a safe and secure area. “Outside the wire” is a military term used to describe leaving a safe and secure military operating base to an area considered to be more dangerous (Osran, Smee, Sreenivasan & Weinberger, 2010).

*Did not listen* was the next central code re-explored during this axial coding iteration. There were not too many other instances of this term used in the text of the online survey participants’ responses. However, *did not listen* formed a category because, when it was stated, words and phrases around it were profound and distinct enough that grouping it with another category such as *incompetent*, *toxic* or *insensitive* would compromise the impact of these *did not listen* statements: “wouldn’t listen to ANY lower enlisted,” “never listened,” and “never listened and extremely indecisive.” The final central code explored in the axial coding process was the term *bad leader*. Just as *leader* was difficult to categorize within the “best” leader characteristics, *bad leader* proved to be just as challenging. Interpreting the phrases related to *bad leader*, this category expanded tremendously. For instance, “lazy, no urge for personal or professional development,” “do as I say, not as I do,” “leaving soldiers behind,” and “[he] hit on me [made sexual advances] during our pre-deployment training” were interpreted to be like terms with *bad leader* and were therefore grouped into the same category. The next step was to re-explore the data to see if any of the remaining words or phrases could be placed in one of the existing categories, or perhaps a new category was needed. Once this investigation of the data was

completed, the transition to the selective coding phase occurred, during which the categories were named and operationally defined and the data was reviewed once more, looking for words or phrases that might fit within one of the names and operationally defined categories.

While open and axial coding are necessary for the exploration of the data in the qualitative analysis, they are not sufficient in capturing the whole story and providing what Geertz (1973) would identify as having meaning so contextually potent that others from outside the military community would have a basic understanding of the impact that leaders' behaviors have on the mental health and deployment experience of Army veterans deployed to Iraq and/or Afghanistan. In other words, categorizing similar words and phrases is not enough; the "categorical scheme does not tell the whole story" (Merriam & Tisdell, 2016, p. 216). The next step in this process, then, is to provide names and operational definitions to these categories, which is known as the selective coding process. More specifically, for the next "best" leader characteristics, categories emerged from the open and axial coding process that I then named and defined. For instance, the category encompassing *care* is renamed *selfless service*. The operational definition for *selfless service* is selfless regard or devotion towards others that enhances the closeness of the relationship or group dynamic. Next, the central code *knowledge* was re-explored and named *tactically and technically proficient* and was defined as having the skills required to perform your job at a high level, and knowing when and how to employ those skills in order to accomplish the mission.

Next, the category *good leader* was renamed *lead by example*, with the operational definition being to act in a way to show others how to behave. The next category to be operationally named and defined was the open code word *positive attitude*. *Optimistic outlook* was the name given to this category, defined as someone who displays a cheerful and optimistic

attitude. Up next was the category, *good listener*. The operational name here remained the same and the definition applies to one who is fully engaged with what is being said rather than just hearing what is said. Next, a category developed during the axial coding phase that linked the category focusing on being trustworthy is operationally named *trustworthy* and was defined as to be relied on as honest and truthful. Lastly, the final “best” leader characteristic to be operationally named and defined was the category displaying *courage*. This category was operationally named *valor* and was defined as showing great courage in the face of danger.

This same process of examining the open and axial coding and assigning corresponding operational names and definitions occurred with the “worst” leader characteristics. The first category that was operationally named and defined was *incompetent*; it was renamed *incompetence* and was defined as someone who presents as inept in job performance, communication, and leading others. Next, *exploitative blue falcon* was the name given for the category for the original open code of *selfish* and it was operationally defined as self-centered attitudes, motivations, and behaviors that adversely affect the organization and mission. The term “blue falcon” is a military euphemism for a comrade whose actions harm their unit or friends for their own benefit. Moving on to the open code *does not listen* and its associated words and phrases, the operational name remained the same and was defined as someone who does not listen to those under their command. Also not changing in operational name was the category for terms and phrases identifying *insensitive* in the participants’ responses, which was defined as showing no concern for others. *Coward* remained as a category name and was defined as a person who lacks the courage to do or endure unpleasant things. The *bad leader* category was renamed *unscrupulous and amoral* and was defined as having no moral principles, is not honest or fair, nor is concerned with the rightness or wrongness of any situation. With these selective

coding assignments (see Table 6), the Phase 1 analysis was concluded. The responses provided in the quantitative and qualitative analysis assisted in the participant selection for the Phase 2 interviews.

Table 6: Selective Coding Categories and Operational Definitions

Selective Coding Category	Operational Definition	Terms	Frequency
<i>Exploitative blue falcon</i>	Self-centered attitudes, motivations, and behaviors that have adverse effects on the organization and mission.	<ul style="list-style-type: none"> <li>• narcissistic</li> <li>• only cares about her career</li> <li>• self-centered</li> <li>• toxic</li> <li>• threatened our safety to gain himself a promotion</li> </ul>	137
<i>Selfless service</i>	Selfless regard or devotion towards others that enhances the closeness of the relationship or group dynamic.	<ul style="list-style-type: none"> <li>• cared about his soldiers</li> <li>• selfless</li> <li>• stood up for his soldiers</li> <li>• truly cared for all, not just her own people</li> </ul>	114
<i>Unscrupulous and amoral</i>	Having no moral principles; not honest or fair, nor concerned with the rightness or wrongness of something.	<ul style="list-style-type: none"> <li>• had favorites, slept on missions</li> <li>• sexist</li> <li>• did not practice the Army Values</li> </ul>	92
<i>Incompetence</i>	Someone who presents as inept in job performance, communication, and leading others.	<ul style="list-style-type: none"> <li>• clueless</li> <li>• no knowledge of the MOS he was in charge of</li> </ul>	65

Table 6 - continued

		<ul style="list-style-type: none"> <li>• had no idea what the units mission was</li> </ul>	
<i>Technically and tactically proficient</i>	Having the skills required to perform your job at a high level and know when and how to employ them to accomplish the mission.	<ul style="list-style-type: none"> <li>• knowledge</li> <li>• tactical knowledge</li> <li>• technical proficiency</li> <li>• combat experience</li> <li>• competent</li> </ul>	58
<i>Lead by example</i>	To act in a way that shows others how to act.	<ul style="list-style-type: none"> <li>• lead from the front</li> <li>• great military bearing</li> <li>• did things that most wouldn't</li> <li>• he showed us the way</li> <li>• was in the thick of it with me</li> <li>• professionalism</li> </ul>	51
<i>Integrity</i>	Being honest, truthful and fair in one's actions.	<ul style="list-style-type: none"> <li>• integrity</li> <li>• fair</li> <li>• fair but firm</li> <li>• honest</li> <li>• kept it real</li> <li>• honorable</li> </ul>	40
<i>Optimistic outlook</i>	Someone who displays a cheerful and optimistic attitude.	<ul style="list-style-type: none"> <li>• positive attitude</li> <li>• motivating</li> <li>• kept things fun</li> <li>• inspired</li> <li>• humor</li> </ul>	33
<i>Good listener</i>	Fully engaged on what is being said rather than just hearing what is being said.	<ul style="list-style-type: none"> <li>• listened</li> <li>• listened to his soldiers</li> </ul>	18



Table 6 - continued

		<ul style="list-style-type: none"> <li>• would listen to lower enlisted</li> </ul>	
<i>Coward</i>	A person who lacks the courage to do or endure unpleasant things.	<ul style="list-style-type: none"> <li>• coward</li> <li>• was scared of a fight</li> <li>• no backbone</li> <li>• would talk a mean game about being in combat but when the chance arose, he hid in the police station</li> </ul>	14
<i>Valor</i>	Showing great courage in the face of danger	<ul style="list-style-type: none"> <li>• courage</li> <li>• fearless</li> <li>• backbone</li> <li>• bravery</li> </ul>	13
<i>Insensitive</i>	Showing no concern for others	<ul style="list-style-type: none"> <li>• uncaring</li> <li>• inflexible</li> <li>• lack of empathy</li> </ul>	12
<i>Trustworthy</i>	To be relied on as honest or truthful	<ul style="list-style-type: none"> <li>• trustworthy</li> <li>• trusted junior NCOs</li> <li>• trusted us</li> </ul>	8
<i>Does not listen</i>	Someone who does not listen to those under his/her leadership	<ul style="list-style-type: none"> <li>• didn't listen</li> <li>• wouldn't listen to any lower enlisted</li> <li>• never listened</li> </ul>	5
(from the interviews:) <i>Esprit de corps</i>	A feeling of pride, fellowship, and common loyalty shared by the members of a particular group that directly impacts the group's overall morale.	<ul style="list-style-type: none"> <li>• we had amazing unit morale but we were getting disenfranchised with the Army</li> </ul>	12

Table 6 - continued

- leadership  
made it hard on  
morale
- if he didn't  
care, why  
should we?

## **Phase 2 (Interviews)**

Eight interview participants were purposively selected from among the participants of the online survey using the criteria mentioned in the Participants section of this chapter. The interviews were conducted over the phone and were voice recorded with Recordator.com. The voice recordings were transferred verbatim to transcripts. The transcripts were then analyzed in the same manner as the Phase 1 qualitative analysis (open coding, axial coding, and selective coding).

The open coding process yielded two interesting points as the process relates to the interviews. The first point was that the context and depth provided by the participants during the interviews gave the short answers and quantitative data from Phase 1 a real punch. For example, Veteran 1 reported on the online survey that the identified “worst” leader “never allowed soldiers time to rest.” During the phone interview, Veteran 1 expanded on that response by sharing two poignant anecdotes that left little room for doubt as to why he chose that leader as the “worst.” Furthermore, Veteran 1 provided examples regarding the individual selected as the best leader that richly described the selective code of *good listener*. Veteran 1 indicated during the interview that his selection for “best leader” became a much better leader after an IED explosion injured a couple of soldiers in his platoon. The second interesting point was that the body of the interviews contained many more words and phrases that had to be siphoned compared to the short-answer responses from the online survey. This syphoning proved to be quite a meticulous activity

analyzing the text of the responses from Phase 1. The Phase 1 qualitative analysis had participants' responses relatively easily organized. The initial open coding analysis for interviews took some time.

Each transcribed interview was analyzed for the participant's responses that matched the selective coding operational definitions from the Phase 1 analysis. The open codes identified during the initial Phase 2 analysis were appraised for similarities in words and/or meanings that were concurrent with already established categories from Phase 1. However, new categories were developed, and the interviews were analyzed once more with the purpose of finding any inferences that could be grouped into these newly established categories.

These new categories, developed in the axial coding process, included *morale*, *officer problems*, *enlisted problems*, *"bad" leadership behavior*, *"good" leadership behavior*, *problems*, *National Guard and Army Reserve specific issues*, and *feelings*. It should be noted that phrases from the *"good" leader* and *"bad" leader* categories were not refined and sorted into the Phase 1 selective coding categories that had already been operationally defined. The reasoning for these two broadly defined terms to remain intact was primarily due to some overlapping of phrases. For example, a quote or phrase from one of the participants easily fit into *"bad"* or *"good"* leadership behavior but also into one of the newly developed categories such as *morale* or *feeling*.

*Morale* was established to categorize like statements made by interview participants, most of the inferences to which coincided with *"bad"* leadership behavior indicating low or poor morale. For instance, Veteran 5 cited leadership behavior as a direct correlation to low unit morale. She specifically stated that the Platoon Sergeant's behavior "was hard on morale. If he doesn't care, why should we? There was only so much our squad leaders could do."

Furthermore, Veteran 1 noted about the individual he had identified as a “bad” leader, “He gave us very little down time to rest and recover [between going out on missions]. If we had down time at our main FOB [Forward Operating Base], he always had details [jobs] for us to do.” In contrast, Veteran 5 discussed how her unit and leadership established and maintained a positive *esprit de corps*:

We had an area that we could cut loose and fuck around in. We could go outside the gate to small shops that were set up. We had Air Soft wars on the base. We could barbeque, play volleyball. The operations sergeant major would be out there smoking and joking with us.

*Officer Problems* and *Enlisted Problems* were developed into two separate categories dealing with issues uniquely specific to both. For example, Veteran 8, an officer, discussed becoming frustrated with the poor morale from his leadership and the negative impact that low morale was having on his soldiers. He stated, “I’m like, we will have to create our own morale. I had my family send me a piñata and we were able to have some barbeque.” Conversely, Veteran 4 noted, “I mean, I like CPT Shaw [company commander], but you know he is a captain and I’m an E3. It’s not like I can just go up and talk to him.”

*National Guard and Army Reserve Specific Issues* was developed into its own category because it appeared that interview participants from both branches experienced issues that their active duty counterparts did not. Veteran 5 noted specifically:

We were engineers that were attached to an Active Duty Field Artillery unit [and] it was eye opening because it was totally different and being a woman, I mean, they only had women in their headquarters; I don’t think they were sure on how to deal with me.

Veteran 8 cited a coming home challenge for his unit. “Since the company commander and first sergeant were so utterly useless and as certain units were coming home, I took it upon myself to

go and see them.” Veteran 8 also had another unique issue that impacts only National Guard and Army Reservists, namely, dealing with civilian employers during deployment. As he pointed out:

I received a notice of termination from my employer in the middle of the deployment, so in addition to having all the other stuff going on, my employer decided to terminate me in the middle of a combat deployment.

Finally, the category of *feelings* was created to capture feeling statements made by participants. Veteran 7 stated, “When you feel like you have enemies on all sides [leadership and actual], it is kind of hard to have a clear and good mental health state, especially when you are 19 years old.” Veteran 6 noted, “I feel like I was a lot more resilient during this deployment, more than my second.” Contextually, Veteran 6 was able to link this resilience to his leadership, specifically his battalion commander: “If a guy got hurt or killed, our battalion commander ordered door-to-door searches and over 500 military aged men were apprehended within a couple of hours.” He continued, “The leadership was supportive of the Chaplin’s efforts” at attending to those with mental health issues. Veteran 4 indicated, “No matter what I did, it was never good enough for him [platoon sergeant]. I felt like he didn’t care if I lived or died.”

In the selective coding process for Phase 2, the categories of *morale* and *feelings* were explored and examined again. The essence of both categories seemed at times to be interchangeable, yet they were distinct from the operationally defined terms from the Phase 1 selective coding process. I have merged these two categories to form *esprit de corps*, operationally defined as a feeling of pride, fellowship, and common loyalty shared by the members of a particular group that directly impacts the group’s overall morale. This category is necessary for the overall exploration of this research topic in part because, while it does not directly encompass leader behaviors that can be compared to the leadership theories, it does

provide insight into the possibility of a direct link between leaders' behaviors and deployment experience for participants.

Other categories such as *officer problems* and *enlisted problems* were omitted from the selective coding process, as were *problems* and *National Guard and Army Reserve specific issues*. These issues that seemed noteworthy during the open coding phase appeared to be more of a point of interest as opposed to establishing a new category in the axial coding phase. For example, Veteran 3 noted, "My commander came out of the deployment with a Bronze Star and a CAB [Combat Action Badge]. I went out on more missions than he did; he never left his office area." During the open coding process, the reaction of soldiers to *bad* and *toxic leadership* was considered. For example, in three of the interviews, participants discussed soldiers becoming so disgruntled with leadership that measures were taken to prevent leadership fratricide. As Veteran 2 stated:

They [leadership] took a lot of people's firing pins. There were a lot of threats made during that deployment. There were people who were going to kill other people. Mostly E2s and E3s who were going to kill their leadership. Some threatened suicide, but most had their firing pins taken away because they were going to kill leadership. They were stressed out.

Veteran 1 shared:

There were three incidents of somebody tried to kill him [first sergeant]. I should say four; someone tried twice. Late in the deployment, we had a vehicle roll over and somebody was killed. The 1SG ordered a police call [picking up around the area]. The SAW [Squad Automated Weapon] gunner made an attempt right there. He reloaded and started walking back over to the first sergeant and he had to be stopped by his squad leader."

Another point worth mentioning here is that Veteran 1 and Veteran 7 served in the same unit and both selected the same deployment as "the specific deployment" for this research study. It was not until the interview with Veteran 1 was completed and the interview with Veteran 7 was

already scheduled that this fact was disclosed by Veteran 1 at the very end of the interview. This aspect of the interview process will be discussed in the next chapter.

With the selective coding process for Phase 2 completed and key categories named and operationally defined, the next procedure entailed aligning the data to see what leadership theories (transactional, transformational, leader-member exchange, servant leadership, and emotional intelligence) identified in the Literature Review section of this research study, if any, applied to the data.

### **Data Alignment with Leadership Theory**

The sub-question for this research study is: Are there trends in the data that align with known leadership theories? The most effective way to answer this question was to compare the attributes used to describe the “best” leader and “worst” leader and the categories into which these attributes were placed, then compare each of the leadership theories used for this research to see if any trends developed. This process not only identified leadership theories but also walked each theory through its practical application paces, so to speak. Doing so in this manner was not like testing a leadership theory in a white collar work environment where, say, the supervisor hopes increased positive regard with a co-worker will get the co-worker to turn out one extra widget per shift or report great job satisfaction because they can wear jeans on casual Friday.

#### ***Transactional Leadership Theory.***

Transactional leadership theory posits a transaction between the leader and followers, whereby the followers’ needs are met if they perform the explicit and at times implied expectations of the leader (Dartey-Baah, 2015). As discussed in the Literature Review section, this performance-based leadership theory is well suited for the type of leader-follower interaction

that presents itself in the military and even more so in combat because it is centered on rewards and punishments, which is effective in producing short-term positive results while simultaneously providing clear guidance for what is expected from subordinates. Leaders should be able to recognize a subordinate's needs and reward that subordinate in exchange for loyalty as evidenced by following orders.

Trends discovered in the online surveys and interviews suggested that transactional leadership theory aligned with the following selective coding categories: *technically and tactically proficient, lead by example, integrity, good listener, and trustworthy* for positive leader traits. *Unscrupulous and amoral* along with *insensitive* comprise the categories for negative leader traits.

Transactional leadership theory was displayed in the category of *unscrupulous and amoral* in participants' responses more as a leader who ruled out of fear than the theoretical leader who exchanges rewards and punishments based on subordinates' performance. From the online survey, these responses included terms such as "relied on rank when proven wrong," "had favorites," and "pulled side scams that benefited himself at the cost of the rest of the medics in our section." During the interviews, specifically with Veteran 1, a clear illustration of the negative aspect of this leadership theory was quite prevalent. In discussing his company first sergeant, Veteran 1 shared that:

He never gave us anytime to rest. If we had time at our FOB [Forwarding Operating Base] to rest and recover, he made sure that we had tons of work details to do so that we would have minimal time to rest, minimal time to get our equipment back repaired. Our Humvees were in very bad shape at that point and he didn't care. One of the things he would do is he decided after things are kind of stabilized a bit, we had certain OPs [outposts] that we [were] operating out of and he decided that every day the people that were supposed to be resting would bring hot chow [food] to the outposts but he would obtain the chow at noon and he wouldn't actually leave until 1600 [4PM] at the earliest to bring the chow, so by the time the chow actually went out it was over four hours old. It was so bad that



it was basically inedible to the point it has flies all over it the whole time and everything. So everyday whoever was supposed to be recovering would have to go out and deliver bad chow to the outposts which pissed them off because they are being brought food they can't eat, fresh food they can't eat, so they are still eating MREs [Meals Ready to Eat, prepackaged meals] anyway.

This example certainly illustrated a transaction, albeit a negative one. On face value, the first sergeant was “taking care” of his soldiers, and this act would appear to be good in the eyes of his superiors; however, it provided no care or benefit to the soldiers who were supposed to be resting nor to the soldiers who were at the outposts. This act was purely for the first sergeant's gain, at the soldiers' expense, and, quite frankly, at the expense of the entire unit's morale.

The “best” leader categories of *technically and tactically proficient*, *lead by example*, *integrity*, *good listener*, and *trustworthy* did, in fact, align with more of the textbook portrait of a transactional leader. Attributes used to describe a *technically and tactically proficient* leader that dovetailed into that two-way, mutually beneficial relationship included participants' words such as “competent” and “knowledgeable.” Due to the “worst” leader attribute of *incompetence*, the argument could be made fairly easily that the knowledge or proficiency a leader possessed earned the confidence of the soldiers who followed them and, in return, their loyalty. Under a different environment, this assumption might be a stretch. But if one placed themselves for just an instant in a combat environment where the possibility of being killed was real, having a leader who was technically and tactically proficient may just have made all the difference between coming home upright and coming home in a coffin.

The category *lead by example* applied to the leader who was actively engaged with the soldiers who followed them. “Was in the thick of it with me,” “led by example,” “pushed us to do our best,” and “never berated lower enlisted” were some of the attributes within this category that also illustrated a positive connection with transactional leadership theory. Furthermore, a

leader who was on the front lines with the soldiers as opposed to a leader who was removed from those they led, garners, as this research clearly exemplifies, the respect, loyalty, and perhaps love of those who follow. The *integrity*, *good listener*, and *trustworthy* categories were attributes that, when displayed by leaders, signaled to subordinates what the expected relationship exchange was and the expectation of adhering to that exchange standard (Hamstra, Van Yperen, Wisse, & Sassenberg, 2013). Finally, the selective code category, *insensitive*, displayed attributes such as “lack of empathy,” “uncaring,” “poor attitude towards soldiers,” and “inconsiderate” that all also illustrated a transaction between leader and follower, albeit negative.

While the transactional leadership theory had plausibility to align with attributes for the “worst” leader just as easily as for the “best” leader, there are perhaps some environments within the Army that the theory may have aligned quite well. For example, transactional leadership would be an appropriate and effective leadership style for basic training or for Army units with a primary mission and function that keeps them in a garrison environment; that is, not in the field or not deployed. The 3<sup>rd</sup> Infantry Regiment, for instance, whose mission is to guard the Tomb of the Unknown Soldier, where discipline and adherence to specific guidelines are essential to the point that failure to do so means not only removal from being a sentinel but also the loss of the badge that identifies a soldier as tomb guard.

The main issue in considering the transactional leadership theory’s possible link to this research study was in its practical versus theoretical application. Specifically, that the “pure transaction” that is supposed to occur between leader and subordinate for the benefit of both (Martinez-Corcoles & Stephanou, 2017) just did not appear to occur and that in fact what appeared to occur is a transaction that benefits the leader but is detrimental to the subordinate. Several more examples were provided in the short answers of the online survey and in Veteran

1's more in-depth interview. Conversely, the case could be made that combat was the adequate environment for this theory, with the transaction being comprised of mission accomplishment for the leader and no loss of life for the soldier. Unfortunately, as was uncovered in the survey and more deeply in the interviews, the transaction was still at the detriment of the soldier and the benefit of the leader. In fact, referring to his leader, one participant noted in the online survey, "looking for OER [Officer Evaluation Report, the primary evaluation tool for promotion] bullets, not group success"; and another participant stated, "would take us out on stupid/dangerous missions trying to earn his CAB [Combat Action Badge]." Transactional leadership theory aligned with those examples provided in the online survey responses and in the interviews where those in leadership were perceived to have taken advantage of their position and made what seemed to be more of a one-way transaction with their subordinates. This theory may, in fact, be the one theory that was most glaring in terms of the difference between not only theory versus practical application but also the combat environment versus other types of environments, such as business, athletics, or academia. The subordinate in business, athletics, or academia can disobey instructions and the repercussions will not be as severe compared to what faces the soldier who disobeys on the battlefield.

***Transformational Leadership Theory.*** The transformational leadership theory is often studied, researched, and discussed in the same breath as transactional leadership theory (Antonakis & House, 2014; Hamstra, Van Yperen, Wisse, & Sassenberg, 2013; Bass, Avolio, Jung, & Berson, 2003; Howell & Avolio, 1993). A transformational leader is highly charismatic and typically has a vision for the future of the organization. The transformational leader is confident and can motivate and challenge subordinates to achieve remarkable and oftentimes unthinkable (to the subordinates) results (Jackson, 2020). As noted in the literature review, the

military picture of this type of leader would be someone like General George Patton. He demanded a great deal from his men, pushed them to their limits, and achieved a remarkable military victory at the Battle of the Bulge (Lovelace, 2014). For the purposes of this research study, transformational leadership theory aligned with the categories of *exploitative blue falcon*, *lead by example*, *valor*, and *does not listen* categories from the selective coding process.

The *exploitative blue falcon* occurred the most frequently among all of the selective coding categories, but that is not what made it stand out in this research. This category stood out because, not only did it provide a lush description of the very attributes used in the academic literature to describe the charismatic, visionary leader, but it also provided illustrations of this transformational leader when those same attributes were used to promote self instead of being used for the betterment of the unit. Some examples of the transformational leader exploiting their position of power for personal gain were exemplified in participants' key words and phrases. These included "received a Bronze Star and didn't ensure others received their awards," "interested in himself," two instances of "narcissistic," several instances of "selfish," "only cares about her career," and "focused on self; takes credit for others' work." This data highlighted the thin veil that separates the charismatic visionary from the toxic narcissistic. For example, as Veteran 2 indicated during the interview:

She [company commander] would volunteer us for all the shitty missions like gate guard. She was trying to please anybody she could, she was super low rank [for an officer] compared to the other company commanders. She was a yes ma'am and a people pleaser, offering her services at our expense."

While charisma is not the only attribute within the transformational leadership theory, it is typically the most distinguishable, as it is used by transformational leaders to help motivate and inspire subordinates to accomplish extraordinary goals. However, Tourish (2012) would suggest this idea is somewhat unrealistic. Furthermore, the transformational leadership theory

suggested the wielding of a high level of influence from the leader to the subordinate such that the power could be exercised, not for the accomplishment of the mission but, as some of the responses from the online survey and the interviews indicate, for self-gain. Therefore, as with transactional leadership theory, there was again that divide between the theoretical application and the practical application noted within this research. Inferences of being egotistical, selfish, cocky, and toxic were clearly exposed in this study. Consequently, not only did these attributes conflict with the Army Values of self-less service and integrity, but furthermore the “dark side” of transformational leadership could needlessly put soldiers at risk in a combat environment for the personal gain of the leader (Tourish, 2012). This research study has identified transformational leadership theory as a very polarizing theory due to the intent, motivation, and power that a leader in combat is able to wield towards subordinate soldiers. This power can either garner extreme loyalty, or it can be the fuel that ignites a tenuous toxic environment for a combat unit.

*Does not listen* was the selective coding category that was akin to “worst” leader attributes and aligned with the transformational leadership theory. Specific words and phrases that emerged from the qualitative analysis of both the online survey data and the interviews included “never listened,” “wouldn’t listen to ANY lower enlisted,” and “didn’t listen.” This category aligned with the transformational leadership theory because, when a leader failed to give a subordinate a voice, it potentially conveyed the message that the leader was superior and the subordinate was nothing more than a mindless rule follower. Such a message can be a potentially dangerous proposition in a combat environment in which, for example, a lower enlisted soldier may actually have more combat experience than the officer in charge. No doubt in such realistic cases it would behoove the officer to listen to those they lead.

Not all categories and attributes coded from the data aligned negatively with the transformational leadership theory. For instance, the category, *lead by example*, illustrated attributes that aligned well with the theory. Furthermore, this category, which also aligned well with the transactional leadership theory, showed a tangible version of charisma. When a leader laid out a vision or plan on how a mission would be accomplished and then actually led from the front, that leader was presumably providing inspiration to those who followed. This assumption was evidenced by the attributes used to describe a leader who *leads by example*. According to study participants, these attributes included, for example, “action behind words,” “knew how to motivate his guys,” “leadership by example,” and “did things that most didn’t do, showed us the way.” Perhaps this was charisma presenting itself a bit differently than in the academic texts, but it still invoked the same type of feelings in subordinates that a passionate speech or flattery that is more often associated with what a charismatic leader does. Additionally, the category, *valor*, elicited the same type of response from followers as *lead by example*, namely, inspiration by action. Attributes categorized into *valor* that aligned with transformational leadership theory consisted of “bravery,” “tough as hell,” “fearless,” “not afraid to take risks,” and “able to keep calm under pressure.”

Perhaps the best positive illustration of the transformational leadership theory was provided during Veteran 6’s interview. In describing his commander, he recalled the following:

That guy was technically and tactically, you know, an expert. He memorized the entire battle space, the entire sector and someone could pop off a coordinate and he would know it ... He had very high expectations for his officers and just as high of expectations for his NCOs. If you were competent and professional, he was your best friend ... He didn’t tolerate nonsense... If anyone got hurt or killed, it was door to door searches for any weapons and any type of intelligence... When I got hurt, he ordered a door to door search and in a few hours over 500 military-aged men were rounded up... After we took over from the 3<sup>rd</sup> ID [Infantry Division], he ordered us to find everyone within two weeks and we found them... He didn’t care if it was one o’clock in the morning or ten o’clock at

night or, you know, he didn't care if they were praying right now, we are going to make their lives painful... You know, that is what leadership is all about.

When Veteran 6 was asked if he would go back on this same deployment with this leader, he responded:

I would follow Colonel [name omitted] to hell and back because I know that he is that confident, he's a professional through and through. He's a soldier's soldier and he was born and bred for combat environment. He knew how to identify and pick great leaders. It was an honor to serve with him and he was instrumental in my development. He was out there with the guys.

***Leader-Member Exchange Theory.*** The next leadership theory that was compared to the trends in the data was the leader-member exchange (LMX) theory. A key tenet of this leadership theory lies in the individual relationship between a leader and individual subordinates whereby some subordinates develop close-knit, high quality relationships with their leader while others have a more distant, less warm and engaging connection (Li & Liao, 2014). The LMX leadership theory was not a clean fit when looking at this research topic and population. While there are merits to having individual relationships with subordinates in the Army, such relationships can often be viewed as favoritism or, conversely, singling out a subordinate negatively compared to the rest of the unit. Notably, the selective coding categories *unscrupulous*, *amoral*, and *trustworthy* aligned with LMX. For *unscrupulous* and *amoral*, attributes associated to LMX that illustrated treating each soldier differently included “played favorites,” “told me in front of the whole company that he would put me in prison for refusing the anthrax vaccine,” “showed favoritism within the platoon,” and “played popularity contests with me as the platoon sergeant and the squad leaders.”

The *unscrupulous* and *amoral* categories occurred the most often in the data. This high frequency aligned with what the research on LMX would describe as a poor relationship, whereby the leader gives the subordinate “only what they need to perform and followers only do

their prescribed task” (Zacher, Pearce, Rooney, & McKenna, 2013, p. 172). The responses from the online line survey suggested that, when leaders attempted to utilize this LMX (willingly or unwillingly) in a negative manner, a breakdown in the leader-follower relationship occurred. Moreover, this breakdown extended well beyond ensuring soldiers had the basic equipment needed from the leader for mission accomplishment and minimal effort exhausted by the follower to meet the mission requirements for success, which is what the literature suggested a poor LMX relationship would look like. However, as Veteran 4 indicated, a breakdown in the leader-subordinate relationship had far greater negative impact on mission accomplishment and relational satisfaction between leader and follower:

No matter what I did, it was never good enough for him [squad leader]. He was always smoking me [disciplinary action where physical training like pushups or sit-ups are used]. We were outside the wire, I am looking around and no one has their goggles on, so I take mine off. He looked at me and yelled at me and when we got back to the base, he told me that everywhere I go on base I had to wear my Kevlar [helmet] and goggles.

I asked Veteran 4 a follow-up question, to see if he was the only soldier treated this way, or perhaps this was just the temperament of the squad leader. Veteran 4 responded, “He had a bad reputation with a few of the Joes.”

The selective category of *trustworthy* illustrated some attributes that aligned with LMX in a positive manner. Establishing and building trust is an individual, relational exercise that is not only an important foundation within a military unit but is essential in combat where decisions are made by leaders that put subordinates potentially in harm’s way and where the risk of losing one’s life is a real possibility. Soldiers’ ability to fully trust their leadership in combat cannot be understated here. Moreover, trust is difficult to regain once it is lost. If a leader loses the trust of individuals or the collective unit, asking those individuals or that unit to embark on a dangerous



mission may be met with apprehension or worse. Lack of trust during the Vietnam War often led to soldiers to frag [kill with grenades or small arms fire] their officers in Vietnam (Lepre, 2011).

During the interviews, Veteran 6 was able to provide an insight into LMX where the leader he indicated as the “best” leader actually displayed both the high- and low-quality interactions with different subordinates. To illustrate, Veteran 6 first described the high-quality interactions:

[The battalion commander] was easy for me to talk to. He had high expectations for his officers and just as high for the enlisted, but if you were competent and professional, he was your best friend. Keep your military bearing and do your job and he was great to get along with.

Veteran 6 then illustrated the low-quality interaction:

We had a battle captain who really screwed up one night and put troops way out of position during a fire fight. [The battalion commander] threw a coffee pot at his head. He [the battle captain] was just a total idiot.

LMX is a well-researched leadership theory that has proven to deliver successful outcomes while fostering high quality relationships between leaders and followers and that is widely accepted in the leadership literature (Zacher, Pearce, Rooney, & McKenna, 2013; Avolio, Walumbwa, & Weber, 2009; Ilies et al., 2007). Within the context of this research, it appeared that LMX lent itself to more lower quality relationships that clearly displayed negative effects on soldiers’ mental health and deployment experience. Furthermore, while the Army is supposed to function as a cohesive team, if this theory were actually formally applied, it has the potential to reflect terms such terms as “playing favorites” and would probably be a catalyst for singling out members of a unit that the leader simply does not like. This dislike would have nothing to do with the soldier’s capacity to successfully accomplish any task at hand but rather with the a personality conflict compounded by the fact that the leader has the sole discretion to assign unfavorable tasks to unit members, such as gate guarding or going out on more patrols outside

the wire, or, as in the case of Veteran 1, removing the platoon from high profile jobs in combat to less desirable jobs for the mere reason that his platoon leader did not complete ranger school. The company commander thought this was important and Veteran 1's platoon leader was the only platoon leader in the company without his ranger tab. This fact formed a low-quality interaction between the company commander and Veteran 1's platoon leader, which in turn caused lower morale within the platoon.

***Emotional Intelligence.*** Emotional intelligence (EI) is not a pure leadership theory as are the other theories mentioned in this study, but it was included because EI has a long history within the field of leadership theory research (Goleman, 1998; Salovey & Mayer, 1990; Gardner, 1983). The reason for this long history is that it taps into what Sewell (2009) noted over a decade ago, that the Army does not train its leaders in the soft skills of leadership, such as EI. Consider the definition of EI. It is the "ability to perceive emotion in oneself and others, to use this information to guide one's thinking and actions, and to understand and manage these emotions and processes" (Koh & O'Higgins, p. 27). Now consider that leadership in the Army is the ability to influence others in order to accomplish the mission (Soh, Chan, & Ramaya, 2011). So, in looking at these two concepts together, it would make sense that a leader in the Army who operates by EI will, for one, have a grasp on their own emotions; secondly, can influence the perception of their followers; and thirdly, can make those followers more likely to have a positive regard for and a willingness to follow them. Interestingly, EI did present in the data for both the online survey and the interviews in the selective coding categories of *optimistic outlook*, *incompetence*, *coward*, and *Esprit de Corps*.

Leaders identified to have attributes that were categorized as *optimistic outlook* were identified for both positive and negative perceptions of leaders' behaviors as well as deployment

experience. If this data aligned with the literature and previous studies that have already been conducted regarding EI and leadership, a stronger relationship would have been expected between *optimistic outlook* attributes and perceived leaders' behaviors and reported deployment experience. For instance, one participant's response from the online survey reported "positive in daily events," "positive attitude," and "kept things fun." In analyzing the online survey data and interviews, it was surprising how frequently (33 times) words and phrases emerged that correlated to optimism and EI. Being able to engage in "meaningful interpersonal interactions with followers" (Koh, & O'Higgins, p. 30) is a key concept with EI and the data that emerged and placed in the *optimistic outlook* category depicted the concept nicely.

Conversely, a quite interesting emotional trait arose that was negatively identified and categorized, which was "coward." In fact, it was surprising how many times this term occurred during the axial and selective coding processes. A leader was identified as a *coward* directly or by similar words and phrases, such as "fear," "was afraid to leave the wire," and "would talk a mean game about being in combat, but when the chance arose, he hid in the police station." This attribute was really driven home during the interview when Veteran 1 noted:

He [first sergeant] was a coward to start with. He very rarely went out into the sector and when he did, he would do everything he could to stay in his vehicle. He wouldn't cross the street unless there were two-up armored Humvees on both sides of the street. I could count the number of times he went out on patrols with us.

This was the same leader discussed under the transactional leadership theory above, who made soldiers conduct details when it was supposed to be time to rest. This lack of insight by Veteran 1's first sergeant pointed to a significant gap in the literature for linking EI with Army doctrine. While this research study was mostly qualitative and did not have a large sample, with no intent nor purpose to make generalizations, it was

noteworthy that an attribute such as “coward” or “fear” was identified within the negative leadership traits at all and, concurrently, negatively impacted the deployment experience for soldiers. From the EI perspective, a leader who openly displayed cowardice, meaning subordinates were keenly aware of the behavior, was considered not in tune with their own emotions and, therefore, was not able to positively influence others (Lone & Lone, 2018). Furthermore, staying with the identified attribute of cowardice, from an Army doctrine perspective, *personal courage* was a requirement. Personal courage according to ADP 6-22 is “not the absence of fear; it is the ability to put fear aside and do what is necessary and right” (p. 2-5).

Relationships are important between the leader and follower and to ignore the emotional component of that relationship is folly (Antonakis, Ashkanasy, & Dasborough, 2009). The categories developed from the Phase 1 and Phase 2 qualitative analyses bore this importance out. The argument could be made, then, that all categories had a level or degree at which EI played a role. For example, the category *incompetence* illustrated negative leader attributes that centered on not being “smart,” “they didn’t know what they were doing as a platoon sergeant,” and “had to rely on subordinate officers to prepare his notes for meetings, literally had to write word for word what he would say in a meeting and he would still mess it up and embarrass the whole organization.” *Incompetence* aligned with EI because these traits and behaviors in leaders evoked a potential negative emotion in subordinates. A positive example of EI in action was the category *esprit de corps* whereby the leader demonstrated the hard skills of leadership, such as “we have to make our own morale” and “we had an area we could cut loose... We had Air Soft wars on base... We played volleyball, cutting loose.” EI may be best working in concert with other leadership theory(ies) to more accurately capture the leader-follower dynamic in the Army.

***Servant Leadership Theory.*** The final leadership theory that was gauged against the data from the online survey responses and interviews was servant leadership theory. As first mentioned in the Literature Review section, this theory is somewhat paradoxical compared to the more traditional leadership theories (and not just the others mentioned in this research) in that this theory infers that leaders seek to serve others first. Servant leadership theory would seem to align with other theories mentioned in this research in the fact that the theoretical versus practical application are incoherent. Specifically, the military is an environment in which a unit is either preparing for combat or a deployment, engaging in that combat or deployment, or recovering from deployment. Officers and Non-Commissioned Officers are evaluated on how well they can accomplish unit goals and objectives, including personal objectives such as qualifying with a weapon or passing a physical fitness test. Competition for promotion to the next rank can be fierce, especially when several individuals are vying for only one or two positions. So, for the most “alpha” leader, placing the needs of the most junior enlisted before their own would be considered absurd. Military leaders might be the last to eat in the mess hall, but when in a combat zone, or in life and death situations where success can bolster an officer’s career or where failure might end it, putting the needs of every other member of the unit before their own would seem highly unlikely.

However, the data from this research study suggested that the attributes associated with servant leadership theory were not only noteworthy, but possibly necessary for a positive perception of deployment and leaders’ behaviors. Servant leaders looked for ways “to uplift the morale and motivation of followers” (Washington, Sutton, & Sauser, (2014, p. 14). The assumption could be made that this theory resonated with soldiers in part because the essence of servant leadership theory aligns with the Army Value of self-less service, although not to the

degree that it resonated with participants in this study. What was surprising was how important attributes such as “caring” and “good listener” were to identifying a “good” leader and even more so, that *good listener* evolved into its own category during the selective coding phase. The category *selfless service* captures the words and phrases associated with servant leader theory. Phrases such as “genuinely cared,” “troops before mission,” “he was always looking out for our platoon’s well-being,” and “selfless” were just some of the instances in the over 114 that were captured in this category. What is even more surprising was the fact that the attributes of a servant leader spanned across all military occupations, from the infantry and artillery to those who served in the medical field and supply. Most of the categories developed and defined during the selective coding phase centered on more of the soft skills, such as the aforementioned “caring” and “listening,” but also “integrity” (along with “honesty”), “positive and uplifting attitude” and “leading by example.” The second category that aligned with servant leadership theory was *optimistic outlook*. This category may seem an odd fit with servant leadership, but participant responses, particularly the short answers from the online survey, showed a relationship or alignment between this category and the theory. Specifically, “knew how to lighten up the room after a bad day,” “always encouraging and uplifting,” and “very positive attitude” depicted a leader who was more concerned about the well-being of others than themselves.

It should be noted that, because the question asking for the participants to rank their leadership during “their specific deployment” also accounted for leaders that would be identified as a “bad” leader, this question should have been asked for the “best” leader and “worst” leader identified. The way the question was positioned in the survey and how it was asked, there was no definitive way to know how much weight each participant was giving to the “best” or “worst”

leader. That is, the behaviors by the “worst” leader could have been perceived as so atrocious by the participant that when asked to think about their leadership during “your specific deployment,” the “worst” leader left such an impression that the ranking would be heavily influenced by this impression. Conversely, an outstanding leader may have the same effect on the overall perception of leadership ranking.

For a summary of the analysis of the various selective coding categories, their operational definitions, and examples of terms extracted from the online survey and phone interviews, and the corresponding leadership theory(ies) for each category, see Table 7.

Table 7: Selective Coding Categories, Operational Definitions, Terms, and Leadership Theories

Selective Coding Category	Operational Definition	Examples of Terms	Corresponding Leadership Theory (with traits identified if more than one theory applies)	
<i>Exploitative blue falcon</i>	Self-centered attitudes, motivations, and behaviors that have adverse effects on the organization and mission.	<ul style="list-style-type: none"> <li>• selfish</li> <li>• narcissistic</li> <li>• focused on self and takes credit for others' work</li> <li>• toxic</li> <li>• vindictive selfish leader</li> </ul>	Transformational	
<i>Selfless service</i>	Selfless regard or devotion towards others that enhances the closeness of the relationship or group dynamic.	<ul style="list-style-type: none"> <li>• genuinely cared</li> <li>• stood up for his soldiers</li> <li>• giving of himself</li> <li>• good mentor</li> <li>• actually cared for the troops</li> </ul>	Servant Leader	
<i>Unscrupulous and amoral</i>	Having no moral principles; not honest or fair, nor concerned with the rightness or wrongness of something.	<ul style="list-style-type: none"> <li>• dishonest</li> <li>• played favorites</li> <li>• sexist</li> <li>• stalking a married leader within our platoon</li> <li>• slept on missions</li> </ul>	Transactional	<p>leader-member exchange</p> <p>Favored people who knew absolutely nothing, showed favoritism w/in our platoon, would discipline people for his insufficiency</p> <p>He hit on me in pre-deployment, he treated me like I wasn't doing a good job even though I was out-performing others</p>
<i>Incompetence</i>	Someone who presents as inept in job performance, communication, and leading others.	<ul style="list-style-type: none"> <li>• clueless</li> <li>• incompetent</li> <li>• no knowledge of the MOS he was in charge of</li> <li>• didn't understand the battlefield</li> </ul>	Emotional Intelligence	



Table 7 - continued

<i>Technically and tactically proficient</i>	Having the skills required to perform your job at a high level and to know when and how to employ them to accomplish the mission.	<ul style="list-style-type: none"> <li>• knowledgeable</li> <li>• combat tested</li> <li>• military knowledge</li> <li>• solid tactical approach</li> <li>• competent</li> </ul>	Transactional	
<i>Lead by example</i>	To act in a way that shows others how to act.	<ul style="list-style-type: none"> <li>• lead by example</li> <li>• he got down and dirty with us</li> <li>• never asked anything of us that he wouldn't do himself</li> </ul>	Transactional	Transformational
			Solid team building, didn't enforce some of the BS the other commanders did.	Lead from the front, leadership by example, pushed us to do our best
<i>Integrity</i>	Being honest, truthful, and fair in one's actions.	<ul style="list-style-type: none"> <li>• integrity</li> <li>• Fair</li> <li>• stood up to the bullshit</li> <li>• honest</li> <li>• straightforward</li> </ul>	leader-member exchange	Transactional
			Honest, firm but fair, fair and supportive	Kept the commander honest, reliable, impartial
<i>Optimistic outlook</i>	Someone who displays a cheerful and optimistic attitude.	<ul style="list-style-type: none"> <li>• positive attitude</li> <li>• kept things fun</li> <li>• encouraging and uplifting</li> <li>• humor</li> </ul>	Servant Leadership	Emotional Intelligence
			Positive attitude every day,	Uplifting, fun, encouraging
<i>Good listener</i>	Fully engaged on what is being said rather than just hearing what is being said.	<ul style="list-style-type: none"> <li>• listened</li> <li>• listened to subordinates</li> <li>• actively listened</li> </ul>	Transactional	
<i>Coward</i>	A person who lacks the courage to do or endure unpleasant things.	<ul style="list-style-type: none"> <li>• coward</li> <li>• never went outside the wire</li> <li>• no backbone</li> <li>•</li> </ul>	Emotional Intelligence	

Table 7 - continued

		<ul style="list-style-type: none"> <li>• never went on combat patrols</li> <li>• afraid</li> <li>• fear</li> </ul>	This was selected as it invoked intense emotions in subordinates which is somewhat atypical as EI normally comes from the top down.	
<i>Valor</i>	Showing great courage in the face of danger.	<ul style="list-style-type: none"> <li>• fearless</li> <li>• backbone</li> <li>• wouldn't get rattled</li> <li>• courage</li> <li>• tough as hell</li> </ul>	Transformational	
<i>Insensitive</i>	Showing no concern for others.	<ul style="list-style-type: none"> <li>• inconsiderate</li> <li>• didn't seem to care about subordinates</li> <li>• poor attitude towards soldiers</li> <li>• lack of empathy</li> </ul>	Transactional	
<i>Trustworthy</i>	To be relied on as honest or truthful.	<ul style="list-style-type: none"> <li>• trustworthy</li> <li>• trusted junior NCOs</li> <li>• trusted</li> </ul>	leader-member exchange	Transactional
			Trusted junior NCOs	Trustworthy, he trusted us
<i>Does not listen</i>	Someone who does not listen to those under their leadership.	<ul style="list-style-type: none"> <li>• never listened</li> <li>• wouldn't listen to ANY lower enlisted</li> <li>• never listened and was extremely indecisive</li> </ul>	Transformational	
(from the interviews:) <i>Esprit de corps</i>	A feeling of pride, fellowship, and common loyalty shared by the members of a particular group that directly impacts the group's overall morale.	<ul style="list-style-type: none"> <li>• I would follow the LTC into hell</li> <li>• we had amazing unit morale but we were getting disenfranchised with the Army</li> <li>• [our leader] made it hard on morale</li> <li>• if he doesn't care, why should we?</li> </ul>	Emotional Intelligence	

## **Possible Impact on Mental Health Outcomes**

*What type of impact does leadership have on the mental health of Army combat veterans who have served in Iraq and/or Afghanistan?* This question was the heart of half of this research study. As noted in the literature review, trauma exposure is a probable experience for those who are in the military and serve in a war zone (Glover, 1988; Hoge, et al., 2004; Brailey, et.al., 2018). The trauma referenced in the literature regarding the military and serving in a war zone is typically referenced by the engagement with the enemy in direct or indirect fire (small arms weapons, rockets, and mortars) to include Improved Explosive Devices (IEDs); watching comrades, enemy combatants, or civilians getting killed; or seeing fragmented pieces of human body parts after a fire fight or bombing. The gap in the literature related to trauma exposure in combat is found at leadership; specifically, the quality of leadership (good or bad) that can influence a deployment experience and potentially impact the mental health outcomes of those serving under good or bad leaders. As Veteran 6 opined during his interview:

I do believe there is a link between the severity of PTSD and poor leadership because I didn't have support and, quite frankly, I feel and still do [that] I had enemies on all sides. It's kind of hard to feel safe. It just makes the ability to process and deal with things that happen, not there.

Unfortunately, the data collection instrument (online survey) was written in a way that made it difficult to clearly determine if leadership directly impacted participants' mental health from the specific deployments they each were asked to identify. The reason was simply that, on asking if leadership impacted mental health, the question referred to "deployment(s)" in general instead of referring to the specific deployment each participant was referencing for the previous answers in the survey. If a participant had more than one deployment, there was no way to know if the specific deployment selected by that participant for the online survey was the deployment that caused their mental health conditions. Fortunately, all eight participants who were interviewed

were asked directly if the leader identified to be the “worst” leader directly and negatively impacted their mental health, and all eight answered affirmatively. Of course, a better worded survey question would have yielded broader results.

Another issue regarding mental health and determining its link to leadership as part of deployment experience, is the sheer nature and complexity of mental health. Two questions were asked in the online survey regarding mental health: a primary question asking if the deployment(s) caused a mental health diagnosis and, for participants who answered in the negative, a follow-up question asking if they experienced some mental health symptoms but had not been formally diagnosed. I realize that utilizing one or more standardized assessment instruments, such as the PTSD PCL-5 (PTSD Check List) or the GAD-7 (Generalized Anxiety Disorder-7) would have helped to validate the mental health diagnoses and also would have provided more substance to the research than what these two yes or no questions provided. The risk of harm to the participant by adding specifically the PCL-5 would have been minimal because this instrument focuses on symptoms without any discussion or recall of traumatic experiences.

Fortunately, despite the above limitations, this research study still revealed that a possible impact exists by leadership upon the deployment experiences and resulting mental health of combat veterans. During the phone interviews, participants provided robust, contextual descriptions indicating that leadership did indeed impact mental health and deployment experience. For instance, Veteran 6 specifically chose his 2003 deployment to Iraq to purposefully describe how his identified “best” leader had a positive impact on that deployment. His use of words and phrases such as “he was easy for me to talk to” and “he was out there with the guys” balanced with “he’s a soldier’s soldier” and “he was technically and tactically, you

know, an expert” showed that the high level of confidence which had been instilled in Veteran 6 about his leader had him to the point that Veteran 6 would “follow [him] to hell.” To drive this point home further, at the conclusion of the interview, Veteran 6 was asked if there was anything he would like to add, and he took that opportunity to discuss how the leadership in his subsequent deployment to Iraq directly and negatively impacted his mental health, saying in part:

I wanted to talk about good leadership. That is why I chose my first deployment, because it is starkly contrasted compared to my second deployment. I would do my first deployment over and over again, get hurt injured every single time [he was awarded the Purple Heart during his first deployment] and I’d still be happy I served [his first deployment]. My second deployment, hell no.”

When asked what specifically it was about the second deployment and about leadership in particular that causes him to say that, Veteran 6 replied:

Our Support Platoon NCOIC put a newly promoted E5 in charge of ammunition with no formal training, no nothing, and the kid went suicidal. He didn’t order enough grenades and our battalion ran out of grenades...It’s not his fault. It was some fucked up leadership.

As Veteran 6’s responses and comments reveal, the interviews provided the rich and more contextual details that short-answer, ranking, and multiple choice questions just did not.

### **Summary**

The findings of this research study suggest that leadership clearly has an impact on the deployment experience and subsequent mental health outcomes of combat veterans who served in Iraq and/or Afghanistan, with the Phase 2 phone interviews providing a stronger recommendation on that impact. The correlation analysis indicates a moderate, positive relationship between leadership behavior and deployment experience. The findings also suggest that the relationship between servant leader theory and a positive perceived deployment experience is strong. Furthermore, attributes associated with servant leader theory were

identified exclusively with “best” leader attributes. Servant leader theory was the only leadership theory that could make this claim.

## CHAPTER V: DISCUSSION

### **Summary of the Study**

When soldiers deploy to a combat zone, it is expected that a fair number of them will develop mental health conditions from exposure to trauma, such as direct fire fights with the enemy, being in a vehicle hit by an IED (Improvised Explosive Device), having a comrade severely wounded or killed, or witnessing the horrific physical aftermath of an IED or bombing that leaves a friend or adversary dismembered or killed. As discussed in this research study, this aspect of combat deployment related to mental health and deployment experience has been researched widely in the literature (Glover, 1988; Hoge, et al., 2004; Grossman, 2009; Boyd, Rogers, Aupperle, & Jak, 2016; Brailey, et al., 2018). While scant research has been done to explore specifically the relationship between toxic leadership and service members in combat (Gallus, Walsh, van Driel, Gouge, & Antolic, 2013), research conducted on leadership in the military has been quite exhaustive (Trachik, et al., 2020; Taylor, 2018; Robert, 2018; Wong, Bliese, & McGurk, 2003). Furthermore, there has been little research concerning the connection between leadership, deployment experience, and mental health.

The purpose of this research was to answer the following question: What type of impact does leadership have on the mental health and deployment experience of United States Army combat veterans who have served in Iraq and/or Afghanistan? A quasi explanatory sequential mixed methods research design was used to collect, analyze, and highlight the findings. This research design entails two distinct, consecutive phases, a quantitative phase and then a qualitative phase. The quasi explanatory sequential design I employed for my research study differentiated itself from the traditional model in that I embedded a qualitative phase in the Phase 1 analysis. This qualitative analysis was needed to explore the short-answer responses, develop

selective coding categories, and aide the Phase 1 quantitative analysis for the purpose of selecting quality candidates for the Phase 2 interviews from the original population pool of Phase 1 online survey participants. Then, after the Phase 2 data was collected and analyzed, a link to the Phase 1 data was explored, to explain the type of impact that leadership has on the mental health and deployment experience of Army combat veterans. Ultimately, my research was looking to fill the gap in the current literature by showing that a relationship indeed exists between leaders' behaviors and the mental health and deployment experience of Army combat veterans who have deployed to Iraq and/or Afghanistan.

### **Analysis of the Findings**

#### **Knowledge in the Field of Leadership**

This research study explored the impact of leadership on the mental health and deployment experience of Army combat veterans who have deployed to Iraq and/or Afghanistan. What I had expected to find was that the servant leadership theory would be almost a predictive factor for good leaders. The servant leadership theory posits that the leader places the needs of others first, which develops a closeness and enhances the overall relationship of the group dynamic (Greenleaf, 1977). Notably, then, the theory aligns well with the Army Value of selfless service. Moreover, what my research uncovered was not merely attributes solely related to servant leadership theory. I also discovered a balance of attributes captured within a total of eight categories. In addition, *selfless service*, *technical and tactical proficiency*, *lead by example*, and *integrity* were the most noted positive leader attributes identified within this research.

Figure 4 illustrates that, even from a slightly positive leadership experience (0 to 1) to a very positive leadership experience (4 to 5), *selfless service* was the most identified leader behavior, followed closely by *tactical and technical proficiency* and *lead by example*. This data



suggests that these three positive traits, as identified by participants, are the most important in a good leader, with *selfless service* by far the most important. Furthermore, the number of participants who identified their leader as only slightly positive at a score of (1) was so small that it does not provide an accurate representation. Another implication from this data suggests that servant leader, namely, *selfless service*, would be enough of an attribute to produce a “good” leader in combat. So, taking a step back and objectively looking at the analyzed data, a good leader in combat has a combination of *selfless service*, *tactical and technical competency*, and the mindset and capacity to *lead by example*. They are a leader who is selfless, placing the needs of the unit before their own needs and, therefore, before the needs of the organization before all else. A leader who exemplifies *tactical and technical competency*, possessing the skills required to perform their job at a high level and knowing when to employ those skills to accomplish the mission. A leader who teaches by doing, showing others by the way they act. A leader who consistently displays these three attributes will be a good leader in combat.

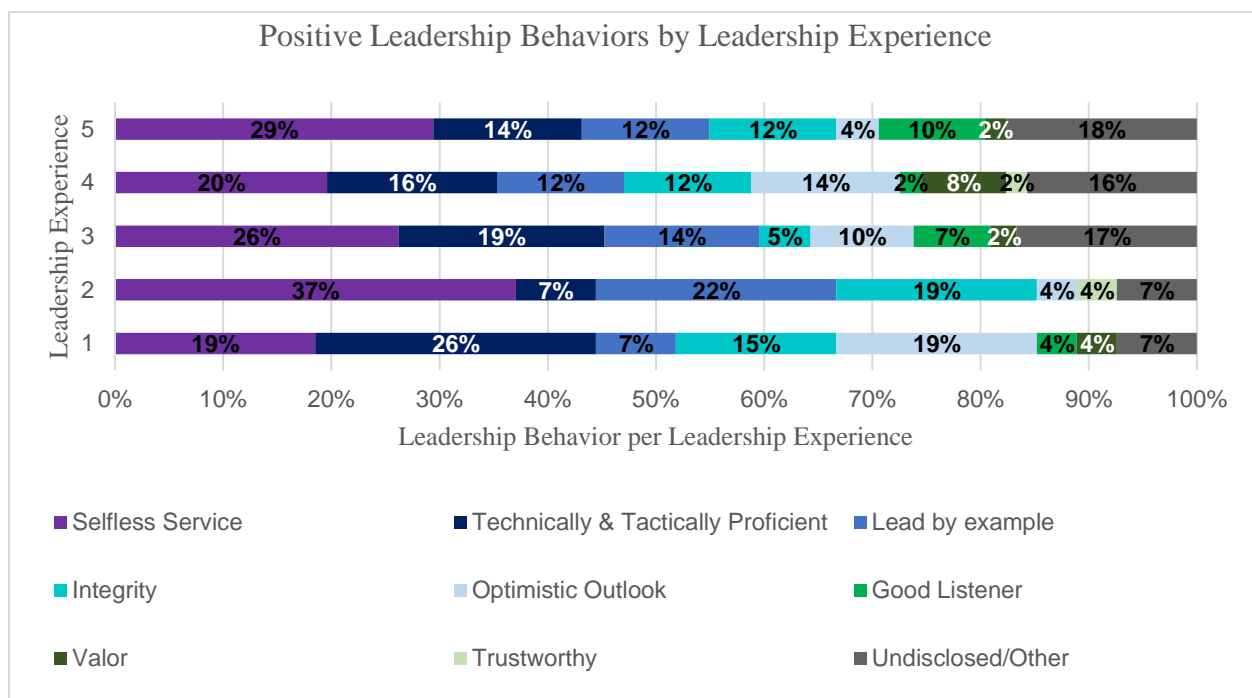


Figure 5. Positive Leadership Behaviors by Leadership Experience

Figure 5 elucidates the points made from the qualitative analysis, which highlight how dangerous a selfish, exploitive leader can truly be. Based on the data gathered from the online survey and, in particular, the much more in-depth perspectives from the Phase 2 interviews, this type of negative leader behavior should be avoided at all costs. Examples of some of the short-answer responses include, “would take us out on stupid/dangerous missions trying to earn his CAB (Combat Action Badge),” “only cares about her career,” “sent us out on very unsafe missions, for his personal gains,” and “looked out for himself over his team.” Unfortunately, a leader who exhibits this exploitive, self-centered behavior is often viewed by superiors as a person who gets things done, although it is often at the expense of those who are in that leader’s service, because this type of leader will use any means necessary to look good and often, mission accomplishment in combat is how to get recognized. The lure of that charismatic visionary is strong in the military, but caution should be heeded because, as this research project has demonstrated, or better yet, as Veteran 7 described in his interview, “It is hard to feel safe when you have enemies on all sides,” referring to his leadership while deployed to Iraq.

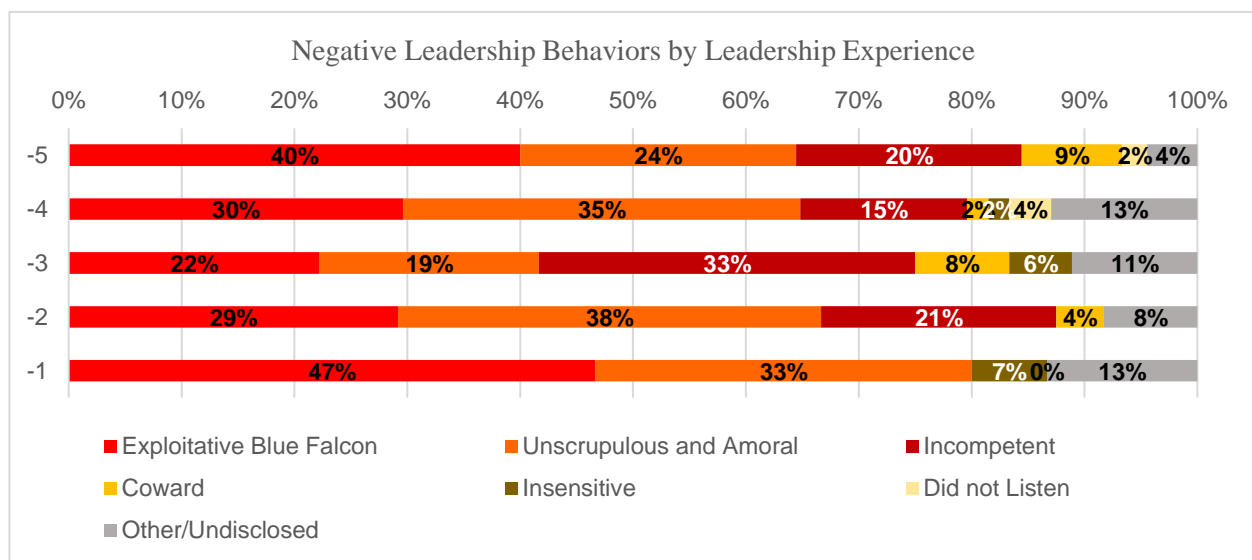
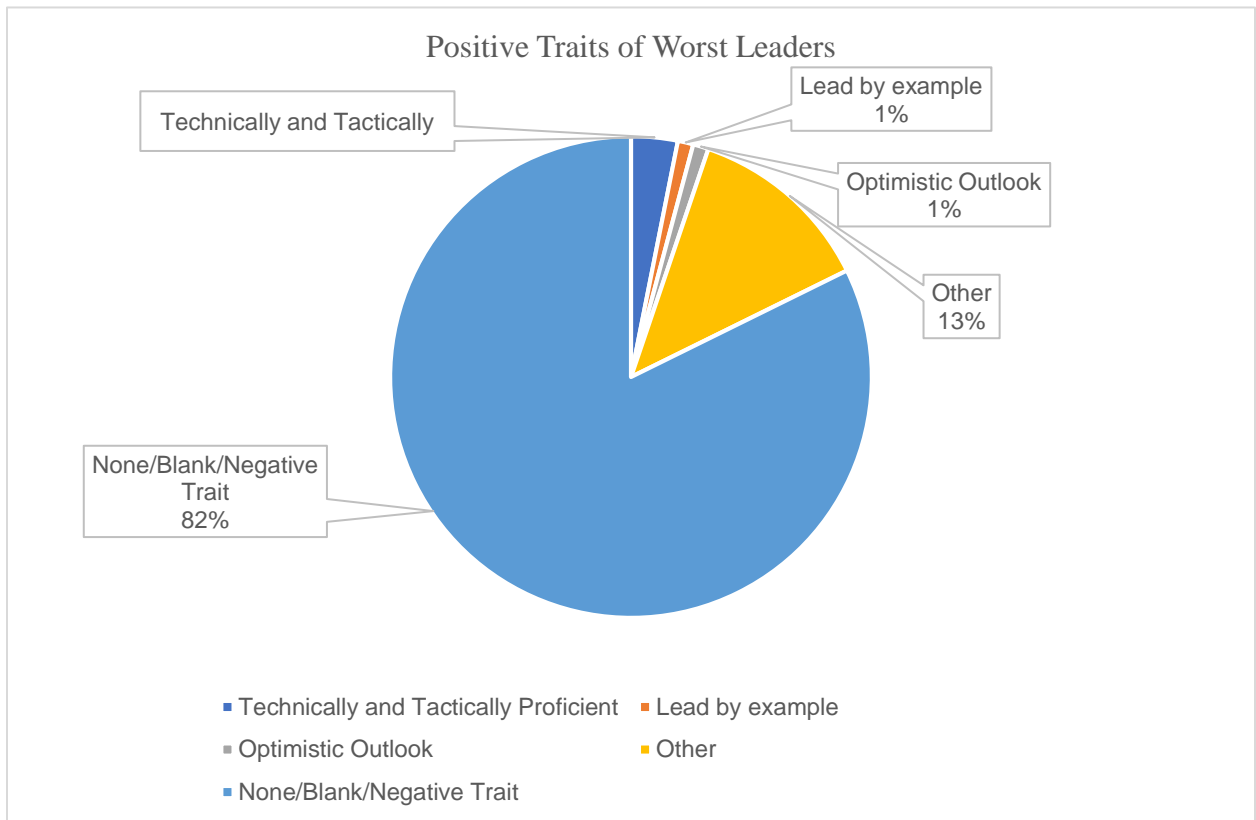


Figure 6. Negative Leadership Behaviors by Leadership Experience

Figure 6 also shows the seven negative attributes ratings by percentage for each negative leadership trait used in this study. *Exploitative blue falcon*, *unscrupulous and amoral*, and *incompetent* were the most frequently recognized negative leadership traits for all negative leaders identified by participants in this study. These three traits have similarities between them that would pose some trepidation for followers in a combat environment. For instance, whether a leader is just out for their gain, or is unscrupulous or incompetent, they may conduct themselves in a manner that is harmful to subordinates or even get them killed. What is surprising is how the high the percentage is for the *exploitative* trait. I was surprised at the difference between the *exploitative* trait and *unscrupulous*, *incompetent*, and the others. I anticipated that the percentages between each trait would have a percentage distribution closer to the percentage breakdown of the positive leader behaviors.

Another interesting phenomenon occurred during the analysis of this research. While I expected to find servant leadership as the preferred theoretical approach for leadership, it was how the servant leadership theory emerged from the analysis that proved meaningful. The analysis revealed the lack of servant leadership theory traits correlating strongly with negative leadership experience. When examining the responses to the question as to whether there were any positive traits in the “worst” leaders, with “worst” leader being defined by a -4 or -5 leadership rating, no traits associated with *selfless service* were identified. Even in the worst identified leaders, positive attributes such as *technically and tactically competent* and *lead by example* were reported (see Figure 6).

Furthermore, *selfless service* was not identified among good attributes of the “worst” leaders, which can have a couple of possible meanings. The first possible meaning is that the



*Figure 7. Positive Traits of Worst Leaders*

*exploitative blue falcon* and *unscrupulous and amoral* traits were so dominant that leaders who displayed these attributes were not likely to also display attributes of *selfless service* and, indeed, the two sets of attributes are mutually exclusive to one another. The second possible meaning behind *selfless service* not being identified among the good attributes of the “worst” leaders is that enlisted soldiers and non-commissioned officers (NCOs) are more likely to be able to identify a leader who does not *lead by example* or is not *technically and tactically competent* due to the nature of those attributes. In other words, *lead by example* and *technical and tactical proficiency* are more tangibly observable attributes than *selfless service*. For example, an infantry officer knows how to conduct an ambush, and so do NCOs and enlisted. During an ambush, the enlisted soldier and the NCO can observe and immediately assess an officer’s level of, or lack of, proficiency in that area.

## **Limitations of the Study**

A limitation of this study lies in the instrument used for the online survey. Had the two questions related to mental health been worded to focus on the specific deployment the participant identified and elaborated on, it could have been possible to draw a stronger relationship between leaders' behaviors and mental health outcomes for the veteran related to the specific deployment. This limitation was highlighted during a couple of the interviews where Veteran 3 and Veteran 6 indicated that deployments other than the deployment initially identified for each for this research actually caused mental health concerns. Furthermore, the topic of mental health is complex and if I had an opportunity to replicate this study, I would include a standardized instrument, perhaps more than one, to validate the mental health diagnosis and/or symptoms participants reported in their short-answer responses. The way the online survey was constructed, however, it was better set up to capture deployment experience as the main focus.

Another limitation ties into mental health and that was the low response rate for the two survey questions that addressed that topic. The question that asked the participants if they had been diagnosed with a mental health disorder had a no response rate of 52%, and the question asking about mental health symptoms had a no response rate of 82%. One possible reason for the poor response rate was a lack of trust. Although the online survey was anonymous, participants may have felt that answering in the affirmative to either mental health question may have an adverse consequence, whatever that might have been perceived to be. Since there was no face to face meeting prior to the interview, some participants may not have felt totally comfortable with the survey. Perhaps another reason for the low response rate on the mental health questions was that a majority of the participants, with a mean age of 42 years and a mean deployment year of 2006, came from a time period in the military when the mental health stigma was quite prevalent.

Having mental health issues was viewed by some as a weakness (Quartana, et al, 2014). For a career soldier, a mental health diagnosis was a career killer and many soldiers were considered weak if they could not deal with symptoms post-deployment.

A third limitation of this study was the complexity of trying to integrate relationships around deployment experience, leadership impact, and mental health. Perhaps I was a bit too ambitious. A more conservative approach, whereby the mental health component was removed, may have proven to be a wiser decision. Aside from trying to understand the complexities within the relationship between deployment experience, mental health, and leadership influence, the topic of mental health with combat veterans is complex on its own accord. From a research perspective and from a mental health perspective, more questioning would be needed to adequately explore if leadership during a specifically identified deployment truly impacted mental health outcomes. Of course, this idea expands on what was covered in the previous limitation. However, it is worth additional reflection. For some of the participants, further questioning, further interviewing, and further re-visiting the identified deployment and possibly other traumatic events if appropriate, would be an excellent research path so that a clear relationship can be developed and presented that directly links the identified deployment and the leaders' behaviors. Unfortunately, due to the lack of a real clinical setting to conduct the interviews, the risks were just too great to try and conduct this type of interview over the phone. Some of those potential risks included flashbacks, intrusive thoughts, and emotional breakdowns. This topic is worthy of comprehensive investigation, but not under the limited conditions I had available to me for this study. The last thing I would want to do is trigger any negative reaction in any of the participants.

## **Recommendations for Future Research**

### **Servant Leadership and Mental Health**

Further exploration is needed to gauge the strength of the relationship between traits identified from the servant leadership theory and how those traits impact soldiers' mental health. If a study with this focus can demonstrate a strong correlation, there could be a potential for the development in the Army Training Doctrine (and beyond) that adopts this theory as part of its leadership training. Having a well-researched leadership training program that emphasizes what was discovered in this research study, that a leader's selfless devotion to serving others even to the point where the lowest-rank enlisted soldier in the unit feels cared for, can be so impactful for not only deployment experience, but also for the soldier's long-term mental health. This research could serve as a wakeup call to the United States Army, for deep introspection and evaluation on how leaders are actually leading. The information captured within this research is invaluable to that objective, as it illustrates obvious abuse of rank and mistreatment of soldiers on one end of the spectrum to exemplary care and concern for soldiers on the other end.

The interviews conducted for this research indicate a positive relationship between leaders' behaviors and the mental health of those interviewed. This research should be expanded and conducted using a grounded theory research design. If more research could prove the relationship is strong, grounded theory could lead towards the development of a workable hypothesis and then towards establishing validity and reliability with this research topic.

## **Implications of the Study**

### **Implications for the United States Army**

The potential implication of this research study is that it could have a significant positive impact on how the Army selects and trains leaders. Adopting a robustly studied and research-

backed theory such as the servant leader theory would provide the bridge that connects the value of selfless service to the “why” of selfless service regarding its importance as an Army Value. This bridge would then be reflected in an integration of the theory into leadership selection criteria and training programming, addressing the “how” of implementing practical teaching principles of servant leader theory throughout all levels of training in the military.

Furthermore, this study, if expanded upon with a larger sample size and with a corrected online survey instrument, could present tangible evidence of leaders’ behaviors without the influence of servant leadership theory principles. This study also provided useful glimpses into selfish, toxic, and abusive leaders running amuck in the combat zone with little to no oversight. Subordinates have pressure to conform and follow orders or receive informal or formal discipline, or perhaps worse.

Another possible change that could emerge from this research is the need to alter how performance evaluations are completed. Currently, the Army takes a top down approach for evaluations, but if servant leadership theory were adopted and incorporated as part of the Army Value of selfless service, it would be interesting and perhaps invaluable to have the soldiers’ input, to some degree, on their supervisors’ evaluations. Indeed, subordinate feedback might be one of the best indicators as to whether a leader’s selfless service is in fact happening. Of course, it is understood that bottom up evaluation, so to speak, would be an enormous culture shock to officers and NCOs, and initial resistance would be expected.

## **Conclusion**

What type of impact does leadership have on the mental health and deployment experience of Army combat veterans who have served in Iraq and/or Afghanistan? While it is certain that leadership does have an impact on mental health, further research is needed to



uncover that topic more clearly. What is certain from this research study is that a good combat leader has a balance of three attributes: *selfless service*, *technical and tactical proficiency*, and *lead by example*. Having one or two of these attributes might make a combat leader average or slightly above average; however, the Army does not strive for center mass leadership. While these traits would seem to make common sense and be inherent to every Army leader, this research proves this is not the case. More research is needed to have a deeper understanding of how prevalent the potentially dangerous trait of *exploitative blue falcon* is among leaders in the Army. *Unscrupulous and amoral* leaders as well as *incompetent* leaders typically engage in behaviors that would cause removal from their position of leadership in combat, while an *exploitative blue falcon* leader can appear successful but at the cost of their subordinates. One “bad” leader in combat is one too many, and this research does draw a moderate positive correlation to deployment experience and leadership behavior.

*Selfless service* was the one positive leader attribute that was not mentioned when participants were asked to describe the most positive attributes in the “worst” leader identified for this research, when “worst leader” is defined by a -4 or -5 rating. Couple the lack of *selfless service* with the negative leader attribute of the *exploitative blue falcon*, and now the ground work has been laid to really begin to explore: 1) how incorporating a servant leadership model into formal Army training will help increase the number of Army leaders who exhibit selfless service attributes, and 2) reduce the number of “bad” leaders who exemplify the exploitative attribute that was shown to have a very negative effect on soldiers, as well as units, in combat.

## REFERENCES

- Allen, C.D. (2015). Ethics and army leadership: Climate matters. *Parameters*, 45(1), 69-83.
- Ambrose, S. (2001). *Band of brothers: E Company, 506<sup>th</sup> Regiment, 101<sup>st</sup> Airborne from Normandy to Hitler's Eagle's Nest*. Simon & Schuster.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). American Psychiatric Association Publishing
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3<sup>rd</sup> ed.). American Psychiatric Association Publishing
- Antonakis, J., & House, R.J. (2014). Instrumental leadership: Measurement and extension of transformational-transactional leadership theory. *The Leadership Quarterly*, 25(4), 746-771.
- Antonakis, J., Ashkanasy, N.M., & Dasborough, M.T. (2009). Does leadership need emotional intelligence? *The Leadership Quarterly*, 20(2), 247-261.
- Avolio, B.J., Walumbwa, F.O., & Weber, T.J. (2009). Leadership: Current theories, research, and future directions. *Annual Review of Psychology*, 60, 421-449.
- Bailey, J., & Axelrod, R.H. (2001). Leadership lessons from Mount Rushmore: An interview with James MacGregor Burns. *The Leadership Quarterly*, 12(1), 113-121.
- Bass, B.M., Avolio, B.J., Jung, D.I., & Berson, Y. (2003). Predicting unit performance by assessing transformational and transactional leadership. *Journal of Applied Psychology*, 88(2), 207-218.
- Bass, B.M. (1985). *Leadership and performance beyond expectations*. Free Press.
- Bates, C.C., & Morgan, D.N. (2018). Literacy leadership: The importance of soft skills. *The Reading Teacher*, 72(3), 412-415.

- Batterham, P.J. (2014). Recruitment of mental health survey participants using internet advertising: Content, characteristics, and cost effectiveness. *Journal of Methods in Psychiatric Research*, 23, 184-191.
- Beevers, C.G, Lee, H., Wells, T.T., Ellis, A.J., & Telch, M.J. (2011). Association of predeployment gaze bias for emotion stimuli with later symptoms of PTSD and depression in soldiers deployed to Iraq. *American Journal of Psychiatry*, 168(7), 735-741.
- Benedek, D.M., Fullerton, C., & Ursano, R.J. (2007). First responders: Mental health consequences of natural and human-made disasters for public health and public safety Workers. *Annual Review Public Health*, 28, 55-68.
- Bevan, M.T. (2014). A method of phenomenological interviewing. *Advancing Qualitative Methods*, 24(1), 136-144.
- Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing*, 13(1), 68-75.
- Bowen, P., Rose, R., & Pilkington, A., (2017). Mixed methods theory and practice: Sequential, explanatory approach. *International Journal of Quantitative and Qualitative Research Methods*, 5(2), 10-27.
- Boyd, B., Rodgers, C., Aupperle, R., & Jak, A., (2016). Case report on the effects of cognitive processing therapy on psychological, neuropsychological, and speech symptoms in comorbid PTSD and TBI. *Cognitive and Behavioral Practice*, 23(2), 173-183.
- Brailey, K., Mills, M.A., Marx, B.P., Proctor, S.P., Seal, K.H., Spiro, A., Ulloa, E.W., & Vasterling, J.J. (2018). Prospective examination of early associations of Iraq war zone

- deployment, combat severity, and post traumatic stress disorder with new incident medical diagnoses. *Journal of Traumatic Stress*, 31(1), 102-113.
- Breevaart, K., Bakker, A.B., Demerouti, E., & van den Heuvel, M. (2015). Leader-member exchange, work engagement, and job performance. *Journal of Managerial Psychology*, 30(7), 754-770.
- Britt, T.W., Greene-Shortridge, T.M., & Castro, C.A. (2007). The stigma of mental health problems in the military. *Military Medicine*, 172(2), 157-161.
- Burns, J. (2009, June 24). James MacGregor Burns oral history interview (Philip Scarpino, interviewer). Tobias Leadership Center, Indiana University. Retrieved from: <https://tobiascenter.iu.edu/research/oral-history/audio-transcripts/macgregor-burns-james.html>.
- Carter, J.C., & Finer, M.S. (2004). Stonewall Jackson and George S. Patton: A survey of Leadership. *Infantry*, 93(1), 10-13.
- Chambers, J.W. (2003). S.L.A. Marshall's men against fire: New evidence regarding fire ratios. *Parameters*, 33(3), 113-121.
- Chapin, M., Brannen, S.J., Singer, M.I., & Walker, M. (2008). Training police leadership to recognize and address operational stress. *Police Quarterly*, 11(3), 338-352.
- Chenail, R.J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *The Qualitative Report*, 16(1), 255-262.
- Chermol, B.H. (1985). Wounds without scars: Treatment of battle fatigue in the U.S. armed forces in the second World War. *Military Affairs*, 49(1), 9-12.

- Cho, J., & Dansereau, F. (2010). Are transformational leaders fair? A multi-level study of transformational leadership, justice perceptions, and organizational citizenship behaviors. *The Leadership Quarterly*, 21, 409-421.
- Collins, S. (2019). Desert Storm: A first look. Retrieved from:  
<https://www.defense.gov/Explore/Features/story/Article/1728715/desert-storm-a-look-back/>
- Corbin, J., & Struass, A. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (4<sup>th</sup> ed.). SAGE Publications.
- Creswell, J.W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. SAGE Publications.
- Creswell, J.W., & Plano-Clark, V.L. (2006). *Designing and conducting mixed methods research*. SAGE Publications.
- Creswell, J.W., & Zhang, W. (2009). The application of mixed methods designs to trauma research. *Journal of Traumatic Stress*, 22(6), 612-621.
- Creswell, J.W., Plano Clark, V.L., Gutmann, M., & Hanson, W. (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in a social and behavioral research*, (209-240). SAGE Publications
- Daffey-Moore, E.K. (2015). Is emotional intelligence relevant to a fighting force? *JR Army Med Corps*, 161(1), 14-16.
- Department of the Army (2019). *Army leadership and the profession* (Army Publishing Directorate 6-22). U.S. Government Printing Office.
- Department of the Army (2014). *Army training and leader development* (Army Regulation 350-1). U.S: Government Printing Office.
- Department of the Army (2007). *Army leadership* (Army Regulation 600-100). U.S. Government Printing Office.

Department of the Army (n.d.). *Basic leader course*. Retrieved from:

<http://ncolcoe.army.live.dodlive.mil/basic-leader-course-common-core>

Department of Defense (1984). *Your conduct in combat: Under the law of war. (Field Manual 27-2)*. U.S. Government Printing Office.

Department of Defense (2015). *War of law manual*. U.S. Government Printing Office.

Department of Veterans Affairs, Office of Mental Health and Suicide Prevention (2019). *2019 National Veteran Suicide Prevention Annual Report*. Retrieved from:

[https://www.mentalhealth.va.gov/docs/datasheets/2019/2019\\_National\\_Veteran\\_Suicide\\_Prevention\\_Annual\\_Report\\_508.pdf](https://www.mentalhealth.va.gov/docs/datasheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf)

Department of Veterans Affairs, Office of Mental Health and Suicide Prevention (2019). *VA National Suicide Data Report 2005-2015*. Retrieved from:

<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4074>

Dixon, A. (2012, July 2). July marks the 40<sup>th</sup> anniversary of all-volunteer army. *Army News Service*, 1.

Doron-LaMarca, S., Niles, B., King, D., King, L., Kaiser, A., & Lyons, M. (2015). Temporal associations among chronic PTSD symptoms in U.S. combat veterans. *Journal of Traumatic Stress*, 28(5), 410-417.

Dowling, M. (2005). From Husserl to van Manen: A review of different phenomenological approaches. *International Journal of Nursing Studies*, 44(1), 131-142.

Driscoll, D.L., Appiah-Yeboah, A., Salib, P., & Rupert, D.J. (2007). Merging qualitative and quantitative data in mixed methods research: How to and why not. *Ecological and environmental anthropology*, 3(1), 19-30.

- Dursa, E.K., Reinhard, M.J., Barth, S.K., & Schneiderman, A.I. (2014). Prevalence of a positive screen for PTSD among OEF/OIF and OEF/OIF-era veterans in a large population-based cohort. *Journal of Traumatic Stress*, 27(5), 542-549.
- Dvir, T., Avolio, B.J., & Shamir, B. (2002). Impact of transformational leadership on follower development and performance: A field experiment. *Academy of Management Journal*, 45(4), 735-744.
- Evans, J.R., & Mathur, A. (2018). The value of online surveys: A look back and a look ahead. *Internet Research*, 28(4), 854-887).
- Field, A. (2014). *Discovering statistics using IBM SPSS statistics* (4<sup>th</sup> ed.). SAGE Publications.
- Finefter-Rosenbluh, I. (2017). Incorporating perspective talking in reflexivity: A method to enhance insider qualitative research process. *International Journal of Qualitative Methods*, 16(1), 1-11.
- Flanery, R.B. (2015). Treating psychological trauma in first responders: A multi-modal paradigm. *Psychiatric Quarterly*, 86(2), 261-267.
- Frederickson, G. H., Smith, K. D., Larimer, C. W., & Licari, M. J. (2012). *The public administration theory primer*. Westview Press.
- Frick, D., & Greenleaf, R. (2004). *A life of servant leadership*. Berrett-Koehler Publishers.
- ProQuest Ebook Central [ebook edition] retrieved from: <https://ebookcentral-proquest-com.libproxy.library.wmich.edu/lib/wmichlib-ebooks/detail.action?docID=771694>.
- Fullerton, C.S., McCarroll, J.E., Ursano, R.J., & Wright, K.M. (1992). Psychological responses of rescue workers: fire fighters and trauma. *American Journal of Orthopsychiatry*, 62(3), 371-378.

- Fulton, J.J., Calhoun, P.S., Wagner, H.R., Schry, A.R., Hair, L.P., Feeling, N., & Beckham, J.C. (2015). The prevalence of post-traumatic stress disorder in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans: A meta-analysis. *Journal of Anxiety Disorders, 31*, 98-107.
- Gair, S. (2012). Feeling their stories: Contemplating empathy, insider/outsider positionings, and enriching qualitative research. *Qualitative Health Research, 22*(1), 134-143.
- Galdas, P. (2017). Revisiting bias in qualitative research: Reflections on its relationship with funding and impact. *International Journal of Qualitative Methods, 16*(1), 1-2.
- Gallus, J.A., Walsh, B.J., van Driel, M., Moughe, M.C., & Antolic, E. (2013). Intolerable cruelty: A multilevel examination of the impact of toxic leadership on the U.S. military units and service members. *Military Psychology, 25*(6), 588-601.
- Gardner, H. (1983). *Frames of mind: The theory of multiple intelligences*. Basic Books.
- Gartner, S., & Myers, M. (1995). Body counts and “success” in the Vietnam and Korean wars. *The Journal of Interdisciplinary History, 25*(3), 377.
- Geertz, C. (1973). Thick description: Toward an interpretative Theory of culture. *The Interpretation of Cultures, 3-31*. Basic Books, Inc.
- Gfeller, J.D., & Roskos, P.T. (2013). A comparison of insufficient effort rates, neuropsychological functioning, and neuropsychiatric symptom reporting in military veterans and civilians with chronic brain injury. *Behavioral Sciences and Law, 31*(6), 833-849.
- Gini, A., & Green, R.M. (2012). Bad leaders/misleaders. *Business and Society Review, 117*(2), 143-154.



- Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology, 43*(1), 3-12.
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology, 28*(2), 235-256.
- Glover, H. (1988). Four syndromes of post-traumatic stress disorder: Stressors and conflicts of the traumatized with special focus on the Vietnam combat veteran. *Journal of Traumatic Stress, 1*(1). 57-78.
- Graen, G.B., & Uhl-Bien, M. (1995). Development of leader-member exchange (LMX) theory of leadership over 25 years: Applying a multi-level multi-domain perspective. *Leadership Quarterly, 6*, 219-247.
- Greenleaf, R.K. (1977). *Servant leadership: A journey into the nature of legitimate power and greatness*. Paulist Press.
- Grinell, R.M., & Unrau, Y.A. (2018). *Social work research and evaluation: Foundations of evidence-based practice* (11<sup>th</sup> ed.). Oxford Press.
- Gringeri, C., Barushch, A., & Cambron, C. (2013). Examining foundations of qualitative research: A review of social work dissertations, 2008-2010. *Journal of Social Work Education, 49*(3), 760-773.
- Groenewald, T. (2008). Memos and memoing. In L.M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (pp. 506). SAGE Publications.
- Grossman, D. (2009). *On killing: The psychological cost of learning to kill in war and society*. Bay Back Books.
- Goleman, D. (1998). What makes a leader? *Harvard Business Review, 93-97*.

- Gordon, K.V. (2014). Experiences in the war zone, shared narratives, and shifting identities: Systematic review of qualitative review. *The Humanistic Psychologist*, 42(4), 331-353.
- Hall, W., & Weier, M. (2016). Lee Robins' studies of heroin use among U.S. Vietnam veterans. *Addiction*, 112(1), 176-180.
- Hamstra, M.R., Van Yperen, N.W., Wisse, B., & Sassenberg, K. (2013). Transformational and transactional leadership and followers' achievement goals. *Journal of Business Psychology*, 29(2014), 413-425.
- Hardy, L., Arthur, C.A., Jones, G., Shariff, A., Munnoch, K., Isaacs, I., & Allsopp, A.J. (2010). The relationship between transformational leadership behaviors, psychological, and training outcomes in elite military recruits. *The Leadership Quarterly*, 21(1), 20-32.
- Haugen, P.T., McCrillis, A.M., Smid, G.E., & Nijdam, M.J. (2017). Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis. *Journal of Psychiatric Research*, 94(2017), 218-229.
- Headquarters, Department of the Army. (2015). *Law of war manual* (FM 27-10). Retrieved from: <https://dod.defense.gov/Portals/1/Documents/pubs/Law-of-War-Manual-June-2015.pdf>
- Headquarters, Department of the Army. (1984). *Your conduct in combat under the law* (FM 27-2). Retrieved from: [https://www.loc.gov/rr/frd/Military\\_Law/pdf/conduct-in-combat-1984.pdf](https://www.loc.gov/rr/frd/Military_Law/pdf/conduct-in-combat-1984.pdf).
- Heckathorn, D.D., & Cameron, C.J. (2017). Network sampling: From snowball and multiplicity to respondent-driven sampling. *Annual Review of Sociology*, 43, 101-119.
- Hoge, C.W., Grossman, S.H., Auchterlonie, J.L., Riviere, L.A., Milliken, C.S., & Wilk, J.E. (2014). PTSD treatment for soldiers after combat deployment: Low utilization of mental health care and reasons for drop out. *Psychiatric Services*, 65(8), 997-1004.

- Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I., & Koffman, R.L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine*, 351(1), 13-24.
- Holliday, R., Monteith, L., & Wortzel, H. (2018). Understanding, assessing, and conceptualizing suicide risk among veterans with posttraumatic stress disorder. *Federal Practitioner*, 35(4), 24-27.
- Holowka, D.W., Marx, B.P., Kaloupek, D.G., & Keane, T.M. (2012). PTSD among male Vietnam veterans: Prevalence and associations with diagnostic status. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(3), 285-292.
- Howell, J.M., & Avolio, B.J. (1993). Transformational leadership, transactional leadership, locus of control, and support for innovation: Key predictors of consolidated business unit performance. *Journal of Applied Psychology* 78(6), 891-902.
- Husseini, T. (2019, May 15). *Strongest militaries in 2019: Comparing global armed forces*. Army Technology. <https://www.army-technology.com/features/strongest-militaries-in-2019/>
- Illies, R., Nahrgang, J.D., & Morgeson, F. P. (2007). Leader-member exchange and citizen behaviors: A meta-analysis. *Journal of Applied Psychology*, 92, 269-277.
- Ivankova, N.V., Creswell, J.W., & Stick, S.L. (2006). Using mixed-methods sequential explanatory design: From theory to practice. *Field Methods*, 18(1), 3-20.
- Ivey, G.W., & Kline, T.J. (2010). Transformational and active transactional leadership in the Canadian military. *Leadership & Organizational Development Journal*, 31(3), 246-262.
- Jackson, C.J. (2020). Transformational leadership and gravitas: 2000 years of no development? *Personality and Individual Differences*, 156 (2020), 1-5.

- Jones, B.L. (2013). Early history of mental health care. In Moore, B.A. & Barnett, J.E. (Eds.), *Military psychologists' desk reference*, (pp. 3-9). Oxford University Press.
- Jones, E., & Wessely, S. (2014). Battle for the mind: World War I and the birth of military psychiatry. *The Lancet*, 384, 1708-1714.
- Kane, T.D., & Tremble, T.R. (2000). Transformational leadership effects at different levels of the army. *Military Psychology*, 12(2), 137-160.
- Kellerman, B. (2005). How bad leadership happens. *Leader to Leader*, 2005(35), 41-46.
- Koh, C.B., & O'Higgins, E. (2018). Relationships between emotional intelligence, perceived and actual leadership effectiveness in the military context. *Military Psychology*, 30(1), 27-42.
- Kuoppala, J., Lamminpaa, A., Liira, J., & Vainio, H. (2008). Leadership, job well-being, and health effects—a systematic review and meta-analysis. *Journal of Occupational and Environmental Medicine*, 50(8), 904-915.
- Laurence, J.H. (2011). Military leadership and the complexity of combat and culture. *Military Psychology*, 23(5), 489-501.
- Lepre, G. (2011). *Fragging: Why U.S. soldiers assaulted their officers in Vietnam*. Texas Tech University Press.
- Liden, R.C., & Graen, R. (1980). Generalizability of the vertical dyad linkage model of leadership. *Academy of Management Journal*, 23(3), 451-465.
- Linneberg, M.S., & Korsgaard, S. (2019). Coding qualitative data: A synthesis guiding the novice. *Qualitative Research Journal*, 19(3).
- Lohse, B., & Warnboldt, P. (2013). Purposive Facebook recruitment endows cost-effective nutrition education program evaluations. *Journal of Medical Internet Research Protocol*, 2(2), e27.

- Lovelace, A.G. (2014). The image of a general: The wartime relationship between general George S. Patton, Jr. and the American media. *Journalism History*, 40(2), 108-120.
- Lowe, K.B., Kroeck, K.G., & Sivasubramaniam, N. (1996). Effectiveness correlates of transformational and transactional leadership: A meta-analytic review. *Leadership Quarterly*, 7, 385-425.
- MacGregor, A.J., Han, P.P., Dougherty, A.L., & Galameau, M.R. (2012). Effect of dwell time on the mental health of U.S. military personnel with multiple combat tours. *American Journal of Public Health*, 102(1), 55-59.
- Mackieson, P., Shlonski, A., & Connolly, M. (2019). Increasing rigor and reducing bBias in qualitative research: A document analysis of parliamentary debates using applied thematic analysis. *Qualitative Social Work*, 18(6), 965-980.
- Malterud, K., Siersma, V., & Guassora, A. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative Health Research*, 26(13), 1753-1760.
- Marshall, C., & Rossman, G.B. (2016). *Designing qualitative research (6<sup>th</sup> ed.)*. SAGE Publications.
- Martinez-Corcoles, M., & Stephanou, K. (2017). Linking active transactional leadership and safety performance in military operations. *Safety Science*, 96(2017), 93-101.
- Mawritz, M.B., Mayer, D.M., Hoobler, J.M., Wayne, S.J., & Marinova, S.V. (2012). A trickle-down model of abusive supervision. *Personnel Psychology*, 65(1), 325-357.
- Mayer, J.D., & Salovey, P. (1993). The intelligence of emotional intelligence. *Intelligence*, 17(1), 433-442.
- McFarlane, A.C., Williamson, P., & Barton, C.A. (2009). The impact of traumatic stressors in civilian occupational settings. *Journal of Public Health Policy*, 30(3), 311-327.

- Merriam, S.B., & Tisdell, E.J. (2015). *Qualitative research: A guide to design and implementation* (4<sup>th</sup> ed.). Jossey-Bass.
- Montano, D., Reeske, A., Franke, F., & Huffmeier, J. (2016). Leadership, followers' mental health and job performance in organizations: A comprehensive meta-analysis from an occupational health perspective. *Journal of Organizational Behavior*, 17(1), 327-350.
- Morath, R.A., Leonard, A.L., & Zaccaro, S.J. (2011). Military Leadership: An overview and introduction to the special issue. *Military Psychology*, 23(5), 453-461.
- Morissette, S.B., Woodward, M., Kimbrel, N.A., Meyer, E.C., Kruse, M.I., Dolan, S., & Gulliver, S.B. (2011). Deployment-related TBI, persistent post concussive symptoms, PTSD, and depression in OEF/OIF veterans. *Rehabilitation Psychology*, 56(4), 340-350.
- Morrison, J.J., Hunt, N., Midwinter, M., & Jansen, J. (2012). Associated injuries in casualties with traumatic lower extremity amputations caused by improvised explosive devices. *British Journal of Surgery*, 99(1), 362-366.
- Moustakas, C. (1994). *Phenomenological research methods*. SAGE Publications.
- Negrusa, B., & Negrusa, S. (2014). Home front: Post-deployment mental health and divorces. *Demography*, 51(3), 895-916.
- Nelson, A.M. (2016). An overview of the Department of Defense, Senior Executive Service Corp. *International Journal of Global Business*, 9(1), 1-29.
- Nemec, J. (2016). In defense of Icarus: Positive leadership in the United States Army. *Fires*, (Oct/Sep 2016), 61-65.
- Ngang, T.K., Prachak, B., & Saowanee, T. (2013). Leadership soft skills of deans in three Malaysian public universities. *Social and Behavioral Sciences*, 93(1), 1182-1186.

- Nguyen, T., Mia, L., Winata, L., & Chong, V. (2014). Effect of transformational-leadership style and management control system on managerial performance. *Journal of Business Research*, 70(2017) 202-213.
- Niessen, C., Mader, I., Stride, C., & Jimmieson, N. (2017). Thriving when exhausted: The role of perceived transformational leadership. *Journal of Vocational Behavior*, 103(2017), 41-51.
- O'Donnell, D. (2019). Out with the old and in the with new: BLC is FOC. *U.S. Army Training and Doctrine Command*. Retrieved from:  
<https://www.tradoc.army.mil/DesktopModules/ArticleCS>
- Odumeru, J.E., & Ogbonna, I.G. (2013). Transformational v. transactional leadership theories: evidence in literature. *International Review of Management and Business Research*, 2(2), 355-361.
- Oh, B. (1998). The Korean War, No longer forgotten. *The Journal of Asian Studies*, 57(1), 15-160.
- Osran, H.C., Smee, D.E., Sreenivasan, S., & Weinberger, L.E. (2010). Toward a transpersonal resilience approach for OEF/OIF veterans transitioning to civilian life. *The Journal of Transpersonal Psychology*, 42(2), 209-236.
- Patton, M.Q. (1999). Enhancing the quality and credibility of the qualitative analysis. *Health Science Research*, 34, 1189-1208.
- Pedersen, E.R., & Kurz, J. (2016). Using Facebook for health-related research study recruitment and program delivery. *Current Opinion in Psychology*, 9, 38-43.
- Piccolo, R., & Colquitt, J. (2006). Transformational leadership and job behaviors: The mediating role of core job characteristics. *Academy of Management Journal*, 49(2), 327-340.

- Polkinghorne, D.E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52*(2), 137-145.
- Porter, K.E., Stein, M.B., Martis, B., Avallone, K.M., McSweeney, L.B., Smith, E.R., Simon, N.M., Gargan, S., Liberzon, I., Hoge, C.W., Rauch S. (2018). Post concussive symptoms (PCS) following combat-related traumatic brain injury (TBI) in veterans with post-traumatic stress disorder (PTSD): Influence of TBI, PTSD, and depression on symptoms measured by neurobehavioral symptom inventory (NSI). *Journal of Psychiatric Research, 102*(1), 8-13.
- Possemato, K., McKenzie, S., McDevitt-Murphy, M.E., Williams, J.L., & Ouimette, P. (2014). The relationship between post deployment factors and PTSD severity in recent combat veterans. *Military Psychology, 26*(1), 15-22.
- Prematunga, R.K. (2012). Correlational analysis. *Australian Critical Care, 25*, 195-199.
- Probst, B., & Berenson, L. (2014). The double arrow: How qualitative social work researchers use reflexivity. *Qualitative Social Work, 13*(6), 813-827.
- Ramo, D.E., & Prochaska, J.J. (2012). Broad reach and targeted recruitment using Facebook for an online survey of young adult substance use. *Journal of Medical Internet Research, 14*(1), 1-10.
- Reinke, S.J. (2004). Service before self: Towards a theory of servant-leadership. *Global Virtue Ethics Review, 5*(3), 30-57.
- Reger, G.M., Bourassa, K.J., Smolenski, D., Buck, B., & Norr, A.M. (2019). Lifetime trauma exposure among those with combat-related PTSD: Psychiatric risk among U.S. military personnel. *Psychiatry Research, 278*(2019), 309-314.



- Rice, S., Winter, S., Doherty, S., & Milner, M. (2017). Advantages and disadvantages of using internet-based survey methods in aviation-related research. *Journal of Aviation Technology and Engineering*, 7(1), 58-65.
- Richiardi, L., Pivetta, E., & Merletti, F. (2012). Recruiting study participants through Facebook. *Epidemiology*, 23, 157.
- Robert, R. (2018). Twelve principles of modern military leadership. *NCO Journal*. Retrieved from: <https://www.armyupress.army.mil/Portals/7/nco-journal/docs/12-Principles-of-Modern-Military-Leadership.pdf>
- Rollman, G.B. (2009). Perspectives on hypervigilance. *Pain*, 141(3), 183-184.
- Roulston, K. (2013). Analysing interviews. In Flick, U. (Ed.), *The SAGE Handbook of Qualitative Data Analysis* (pp. 297-313). SAGE Publications.
- Rudestam, K.E. & Newton, R.R. (2007). *Surviving your dissertation: A comprehensive guide to content and process*. SAGE Publications.
- Salovey, P., & Mayer, J.D. (1990). Emotional intelligence. *Imagination, Cognition and Personality*, 9(3), 185-211.
- Sayer, N.A., Carlson, K.F., & Frazier, P.A. (2014). Reintegration challenges in U.S. service members and veterans following combat deployment. *Social Issues and Policy Review*, 8(1), 33-73.
- Sbordone, R.J., & Ruff, R.M., (2010). Re-examination of the controversial coexistence of traumatic brain injury and post traumatic stress disorder: misdiagnosis and self-report measures. *Psychological Injury and Law*, 3(1), 63-76.
- Schneider, T.R., Lyons, J.B., & Khazon, S. (2013). Emotional intelligence and resilience. *Personality and Individual Differences*, 55(2013), 909-914.

- Schutte, N.S., & Loi, N.M. (2014). Connections between emotional intelligence and work place flourishing. *Personality and Individual Differences*, 66(2014), 134-139.
- Schyns, B., & Schilling, J. (2013). How bad are the effects of bad leaders? A meta-analysis of destructive leadership and its outcome. *The Leadership Quarterly*, 24(1), 138-158.
- Scott, W.J. (1990). PTSD in DSM-III: A case in the politics of diagnosis and disease. *Social problems*, 37(3), 294-310.
- Shay, J. (2014). Moral injury. *Psychoanalytic Psychology*, 31(2). 182-191.
- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. Touchstone.
- Sorenson, G. (2015). James MacGregor Burns, 3 August 1918. 15 July 2014. *Proceedings of the American Philosophical Society, Philadelphia*, 159(4), 475-481.
- Soh, S., Chan, K.Y., Ramaya, R. (2011). *Military leadership in the 21<sup>st</sup> century: Science and practice*. Cengage Learning Asia
- Spears, L.C. (1996). Reflections on leadership: How Robert K. Greenleaf's theory of servant-leadership influenced today's top managers. *Journal of Systems Management*, 47(3), 62.
- Stein, M.B., & Ursano, R.J. (2013). Suicide among United States military personnel: Determining the root causes. *Depression and Anxiety*, 30(10), 896-897.
- Steinhauer, J. (2019, Jan 4). Veterans' groups compete with each other, and struggle with the V.A. *The New York Times*. Retrieved from:  
<https://www.nytimes.com/2019/01/04/us/politics/veterans-service-organizations.html>
- Stueck, W. (2010). The Korean War. In M. Leffler & O. Westad (Eds.), *The Cambridge history of the Cold War* (pp. 266-287). Cambridge University Press.
- Taber, K.H., Warden, D.L., & Hurley, R.A. (2006). Blast-related traumatic brain injury: What is known? *Journal of Neuropsychiatry and Clinical Neurosciences*, 18(2), 141-145.
- Taylor, R.L. (2018). *Military leadership: In the pursuit of excellence*. Routledge.

- Tepper, B.J. (2007). Abusive supervision in work organizations: Review, synthesis, and research agenda. *Journal of Management*, 33(3), 261-289.
- The United States Army (n.d.). *The army values*. Retrieved from: <http://www.army.mil/values>.
- Thornton, L., Batterham, P., Fassnacht, D., Kay-Lambkin, F., Calex, A., & Hunt, S. (2016). Recruiting for health, medical or psychosocial research using Facebook: Systematic review. *Internet Interventions*, 4(1), pp. 72-81.
- Tourish, D. (2013). *The dark side of transformational leadership: A clinical perspective*. Routledge.
- Tse, H.H., Lam, C.K., Lawrence, S.A., & Huan, X. (2013). When my supervisor dislikes you more than me: The effect of dissimilarity in leader-member exchange on coworkers' interpersonal emotion and perceived help. *Journal of Applied Psychology*, 98(6), 974-988.
- Tucker, B.A., & Russell, R.F. (2004). The influence of the transformational leader. *Journal of Leadership and Organizational Studies*, 10(4), 103-111.
- Valerio, M.A., Rodriguez, N., Winkler, P., Lopez, J., Dennison, M., Liang, Y., & Turner, B.J. (2016). Comparing two sampling methods to engage hard-to-reach communities in research priority setting. *BMC Medical Research Methodology*, 16(1), 1-11.
- Van Mannen, M. (1990). *Researching the lived experience*. State University of New York Press.
- Van Wart, M. (2011). *Dynamics of leadership in public service: Theory and practice*. Taylor & Francis
- Vasileiou, K., Barnett, J., Thorpe, S., Young, T. (2018). Characterizing and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Research Methodology*, 18(1), 1-18.

- Vidyarthi, P.R., Liden, R.C., Smriti, S., Erdogan, B., & Shosh, S., (2010). Where do I stand? Examining the effects of leader-member exchange social comparison on employee work behaviors. *Journal of Applied Psychology*, 95(5), 849-861.
- Vitzthum, K., Mache, S., Joachim, R., Quarcoo, D., & Groneberg, D.A. (2009). Psychotrauma and effective treatment of post-traumatic stress disorder in soldiers and peacekeepers. *Journal of Occupational Medicine and Toxicology*, 4(21), 21-28.
- Waldman, D.A., Bass, B.M., & Yammarino, F.J. (1990). Adding to contingent-reward behavior: The augmenting effect of charismatic leadership. *Group & Organizational Studies*, 15(4), 381-394.
- Walton, J.L., et al. (2017). Sometimes less is more: Establishing the core symptoms of PTSD. *Journal of Traumatic Stress*, 30(3), 254-258.
- Watkins, E.Y., et al. (2018). Adjusting suicide rates in a military population: Methods to determine the appropriate standard population. *American Journal of Public Health*, 108(6), 769-776.
- Wieland, D., Hursey, M., & Delgado, D. (2010). Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) military mental health issues: Information on the wars' signature wounds: Posttraumatic stress disorder and traumatic brain injury. *Pennsylvania Nurse*, 65(3), 4-11.
- Winter, J. (2014). Shell Shock. In J. Winter (Ed.), *The Cambridge history of the First World War* (pp. 310-333). Cambridge University Press.
- Whitaker, C., Stevelink, S., & Fear, N. (2017). The use of Facebook in recruiting participants for health research purposes: A systematic review. *Journal of Medical Internet Research*, 19(8), 1-17.

- Wong, L., Bliese, P., & McGurk, D. (2003). Military leadership: A context specific review. *The Leadership Quarterly*, 14(6), 657-692.
- Yukl, G. (1999). An evaluation on the conceptual weaknesses in transformational and charismatic leadership theories. *Leadership Quarterly*, 10(2), 285-305.
- Zacher, H., Pearce, L.K., Rooney, D., & McKenna, B. (2014). Leaders' personal wisdom and leader-member exchange quality: The role of individualized consideration. *Journal of Business Ethics*, 121, 171-187.

## Appendix A: IRB Approval Letter



Date: February 3, 2020

To: Robert Peters, Principal Investigator  
Derik Van Baale, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: IRB Project Number 20-01-08

This letter will serve as confirmation that your research project titled "Ally or Enemy: The Impact of Leadership on Army Veterans Deployed to Iraq and/or Afghanistan" has been **approved** under the **expedited** category of review by the Western Michigan University Institutional Review Board (IRB). The conditions and duration of this approval are specified in the policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes to this project (e.g., ***add an investigator, increase number of subjects beyond the number stated in your application, etc.***). Failure to obtain approval for changes will result in a protocol deviation.

In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the IRB for consultation.

The Board wishes you success in the pursuit of your research goals.

**A status report is required on or prior to (no more than 30 days) February 2, 2021 and each year thereafter until closing of the study.**

**When this study closes, submit the required Final Report found at**  
<https://wmich.edu/research/forms>.

**Note: All research data must be kept in a secure location on the WMU campus for at least three (3) years after the study closes.**

Office of the Vice President for Research  
Western Michigan University  
1903 W. Michigan Ave., Kalamazoo, MI 49008-5456  
PHONE: (269) 387-8293 FAX: (269) 387-8276  
WEBSITE: [wmich.edu/research/compliance/rsirb](https://wmich.edu/research/compliance/rsirb)

CAMPUS SITE: Room 251 W. Walwood Hall

## Appendix B:

### Anonymous Online Survey Consent

Western Michigan University  
Department of Public Affairs and Administration



**Principal Investigator:** Dr. Robert Peters  
**Student Investigator:** Derik Van Baale

You are invited to participate in this research project titled "*Ally or Enemy: The Impact of Leadership on Army Veterans Who Have Served in Iraq and/or Afghanistan*"

**STUDY SUMMARY:** This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. Participation in this study is completely voluntary. You may choose to not answer any question. The purpose of the research is to: to explore the relationship between leadership behaviors and if those behaviors impacted Veterans mental health and will serve as Derik Van Baale's dissertation for the requirements of the Ph.D. in Public Administration. If you take part in the research, you will be asked to answer survey questions. Your replies will be completely anonymous, so do not put your name anywhere on the survey. Your time in the study will take approximately 15-20 minutes to complete. Possible risk and costs to you for taking part in the study may be potential discomfort from answering questions about your deployment(s) and the time it takes to complete the survey and while there are no direct benefits from taking this survey, the information gathered may have the possible benefit of changing or reinforcing the way the Army trains leaders. Your alternative to taking part in this research is not to take part in it. An alternative to taking part in the research study. Your alternative to taking part in the research study is not to take part in it.

The de-identified (anonymous) information collected for this research may be used by or distributed to investigators for other research without obtaining informed consent from you.

Should you have any questions prior to or during the study, you can contact the primary investigator, Dr. Robert Peters at 269-387-8944 or robert.peters@wmich.edu. You may also contact the Chair, Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study.

This consent document has been approved for use for one year by the Western Michigan University Institutional Review Board (WMU IRB) as indicated by the stamped date and signature of the board chair in the upper right corner.

Participating in this survey indicates your consent for use of the answers you supply.

## Appendix C: Phase 1 Online Survey Questions

What impact does leadership behavior have on the combat experience and mental health outcome(s) of Army, Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) soldiers?

### Survey Questions

1) Gender (Please check one)

Male                  Female

2) Age at last birthday \_\_\_\_\_.

3) Marital Status (Please check one)

Married                  Divorced                  Separated                  Widowed                  Single

4) Did you serve in the following countries? Please mark the appropriate answer.

- a. Iraq in support of Operation Iraqi Freedom
- b. Afghanistan in support of Operation Enduring Freedom
- c. Neither
- d. Both

5) Please mark branch of the service you served in when you were deployed to either Iraq or Afghanistan? (If you have multiple deployments with multiple branches, please circle all that apply).

Army                  Navy                  Marines                  Air Force                  Coast Guard

6) Did you deploy with the Regular Army to Iraq and/or Afghanistan?

Yes                  No

7) Think about a deployment in which you had an most positive or most negative experience. Please select a number on the scale below that best corresponds to your



perception of the deployment. *Please think about this specific deployment when answering the remaining survey questions.*

Negative, -5----- Neutral, 0----- Positive, +5

-5 -4 -3 -2 -1 0 1 2 3 4 5

- 8) Please give a brief name to this deployment so it can be referenced in future questions.

For example: ***Iraq 2003*** If you leave this blank, the name of your deployment will read as “your specific deployment” in further questions. If you have a deployment while serving in a different branch, please use only the Army deployment(s).

Name Deployment \_\_\_\_\_

- 9) During “**your specific deployment**”, where were you primarily located? Please circle.

Southern Afghanistan

Central Afghanistan

Northern Afghanistan

Southern Iraq

Central Iraq

Northern Iraq

Located in Kuwait, but conducted all missions in Iraq

- 10) Considering “**your specific deployment**”, when did this deployment begin? (Please circle)

Year	
2001	2011
2002	2012
2003	2013
2004	2014
2005	2015
2006	2016
2007	2017
2008	2018
2009	2019
2010	Other

- 11) During “**your specific deployment**”, what was your Military Occupational Specialty (MOS)? \_\_\_\_\_

12) Did you serve in that capacity while you were on **“your specific deployment”**? If not, what capacity did you serve? (For example, if you were a cook, did you serve as a cook or were you given a job outside of your primary MOS, like driver or infantry).

Yes.

No.

If no, What were the reasons for the difference between the MOS and the job you were assigned while in “your specific deployment”? \_\_\_\_\_

13) List up to three things about **“your specific deployment”** that made it positive and/or negative? (Please rank these answers with the most positive or negative as number 1)

Positive

Negative

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

14) Think about your leadership during **“your specific deployment”**. Was the **leadership** mostly positive or negative? Please select a number on the scale below that best corresponds to your perception of the leadership during **“your specific deployment”**.

-4 extremely or very negatively

-2 somewhat negative

0 neutral or no opinion

+2 somewhat positive

+4 extremely or very positive

15) Considering **“your specific deployment”**, who was the best leader that you had regular contact with. Do not use full names. Please just give a Rank, Position Held (Examples

might include Squad Leader, Platoon Sergeant, Platoon Leader, First Sergeant, or Company Commander).

Rank\_\_\_\_\_ Position Held \_\_\_\_\_

- 16) List the top three characteristics that made the leader you mentioned in question 11 as the best leader on **“your specific deployment”**.

(Please list up to three answers with the most positive as number 1, the second as number 2, and the third as number 3).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- 17) For the leader you listed in question 11 as the best leader; did this leader have any negative characteristics?

(Please list up to three answers with the most negative as 1, the second as number 2, and the third as number 3).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- 18) Considering **“your specific deployment”**, who was the worst leader that you had regular contact with? Do not use full names. Please just give a Rank, Position Held (Examples might include Squad Leader, Platoon Sergeant, Platoon Leader, First Sergeant, or Company Commander).

Rank\_\_\_\_\_ Position Held \_\_\_\_\_

19) List the top three characteristics that made the leader you mentioned in question 14 as the worst leader on **“your specific deployment”**.

(Please list up to three these answers with the most negative as number 1, the second as number 2, and the third as number 3).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

20) For the leader you listed in question 14 as the worst leader; did this leader have any positive characteristics?

(Please rank these answers with the most positive as 1, the second as number 2, and the third as number 3).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

21) If you had had to redeploy under the direct supervision of the (#11 Rank Initial), would you go back?

Yes

No.

Please provide the reason(s) for your response/answer.

\_\_\_\_\_

22) If you had to redeploy under the direct supervision of the (#14 Rank Initial), would you go back?

Yes

No

Please provide the reason(s) for your response/answer.

---

23) Was your experience with leadership a contributing factor as to why you stayed in or got out of the Army?

Yes                      No

Please provide the reason(s) for your response/answer.

---

24) Have you been diagnosed with any mental health issues as a result of your deployment(s) (For example, PTSD, Depression, Anxiety)?

Yes                      No                      Deployment(s)\_\_\_\_\_

25) Have you ever had any mental health symptoms (like depression, anxiety, anger, poor sleep) as a result of your deployment(s) that you never sought help for?

Yes                      No                      Deployment(s)\_\_\_\_\_

26) Were there general ways in which your leader made the tour more or less tolerable?

27) Would you be willing to be contacted by phone or email for follow up questions?

Yes No

If, yes, please provide your email address: \_\_\_\_\_

## **Appendix D: Phase 2 Phone Interview Questions**

- 1) What were your reason(s) for joining in the Army?
- 2) Can you tell me about your time in the Army?
- 3) When were you deployed? Where were you deployed? (Follow up if participant has multiple combat deployments, if applicable for questions 4-7)
- 4) What were your jobs/duties during your deployment? Was this your MOS? If not, were you properly trained for the job you would be performing while deployed?
- 5) Thinking about your deployment, and the individual who was your best leader that you had regular contact with, what made this leader the best?
- 6) Thinking about your deployment, and the individual who was your worst leader that you had regular contact with, what made this leader the worst?
- 7) Do you think the leadership of your unit during deployment affected the morale of your unit? You individually?
- 8) Do you think the deployment(s) affected your mental health?
  - a. If yes, Are there things about the deployment that may have contributed to the effects on your psychological wellbeing?
  - b. If no, Do you think you were able to handle the deployment or things about the deployment better or worse than other members of your unit?"
  - c. Are there things from the deployment that made it more or less difficult to cope?
    - i. Did the actions by your leadership play a role in your mental health during your deployment? Take actions that contributed positively or negatively.
  - d. Did your leadership contribute to the development of mental health issues or the absence of mental health issues?
    - i. Was the leadership during your deployment(s) proactive and/or willing to assist those soldiers who needed mental health help?
    - ii. Was the leadership during your dwell time proactive and/or willing to assist those soldiers who needed mental health help?
    - iii. Were there things about the leader that contributed to the development or absence of mental health issues?
- 9) If you had to go back to \_\_\_\_ and serve with \_\_\_\_ (best leader) would you? What are the reason(s) for your decisions?

10) If you had to go back to \_\_\_\_\_ and serve with \_\_\_\_\_ (worst leader) would you? What are the reason(s) for your decisions?

11) Is there anything else you would like to add to this interview?

## **Appendix E: Script for Access for Veterans Facebook Groups**

Hello, my name is Derik Van Baale. I am a doctoral student in Public Administration at Western Michigan University. I am conducting a research project for my dissertation entitled, *Ally or Enemy: The Impact of Leadership on Army Veterans Deployed to Iraq and/or Afghanistan*. The purpose of this research is to explore what kind of impact leadership behavior has on the mental health of those who have served in the Army who have deployed to Iraq and/or Afghanistan.

I am asking if you would be willing to participate in this research. Your participation will consist of completing a online survey. By going to the link at the bottom of the page, you will be directed to a website that will present the survey. The survey will take about 15-20 minutes to complete. At the end of the survey you will be asked if you would like to participate in a follow up interview. If you would like to be considered for the interview, you will be asked to provide your email address at the end of the survey. A few individuals who complete the survey will be selected for the follow up interview. The interviews will be done over the phone. The phone interview will take about 45-60 minutes to complete. There is a minimal risk involved with this research due to the nature of the topic. Participants can stop and any time for any reason. There is a consent form that you will need to read and agree to prior to taking the survey and prior to the phone interview. There is no monetary benefit for participating in the research project, but there is an opportunity to provide information that can be used to perhaps better train leaders in combat environments.

Thank you in advance for your participation. If you have any questions, you can call me at 269-419-9980. There is also a Facebook page available if you have any questions or are looking for more information about this research project. If you post a question, I will respond to your post. Please follow either of the links below. The survey monkey link will take you to directly to the survey and the Facebook link will take you to the Facebook page.

[www.surveymonkey.com](http://www.surveymonkey.com)

<https://www.facebook.com/Van-Baale-Research-102608757896271/>



## **Appendix F: Script for Phone Interview**

You are invited to participate in this project titled “*Ally or Enemy: The Impact of Leadership on United States Army Veterans Who Have Served in Iraq and/or Afghanistan*” designed to explore the relationship between leadership behaviors and if those behaviors impacted veterans mental health. This study is being conducted by Dr. Robert Peters and Derik Van Baale from Western Michigan University, Department of Public Affairs and Administration. This research is being conducted as part of the dissertation requirements for Derik Van Baale.

This research consists of a phone interview and will take about 45 to 90 minutes to complete. The phone interview will ask you questions more detailed questions than the questions in the survey. The risk presented in this phone interview may be some unwanted thoughts and/or feelings about your deployment. If an issue should arise during the interview, the interview can stop at any time. The Veterans Crisis Line 1-800-273-8255 (Press 1) and the Combat Call Center (1-877-WAR VETS) will be available for use, if needed. Potential benefits that may be expected from participants is an opportunity to openly share your experiences about leaders in combat zones that may help others in future deployments. The student investigator will follow up with you one week after this interview is completed and again in three weeks to ensure there are no issues or concerns that may have arisen from participating in this interview.

The data and information collected in this research will remain confidential by removing personal identifiers from those participants who will be involved with the interviews. You are at liberty to withdraw consent at any time during this research process without prejudice. You can also refuse to answer any questions during this research process. There is a consent form that you will need to read and acknowledge, and completion of the survey is your agreement to participate in this interview. Thank you, and I will be glad to answer any questions that you may have.