

## BRIEF REPORT

# “Toughness” in Association With Mental Health Symptoms Among Iraq and Afghanistan War Veterans Seeking Veterans Affairs Health Care

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The association between endorsement of emotional “toughness” (i.e., extreme self-reliance and the suppression of outward displays of emotional distress) and likelihood for screening positive for mental health conditions was examined in a male sample of 198 Iraq and Afghanistan veterans presenting for postdeployment Veteran Affairs health care. After accounting for relevant covariates, veterans endorsing higher levels of emotional toughness were more likely to screen positive for posttraumatic stress disorder and depression. There was also a nonsignificant trend ( $p = .08$ ) associated with a positive relationship between toughness and likelihood of self-reported alcohol abuse. Results are discussed in terms of identifying and addressing toughness norms among returning veterans to promote effective use of mental health services.

*Keywords:* Iraq/Afghanistan Veterans, emotional toughness, gender norms

Toughness is a core component of traditional male gender norms that, in most Western cultures, include sanctions against the expression of vulnerable emotions (e.g., fear, anxiety, or worry) or

reliance on others in times of distress (Thompson & Pleck, 1986). Military training also encourages toughness, with phrases such as *suck it up and drive on* used to promote a willingness to quietly endure the hardships and danger associated with combat service (Johnson, 2009). Men who adopt traditional male gender ideologies may be drawn to military service, in which endorsement of emotional toughness is further reinforced (Barrett, 1996; Brooks, 2001).

Although embracing toughness norms may foster men’s resiliency following physical injuries (e.g., Good et al., 2006), strict adherence to these norms may actually exacerbate emotional distress and delay treatment-seeking for mental health concerns (Addis & Mahalik, 2003). Indeed, suppression of outward displays of emotional distress has been shown to paradoxically heighten physiological arousal (Gross & Levenson, 1993, 1997), and heightened arousal proximal to trauma exposure has been implicated in the development of posttraumatic stress disorder (PTSD) (Kuhn, Blanchard, Fuse, Hickling, & Broderick, 2006). Male gender norms specific to emotional toughness have been linked to depression and reluctance to seek care in men (Cochran & Rabinowitz, 2000; O’Loughlin et al., 2011). For example, O’Loughlin and colleagues (2011) adapted several items from the Toughness subscale of the Male Role Norms Scale (MRNS; Thompson & Pleck, 1986) and administered these to men and women with a history of

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depression, along with questions pertaining to treatment-seeking. Men were more likely than women to endorse toughness norms, and this difference accounted for men's greater likelihood to take a "wait-and-see" approach to seeking treatment for depression in comparison with women. Finally, alcohol abuse is more likely among men who adhere to traditional gender norms (Mahalik, Burns, & Syzdek, 2007), and alcohol may be used by men to cope with stress rather than seek mental health care (Groeschel, Wester, & Sedivy, 2010).

Despite the challenges of negotiating toughness norms when treating male veterans (Brooks, 1990, 2001; Lorber & Garcia, 2010), few empirical studies have examined emotional toughness in veteran samples. Garcia, Finley, Lorber, and Jakupcak (2011) assessed self-reported traditional masculine behaviors among a sample of treatment-seeking Iraq and Afghanistan veterans and found that men's self-reliance and emotional control were positively associated with PTSD-related hyperarousal but not global PTSD severity. Two studies have examined masculine gender role stress, or men's self-reported discomfort deviating from traditional male gender norms (Eisler & Skidmore, 1987), in other era (e.g., Vietnam) veterans enrolled in Veterans Affairs (VA) care. Jakupcak, Osborne, Cook, Michael, and McFall (2006) found that veterans enrolled in PTSD care who reported higher masculine gender role stress also listed fewer friends, family, or loved ones available for social support. Isenhardt (1993) found that male veterans enrolled in inpatient substance abuse treatment who reported greater masculine gender role stress also scored higher on measures of alcohol abuse severity. We are not aware of any studies that have examined emotional toughness or other features of traditional male gender norms in association with depression among veterans.

The current study examined Iraq and Afghanistan veterans' attitudes regarding emotional toughness in relation to self-reported symptoms of PTSD, depression, and alcohol abuse. On the basis of prior findings described above, it was hypothesized that greater endorsement of emotional toughness would be associated with increased likelihood of positive screens for mental health conditions.

## Method

### Participants

The study sample was drawn from 316 Iraq and Afghanistan War veterans who presented for VA care from 2007 to 2009 at a large VA medical center in the northwestern United States. Nearly a quarter of veterans ( $n = 71$ ; 22.5%) did not complete the toughness items and were omitted from analyses. There were no significant differences in likelihood for mental health screens (PTSD, depression, and alcohol abuse) or demographic or military characteristics observed comparing those who did and did not complete the toughness items ( $ps > .10$ ). Given limitations of power to compare groups of small cell size, we omitted the women ( $n = 20$ ) and Air Force veterans ( $n = 7$ ) in the sample. All other cases missing key variables represented less than 5% of the full sample and were omitted, yielding a final sample of 198. Table 1 shows demographic and military characteristics of this final sample.

Table 1  
Sample Characteristic (N = 198)

Variable	
Mean age (SD)	30.0 (7.8)
Mean number of combat exposures (SD)	7.6 (5.0)
+PTSD screen	58.6%
+Depression screen	40.4%
+Alcohol abuse screen	18.7%
Race/ethnicity	
White	67.2%
African-American	9.2%
American Indian	2.3%
Asian/Pacific Islander	15.5%
Other	5.8%
Marital status	
Married or cohabitating	33.8%
Not married	48.5%
Separated	6.6%
Divorced	11.1%
Annual household income	
\$0 to \$24,999	44.8%
\$25,000 to \$34,999	25.4%
\$35,000+	29.9%
Military status	
Active	78.0%
Reserve	22.0%
Military branch	
Army	56.1%
Marines	19.21%
Navy	24.7%
Reason for seeking treatment	
Medical	40.2%
Mental health	9.3%
Both medical and mental health	50.5%

Note. PTSD = posttraumatic stress disorder.

### Procedures

As part of routine care, veterans completed self-report questionnaires at intake that assessed demographic information, characteristics of their military service (branch of service, active duty vs. reserve status) and number of types of combat exposures via a measure designed for Iraq and Afghanistan veterans (see Hoge et al., 2004). Questionnaires also assessed reason for seeking treatment, presence of mental health symptoms, and potential barriers to mental health care. To identify potential barriers to mental health care specific to military culture, we included three questions pertaining to emotional toughness in the intake packet (see **Measures** below). The VA Institutional Review Board granted a waiver of informed consent post hoc to use this de-identified clinic data for research purposes.

### Measures

Toughness was assessed using three self-report questions modeled on items from the Toughness Subscale of the MRNS (Thompson & Pleck, 1986), modified by changing the wording from *men* to *soldiers*. The items used were as follows: (1) "When soldiers feel stress, they should not show it very much"; (2) "Nobody respects a soldier who frequently talks about worries, fears, and problems"; and (3) "Soldiers must always stand on their two feet and never depend on other people to help." Items were rated on a

Likert scale of 1 (*strongly disagree*) to 5 (*strongly agree*), and summed for a total score. The three items showed strong internal consistency (Cronbach's alpha = .90). These items were similar, although not identical to those used by O'Loughlin et al. (2011).

PTSD was assessed via the military version of the PTSD checklist (PCL-M; Weathers, Litz, Herman, Huska, & Keane, 1993), which assesses the 17 symptoms of PTSD listed in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association, 2000). Respondents rate the degree to which they have been bothered by each symptom over the last month using a Likert scale ranging from 1 (*not at all*) to 5 (*extremely*). PCL-M scores range from 17 to 85, with higher scores suggesting greater distress. The PCL-M has been shown to have good reliability and predictive validity among Iraq and Afghanistan veteran samples, with a global score of 34 or greater shown to be an optimal criteria for detecting PTSD in Iraq and Afghanistan veterans seen in medical settings (Bliese et al., 2008); thus, cases with global scores equal to or greater than 34 were coded as positive for PTSD. In this sample, the PCL-M showed high internal consistency (Cronbach's alpha = .97).

Depression and alcohol abuse were assessed using the Patient History Questionnaire nine-item depression subscale (PHQ-9) and the five-item alcohol abuse subscale (PHQ-5; Spitzer, Kroenke, & Williams, 1999), respectively. The PHQ has been shown to have good reliability and predictive validity to detect *DSM-IV-TR* symptoms of mental disorders common to primary care settings (Spitzer et al., 1999). The PHQ-9 depression subscale includes questions assessing the frequency of each depression symptom experienced over the past 2 weeks using a Likert scale from 0 (*not at all*) to 3 (*nearly every day*). Scores range from 0 to 27, and a score of 10 or more is considered suggestive of clinically significant (moderate to severe) depression; thus, cases with scores equal to or greater than 10 were coded as positive for depression. In this sample, the PHQ-9 subscale showed high internal consistency (Cronbach's alpha = .92).

The PHQ-5 alcohol abuse subscale includes questions about the presence of five problematic behaviors occurring more than once in the past 6 months: (1) drinking despite medical advice to abstain; (2) drinking alcohol, being intoxicated, or hung over while working, going to school, taking care of children, or taking care of other responsibilities; (3) missing or being late to school, work, or other responsibilities due to drinking or being hung over; (4) experiencing interpersonal problems while drinking; and (5) driving a car after having several drinks or drinking too much. The PHQ-5 subscale showed moderate internal consistency (Cronbach's alpha = .61). Per PHQ-5 recommended scoring procedures (Spitzer et al., 1999), a positive screen for alcohol abuse was determined by the endorsement of one or more of the 5 items.

### Analytic Plan

PTSD, depression, and alcohol misuse symptoms were non-normally distributed, and corrective efforts to log-transform variables were not successful. Thus, each outcome was treated as a dichotomous variable (i.e., a positive/negative screen), and logistic regressions were used to test association between toughness and mental health outcomes. Z transformation of the toughness variable was used to center scores and create standard deviation scores. Dummy codes were created for categorical variables and chi-

square comparisons and analyses of variance (ANOVAs) were conducted to identify significant ( $p < .05$ ) covariates.

### Results

Results of a chi-square analysis indicated that divorced or separated veterans were more likely to screen positive for PTSD,  $\chi^2(3) = 14.12, p < .01$ , and for depression,  $\chi^2(3) = 13.77, p < .01$ , in relation to the veterans who were married, cohabiting, or single. Thus, we created a dichotomous relationship status variable representing divorced/separated versus not. Chi-square analyses also indicated differences in likelihood for PTSD across branches of services, with higher rates of positive PTSD,  $\chi^2(2) = 100.24, p < .01$ , among Army (67.6%) and Marines (55.3%) versus Navy veterans (40.1%). Rates of alcohol abuse also varied across branch of service,  $\chi^2(2) = 6.44, p < .05$ , with higher rates among Marines (34.2%) versus Army (17.1%) and Navy (14.9%). Combat exposures were higher among veterans who screened positive for PTSD ( $M = 9.44, SD = 4.41$ ) versus those who screened negative for PTSD ( $M = 5.07, SD = 4.67, t = 6.67, p < .001$ ), and higher among those screened positive for depression ( $M = 9.49, SD = 4.64$ ), versus those who screened negative for depression ( $M = 6.36, SD = 4.85, t = 4.51, p < .001$ ). No other demographic or military service characteristics were significantly associated with mental health outcomes.

Table 2 shows the results of the three logistic regressions predicting likelihood of positive PTSD, depression, and alcohol abuse status. Accounting for relevant covariates, greater endorsement of emotional toughness was associated with increased likelihood for a positive screen for PTSD and depression; for each 1-SD increase in toughness, veterans were nearly 3 times more likely to screen positive for PTSD and 1.5 times more likely to screen positive for depression. There was a nonsignificant trend toward significance observed for the results of the logistic regression predicting alcohol abuse; after controlling for branch, toughness was positively associated with a 1.4-times increased likelihood of alcohol abuse ( $p = .08$ ).

### Discussion

As predicted, veterans who more highly endorsed emotional toughness were also more likely to screen positive for PTSD and depression. We also observed a nonsignificant trend toward a positive association between endorsement of emotional toughness and likelihood of reported alcohol abuse. Findings replicate those of prior research showing links between PTSD and gender-informed norms of self-sufficiency and emotional control among male Iraq and Afghanistan veterans with PTSD (Garcia et al., 2011). Although features of masculinity or male gender norms were not explicitly assessed in this study, current findings are consistent with observed associations between male veterans' stress violating traditional male gender norms and their reports of lower social support (Jakupcak et al., 2006) and greater levels of alcohol abuse (Isenhardt, 1993). The current study is unique in establishing a link between emotional toughness and depression in male veterans.

Study findings are relevant to treatment considerations and correspond with our clinical impressions that attitudes of self-reliance and patterns of emotional suppression common to military

Table 2  
 Logistic Regressions Predicting PTSD, Depression, and Alcohol Abuse (n = 198)

Variable	B	SE	Wald	Odds ratio (95% confidence interval)
<i>PTSD</i>				
Combat exposure	0.21	0.05	19.28	1.24 (1.13–1.36)***
Divorced/separated vs. not	1.56	0.57	7.60	4.75 (1.57–14.40)**
Branch				
Marines vs. Army	−0.99	0.48	4.18	0.37 (0.15–0.96)*
Navy vs. Army	−0.20	0.52	0.00	0.97 (0.35–2.73)
Marines vs. Navy	−0.97	0.65	2.24	0.38 (0.11–1.396)
Toughness (Z score)	1.07	0.22	23.52	2.91 (1.89–4.49)***
<i>Depression</i>				
Combat exposure	0.13	0.04	12.80	1.13 (1.06–1.21)***
Divorced/separated vs. not	1.31	0.43	9.39	3.70 (1.60–8.54)***
Toughness (Z score)	0.44	0.17	6.88	1.55 (1.12–2.15)**
<i>Alcohol abuse</i>				
Branch				
Marines vs. Army	0.90	0.43	4.44	2.47 (1.07–5.72)*
Navy vs. Army	−0.93	0.49	0.04	0.91 (0.35–2.37)
Marines vs. Navy	0.99	0.54	3.39	2.71 (0.94–7.82)
Toughness (Z score)	0.33	0.19	3.19	1.39 (0.97–2.00)

Note. PTSD = posttraumatic stress disorder.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

and veteran populations create a challenge to psychotherapy providers. Most therapeutic models, including evidence-based treatments for PTSD (e.g., prolonged exposure, cognitive processing therapy), emphasize emotional processing and discussion of events involving feelings of vulnerability, helplessness, or fear (e.g., Jaycox, Foa, & Morral, 1998). Thus, veterans reporting symptoms of mental health conditions who endorse prescriptions of emotional toughness may be especially avoidant of, or at least uncomfortable with, participating in individual or group therapy formats that expect these types of disclosures (Brooks, 1990; Jakupcak & Varra, 2011; Lorber & Garcia, 2010). As such, it may be important to directly address personal beliefs regarding help-seeking and emotional disclosure as part of treatment (Brooks, 2001).

Limitations of this study include the use of self-reported psychiatric symptoms, which may be subject to symptom minimization due to perceived stigma or symptom inflation. The procedures and measures described were used for clinical purposes and were not selected or designed for research purposes. Only three items of the MNRS toughness subscale were used to identify beliefs regarding emotional toughness that we thought most relevant for mental health treatment planning. We also changed the language from *men* to *soldiers*, a term that we (unfortunately only later) recognized may not have been as relevant to other branches of servicemen (Marines or sailors). This limits our confidence that these three items fully captured the construct of emotional toughness as a component of traditional male gender norms or that our measure reflects attitudes of all of the Armed Forces. Future research should examine emotional toughness, as well as other features of male gender norms, using the full scales with original wording.

This was a treatment-seeking sample, and the majority of veterans indicated that they were interested in receiving mental health services. As such, results from this study may not generalize to nontreatment seeking veterans or reflect these veterans' future help-seeking behaviors (i.e., retention in VA mental health services). Because the cross-sectional nature of the data does not

allow for inferences of causation, we cannot establish whether veterans' endorsement of emotional toughness contributed to the onset of psychiatric symptoms or whether increased psychiatric distress contributed to veterans' views regarding emotional toughness (e.g., veterans with greater PTSD symptoms feeling it is important not to display distress due to perceived stigma). Finally, as the number of women serving in the military grows, and their role in combat operations continues to evolve (see Street, Vogt, & Dutra, 2009; Vogt et al., 2011), it will be critical to examine the ways in which attitudes regarding emotional toughness and other attitudes toward male and female gender norms might inform women veterans' postdeployment mental health and help-seeking behaviors.

Notwithstanding these limitations, these preliminary results indicate that male veterans endorsement of emotional toughness is positively associated with psychiatric distress among Iraq and Afghanistan veterans. Despite early calls for greater attention to toughness and other gender norms among veteran populations (Brooks, 1990), further research is needed to understand the relevance of traditional gender norms and mental health distress among both male and female veterans. Clinicians and programmatic outreach efforts should be attentive to veterans' attitudes and beliefs regarding expressions of emotional vulnerability and tendencies toward self-reliance.

## References

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*, 5–14. doi:10.1037/0003-066X.58.1.5
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Barrett, F. (1996). The organizational construction of hegemonic masculinity: The case of the U.S. Navy. *Gender, Work, and Organization, 3*, 129–142. doi:10.1111/j.1468-0432.1996.tb00054.x
- Bliese, P. D., Wright, K. M., Adler, A. B., Cabrera, O., Castro, C. A., & Hoge, C. W. (2008). Validating the Primary Care Posttraumatic Stress

- Disorder Screen and the Posttraumatic Stress Disorder Checklist with soldiers returning from combat. *Journal of Consulting and Clinical Psychology*, 76, 272–281. doi:10.1037/0022-006X.76.2.272
- Brooks, G. (1990). Post-Vietnam gender role strain: A needed concept? *Professional Psychology: Research and Practice*, 21, 18–25. doi:10.1037/0735-7028.21.1.18
- Brooks, G. (2001). Counseling and psychotherapy for male military veterans. In G. R. Brooks & G. E. Good (Eds.), *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches* (Vols. 1 & 2, pp. 206–225). San Francisco, CA: Jossey-Bass.
- Cochran, S. V., & Rabinowitz, F. E. (2000). *Men and depression: Clinical and empirical perspectives*. San Diego, CA: Academic Press.
- Eisler, R. M., & Skidmore, J. (1987). Masculine Gender-Role Stress: Scale development and components factors in the appraisal of stressful situations. *Behavior Modification*, 11, 123–136. doi:10.1177/01454455870112001
- Garcia, H. A., Finley, E. P., Lorber, W., & Jakupcak, M. (2011). A preliminary study of the association between traditional masculine behavioral norms and PTSD symptoms in Iraq and Afghanistan veterans. *Psychology of Men & Masculinity*, 12, 55–63. doi:10.1037/a0020577
- Good, G. E., Schoop, L. H., Thompson, D., Hathaway, S., Sanford-Martens, T., Mazurek, M., & Mintz, L. B. (2006). Masculine roles and rehabilitation outcomes among men recovering from serious injuries. *Psychology of Men & Masculinity*, 7, 165–176. doi:10.1037/1524-9220.7.3.165
- Groeschel, B. L., Wester, S. R., & Sedivy, S. K. (2010). Gender role conflict, alcohol, and help-seeking among college men. *Psychology of Men & Masculinity*, 11, 123–139. doi:10.1037/a0018365
- Gross, J. J., & Levenson, R. W. (1993). Emotional suppression: Physiology, self-report, and expressive behavior. *Journal of Personality and Social Psychology*, 64, 970–986. doi:10.1037/0022-3514.64.6.970
- Gross, J. J., & Levenson, R. W. (1997). Hiding feelings: The acute effects of inhibiting negative and positive emotion. *Journal of Abnormal Psychology*, 106, 95–103. doi:10.1037/0021-843X.106.1.95
- 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. *New England Journal of Medicine*, 351, 13. doi:10.1056/NEJMoa040603
- Isenhardt, C. E. (1993). Masculine gender role stress in an inpatient sample of alcohol abusers. *Psychology of Addictive Behaviors*, 7, 177–184. doi:10.1037/0893-164X.7.3.177
- Jakupcak, M., Osborne, T., Cook, J. W., Michael, S. T., & McFall, M. (2006). Implications of masculine gender role stress in male veterans with posttraumatic stress disorder. *Psychology of Men & Masculinity*, 7, 203–211. doi:10.1037/1524-9220.7.4.203
- Jakupcak, M., & Varra, E. M. (2011). Treating Iraq and Afghanistan War veterans with PTSD who are at high risk for suicide. *Cognitive and Behavioral Practice*, 18, 85–97. doi:10.1016/j.cbpra.2009.08.007
- Jaycox, L. H., Foa, E. B., & Morral, A. R. (1998). Influence of emotional engagement and habituation on exposure therapy for PTSD. *Journal of Consulting and Clinical Psychology*, 66, 185–192. doi:10.1037/0022-006X.66.1.185
- Johnson, E. (2009). *Suck it up and drive on*. Retrieved from <http://www.army.mil/article/21255/suck-it-up-and-drive-on/>
- Kuhn, E., Blanchard, E. B., Fuse, T., Hickling, E. J., & Broderick, J. (2006). Heart rate of motor vehicle accident survivors in the emergency department, peritraumatic psychological reactions, ASD, and PTSD severity: a 6-month prospective study. *Journal of Traumatic Stress*, 19, 735–740. doi:10.1002/jts.20150
- Lorber, W., & Garcia, H. A. (2010). Not supposed to feel this: Traditional masculinity in psychotherapy with male Veterans returning from Afghanistan and Iraq. *Psychotherapy Theory Research Practice and Training*, 47, 296–305. doi:10.1037/a0021161
- Mahalik, J. R., Burns, S. M., & Szydek, M. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science & Medicine*, 64, 2201–2209. doi:10.1016/j.socscimed.2007.02.035
- O'Loughlin, R. E., Duberstein, P. R., Veazie, P. J., Bell, R. A., Rochlen, A. B., Fernandez y Garcia, E., . . . Kravits, R. L. (2011). Role of the gender-linked norm of toughness in the decision to engage in treatment for depression. *Psychiatric Services*, 62, 740–746. doi:10.1176/appi.ps.62.7.740
- Spitzer, R. L., Kroenke, K., & Williams, J. B. W. (1999). Validation and utility of a self-report version of PRIME-MD—The PHQ primary care study. *Journal of the American Medical Association*, 282, 1737–1744. doi:10.1001/jama.282.17.1737
- Street, A. E., Vogt, D., & Dutra, L. (2009). A new generation of women veterans: Stressors faced by women deployed to Iraq and Afghanistan. *Clinical Psychology Review*, 29, 685–694. doi:10.1016/j.cpr.2009.08.007
- Thompson, E. H., & Pleck, J. H. (1986). The structure of male role norms. *American Behavioral Scientist*, 29, 531–543. doi:10.1177/000276486029005003
- Vogt, D., Vaughn, R., Glickman, M. E., Schultz, M., Drainoni, M. L., Elwy, R., & Eisen, S. (2011). Gender differences in combat-related stressors and their association with postdeployment mental health in a nationally representative sample of U.S. OEF/OIF veterans. *Journal of Abnormal Psychology*, 120, 797–806. doi:10.1037/a0023452
- Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A., & Keane, T. M. (1993, October). *The PTSD checklist (PCL): Reliability, validity and diagnostic utility*. Paper presented at the 9th annual meeting of the International Society for Traumatic Stress Studies, San Antonio, Texas.

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