



The Experience of Counterproductive Leadership on Mental Health and Impact on Retention in U.S. Marines: A Phenomenological Study

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Abstract

This qualitative interpretative phenomenological study explored how counterproductive leaders influenced psychological distress and retention decisions in U.S. Marines. By way of semi-structured interviews and purposive sampling, it provided an in-depth understanding of service members' experiences with counterproductive leaders and how those experiences contributed to psychological distress and their decision to leave the service. Results showed that working for a counterproductive leader produced clinical symptoms of depression and anxiety while exacerbating other mental health issues like posttraumatic stress disorder, increased anger, frustration, and maladaptive coping mechanisms like alcohol use, influenced suicidal thoughts and ideations, decreased self-worth, confidence, self-efficacy, and work motivation, and decreased trust in senior leaders and colleagues. The findings from this study add to the literature on the negative implications counterproductive leaders have on service members and can be used to help develop military leaders, leadership curricula, and intervention policies.

Keywords: Counterproductive; Leadership; Military; Marines; Mental Health; Retention

Abbreviations

VA: Veterans Affairs; PTSD: Post-traumatic Stress Disorder; CBT: Cognitive Behavioral Therapy; DBT: Dialectical Behavioral Therapy; PME: Professional Military Education.

Introduction

The U.S. Marine Corps is one of the most powerful military organizations in the world. It has fought against adversaries in defense of the country's freedom since 1775 and has proven itself to be a superior fighting force. In recent years, it has struggled to retain personnel, causing interservice

turmoil, excess stress on personnel, and financial stress on the institution [1]. Many factors affect retention issues like the availability of dependent care, competitive civilian employment opportunities, family planning, work schedules, job dissatisfaction, organizational culture, and quality of life [1], and many resources like fee assistance programs for childcare, reenlistment bonuses, and policies supporting family planning have been implemented to alleviate these issues [2]. However, the Marine Corps has yet to implement effective measures to decrease the predominance of counterproductive leaders which has negative mental health implications, job dissatisfaction, quality of life, and may also be contributing to retention issues.



Definitions

Counterproductive Leadership

Refers to leadership traits that prevent a working environment conducive to mission accomplishment [3]. Counterproductive leaders display abusive, self-serving, incompetent, and erratic and corrupt behaviors that decrease followers' well-being, engagement, morale, commitment, cohesion, effectiveness, readiness, and productivity, and ultimately undermines the organization's readiness and ability to accomplish the mission in the long term [3]. Toxic leadership refers to leaders who prioritize their own interests, exercise power abusively, create an unhealthy work environment, and damage trust, morale, and organizational effectiveness [4,5]. They display self-centeredness, authoritarianism, little to no empathy, bullying and abusive behaviors, unfair treatment, and are resistant to feedback [4-9].

Demographics

In the Marine Corps, men significantly outnumber women in both numbers and percentages. In 2022, 90.6% of the force were men and 9.4% were women [10]. Additionally, 80.1% of enlisted members and 81.4% of officers self-identified as White, 25% of enlisted and officers members (collectively) self-identified as Hispanic or Latino, 11.7% of enlisted members and 5.9% of officers self-identified as Black or African American, 3.5% of enlisted members and 4.1% of officers self-identified as Asian, 1.4% of enlisted members and 2.5% of officers self-identified as multi-racial, 1.2% of enlisted members and 0.7% of officers self-identified as Native Hawaiian or Other Pacific Islander, and 1.2% of enlisted members and 1.1% of officers self-identified as American Indian or Alaska Native [10].

Implications of Counterproductive Leadership

This topic is important because the military faces its most challenging recruitment environment in 50 years [1]. Only one in four people in the United States meet military recruitment requirements [1], which means that as service members transition off active duty, the military branches have difficulty replacing those individuals, leading to personnel shortages, increased workloads, and stress amongst active-duty personnel who attempt to fill the gaps. This stress can have acute and long-lasting effects on mental and physical health [11,12] and be more costly to the institution because of the amount of time and money it takes to train personnel. For example, the cost to train some cyber professionals is approximately \$220,000 to \$500,000 over a period of one to three years [1]. The Department of War cannot continue to financially support these training costs; it must retain its members.

Impact of Demographics to Mental and Physical Health

Both men and women of all ranks are subject to experiences with counterproductive leaders. However, some data suggests women and individuals in lower ranks may be more impacted. In Marmot M, et al. [13], authors studied the association between employment grade and health problems in 10,314 British civil servants, the equivalent job positions of U.S. Marines. This study is relevant because it shows the correlations between grade of employment (i.e., military rank) and health inequities when workers encountered leadership like what this study explored. Results showed that individuals in a lower employment grade (i.e., lower military rank) had more prevalent health problems like angina, ischemia, and symptoms of chronic bronchitis, reported having less satisfaction with their work situation, less control over their work lives, less varied work, working in a fast-paced environment, less social interaction with family members and friends, having fewer hobbies, and more financial difficulty than those in a higher employment grade [13]. Additionally, people in lower employment grades perceived their health to be worse and were at an increased risk of participating in health-risk behaviors like smoking, poor diet, and lack of exercise compared to those in higher employment grades [13]. Collectively, this study showed disparities between people who work in higher and lower grade employments, which is comparable to the military hierarchy, and its association with negative health outcomes.

Other studies show associations between women's experiences and increased risk of poor mental health. Women who experience high rates of gender discrimination and gender microaggressions are more at risk for mental health problems like depression, anxiety, trauma, and lower self-esteem [14-17].

Stress and Performance

Chronic stress is defined as a "consistent sense of feeling pressured and overwhelmed over a long period of time" [18]. Symptoms include aches and pains, sleep disturbances, low energy, difficulty concentrating, irritability, changes in appetite, increased substance use, and emotional and social withdrawal [19] and has been linked to physical and mental health issues like inflammation, cardiovascular dysfunction, diabetes, cancer, autoimmune syndromes, and depression and anxiety disorders [19].

Counterproductive leaders can influence experiences of chronic stress which can lead to symptoms of anxiety and depression, emotional exhaustion [20-22], reduced self-esteem [23], burnout [24], and sleep disturbances [20,25]. Symptoms of depression are also associated with decreased

productivity at work, increased mistakes at work, decreased ability to meet work deadlines, increased absenteeism from work, lower morale, increased conflict with coworkers and supervisors, and increased medical and mental health care utilization [12]. An analysis of absenteeism and stress at work revealed that participants who reported significant job stress missed an average of three days of work, those who reported suffering from some symptoms of depression reported missing an average of two more days of work, and those who reported suffering from severe depressive symptoms reported missing almost five more days of work, compared to those who reported no symptoms of job stress or depression [12].

Substance Use

Exposure to counterproductive leader behaviors can also lead to greater instances of alcohol use [20,26] which increases the likelihood of chronic diseases [27]. These mental and physical health ailments negatively impact military readiness by decreasing work performance, ethical compliance, attention, concentration, cognition, motivation, self-efficacy [12,28], and innovation [28,29] among U.S. Marines. Under counterproductive leadership, followers may cope by increasing their use of substances like alcohol [20,26], illegal drugs [30], and nicotine [20,30], which increases their risk for disease [27] and negatively impacts their overall health. Multiple studies show a positive correlation between alcohol consumption, stress levels, and avoidance coping [20,30-34] suggesting the more stress individuals endure, the more likely they are to consume more alcohol and use maladaptive coping strategies.

One study conducted on Marines showed that 25% of Marines who had no history of addiction diagnoses [alcohol and tobacco use] before they endured a high-stress duty station received an addiction diagnosis during or after their assignment, compared to Marines who did not endure a high-stress duty assignment [20].

Interpersonal Relationship Distress

Counterproductive leaders can negatively affect interpersonal relationships by influencing maladaptive coping behaviors. Experiences with counterproductive leaders can increase partner and familial conflict, causing increased stress at home, which then causes higher work-life conflict [22,35,36]. In some cases, high-stress work environments can influence divorce [20].

Negative Attitudes

Other studies show that counterproductive leader behaviors trickle down two levels below the immediate

follower, thereby increasing workplace group deviance [37,38]. Because leaders shape organizational context and influence follower's perceptions and responses in their work environment, when leaders fail to set the appropriate standards, uphold and enforce regulations, and mistreat others, it shapes the climate so that others think such behaviors are appropriate, causing deteriorating effects in the unit [5,39].

In Tepper BJ [22], the author found that counterproductive leadership is attributed to employees' negative attitudes in the workplace. More negative attitudes were associated with those who had less job mobility and were attributed to the notion that employees felt trapped in their jobs with no alternative solutions to escape from their boss [22]. This finding is significant because U.S. Marines are unable to relocate or change jobs when they experience distress in the workplace. They must fulfill their obligation and must endure the distress of a counterproductive leader until they or their leader relocates.

Gender Differences

Research suggests women service members are subjected to workplace discrimination not experienced by their male counterparts. In Brown EK [40], the authors found that women faced more gender-based scrutiny and discrimination than men, the military is inadequate in responding to military sexual trauma, and women's needs are commonly disregarded by leadership. Women also report more workplace challenges than men including perceptions that women are unequal to men, difficulties working in a male-dominated culture [40-42] and experiencing more gender microaggressions. Women who experience gender microaggressions can show an array of emotions like anger, sadness, belittlement, frustration, and alienation [42], which can lead to isolation, incivility, decreased work performance, and low motivation in the workplace. It is also correlated with greater symptoms of depression, particularly in enlisted members compared to officers, suggesting enlisted women experience a double stigma of gender and rank [17].

Retention Issues

In 2021, the nation's military retention rate was 55% [43]. From 2005-2021, the number of voluntary separations significantly outnumbered other reasons for separating from the service [10]. In 2021, 43% of the Marine Corps' active-duty separations were voluntary [10]. Retaining personnel is crucial to the Marine Corps' mission because it ensures a high state of trained personnel and readiness and reduces financial costs associated with recruiting and training new personnel [44]. In 2019, the Department of War spent \$2 billion on recruiting and recruit training [44]. If retention rates were higher, some of these funds could have been reallocated to other institutional needs.

The Marine Corps needs to address counterproductive leadership from a retention perspective because research shows that employees who experience burnout are three times more likely to actively search for another job compared to those who do not report burnout, and those who feel burned out are less likely to go above and beyond what is expected of them at work [24]. Additionally, the recruiting environment the worst it has been in over 50 years [1]. Seventy-one percent of young Americans are disqualified from service due to obesity, substance use, and criminal records [45]. This means that as service members transition off active duty, it has become more difficult to replace them, which negatively impacts personnel readiness.

Military Sexual Trauma

Military sexual trauma [MST] refers to “any incident of sexual harassment or sexual assault during the course of military service” [46]. This includes harassment or assault that occurs on or off a military installation, and regardless of if the perpetrator was a member of the military. Military sexual trauma remains a persistent concern for Marine Corps leaders because of its negative impacts on the biopsychosocial, physical, and occupational health of its members.

It is difficult to determine the exact prevalence of MST because of the methodical differences across studies. Additionally, much of the literature focuses on the impacts on women and lacks as much information about men. According to data collected by the Veterans Affairs (VA), 1 in 3 females and 1 in 50 male service members experience MST [47]. However, Wilson LC [46] found that the prevalence of MST is actually higher than the reports from the VA. Additionally, men are less likely to report incidents of sexual assault or harassment, so statistics for men are likely higher than reported [48].

Impacts of MST Military sexual trauma impacts individuals differently. Not every victim endures long-lasting adverse consequences; however, a substantial amount does. As a result of MST, the most reported mental health issue is post-traumatic stress disorder (PTSD), which is commonly comorbid with other mental health disorders like major depression, anxiety, eating disorders, substance use disorders, and increased suicidality [49-51]. Experiences of MST also exacerbate other pre-existing mental health conditions which can increase their severity, further complicating the issue [52]. Of importance, MST is an independent risk factor for suicidality [51]. According to Monteith LL [51], 68% of personnel experienced their first suicide ideation post-MST and 75% attempted suicide for the first time post-MST. Other physical health impacts of MST include increased risk for chronic disease like diabetes

mellitus, hypertension, obesity, cardiovascular risk factors [50], chronic pain [49], and impaired reproductive health and sexual functioning [52-54].

Leadership involvement in MST In the military, there are two types of reports a service member can make: restricted and unrestricted. When the report is restricted, the chain of command is notified that an incident occurred but does not receive personally identifiable information about the victim or the alleged offender, and an investigation is not triggered [55]. When the report is unrestricted, the chain of command is notified that an incident occurred and receives personally identifiable information about the victim and alleged offender, and Department of War law enforcement initiates an investigation [55]. A victim who makes an unrestricted report can receive advocacy, legal, and medical services and is also eligible for an expedited transfer to another unit [55]. Victims who make a restricted report are not eligible for an expedited transfer.

Because of the service member’s command involvement in reports of MST, many victims may be afraid to report the incident. Many are fearful of reprisal, including the possibility of additional violence, demotions, and unwanted job reassignments, as well as being ostracized, isolated from peers, losing support, and disrupting unit cohesion [56-58]. In cases when the victim remains at the same command with the alleged offender, it can compound distress, lead to complications in seeking help and safety [59], and make the victim feel even more isolated and unsupported.

Furthermore, research shows that individuals who filed unrestricted reports reported more perceived social and professional retaliation [48]. In Morral AR, et al. [60], authors found that 52% of female victims self-reported that they experienced social retaliation and professional retaliation, adverse administrative actions, or punishments for violations associated with the sexual assault. Research also shows that women report more instances of retaliation than men, and more perceived professional retaliation when the perpetrator has authority over the victim [i.e., a supervisor] [48].

Method

This study used a qualitative phenomenological approach to examine how counterproductive leaders impacted the biopsychosocial well-being of U.S. Marines and the extent to which their experiences influenced their decision to leave the service. Before conducting the study, the researcher obtained approval from the Alliant University Institutional Review Board. Semi-structured interviews were conducted to answer the following research questions:

- How does working in an environment with counterproductive leaders influence mental health related symptoms?
- How do counterproductive leaders influence reasons why service members leave the military?

Participants were selected by way of purposive sampling and were recruited through Facebook, Instagram, and LinkedIn. Recruitment flyers were posted to the researcher's personal Facebook, Instagram, and LinkedIn accounts, as well as in the following military- and veteran-only Facebook groups: Vets Mentoring Vets, Female Marines, Female U.S. Marine Corps Officers, Marine Women's Initiative Team, USMC Reserve Leadership Collective, and LiboRisk. Participants

were recruited until saturation was met. To participate in the study, participants met the following inclusion criteria: 1] voluntary separated from service; 2] self-reported exposure to leaders who displayed abusive, self-serving, incompetence, and erratic and corrupt behaviors; and 3] served on active duty in the U.S. Marine Corps after January 1, 2012. There were 14 participants ages 32-50. Eight participants identified as male and six participants identified as female. Thirteen participants identified as straight, and one participant identified as gay. Nine participants identified as White, three participants identified as Hispanic, one participant identified as Multi and one participant identified as Hispanic and White. Demographics can be found in Table 1.

ID	Age	Gender	Sexual Orientation	Ethnicity	Length of Active-Duty Service	Grade at Time of Discharge
PPT 1	40	Male	Straight	White	20 years	E-7
PPT 2	43	Female	Straight	White	20 years	O-5
PPT 3	44	Male	Straight	White	22 years	E-8
PPT 4	32	Male	Straight	Hispanic	9 years, 4 months	O-4
PPT 5	42	Male	Straight	White	5 years, with additional periods of active service in the SMCR	O-3
PPT 6	35	Female	Straight	Hispanic/White	10 years	O-4
PPT 7	36	Female	Gay	White	7 years	O-3
PPT 8	46	Male	Straight	Multi	23 years	O-3E
PPT 9	46	Male	Straight	White	10 years	O-3
PPT 10	43	Male	Straight	White	24 years	CW03
PPT 11	33	Male	Straight	Hispanic	11 years	E-6
PPT 12	40	Female	Straight	Hispanic	4 years, 14 reserve with some active time	O-2/Active O-5/Reserve
PPT 13	50	Female	Straight	White	20 years	O-5
PPT 14	45	Female	Straight	White	20 years	CW02

Table 1: Demographics of Interviewed Participants.

Participants who responded to the flyer and met study criteria were contacted via email to schedule an interview. They were required to sign an informed consent form which described limits of confidentiality, a description of the study, what participating in the study involved, how the interviews will be recorded, how information will be maintained and destroyed, participant rights, and the risks and benefits associated with participating in the study.

Interviews were conducted on Zoom and lasted no more than 75 minutes. The following questions were asked to each participant:

1] What characteristics did you look for in a supervisor while

serving in the military?

2] Describe to me negative characteristics in a supervisor in the military.

3] Describe to me a situation when you were negatively impacted by a supervisor in the military.

3a] How did it make you feel?

4] Describe to me a situation when you were positively impacted by a supervisor in the military.

4a] How did it make you feel?

5] How did the negative interactions with the supervisor impact your mental well-being?

6] Discuss with me on how you came to the decision to leave

the military.

7] In what way did negative characteristics in your supervisor play a role in you leaving the military?

To analyze the interview responses, the interviews were recorded on Zoom and transcribed into individual Word documents. All video recordings and documents were saved to the researcher's computer where it was stored password protected for no more than one year. The researcher de-identified the documents before analyzing them in NVivo. Then, the researcher used NVivo to analyze the data for

similar patterns, trends, and themes.

Results

The following tables display the themes that emerged from each interview question. Of note, there were no salient differences between officer and enlisted responses. All participants who were officers discussed experiences with other officers and all enlisted participants discussed both officer and senior enlisted leadership experiences (Tables 2-8).

Theme	Definition	Supporting Quotes	Percentage PPTs
Effective communication	Leaders who are clear, concise, transparent, and adapt their communication style to their audience.	"They're more confident and competent in themselves and what they could do, and I felt like they were more successful in effectively communicating with different styles of Marines, like, basically shifting and adjusting their communication styles to meet the needs of each individual, to really kind of bring together the entire team into a cohesive unit, rather than just the authoritative 'I'm doing this because this is what I told you to do, and this is why we have to do it,' kind of thing." [PPT1]	71%
		"Things that I valued from my supervisors were when they were straightforward with me, like, just straightforward and honest, and like, 'Hey, these are my expectations. These are the big things that I care about and this is why I care about them...this is what I think our overall goal is, our mission,' not just in one specific thing but in general...this is kind of the path that I see us on for the next 6 months, 12 months, kind of depending on where we were." [PPT2]	
Honest, supportive, and personable	Is honest, person-centered, and personable with subordinates.	"Somebody who's honest, who actually cares about your well-being and about the people below them. And that are willing to stick up for them and not be deceptive. Someone who can answer questions and not pretend to know what they're talking about. Somebody who can actually admit that they don't know the answer and either help you find the answer or go find the answer for you." [PPT7]	64%
		"She supported me and stood by me, even at her own peril in a couple of cases...she had to stand up for my actions... and she supported me to her higher headquarters, even to the point of getting a NPLOC herself. Getting, you know, some mildly bad paperwork as a Squadron Commander." [PPT9]	
		"...just being authentic and transparent." [PPT7]	
Competent and confident	Competent in job, seeks to learn from others, and displays confidence in personal appearance and decision-making.	"It's a competent individual. To me, the Marine Corps is a performance-based organization. For me as a leader, I didn't care what a person looked like or what they believed...I cared that they could perform. And that was the standard that I was looking for." [PPT8]	57%

Develops and mentors subordinates	Leaders who develop and mentor their subordinates while supporting their professional aspirations and advancement.	“The best leaders that I’ve had, and the things I expected, are ones that are supportive of your professional growth, even outside of the MOS, and the best leaders that I’ve had have set up opportunities for deployment or training or going back to the schoolhouse and getting additional certifications.”[PPT6]	57%
		“I would say somebody that was personable and receptive to input, who cares about the opinions of subordinates and wants to guide the team in the direction of success. Someone who doesn’t hold all the answers but leaves it up to the team to go in that direction. And, someone who is receptive and cares more about developing subordinates. The way they view it is if my junior Marines and my subordinates are successful, then overall the Battalion is gonna be successful. They don’t try to guide in the direction to appease others, they guide to develop subordinates. [De-identified name] did a really good job of showing them that you don’t have to come out in an authoritative position...he looked for feedback from others and just kind of weighted it all.”[PPT10]	

Table 2: What characteristics did you look for in a supervisor while serving in the military?

Theme	Definition	Supporting Quotes	Percentage PPTs
Ego-driven	Leaders driven by self-importance and image rather than service.	“Negative characteristics, I would say are hubris. Individuals who feel that they are entitled to their place or authority based off status or title rather than just being a good person. Individuals who feel that they deserve respect rather than having a reciprocal relationship.” [PPT1]	64%
		“Somebody that cares greatly about the perception of their higher and they’re more focused on what higher is going to think of them.”[PPT10]	
		“This guy had zero empathy and a super huge ego. He was only interested in making a name for himself on the backs of his subordinates.”[PPT4]	
Lacks ethics and moral standards	Leaders who lack integrity, honesty, and accountability, whereby fostering unethical or self-serving environments.	“I think, someone that kind of routinely makes unethical decisions has unethical motivations ... In the military, accountability is a big deal, and creating a culture where we don’t care about the accountability of our people and equipment leads to unethical behavior. So, stealing things, lying about bad news, that kind of culture. If you create a culture where we can’t tolerate bad news, then you also create an unethical culture where people end up lying about things, or falsifying things, or hiding things.”[PPT9]	57%
Abusive use of authority	Leaders who use authority to belittle, control, or exploit others.	“This guy would say all the time, ‘I don’t give a fuck,’ in those words, and would mean it...His expectation was that all SNCOs and officers’ time was his time. He would call me at all hours of the day, night, weekends, he had no boundaries, no respect for anybody else’s time, and it would be about things like, ‘Hey, how do I use this one tool?’ on a Saturday morning. Like, nothing was mission critical or anything.”[PPT4]	43%
		“They don’t hesitate to call somebody out in front of everyone with the sole purpose of humiliating them.”[PPT3]	

Poor communication skills and inflexibility	Leaders who are ineffective in communicating and inflexible in adapting to change.	"Chaotic...my way or the highway." [PPT13]	43%
		"I had more than one supervisor that would tell me one thing and then tell one of my male colleagues something completely different...it kind of came off like whatever I was told to execute was less important and kind of didn't matter, as opposed to my male, colleague. Another one was just not communicating. And by that I mean just communicating with one of the staff members and not everybody." [PPT2]	
		"Someone who is stuck in their ways. Like, this is how its been done, this is how its always gonna be done. Not hearing other people's ideas...people who are not adaptable." [PPT11]	

Table 3: Describe to me negative characteristics in a supervisor in the military.

Theme	Definition	Supporting Quotes	Percentage PPTs
Ethical and professional misconduct	Leaders who violate institutional standards, overwork subordinates ignoring human needs and welfare, and abuses authority for personal gain or convenience.	"And these SNCOs were kind of like, going out and fucking around with them, and getting drunk with these PFCs and everything like that. I was like, you shouldn't be doing that buddy. There's a level of separation that you need to maintain. And I brought that up to the senior SNCO, like hey man, all the other SNCOs are kind of going out and drinking with these Marines, and some of them were doing spice and shit with them, and I was like can we do something? Can you do something from your end with your peers and all? And his response to me was, no one gives a fuck. And that was the first time I had a hard reality of I'm not gonna help you...It was a gut punch and a hard revelation for me to try to process through." [PPT1]	79%
Abuse of power and disrespect	Leaders who use rank or authority to intimidate, humiliate, or demean subordinates instead of guiding them with professionalism.	"Yeah, a lot of name-calling, like calling you stupid...maybe cussed them out a little bit, like, you dumb motherfucker, what the hell are you thinking? That's the dumbest answer I've ever heard. I've been on the other end of that, too, and it's just deflating. I mean, there's regular ass chewings and then there's the stuff that's normally done in private." [PPT3]	57%
		"But this guy, during our battalion training, he would ask our Marines questions, and when he didn't like the answer, he'd go right into humiliating them in front of the entire battalion. He got to me a couple times. I know he was on the drill field, and I can't remember what he called me for, but he shouted at me, and all I remember is he said to me, I'm coming after your ass. And I just hung up the phone and I was just like, what is this dude's problem? But that's pretty much how it was with everybody." [PPT3]	
		"It's counterproductive if somebody, like, verbally berates you. You know, they're saying we're trying to build mental toughness, but that's not how it works. It builds resentment. I had one in particular...I was checking into a new unit and the Battalion Sergeant Major had a jar of black chevrons on his desk in a very noticeable place. And at this point I was already at Gunney and I thought about it, I was like, what is the point of memorializing your failures? That's how I looked at it. I mean, I had 22 years and I've been fortunate enough to only have to NJP maybe a handful of my Marines, and I always looked at those as a personal failure on my part. Nothing to brag about." [PPT3]	
		"He checked out [a drone] and was playing with it in base housing. There's no drone use in base housing." [PPT4]	
		"In my opinion, he bullied the OIC on the ground, who was a Captain, and he said in his defense, 'Well, the OIC let me do it.' I'm like, yeah, he was a Captain and you are a Lieutenant Colonel." [PPT4]	

Discrimination, bias, and harassment	Leaders who allow or engage in discriminatory, sexist, or harassing behaviors that undermine equity and professionalism.	"I had a battalion commander that was extremely erratic and misogynistic. When I was pregnant, he made fun of me for getting fat. He used to show me pictures of his wife, and he would say, 'You can be pretty too if you would just take care of yourself.'" [PPT14]	36%
		"Sexist. I had one where it worked out in my favor because he liked me, but he did things that were super questionable ... So, I'm at least 30 years younger than this dude and he walks into my office one day, and he's wearing silkies, and he throws his speed up on my desk, full frontal. I'm just like, hey, sir, how are you? Like, I do not need to see your..." [PPT13]	
		"I had one female Lieutenant Colonel who told me that I was toxically masculine ... And she took the rest of the company commanders on this trip to visit the logistical facilities and stuff, and I'd be left behind because she didn't like me. And at the end of my tour of duty there when she wrote my fitness report, she told me verbatim, 'You were head and shoulders the best company commander I have ever seen. But I don't feel like we ever got together very well personally because of your toxic masculinity, and that's why I wrote you as the bottom of my pile.'" [PPT8]	
Poor communication skills	Leaders who fail to provide clarity, guidance, or consistency, creating confusion and inefficiency.	"He would say, 'This is the training we want to do,' and then we would spend weeks doing this joint planning, and the MEU CO would be like, no, this is all fucked up, like, I just want a small thing so I can say I put people in this country, and then he would ride all the future ops planning staff. So he would give zero guidance up front, and then when they would create a plan that made sense, he would say, yeah, that's too big, I don't want to do that... And it ended up that the entire team was like, I don't even want to go and plan these operations because I can't get clear guidance going in on what we need to create. So then everybody on the team just felt like they needed to do enough so they weren't gonna get fired." [PPT10]	43%
		"During the deployment, we were doing counterinsurgency operations. I was ready [to go on patrol] and I was walking out of the headquarters and one of my fellow Captains comes running after me and says, 'Hey, CO wanted me to tell you you aren't going on the operation.' I go, 'What? I'm sorry?' He goes, 'Yeah, you can't go, you're a girl.' And I'm like, 'First off, why the fuck didn't he tell me this?' Like, no balls, zero balls. These are my Marines, I'm ordering them to go out and do these things. But I'm a girl, I don't have a penis, I can't go. ... And, it was just that poor leadership, like, something that big in a combat zone, you don't have the balls to tell me. I know you're not too busy. You probably just got done yelling at someone. How could you not tell me this?' [PPT13]	

Incompetence and image-driven leadership	Leaders who prioritize appearance over technical competence and mission success.	“They were scared of their supervisors, very results driven, and their people skills were lacking. So folks had a tendency to push people to their absolute limits because they didn’t understand what deployment did to folks on the ground level. So because they were out of touch and afraid of bad things happening, everything was very reactionary and punitive. ... Like, if they’re so eager to please their boss, they will drive people to the ground to do that.”[PPT12]	43%
		“When our unit would go out and we’d do these longer training exercises in support of battalion operations. And it’s the middle of summer, hot as balls. So my guys are out there doing a great job...and when they’d come off the gun line they’d drop their Kevlar’s, and one of my guys had a do-rag around his head to keep the sweat in, and other guys would cuff their sleeves so they could manipulate the .50 Cal or the MK19. And I remember that they were... it was, like, a week straight of this live-fire shoot...And then that night at the CUB, the only thing they brought up was the fact that Marines are going around looking like shit because they got cuff sleeves and they’re wearing do-rags on the range.” [PPT1]	

Table 4: Describe to me a situation when you were negatively impacted by a supervisor in the military.

Theme	Definition	Supporting Quotes	Percentage PPTs
Produced clinical symptoms of depression and anxiety while exacerbating other mental health issues.	Increased feels of hopelessness, worthlessness, dread, emotional dysregulation, feelings of panic, physiological tension, and suicidal thoughts and ideations.	“I was crying. I don’t cry very easily, especially not in uniform.”[PPT13]	64%
		“I was consumed by darkness. Like, I would have these periods that were extremely dark.”[PPT14]	
	“I drove home and cried for a year. Every day at 5 o’clock, you could time it. I remember passing the ASP, leaving [deidentified unit], and by the time I got to the ASP and on that road, I would be in a full blubbery mess.”[PPT14]		
	Note: exacerbated symptoms of PTSD with those diagnosed with PTSD.	“I suffered in silence a lot. I literally suffered in silence for 20 years.”[PPT14]	
	“We were like beaten dogs. Everybody was always anxious and on edge.”[PPT4]		
		“I felt dread wash over my body, but I couldn’t name it. It just felt like something washing over me all day long from 5 o’clock in the morning till midnight. And then having panic attacks and wanting to kill myself every day.”[PPT9] “I felt abandoned. I felt unsupported. I felt alone, I felt isolated.”[PPT14]	

Increased anger, frustration, and maladaptive coping mechanisms	Service members displayed anger, irritability, and maladaptive coping in response to stressors.	“The anger and the frustration definitely was there... I would tell my direct boss, it’s probably a good thing I’m on shore and not on ship because I would have already put my hands on this guy and went home. So, yeah, I would say, definitely angry.”[PPT10]	57%
		“She made one or two comments and I just blew up, and I was pretty nasty to her...But I just blew up and didn’t realize it until she started crying in front of everybody, and I was like, oh man, like, this is one of my really good friends, you know?”[PPT10]	
		“Oh, I lost my frickin’ mind when I was in Afghanistan because I didn’t have a chief. I didn’t feel like anybody had my back...after like, the eighth time of being told I was gonna be fired over some shit that wasn’t my fault, I had panic attacks in the country. Like, nobody has your six, and you feel completely responsible for everything...Like, it affected me years later that I had to frickin’ EMDR this shit before I went to AT so I wouldn’t lose my mind.”[PPT12]	
		“My go-to was Johnny Walker. Didn’t matter what label it was. Saturday nights I would down an entire bottle. It wasn’t a fun kind of drinking, it was just pain, you know, to escape, self-medicate.”[PPT3]	
		“I had another scenario in Okinawa where I crashed out. And no one fucking helped me, no one supported me. I was at the point where I was in my apartment and I would drink wine probably like, three times a week, just trying to fucking cope, not knowing that it’s probably also hurting me.”[PPT14]	
		“I would have nights where I’m like, this is terrible. I would go home and I would drink, and I’d just be like, I just need to forget everything that happened today and just move on from it.”[PPT14]	
Loss of trust in senior leaders and colleagues	Counterproductive behaviors destroyed confidence in leadership and the institution.	“I didn’t trust anybody, I didn’t trust anybody above me.”[PPT5]	57%
		“It made me really mistrustful of senior leaders. I mean, I realize they’re all human, but I think it made me a lot more guarded. It made me a little bit more jaded about people’s competence and their motives.”[PPT6]	
Decreased self-worth, confidence, and self-efficacy	Counterproductive behaviors eroded self-confidence, professional identity, and self-concept.	“I felt like I wasn’t valued and my concerns were dismissed.”[PPT2]	50%
		“I would feel like I just wasn’t good enough... definitely a lot of anxiety.”[PPT11]. “And I have this feeling that I’m a failure.”[PPT14]	

Decline in motivation and work performance	Emotional exhaustion, loss of trust, and burnout resulted in reduced engagement and performance.	“I’d quit doing anything and then just turn the deployment into a vacation, pretty much. Like, okay, if you don’t like what I’m doing then I just won’t do it. I’ll travel Europe on your dime, I’m fine with that. I would get to a point where I would get super pissed off, and then finally I would hit a point where I’m like, oh, well, I just won’t care about it.... Like, why even do this stuff? Because it isn’t gonna matter because the dude doesn’t want it. Or, he’s just wasting our time because he didn’t give guidance, and when we build this, you know, he’s gonna tell us we’re all fucked up, so why even do it?”[PPT10]	36%
		“So yeah, I definitely just felt like I just wasn’t good enough. I felt tense driving. I felt, like, sometimes irritated for no reason... I wouldn’t sleep. I would sometimes feel like I just wanted to drop everything. Not in a suicide way, but I wanted to just drop all responsibility. I just wanted to pass it on, wanted to give up, essentially. I wanted to stop trying to be my best.”[PPT11]	
Influenced suicidal thoughts and ideations	Produced suicidal thoughts and ideations in individuals with no historical risk behaviors while exacerbating symptoms in those diagnosed with PTSD	“No attempts, but I definitely had thoughts of like, maybe this would just be easier if I weren’t around a couple of times.”[PPT12]	29%
		“As close as I had to a plan was leaving my weapon in my office and running around the perimeter and hoping [someone would shoot me] because the Bastion attack had just happened a little bit prior. I hoped that another attack over the fence line happened.”[PPT9] “I was suicidal at the end of working for him.”[PPT4]	

Table 4a: How did that make you feel?

Theme	Definition	Supporting Quotes	Percentage PPTs
Trust, support, and human-centered leadership	Effective leaders demonstrated trust in their subordinates, encouraged professional growth, empowered decision-making at the lowest level, and advocated for their needs.	“I had a couple people that really could see me for who I was and let me take full reign. I loved the ability to be bold and make decisions and be trusted. I felt like I was sought after for their guidance. There was a level of trust. I think there was a portion of me that loved that I could take things off their plate and take care of that for them.”[PPT14]	57%
		“The ready room was very male centric. They were not happy having a female come in and break up their little boys club. And the CO at the time was very supportive of me. He was good at making sure that I was included in everything because they would purposely not put me on the flight schedule because they didn’t want to take a girl with them on the trip. That was essentially what it would come down to. And he was like, nope, we’re not doing that.”[PPT2]	
		“He always listened. He also provided a lot of really good feedback, gave me a lot of great career advice, which I’ve used.”[PPT5]	

Demonstrated core values, competence, humility, and self-adherence to standards	Leaders model technical proficiency, humility, lead by example, and align personal conduct with organizational values while demonstrating respect through learning, honesty, and adherence to standards.	“My company commander was super knowledgeable about the occupation. He was tough on training standards, which was good, but it wasn’t his goal to make us suffer through it. He was trying to train us because that’s the year we went into Fallujah. And he owned up to his mistakes, too. He said he made a few mistakes.”[PPT3]	36%
		“She was very personable. She would listen to you and helped you with what you needed help with. But she would also ask me to help her, which I think was a humbling experience.”[PPT7]	
Effective communication and accountability	Leaders who communicate expectations clearly and consistently establish shared understanding and foster accountability and fairness.	“She’s very blunt, you know exactly where you stand with her...he let all of us lead...he gave us a billet description and basic pillars of guidance [which was enough for us to understand his intent].”[PPT12]	29%
		“They call out silliness when they see it but they still give clear guidance and they still have high expectations of you to get it done. Or, even if I make a mistake, he’s like, ‘You could have handled that differently, let’s talk about how you’d handle it next time.’”[PPT12]	
		“When 9-11 happened, we had to lock down the base. In the process of locking down the base, a Lieutenant Colonel came through and attempted to run one of the checkpoints and refused to identify herself. So she was dragged out of the car, handcuffed, and detained. Our company commander went head-to-head with this individual, and this individual was actually the Executive Officer at the Provost Marshal’s Office. ... So officers that set a standard and lived that standard. And they were open, they talked to us, they were real people.”[PPT8]	

Table 5: Describe to me a situation when you were positively impacted by a supervisor in the military.

Theme	Definition	Supporting Quotes	Percentage PPTs
Empowered	Leaders empowered subordinates by allowing them to express themselves authentically and learn without fear of reprisal which influenced them to take ownership, assume greater responsibility, and develop their subordinates.	“I think that having that autonomy and that trust and that confidence from your senior leaders only bleeds down through the ranks, all the way down. You know, just like shit can roll downhill, I think trust and confidence can also roll downhill. So having my [leadership] have the trust in me to take the reins of my guys and run with it allowed me to give trust to my squad leaders and allow them to develop their guys, how they saw fit with their own leadership styles. ... I think it just enabled them to be more individually confident in themselves and autonomous and not feel like they needed to rely on senior leaders, but they had the confidence in themselves to just take it and run with it.” [PPT1]	57%
		“I can look at [deidentified name] and say you were a good leader, you actually cared about me, and I would seek to try and care about people in the same way they did.”[PPT4]	

Increased a sense of belonging, trust in senior leaders, and unit cohesion	Members felt valued, connected to their teams, and trusted their leaders.	“I loved it. I felt valued. I felt seen. And I felt heard. I feel like that’s what would almost amplify the work that I was able to do, was the ability to just be heard, be valued, and be seen.”[PPT14]	57%
		“I felt like I mattered, like I had purpose, like I was valued. It was worth coming to work every day, sweating your ass off for that guy.”[PPT3]	
Increased sense of purpose and faith in organization	Effective leadership restored members’ sense of purpose, intrinsic motivation, and pride in their work.	“But it did restore some faith in the organization that like, hey, there are people out there that are willing to support me, that are not trying to create a toxic culture, that are not just hurting people essentially.”[PPT9]	29%
		“I think they made me feel positive about my job, like I was contributing to a good mission, going into work every day, like I was competent, and overall, I felt good about the organization.”[PPT6]	

Table 5a: How did that make you feel?

Theme	Definition	Supporting Quotes	Percentage PPTs
Avoidant behaviors, disconnection, and emotional exhaustion	Negative experiences led to avoidant behaviors as a means of self-preservation, burnout, cynicism, and loss of meaning in service while severing connection with peers and family.	“Resentment. I was always waiting for reprimand instead of thinking, hey, we did good, maybe we’ll be praised. No matter what we did I’m just waiting for the reprimand rather than thinking about the positive outlook. So, very, very pessimistic about everything in an already incredibly pessimistic environment.” [PPT1]	71%
		“It drove me insane. I just withdrew.”[PPT8]	
		“I still suffer in silence and I have to encourage myself to not necessarily suffer outwardly, but like, stop and pause and feel those things, allow my body to process, recognize my experience, validate my experience, process the emotions that come with my experience.”[PPT14]	
		“I think because I felt so unsupported throughout all these experiences that I really learned that I can’t rely on people. If I’m being very transparent, I feel a lot of hesitancy to rely on men. I got silenced so harshly that it runs the limit.”[PPT14]	
		“I felt so fucking isolated, and not only am I isolated in that moment, I’m in fucking [deidentified location.] Like, I have nothing. I have nobody. I can’t call and be like, yo, can you watch my kids for five minutes so I can have a nervous breakdown?”[PPT14]	
Decreased self-worth, self-efficacy, and self-confidence	Persistent stress fractured confidence and self-concept, creating shame and doubt during and after military service.	“I’ll catch myself questioning, is this right or is this wrong? Instead of just doing it...I’m pretty good about identifying that and just moving on, but I would say that definitely has carried over.”[PPT10]	50%
		“I didn’t know who I was anymore because I was like, maybe I’m just incapable and I’m never gonna amount to anything. Maybe I am this horrible person they claim that I am.”[PPT7]	
		“It impacted me negatively. ... It makes you second-guess what you’re doing.”[PPT11]	
		“It kind of makes you question your decision to continue on. It makes you question your own abilities. You know, it’s like, is this the right fit for me? Should I be doing this?”[PPT3]	

Increased emotional dysregulation	Created prolonged anger, resentment, and irritability which impacted relationships personally and professionally.	“I naively thought that I’m out of that environment and it will all go away...my panic attacks will stop, my dread will go away, and I’ll be healthy again. And a couple weeks later after I got back from Afghanistan it was in the morning at home. My daughter spilled a bowl of cereal with milk in it, and I lost it. I just yelled at her. ... And I remember the look on her face was fear. And I was so upset with myself that I made my daughter afraid of me.”[PPT9]	50%
		“It created a lot of confusion in my body, about loving something so much but also, like, there’s a lot of fucked up shit inside of it.”[PPT14]	
		“I fucking fired off an email to my Battalion Commander and was a fucking raging bitch. It was professional but really fucking disrespectful, though. I’m like, who are you? I don’t understand what happened.”[PPT14]	
Increased clinical depressive-related symptoms and emotional dysregulation	Prolonged distress and emotional fatigue led to suicidal thoughts and ideations, emotion dysregulation, and clinical depressive symptoms.	“Very poorly. I mean, I was actively suicidal. ... It was a pretty specific thing that happened within six months of working for that company commander. Like, it was a precipitous decline. And again, as soon as I stopped working for that individual, my mental health immediately improved.”[PPT4]	43%
		“There were a lot of dark, dark times. I couldn’t really seek therapy because as a pilot, if you’re like, oh, yes, I’m seeing a therapist, it’s like, you’re grounded! ... Where it really sucked a lot more was on the deployments where I was more isolated and I didn’t have that support network. So it really led to me not enjoying the job anymore. There were certain aspects of it that I really did still enjoy, but overall, I was like there’s no way I can do this. And was ready to quit multiple times.”[PPT2]	
Increased clinical anxiety-related symptoms and physiological stress during and after military service	Generated anxiety and stress responses that persisted beyond military service.	“It exacerbated PTSD symptoms to the point where my mental health was affected. ... I lost bearing in front of some of my Marines. Like getting teary or starting to hyperventilate kind of deal, like, literal panic. ... And [leadership] just took turns yelling at me. And I frickin’ started to have a panic attack in front of both of them.”[PPT12] “Anxiety, self-doubt, a lot of mental anguish.”[PPT6]	36%
Development of autoimmune disease	May have influenced autoimmune disease.	“I developed an autoimmune disease. I have hypothyroidism.” [PPT14]	2/14 [women-only]
			Self-report, so may be more

Table 6: How did the negative interactions with the supervisor impact your mental well-being?

Theme	Definition	Supporting Quotes	Percentage PPTs
Loss of faith in leadership	Service members separated after losing faith in leaders and the organization’s integrity.	“It was pretty much the driving factor. I think that if I had the leadership I was promised by the Marine Corps’ propaganda, I probably would still be in the Marine Corps. I was fully inculcated in the cult. My dad was a Marine. He retired from the Marine Corps. I grew up a Marine brat. I mean, I wanted to be in the Marine Corps since I was four years old, so I felt like I spent eight years preparing to get in the Marine Corps, and so for that to be destroyed in less than 18 months was gut-wrenching.”[PPT4]	50%

Retirement	With the option to retire and increased interactions with counterproductive leaders, service members chose to retire when eligible.	“It was mostly our Battalion Sergeant Major. He was probably the catalyst for my decision to turn down my promotion and drop my Appendix J. ... And even though I knew other Sergeant’s Majors and First Sergeants and senior enlisted who shared the same ideals as me, the thought of having to work for that dude for another three years without any real benefit was the ultimate decision. Because at that time, I had a good job already lined up, I was finished with school. I was kind of like, okay, do I wanna suffer through another three years for this ideal of a rank.” [PPT1]	50%
		“I think the damage was done and it started having a physical effect on me after a while. So that’s part of the reason why I retired.”[PPT3]	
Psychological and physical exhaustion	Accumulated stress, trauma, and deteriorated health made continuing service unsustainable.	“I do think the amount of stress that it caused directly correlates with the migraine headaches I was getting because I never had them. I think it had been building for a while and eventually it just reached a point that was untenable. You know, so, I think if I had more positive leadership, that maybe I wouldn’t have had that condition.”[PPT3]	36%
		“I would have stayed longer if I had enjoyed what I was doing.”[PPT2]	

Table 7: Discuss with me on how you came to the decision to leave the military.

Theme	Definition	Supporting Quotes	Percentage PPTs
Direct effect	Counterproductive leaders were the reason they left the service.	“After that I was like, I can’t feel this way again, so that’s really when I decided to leave the Marine Corps.”[PPT4]	71%
Influenced decision greatly	Service members chose to leave the service due to multiple interactions with counterproductive leaders.	“Yeah, the last deployment really...I wouldn’t give the guy the satisfaction to tell him, like, hey, the way you operated the MEU was a deciding factor for me. ... I got selected for Chief Warrant Officer 4 and they wanted me to move to a regiment and that would have pulled me away from the junior Marines, and I would have been stuck in a regimental headquarters. In addition to that, the biggest interaction I had at the 0-6 level was on the MEU. And when the dude at the Pentagon reached out to me and was like, hey man, I want you to go to [deidentified unit], I was like, well, the only interaction I’ve had with full bird Colonels has been completely negative, so why would I want to go work for one? So I would say that was 50% of it. The other 50% was that I’ll have to hide from my real job to get back out and see Marines, so I said, I think I’m good.”[PPT10]	36%

Table 8: In what way did negative characteristics in your supervisor play a role in you leaving the military?

Gender-Related Issues

Throughout the interview process, women participants discussed female-specific experiences endured while in service. Some leadership supported them while others did not. Many experiences described encompassed sexual

harassment or assault, and some experiences encompassed different treatment by their all-male colleagues or boss. Of the six female participants, five (83%) reported enduring sexual assault or harassment, and one (16%) reported being treated differently by their colleagues or leadership. Of note, just because the other five female participants did not report

being treated differently by their colleagues or boss, it does not mean it did not happen. It merely means that information was not disclosed in this interview. The following are experiences captured from this study.

The ready room was very male centric. They were not happy having a female come in and break up their little boy's club. The Commanding Officer at the time was very supportive of me ... He was really good at making sure that I was included in everything because they would try to purposely exclude me and not put me on the flight schedule because they didn't want a girl on the trip. He'd be like, "Why isn't she flying?" and he was like, "Nope, we're not doing that." [PPT2]

It was very clear that he liked me. I'm a Captain and I'm at least 30 years younger than this dude. And he walks into my office one day wearing silkies and throws his speed up on my desk, full frontal. And I'm just like, "Hey sir, I do not need to see your..." [PPT13]

What started out as a professional relationship became unprofessional [i.e., a romantic relationship]. On multiple occasions, I tried to end that relationship. But it led to him becoming so angry that he wouldn't speak to me. And it kept me from being able to do my job. He wouldn't give me basic information that I needed for work. And it really impacted me because he was my supervisor [PPT6].

So, this Major sent my friend a dick pic and she told me about it. She showed me the messages and what not and I asked her what she wanted to do and she said, "Will you report it?" So, I reported it to the SAPR UVA (Sexual Assault Prevention Representative Uniformed Victim Advocate) multiple times thinking I was making a report for my friend. So, the third time I talked about it I was like, "Well, I guess I'll go tell the media." She told my Commanding Officer who wrote me a counseling about how I blackmailed the Navy and then I was in a command investigation for substandard performance of duty while nobody looked into this Major or anything. ... I was removed from flight school. ... The report of substandard performance was substantiated and that I should be kicked out of the Marine Corps. And then also, I love this, the command investigation that I finally got going said that the Major did not send those photos and it was all unsubstantiated, but the Colonel who made the investigation failed to even include the pictures, the text messages, or anything really about the case, and just made it an investigation into me and the other girl. ... We were being administratively separated from 2021 to 2023. So, during that time I was not allowed to work. My Commanding Officer ordered people not to talk to me. I was very ostracized. My Commanding Officer would ask me if I'm mentally retarded. Nobody could speak to me without multiple higher ups

talking to me. I was not allowed computer access. [PPT7].

Discussion

This study found that working for a counterproductive leader influenced mental health related symptoms. Specifically, working for a counterproductive leader produced clinical symptoms of depression and anxiety while exacerbating other mental health issues like PTSD, increased anger, frustration, and maladaptive coping mechanisms like alcohol use, influenced suicidal thoughts and ideations, decreased self-worth, confidence, self-efficacy, and work motivation, and decreased trust in senior leaders and colleagues.

Main Findings

This study found that working for a counterproductive leader influenced mental health related symptoms. Specifically, followers working for a counterproductive leader experienced toxic leadership syndrome, a new phenomenon discovered during the conduct of this study. Toxic leadership syndrome occurs when leaders influence clinical symptoms of depression and anxiety while exacerbating other mental health issues (i.e., PTSD), increase anger, frustration, and maladaptive coping mechanisms like alcohol use, influence suicidal thoughts and ideations, decrease self-worth, confidence, self-efficacy, and work motivation, and decrease trust in senior leaders and colleagues.

Research Question 1: How does working in an environment with counterproductive leaders influence mental health related symptoms?

In the present study, participants reported experiencing severe migraines to the point it impacted their daily functioning and well-being, and some participants reported developing hypothyroidism. Additionally, participants reported difficulty sleeping, low energy, increased substance use, and social withdrawal from friends and family. Of note, the researcher did not prompt participants to share their medical or social history, so more participants could have experienced more physical health ailments and maladaptive coping mechanisms than what was reported in this study. Furthermore, participants reported increased anger, frustration, and maladaptive coping mechanisms. In this study, men were more likely to have increased anger outbursts at work and home with friends, family members, or work colleagues than women, and women were more likely to have low self-worth and self-confidence compared to men in the study. Both men and women reported increased alcohol use while working for a counterproductive leader, whereby men reported larger consumption rates of liquor while women reported more consumption of wine.

Regarding decreased self-worth, confidence, self-efficacy, motivation, and work performance, participants from this study that reported these feelings also reported having high standards for themselves and others and had earned at least one bachelor's degree and some had earned a doctorate degree. Although these participants were highly educated and disciplined, working for a counterproductive leader made them feel incompetent, like they were a failure, and like nothing they did was good enough. In turn, this decreased their motivation to work, with some participants reporting wanting to quit, which was reportedly out of character for them.

This study also found that participants who worked for a counterproductive leader had decreased trust in senior leaders and colleagues. This lack of trust can influence other behaviors in the workplace, like decreased productivity and low motivation. Additionally, participants reported that continuing service with the chance of working for another counterproductive leader was too risky. Participants expressed a desire for more control over their lives (i.e., being able to quit a job if they did not like it or their boss), and better quality of life. Participants also reported being let down by the Marine Corps' promotion of great leadership without many leaders displaying those attributes. Collectively, these failures were directly associated with participant's decisions to leave the service.

The most concerning finding from this study found that working for a counterproductive leader increased suicidal thoughts and ideations. To the researcher's knowledge, no studies have found this association. This finding is significant because of the detrimental impact suicidal thoughts have on a service member, their family, and the service. More research is needed surrounding the effects counterproductive leadership has on suicidal ideations and attempts.

Research Question 2: How does counterproductive leaders influence reasons why service members leave the military?

Regarding the impact counterproductive leaders had on service member's decision to leave the service, participants wanted a better quality of life and left the service because they did not want to risk working for another counterproductive leader. Those who were eligible to retire chose to leave the service when able because of the risk associated with working for another counterproductive leader. Participants reported "not being able to do it anymore" and described how negatively it effected their mental and physical health and the desire for a better quality of life where they could take better care of themselves. One participant reported that their physical and emotional body did not have the capacity for any more trauma, so they retired. Of significance, these participants reported having immense esprit de Corps and

would have stayed in service longer had they experienced better leadership.

Lastly, this study found that experiences with counterproductive leadership either had a direct effect (i.e., participants reporting it was the reason they transitioned) or a great effect (i.e., it had a great influence on their decision to transition but there were also other reasons why they transitioned). Many participants reported not wanting to risk working for another counterproductive leader, even if they were going to work at a unit they wanted to go to. Of significance, one participant with 18 years of service chose to retire but was not ready to retire. This participant described how she "just needed a break" and coordinated with leadership from one unit to obtain a direct request for her there. At this duty station, she could progress in her career, be non-deployable, and have family in the area to help with childcare for her two young children. She stated that she explained to the monitor the situation she was in and instead of obtaining the orders she requested, the monitor gave her orders to another unit that was on a deployment rotation, meaning she would be gone for multiple exercises leading up to the deployment, then gone for the deployment, and she did not have family in that area to help with childcare for her children. This participant described having no help or support from her chain of command in the request to obtain better orders and felt forced to retire because she could not continue working as a single mother for other counterproductive leaders. This is a great example of how counterproductive leader behaviors influenced a highly skilled, knowledgeable, and needed officer out of service too soon.

Gender-Related Experiences

In this study, all female participants described experiencing sexual harassment or assault or being treated differently by their male colleagues or boss. Only one male participant brought up being discriminated against for his gender, ethnicity, and perceived personality (i.e. toxic masculinity). For all participants, these topics were discussed as part of their negative experiences working for counterproductive leaders which negatively impacted their physical and mental health, ability to perform their job, and attitude towards the service.

The female-specific findings illustrate the challenges women service members face that most of their male counterparts do not. In a service where 10% are women [10], these challenges further exacerbate women's experiences of not feeling valued, being isolated, and feeling alone and unsupported. In turn, women feel more disconnected which impacts their work performance and desire to continue serving. Leaders should be aware of the experiences women

service members face that most male service members do not so they can provide support and guidance where and when appropriately.

Implications for Clinical Practice in the Military

Working in the Marine Corps is tough enough due to the demands of the service, so working for a counterproductive leader only makes it tougher. When experiencing symptoms of anxiety, depression, low self-esteem, low motivation, and suicidal ideations, Marines have multiple options to get help. First, Marines can seek medical care through their primary care provider. They can get medical care from a mental health provider on base or get a referral to an off-base provider. However, though medical care is free for active-duty service members, these services often go underutilized. One study cited that only 31.7% of total force active-duty service members diagnosed with PTSD or depression were receiving medical care [61]. This number is alarming because approximately 47.5% of total force active-duty service members are diagnosed with at least one mental health disorder [62]. One study conducted by Military Health System [62] found that from 2019-2023, the most common mental health diagnoses were adjustment disorders (29%), anxiety disorders (20%), depressive disorders (17%), PTSD (9%), and alcohol-related disorders (7%). These rates raise concern because medical care for service members is free. The reasons why service members do not seek medical care are vast, but many negate their health because they are overworked and have difficulty finding time for medical care.

Additionally, in some occupational specialties, seeking mental health services is frowned upon and has the potential to negatively impact a Marines' career. For example, in some occupational specialties like aviation, pilots are "grounded" which means they are unable to fly (i.e., perform their job) if they seek mental health services. This not only has a negative impact on their career, but it also highlights them to their command and colleagues and has a negative effect on unit cohesion and mission accomplishment. Because of this, many pilots suffer in silence and do not seek services until much later in their career, after they have left the service, or retired.

To help Marines overcome mental health issues associated with counterproductive leadership, interventions from behavioral therapies like cognitive behavioral therapy (CBT), acceptance and commitment therapy, dialectical behavioral therapy (DBT), and motivational interviewing can be used to help service members process their experiences, learn adaptive coping skills, and manage their stress. For more severe cases involving historical exposure to trauma in which exposure to counterproductive leadership is exacerbating symptoms, trauma-related interventions from cognitive

processing therapy, trauma-focused cognitive behavioral therapy, eye movement desensitization and reprocessing, and accelerated resolution therapy can be used to help service members work through their traumatic memories while overcoming issues associated with counterproductive leadership behaviors.

Military Implications

One key aspect of being a great leader is emotional intelligence, which is the ability of leaders to recognize, motivate and manage their own emotions and the ones of the people they lead [63]. The level of emotional intelligence determines one's potential to learn skills in self-awareness, motivation, self-control, empathy, and establishing good interpersonal relations [63], all skills indicative of great leaders.

To decrease the predominance of counterproductive leadership, professional military education (PME) curriculum should be revised to include courses and workshops aimed at increasing emotional intelligence skills. Leaders with a higher level of emotional intelligence are more likely to cope with high-stress situations, make better decisions for the group, and are overall less likely to engage in counterproductive leadership behaviors. At all ranks, PME is required to advance to the next rank. Currently, officer and enlisted PME leadership courses incorporate group discussions about the importance of good leadership but do not focus on the behaviors or how to refine skills to be a better leader. Interventions from behavioral therapies like CBT and DBT can be used to help increase emotional intelligence skills, such as managing stress, regulating emotions, building self-awareness, and increasing communication and interpersonal skills. Thus, increasing emotional intelligence skills in leaders will decrease symptoms of employee anxiety, depression, and suicidal thoughts and ideations, while increasing employee sense of self-worth, self-efficacy, and work performance.

Of note, the researcher is not suggesting that counterproductive leadership is a mental health disorder. The researcher is merely acknowledging how psychotherapy interventions can be incorporated into leadership development curriculum to decrease counterproductive leadership behaviors. For example, conducting the DBT intervention of behavior chain analysis can help leaders understand why they behaved in a certain way in response to a situation or stressor. Likewise, CBT assertiveness training can help teach leaders effective communication skills rather than passive or aggressive communication, which will help build relationships and increase work performance.

Strengths and Limitations

This study examined how counterproductive leadership behaviors impact mental health and retention rates in U.S. Marines. Themes developed from the data provided rich insight into the lived experiences of U.S. Marines who experienced counterproductive leadership. The findings from this study align with previous literature on the impact counterproductive leadership has on mental health while providing new insights for the literature on how counterproductive leadership influences decisions to transition off active duty.

One strength of the study was that it had rigor, which means it had transparency, credibility, reliability, comparativeness, and reflexivity [64]. Because it had rigor, it means that the study had more trustworthy findings. Additionally, it focused on one military service, the U.S. Marine Corps, which means it provided depth and specificity to the data and population. This means that the data is unique to one culture, structure, policies, and operational environment and provides a richer, more detailed understanding than a broader, multi-branch approach does. Furthermore, studying one branch minimized the influence that inter-branch variations like culture, mission sets, organizational hierarchy, training pipelines, and recruitment demographics had on data analysis, allowing the researcher to isolate the effects of specific variables. Furthermore, by holding the organizational context constant, the study achieved higher internal validity, making it easier to establish causal relationships between variables. Lastly, the sample population included White (64%) and Hispanic (36%), which is similar to current U.S. Marine Corps demographics (White, 80%, Hispanic, 25%) [10].

Limitations of the study include external validity (generalizability), missing the broader context, and potential bias. Regarding external validity, findings from one branch may not be applicable or generalizable to the others due to their significant cultural and structural differences. For example, the experience of a Marine in a ground combat unit may differ greatly from that of a Navy corpsman. Additionally, 22% of the sampled population were senior enlisted Marines while 78% of the sampled population were officers, indicating an uneven distribution of junior enlisted and officers with experiences with counterproductive leaders. The sample population also did not consist of African Americans or Asians, and only one participant identified as gay. These individuals could have had a different experience due to race or sexual orientation. Additionally, relying on the perspective of a single service may introduce a branch-specific bias, potentially overlooking alternative viewpoints or best practices found in other branches.

Another limitation of the study was that the researcher is a U.S. Marine who was significantly impacted by counterproductive leaders and ultimately chose to transition services because of her experiences. Though bracketing was conducted during data analysis to help manage the researcher's biases and the researcher was fully aware of any biases during interviews, the potential for observer bias still exists, which has the potential to impact the data.

Future Directions

Future studies should add quantitative data to the research, like the Toxic Leadership Scale (TLS), the Beck Depression Inventory II (BDI-II), the Beck Anxiety Inventory II (BAI-II), and the Occupational Self-Efficacy Scale. The TLS will indicate the degree to which a leader is counterproductive, the BDI-II and BAI-II will indicate the severity of depressive- and anxiety-related symptoms while working for a counterproductive leader, and the Occupational Self-Efficacy Scale will indicate the level of self-efficacy someone has while working for a counterproductive leader. Additionally, the sample population should include more junior enlisted and officers to ensure representation of experiences at all levels. It will also increase validity and reduce the likelihood of false conclusions associated with the topic. Furthermore, if data shows how military personnel are impacted by counterproductive leaders at all levels, it can inform leadership development curriculum and interventions for managing these issues.

Lastly, because high emotional intelligence skills have been associated with better employee health and work performance outcomes, incorporating courses, workshops, or classes on strengthening emotional intelligence skills into military curriculum at lower levels of leadership is paramount to decreasing the predominance of counterproductive leadership behaviors. The human brain does not fully develop until age 25 [65], which is the average age of non-commissioned officers and junior commissioned officers (i.e., senior Corporals, Sergeants, and Lieutenants). Strengthening emotional intelligence skills as soon as the brain has fully matured ensures optimal learning and development at the appropriate time in leadership development, which will decrease counterproductive leadership behaviors over time.

Conflicts of Interest

The authors declare no conflict of interest.

References

1. Field E, Perkins S (2023) "Defense workforce opportunities," Government Accountability Office, 2023. Lohr, "Defense department retention efforts," Federal

- News Network.
2. Army Doctrine Publication (2019) ADP 6-22: Army Leadership and the Profession. Department of the Army, Washington, DC, USA.
 3. Milosevic I, Maric S, Lončar D (2020) Defeating the toxic boss: The nature of toxic leadership and the role of followers. *Journal of Leadership & Organizational Studies* 27(2): 117-137.
 4. Padilla A, Hogan R, Kaiser RB (2007) The toxic triangle: Destructive leaders, susceptible followers, and conducive environments. *The Leadership Quarterly* 18(3): 176-194.
 5. Ashforth B (1994) Petty tyranny in organizations. *Human Relations* 47(7): 755-778.
 6. Einarsen S, Aasland MS, Skogstad A (2007) Destructive leadership behaviour: A definition and conceptual model. *The Leadership Quarterly* 18(3): 207-216.
 7. Furnham A, Richards SC, Paulhus DL (2013) The dark triad of personality: A 10 year review. *Social and Personality Psychology Compass* 7(3): 199-216.
 8. Lipman-Blumen J (2005) Toxic leadership: When grand illusions masquerade as noble visions. *Leader to Leader* 200(36): 29-36.
 9. U.S. Department of Defense (2022) Demographics profile of the military community.
 10. Bustamante-Sánchez Á, Tornero-Aguilera JF, Fernández-Elías VE, Hormeño-Holgado AJ, Dalamitros AA, et al. (2020) Effect of Stress on Autonomic and Cardiovascular Systems in Military Population: A Systematic Review. *Cardiol Res Pract* 2020: 7986249.
 11. Pflanz SE, Ogle AD (2006) Job stress, depression, work performance, and perceptions of supervisors in military personnel. *Military Medicine* 171(9): 861-865.
 12. Marmot M, Smith GD, Stansfeld S, Patel C, North F, et al. (1991) Health inequalities among British civil servants: The Whitehall II study. *The Lancet* 337(8754): 1387-1393.
 13. Cherry MA, Wilcox MM (2021) Sexist microaggressions: Traumatic stressors mediated by self-compassion. *The Counseling Psychologist* 49(1): 106-137.
 14. Feigt ND, Rodríguez MMD, Vázquez AL (2022) The impact of gender-based microaggressions and internalized sexism on mental health outcomes: A mother-daughter study. *Family Relations* 71(1): 201-219.
 15. Gartner RE, Sterzing PR (2016) Gender microaggressions as a gateway to sexual harassment and sexual assault: Expanding the conceptualization of youth sexual violence. *Affilia: Journal of Women & Social Work* 31(4): 491-503.
 16. Kim Y, Dimberg SK, Clark DA (2023) Gender microaggressions that target women in the U.S. military: Examining links with depression and the moderating role of rank and coping. *Psychology of Women Quarterly* 48(1).
 17. Yale Medicine (2022) Chronic stress.
 18. Mariotti A (2015) The effects of chronic stress on health: New insights into the molecular mechanisms of brain-body communication. *Future Science OA* 1(3): FSO23.
 19. (2019) Directorate of Analytics and Performance Optimization. Impacts of special duty assignments U.S. Marine Corps Sep.
 20. Labrague LJ (2024) Linking toxic leadership with work satisfaction and psychological distress in emergency nurses: The mediating role of work-family conflict. *Journal of Emergency Nursing* 50(5): 670-678.
 21. Tepper BJ (2000) Consequences of abusive supervision. *Academy of Management Journal* 43(2): 178-190.
 22. Burton JP, Hoobler JM (2006) Subordinate self-esteem and abusive supervision. *Journal of Managerial Issues* 18(3): 340-355.
 23. Gonzales M (2024) Here's how bad burnout has become at work. *SHRM*.
 24. Linton SJ, Kecklund G, Franklin KA, Leissner LC, Sivertsen B, et al. (2015) The effect of the work environment on future sleep disturbances: A systematic review. *Sleep Medicine Reviews* 23: 10-19.
 25. Bamberger PA, Bacharach SB (2006) Abusive supervision and subordinate problem drinking: Taking resistance, stress, and subordinate personality into account. *Human Relations* 59(6): 723-752.
 26. Shield KD, Parry C, Rehm J (2013) Chronic diseases related to alcohol use. *Alcohol Research* 35(2): 155-173.
 27. Ralph CS, Barling J (2022) Leader inconsistency, subjective ambivalence, and follower outcomes. *Journal of Business and Psychology* 38: 1003-1021.
 28. Lane R, Tarzi E, Post K, Gauldin E (2018) U.S. Marine Corps organizational culture research project report to personnel studies and oversight office: Marines'

- perspectives on various aspects of U.S. Marine Corps organizational culture. Center for Advanced Operational Culture.
29. Sinha R (2001) How does stress increase risk of drug abuse and relapse? *Psychopharmacology* 158(4): 343-359.
 30. Chassin L, Mann LM, Sher KJ (1988) Self-awareness theory, family history of alcoholism, and adolescent alcohol involvement. *Journal of Abnormal Psychology* 97(2): 206-217.
 31. Cronkite RC, Moos RH (1984) The role of predisposing and moderating factors in the stress-illness relationship. *Journal of Health and Social Behavior* 25(4): 372-393.
 32. Pohorecky LA (1991) Stress and alcohol interaction: An update of human research. *Alcohol Research* 15(3): 438-459.
 33. Tepper BJ, Moss SE, Lockhart DE, Carr JC (2007) Abusive supervision, upward maintenance communication, and subordinates' psychological distress. *Academy of Management Journal* 50(5): 1169-1180.
 34. Carlson C (2022) Undue influence: The dangerous side effects of toxic leaders on USAF pilot retention. ProQuest One.
 35. Hoobler JM, Brass DJ (2006) Abusive supervision and family undermining as displaced aggression. *Journal of Applied Psychology* 91(5): 1125-1133.
 36. Restubog SLD, Scott KL, Zagenczyk TJ (2011) When distress hits home: The role of contextual factors and psychological distress in predicting employees' responses to abusive supervision. *Journal of Applied Psychology* 96(4): 713-729.
 37. Mitchell MS, Ambrose ML (2007) Abusive supervision and workplace deviance and the moderating effects of negative reciprocity beliefs. *Journal of Applied Psychology* 92(4): 1159-1168.
 38. Gallus JA, Walsh BM, van Driel M, Gouge MC, Antolic E (2013) Intolerable cruelty: A multilevel examination of the impact of toxic leadership on U.S. military units and service members. *Military Psychology* 25(6): 588-601.
 39. Brown EKMPH, Guthrie KM, Stange M, Creech S (2021) A woman in a man's world: A pilot qualitative study of challenges faced by women veterans during and after deployment. *Journal of Trauma & Dissociation* 22(2): 202-219.
 40. Gaddes R et al. (2017) Defense advisory committee on women in the services: 2018 Focus group report.
 41. Nadal KL, Haynes K (2012) The effects of sexism, gender microaggressions, and other forms of discrimination on women's mental health and development. In: Lundberg-Love PK, et al. (Eds.), *Women and mental disorders*, pp: 87-101.
 42. Bernardis S (2024) Military retention rates: How to increase the numbers. ExecutiveBiz.
 43. Office of People Analytics (2022) Predictors of retention intentions among active-duty service members.
 44. Kube C, Boigon M (2022) Every branch of the U. S. military is struggling to make its 2022 recruiting goals, officials say. NBC News.
 45. Wilson LC (2018) The prevalence of military sexual trauma: A meta-analysis. *Trauma, Violence, & Abuse* 19(5): 584-597.
 46. U.S. Department of Veterans Affairs (2024) Military sexual trauma - PTSD: National center for PTSD.
 47. Farris C, Schell TL, Jaycox LH, Beckman RL (2021) Perceived retaliation against military sexual assault victims. RAND.
 48. Cichowski SB, Rogers RG, Clark EA, Murata E, Murata A, et al. (2017) Military sexual trauma in female veterans is associated with chronic pain conditions. *Military Medicine* 182(9): e1895-e1899.
 49. Han JK, Yano EM, Watson KE, Ebrahimi R (2019) Cardiovascular Care in Women Veterans. *Circulation*. 139(8): 1102-1109.
 50. Monteith LL, Holliday R, Schneider AL, Forster JE, Bahraini NH (2019) Identifying factors associated with suicidal ideation and suicide attempts following military sexual trauma. *Journal of Affective Disorders* 252: 300-309.
 51. Galovski TE, Street AE, Creech S, Lehavot K, Kelly UA, et al. (2022) State of the Knowledge of VA Military Sexual Trauma Research. *J Gen Intern Med* 37(Suppl 3): 825-832.
 52. Pulverman CS, Christy AY, Kelly UA (2019) Military sexual trauma and sexual health in women veterans: A systematic review. *Sexual Medicine Reviews* 7(3): 393-407.
 53. Ryan GL, Mengeling MA, Booth BM, Torner JC, Sypoc CH (2014) Voluntary and involuntary childlessness in female veterans: Associations with sexual assault.

- Fertility and Sterility 102(2): 539-547.
54. United States Department of Defense SAPR, "Reporting options".
 55. Millegan J, Milburn EK, LeardMann CA, Street AE, Williams D, et al. (2015) Recent sexual trauma and adverse health and occupational outcomes among U.S. service women. *Journal of Traumatic Stress* 28(4): 298-306.
 56. Rosellini AJ, Street AE, Ursano RJ, Chiu WT, Heeringa SG, et al. (2017) Sexual assault victimization and mental health treatment, suicide attempts, and career outcomes among women in the U.S. Army. *American Journal of Public Health* 107(5): 732-739.
 57. Suris A, Lind L (2008) Military sexual trauma: A review of prevalence and associated health consequences in veterans. *Trauma, Violence & Abuse* 9(4): 250-269.
 58. Holland KJ, Rabelo VC, Cortina LM (2016) Collateral damage: Military sexual trauma and help-seeking barriers. *Psychology of Violence* 6(2): 253-261.
 59. Morral AR, Gore KL, Schell TL (2016) Sexual assault and sexual harassment in the U.S. Military, 2. RAND.
 60. Sharifian N, LeardMann CA, Kolaja CA, Baccetti A, Carey FR, et al. (2025) Factors associated with mental healthcare utilization among united states military personnel with posttraumatic stress disorder or depression symptoms. *American Journal of Preventive Medicine* 68(2): 289-299.
 61. Armed Forces Health Surveillance Division (2024) Update: Diagnoses of mental health disorders among active component U.S. armed forces, 2019–2023. *MSMR* 31(12): 2-11.
 62. Kwiatkowska G (2014) Stress management strategies of people holding managerial positions. *Наукаіосвіта* 9: 49-52.
 63. Given LM (2008) The SAGE encyclopedia of qualitative research methods. *The SAGE Encyclopedia of Qualitative Research Methods* 2(1).
 64. Arain M, Haque M, Johal L, Mathur P, Nel W, et al. (2013) Maturation of the adolescent brain. *Neuropsychiatric Disease and Treatment* 9: 449-461.