



Exploring the ambiguities of masculinity in accounts of emotional distress in the military among young ex-servicemen[☆]

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ABSTRACT

This paper examines the experiences and perspectives of ex-military servicemen in the UK. It focuses specifically on the complex links between emotional distress and various constructions of 'masculinity' in a military context. Aspects of military culture that exacerbate vulnerability and also those that are protective to mental health are identified and discussed with reference to the theoretical constructs relating to hegemonic masculinity. A qualitative research design using semi-structured interviews provided in-depth accounts of the experiences of 20 ex-servicemen aged 23–44, all but one of whom were in the Army. We found that in a military setting hegemonic masculinity is embedded in the construction of a soldier identity and expression of emotion may be seen as inappropriate. As a result soldiers often lack a language with which to express distress (in a context in which they may witness extremely distressing events), which may result in delays in recognising and treating mental health problems. However, constructions of masculinity in this setting to some degree also promote a caring, sharing ethos based on strong inter-dependent bonds. A young soldier who can cope with the stresses of military life 'becomes a man', adopts a masculine/soldier identity and is well-placed to benefit from these protective factors, notably the camaraderie that is part of service life. In this manner a caring ethos in which some admissions of weakness may be permissible is situated within hegemonic masculinity. This seeming paradox between hyper masculinity and caring masculinities appears to be embedded within military culture, perhaps reflecting the flexibility and ambiguity inherent in constructions of hegemonic masculinity.

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Introduction

There is concern about the mental health of British service personnel due to the recent high level of operations in Iraq and Afghanistan and the original aim of this research was to explore how a military career may affect the mental health of ex-servicemen (Green, O'Neill, & Walker, 2008). During the analysis it became clear that constructions and performances of masculine identities were

key concepts around which their experiences were constructed and this association is the focus of this paper.

The military is first and foremost a combat organisation and, even though engagement in combat is sporadic, an effective fighting force has to be maintained at all times. The culture that has developed to support this is characterised as being overtly masculinised and parts of the military have been depicted as institutions that personify hegemonic masculinity (Barrett, 1996). This combination of a strongly masculinised institution operating in a highly stressful environment (particularly during deployment in active combat zones when soldiers may witness and partake in extremely emotionally challenging events) offers an opportunity to enhance our understanding about the relationship between constructions and performances of masculine identities and the expression of distress. In order to do so we seek to examine the following questions:

- How is hegemonic masculinity embedded in the construction of a male soldier identity?
- What impact does this have on their expression of distress and access to support?

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- How does this inform our understanding of constructions of masculinity and response to emotional distress?
- What are the practical implications of the findings in terms of support for ex-soldiers?

In this paper we use the term ‘emotional distress’ to denote subjective experiences such as low mood, homesickness, or pre-combat anxiety, which are indicative of mild sub-clinical stress and fall short of a diagnosis defined through classification systems such as The Diagnostic and Statistical Manual of Mental Disorders. We use the term ‘mental health problem’ to denote more serious and enduring disorders indicative of a clinically diagnosed condition. We recognise that both terms are extremely broad and therefore include many direct quotes from participants which articulate a broad spectrum of distress from “feeling bad” to “battle-shock”. Our primary focus is on combat-related stress, although as this permeates many areas of life in the Armed Forces, such as training to equip recruits to become part of a combat organisation, we draw upon participants’ experiences in a range of settings.

Hegemonic masculinity and the construction of a soldier identity

Hegemonic masculinity is a culturally influential form of masculine behaviour that confers authority and leadership, as well as control, over women and less powerful men (Connell, 1987). The construction of hegemonic masculinity changes over time and across culture and it has multiple meanings (Connell & Messerschmidt, 2005). In contemporary Western society, it is defined more by what it is not than by what it is: “women and gay men become the ‘other’ against which heterosexual men project their identities... by suppressing them, men can stake a claim for their own manhood” (Kimmel, 1994, p. 134).

In the UK Armed Forces, only 9% of personnel are women (Ministry of Defence, 2008); in this paper we focus on the male majority whilst acknowledging that processes of constructing an appropriate soldier identity are likely to raise complex issues for the gender identity and mental health of female soldiers. The process of military socialisation has been described as the acquisition of a highly masculinised soldier identity (Hockey, 1986). New recruits are first dispossessed of their civilian role and then take part in a ‘rite de passage’ to acquire the role of effective soldier and internalise an appropriate self-image. Central to this identity is “toughness, aggressiveness, endurance, loyalty” (p. 34), often presented to recruits “as being the epitome of masculinity” (p. 35), and in contrast any inadequacy in performing tasks effectively is associated “with being feminine” (p. 35).

Hegemonic masculinity, within some parts of the Armed Forces at least, has been shown to be grounded in the rugged warrior ideal in which toughness, controlled aggression and endurance are paramount (Barrett, 1996). Key ingredients include being capable, reliable, loyal to peers, and in control, with the ability to ‘soldier on’ without complaint, however dangerous or unpredictable the circumstances. While it is apparent that there are a “multiplicity of masculinities” (Paechter, 2003, p. 69) in the Armed Forces (e.g. officers vs. other ranks, combat troops vs. support personnel), it is important to note that “all of the masculinities achieve meaning in contrast to definitions of femininity” (Barrett, 1996, p. 140). Military training is often described as transforming recruits from boys to men (Barrett, 1996; Hockey, 2003) or “making men” (Gill, 1997, p. 527), and failure or weakness is punished by insults which question manhood (e.g. “wet tarts”, “old women”, “powderpuffs”, “pussies”, “wimps”, “faggots”, “poufs” (Barrett, 1996; Hockey, 1986, 2003; Winslow, 1999). Woodward (2003) describes this process as “aggressive heterosexuality and homophobia, combined with a celebration of homosociability within the team” (p. 44). In

addition, ‘blowouts’ involving ‘booze, birds and brawling’ are another arena in which ‘hard’ masculinities are constructed and demonstrated (Hockey, 2003). ‘Masculinity’ is publicly tested and must be constantly proven, illustrating how competent performances of masculinity which conform to group norms are central to identity and how presentation of gendered identity is always ‘work in progress’ (Paechter, 2003).

Constructions of masculinities and the expression of distress

A number of studies have examined the association between hegemonic masculinity and responses to a range of long-term conditions and, in general, identify illness and disability as threats to ‘masculinity’ (Charmaz, 1995; Robertson, 2007). In many cultures depression is viewed as an essentially feminised illness because lack of emotional control does not conform to an idealised notion of hegemonic masculinity as being both powerful and in control (O’Brien, Hunt, & Hart, 2005). Similarly, Courtenay (2000) argues that the “denial of depression is one of the means men use to demonstrate masculinities and to avoid assignment to a lower-status position relative to women and other men” (p. 1397). However, Emslie, Ridge, Ziebland, and Hunt (2006) found that some men were able to build positive masculine identities which were outside hegemonic discourses and incorporated their experience of depression. Some men in their qualitative study of depression emphasised their sensitivity and interpreted their ability to talk about their feelings as a strength which enabled them to present what many would categorise as feminised symptoms of depression as ‘masculine’. Thus while talking about mental health is often not consistent with practices associated with hegemonic masculinity, masculine identity can be resilient to a range of illness-related threats.

The stress of conflict experienced by a highly masculinised occupational group offers a potent example to examine further the association between masculinities and expressions of distress. Combat is stressful and for some sufficiently traumatic to lead to the development of somatic symptoms which may become chronic, disabling and refractory to treatment (Clauw, 2003). There is a strong and positive association between the total killed and wounded in conflict and the number of psychiatric casualties (Jones & Wessely, 2001). Men in the Armed Forces are often unwilling to ask others for help for mental health problems (Greene-Shortridge, Britt, & Castro, 2007; Hoge et al., 2004). There is also evidence of higher rates of homelessness, alcohol misuse, domestic violence, relationship breakdown and criminality among former service personnel with untreated mental health problems (Dandeker, Wessley, Iversen, & Ross, 2003). Higate’s (2000a) study of homeless ex-servicemen places gender at the centre of the analysis by linking their lifestyle to a military masculine gender ideology. We also place gender and identity at the centre of our analysis, recognising that performances of gendered identities can be “enacted variously by different people and by the same people at different times” (Paechter, 2003, p. 69), in order to develop theoretical understanding of the link between hegemonic masculinity and expression of distress in a military environment.

Method

Sample selection

A purposive sampling method targeted ex-servicemen who were aged <25, as the literature suggested that young recruits may be particularly vulnerable to mental health problems. This latter category was expanded to <45 during recruitment as we were unable to recruit a younger age group. We also targeted those who

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