PRETENDING TO BE JOHN WAYNE IS EXHAUSTING: HOW VETERAN TREATMENT COURTS STRATEGICALLY REDEFINE MASCULINITY TO PRODUCE HEALTHY LIFESTYLES AMONG MILITARY VETERANS

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Pretending to be John Wayne is Exhausting: How Veteran Treatment Courts Strategically Redefine Masculinity to Produce Healthy Lifestyles among Military Veterans

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Veteran treatment courts (VTCs) are an emerging type of problem-solving court, where a designated criminal-court docket is reserved for people who have served in the US armed forces. Through evidence-based treatment practices, these courts seek to lower criminal recidivism while maintaining public safety by addressing the underlying causes of criminality prevalent among military veterans, including post-traumatic stress disorder, substance abuse disorder, alcoholism, and mental illness. Drawing on Weberian and Foucauldian explanations of power, this paper contributes to the growing body of research on VTCs by analyzing how the medical and legal institutions exert social control over individual veterans. Using ethnographic data from several Colorado VTCs and interviews with 13 veteran participants, I argue that VTCs institutionally employ a tactic of "strategic masculinity" as a means of encouraging individual veterans to adopt healthy lifestyles that include sobriety and law-abiding behavior.

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CHAPTER 1

INTRODUCTION

The transition from military to civilian life is, in many ways, similar to reintegrating from prison to mainstream society. In 2014, over 200,000 people separated from the military (Department of Defense 2014), a time which is often confusing, because veterans who have been away from home for several years must navigate and adjust to the norms and values of civilian culture, despite years of socialization into military culture. Just as individuals required intensive socialization to enter the military from civilian life, so, too, does the re-entry into civilian life from the military. Importantly though, one has formal, structured socialization provided through the institution, while the other has none at all. To illustrate this, I offer a personal anecdote from about a month after my discharge from the Marine Corps.

I was riding a bus late one night with my wife when I pulled the cord to signal the driver to stop. Unfortunately, the cord was broken and I had to wait until the next stop, roughly a half mile away. Exiting the bus, I yelled at the bus driver, specifically mentioning how he had failed to inspect his bus, and how his music was too loud to allow me to call to him to stop. As the driver cowered in the corner of his seat and pleaded with me to stop, my wife pulled me off the bus, reacting in a fit of her own to my outburst of anger. Arriving home a half mile later, I found myself crying out of frustration and anger toward myself for behaving the way I did. It was the first time I had experienced a "disconnect" between military and civilian culture; the strategies I had previously employed successfully as a Marine non-commissioned officer were now ineffective and detrimental to my civilian life. I served in the United States Marine Corps for four years, and

deployed to Iraq in 2007 and 2008, and Afghanistan in 2008. This is just one example from my own transition from military to civilian life, with minimal consequences; but veterans experience distress in adapting to a variety of even mundane civilian parts of life. Their responses can also have much more severe and even legal consequences.

Because the military constitutes what Goffman (1961) called a "total institution," and is, in many ways, isolated from mainstream society, veterans learn a culture that rewards performances of hegemonic masculinity, where aggressive behavior and disregard for emotions serve to benefit them during their time in the military, but prove dysfunctional when veterans reintegrate to civilian life. The Department of Defense (2014) reports that 24.8% of active duty military separations in 2014 (50,697 service-members) were involuntary, including 45,355 service-members receiving discharges for military requirement/behavior/performance standards as well as having legal issues/standards of conduct. High rates of substance abuse, alcoholism, homelessness, and incarceration among veterans further complicate the reintegration process; these factors also contribute to veteran disparities with suicide. This paper addresses theoretically how the medical and legal institutions use strategic power tactics to gain social control over veterans. The former does so through efforts to reduce suicide rates and the latter through efforts to reduce criminal recidivism among military veterans, considered a highly vulnerable population (see Joshua Omvig Veterans Suicide Prevention Act 2007; Kemp and Bossarte 2013; Slattery, Dugger, Lamb, and Williams 2013).

One way that institutions have sought to control veterans is the veteran treatment court movement. Veteran treatment courts are a specialized treatment court that seeks to provide treatment and connect justice-involved military veterans to resources with housing and

employment. Emerging in 2008, there are now over 450 operational veteran treatment courts in the United States (Flatley et al. 2017).

I begin with a brief discussion of the emergence of Veteran Treatment Courts (hereafter, VTCs), followed by a discussion of how Weberian and Foucauldian notions of power exist and function in the context of the medical institution and VTCs. Finally, I discuss health lifestyles theory (Cockerham 2005) as a framework for understanding the goals of the court: to reduce both criminal recidivism and suicide rates among military veterans through the production and reproduction of "strategic masculinity" (Batnitzky, McDowell, and Dyer 2007; Ricciardelli, Maier, and Hannah-Moffat 2015).

CHAPTER 2

The Emergence of Veteran Treatment Courts

Health Issues Facing Military Veterans

According to the U.S. Census Bureau (2016), there are roughly 18.8 million military veterans living in the United States. Of those, the Census Bureau estimates around 3.9 million have a service-connected disability, meaning they are physically or mentally disabled due directly to an event occurring during their time in the military. Several nationally representative studies have demonstrated the negative physical health effects from military service and when compared to civilians, data indicates veterans have overall poorer health. This includes higher rates of arthritis, obesity, and a higher prevalence of medical conditions (Dominick et al. 2006; Afga et al 2000; Nelson 2006). In another nationally representative study comparing health conditions of military veterans with civilians, veterans were significantly more likely to suffer from health conditions including being overweight, obesity, cardiovascular disease, diabetes, arthritis, and cancer (Hoerster et al. 2012). Despite more veterans having a regular service provider, compared to civilians, veterans also revealed higher rates of health risk behaviors including smoking, smokeless tobacco use, heavy alcohol consumption and lack of exercise (Hoerster et al. 2012).

Mental health conditions among military veterans are vast and well documented. Studies consistently show that military veterans suffer from higher rates of PTSD than their civilian counterparts do (Kulka, Schlenger, Fairbanks, Hough, Jordan, Marmar, and Weiss 1990; Kang et al. 2003; Kessler, Berglund, Delmer, Jin, Merikangas, and Walters 2005; Kessler, Chiu, Demler,

and Walters 2005; Tanielian and Jaycox 2008). Robert Spitzer, a researcher involved with the introduction of PTSD into the DSM III in 1980 argued that PTSD has been the most controversial disorder in the field due to its boundaries, "…diagnostic criteria, central assumptions, clinical utility, and prevalence in various populations" (Spitzer et al. 2007). In 2013, the American Psychological Association released the DSM-5, again updating the diagnostic criteria for PTSD. While this may represent a deeper understanding of the disorder, allowing medical professionals to more appropriately diagnose and treat, the drawbacks are numerous and make research on the disorder extremely convoluted. Prevalence rates of PTSD have little consistency across populations, due in part to the fluctuating definition of the disorder. Kessler et al. (2005) used the DSM-IV definition of PTSD to determine the lifetime prevalence of PTSD in the US general population to be 6.8%. Studies of military veterans have found rates to be significantly higher, largely due to their combat roles in foreign conflicts. Lifetime prevalence for PTSD among Vietnam veterans is significantly higher than war veterans of other generations with nearly 31% of male veterans and 27% of female veterans meeting diagnostic criteria (Kulka et al. 1990). Due to the cross-sectional nature of these early PTSD studies and because many studies did not utilize representative samples, researchers conducted the National Vietnam Veterans Longitudinal Study (NVVLS), conducting interviews of a representative sample of Vietnam veterans to determine current and lifetime PTSD using the updated DSM-5 definition of the disorder. Specifically, they administered the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) "with reference to cumulative war-zone trauma," (Marmar et al. 2015) finding that 17% of Vietnam veterans meet criteria for lifetime PTSD, with 11.2% of males and 6.6% of females meeting criteria for current war-zone PTSD (Marmar et al. 2015). A study of Gulf War era military veterans

found the overall prevalence of PTSD to be 10.1% (Kang et al. 2003). The duration and nature of the Gulf War compared to the Vietnam War helps explain lower prevalence rates of PTSD. More recently, studies have indicated that roughly 14% of veterans returning from conflicts in Iraq (Operation Iraqi Freedom: OIF) and Afghanistan (Operation Enduring Freedom: OEF) suffer from the disorder (Tanielian and Jaycox 2008). These estimates may be somewhat lower than the actual prevalence, as studies have detailed how assessments geared to identify military members with the disorder often fall short and do not properly account for the true prevalence of the disorder (Phillips 2010). Veterans are less likely to be incarcerated than nonveterans, but still represent 8% (181,500) of prison and jail inmates (Bronson, Carson, Noonan, Berzofsky, and RTI International 2015). Among inmates, veterans are significantly more likely to report a history of a mental health disorder diagnosis (Bronson et al. 2015).

PTSD among incarcerated veterans is also difficult to track. Blodgett et al. conducted a systematic review of PTSD among incarcerated veterans finding that across five samples, the overall rate of general PTSD to be between 4%-39%, with slightly lower rates (5%-27%) for "combat-related" PTSD (2015). Williams et al. examined the health status and homelessness risk for older military veteran inmates (age ≥55), and found that combat veterans were more likely to report PTSD than non-combat veterans (23.6% - 6.5%) (2010). Another study examined PTSD among younger military veterans (OIF/OEF) in state and federal prisons finding that combat-related PTSD was found in 37.8% of the OIF/OEF veteran population, compared to 4.9% among other incarcerated veterans (Tsai et al. 2013).

Another significant health issue facing military veterans is suicide. Suicide committed by military veterans is an often confusing and elusive story, and despite significant efforts with

research and policy reform, veterans still represent a highly vulnerable population for suicide. The VA published the *Suicide Data Report of 2012*, famously known for revealing the statistic that 22 veterans commit suicide every day, (Kemp and Bossarte 2013) with attention given to the suicide risk of returning Iraq and Afghanistan veterans. While the authors acknowledge this number to be an estimate since only 21 states were included in the study the statistic has garnered considerable attention and awareness from the public, with websites emerging, such as www.stopsoldiersuicide.org. The suicide data report reveals that veterans, specifically older veterans, commit suicide at 2 to 3 times the rate of their civilian counterparts.

Kang et al. (2015) examined whether deployments to Iraq or Afghanistan resulted in greater suicide risk for those deployed compared to their non-deployed peers and found no association between deployments and suicide risk, but did find that both deployed and non-deployed service members were at higher risk of suicide than the general population (2015). While evidence suggests a disparity in suicide among the general population of veterans, the risk of suicidality among incarcerated veterans is relatively unknown due to the paucity of literature on the subject. In one review of the literature surrounding suicide among incarcerated veterans, Wortzel et al. (2009) concluded,

> […] offering a meaningful estimation of suicide rate for this group remains impossible, and the authors' hypothesis that incarcerated veterans face a high suicide risk can, at present, be neither confirmed nor safely rejected. What clearly emerges is that incarcerated veterans are at the intersection between two populations with well-established elevations in suicide rate. The true suicide rate among incarcerated veterans is still unknown.

Changing definitions of disorders and their diagnostic criteria can have detrimental impacts if screening tools are incapable of identifying PTSD symptomology, since it has been found to be significantly associated with suicidal ideation (Cornelius et al. 2012). Cornelius et al. conducted a study comparing how two different diagnostic tools (PCL: PTSD Checklist & SCID: Structured Clinical Interview for DSM Disorders) determined if the presence of suicidal ideation was a clinical correlate of PTSD, (2012) and found that suicidal ideation was significantly associated with a PTSD diagnosis under the PCL diagnosis, but not significantly associated when using the SCID diagnostic tool (2012). Since the current study is concerned with suicidal ideation among incarcerated military veterans, it is important to note how misdiagnosing someone with PTSD based on diagnostic criteria could have fatal consequences if the person decides to end their own life.

Veteran Treatment Courts

Veteran treatment courts are a type of problem-solving court that supervises military veterans in the criminal justice system. These courts are similar to drug and mental health courts and embrace key principles including the integration of drug and alcohol treatment with justice case processing. Despite veterans being less likely to commit crimes than nonveterans, these courts have emerged in response to a growing understanding of how military service, and traumatic experiences can lead to criminal behavior. Baldwin and Rukus explain how these courts are based on, “the understanding that veterans experience a constellation of issues related to military experience and/or training that may lead, directly or indirectly, to contact with the criminal justice system” (2015).

Eligibility criteria for admission to VTCs varies across jurisdictions throughout the country, however, most courts accept both pre-and post-plea cases and a majority (65.7%) take both felony and misdemeanor cases (Flatley et al. 2017). Incentive for admission into a VTC includes the possibility of case sealing or reduction in charge upon successful completion of the court program. In general, VTC's utilize a phase model that seeks to connect justice-involved veterans to resources such as mental health treatment (inpatient/outpatient), housing, and employment. A unique feature of veteran courts are their mentoring programs, where veterans are connected with other veterans who are not involved in the criminal justice system. The idea is that veteran mentors provide social support and further access to resources for justice involved veterans.

Due to the relatively recent initiation of the courts, the success of their efforts to reduce recidivism rates has yet to be determined; however, early indications of lowering recidivism are promising. Although this may represent a decline in criminal offending, it may also indicate the increased use of VTCs. Since VTCs first opened their doors, more than 200 veteran courts have been created with hundreds more still in the planning phase. They serve a population of roughly 13,200 veterans (Justice for Vets 2015). In a nationally representative survey of VTC participants, about half (49.5%) of males and 43% of female participants are facing drug charges, 39% and 49% of males and of females, respectively, face a DUI or DWI charge (Baldwin 2015). Extralegal issues included 81% of males and 68% of female participants facing substance abuse issues, 68% of male and 59% of females facing mental health issues, and 44% of males and 25% of females face anger, aggression, and violence issues (Baldwin 2015). The medicalization of PTSD allows VTCs to continue expanding, because of their ability to facilitate mental health treatment and enforce criminal sanctions. A study of a Colorado VTC found "improvements in PTSD, depression, self-

harm, emotional liability, and substance use were significant from Baseline to 6-month interview and sustained from 6- to 12-month interview" (Slattery, Dugger, Lamb, and Williams 2013). While studies continue to monitor and track recidivism rates within these courts, this paper addresses *how* the court uses power tactics in an attempt to achieve lower crime rates, or gain social control. I argue that the court accomplishes this by reformulating notions of masculinity to provide participants with an environment and culture conducive to recovery so that they can receive treatment and address the underlying causes of their criminality.

CHAPTER 3

Conceptualizations of Power

Static Power

Veteran Treatment Courts seek to achieve social control by demonstrating their power and authority. Thus, I situate VTCs within the larger context of power dynamics and the medical institution because it will shed light on how they function. Weber defines power as "the chance of a man (sic) or of a number of men to realize their own will in a communal action even against the resistance of others who are participating in the action" (1946:180), and specifies three dimensions along which power is distributed: class, status, and party power (1946). Party represents the mechanism of power most appropriately applied to the medical institution because of its ability to organize and consolidate to accomplish a common goal. "Their [medical institution] action is oriented toward the acquisition of social 'power,' that is to say, toward influencing a communal action no matter what its content may be" (1946:194). In this case, the communal action aims to reduce recidivism, and since the medical institution understands high rates of PTSD, suicide, and crime to be a public health concern, they have to organize, recruit, and persuade society that these issues are both preventable if given the proper treatment, or can be diminished in severity.

One of the more controversial movements by the medical institution has been the medicalization of PTSD, which officially became recognized as a mental health disorder in the Diagnostic and Statistical Manual III in 1980 (Spitzer, First, et al. 2007). While medicalization refers to the transition from "badness" to "sickness" it has not always been medicalized, thus

PTSD in veterans is a relatively new concept. When PTSD is medicalized, crime and suicide manifest as symptoms of the problem, not as the problem itself. Conrad and Schneider offer a helpful description of how the medicalization process unfolds: "with badness the deviants were considered responsible for their behavior; with sickness they are not, or at least responsibility is diminished. The social response to deviance is 'therapeutic' rather than 'punitive'" (1980). This demonstrates how institutions can use their power to influence other institutions, as well as individuals, such as veterans.

Weber also contends there must be more to obtaining power than by merely having an organization that is capable of influencing society. In communities with rational order (i.e., modern society) power is maintained when there is an availability to enforce the order. For instance, law enforcement agencies demonstrate their duty to uphold the law by issuing citations and making arrests for offenses which violate the "order" set forth by the government. Similarly, the government deemed suicide among military veterans to be a "serious problem and in 2007, Congress passed the Joshua Omvig Veterans Suicide Prevention Act (Veterans Suicide Prevention Act 2007). This act mandated that the Secretary of the Department of Veteran Affairs implement a comprehensive program in order to reduce such high rates of suicide. As an example of how parties exercise their power, in 2008, just one year after the introduction of the Veteran Suicide Prevention Act, the first veteran treatment court began.

Although VTCs have power because of their local and national organization, over time they often serve more as the authority to enforce the medical institution's agenda. By "authority," I refer to Weber's notion of "legal authority," which rests on "a belief in the legality of enacted rules and the right of those elevated to authority under such rules to issue commands"

(Weber 1978). Legal authority implies several interdependent ideas. First, as Weber explains, "any given legal norm may be established by agreement or by imposition, on grounds of expediency or value rationality or both, with a claim to obedience at least on the part of the members of the organization" (Weber 1978).

While VTCs continue to expand throughout various jurisdictions, the medical institution is a more effective agent of social control because of its ability to define illness. Legal institutions follow their lead because of the power they have as a party and through the status they possess. The medical institution possesses power and exercises it through institutions that have considerably more authority, such as a criminal court. In short, the exercise of power is a collaborative approach.

Weber's notion of power is rigid, and although it provides concrete explanations of how it exists within institutions, it fails when explaining how power transfers between institutions, and does not explain how power operates from innumerable points. The work of Foucault helps to contextualize Weber's explanation of power by accounting for its mobile and flexible nature, and how it transfers between institutions.

Mobile Power

For Foucault, power manifesting via institutions is the end product, evolving through a process, or a shift. He conceives power as mobile and transitory, extending Weber's theory by not isolating power to one institution or the other, but rather allowing it space to exist in more than one institution and in several different situations. The conception of power identified by Weber is much more static than Foucault's interpretation. Foucault argues that power is not an

object to possess but is rather a strategy for accomplishing a series of objectives. He argues that power is productive and is exercised from "innumerable points" (1978). As the medical institution identifies and defines a problem (such as PTSD), they also propose the solution, in this case, treatment. Consider this in the context of VTC's: the medical institution has defined the problem as PTSD and recommended a solution in the form of treatment. Their "power" seeks to accomplish a goal of treating PTSD, but they have no means to enforce it. Thus, when PTSD is medicalized and admitted as a mitigating factor to criminal behavior, the government can then mandate treatment as means (or exercise their power) of accomplishing their goals of achieving public safety and treating criminal offenders.

Another way Foucault contributes to the discussion of institutional power is through his conception of "productive power," which produces people in two different ways: (1) control of the body and (2) by discipline and population control (1978). Productive power "centered on the body as a machine," (1978) where the body is trained to be maximally productive in society. VTCs also pertain to the notion of the "biopolitics of the population," (1978) where "The old power of death that symbolized sovereign power was now carefully supplanted by the administration of bodies and the calculated management of life" (1978). Biopolitics involves both discipline and population control; discipline developed within institutions as a means to achieve social and population control, and is demonstrated through the emergence of demography and other means of large-scale social tracking (1978). The suicide prevention act discussed earlier highlights how population control is monitored; only after a significant number of veterans committed suicide, did the state intervene by beginning to track their rates and subsequently implement programs to minimize its occurrence. Thus, by medicalizing PTSD the medical institution in

combination with the legal institution do not seek to "cure" individual veterans, but rather to solve a social problem; in this case, both crime and suicide.

Power transfers between institutions in what Foucault terms a "discourse of truth," (2003) arguing, "the power to determine, directly or indirectly, a decision of justice that ultimately concerns a person's freedom or detention" (2003). This discourse occurs because of the "scientific status" (2003:6) of the institution. This means that because the medical institution is a scientific community, it will be able to influence other institutions such as the legal world. In veteran courts, the opinion of mental health providers and treatment specialists influence and guide the decision of the judge.

Similar to his discussion on control of the body, discipline, and population control, Foucault argues that "tactics" or "strategies" (1978) are crucial for solving social problems. Power tactics explain how things move or can move within a society; since they occur largely at the individual level, it serves as a starting point for understanding how they influence strategies at a more macro level. In considering the case of PTSD, by defining what it is and the associated symptoms, (i.e., violent behavior, substance abuse) the medical institution has institutionalized the disorder, allowing VTCs to adopt their tactic and make bodies useful to society instead of creating more burden and uselessness by incarcerating them.

CHAPTER 4

Health Lifestyles Theory

I argue that VTCs strategically use power tactics to control and discipline people in order to produce and reproduce healthy lifestyles, based on the theory developed by Cockerham (2005). Health lifestyles theory suggests that health behaviors and lifestyles "are not the uncoordinated behaviors of disconnected individuals, but are personal routines that merge into an aggregate form representative of specific groups and classes" (2005). Behavior suggests that individuals act certain ways consciously, whereas lifestyle implies more routine behaviors.

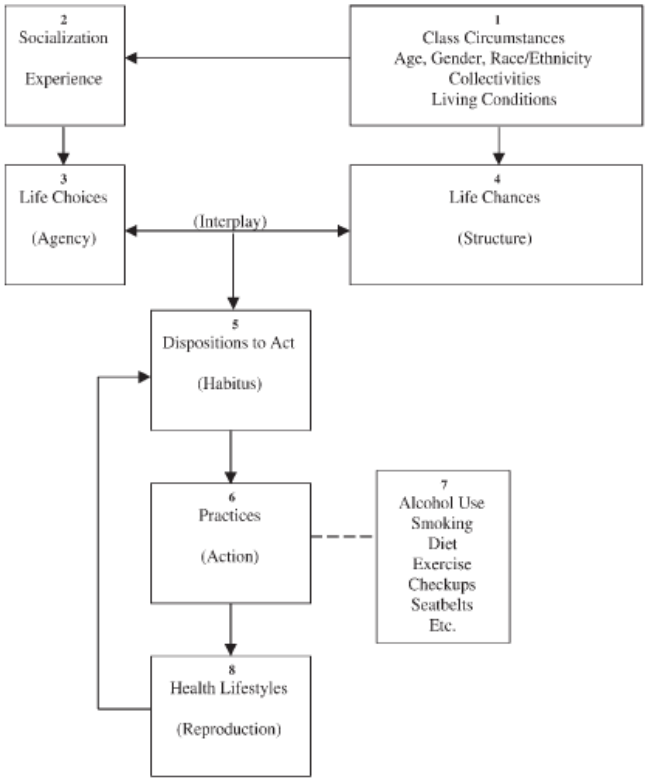

Figure 1: Health Lifestyles Paradigm (Cockerham, 2005)

Cockerham explains four structural categories that help form these lifestyles, including class circumstances, age, gender, race/ethnicity, collectivities, and living conditions (2005). Veterans represent collectivities because of their similar backgrounds and how "their shared norms,

values, ideals, and social perspectives constitute intersubjective 'thought communities' beyond individual subjectivity that reflect a particular collective world view (Cockerham 2005). Many veterans share similar socioeconomic status early in life, studies show that the military is largely comprised of men and women who come from disadvantaged communities (Lutz 2008).

An example of a "collective world view" that exists in the military is the notion of hegemonic masculinity. Connell defines hegemonic masculinity as "the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women" (2005). Kimmel (2001) argues that homophobia is intrinsically connected to sexism and racism, a foundation of hegemonic masculinity is "putting women down, both by excluding them from the public sphere and by the quotidian put-downs in speech and behaviors that organize the daily life of the American man".

Masculinity is crucial for military service-members to function at their job, and it is emphasized throughout most phases of the military. Frank Barrett conducted a study of naval officers, finding:

> Throughout all communities in the Navy, the image of masculinity that is perpetuated involves physical toughness, the endurance of hardships, aggressiveness, a rugged heterosexuality, unemotional logic, and a refusal to complain. And yet it is never assumed that such character traits are permanent. Indeed, the Navy creates structures and routines that call for continual testing of these qualities. This is a culture that chronically creates trials that separate the 'weak' from the rest. From the first day of training, the culture creates a testing ground that creates boundaries of inclusion

around those who exhibit strength, endurance, and competence. Passing these early tests is a sign that one is capable of perseverance and toughness. (1996)

Because hegemonic masculinity represents the dominant form of gender expression among men in the U.S., it is vital to understand how the military constructs, maintains, and perpetuates notions of hegemonic masculinity.

While health lifestyles begin with class circumstances, Cockerham goes on to explain how actors "acquire reflexive awareness and the capacity to perform agency" (2005) through socialization and experience. He carefully articulates the difference between "choice" and "chance" arguing that the capacity to perform agency is found in "life choices" in which an individual is responsible for their behavior, and involves critical evaluation and a decision for a course of action (Cockerham 2005). Cockerham differentiates the two (choice and chance) by explaining life chances as, "socially determined and social structure is an arrangement of chances" (2005). Thus, "chance" works to either constrain or enable "choice." Cockerham asserts, "people therefore align their goals, needs, and desires with their probabilities for realizing them and choose a lifestyle according to their assessments of the reality of their resources and class circumstance" (Cockerham 2005). In this way, military veterans choose to behave with masculinity because it is structurally possible.

When structure and agency interact, Cockerham argues that habitus or a "disposition to act" (2005) becomes a road map for how individuals examine their available choices and chances. Coming full circle, he argues the action represented in Box 6 is driven by "deliberate calculations, habits, or intuitions" and is reproduced by action, or inaction (2005). I argue that VTCs strategically construct notions of masculinity to allow for rehabilitation of the offender. By re-

socializing veterans with healthy and functioning versions of masculine behavior, VTCs enable both chances and choices allowing for the production and reproduction of healthy lifestyles.

While masculinity does not represent the primary source contributing to veteran criminality, it serves more as a barrier to seeking treatment for mental health disorders. The stigma of seeking mental health treatment combined with military socialization that promotes dysfunctional health lifestyles such as self-medicating with alcohol and other substances can lead to criminal behavior and contact with law enforcement.

CHAPTER 5

METHODS & DATA

Research Questions

This project examines power tactics used by VTCs to gain social control and veteran participants' interpretations of those strategies. I seek to address the following two research questions: *(1) What strategic power tactics exist in VTCs and how are they used to gain social control? (2) How do veteran participants interpret the courts strategies for gaining social control?*

In June 2015, I contacted court coordinators from the various veteran treatment courts in Colorado and arranged to observe their dockets. Colorado is home to six veteran courts, with the first opening its doors in 2009. I began observing court hearings in July 2015. I observed 16 court hearings in three separate jurisdictions; additionally I observed a VTC briefing, where new veterans meet with court staff and discuss admittance into the court, as well as two roundtable discussions, which are court-mandated meetings for veterans in early phases of the program and veterans sanctioned by the court for failure to comply with program requirements. Gaining entrée to observe the court hearings involved contacting court coordinators, speaking with judges and court staff about my background and purpose for conducting research, and in some cases, making an announcement to the entire court regarding my research purpose.

Data Collection

After securing approval from the Institutional Review Board, I collected observational data at each court. Arriving early to court hearings, I would sit in the hallway alongside fellow

veterans, listening and taking field notes of the interactions between veterans, as well as their interaction with court staff. Once in the courtroom, I generally took a seat closer to the back, allowing for a more complete view of the room, and took extensive field notes. Field notes primarily consist of the brief (sometimes less than a minute) interactions veterans have with the judge and court staff. They also detail sanctions for noncompliance, rewards for outstanding compliance, and the focus of these interactions (treatment oriented, social service support, criminal activity, etc.). I gave specific attention to the ways the court reformulated notions of masculinity.

I conducted 13 interviews between July and September 2015 with veterans enrolled in a Colorado VTC. I recruited participants through convenience and snowball sampling techniques, typically sitting in the hallway before veteran court began and conversing with veterans. Veterans received a $30 gift card to a local grocery store for their participation in the interviews, which ranged from 45-90 minutes in length. I conducted seven interviews face to face and six interviews over the phone.

	n	Percentage
Sex		
Male	11	85%
Female	2	15%
Age		
<25	0	0%
25-34	9	69%
35-44	3	23%
45-54	1	8%
Race/Ethnicity		
White	8	62%
Black	1	8%
Hispanic	1	8%
Native American	2	15%
Other	1	8%
Branch of Service		
Army/National Guard	10	77%
Marines	2	15%
Navy	1	8%
Other	1	8%
Type of Discharge		
Still Active Duty	1	8%
Honorable	8	62%
General/Other than Honorable/Dishonorable	4	31%

Table 1: Characteristics of VTC Participants

Positionality

I served in the United States Marine Corps from 2006-2010, having deployed to both Iraq and Afghanistan in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). I primarily worked on Hueys and Cobras, the Marine Corps utility and attack helicopters primarily involved in providing close air support for troops engaged in ground combat. I never experienced direct combat, and cannot speak to the experience first-hand, but do understand how both the effects of combat and of war, more generally, are profound and long lasting. My unit suffered no casualties while deployed, but two members from my unit, including a Marine with whom I worked closely, committed suicide since returning from deployment in 2008. Additionally, countless fellow Marines whom I served alongside have battled with substance and alcohol abuse, PTSD, and depression since returning to the U.S. and exiting the military.

My experience serving in the Marine Corps offers several unique perspectives pertaining to the military. Because I have participated in the culture of the military, including aspects of

hyper-masculinity, I have a pre-existing and deep understanding of the context from which veterans come from. My status as a veteran who served in a combat zone can be considered an "insider" status, allowing rich data to emerge during interviews that otherwise would not be obtained. Although I have never been arrested, indicating an "outsider" status, I have been involved with the criminal justice system in a variety of capacities throughout my life. My father is a Connecticut State Trooper and I grew up surrounded by the para-military culture of the State Police. I also completed an internship with the New Castle County Police Department in Delaware as an undergraduate student to further my understanding of the complexities law enforcement officers face while out on patrol. These experiences allow for an in-depth understanding of how reintegrating from military to civilian life poses unique challenges that are often difficult to explain or discuss, as well as an understanding of how the justice system responds to rising rates of criminality in a specific population, in this case, military veterans.

Analysis

I typed detailed field notes following each court hearing from jottings and notes I made while in the court and transcribed Interviews verbatim. Guided by the framework of grounded theory (Charmaz 2006), I became simultaneously involved in both data collection and analysis. Being enrolled in a qualitative analysis seminar during this process was beneficial because I was consistently able to work with faculty and colleagues to create and develop analytic codes and categories that emerged directly from the data. For instance, during interviews I would ask veterans "what do you think about admitting to weakness?" and only after reading through transcripts did I note that many veterans revealed similar notions of admitting to weakness, as

well as how they defined “weakness.” Thus, in later interviews, I first asked veterans “How would you define weakness?” with the follow-up, “how do you feel admitting to it?” This is consistent with Richards (2015) notion that researchers should examine and refine their design. Richards says, “The goal is to learn from the data, and anything you learn can now be fed back into your approach (2015). I read, and reread interview transcripts and field notes to develop the following themes: (1) physical control of the body, (2) possibility of physical incapacitation, and (3) discipline of the body (strategic masculinity).

CHAPTER 6

Results

VTCs seek to produce a healthy lifestyle among veterans who are living relatively unhealthy lifestyles; many suffer from substance abuse and alcoholism. My analysis revealed that the court does this through two processes. First, they take physical control of the body through urinalysis (UA,) regular appearances in court, probation appointments, and treatment appointments. By "physical control of the body," I mean that the court monitors and tracks where veterans are, and what they are doing. Additionally, veterans typically appear in the same court as incarcerated veterans do, serving as a visual reminder of the most severe sanction they can receive. I found that VTCs also gain social control and produce healthy lifestyles through discipline of the body, using "strategic masculinity" as their tactic among the veteran population. This is demonstrated through the emphasized role of treatment, camaraderie, and the use of positive sanctions.

Control of the Body through Urinalysis

VTCs begin controlling the body as soon as a veteran enrolls in the court. To graduate, veterans must complete four phases, with each phase containing certain requirements for promotion.

Phase	Description
I – Orientation & Stabilization (1 -2 months)	Initial contact with probation officer, treatment providers, and monitoring agency
II – Living with Integrity (minimum 4 months)	Focus on treatment and sobriety
III – Relapse Prevention (5 months)	Maintain treatment and sobriety, establish skills to prevent relapse
IV – Maintenance & Reintegration (6 months)	Maintain treatment and sobriety, establish aftercare plan, steady employment, housing

Table 2: VTC Phases

Phase I involves orientation and stabilization. It focuses on meeting with probation officers and treatment providers and creating a case treatment plan. Veterans must stay sober for a minimum of four weeks to advance to phase II. Many veterans find this initial phase difficult, and many resist the court's power to enforce sobriety. Phase II emphasizes treatment and sobriety. Veterans are expected to have at least 3 continuous months of sobriety, and to engage with and attend all their scheduled treatment. Phase III focuses on enabling veterans with resources and a support network that will aid them during potential or actual relapse. Phase IV seeks to give veterans the tools necessary for a healthy and productive life once they graduate from the court program. During interviews, I asked veterans if they noted any negative aspects to participating in a VTC. Nicolas, a former Marine in phase I of the program offered the following response:

> Nicolas: The only thing I have to go on is what I've seen from other guys struggling in the program with, because I don't really have any bitches or a moans right now. But I do know some of the guys are super frustrated because it's hard to move up levels [phases]. Especially maintaining a super clean sobriety and doing the other things that you need, but most guys can't do the sobriety thing very well. So guys on the lower levels, it takes em a long time to move up, you know what I mean? Especially for

habitual potheads, because that shit [marijuana] stays in your system for so god damn long. But I think that's kind of the biggest bitch because one of the guys that I've seen, I think he's like moving into phase 4, I think he's been in phase 3 for like a year and half. Year a half, that's a long time.

Interviewer: [Do] you have to do 2 UAs a week?

Nicolas: So every level you move up they decrease your UA's… but right now I'm doing two a week

Interviewer: Do they eventually stop when you get to phase 4?

Nicolas: I think it's like once a month in phase 4

As Nicolas progressed through the program in the weeks since the interview, he, too, became frustrated with the court. He was denied positive sanctions because his body was still filtering and processing marijuana, despite him not using. He was eventually given the option of either being clean after 30 days, or jail. In the months since, he has maintained his sobriety and avoided jail time by complying with the court standards for urinalysis exams, demonstrating one way the court exercises its power by controlling people.

Tucker, a former Army infantryman in phase 1 of the program offers another example of how the court uses UAs to control the body.

Tucker: I had failed a UA a couple weeks back and she [VTC Judge] was like 'I believe this is a little speed bump' and she gave me my sanction, which, my consequence was writing five sobriety goals. So I was able to, like for me just to sit down and get into myself for a little bit, because I rarely do that at my house. I try not to be in my feelings or into my thoughts too much when I'm alone so I play games, but that was able to get

me to take a break and be like 'you know what, what do I really want?' Like sobriety wise. 'What type of goals do I need?' So I thought that was pretty good.

In this example, Tucker discusses how control of the body in the form of UAs resulted in further physical control of the body through use of a sanction. He does not view it negatively though, and in many ways seems to understand why the court implements such policies. In another instance, a former Marine named Adam feels similarly about the courts use of UAs. He responded with the following statement when asked if he felt there were any negative aspects to the court,

Adam: all the UAs (pause.)That's a real pain in the butt. I would rather just be hooked up to like an IV or something that constantly monitors me, that sends some bluetooth signal to some computer, because going in twice a week, drop your pants, it seems a little much. But I see the good in it as well because I (pause) being in the military I did learn how to beat a lot of piss tests, so having them twice a week definitely makes it more uhhhh what's the word? uh accountable.

In this example, Adam is simultaneously resisting the court's authority while accepting the need for strict bodily discipline. In the military, "piss tests" are something to overcome, within the court however, they can be understood as working towards a goal, accomplishing a mission of sobriety.

Possibility of Incapacitation Through Incarceration

Veterans who fail to comply with the court's standards are occasionally sanctioned with jail time. If incarcerated, they still appear on the regular VTC docket, and must attend VTC even in handcuffs, and sometimes shackles. Incarcerated veterans serve as a visual reminder to other

veterans of the power the court possesses and its authority to incarcerate them, to take their physical freedom through incapacitation. The frequent reminder of incarceration seeks to deter other veterans from committing similar infractions. One day, I arrived at the court several hours early by accident, and was in the lobby when another veteran came in. He, too, had the incorrect time for when court began. He introduced himself as Daryl, and after talking for a few minutes, he mentioned thinking he would be "thrown in the clink" for failing, or missing a UA. Once court began later that day, the judge reported Daryl had tested positive for several different substances including a diluted UA on different occasions, had missed several other UAs, and missed a court date. Daryl was sanctioned to serve a night in jail. Two County Sheriffs immediately placed him in handcuffs and led him out of the court. During most court hearings, at least one incarcerated veteran would be escorted into the courtroom with a county sheriff, and would sit separately from the other veterans, typically in the jury booth.

VTC's also employ positive sanctions to reward veterans who are compliant with treatment, probation, and the court requirements. Positive sanctions include receiving a standing ovation, leading pushups with the court, gift cards, candy, and several other rewards. Negative sanctions not only include jail but also essay writing or organizing pro-social activities.

Treatment Demands

UAs and the possibility of incarceration are two ways the court physically controls people. With UAs, the court monitors what the body consumes and how it is affected, and then dictates the appropriate sanction. The court emphasizes treatment above all else including employment and education, and veterans are often subject to employers who either do not understand the

demands of the court program, or cannot afford to allow employees to have so much time off. During one court hearing, I observed a veteran discussing his employment issues with the judge, telling the judge his employer was unable to give him the time off he needed in order to attend treatment. He lost his job, unfortunately, but maintained compliance with the court.

I interviewed a member of the court staff who works to connect veterans with a variety of social resources including employment. He expressed empathy about the employment situation, but also stayed consistent with how VTCs understand treatment.

> Sean: [VTC participant] is getting ready to get fired because the program's intense, you know? You're doing UAs and you're doing a lot of treatment during the week and it takes a very understanding employer, and this guys [employer] just had enough.
>
> Interviewer: How do you feel that works in terms of the court demands, and the treatment program and people trying to stay employed?
>
> Sean: Well I'm convinced, just through my own experience, that your sobriety has to come first…and that's kind of the court's take on it. It's kind of a double-edged sword, you got to go to treatment, but then you got to go to work, you know? So my heart falls to some of them and that's why, that's my new quest is to start finding employers that are sensitive to that, start finding these veteran owned companies where I can actually tell them what's going on with these guys treatment, and I've found a couple (pause) so it's going be an ongoing thing.

Here, Sean provides an account of the "double-edged sword" of VTC, providing an account of how the court physically controls bodies, but also reveals the discontinuities between civilian and military/veteran culture. Civilian employers are often unwilling to negotiate for time off, in part

because of ignorance of how demanding treatment for traumatic or substance abuse issues can be.

Strategic Masculinity

The data lead me to believe that that VTCs adopt "strategic masculinity" (Batnitzky, McDowell, and Dyer 2007; Ricciardelli, Maier, and Hannah-Moffat 2015) as a plan of action in which they work to redefine masculine norms, and enable veterans to have more life choices to produce a healthy lifestyle. Strategic masculinity is exercised in several ways; the court emphasizes how treatment is essential for recovery, is not a sign of weakness, and the court encourages veterans to both ask for help, and gain independence through accountability.

Strategic masculinity is employed immediately when veterans first enroll as a participant in a VTC; they receive explicit instructions from the judge, in which traditional notions of masculinity are reinforced, while others are reformulated. I observed the judge offer instructions on three separate dates when a new veteran joined the court, below is an excerpt from my field notes.

> The judge begins the docket with a new member, an active-duty army sergeant dressed in battle fatigues, accompanied by an older woman. The sergeant stands at the podium, front and center in the courtroom. The judge asks him to tell the court about his time in the service. The sergeant responds that he has been in the military for seven years, has deployed to Iraq and Kuwait and visited several other countries. They joke about going to Ireland. The sergeant receives a "hooah" [army chant] and a round of applause from the court staff and members of the audience, including the

other veterans. The judge then goes on to say, “if you have to be at a courthouse, this is the best place to be” and acknowledges how the entire VTC staff are either veterans themselves or well-versed in treating veteran issues. To assure the sergeant, the judge tells him the court staff are acting in his best interest. The judge next offers two points; his first, a story of how veterans understand what it is to deal with 110-120 degree heat [such as in Iraq/Afghanistan], when civilians have difficulty picking out shoes at the mall. The judge says, “trust us, that we’ve got the experience.” His second point is that veteran court is more difficult than other courts but that “it is the right way to go.” The judge then charges the sergeant to obey two general orders:

1. No BS, be honest, because we[the court] know [control of the body through UA and physical control],
2. Go to treatment, this a treatment court, treatment is not optional. The expectation is that to be successful you must not only go to treatment, but also be engaged.

This exchange between the judge and a new VTC participant demonstrates how the court begins socializing veterans to gain experience re-socializing into civilian society, with law-abiding, masculine behavior. This also helps establish the legitimacy and authority of the court. By emphasizing the role and importance of treatment, the judge actively works to oppose gender norms, such as the feminized role of treatment (Smith 2006). The judge simultaneously reinforces masculine norms such as asking about the sergeant’s war narrative and assuring mutual understanding of military culture, emphasizing the rigor of veteran court compared to traditional criminal courts, and challenges the sergeant to obey two orders (accountability).

By giving veterans a space to interact and bond, as well as emphasizing the role of treatment, VTCs enable veterans by providing them with more life choices as their re-socialization experience progresses. Many veterans maintain a mindset where they ignore and neglect pain or injury. For example, many participants I interviewed reported they had lied on the post-deployment health assessment (PDHA), which is administered to all returning service-members coming from combat zones. The assessment is mandatory, and seeks to identify early symptoms of PTSD/TBI and depression, among others. The following three examples offer a good description to illustrate how veterans are socialized to think about mental and physical injuries while in the military, and how that socialization may have contributed to their criminal behavior in civilian life.

> Tucker: [response to which questions he lied about on the PDHA] a lot of like the mental health questions, they'd [assessment] be like you know 'is like stuff bothering you? are you having a rough time sleeping?' I'd be like 'NOPE fully good, getting a full nights rest everytime, I am 100% okay, I'm ready to go round two,' you know i had that mentality, answering all those questions. And then also just from knowing that if anything's wrong with you there could be a chance you'll be moved away from all your buddies, you know? You're gonna be that guy that's trying to get out[from deploying].

Tucker deployed to Afghanistan twice. He attempted suicide once after his second deployment, failed to adapt to the Army's Substance Abuse Program (ASAP), and was discharged. During our interview, Tucker confessed to seeking help while in the military, but his command leadership told him that he should simply drink until he fell asleep as a means of coping with haunting war memories. Not only was Tucker socialized to ignore emotions, he was also taught to drink as an

acceptable way to address PTSD. As a newly discharged veteran, Tucker kept a bottle by his bedside in the event he had a nightmare. One evening, following an episode of drinking, he was arrested for DUI and menacing; after crashing his vehicle, and, in a drunken state, he became hostile with police officers, even referring to one derogatorily as a "Muslim." Speaking with him months after the event, he was insightful and humorous, but told of how he still struggles with how the military socialized him to become a killer and to demonstrate hatred toward a race, and then failed to help him reintegrate after he performed the task they trained him to do.

In another example, Fred, an army veteran who deployed numerous times and engaged in heavy fighting overseas explains the experience he had. Despite suffering from PTSD and alcoholism, Fred refused to admit anything was wrong.

> Fred: [discussing the PDHA] Honestly, those were just kind of, I felt at the time, were just a check in the block. I wasn't really honest with them, you know what I mean? I just wanted to get through it and get on with my life. You're usually on the half day schedule for a while when you come back and the post-deployment assessment is something you have to do and it's just like, 'I just want to get it over with' so you know? (pause) If you answered 'yes' to if there's something [wrong] with health then they ask you to come back and it's just not what I wanted to do.

Lastly, Adam discusses his experience with the PDHA and the advice he received from his chain of command. Again, this reiterates the culture of the military.

> Adam: (chuckling) it was kind of like a joke with all the guys in my squad, like how fast we could get it done because we were just gonna write zero's on everything…there was a whole bunch of rumors going around on all the bullshit that they were going to

have us do if, you know, we were diagnosed with possibly having PTSD, and how it would affect our lives forever, and how we would never be able to own a weapon and things like that. So we just went, a lot of us didn't even read the questions we were just like 'zero, zero, zero, zero, never, never, never, never' and turned it in, and went on with our day.

Interviewer: [can you remember attending any suicide briefs or classes to address issues you may have faced reintegrating to civilian life?]

Adam: Yea umm (chuckling to himself) it's funny you mentioned it, the main thing I remember about the class we had in like the week transition period in Iraq at a base, before flying back, was to wear condoms and to drink a lot, (laughing) that was what stuck out to me….[who taught the class?] I want to say a Master Sergeant, or like a 2 or 3 star General. Like someone pretty high up just like, 'don't worry about it guys just drink a lot, wrap it up.'

The above examples demonstrate how socialization into the military does not allow an environment for people to discuss or treat injuries. By using strategic masculinity, the court can transform how veterans conceptualize masculinity to a version that makes treatment more acceptable by portraying it as a "mission" that needs to be accomplished. Masculinity is defined in part by strength, and as demonstrated above, the inverse of denying all and any forms of weakness, including pain. During interviews, I asked veterans how they would define "weakness" as well as how they felt about admitting to it. Kendra, a former army soldier who had deployed to combat zones four different times throughout her career offered the following explanation:

Kendra: I guess it depends like where you're at…you can't do it in the military, it's pointless. But I guess in [the] regular world you can…like no one goes to, or like gets help because they're gonna be considered weak and then everyone's gonna know, and then you'll be taken off missions, they won't send you to units that you want to go to. Like, there are repercussions for trying to get help, and you could possibly get kicked out too. I mean everyone, it's kind of like everyone just knows. Because like, it's if we're on a security team or something deployed, if someone's having like mental issues, we're not gonna keep em on the team. So they're gonna have to go back to their regular job or something that they probably don't want to do.

Interviewer: did you see anyone from you unit not ask for help and then, you know, wind up in a bad situation?

Kendra: Pretty much everyone yea**…**everyone that I knew that got out with me, everyone has been in trouble. for something [legal trouble].

Kendra understands that admitting to weakness, or to the presence of mental health issues, is equivalent to losing a job or a career. Kendra also acknowledges how no longer being in the military allows veterans space to conduct highly important work on themselves.

In the next few examples, veterans describe a changing view of weakness, one that is in line with the goals of the court. VTCs use "veteran mentors," a group of non-justice-involved veterans who support and help those enrolled in the VTC program. Tucker has not only adapted his view of weakness, but also pictures himself helping veterans in the future. It is not uncommon for a veteran to graduate from a VTC program, only to return to help other veterans by serving as a mentor.

Tucker: [admitting to weakness] It sucks man, it's a hit to the pride, hit to the ego… I try to look at it as more of a strength than a weakness, just the stuff that I'm going to have to deal with everyday is just, I'm that much stronger than your everyday, your normal person, or your person who's never been through, you know like take a walk in my shoes for like the past six, seven years, like they've never been through all that… further down the road man i might be able to help somebody in the same situation or even worse than me, like 'hey look at me, I've been there, I have ptsd, I deal with depression, alcoholism, I deal with that on the daily, I could tell you it's not gonna be an easy road in front of you but it's the only road that's ahead of you right now is sobriety.' You know? Maybe i could say that to somebody someday.

Brett also expresses a shifting view of masculinity and what defines weakness.

Brett: I didn't like it before, [admitting to weakness] but now I don't mind it. [mumbling inaudibly].. you know if i'm weak at something (pause) I think admitting to weakness makes you stronger so..

Interviewer: [how so?] being vulnerable?

Brett: [Nodding in agreeance] asking for help..

Interviewer: You say you didn't like it before, can you explain that?

Brett: I thought it made me less of a man..

Interviewer: in what ways?

Brett: uhh [mumbling inaudibly, long pause] just overall, you know I don't know how to [nervous chuckle] that it made me weak.

Interviewer: like asking for help made you feel weak?

Brett: yea like you're stupid, I don't know how to put it in to words...

The last example, from Tony, demonstrates how the court applies strategic masculinity to physically control bodies and discipline them through re-socialization.

Tony: My aspect on weakness has changed, it used to be someone that gets help, but now it's kind of opposite with me. Someone that doesn't want to get help, or someone that's not willing to take care of their issues, I think is a weak person because it takes a lot of courage to step up and say 'I need help'

Interviewer: So what's driven that? in terms of your changed opinion on that?

Tony: Well just the feeling, the feeling in the praise you get when you do finally ask for help. If you ask for help and you really need it, it's just it's an awesome feeling because people respect that, you get a lot more respect, you don't get seen as weak anymore. You get seen as a strong person for asking for it. I think anyone is a strong person that is willing to work on their issues to become a better person. In the past it was like 'if you go to sick call you're weak' 'you go get help for this you're weak' to stuff like 'Oh I can do it on my own' and it changed as I started getting help. It's praise, it's really praised so..you get a lot more out of it.

Interviewer: so just that positive reinforcement?

Tony: yea positive reinforcement

Interviewer: Does that really come from the vet court?

Tony: Well [the judge] sees it for sure. He sees that you're not trying and you're not asking for help or anything like that, he'll put you in jail. He'll put you under the jail. But if you say, if you like miss a drug test or you miss a class or something like that, or you

> start messing up, or you start using again, or you relapse and you don't tell anyone about it, he get's really pissed and you get in a lot more trouble. But if you just go up to the guy, the judge or to the probation officer and you say 'hey, you know like I'm starting to fuck up I really need help and I don't, I can't do it by myself', and then he ends up really relieving it and they'll actually help you and try to get you the help you need. So it's pretty cool, yea. The judge just wants to see you get better, just get better and straighten your life out. I mean he's not out to hurt you, but if you don't ask for help, you're not going to get it.. so.

These examples demonstrate how VTCs actively work to defy traditional gender norms and emphasize the feminized role of therapy. Creating an environment that upholds many traditionally masculine norms, such as camaraderie and sharing of war stories, allows veterans to safely test out different notions of masculinity to produce a healthy lifestyle. The emphasis on sobriety sharply deviates from the culture of the military, which encourages drinking.

CHAPTER 7

Discussion

Veteran treatment courts use their power to enforce their own agenda of reducing recidivism while simultaneously enforcing treatment, which is the agenda of the medical institution. Similar to the involuntary functions of the human body, such as breathing and blinking, power within the medical institution exists and functions behind the scenes. Because VTCs have legitimate legal authority, they advance the medical institution's agenda of lowering rates of suicide, substance abuse, and alcoholism through strategic masculinity. In this way, they re-socialize bodies to be disciplined and controlled, thereby making them maximally productive and useful to society.

In this way, VTCs add nuance to Cockerham's model. In the first box of Figure 3, I classify veterans as a collective, especially within a VTC. Many struggle with employment, housing, and sobriety. During one court hearing, I observed a new veteran who first introduced himself to the court, and afterwards went into the crowd and hugged another veteran. It turned out that they had served in the same platoon and had deployed to Iraq together several years ago. Despite performing different occupations, as veterans, they share a unique camaraderie. Thus, in box 2, the socialization and experience section is previously defined for veterans by hegemonic masculinity, reinforced and ingrained by military culture. VTCs alter this and "re-socialize" veterans using strategic masculinity. What follows from both the collective experience as a veteran and the resocialization utilizing strategic masculinity, is a different set of life choices (box 3 - agency) and chances (box 4 - structure). VTCs enable veterans to function in society through

a different set of norms and values regarding their masculine performance. The treatment and control of the body offered to veterans through VTCs works in tandem with the medical institution to connect veterans to a host of institutional and individual resources, thereby providing an alternative set of life chances (box 4). Veterans may be better able to adapt to the court mandates due to their previous socialization and experience in the military. For instance, military recruits are extremely supervised as they go through boot camp; deployed service-members have little to no control over what happens to their bodies while on deployments, such as following orders despite the inherent dangers that may accompany such orders. Thus, the structure of the court can be understood as an extension of the influence of military culture; veterans may be annoyed and frustrated by having to complete UAs but they accept their limited control and comply with court standards.

By reformulating masculinity, VTCs can produce a different habitus, one that allows for productive and law abiding action. Veterans buy into the masculinity offered through the court, most eventually attend treatment, and almost all the veterans I interviewed offered a changing description of their viewpoint on weakness. By doing this, the court completes Cockerham's (2005) paradigm and supports the strategy of using strategic masculinity to accomplish lower crime and suicide rates.

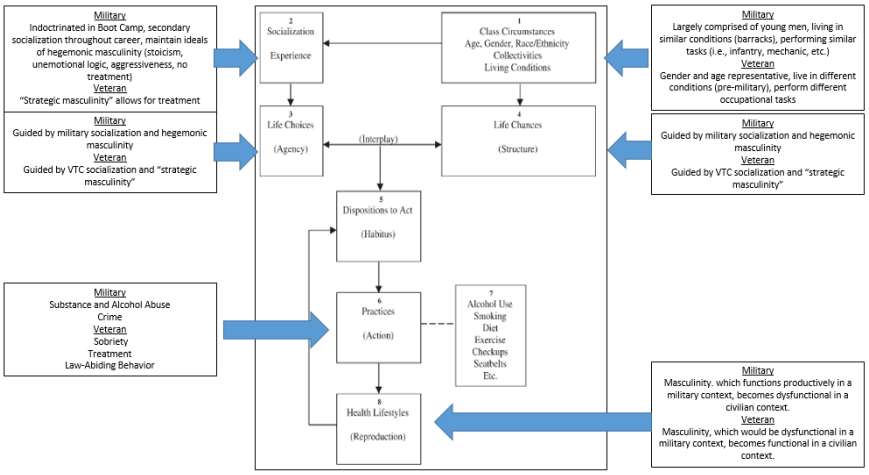

Figure 3: Health Lifestyles Theory and Strategic Masculinity

When service-members exit the military, they begin new and challenging lives in mainstream civilian society. Most veterans can use the military as a "turning point" (Laub and Sampson 2003); however, large numbers of veterans do not adapt to civilian culture appropriately, resulting in a host of negative outcomes (homelessness, suicide, arrest, incarceration, etc.). For the last several decades, the criminal justices system's response for treating substance abuse and mental illness has involved criminalizing and incarcerating millions of people. Veterans are one population with a significant prevalence in the nations prisons and jails and are also plagued with suicide; but as awareness of veteran issues such as PTSD and traumatic brain injuries continues to grow, so too does a more humane legal approach.

This study contributes to the growing literature on VTCs, arguing that courts strategically adopt and use a masculine framework to accomplish their agenda of lowering rates of crime and suicide, thus demonstrating how mobile power tactics can work at both the individual and institutional level as a means of achieving social control. This paper also demonstrates how this process unfolds, thereby supporting the health lifestyles theory of producing and reproducing behaviors consistent with societal norms and values. Furthermore, because veterans represent

a geographically diverse population, VTCs should take note of how reformulating notions of masculinity allows veterans space to heal and address the issues contributing to their criminality. VTCs differ considerably; for instance, one court in Colorado exists as a track of the county drug court, whereas another started exclusively as a “trauma” court for veterans. Regardless of the type of VTC, however, using a tactic of strategic masculinity responds to the needs of veterans reintegrating to civilian life and holds promise for producing positive outcomes. The omnipresence of masculinity throughout society suggests its ability to encourage (or discourage) healthy lifestyles. Since this research is limited to the narrow scope of VTCs, researchers should examine the repercussions of such masculine performances across a host of sociological subfields.

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