Effects of Perceived Public Regard on the Well-Being of Military Veterans

Fred E. Markowitz¹, Sara M. Kintzle², Carl A. Castro², and Steven L. Lancaster³

Abstract

Many military veterans face considerable challenges reintegrating into civilian life. Evidence suggests the general public holds conflicting attitudes toward veterans. This study examines how perceived public attitudes play a role in veterans’ mental health and well-being. Drawing from and extending interactionist theories of self-concept, stigma, and mental health recovery, we develop and estimate models for the relationships between internalized public attitudes toward veterans (perceived public regard), military identity–related self-worth (private regard), and well-being (depression, self-efficacy, and life satisfaction). Using survey data from the Chicagoland Veterans Study, we found that perceived public regard is negatively related to depression and positively related to self-efficacy and life satisfaction. The relationship between public regard and self-efficacy is fully mediated by private regard, and a significant part of the relationship between perceived public regard and both depression and life satisfaction is mediated by private regard. The study suggests avenues for extending theory and research related to military identity and public understanding of veterans as well as other groups where there may be conflicting public sentiment toward them.

Keywords

mental health, stigma, depression, veterans, identity

BACKGROUND

Since 2001, over 2 million military service personnel have been deployed to combat and support roles in the conflicts in Iraq, Afghanistan, and elsewhere, serving for longer periods of time compared to other military engagements. An estimated 250,000 service members leave the military each year (Defense Manpower Data Center 2012). Transition from military service often presents unique challenges. While most veterans successfully reintegrate back to civilian life, many will face difficulties such as finding a new career, relating to civilians, and physical and mental health problems (Elliott, Gonzalez, and Larsen 2011; Keeling, Kintzle, and Castro 2018; Schonfeld et al. 2015; Sharp et al. 2015). Estimates indicate that up to 20 percent of the combat veterans from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) meet the diagnostic criteria for posttraumatic stress disorder (PTSD) or depression, with a substantial proportion misusing alcohol as well (Hoge et al. 2004; Tanielian and Jaycox 2008). Due, in part, to the stigma of mental health treatment, only about 40 percent of those who may need help seek it (Ben-Zeev et al.

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Rates of unemployment among veterans are also slightly higher than national estimates (Kleykamp 2013).

Part of the difficulty in reintegration for veterans may result from military service members’ beliefs about public perceptions of them. While the public holds the military as an institution in comparatively high regard, evidence from studies of public attitudes toward veterans and studies of veterans’ reintegration experiences indicates that the public holds conflicting views of military personnel (MacLean and Kleykamp 2014; Smith and Son 2013). On one hand, veterans are well regarded, as bringing valued traits into their civilian roles (e.g., as disciplined leaders and hard workers). On the other hand, a substantial proportion of the public views veterans as “damaged” and overestimates the extent to which they are beset by a number of mental health issues (Greenberg-Quinlan-Rosner Research 2012, 2014). Stereotypes about veterans may have important consequences for their well-being, operating in a similar manner as public attitudes toward mental illness, resulting in demoralization and others wanting social distance from them (Link et al. 2015; MacLean and Kleykamp 2014; Markowitz 2014). Several studies show how public and self-stigma negatively impact the likelihood of seeking mental health treatment, especially for PTSD (Blais and Renshaw 2013; Held and Owens 2013; McFarling et al. 2011; Mittal et al. 2013). We seek to advance research beyond this particular yet important concern by examining the consequences of military veterans’ perceptions of more general public sentiment toward them.

Theory and research on other problematic (or stigmatized) identities provide a useful framework for understanding potential consequences of public attitudes toward veterans, a group that faces identity-related challenges. In the present study, we extend insights from interactionist-based self-concept and modified labeling theories to develop and test models of how internalized public beliefs regarding military veterans (perceived public regard) is related to role-specific self-evaluation (private regard), which in turn is related to key well-being outcomes (depression, self-efficacy, and life satisfaction). We conclude by suggesting avenues for extending theory and research related to military identity and public understanding of veterans as well as other groups where there is conflicting public sentiment toward them.

Public Attitudes toward Military Veterans

Veterans occupy a unique status in contemporary American culture. In contrast to previous eras (e.g., Vietnam, Korea, WWII), because of an all-volunteer military, those with military service now constitute only a small proportion (about 7 percent) of the general population, with only about 1 percent of the population on active duty. Consequently, the general public has a comparatively lower likelihood of connections with those with military experience (U.S. Department of Veterans Affairs 2016). While most Americans express high confidence in the military as an institution, they also believe the U.S. involvement in Afghanistan to be a failure. Thus, the public, while respecting veterans, is ambivalent about the value of their efforts (Pew Research Center 2018). This is mirrored to a certain extent by findings in a nationwide survey of members of Iraq and Afghanistan Veterans of America (2019), where 32 percent of respondents did not feel “the American public supports Iraq and Afghanistan veterans” and 67 percent did not think that “the American public understands the sacrifice made by Iraq and Afghanistan veterans and their families.” Also, in a study of 2,000 veterans living in two large urban centers, 57 percent of veterans reported that “civilians don’t appreciate the sacrifices that veterans made for them,” and 70 percent reported that “civilians don’t understand the problems faced by veterans” (Castro and Kintzle 2017; Kintzle, Rasheed, and Castro 2016).

Research on public attitudes toward veterans is somewhat limited, but results from national surveys indicate that the public holds countervailing sentiments toward them (Edelman 2018; Greenberg Quinlan Rosner Research 2012). For example, about 46 percent of respondents believe “Iraq and Afghanistan veterans have proven their leadership and skill overseas and should play a major role leading and serving their communities here at home.” At the same time, however, about 43 percent believe “Iraq and Afghanistan veterans have served honorably, but given their stress and sacrifice, they should be allowed time to recover and other people should lead” (Greenberg Quinlan Rosner Research 2012). The general public also overestimates the extent to which veterans returning from OIF/OEF are at risk of suicide compared to nonveterans of the same age range. That survey further indicated that the public incorrectly
believes that a majority of returning veterans suffer from PTSD. Moreover, about one-quarter of the public believes that veterans returning from Iraq and Afghanistan are more likely to suffer from drug and/or alcohol use disorders than the nonveteran population. Given the high levels of stigmatization of those with substance abuse problems, especially in terms of perceived dangerousness, these beliefs could result in greater social rejection (Pescosolido et al. 2010).

Part of the negative dimension of public perceptions of veterans results from media accounts that often focus on veterans coping with traumatic brain injuries, PTSD, and instances of political extremism and unstable behavior (Hipes, Lucas, and Kleykamp 2015). Well-intentioned public campaigns to raise awareness of veterans’ issues (e.g., suicide) can enhance misperceptions that lead to overt and subtle forms of discrimination as well as internalized stigma among veterans. Due to stereotypes, returning veterans trying to find jobs may have to face employers and others who view them as potential liabilities (Keeling et al. 2018; Stone and Stone 2015). Veterans not experiencing mental health or adjustment problems may be subject to stigma by association with those who do—a form of “courtesy stigma” (Goffman 1963).

Together, this suggests a dissonance in Americans’ perceptions of veterans, who are viewed as strong leaders and valuable assets to their community yet struggling with mental health issues and instability (i.e., “brave, but broken”). It is very likely that misperceptions and stigmatizing beliefs impede successful transition to civilian life (Greenberg Quinlan Rosner Research 2012, 2014). Thus, veterans’ perceptions of those attitudes and their consequences requires further, theoretically informed examination. Most veterans do not suffer from mental illnesses like PTSD, for example, yet may still face difficulty with reintegration due to their veteran status. Therefore, our approach goes beyond the specific yet important focus on the stigma associated with treatment seeking to examine how veterans’ perceptions of public attitudes toward them more generally may have consequences for their well-being.

**Implications of Stigma and Identity Theories**

Symbolic interactionist-based theories of identity formation and stigma provide a useful framework that can be extended to understand how public beliefs may affect the well-being of military veterans. According to symbolic interactionist theory, public beliefs about social objects are what Mead (1934) referred to as the “attitudes of the generalized other.” Internalized general (and specific others’) appraisals affect our self-concepts, in turn affecting behavioral and well-being outcomes (Cooley 1902; DeCoster and Heimer 2001; Felson 1985; Lundgren 2004; Marcusser, Gallagher, and Ritter 2019; Markowitz, Angell, and Greenberg 2011; Matsueda 1992). Appraisals processes can apply to our overall evaluation of self or to the evaluation of specific role-identities that we occupy (Brown and Marshall 2006; McCall and Simmons 1966; Stryker 1980). Internalized public attitudes toward veterans (operationalized as perceived public regard) are likely to affect veterans’ self-conceptions—specifically, their self-worth based on their military service (operationalized as private regard).

Also following from the symbolic interactionist perspective, modified labeling theory is a framework for understanding how problematic (or stigmatized) statuses are understood in terms of public stigma and internalized (or self) stigma, with the former affecting the latter and both, in turn, affecting outcomes. Public stigma refers to the attitudes and actions of others, and internalized (or, self) stigma refers to the attitudes and responses of those stigmatized. As an example of modified labeling theory, public attitudes toward persons with mental illness (attitudes of the generalized other) become personally relevant to those diagnosed with a mental illness (Link et al. 1989). Devaluing and discriminatory attitudes (e.g., about competence, dangerousness, and instability) lead to adverse consequences for well-being (e.g., lowered self-esteem/efficacy, life satisfaction, constricted social networks, and increased symptoms) to the extent that they are internalized. A substantial body of research is supportive of these processes (for a review, see Markowitz 2014).

In terms of public stigma related to veterans, several studies examined how internalized stigma associated with mental illness impedes treatment seeking, especially for PTSD (Ben-Zeev et al. 2012; Blais and Renshaw 2013; McFarling et al. 2011; Mittal et al. 2013). The results of one study on veterans indicated that self-stigma mediated the relationship between public stigma and attitudes toward seeking mental health treatment (Held and Owens 2013).
There has also been experimental research showing how veteran status, particularly combat service, affords “symbolic capital” (Calhoun 2002), resulting in supportive responses by others, but is offset by perceived mental health problems (substance abuse, dangerousness) that can result in social rejection (MacLean and Kleykamp 2014). However, there has been little theoretically guided research on how perceived public attitudes toward veteran status per se affects veterans’ well-being. Qualitative research by Smith and True (2014) suggested that conflict between military and civilian roles, in the context of a lack of understanding by civilians, may erode sense of control and negatively impact mental health. Quantitative and qualitative evidence discussed previously indicates that veterans recognize public ambivalence toward them. Thus, we go beyond mental illness–related stigma to examine whether internalization of attitudes held by the general public (perceived public regard) is associated with how veterans evaluate their self-worth based on their military service (private regard), which in turn is related to their well-being. This is important because most veterans do not have serious mental health issues yet still face identity-related reintegration issues (Kintzle and Castro 2018).

Given countervailing public attitudes toward veterans, combined with veterans’ beliefs that there are public misperceptions about them and uncertainties about how valued they are (Castro and Kintzle 2017; Greenberg Qunlan Rosner Research 2012, 2014; Iraq and Afghanistan Veterans of America 2019; Kintzle, Rasheed, and Castro 2016; MacLean and Kleykamp 2014), it is the relationships between perceived general public attitudes, self-attitudes, and outcomes that are the focus of the current study. To the extent that perceptions of public attitudes are favorable, when internalized, they can be predicted to be associated with reduced levels of depression and higher self-efficacy and quality of life—core components of “recovery” models of mental health well-being (Markowitz 2001; Slade 2010; Watson 2012). Veterans perceiving public attitudes as favorable leads to more positive self-attitudes, boosting confidence (efficacy), resulting in greater motivation, for example, to seek out friendships, dating relationships, and employment opportunities without fear of rejection due to veteran status, resulting in improved quality of life (Boyd, Otilingam, and DeForge 2014; Kilbourne et al. 2007). Conversely, internalized perceived negative attitudes associated with veteran status could lead to demoralization and social withdrawal, consistent with what has been termed the Why try? effect, leading to diminished quality of life (Corrigan et al. 2015).

Veterans’ perceptions of public attitudes toward them can also be understood as a component of mattering, which is believing that one is important to other people (Rosenberg and McCullough 1981). For veterans, the feeling that others depend on them and that their service was a meaningful role investment that is noticed and recognized as important is likely a source of psychological and social well-being. Studies in general population samples show that mattering to others is associated with lower symptoms of depression (Taylor and Turner 2001). In a sample of volunteer health workers, mattering was associated with greater happiness, life satisfaction, self-efficacy, and self-esteem (Thoits 2012). Our operationalization of perceived public regard for veterans, described in the following, is consistent with the conceptualization of mattering.

**PRESENT STUDY**

Together, the prior research and theoretical considerations discussed previously suggest a set of untested processes whereby internalized public attitudes (perceived public regard) are associated with military veterans’ identity-based self-worth (private regard), which in turn is associated with well-being outcomes (see Figure 1). We focus on symptoms of depression, self-efficacy, and quality of life, key dimensions of mental health and well-being. In the following analyses, we test three main hypotheses:

**Hypothesis 1:** Increased perceived public regard is positively related to private (self) regard of military veterans.

**Hypothesis 2:** Increased perceived public regard of military veterans will be associated with: (a) reduced depression, (b) increased self-efficacy, and (c) increased quality of life.

**Hypothesis 3:** The relationships between perceived public regard and depression, self-efficacy, and quality of life will be at least partially mediated by private regard.
METHODS

Sample

The data used come from the Chicagoland Veterans Study, which employed several sampling strategies to recruit veterans in the counties that constitute the Chicago metropolitan area (Kintzle, Rasheed, and Castro 2016). The first involved partnering with agencies that serve Chicagoland veterans as well as college veteran agencies. Respondents were recruited online and in person. For the online sample, agencies sent out an invitation and survey link to veterans in their databases. For the in-person sample, agencies worked with researchers to organize data collection events. Those who agreed to participate were sent either a paper survey copy or the online survey link. Respondents were also sampled through a national veteran organization that identified Chicagoland veterans from their email lists. Members living within the sampling area were emailed by the organization and invited to complete the survey using an online link. The final sampling strategy used print advertisements and social media (e.g., Facebook, Twitter, and LinkedIn) within Chicago- land to promote the survey opportunity to potential participants. Participants received a $15 gift card. All data collection procedures were approved by an Institutional Review Board. A total of 1,151 respondents were obtained. Due to a small amount of missing data, the number of cases used to estimate each of the models in the following is reduced slightly.

The data include a large sample of veterans from all service branches of varying ages and service eras and permit us to examine the relationships between key identity and outcome variables. However, given that it is cross-sectional data, we acknowledge our inability to examine reciprocal effects or change over time. We elaborate on this in the discussion section.

Well-Being Measures

Our selection of outcome measures is informed by recovery process and military transition models, with depressive symptoms, evaluative aspects of self-concept, and subjective life satisfaction as key outcomes in mental health and well-being (Kintzle and Castro 2018; Markowitz 2001). Depression is measured using the Patient Health Questionnaire (PHQ-9), a nine-item scale that measures symptoms in the last two weeks (Kroenke, Spitzer, and Williams 2001). The items ask respondents to indicate the frequency of symptoms such as “little interest or pleasure in doing things”; “feeling down, depressed, or hopeless”; “trouble falling or staying asleep, or sleeping too much”; and “thoughts that you would be better off dead, or of hurting yourself.” Each item is coded 0 = not at all, 1 = several days, 2 = more than half the days, and 3 = nearly every day.

Figure 1. Internalized public perceptions of veterans and well-being.
Note. Effects of background variables not shown.
The items were summed and divided by the number of items. The alpha reliability coefficient for the scale is .94.

Self-efficacy is measured by the 10-item scale developed by Bandura (1977). Items include, for example, “I can always manage to solve difficult problems if I try hard enough.” It is easy for me to stick to my aims and accomplish my goals,” I can solve most problems if I invest the necessary effort,” and “No matter what comes my way, I’m usually able to handle it.” Each item is coded on a scale from 1 (not true at all) to 4 (exactly true). The items were summed and divided by the number of items. The alpha reliability coefficient for the scale is .91.

Life satisfaction is measured by a five-item scale of global judgments of one’s life satisfaction (Diener et al. 1985). Items include level of agreement with the statements: “In most ways my life is close to my ideal,” “The conditions of my life are excellent,” “I’m satisfied with my life so far,” “If I could live my life over, I would change almost nothing.” Each item is coded from 1 (strongly disagree) to 7 (strongly agree). The items were summed and divided by the number of items. The alpha reliability coefficient for the scale is .92.

**Perceived Public and Private Regard Measures**

Items measuring perceived public regard and private regard come from the subscales of Lancaster and Hart’s (2015) Warrior Identity Scale. Perceived public regard includes five items (“Overall, veterans are highly thought of”; “In general, others respect veterans and members of the military”; “In general, other groups view veterans in a positive manner”; and “Society views veterans as an asset”). Private regard includes three items (“I feel good about my military service,” “I believe that I have many strengths due to my military service,” and “I often regret my military service”). The distinct factor structure of the subscales was established in confirmatory factor analyses by Lancaster, Kintzle, and Castro (2018). Each item is coded from 1 (strongly disagree) to 4 (strongly agree). Appropriate items were reverse coded, and each of the respective subscale items were summed and divided by the number of items so that higher values indicate greater regard. The alpha reliability coefficients were .86 for perceived public regard and .79 for private regard.

**Control Variables**

We include a number of control variables that may be related to well-being outcomes and our explanatory variables. Demographic control variables include age (in years), sex (1 = male), race (1 = white), education (1 = some high school, 8 = doctorate), and marital status (1 = married). Military background variables include branch (Army, Navy, Air Force, Marines), combat experience (1 = yes), number of deployments, length of service (in years), rank (a 21-unit scale based on pay grade at discharge), and service era (pre-Vietnam, Vietnam, pre-Gulf, Gulf, and post-9/11), which may be associated with varying levels of perceived public regard and degree of difficulty in transition to civilian life (MacLean and Elder 2007; Zogas 2017).

**Analysis Plan**

Following inspection of descriptive statistics, based on the core model in Figure 1, a series of ordinary least squares (OLS) equations were estimated, first for the association between perceived public regard and private regard, then for the relationships between perceived public regard and depression, self-efficacy, and quality of life, with and without private regard, to examine whether private regard mediates the relationship between perceived public regard and the outcomes. Following the Baron and Kenny (1986) approach, evidence for mediation in large samples with reliable measures is produced if the coefficients for the association between perceived public regard and outcomes are reduced when private regard is added to the equations and tests for the significance of indirect relationships are statistically significant (MacKinnon, Fairchild, and Fritz 2007; Shrout and Bolger 2002; Sobel 1982). Descriptive statistics are presented in Table 1. The demographic and military service variables are included as controls in all equations.

**RESULTS**

**Descriptive Statistics**

Descriptive statistics are presented in Table 1. When compared to the national demographic profile of veterans as indicated by U.S. Census
Bureau estimates, our sample is fairly similar, although it includes a slightly smaller proportion of males (86 percent vs. 91 percent), whites (67 percent vs. 78 percent), and married persons (60 percent vs. 63 percent) and a higher proportion of veterans with some college or higher (89 percent vs. 66 percent). The average age in our sample is somewhat younger than national estimates (53 vs. 64 years old). Some of these differences may be a result of the sampling methods, including the metropolitan area sample, as well as the increasing diversity of U.S. military personnel (U.S. Department of Defense 2016).

First, it is interesting to note that the means of the perceived public regard and private regard variables are above the scale midpoints of 2.5 (p < .001), perhaps indicative of a “self-enhancement” motive (Giacomin and Jordan 2017). Private regard is comparatively higher (3.50) than perceived public regard (2.85) (p < .001). Thus, while veterans see themselves in a generally favorable light and, on average, think that the public does as well, they appear to believe the public does not hold them at the same level of regard as they hold themselves. There is also slightly greater variability in perceived public regard than in private regard, consistent with the studies mentioned previously that indicated the public holds mixed sentiments toward veterans and veterans are aware of it. On average, the sample generally fares well on the outcome measures, with low levels of depression and high levels of self-efficacy, but only a moderately high level of life satisfaction.

**Private Regard Equation**

Equation 1 (Table 2) presents the results of an OLS equation that regresses private regard on perceived public regard, controlling for the demographic and military service background variables. Consistent with Hypothesis 1, the relationship between perceived public regard and private regard is positive and statistically significant (standardized beta = .21). We also find that combat experience, earlier service era, and length of service are positively associated with greater private regard. About 12 percent of the variation in private regard is explained by perceived public regard and the background variables.

### Table 1. Descriptive Statistics.

<table>
<thead>
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<th></th>
<th>Mean</th>
<th>SD</th>
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<td></td>
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<td>Depression (0-3)</td>
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<td>.76</td>
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<tr>
<td>Self-efficacy (1-4)</td>
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<td>.49</td>
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<td>Life satisfaction (1-7)</td>
<td>4.39</td>
<td>1.55</td>
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<td><strong>Military identity variables</strong></td>
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<td></td>
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<tr>
<td>Perceived public regard (1-4)</td>
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<td>.63</td>
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<tr>
<td>Private regard (1-4)</td>
<td>3.50</td>
<td>.58</td>
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<tr>
<td><strong>Demographic controls</strong></td>
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<tr>
<td>Age (years)</td>
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<td>17.07</td>
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<td>Sex (male)</td>
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<td>Education (1-8)</td>
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<td>Gulf</td>
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<tr>
<td>Post-9/11</td>
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<td>Army</td>
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<td>Air Force</td>
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<td>Marines</td>
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<tr>
<td>Combat</td>
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<tr>
<td>Deployments</td>
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<td>Years served</td>
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<tr>
<td>Rank (1-21)</td>
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<td>.40</td>
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</table>

**Internalized Public Perceptions and Well-Being Equations**

Equations 2, 4, and 6 (Table 2) estimate the relationships between perceived public regard and depression, self-efficacy, and life satisfaction, respectively. Consistent with Hypothesis 2, we found that perceived public regard has a statistically significant negative association with depression and a positive association with self-efficacy and life satisfaction. The association of perceived public regard with life satisfaction (standardized beta = .21) is somewhat larger than it is for depression (beta = –.13) and self-efficacy (beta = .12). While a number of studies using general population samples found that African Americans are less depressed than whites (Bratter and Eschbach 2005; Breslau et al. 2006; Mezuk et al. 2013), we found no race differences in depression when
controlling for education and the other background variables. We found that white respondents reported higher levels of self-efficacy and life satisfaction, consistent with other research (Gecas 1989; Hughes and Thomas 1998). Perhaps not surprisingly, number of deployments is also positively related to symptoms of depression. Also consistent with prior research, higher levels of education are associated with lower depression and greater self-efficacy and life satisfaction.

Table 2. Internalized Public Perceptions and Well-Being Equations.

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<tr>
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<th>Private Regard</th>
<th>Depression</th>
<th>Self-Efficacy</th>
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<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
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<td>-.162***</td>
<td>-.116**</td>
<td>.087***</td>
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<td></td>
<td>(.027)</td>
<td>(.036)</td>
<td>(.036)</td>
<td>(.023)</td>
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<td>-.259****</td>
<td>—</td>
<td>.300***</td>
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<td>(.024)</td>
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<td>(—)</td>
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<td>-.003</td>
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<td>(.042)</td>
<td>(.055)</td>
<td>(.054)</td>
<td>(.036)</td>
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<td>-.049**</td>
<td>.044***</td>
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<td>(.034)</td>
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<td>Vietnam a</td>
<td>-.257*</td>
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<td>-.020</td>
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<td>(.105)</td>
<td>(.139)</td>
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<td>Pre-Gulf b</td>
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<td>(.137)</td>
<td>(.181)</td>
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<tr>
<td>Gulf a</td>
<td>-.476**</td>
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<td></td>
<td>(.167)</td>
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<tr>
<td>Post 9/11 a</td>
<td>-.594**</td>
<td>.348</td>
<td>.195</td>
<td>-.314</td>
</tr>
<tr>
<td></td>
<td>(.040)</td>
<td>(.267)</td>
<td>(.263)</td>
<td>(.174)</td>
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<tr>
<td>Navy b</td>
<td>.097</td>
<td>-.089</td>
<td>-.064</td>
<td>.051</td>
</tr>
<tr>
<td></td>
<td>(.049)</td>
<td>(.064)</td>
<td>(.063)</td>
<td>(.042)</td>
</tr>
<tr>
<td>Air Force b</td>
<td>.119*</td>
<td>-.066</td>
<td>-.042</td>
<td>.029</td>
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<tr>
<td></td>
<td>(.053)</td>
<td>(.070)</td>
<td>(.069)</td>
<td>(.046)</td>
</tr>
<tr>
<td>Marines b</td>
<td>.117*</td>
<td>.015</td>
<td>.045</td>
<td>.054</td>
</tr>
<tr>
<td></td>
<td>(.051)</td>
<td>(.068)</td>
<td>(.066)</td>
<td>(.044)</td>
</tr>
<tr>
<td>Combat</td>
<td>.153***</td>
<td>.076</td>
<td>.120*</td>
<td>.088**</td>
</tr>
<tr>
<td></td>
<td>(.038)</td>
<td>(.050)</td>
<td>(.050)</td>
<td>(.033)</td>
</tr>
<tr>
<td>Deployments</td>
<td>-.009</td>
<td>.061***</td>
<td>.058***</td>
<td>.009</td>
</tr>
<tr>
<td></td>
<td>(.013)</td>
<td>(.017)</td>
<td>(.017)</td>
<td>(.011)</td>
</tr>
<tr>
<td>Years served</td>
<td>.017***</td>
<td>-.006</td>
<td>-.001</td>
<td>.002</td>
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<tr>
<td></td>
<td>(.004)</td>
<td>(.006)</td>
<td>(.006)</td>
<td>(.004)</td>
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<tr>
<td>Rank</td>
<td>.004</td>
<td>-.011*</td>
<td>.010</td>
<td>.006</td>
</tr>
<tr>
<td></td>
<td>(.004)</td>
<td>(.005)</td>
<td>(.057)</td>
<td>(.004)</td>
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<tr>
<td>R²</td>
<td>.118</td>
<td>.184</td>
<td>.218</td>
<td>.073</td>
</tr>
<tr>
<td>N</td>
<td>1.088</td>
<td>1.010</td>
<td>1.057</td>
<td>1.003</td>
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Note. Unstandardized ordinary least squares regression coefficients shown with standard errors in parentheses.

*Compared to pre-Vietnam era.

bCompared to Army.

*p < .05. **p < .01. ***p < .001 (tests are two-tailed).
(Mirowsky and Ross 2003). Married veterans also have higher life satisfaction.

In Equations 3, 5, and 7 (Table 2), private regard is added to the depression, self-efficacy, and life satisfaction equations, respectively, to examine the extent to which the relationship between perceived public regard and outcomes are mediated by private regard. In Equation 3, when private regard is added to the depression equation, it has a statistically significant negative association (standardized beta = −.20). The association of perceived public regard with depression is reduced by about 28 percent but is still statistically significant. When private regard is added to the self-efficacy equation (Equation 5), it has a statistically significant positive association (standardized beta = .37). The relationship between perceived public regard and self-efficacy is reduced by about 67 percent and is no longer statistically significant. When private regard is added to the life satisfaction equation (Equation 7), it has a statistically significant positive association (standardized beta = .12). The relationship between perceived public regard and life satisfaction is reduced by about 12 percent and is still statistically significant. Sobel tests for the indirect relationships between perceived public regard and the outcomes through private regard are all statistically significant (\( p < .01 \)). Together, the results indicate that, consistent with Hypothesis 3, the associations between perceived public regard and depression and between perceived public regard and life satisfaction are partially mediated by private regard. The relationship between perceived public regard and self-efficacy is completely mediated by private regard.

**DISCUSSION**

Extending symbolic interactionist theories of self-concept and stigma, this study examined how perceived public attitudes are related to the well-being of military veterans. First, our findings indicate that veterans likely internalize public attitudes to a certain degree. We found a positive association between perceived public attitudes (perceived public regard) and military identity—related self-worth of veterans (self-regard). The results are consistent with one of the principles of symbolic interactionist theory of self-concept formation—that is, we come to see ourselves (in part) as we think others see us. To the extent that veterans internalize favorable public attitudes, they are more likely to view their military service in favorable terms and believe it matters to others and thus, to themselves. Second, we found that the extent that veterans perceive public attitudes toward them as favorable is associated with improved outcomes—lowered depression and increased self-efficacy and subjective life satisfaction. This is consistent with research on other groups that shows that seeing an important component of one’s role identity as mattering to others has beneficial effects on well-being (Thoits 2012). Third, we found that part of the relationship between internalized public regard and outcomes (depression and life satisfaction) is mediated by self-regard. The link between public regard and self-efficacy is fully mediated by private regard. Thus, for veterans, positive sentiment toward an important aspect of their identity has significant consequences for their mental health and social well-being. Where public regard still has an effect independent of private regard, it may be that the beneficial effects of perceived general public attitudes matter to veterans beyond their own sentiments regarding their military service. At the same time, perceived negative public attitudes have the potential to be demoralizing even if one has a high opinion of veterans generally and of one’s service specifically.

Theoretically, our approach builds on insights from modified labeling theory, which focuses more on anticipated discrimination or social rejection among highly stigmatized groups, especially persons with a mental illness. Our study, focused on veterans, extends the theory by examination of the effects of perceived public attitudes of the generalized other as they bear on identity-based self-worth and outcomes among a group that is arguably less stigmatized yet nevertheless faces the consequences of mixed public sentiment.

Our results are consistent with other studies that show how reflected appraisals processes play a role in behavioral and well-being outcomes (Marcussen et al. 2019; Markowitz et al. 2011; Matsueda 1992). It is important to note, however, that there are other variables that need to be examined to provide a more specific test of reflected appraisals processes among veterans. Although we show that veterans’ military-related self-conceptions are derived in part from the perceptions of others’ attitudes, there are likely to be effects of more specific reference and comparison groups. In other words, appraisals of those who are more important to us (in interactionist terms, significant
others), such as family and peers, may be at least as influential as the perceived attitudes of the general public (generalized others). In the case of military veterans, the perceived attitudes of their family members, employers, those in their communities, and fellow veterans, while likely correlated, may also be related to their self-conceptions and well-being outcomes. Given public ambivalence concerning veterans, insights from modified labeling theory suggest additional avenues of research, including asking veterans whether they perceive the public as holding specific stereotypical views (e.g., as mentally unstable or dangerous) and whether veterans employ certain coping strategies, such as keeping their military service a secret, educating others about it, or socially withdrawing to avoid potential stigma (Link, Mirotznk, and Cullen 1991; Marcussen and Asencio 2016; Smith and True 2014). It is not clear, however, what the consequences of such strategies might be. By keeping it a secret, others may not understand when veterans are struggling with adjustment issues. Telling others about it could increase understanding and generate sympathy or, alternatively, trigger misconceptions, inadvertently resulting in more constricted social networks, increased demoralization, and diminished well-being (Link et al. 1991; Markowitz and Engelman 2016). Qualitative research indicates many veterans experience ambiguity regarding their military identity, resulting in feelings of alienation when reintegrating in civilian life:

“I usually avoid talking about my deployment. It’s hard to know how to talk about it, or who to talk to . . . so you can get kind of stuck. It’s always hard to let people in, to tell people who weren’t there about what happened.” —Nate, a 27-year-old who was severely injured in Afghanistan. (Smith and True 2014:155)

Therefore, more systematic study of the extent to which veteran status is revealed, in what contexts (e.g., employers, new friendships, dating partners), and with what consequences warrants further investigation. There are some limitations of our study. First, although our sample does not vary markedly from known demographic characteristics of veterans, it relies on a convenience sample that may not be perfectly representative of the veteran population. However, given that veterans can be a very difficult to access population, as with many other studies on special groups (e.g., persons with serious mental illness, ex-offenders), there is some tradeoff between representativeness and the opportunity to administer unique measures not available in larger administrative data in order to advance our understanding of certain theoretical processes. Second, the cross-sectional design prevents us from examining bidirectionality of certain processes. It is plausible that the relationships between identity-related attitudes and well-being outcomes are reciprocal (Markowitz et al. 2011; Owens 1994). For example, while perceived public regard is positively associated with increased well-being, those who are better off socially and psychologically may be more inclined to perceive others’ regard for their military service favorably. Similarly, internalized public regard might not only influence private regard, but those who feel more favorable about their military service could believe that others do as well. Estimating models that include such effects requires longitudinal data over a considerable length of time to allow for changes in beliefs and outcomes. However, because of the strong connection that is formed between military personnel as they undergo (re)socialization in the military, there is arguably a certain level of “identity fusion,” or the melding of oneself with members of a group that takes place (Hart and Lancaster 2019). This creates an enduring transformation of identity that may be less variable over time compared to the outcomes we examine, which are likely to vary episodically and across the life course (Mirowsky and Ross 2003). Therefore, it is likely that the covariation between military self-worth and outcomes is largely attributable to the effect of the former on the latter. Finally, despite our inclusion of a range of demographic and service variables, there is still the possibility of some degree of confounding due to unmeasured variables (e.g., region, media exposure).

Our framework has broader implications for the well-being of other groups where public sentiment toward them is inconsistent or polarizing, such as racial minorities, immigrants, and LGBTQ persons (Molero et al. 2013; Perales 2016). Research on groups with problematic identities tends to focus on public attitudes toward those groups or the differences in well-being between those groups and others (Quinn and Earnshaw 2013). Our approach links those areas by way of internalized public perceptions. For such groups,
there is likely to be variability in the extent to which perceptions of public attitudes toward them are internalized, with consequences for their well-being. In line with our model, on one hand, internalization of perceived positive public sentiment (e.g., “others think immigrants help strengthen our economy”) could have beneficial effects on well-being. Much like veterans, persons may derive a sense of pride and self-worth based on their group identity. On the other hand, internalized negative public sentiment, or devaluation (e.g., “others view immigrants as a burden on our economy”), may lead to adverse consequences for well-being.

As a practical matter, our results suggest that similar strategies used to help facilitate social integration of other potentially stigmatized groups may be necessary to help veterans. These might include public education campaigns and programs targeted toward key actors (e.g., employers, educators, landlords) regarding the “positive” realities of military service—for example, that most veterans do not have mental health problems, generally have some college education, and have a number of valued strengths, highlighting the successful civilian transition made by most veterans. Also, when bringing (well-intentioned) publicity to the “negative” consequences of military service, such as the increased risk of mental health problems, emphasis might be placed on attributing problems to “external” causes such as stress, trauma, and the challenges of reintegration rather than to “internal” character faults, or other causes under one’s control. Research suggests that in crisis situations, including those involving veterans, when mental health problems are attributed to external rather than internal causes, persons are somewhat more sympathetic and less punitive and favor more therapeutic responses (Corrigan et al. 2003; Hipes and Gemoets 2019; Markowitz and Watson 2015). From the perspective of veterans, in addition to encouraging help-seeking from peers and professionals, training and support in navigating key civilian contexts (e.g., work, relationships, college), with particular focus on how to discuss one’s military experiences, may help facilitate successful postservice transition (Kintzle and Castro 2018).

Other possibilities for sociological study that could advance our understanding in this area include the effects of positive or negative treatment (discrimination) based on veteran status. In this way, we can compare the effects of and relationships between internalized public attitudes and the frequency of positive or negative experiences based on veteran status. Moreover, how military identity buffers or exacerbates the effects of stress on mental health, in line with the stress process model (Pearlin et al. 1981), remains to be examined. Finally, more elaborate examination of public attitudes toward veterans is warranted, focusing on competence and dangerousness, for example.

To conclude, veterans face unique challenges reintegrating into civilian life beyond serious mental health issues. Given countervailing public sentiments toward them, our findings suggest that veterans’ perceptions of public attitudes have important consequences for their well-being, particularly as those attitudes affect self-conceptions. Additional, theoretically guided research will help advance our understanding of how those processes unfold and inform efforts to help veterans achieve their civilian life goals.

ACKNOWLEDGMENTS

We are very grateful to Kristen Marcussen and Peggy Thoits for their helpful comments.

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NOTES

1. Link et al. (2015) also made the distinction between public stigma as more direct exposure to discrimination, in contrast to anticipated, or what they termed, symbolic interaction stigma.
2. No differences in key explanatory or outcome variables were found across sample counties, recruitment sources, or whether the surveys were administered in-person versus online.
3. These items were adapted in part from the scale developed by Sellers et al. (1997).
4. In latent variable (LISREL) models adjusting for random error, substantively, we found very similar relationships.

REFERENCES


Mittal, Dinesh, Karen L. Drummond, Dean Blevens, Geoffrey Curran, Patrick Corrigan, and Greer Sullivan. 2013. “Stigma Associated with PTSD:


