Veterans, Military Culture, and the Therapeutic Alliance

by

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Abstract

Understanding how military culture influences the therapeutic alliance is vital to ensuring competent and ethical care for the veteran population. A qualitative analysis incorporating a social constructionist framework, that comprised of six in-depth interviews was conducted with veterans. Utilizing an inductive thematic decomposition analysis two primary themes were developed with seven subordinate themes. The first primary theme developed was Military Culture which is composed of four subordinate themes: Military Culture Shapes Identity, Interpersonal Challenges, Selective Trust Means Security, Mental Health Stigma Means Consequence; that describe different aspects of military culture that contributed to the therapeutic alliance. The second primary theme developed was Therapist Skills, which includes three subordinate themes: Accountability Through Confrontation, Active Listening Builds Rapport, Collaboration Creates Agency, that identify the skills unrelated to culture that positively influenced development of the therapeutic alliance.

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List of Abbreviations

OIF	Operation Iraqi Freedom
OEF	Operation Enduring Freedom
MOS	Military Occupational Specialty
DOD	Department of Defense
DOS	Department of State
BAS	Battalion Aid Station
VA	Veterans Administration
PTSD	Post-Traumatic Stress Disorder
SUD	Substance Use Disorder
IOP	Intensive Out-Patient
DA	Decomposition Analysis

Chapter I: Introduction

According to Sue and Sue (2003), *culture* can be defined as what people have learned or the culmination of beliefs and customs each member incorporates into their lives. It has also been described as a group's beliefs, values, practices, language, skills, and customs, which are engrained in individuals, and play a prominent role in the self-identification and interaction among members (Strom et al., 2012). Over the past two decades, multicultural competence has gained recognition within the counseling profession as a necessary component of ethical counseling practices and counselor education (Ratts et al., 2016). A broader understanding of diverse groups' specific cultural components is necessary to provide competent and ethical counseling practices (Ratts et al., 2016). The same emphasis must be given to developing culturally competent practices for working with military/veteran populations. Veterans are a highly complex and unique group of individuals who exhibit a shared set of beliefs and values, including behavioral norms that distinguish them from their civilian counterparts (Strom et al., 2012). According to Cole (2014), each military branch has its own set of terms, customs, and core beliefs that set them apart, further signifying the importance of viewing this population as having its own unique culture. Furthermore, having this knowledge and awareness is necessary for utilizing culturally competent practices that will aid in developing the therapeutic alliance.

Characteristics of Military Culture

It is essential to understand that military/veteran culture leads to developing a shared set of behaviors, beliefs, and core values/traits that are heavily reinforced throughout an individual's experience during their military service (Wesphal & Convoy, 2015). *Values* can be defined as a person's principles or standards of behavior; one's judgment of what is important in

life(Wesphal & Convoy, 2015). *Traits* are distinguishing qualities or characteristics typically belonging to a person (Wesphal & Convoy, 2015). Values and traits share a relationship within the military culture because one (i.e., values) is a required standard of behavior, and the other (i.e., traits) is a characteristic that a person embodies and demonstrates through behavior influenced by the standard (Wesphal & Convoy, 2015). An example of this within the military culture is the importance placed on a value such as honor, which shares a relationship with integrity typically demonstrated by following orders or actual codes of conduct even when no one is present to enforce them. Being truthful to oneself by adhering to commands, orders, or codes of conduct is just a way one demonstrates they are honorable. Due to the close relationship values and traits shared within military culture, the terms will be used in conjunction with each other to make the information more digestible for the reader.

Military ethos, or warrior ethos, is a term used to describe a specific code or set of core values/traits held by individuals in combat arms or combat-specific military roles (Wesphal & Convoy, 2015). Specific core values/traits are embedded within the military ethos reinforced and rewarded during military service, which becomes a permanent part of the individual's identity (Wesphal & Convoy, 2015). For example, traits such as selflessness, loyalty, stoicism, morality, social order, and excellence are core components of the military ethos associated with strengths and vulnerabilities (Wesphal & Convoy, 2015).

Common attributes typically associated with core values/traits include placing others' welfare before oneself, prioritizing the mission and protecting comrades, mental toughness and the ability to endure hardship, self-reliance, and self-improvement (Wesphal & Convoy, 2015). While many of the core values or traits can serve as strengths, such as resilience or personal sacrifice, they can also create the potential for issues to arise that present as deprioritizing

personal health issues, survivor's guilt, and avoidance of acknowledging significant mental health-related issues (Wesphal & Convoy, 2015). Military culture instills beliefs of elite superiority because of the duties that members are required to perform. When individuals enter service, they are indoctrinated to embody mental toughness, fortitude and perform under strenuous conditions (Bryan & Morrow, 2011). Inner strength and self-reliance are imperative to completing the mission, and admittance of illness is associated with weakness that can take away from training and cause others within the military unit to be harmed (Bryan & Morrow, 2011). These beliefs are norms within the military culture and particularly for those who have served in combat.

Another important component to consider with military culture is the use of language, and its significance, as this can be a crucial element for navigating the differences, norms, and values associated with the different branches of service of the U.S. military. Cloe (2014) indicated that each branch of the military (Army, Navy, Marine Corps, Air Force, Coast Guard) has its own set of terms and acronyms that have significant meanings related to occupational status, duty station, available services, time and resources for military service members and their families. Each service branch also has its moral code tied to language, such as the Marines Corps' core values of honor, courage, and commitment (Cloe, 2014). Understanding the cultural norms associated with a language can allow counselors to form a deeper understanding and engage in a more expansive way of communicating with clients that associate with military culture.

The importance of hierarchy is another component that serves as a central aspect of military culture (Cloe, 2014). Military culture incorporates a strict adherence to an authoritarian structure that emphasizes rank, respect, and compliance with superiors (Cloe, 2014). The

authoritarian structure can extend to the home environment and be adapted by immediate and extended family members. Within the military culture, rank is linked to various factors that impact the individual and family members' identity and sense of self. This can determine the level of access to resources, expected responsibility, and position within a military community (Cloe, 2014). Adherence to an authoritarian environment within the home will often persist after an individual finishes their term of service. The importance given to rank, and positions of authority will generalize to individuals that hold authority in the civilian world, which is why community-based counselors need to be aware of the cultural implications that exist pertaining to power dynamics when working with veterans or military members associated with the status/position they hold as a counselor (Wesphal & Convoy, 2015). The overall complexity associated with military culture and the myriad of things a counselor should know when working with this population led to the research question, "How does military culture influence the development of the therapeutic alliance with counselors?" This question seeks to identify how veterans perceive the importance of military culture concerning their ability to develop a therapeutic alliance with a counselor (Wesphal & Convoy, 2015)

Prominent Mental Health Issues with Veterans

Since the World Trade Center attack on September 11, 2001, and the subsequent wars that followed, Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF), there has been a significant increase in the number of service members returning from deployments with mental health needs. Nearly 2 million veterans have served overseas deployments in OEF/OIF since 2001 (Garcia et al., 2014). The number of active-duty veterans diagnosed with posttraumatic stress disorder (PTSD) from 2001-2012 is estimated to be nearly 118,000, which reached its zenith in 2012 with 17,000 veterans receiving a PTSD diagnosis (Castro et al., 2015).

Military personnel and veterans continue to exhibit high rates of suicide which has been posited to occur as a result of experiencing a higher likelihood to experience trauma in both combat and non-combat related areas such sexual assault, intimate partner violence, and childhood abuse (Holliday et al., 2020). It is important to note that prevalence rates of PTSD among veteran populations range from 1.2% to 87.5% with a lifetime prevalence rate of 7.7% to 17.0%, which is higher when compared to civilian rates of 8.0% to 56.7% and a lifetime prevalence of 3.4% to 26.9% (Schein et al., 2021).

Substance Use Disorder (SUD) also shows high comorbidity rates with PTSD within the veteran population, with roughly 40% of veterans diagnosed with PTSD having a co-occurring SUD diagnosis (Gros et al., 2016). Veterans with co-occurring PTSD and SUD encounter increased difficulties and complications throughout therapy, leading to less favorable treatment outcomes when compared to veterans with a singular disorder (Gros et al., 2016). The relation between PTSD and SUD is further evidenced by roughly 12-15% of veterans identifying issues with substance use six months post-deployment (Meshberg-Cohen et al., 2017). Additionally, service members returning from deployment (19%) indicated "wanting or needing" to reduce their consumption of substances as they had become detrimental to their wellbeing (Meshberg-Cohen et al., 2017). Similar findings exist with veterans utilizing Veteran Administration (VA) Healthcare services, who are 4.5 times more likely to screen positive for substance use disorders (alcohol, drugs) than veterans without a PTSD diagnosis (Meshberg-Cohen et al., 2017).

Other differences related to mental health exist regarding the branch of service as Army and Marine veterans show significantly less favorable outcomes in mental health specifically, related to depression, substance use, anxiety, and difficulty with relationships, when compared to Air Force or Navy (Eisen et al., 2012). It is apparent that veterans experience high rates of

mental health-related issues (i.e., PTSD, substance use, etc.) and that differences exist among veterans based on gender and branch of service; however, it is important to note that differences also exist when veterans are compared to civilian populations. Eisen et al. (2012) found that OEF/OIF veterans reported considerably worse mental health when compared to the civilian population and that 39% of the same veteran sample also screened positive for SUD. The difficulties veterans experience is complex. Knowledge of the differences between veteran populations regarding mental health issues is necessary for providing culturally competent services (Prosek et al., 2018). Furthermore, being familiar with veterans' specific mental health issues has placed the counselor in a position to be more knowledgeable about their veteran clients, building rapport and developing the therapeutic alliance (Atuel & Castro, 2018).

Mental Health Service Utilization among Veterans

The number of veterans who experience mental health-related issues has steadily increased along with access to services provided by the VA; however, 83.1% of veterans chose to not use the VA as primary healthcare service (Garcia et al., 2014; Nichter, Tsai, and Pietrzak, 2022). Schell and Marshall (2008) conducted a study that completed 1,938 interviews with veterans and determined that 47% had probable PTSD or major depressive symptoms but had not received any mental health services, and of those who did seek services (30%), indicated they were minimally adequate, which led to terminating prematurely. Garcia et al. (2014) also identified that less than 10% of veterans with a PTSD diagnosis accessed mental health services, and more than 68% ended treatment before completion. It has been suggested that negative beliefs associated with mental health/wellness decrease the likelihood that veterans will utilize available services (Meshberg-Cohen et al., 2017). Gender differences are additional factors that

influence the use of mental health services, as men tend to have more negative beliefs about seeking mental health services than women (Fox et al., 2015).

According to Fox et al. (2015), negative beliefs about mental illness (stigma) substantially influenced a veteran's decision to utilize VA services. Garcia et al. (2014) had similar findings related to mental health stigma as veterans expressed the idea of needing therapy to be associated with weakness; however, veterans also indicated that logistical difficulties regarding appointment times were related to not engaging in therapeutic services. This gives insight into some potential reasons veterans choose not to utilize mental health services; however, these reasons do not explain the high dropout rates for veterans who utilize services (Roos & Werbert, 2013). While stigma related to mental health appears to be associated with mental health service utilization among veterans' other barriers to care, such as institutional issues with the VA, cultural differences, and beliefs about the effectiveness of treatment, contribute to the severely low numbers of veterans engaging in therapeutic services (Di Leone et al., 2013; Garcia et al., 2014; Schell & Marshall, 2008). Nor do these reasons address the role culture and development of the therapeutic alliance play in a veteran's decision to utilize services or terminate prematurely. Therefore, the development of the research question, "How does military culture influence the development of the therapeutic alliance?" was designed to address the role culture and the therapeutic alliance play in a veteran's decision to engage in services.

Multicultural Competence and Development of the Therapeutic Alliance

According to the American Counseling Association (ACA) Code of Ethics (2014) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards (2016), being knowledgeable of the different cultural aspects of clients is a vital component of competent, ethical practice. Therefore, it should be further addressed in

scholarship to identify how multicultural competence influences client outcomes (Gonzalez et al., 2018). Additionally, multicultural competence is associated with the strength of the therapeutic alliance (Gonzalez et al., 2018). The therapeutic alliance has been identified over the last three decades as a primary component that influences positive client outcomes in therapy irrespective of the treatment modality or counseling setting (Ardito & Rabellino, 2011; Bachelor, 2013; Baldwin et al., 2007; Horvath & Luborski, 1993; Norcross, 2002). The therapeutic alliance is an approach to therapy that emphasizes collaboration in creating goals and identifying tasks to achieve positive outcomes that focus on developing the relationship between client and therapist that fosters trust, empathy, and understanding (Hovarth et al., 2011).

The term *therapeutic alliance* is widely recognized. However, this stems from Greenson (1965) and the concept of reality-based collaboration between the client and therapist, which led him to develop the term “working alliance.” Influenced by Freud’s (1912) concept of transference, object-rationalists began to suggest a new objective relationship is formed when a client and therapist interact that is primarily based on the client’s need for gratification and attachment experiences developed during childhood (Bibring, 1937; Gitleson, 1962; Horwitz, 1974). Early theories of the therapeutic alliance that were deeply rooted in the psychoanalytic perspective emphasized the therapist maintaining control by grounding the client and highlighting any distortions that could rupture the relationship. Little emphasis was given to how the therapist may negatively contribute to therapeutic alliance due to a lack of competence. Zetzel (1956) suggested a distinction between the neurotic and nonneurotic components of transference, with the latter being the alliance formed between client and therapist. Zetzel (1977) also discussed the concept of a therapeutic alliance as an associated area of study under transference and countertransference, indicating that it is an integral part of the “patient-analyst

dyad" in which both the client and counselor mutually influence the course of the relationship (p. 292). According to Zetzel (1977), the concept of the therapeutic alliance is multifaceted, partly influenced by the counselor's empathy and competence and partly by the client's needs and desire to actively participate in the work being conducted. This is the first account of a counselor's competence being indicated as a crucial indicator to consider when identifying the components that influence the therapeutic alliance.

Rogers (1951) developed his concepts associated with the therapeutic alliance stating that empathy, congruence, and unconditional positive regard play a key role in a client's ability to trust the therapist and express themselves freely without fear of persecution. Rogers (1951) emphasized the counselor's ability to demonstrate competently the three core components that would later become essential aspects of client-centered therapy. According to Rogers (1951), the counselor can embody all three components (i.e., empathy, congruence, unconditional positive regard) that will ultimately influence the therapeutic alliance's strength, which can be attained by creating an environment where the client feels heard and understood. Carl Rogers emphasized the significance of learning about all aspects of a client's life to strengthen the therapeutic alliance, which can be facilitated by the therapist embodying acceptance, empathy, and congruence (Watson, 2007). More specifically, the therapist uses a non-directive and empathetic listening style to create an environment where clients can safely express their values and worldviews (Watson, 2007). According to Rogers (1951), the combination of the therapist's non-directive style of listening, empathetic responding, and embodiment of person-centered therapy's core components serve as the foundational aspects that influence the therapeutic alliance, which ultimately becomes the primary change agent. Bordin (1979) shared Roger's stance on the importance of the therapeutic alliance, stating that the strength of the therapeutic alliance almost

entirely influences the change process. The client's ability to trust the therapist and freely express their worldviews through a collaborative process becomes how change is achieved.

Creating an environment where clients can freely share their worldviews and values is incredibly beneficial to have a foundational understanding of their culture (Asnaani & Hofmann, 2012). *Culture* is a collectively shared system of beliefs, values, customs, traditions, or perspectives by a group (Asnaani & Hofmann, 2012). According to Gonzalez et al. (2018), the literature supports positive associations regarding clients' perception of their therapist's degree of multicultural competence and its influence on positive client outcomes, therapeutic alliance, and counseling satisfaction. Soto et al. (2018) summarized the findings of two metanalyses examining the efficacy of using cultural adaptions to therapeutic interventions that included various characteristics such as race, ethnicity, culture, religious beliefs, and socioeconomic status with intersections of multiple identities. Findings indicated that clients were more likely to engage in the therapeutic process if the treatment matched their cultural characteristics (Soto et al., 2018). This signifies the importance of addressing the research question posed in this study "How does military culture influence the development of the therapeutic alliance?".

Furthermore, cultural adaptations led to clients remaining in therapy and experiencing improved wellbeing (Soto et al., 2018). La Rouche and Lustig (2013) also indicate that those client outcomes are influenced by aligning therapeutic interventions with cultural specifics. Additionally, therapy should be specifically adapted or modified based on the diversity and complexity associated with the culture of the individual or group seeking services (Beutler et al., 2012; Castonguay & Beutler, 2006; Rosenthal, 2016; Smith & Trimble, 2016). Given the body of literature that identifies the influence cultural competence plays with the development of the therapeutic alliance, it is imperative to expand upon the research related to specific groups such

as veterans. Ultimately this requires ascertaining how a counselor's knowledge of military culture influences the development of the therapeutic alliance with veterans.

Implications of Military Cultural Competence

Since the U.S. has been engaged in the war following the 9/11 attacks, there has been an increase in the veteran population, causing researchers to devote greater attention to understanding the different factors associated with military culture (Bryan & Morrow, 2011; Carrola & Corbin-Burdick, 2015; Cole, 2014; Coll et al., 2012; Strom et al., 2012). Recently Prosek et al. (2018) developed the first set of competencies for counseling military populations approved by the Military and Government Counseling Association Executive Committee and Board of Directors, an American Counseling Association (ACA) division. This provided insight into the different cultural components practitioners should consider when working with military populations to provide competent and ethical services. While the competencies provide a conceptual framework for the information practitioners should know about military culture; however, it does not provide insight into how being culturally knowledgeable or competent impacts a veteran's engagement and use of counseling services or the therapeutic alliance's development. Therefore, understanding how military culture intersects with how veterans form relationships need to be addressed. Previous research has discussed the significance of developing a strong therapeutic alliance, but none has examined this in relation to working with the veteran population. Additionally, no studies could be found that examined the influence military cultural competence has on forming the therapeutic alliance. This study will examine how veterans conceptualize the formation of the therapeutic alliance while considering the relationship cultural competence plays in the process.

Romaniuk and Kidd (2018) conducted a systematic literature review of the qualitative studies that addressed veteran perceptions of reintegration issues and found two primary themes emerged across the current literature, which were "Loss of Culture and Community, and Loss of Identity" (p. 63-67). This signifies the roles social connectedness and identity development play with individuals who ascribe to military culture. Many studies in this literature review identified that veterans perceive difficulties forming and maintaining relationships with civilians due to the stark differences between military and civilian culture. For example, one of the overarching themes identified by Ahern et al. (2015) was termed "Normal is Alien," which reflects the feeling of alienation with veterans regarding the stark differences that lead to relational issues between military and civilian culture. Similar findings are reported by Demers (2011), with veterans indicating they felt out of place or misunderstood by civilians and caught between military and civilian cultural norms.

Ahern et al. (2015) also indicated that veterans felt disconnected from civilians, friends, and family members due to not having similar experiences, misunderstandings, or assumptions about military service and culture. Engaging in support was difficult due to feeling alienated and believing civilians could not understand the veteran's experiences and perspectives (Ahern et al., 2015). Understanding if the same feelings of alienation exist when veterans engage in counseling services has yet to be identified. Veterans did, however, indicate that support from other veterans was vital for navigating the issues experienced during the transition into civilian life due to shared experiences, beliefs, and values (Ahern et al., 2015). In addition, having a shared understanding with individuals knowledgeable of military culture (i.e., other veterans) allowed them to establish meaningful relationships and overcome their difficulties.

Veterans experience difficulties developing and forming relationships with friends, family, and other civilians due to cultural differences or a lack of understanding regarding military cultural norms. Based on this research, it is essential to explore how cultural norms or unfamiliarity with military culture impact the development of the therapeutic alliance. Bryan and Morrow (2011) identified several stark differences between military and mental health culture that stand in direct opposition from each other that could impact the development of a counseling relationship. Mental health practitioners are trained to utilize clinical language that focuses on identifying disorders or mental illness, which diverges from military culture aspects that place importance on strength, resilience, and mental toughness (Bryan & Morrow, 2011). Any admittance to illness is viewed as a weakness that could ultimately impair one's ability to perform their duties due to an emphasis placed on the group and completing the mission over their wellbeing.

Military culture places great importance on developing close in-group bonds often fostered in extreme conditions and taking time to engage in therapy is a potential breach of the group's trust (Bryan & Morrow, 2011). Traditional mental health care primarily focuses on individualistic treatment that requires vulnerability with a stranger who may not understand the significance military culture places on perseverance. Mental health professionals are viewed as outsiders, and utilizing mental health services is highly stigmatized in the military, potentially hurting one's career advancement (Bryan & Morrow, 2011). This view is often carried over when veterans leave the military and reintegrate into society. Additionally, military culture places great importance on self-reliance, resilience, and fortitude as pivotal foundations for achieving success and completing the mission (Bryan & Morrow, 2011). It is not hard to see how certain aspects of military culture clash with traditional mental health views.

Statement of Significance

While greater emphasis has been given to understanding military culture and conceptualizing the different competencies necessary for working with this population, little is known about the specific impact this knowledge has on developing the counseling relationship between the practitioner and military member or veteran. Several studies have identified the significance military culture plays in a wide range of areas from the veteran's perspective, including identity development, adjustment, and potential barriers associated with reintegration into civilian life (Aher et al., 2015; Grimell et al., 2017; Orazem et al., 2017). However, military culture's role in a veteran's choice to engage or terminate mental health services is yet to be explored. Knowing how veterans perceive their environments and relationships and how culture impacts this process, is becoming more critical due to the diverse and expansive range of issues they face.

However, further investigation is necessary to fully understand how knowledge of military culture impacts the counseling relationship between the veteran client and therapist. Furthermore, understanding this from veterans' perspective allows practitioners working with military populations to better understand their clients and the factors that influence the development of the counseling relationship, potentially leading to more competent and ethical practice (Carrola & Corbin-Burdick, 2015). Given the highly stigmatized context of mental health and the contrast between military culture and traditional mental health approaches, gaining a deeper understanding of veterans' importance in military culture is critical. In addition, understanding how military culture influences a veteran's development of relationships can help counselors better conceptualize other issues that extend beyond the counseling relationship.

Chapter II: Methods

Semi-structured interviews were conducted to understand how veterans perceive the development of the therapeutic alliance and how military culture influences the process. I developed answers for the two research questions listed below based on the information provided during the interviews.

Research Questions

The research question was developed to address the two main components under examination in the study: military culture and therapeutic alliance development. The goal was to understand the veteran's perspective regarding military culture and how it influences the development of the therapeutic alliance. Extensive bodies of literature have examined the importance of the therapeutic alliance and how culture influences the process(Ardito & Rabellino, 2011; Bachelor, 2013; Baldwin et al., 2007; Horvath & Luborski, 1993; Norcross, 2002).). However, no studies have examined how military culture influences the development of the therapeutic alliance, so the research questions were designed to fill the gap in the literature. A qualitative study using a thematic decomposition analysis was used to develop overarching themes that reflect how military culture influences the development of the therapeutic alliance. Below is the research question developed for this study.

1. How does military culture influence development of the therapeutic alliance?
    a. What components of military cultural knowledge influence a veteran's perception of the relationship with their therapist?

Epistemological Frameworks

The study incorporated a social constructionist approach using thematic decomposition analysis to identify core and subordinate themes derived from the participants' information (Creswell & Poth, 2016; Riessman, 2008). A constructionist approach attempts to understand a person's perceptions and meaning-making process through their lived experiences (Freeman, 2016). Telling lived experiences through conversation is a common form of communication and a natural way to connect with others (Wilson et al., 2009). Discourse between two people becomes the vehicle for the co-construction of knowledge and language is the medium for the transition of information to take place. From this perspective, understanding how veterans perceive the therapeutic alliance's development and how they derive meaning from the therapeutic experience will lead to a deeper understanding of how to provide culturally competent services. In addition, expanding upon the knowledge related to military cultural competence will allow future practitioners working with veteran populations to meet their needs from a culturally competent perspective.

Social Constructionist Perspective

A social constructionist perspective will guide the interpretation of the information provided by participants as it focuses on the production of knowledge in collaboration between two or more people (Burr, 2015; Gergen, 2015; Jankowski et al., 2000). According to Gergen (2015), a power imbalance exists between the researcher and participant; however, social constructionism equalizes the hierarchy by creating interdependence between the researcher and participant to co-construct knowledge. Social constructionism attends that people construct their reality and develop knowledge through social interaction, mediated by culture and socially agreed-upon norms (Kim, 2001). Social constructionism also emphasizes the role of culture and

context when constructing knowledge, which will be necessary given the emphasis placed on understanding military culture in the context of developing the therapeutic alliance (Kim, 2001).

Furthermore, learning is also viewed as an interactive social process conducive to using interviews to collect information as the interviewer and interviewee are learning and constructing knowledge together. The collaboration and co-construction of meaning between participant and researcher are what permits social constructionism to be used together as it provides the participant an opportunity to discuss their lived experiences, and the researcher plays a role in the interpretation of meaning as it relates to the research questions (Gregan, 2015; Holley & Colyar, 2012; Pugh, 2011; Riessman, 2008). Lastly, the proponents of social constructionism align with my ontological and epistemological commitments as a researcher because it seeks to understand the sociocultural contexts that influence the development of meaning and experience (Braun & Clarke, 2006).

Thematic Decomposition Analysis

Thematic decomposition analysis (thematic DA) within a social constructionist epistemology was used to identify patterns and themes across all the participant interviews (Braun & Clarke, 2006; Cresswell & Poth, 2016; Riessman, 2008). Thematic DA is a specific form of thematic analysis that theorizes that language is fundamental in the development of socially produced meaning (Braun & Clarke, 2006). The process involves the identification of themes from the information provided by participants (i.e., interviews), which is then synthesized into codes that will later lead to the development of themes (Braun & Clarke, 2006). It is theorized that meaning is social in nature and can be derived from the interpretation of language, which lends itself well to studying culture, given that the meaning surrounding cultural norms is

socially constructed and agreed upon by the individuals that subscribe to it (Braun & Clarke, 2006).

The method aligns with a constructionist epistemology because I co-constructed meaning with each participant surrounding their experiences with therapy and how military culture influences the process. Thematic DA also leaves room to address any ambiguity related to the language used by allowing the researcher to rework things through other discourses with the participants to gain further clarity (Braun & Clarke, 2014; Riessman, 2008). Emphasis is placed on what is being said and how that corresponds across each interview to generate codes and themes that share connections between participants (Creswell & Poth, 2016; Riessman, 2008). Identifying broad categorical themes derived from the language used by participants allows the researcher to make inferences about the relationship between the information provided by participants and the questions being addressed in the study (Braun & Clarke, 2014).

Braun and Clarke, (2006) outlined six phases utilized in thematic DA that I will use in this study. Phase 1 is “Familiarizing yourself with your data” and involves the transcription of the interviews followed by reading and re-reading the information which will also include making entries in my reflexive journal (Braun & Clarke, 2006). Phase 2 “Generating initial codes” involves creating codes from specific excerpts in a systematic way across all interviews (Braun & Clarke, 2006). Phase 3 “Searching for themes” is where codes are organized into groups that share similarities between the excerpts the codes were developed from (Braun & Clarke, 2006). Phase 4 “Reviewing themes” involves two levels; Level 1 begins by checking to see if the themes developed make sense with the coded extracts and Level 2 consists of creating a thematic map of the entire analysis so connections between excerpts, codes, and themes are understandable (Braun & Clarke, 2006). Phase 5 “Defining and naming themes” involves

refining the information for each theme that includes developing names and definitions that are clear and concise (Braun & Clarke, 2006). Phase 6 “Producing the report” is considered the final opportunity to analyze the information and selecting the most compelling extract examples and their relation to the research questions which concludes with presenting the findings (Braun & Clarke, 2006).

Researcher Positionality

I am a clinical counselor and doctoral candidate with seven years of experience counseling civilian and veteran populations. I am also a veteran and former Marine Corps Sergeant with four years of active-duty service and seven-plus years of combined military and civilian experience working with the veteran population outside of a clinical setting. As such, the reasons for choosing this topic of study are associated with many different experiences I have encountered as a member of the veteran population. These initial experiences influenced my decision to become a counselor and have continued to be the foundation for my desire to work with veterans as a clinical counselor. During this time, I have endeavored to advocate for the veteran population to be viewed as a unique group with its own culture and specialized needs.

This endeavor is also a primary reason for focusing on understanding how veterans form a therapeutic alliance and how being familiar with military culture influences the process. Many of my beliefs and values were influenced by my military experience and directly aligned with military culture. Two core beliefs that I regularly incorporate into all aspects of my life that are influenced by military culture are integrity and commitment. Integrity means striving to be honest and always hold myself to the highest personal and professional standards, even when it may not be advantageous or expected of me. I view commitment as an attribute that is expressed by dedicating myself to finishing everything, I begin along with striving to be a reliable person in

all the areas of my life. I fully embrace the fact that I identify as a member of the veteran population, which carries certain significant benefits for studying veterans, such as being intimately familiar with military culture. This fact also influenced the choice to utilize a social constructivist framework because of the importance placed on interpreting information from a cultural context where knowledge and meaning are collaboratively created between two individuals.

While my connection and identification with the veteran population lends certain advantages, I also recognize that being mindful of how my position will influence the interpretation of the data is imperative. Therefore, I feel that it is important to disclose that I experienced a stronger degree of comradery with Ben and Susan given we share the same branch of service (I.e., Marines). This tends to be a very common thing that occurs among service members however my personal experience with this dynamic can be heightened due to the beliefs instilled in Marines that we are the most elite branch of service and the smallest. One of the Marines slogans is “The Few, The Proud”, which points to the fact that we are the smallest branch of service with the most stringent requirements to gain membership. When I encounter another Marine there is an immediate understanding that we have a shared experience that encompasses shared beliefs and values, which is something unique. I share this perspective in an attempt to be transparent to show that during the interview and data analysis process I attempted to be very aware of how this will play a role in my interpretation of his words.

Reflectivity was used throughout the process to provide the reader transparency and show how I am interpreting information and engaging in introspection. This will be achieved by keeping a reflexive journal through every phase of the process that will include my personal experiences related to the research topic to help the reader evaluate how my thoughts and biases

play a role in interpreting information. Lastly, none of the participants will share a personal or social relationship with me outside of the interview process to provide an extra layer of trustworthiness associated with the information.

Criterion Sampling

The sampling strategy used for this study was purposive criterion sampling. According to Robinson (2014), criterion sampling is used when the participant pool must meet specific categories (i.e., veterans). Participants are selected based on meeting specific characteristics that address the questions being asked in the study (Creswell & Poth, 2016; Robinson, 2014). The purpose of utilizing criterion sampling instead of convenience sampling is to ensure the likelihood that the participant pool has the specific characteristics desired for the study (Robinson, 2014). In addition, according to Merriam and Tisdell (2016), criterion sampling can help to ensure cases containing rich information are gathered during the recruitment process.

Participant Sampling and Recruitment

Following institution review board approval, the researcher conducted in-depth semi-structured interviews with veterans who meet inclusion criteria. Inclusion criteria consisted of (a) having served a branch of the United States Armed Forces in Afghanistan or Iraq, (b) utilized individual clinical counseling services from a civilian therapist since joining or separating from the military. *Individual clinical counseling services* was defined as one-on-one sessions with a counseling professional for mental health and wellness-related issues from someone who with a minimum of a master's degree in a counseling or related field. Due to this study focusing on developing a therapeutic alliance between two individuals (i.e., veteran and therapist), group and marriage counseling was excluded as the process includes more than two members, which changes the dynamic of the relationship being formed. The decision to focus on counseling

services from a civilian therapist was influenced by the limited confidentiality military members have while utilizing on-base counseling services, which changes the nature of the relationship being developed. In addition, civilian therapists are not required to report anything to the veteran's command structure, thus strengthening the development of trust, which is an integral part of the therapeutic alliance. To ensure a diverse participant pool, veterans were recruited purposively using a snowball strategy that will include women and men of various races/ethnicities, ages, and military service branches. The study was advertised via a digital flyer with a Qualtrics link and QR code distributed to veteran support groups on social media (Facebook), CESNET-L an unmoderated listserv for counselor educators, and American Counseling Association (ACA) listserv. Interested individuals were directed to the study's informed consent page (either through a Qualtrics link or QR code) and, after virtually consenting, provided demographic information and contacted by the researcher to identify interview times. Veterans who agreed to participate were emailed written informed consent and interviewed via distance (i.e., Zoom or Skype).

Table 1

Participant Demographics

Pseudonym	Gender	Age	Race/Ethnicity	Branch	Years	Deployments	Participation	Sessions	Service Provider
Grace	Female	39	Hispanic, Latino, or Spanish origin/White	Army	1	0	Mandatory/ Voluntary	30 or more	Military/ Civilian
Jeff	Male	51	Asian/White	Army	20	6	Voluntary	Over 50	Civilian
Ben	Male	26	White	Marines	4	1	Voluntary	Over 50	Civilian
Susan	Female	45	White	Marines	8	0	Voluntary	More than 100	Military/ Civilian
Chris	Male	38	Hispanic, Latino, or Spanish Origin	Army	10	2	Voluntary	15	Civilian
Mike	Male	30	White/Other	Army	12	0	Voluntary	20 Plus	Military/ Civilian

Semi-Structured Interviews

A semi-structured interview guide was used that focuses on how military culture influences the development of the therapeutic alliance but still allows room for open inquiry if pertinent information arises during the interviews (Ahern et al., 2015). A semi-structured interview process was chosen above a structured and open interview due to its flexibility when utilizing narrative inquiry (Riessman, 2008). Too much structure can lead to missing important components of an individual's story, and an open interview format can cause interviews to stray from the study's intentions (Riessman, 2008). Veterans were asked to provide narratives of their experiences in therapy with probes that focus on the counselor's perceived empathy, development of trust, and outcomes related to the benefit of engaging in counseling. All interviews were conducted by the researcher, a veteran with experience counseling veteran populations. The interviews lasted 60 minutes in length on average and audiotaped for transcription. The development of the questions was influenced by the body of literature that examines cultural competence, transition issues, and identity development with veterans (Bryan & Morrow, 2011; Carrola & Corbin-Burdick, 2015; Coll et al., 2012; Di Leone et al., 2013; Oranzem et al., 2017; Garcia et al., 2014; Schell & Marshall, 2008).

Question 1: "How did your experience in the military influence the way you currently see yourself?" which includes the sub-question "How does your military experience influence the way you develop relationships?" was influenced by Oranzem et al. (2017) findings that indicate veterans felt like they lost a part of themselves when they left the military along with feeling like they did not belong in civilian society. Military culture ingrained their identity, influencing how they perceived themselves within civilian society. Obtaining further clarity on how veterans perceive their experiences in the military within the context of identity development will provide

further insight into how a strong adoption of military culture influences the ability to form new relationships (i.e., therapist and client).

Findings from Ahern et al. (2015) and Oranzem et al. (2017) indicated that veterans felt alienated from their civilian counterparts, finding it difficult to relate with them, given the vast differences between military and civilian culture. Burkhart and Hogan (2015) had similar findings with female veterans who indicated having a difficult time connecting with civilian women along with difficulties in maintaining interpersonal relationships with "old civilian friends" due to the vast difference in life experiences and their adoption of military culture (p. 119). According to Mamon et al. (2017), a cultural gap exists between veterans and civilians, primarily due to the lack of familiarity with military culture among civilians. Tanielian et al. (2014) also found that out of 500 mental health professionals sampled from multiple fields, only a quarter reported familiarity with military culture. The same proportion of mental health practitioners also indicated only having a basic familiarity with common post-deployment issues and stressors experienced by the veteran population (Tanielian et al., 2014). The cultural gap is often expressed as a feeling that "only veterans can understand" each other regarding their experiences and issues (Mamon et al., 2017). However, gaining further insight surrounding how veterans feel as it pertains to a therapist and their ability to relate with them is important, given empathy's crucial role in developing the therapeutic alliance (Gonzalez et al., 2018).

Question 2: "How do you feel about your past experiences with therapy?" which includes sub-question "What influenced your ability to share freely in therapy"; Question 3: "What influences how you choose a therapist" which includes sub question "What qualities do you look for in a therapist"; Question 4: "How would you describe the relationship with your previous therapist?" which includes sub questions "What influences your perception of the relationship?",

“How does having a prior knowledge of military experiences influence the relationship with your therapist?”, and “What knowledge would you prefer a therapist has regarding military culture?” were developed with the intent to gain perspective about the things that influence how veterans choose a therapist and engage in therapy given that many civilians and mental health practitioners are not familiar with military culture and the difficulty veterans expressed regarding their ability to relate with civilians. Questions 2-4 were developed from the presumption that veterans would be less likely to share freely and have difficulty relating to a therapist due to the body of literature that identified the lack of military cultural knowledge among therapists (Bryan & Morrow, 2011; Carrola & Corbin-Burdick, 2015; Coll et al., 2012).

Question 5: “How did past experiences with therapy influence your desire to engage in therapy in the future?” was influenced by several studies that examined the different barriers that contribute to low rates of mental health service utilization among veterans (Di Leone et al., 2013; Garcia et al., 2014; Schell & Marshall, 2008). Cultural differences and beliefs regarding the effectiveness of treatment were two prominent issues that surfaced; however, no additional studies could be found that identify how previous experiences with therapy influence a veteran’s desire to seek future services. Therefore, question five seeks to provide an opportunity for veteran participants to discuss how previous experiences in therapy influence their desire to engage in future services.

Question 6: “Is there anything else you would like to tell me that you feel may be important to discuss?” was created as a final opportunity for the participants to share any information they feel is relevant. This also provides an opportunity for participants to clarify anything that was previously spoken about, which led to nearly every participant providing additional information. Ultimately this question proved to be a useful tool that allowed the

participants to briefly reflect on the discussion and expand or add information they felt was important

Setting

Interviews were conducted via Zoom. In all instances' written consent was obtained upon completion of the online consent form and demographic questionnaire. Verbal consent was obtained prior to conducting interviews. Participants completed a demographic questionnaire that includes questions to identify age, race/ethnicity, gender identity, branch of service, military status, years of service, number of deployments, marital status, number of dependents and utilization of counseling services. Obtaining the information provided additional contextual information about the participants (See Appendix B).

Data Analysis

The data analysis process began immediately after the first interview and was ongoing throughout the entire process of conducting interviews. Information from the interviews was transcribed and codified using Dedoose, a qualitative data analysis software that allowed themes to be developed from transcribed interviews. A thematic decomposition analysis utilizing the six phases outlined by Braun and Clarke (2006) was used to interpret the information provided by the participants interviews. Phase 1 involved familiarizing myself with the data by listening to each interview recording a minimum of 6 times while transcribing the entire interview dialogue. Reflective journaling began following each interview with the intent to capture initial impressions of the immerging themes that formed the basis for the interpretation of the information. Writing in the reflective journal took place throughout the transcription process, providing an opportunity to dissect the information in a methodical and detailed way. Journaling also occurred when a thought or idea came up when not actively coding, which was typically

verbally dictated to a running log that was later added to the primary logs. Each participant interview was listened to multiple times to enhance the connections between emerging themes.

After all the interviews were transcribed, Phase 2 making note of emergent themes regarding the core topics that identify units of meaning related to the components that influence the development of the therapeutic alliance with veterans (Lune & Berg, 2017). Additionally, I created codes with specific titles and definitions that linked excerpts in a systematic way that allowed them to be organized into groups. After reading through all the interviews a minimum of 6 times while actively coding I moved into Phase 3 by organizing codes into groups based on shared patterns between interviews (Braun and Clarke, 2006). I read through all the codes and excerpts multiple times to condense or consolidate codes that were redundant. This led to the formulation of two primary themes, *Military Culture* and *Therapist Skills*. Phase 4 began by reviewing the themes and codes along with creating a thematic map that allowed me to track the connections between excerpts, codes, and themes. Dedoose provided the ability to generate several outputs such as code application, co-occurrence, and 3D code cloud, which generates a three-dimensional floating model of the themes/codes. This allowed me to identify the most frequently discussed themes and codes created for the excerpts related to the research question. Once this was completed, I moved into Phase 5 which involved refining the definitions for the themes that convey the information concisely by reading through the definitions and excerpts associated with each theme to ensure the content being discussed shared similarities and made sense with the definition. Phase 6 was the final step in the data analysis process and involved selecting the most compelling excerpt examples that are related to research question and producing a report of the information. This involved reading and re-reading all the excerpts selected for each individual code and pulling out the most salient examples.

Trustworthiness

Multiple strategies were incorporated to demonstrate trustworthiness. The first strategy involved conducting two pilot interviews to ensure the questions being asked led to information aligned with the research question. According to Connelly (2016), trustworthiness, also known as rigor, involves examining the quality of the study and, more specifically, the confidence in the information gathered, along with the researcher's interpretation of the findings and methods used to draw conclusions. Lincoln and Guba (1986) outlined four criteria to include to demonstrate the trustworthiness of the study: credibility, dependability, confirmability, and transferability. According to Conelly (2016) the four criteria outlined by Lincoln and Guba (1986), have become a staple to demonstrating trustworthiness or rigor in most qualitative studies. The second strategy involved incorporating the four criteria outlined by Lincoln and Guba (1986) with thick descriptions for each.

Credibility

Qualitative researchers have described the credibility of a study as the confidence associated with the truth of the findings (Creswell and Poth, 2016). Procedures often utilized to demonstrate credibility include peer-debriefing, member checking, reflective journaling, and thick description (Shenton, 2004). Member checks were utilized during the initial interviews and as a follow up procedure with participants after the initial interpretation of findings who agreed to meet a second time with the goal of discussing themes and excerpts to strengthen the accuracy of the stories being conveyed (Creswell & Poth, 2016). While the interviews were being conducted, I utilized follow up questions as needed when additional insights occurred as participants shared their stories. Follow up member checks took place with two participants after the initial interviews to discuss my interpretation of the findings. The four other participants

received emails about participating in member checks but chose not to participate in the second set of interviews. The second set of interviews involved two discussions that lasted over an hour each in which the participants were provided a document with the themes/codes and excerpts for consideration. The two participants provided feedback about the accuracy of what each theme described and if the excerpts aligned with each description. I discussed each theme at length with the participants asking them to provide insight about the clarity of the descriptions for each code and the relevance to development of the therapeutic alliance.

Reflective journaling was an additional process utilized to demonstrate credibility which involved me keeping a record of my thoughts, feelings, and insights throughout the entire process (Conelly, 2016; Shenton, 2004). The practice of reflexive journaling also provides a layer of transparency for the reader to understand how I am processing the information and coming to conclusions which helps to enhance integrity in the process (Conelly, 2016). I incorporated the use of a field journal to record/process thoughts and interpretations after each interview and throughout the data analysis process to further demonstrate credibility. Thick description was first discussed by Geertz (1973) and described as the science of cultural description in which the researcher attempts to describe, explain, and interpret the underlying meaning of social interactions. Thick description was demonstrated by including a thorough description of the interview and data analysis process to provide additional context for how the participants stories are being interpreted.

Transferability

Transferability is discussed as being associated with external validity or the way in which a study's processes, procedures, and findings are adequately described and may be applied to other studies to further examine what is being studied (Lincoln & Krefting, 1991). This primarily

involves the researcher utilizing thick description to outline the central components of the study so readers can evaluate the steps utilized during the entire data analysis process (Berg & Lune, 2017). Each phase of thematic analysis outlined by Braun and Clarke (2006) is included in the data analysis section which provides a detailed description of each component of the process utilized to interpret the information being provided by participants.

Dependability

The idea of reliability or accuracy of findings, which is typically associated with quantitative research is particularly challenging in qualitative designs due to the subjective nature associated with the methods used to collect information (Cresswell & Poth, 2016). Additionally, as I am the primary instrument for interpretation of the findings this also adds another layer of subjectivity to the findings. However, because the epistemological framework (i.e., social constructionist) of the study attends meaning surrounding experience is viewed as being socially produced and not residing within a singular individual; my subjective interpretation is an integral part of the information being produced (Braun & Clarke, 2006). To provide further credibility to the findings I utilized three procedures associated with credibility (i.e., member checking, reflective journaling, thick description) to demonstrate the rigor utilized during the interpretation of the findings (Berg & Lune, 2017). The following is an example of how the use of reflexive journaling led to the identification of emerging themes and recognition that biases were influencing my ability to recognize them initially.

When I initially proposed this study, my focus was to understand how military culture influenced development of the therapeutic alliance. As I began conducting the interviews, transcribing, and coding; themes started to immerge that were more closely associated with characteristics exhibited by the therapist that were unrelated or indirectly related to military

culture. I must confess that initially I found myself slightly dismayed at this discovery because I thought it was an indicator that I had missed something or designed questions that did not reflect my research proposal. I was certain that military culture would be a profound influence in the process and as participants began to speak more about things that would be described as counseling skills or other aspects unrelated to culture, I began to question if I had chosen a topic that was not important or significant to working with veterans even though the literature suggested otherwise (Carrola, & Corbin-Burdick, 2015). After reflecting on this I came to the realization that was simply not the case and the questions I developed had achieved the intended purpose, which was to uncover what the participants felt is important. Culture was discussed and it does play a role in the process but as the literature also discusses, other components also contribute. I began to realize emergent themes unrelated to my initial assertions is a good sign that I was not falling prey to confirmation bias and only giving importance to the things that would confirm my initial beliefs. My initial fears were being influenced by my desire to be correct about my beliefs regarding military culture, which in part is influenced by my personal experiences with therapists who were lacking in their cultural knowledge. I let this fear momentarily cloud my perspective about the information that was emerging instead of realizing the importance of understanding the profound implications of my mistake. As such this should be considered as a limitation and one that could have been avoided if a peer debriefs had occurred.

Confirmability

Confirmability is a researcher’s attempt to ensure the findings in the study represent the participants story and not the agenda of the researcher (Berg & Lune, 2017). Confirmability is often described as the researcher’s ability to demonstrate a transparent look at how objectivity

was maintained throughout the study. I am not sure true objectivity exists and as previously stated my perspective will be an integral part of the interpreting the information given the epistemological framework of the study (i.e., social constructionist). My goal however was to provide as much transparency as possible to reader so it will be apparent that I frequently considered the concepts associated with confirmability (subjectivity/objectivity). I achieved transparency through continued use of reflective journaling and thick description of field notes to provide a detailed account of my thoughts and interpretations throughout data analysis process. Additionally, a section was included that discusses my positionality and relationship with the population being studied in an honest attempt to provide readers the opportunity to evaluate the findings and infer if the participants story was superseded by my own agenda (Freeman, 2016).

Chapter III: Results

After familiarizing myself with the information provided by the participants in the form of interviews, two primary themes emerged. Theme 1: “Military Cultural Knowledge,” which includes four subordinate themes; “Military Culture Shapes Identity and Values”, “Interpersonal Challenges”, “Selective Trust Means Security”, “Mental Health Stigma Means Consequence”. Theme 2: “Therapist Skills,” also includes three subordinate themes; “Accountability Through Confrontation”, “Active Listening Builds Rapport”, “Collaboration Creates Agency”. The subthemes are an attempt to describe the specific aspects of military culture or therapist characteristics that play a role in the development of the therapeutic alliance to lend a deeper interpretation of the information provided by the participants.

Theme 1: Military Cultural Knowledge

All the participants spoke about different aspects related to military cultural knowledge and how even a basic understanding provides a foundation for the therapist to build upon. Given the nature of culture and how it encompasses aspects of a person’s identity, it’s important to recognize people may not always be overtly aware of how culture influences their perception of others. Previous research has discussed the importance of being familiar with components of military culture such as core values/traits, language, hierarchy, deployments, and mental health issues when conducting therapy with military populations (Atuel & Castro, 2018; Bryan & Morrow, 2011; Carrola & Corbin-Burdick, 2015; Cole, 2014; Prosek et al., 2018). With this in mind I felt it was important to gain an understanding of the importance placed on a therapist being knowledgeable of military culture by creating a question that asked participants to consider the importance they place on a therapist being familiar with military culture. In the following

excerpt Susan provides her perspective on how she views a therapist being knowledgeable of military culture:

> I mean, I think it's a lot because someone that can at least have kind of a little bit of a background or kind of a base level understanding of what that culture is like, I think it helps keep me from having to explain so much. Because I have certainly developed some insecurities around my place in the Marine Corps because I was a woman, and there were some instances where I was really held back literally because I was a woman and just some of those things. But I still love it but it's a real mixed bag.

Susan indicated that by having a base level of understanding, the therapist has a foundation to work from that will not only reduce the time it would take to explain things but also provide context for the challenges she faced as a woman in the military. Given the complex nature of culture and the myriad of ways it can play a role in how a person experiences the world having a foundational understanding creates an opportunity to build upon an existing knowledge base. The understanding that our nation consists of many diverse cultures is why counseling programs require all students to take multicultural courses, to have a base level of knowledge to apply when working with their clients. The counseling profession also recognizes that not all people within a given cultural group have the same experiences, which adds a layer to conceptualizing culture's role in the therapeutic process. Each person’s experience is unique but foundational knowledge of culture can serve as a bridge to understanding how they make meaning out of their experiences. Another participant, Ben, pointed this out by stating:

So, to my understanding, she sees a few veterans from this [veteran-serving\company]. All of us have different experiences, and we're there for different reasons. So, she has, I'd

> say, a base knowledge of I feel like why some people go to therapy. She was never in the military. She has no family in the military. I don't think she started her practice to see veterans. I don't know what happened in her life that made her want to join [veteran-serving] company. But she understands a few things. And she enjoys learning about different encounters and different, I guess we'll say, stories from other people's careers.

Even though Ben's therapist did not have an extensive understanding of military culture he felt a base level of understanding influenced the therapist's ability to empathize with him and understand the different reasons people seek help. His therapist's "base knowledge" that demonstrates "she understands a few things" provided an initial foundation to build the therapeutic bond which was reinforced by her ability to convey "she enjoys learning" about Ben's experience in the military that conveyed interest and empathy. Empathy is often discussed within the counseling literature as a foundational component of therapy that influences trust and acceptance (Mandatsou et al., 2020). From a conceptual standpoint understanding a client's motivators to engage in therapy and how life experiences led to the issues they present with can help the therapist incorporate a more comprehensive and holistic treatment plan (Mandatsou et al., 2020). Chris speaks to this further by stating:

> You know, I'm not sure because that's the specific reason that I'm there. I want them to have previous knowledge and experience in working with veterans. I think that's pretty important because my therapist also deals with a couple of other veterans. She knows how to navigate some of the things that not only are being said but are being left unsaid. I believe, and I could be wrong, that she has somebody in her immediate family that also serves. That plays a role there too.

Chris is indicating that people can struggle when attempting to accurately describe the challenges they are facing. Throughout the process of therapy, the therapist gains a deeper understanding of what the person is attempting to convey by using cultural knowledge to "navigate some of the things that are not only being said but are being unsaid". This often takes time, so having a foundational understanding of how the person views the world through a cultural lens can help the therapist incorporate questions that lead to insightful recollections that would not be possible otherwise. As for the specific components associated with military culture that played a role in how the participants viewed the relationship with their therapist, the themes that emerged were somewhat covert and may often be something the participants were unaware of. Therefore, gaining a more in depth understanding of how military culture influenced the participant's identity development was necessary to identify their nuanced perspectives and world views.

Military Culture Shapes Identity and Values

A foundational assertion driving the purpose of this research study is that military cultural knowledge is essential to understand in the context of working therapeutically with veterans. When culture is being addressed, it is essential to recognize its role in identity development as it becomes a lens through which the person sees the world. During the interviews with the participants, they frequently described how military culture influenced their personal identity which led to the development of the subordinate theme "Military Culture Shapes Identity and Values". To understand the other components of military culture that emerged from our discussions, it's imperative to acknowledge how they viewed their own identity development to provide context for the importance placed on components associated with development of the

therapeutic alliance. Jeff discussed how generational service amongst his peers and family influenced his identity development:

> I came to the military just to get away from everything that was going on up in [my home state], just graduating and really not going to college, right? So, I came in [to the military] and went [overseas]. I was there for three years. Then I went to the Gulf War…then I came back…I was in [military specialty]…and just see some cool and crazy stuff. So, when we got back, I got out because [previous president] took over and everybody that I respected was getting out. They were taking that early money. Of course, I was too young, so I didn't get anything. I just got a nice pat on the back and, "Go to college, kid." So, I left. Came back in after September 11th, after we were attacked. Patriotism just kind of kicked back in and I was like, "Well, let's go get her done, man." Came back in, became a helicopter pilot after about a year and a half of being back in the service. And from there, kept going for 17 years as a pilot until I finally retired.
>
> Jeff furthers this sentiment, "Yes. So, it definitely... The patriotism in me was still very young. And then my grandfather was World War Two, my uncle's Vietnam, so all those stuff kind of shaped me. I came back in on the patriot note, and then I ended up staying, man, just because I guess it does shape you. It is who you are and what you do, what you train for.

Jeff shared the multigenerational aspects that influenced his decision to reenlist in the military following the 9/11 attacks on the World Trade Center, along with the identity associated with his specific unit. Family legacy for this individual is interwoven with his conception of patriotism and military service. Familial expectations are not an uncommon thing that occurs

with individuals that choose to serve in the military as is evident in Jeff's experience, which I also can identify with. I was often told throughout my life that at least one member of my family has served in the military and participated in every war the United States has engaged in since the Revolutionary War. To say this did not have a profound effect on my development and the way I conceptualize things like service, duty, and how one navigates the world with those concepts in mind would be an understatement. They become core identifiers for the individual which can be seen in the following expert; when asked how military experience influenced participants' identities, Susan shared, "In a way, it actually kind of became my personal identity. Especially I am also a Marine, it is once a Marine, always a Marine, and it's kind of a I'll just say brotherhood because that's what everyone still says".

> She continues: But it's one of those things that you didn't just join, it's something that you earned. And on top of that, I mean, the whole process of boot camp and then everything that follows, it is heavily designed to influence how you view the world, how you see things, how you see others, especially those that you're serving with. I would say that it becomes one of the top identifiers of who you are. Like, if you gave people a list of a couple of things that describes you, that's generally going to be at the top of it. So yeah, it becomes kind of like an identifier of strength in who you are.

Susan points out an interesting component often discussed in the context of military service, which is earning one's place among other service members. Initiation is not a new concept, and many civilizations throughout human history have used the idea of self-sacrifice and passing through a crucible as a requirement to gain acceptance into elite groups. Basic training serves this purpose in today's modern military and is the initial phase of the process. The belief that admission into the culture is predicated on proving one's worth by "earning" their

place strengthens the connection a person feels towards the group and is linked to the ideas surrounding elitism used to imbue pride and loyalty when joining the military (Strom et al., 2012). Individuals with generational experiences with military service have a cultural foundation for concepts like patriotism. For individuals that do not have the same generational experiences, the degree of acculturation they experience is often still experienced in similar ways. Chris provides some insight from a perspective of not having generational connections to military culture:

> Well, it had a significant impact. One of the reasons it had a significant impact was the fact I joined the day I turned 17. Following that, we had a few different deployments. In those deployments, you know you get very close with folks. The cultures and tradition of the military were very blurring to me because I had no real substantive family connection. Foster care. Moving around a whole lot. Stuff like that. Some guys talk about a brotherhood. I actually experienced it. Then I went into Air Force Special Operations. It was much more of a connected institution rather than conventional Army.

Chris goes on to provide more insight into how he views his identity:

> I'd say it's a very hard thing to put in your rearview. Those were, for me at least, they are very formative years where you come to establish a real identity. Whether or not you are in college, or you're working at Burger King, or whatever, you tend to put a whole lot of that, 17 to 20 something, identity into those years. Because of not only the years but I guess the depth and breadth of the experience that I had, was also a key factor too.

Chris is describing how the formative years of his adolescence and early adulthood played a significant role in the way military culture influenced his identity development which was also influenced by the immersive nature of the experience. Military service requires a

consuming degree of dedication which can be seen in the way he used the phrase "depth and breadth" when describing his own. In the following discussion Ben also describes how all-encompassing the adoption of military culture into one's identity can be when a person feels they did not have any previous direction in their life:

> It maybe took over my personal identity when I joined. I was just a kid with no... I didn't have any direction. I didn't want to go to college. I didn't want to do much else and I joined the Marine Corps. It gave me an identity. It made me, I'd like to say, the man I was. I didn't have a great upbringing. So, being around good role models, good mentors, learning a trade, learning my job, it molded me into who I am. So, definitely played a lot into my identity.

Ben mentioned many of the same things discussed by the other participants, indicating his identity development was multifaceted as it is tied to experiences, the branch of service, and the mentors that influenced him. Regardless of whether the person has generational connections to military culture or comes from an environment that provides minimal substantive cultural connections, the core components of their identity are heavily influenced by military culture. The common thread being discussed by all the participants is that military culture becomes central to how they see themselves and navigate the world, which is heightened due to the all-encompassing nature of the experience within military service, which can be seen in the following discussion with Mike:

> The Army has been kind of like the core of my identity for the last 12 plus years. "That's who I am. So, for example, I was doing a survey or something a while back, and the first question was described how you identify yourself. And it was I am an Army Officer. That's who I am. It's just kind of… I spend so much time and effort and energy into doing

the Army, it's just kind of like all their… I don't have emotional or mental bandwidth to do much of anything else.

Something essential to consider in Mike's account is the way he describes his participation in the military as requiring "time, effort, and energy" and how that's connected to his identity as an officer. He describes the cultural expectations of being an officer and how the expectations come with an "emotional and mental" cost. The demands placed on him to uphold the ideals of being an officer add an additional layer to the all-encompassing nature of adopting military culture into one's identity. Educators and therapists should recognize the immersive nature associated with adopting the military culture and how the core components of their identity can incorporate specific expectations related to the person's rank, branch of service, or job they performed.

Interpersonal Challenges

One of the initial presuppositions that formed the foundation for wanting to understand further how veterans form relationships with a therapist was influenced by the belief that veterans have difficulty forming new relationships after their military service. The subordinate theme "Interpersonal Challenges" emerged because of the participants accounts regarding their views related to the difficulties with building relationships. Veterans struggling to make new relationships was discussed by Ahern et al. (2015) and Gremill (2017) findings that showed veterans expressed feeling of being alienated from their peers upon reintegration from the military. Given the nature of the relational issues Gremill (2017) indicated veterans experienced, the notion this could also influence the development of the therapeutic alliance and should be further understood to gain a more nuanced view of how the veteran population creates new bonds with people deserves further study. It should be noted the participants only spoke about

relational issues in the context of peer-to-peer experiences and not specifically with their therapist. Mike described feeling as though people were disinterested in communicating with him or he encountered difficulties from not being able to relate with others:

> I just know that I'm not good at developing relationships. I don't really have strong connections to anybody. If it wasn't for my wife, I probably wouldn't leave the house. I just, I've never built strong relationships with anybody within the military, within the Army. I just, I go, I work and then I leave. And there's no… I'm not developing friendships out of the office really with people, besides one or two people here and there. And then, outside, I encounter people, I meet people, and I just don't seem to really have a lot to relate to.

Difficulties relating to others have been reported in previous studies as a typical characteristic of veterans' experience during reintegration that can lead to difficulties in forming new bonds (Ahern et al., 2015; Gremill, 2017). Mike's accounts about not feeling connected to other military members are somewhat unique and differ from what other studies have suggested, however, the isolation experienced during the transition process has been previously identified as an issue experienced by many veterans, which often creates a sense of isolation and profound loss making it difficult to relate with others (Ahern et al., 2015; Demers, 2011; Garcia et al., 2014; Romaniuk & Kidd, 2018). This dynamic can be seen in the following excerpt with Ben:

> I think there's not too many professions in the world that you go from having a family and then when it comes time to retire or your contract is up, once you leave, in my head you've died. I'll never see you again. I'll never hear from you again. It's kind of the truth. Unless you actively try, that family is gone. You go home and you're back to whatever town you came from. And it's never easy no matter... If you deployed or not, just losing

> that sense of family, the barracks, it's all gone. And that's, I think, the initial first thing you notice when you get out. I guess it doesn't kick in for maybe a year. The income doesn't bother you at first. The first thing you notice is you don't have the friends anymore. You don't have that family. And I think that's the worst thing.

Ben conveys the importance of understanding the loss and isolation experienced when a veteran separates from the military. He sees the individuals he served with as a family, and the separation from the military is viewed in the same context as death, a permanent loss. The common thread surfacing is the isolation that creates challenges when forming new relationships. Another interesting aspect related to the things that impact a veteran's ability to create new relationships is having high expectations of others that may be seen as judgmental and elitist. The following discussion with Chris provides an example of how this can look:

> I think I looked, and I continue to look at everything through a much more rigid structure than I think some people do. I think that I try to hold people accountable for things that they shouldn't be accountable for. It's perhaps a little unfair. I think in that way, it has a little bit of difficulty". I know it's extremely judgmental. Whenever I see somebody who's out of shape, number one, that to me says that person has a lack of accountability, a lack of capability. I judge them very harshly for that.
>
> Chris continues: I think the culture that I was personally surrounded by didn't really allow for there to be not necessarily a weakness shown but weakness in general. Whenever I see that, I have a reluctance to I guess surround myself with that. I don't feel good surrounding myself with mediocrity or what I consider to be mediocrity. It's a better way to put it. It's been a very difficult thing to disassociate myself from that and understand that they have their own difficulties, and their own expectations of things, and

> their own understanding. That really has contributed a whole lot to my willingness, I guess to make any real long-term relationships. Anything longer than six months.

Chris describes how his tendency to project the values he inherited from the military for “accountability and capability” as indicators of general “weakness”, which makes it difficult to form new relationships that last longer than “6 months”. Having high standards for oneself and others is central to military culture. The beliefs surrounding elitism are something that all branches of the service impart in different ways to create an environment that seeks to create people that are highly effective and successful. However, unfortunately, the unforeseen consequence that can surface is a tendency to hold others to the same standard who have no context for the experience that created it.

Holding oneself to high standards can be very useful when attempting to increase performance or accomplish a goal, however not being aware of projecting those expectations onto others can impede a person's ability to make meaningful relationships. Recognizing that people are different and possess a wide range of capabilities is difficult when a person is conditioned to believe everyone should hold themselves accountable. For Chris, the need to surround himself with people he viewed as “capable” made it difficult to form lasting relationships. In the following excerpt Susan provides a different interpretation of the importance placed on demonstrating capability. Susan indicates that her concept of being capable is also tied to how she views her "safety and well-being”:

> I think that part of my experience, although a lot of positives that I appreciate a lot, I had some negative experiences too. And it kind of drove me to be like very independent, not wanting to put my safety and well-being in the hands of someone else. Especially more personal relationships, I want to always be sure that I am 100% capable of taking care of

> myself, so I've had a lot of drive to succeed and that has gotten in the way of my relationships. It's something that is kind of, I don't know, people, I don't know if they are sometimes intimidated by that or consider it my need to have that, I have been called controlling. I don't know. It's hard to let someone else have any influence on that, and so I just naturally kind of take care of things for myself. Even with someone else I'm still very prone to... I'm not going to wait and ask for your assistance. If you haven't just taken care of it, I'm just going to. And so, I think that it comes off as a negative to people when in reality, it's just a need to be okay.

Susan’s views regarding capability are associated with the need to be “independent” and a “drive to succeed”. Her need to demonstrate the ability to be independent is tied to the way she conceptualizes her “safety and wellbeing”. For Susan, her self-reliance capabilities confirm that she controls her safety and well-being. This has made it difficult to allow others to be a part of the decision-making in her life, which has created challenges in her relationships and caused her to appear “controlling”. Self-reliance is another common component within the military culture, and a person's ability to be self-reliant and "capable" is often viewed as necessary to complete a mission.

Another facet of military culture is the familiarization with death and the understanding that losing fellow military members is expected. In the following discussion Grace discusses how unprocessed grief and extreme loss can lead to having no current friendships:

> One thing that I think the mental health folks, all of them that I have met, have been kind of like touchy or weird about dealing with has been grief. I've been to a shocking number of funerals for being in my early 40s. In the early 2000s, it was crazy how many people that we lost. I mean, I might start crying just thinking about it, but it was really terrible,

> and I've never seen any continuing education on this. My daughter's like, "Why don't you have any friends? Well, eight of them are dead, and we just don't talk about it. And it's not something that they ever ask, and I don't know if it's because they think kind of like the same thing, like, you're a woman, so maybe you're not a veteran, it's your husband, or like, you're so young, you also don't look like you have over 20 people that you know that are dead. That's just not something that we think about. We associate death with old age.

Grace's discussion provides a distinct look at how being unaware of a cultural norm can lead to a therapist missing something essential that should be addressed. Grace indicated there are many things tied to not being able to process the grief and loss she experienced since her enlistment, such as not being seen as a veteran because of her gender. Even though death is a common experience among veterans, it is also common for veterans to experience difficulties overcoming the extreme loss due to combat (Romaniuk & Kidd, 2018). Her inability to process the grief of her friends is partly associated with the interpersonal challenges she is currently experiencing.

Selective Trust Means Security

Within military culture, trust can be viewed as something to be earned, and if broken, there will be no second chance to regain it. The subordinate theme "Selective Trust Means Security" is an attempt to describe the selective nature each veteran demonstrated with how they let people into their inner circle along with identifying it’s its purpose, which is to ensure their security. Jeff explains this by stating: “So, you just build certain relationships with certain people, you let certain people in. And if they break that trust, they are out, and they can never get back in.” The following discussion with Jeff is an example of how the decision to trust others is shaped by the extreme circumstances of combat and how selectively choosing who to trust

provides a layer of security against a potential vulnerability. During my interview with Jeff, he asks about my military background after he provides his background. This is an attempt to verify my credibility as a veteran and to let me know the breadth of his experience before divulges personal information:

> And I've had almost two generations of military because the early folks I was with became some of the old dudes that I ran into when I came back in, and then I ran with this other group, so to speak, for the next 17 years. So, as far as relationships go, it's definitely affected stuff because you only let so many people in close. You don't really let them in that close because you put up your own walls, right, your own protections, I'm sure. Even if you never went down range or go down range, all the preparation to go down range is always for the worst-case scenario, right? So, from day one that you're in training, you're living the life like tomorrows never promised. You've got to do this right to survive and come back. You know for a fact that some of your buddies aren't coming back. I mean, that's just how relationships are built.

Jeff discussed how trust is viewed in the military and preparing for a combat deployment. The focus is on the mission with the understanding that death is a possibility. Fellow military members are given a certain amount of trust as a necessity regardless if the individual is not someone they would normally associate with. You must rely on each other for the sake of survival, and this is to ensure everyone's security while operating in stressful and incredibly dangerous environments. Trust is associated with the necessity of physical security; as Jeff indicated, this can lead to issues with other interpersonal relationships. The clinical implications of this can be interpreted as veterans who struggle with trust because it is viewed as a vulnerability to their wellbeing will potentially experience worst mental health outcomes.

Kopacz et al. (2019) examined the association between trust and social/mental health outcomes in veterans and found that trust was positively associated with social interactions and interpersonal relationships meaning individuals who can trust have positive experiences with developing relationships. Additionally, an inverse association was found between trust and mental health outcomes related to anxiety and depression suggesting an inability to trust is associated with worse mental health outcomes.

Keeping people at a certain distance is a protective factor, and the decision to trust someone is scrutinized so they can be confident of the individual's motives or intentions. On the other hand, trusting others is seen as potentially something that can compromise one's safety which can be related to negative past experiences, which was previously discussed by Susan when describing the interpersonal challenges that arose from her "drive to succeed":

> Well, I think that part of my experience, although a lot of positives that I appreciate a lot, I had some negative experiences too and it kind of drove me to be like very independent, not wanting to put my safety and well-being in the hand of someone else.

Understanding this component of military culture is vital as this will help therapists working with veterans recognize how trust is formed and not pathologize the caution they demonstrate when developing the therapeutic alliance. The therapist will likely be required to demonstrate that they are willing to earn the client’s trust due to the relationship it shares with safety and protection. Jeff provides some more insight with the following excerpt as to what the process can look like when a veteran is conservative about trusting the therapist, which is exacerbated by unrealistic expectations the client will immediately open up in therapy. This excerpt also provides another instance in which Jeff continued to ascertain information to

determine my credibility before providing any detailed information. At this point during the interview, he is still being conservative about trusting me with his story:

> And that's for me, in my first IOP (Intensive Outpatient Treatment), me and that guy butted heads because he thought that I was just going to come in and voluntarily open the book like I am for you. I'm like, No, man. You've got to earn that. And I'm too fucking close to it. Do you know what I mean? I'm still in the game. I'm too close to it man. I'm all like… Have you been…? You were a marine, right? So, I imagine that you went through some type of training, right? That survival stuff, prison capture, and everything. And sometimes they've got to put you in a box, tap on it, play some music, right, all this stuff to prepare you for what could happen later, right? So, this guy was trying to get this information out of me, and I'm like, "Yo, bro. For the last fucking 20 years I've been given name, rank, social security number. Why do you think you're any different? Why do you think I'm just going to open this up for you? You've got to do something for me." And then, he earned my respect by telling me his past and his things. I even asked him, "You ever been in the box? And he was like, Motherfucker, yeah, I have. [Laughs] And he went on, and I was like, All right. Well, let's have the conversation then. He earned my respect. Let's put it that way. He basically earned it. And then, from that, we built upon the relationship, and it worked out. Plus, it was in an IOP. We had time to do that.

For Jeff, his trust was something not easily given, and the therapist wrongly assumed that because he was participating in therapy, he was willing to open completely up without reservation which did not occur until he felt the therapist was a safe person to confide in, which occurred as a result of sharing his military background. Trust had to be earned, and Jeff was intent on guarding his trust until the therapist proved himself. This is not an uncommon aspect of

therapy; however, veterans approach all relationships with a degree of scrutiny that sets them apart from traditional experiences a therapist has with civilian clients. Jeff's difficulty with trust, mental health challenges, the issues it caused in his interpersonal life align with the findings identified by Kopacz et al (2019) indicating a negative association between low levels of trust and social/mental health outcomes. This leads me to the next subcode used to codify the discussions surrounding mental health stigma and its role when attempting to establish a relationship with the therapist.

Mental Health Stigma Means Consequence

Mental health stigma among veterans is not a new concept and has been indicated as a potential reason why many veterans choose not to engage in services (Botero et al., 2020). The subordinate theme "Mental Health Stigma Means Consequence" was created to provide a deeper understanding of the reasons veterans express reservations about disclosing mental health related issues. This is part due to the indoctrination process veteran's encounter while enlisted regarding the stigmatization of any health-related concern begins in basic training and continues throughout the entire enlistment. Ben speaks to this:

> Definitely. I mean, it starts at the very beginning. Don't go to BAS (Battalion Aid Station) if you aren't bleeding out and dying. It's one of those. Oh, the open-door policy but don't open my door. It was one of those things where it's like, You know what? It is male dominated, the Marine Corps. At least in my MOS (Military Occupational Specialty), it was. So, there was always going to be some sort of judgment if you went for any type of help. So, I definitely got that feeling from the Marine Corps.

From the very beginning of Ben's experience in the military, he received messages that expressed seeking help of any kind was not acceptable and the only time to seek help is for life-

or-death concerns as indicated by his remark of “bleeding out and dying”. He is also pointing out the implications of being in a “male dominated” field and the implications of help seeking behaviors among men, which has been supported by previous research that indicates male veterans tend to seek therapeutic and primary care services less frequently (Silvestrini & Chen, 2023). Mental health issues are typically considered to be even more taboo and speaking openly about them is something that is not welcomed. This can be seen in the following expert in which Susan is discussing some of the preferred knowledge a therapist has regarding military culture:

> I think the understanding of what that transition to be part of that group looks like. I think at least from my generation, I don't know what it's been like after, but my generation on, understanding that it wasn't okay to have a mental health problem. You hid that shit. If you told somebody, you could end your career. It was not an option to not be okay, you were just supposed to deal with it. And so understanding those components of things that you accepted at some point, like, Yeah, I can't get help for this. That can't be on paper, so you're drinking or you're doing whatever it is that people do to deal with stuff. Like the only acceptable time that I felt like I had to deal with my emotions was when my dad died, and I felt like that was explainable and you talk about it as being sad, not depressed. There's just a whole lot of things that the hierarchy of the military and the wanting to still be in the military caused you to make decisions that weren't necessarily the best for yourself. So, I think that they need to have an understanding of why you've got all these problems that were never resolved and how you could be such a train wreck later in life, and it's because those supports are not there when you're serving. And medication was definitely a big hell no.

Merely understanding that stigma exists without a deeper look at the varied ways it presents within the veteran population does not allow therapists to conceptualize how to change it or break through barriers when attempting to establish rapport. The participants' views about divulging their mental health concerns in the military and after becoming civilians provide a deeper look at the consequences that influence the dynamic. Their hesitancy is partly related to their views surrounding trust and their concerns for personal security if they disclose mental health information. Therefore, understanding how veterans view trust allows the therapist to gain further insight as to why the stigma related to mental health is so prominent and difficult to move past for many veterans. The veterans in this study endorsed the belief that disclosing mental health concerns will lead to actual consequences that will negatively impact their life in multiple ways. Jeff provides a look at some of the real consequences that exist if a person discloses mental health concerns while still being enlisted in the military:

> Let's start with the military then because, for us who are hard charging… I was a warrant officer, right? I'm a pilot, I'm a warrant officer, looked at differently. I'm held at higher standard, and probably, I hold myself to higher standards more so than other people might be holding me to or something like that. So, how people see me and perceive me has to be solid, man, tranquil, good life, good life, whatever, makes good decisions, he's always in control, nothing frazzles him, right? This soldier, this robotic soldier that can go out and conquer any mission and bring our guys home, right? We're not going to have any issues with this guy. So, that's the image that we project out there, right? Internally, we're scared as shit just as everybody else, right? But we've got to physically be like, "Hey, look, dude. I got you, man. We got this. We trained for this. Let us go." So, the mindset with the therapist in the military is, "You're going to take away my flight status.

> You're going to put me in a position where I'm no longer going to be looked at as this person of control and authority and respect, right? I can't talk to you about real shit because it's going to affect my career, right?" So, that's the in-the-military mindset."

Jeff further shared his worry about "losing his flight status" as a real consequence that can take place if a pilot is found to be mentally unfit for duty. While enlisted in the military, an individual's command has complete access to their medical records, which makes confidentiality nonexistent, and disclosing mental health concerns will almost certainly lead to them being disclosed. Jeff also spoke about being perceived as someone "out of control," which he feared would come with a loss of respect and authority from his peers and subordinates. The loss of respect and authority is attached to an association between the admittance of mental health issues and the concept of weakness. In the following excerpt, Grace also indicates concerns with being perceived as weak due to her mental health concerns, however, it occurs in the civilian health sector at the VA in which the therapist made comments that caused her to feel threatened:

> It's that access. And I mean like in terms of if I say that I'm depressed and whatever, is that going to lead all of my other providers to assume that whatever else I'm experiencing is because of that, is it going to keep them from offering me certain services or certain medications. I don't know. I mean, that's really kind of where it's at. Logically, just saying it out loud kind of gives me pause because I'm thinking I'm going to get what I need. But there's still something in there that is like, "Yeah, forget the..." Or what if they suggest that I'm something that is, I don't know, weak in a sense or put on. I don't know. Like is that going to make people think bad about me?

Grace expressed the fear of being perceived as weak by stating, "Or what if they suggest that I'm something that is, I don't know, weak in a sense or put on. I don't know. Like is that

going make people think bad about me". The fear of career repercussions due to VA counselors' access to medical records and the belief that admitting mental health challenges will lead to negative perceptions by others creates a general mistrust of the healthcare system. It is important to also recognize that VA counselors are held to the same confidentiality requirements as practitioners in private practice, however this can be bypassed in certain circumstances. For example, if a veteran seeks employment for a federal agency or civilian company contracting with the federal government, they are required to sign a release of information granting access to their medical records. Veterans who were pilots in the military and wish to continue working for a national airline are required to sign a release of information for the Federal Aviation Administration (FAA), giving them complete access to their military and VA health records. The consequences that exist outside of the perceived fears of weakness and incompetence that exist within military culture are extensive and can lead to actual barriers (Brohan et al., 2012). I have personally experienced this when applying for jobs with the Department of Defense (DOD) and Department of State (DOS), which required that I sign a release of information giving each agency full access to all my medical records during the application process. Due to my utilization of mental health services at the VA, I was required to receive an additional evaluation by both agencies before being hired and was required to undergo annual evaluations to maintain my employment status.

Therapists should recognize that military culture instills the fear that mental health concerns will impede one's ability to perform and the consequences associated with a disclosure that can follow the individual when transitioning from the military. Contemplating the clinical implications of making these considerations and the complexity of the dynamic that exists regarding mental health stigma draws me back to a portion of Susan's excerpt when she states:

> And so understanding those components of things that you accepted at some point, like, yeah I can't get help for this" and There's just a whole lot of things that the hierarchy of the military and the wanting to still be in the military caused you to make decisions that weren't necessarily the best for yourself. So, I think that they need to have an understanding of why you've got all these problems that were never resolved and how you could be such a train wreck later in life, and it's because those supports were not there when you're serving.

Understanding the cultural implications of perceived weakness and mental health stigma within the military is important, however, greater emphasis should be placed on the actual consequences that exist for disclosing mental health issues. Much of the literature addresses mental health stigma in the military, which is often discussed in the context of concerns about being perceived as weak, given the elitism mentality military culture perpetuates (Botero et al., 2020). The fears about professional or personal consequences associated with a lack of confidentiality are not often addressed. Mental health stigma is multifaceted, and understanding all the dynamic components will allow therapists to have a more thorough understanding of how to address confidentiality concerns with their veteran clients.

A recent study by Hepner et al. (2023) indicated that while veteran utilization of behavioral health services decreased for primary care providers and the VA, service utilization increased for TRICARE-approved private practitioners. The researchers attributed this primarily to the onset of COVID-19, however, the utilization of mental health services in the private sector has steadily increased since 2018 for veterans (Hepner et al., 2023). Perhaps another contributing factor is the additional security with private practitioners regarding confidentiality due to limitations of outside agencies gaining access to client medical records. In addition, private

practitioners operate independent businesses and can refuse to provide information to any requests made. Many veterans know this and seek private services, often paying out of pocket to ensure their use of mental health services remains confidential (Hepner et al., 2023).

Theme 2: Therapist Skills

During the interviews and while analyzing the data, themes began to emerge that were directly related to the counseling skills taught to all therapists. This led to the development of the primary theme “Therapist Skills”, which incorporates 3 subordinate themes; “Accountability Through Confrontation”, “Active Listening Builds Rapport”, “Collaboration Creates Agency”. The subordinate themes attempt to explain the specific aspects being discussed that are indirectly related to military culture. To structure the information in a way that represents what the participant's said along with providing counselors information that relates to concepts that can be applied in therapy; I have created titles for the different themes that represent concepts and skills familiar to the counseling profession. My hope is to provide deeper insights into working with military veterans that practitioners can apply, and researchers expand upon.

Accountability Through Confrontation

Accountability is a concept that is very familiar to the military often used as a way to ensure mission success (Ahern et al., 2015). Holding oneself to a higher set of standards often requires the individual to demonstrate accountability in all aspects of life. It is often spoken about in the context of integrity which is hailed as a foundational attribute to portray in the military as it is associated with honor. During our discussions the participants indicated that when choosing a therapist, it was important they demonstrated the ability to help them be accountable, which led to the development of the subordinate code “Accountability Through Confrontation”. Jeff explains his views of accountability by stating “Based on my past

experiences, I need somebody who can hold me accountable. I'm not here for just a smile and a wave. I'm here for some real work, but you've got to be able to provide that stuff." Jeff is describing the need for his therapist to use what is referred to as confrontation in the counseling profession, which is a technique that involves drawing the client's attention to inconsistencies in their thoughts and behaviors (Gonzalez-Prendes et al., 2019). This is often a difficult skill for new counselors to engage in due to their previous conceptions of confrontation as an argument which is the opposite of the way it is conceptualized in the counseling profession (Gonzalez-Prendes et al., 2019). As Jeff stated, "I am not here for just a smile and wave", which means he needs someone who is willing to confront him, when necessary, which will help him be accountable for change. The role of the therapist often takes the form of providing alternative views or perspectives the client is not considering. Most things people have challenges with are very complex and interpretation of the issue can include a wide range of perspectives and bias. At times it can be very effective to challenge people on their perspectives because you recognize they are not considering something or have very narrow parameters for complex things. Susan explains how they viewed the importance of the therapist challenging clients on their views:

> I can come in now and be pretty transparent about who I am and what's going on, and I am open to having someone question, ask me questions about where things are coming from and try to get my whole picture. I think someone who does not have the ability to see through someone's bullshit a little bit isn't helping them. If the only version of something that you're basing everything off of is the person in front of you, well, they're coming from their perspective. I'm not saying you necessarily question people, but you're not helping them if you don't try to get past those barriers. And I would say someone telling you just their one version of something and not questioning or helping them see

> the other perspectives that could be out there about whatever circumstance it was, if you don't do that, you're doing them a disservice. And I think military members who have massed that stuff for years, there's a good chance that they're going to just tell you what they want you to hear. And you have to know how to get past that or you're wasting everyone's time.

Susan is acknowledging that an inability to consider other perspectives can create barriers that impede progress or change and at times people are unwilling to confront the issues in their life. Confrontation is the counseling skill being used however, the concept that alternative views can help people change their thoughts, feelings, and behaviors is known as reframing, which is a technique and concept used in Cognitive Behavioral Therapy (CBT) (Wenzel et al., 2016). Reframing is the process by which the therapist provides alternative points of view to help the client change or shift the way they perceive something that is negatively influencing their current wellbeing (CBT) (Wenzel et al., 2016). Additionally, CBT is one of the most empirically validated theories, with decades of research examining its use with multiple populations including veterans (CBT) (Wenzel, Dobson, & Hays, 2016). The counseling skill of confrontation and the technique of reframing is being conceptualized by the participants as accountability, which is an example of how counseling techniques and theories used by a therapist can indirectly be related to a person’s culture. It is important to keep in mind that how a therapist uses confrontation can determine if the client opens up or shuts down. In the following discussion with Grace, she points out the importance of being professional and kind when confronting someone:

> Oh, she was great, she was great. It was open and sometimes I dreaded meeting her and sometimes I was looking forward to it, probably like any healthy give-and-take

> relationship. Oh, and I didn't mention earlier, and I meant to that in any of the content that has been like, I'm going to call you on your BS, where I'm unwilling to or there's something that I don't want to address, that they've been willing to and done it kindly, not in a, like, aggressive way, I guess. Grace has enough insight to recognize there are things she will actively avoid discussing and having a therapist who is willing to confront in ways that did not cause her to become defensive proved to be very beneficial.

Active Listening Builds Rapport

Active Listening skills is a set of counseling techniques first introduced by Carl Rogers that focuses on ascertaining the total meaning of what a person is saying using reflection of feeling, notation of body language, and paraphrasing/summarization (Rogers R. Rogers, & Richard E. Farson, 1957). Participants indicated the therapist's ability to listen played a profound role in their ability to share openly which led to the development of the subordinate theme “Active Listening Builds Rapport”. Susan speaks to this:

> For some of the things that I deal with, I prefer a female. But not always, just certain topics, and that would be kind of trauma-related issues. But I need someone to listen that is a very good listener and not just going to talk at me.

It is important for Susan’s therapist to demonstrate they can “listen” to her but more importantly provide a place where she feels heard. Susan goes on to explain her experience with two different providers and how actively listening to what she wanted to say led to the development of a lasting relationship of trust:

> I've had some that were awful and one in particular that was very good. One of my first experiences, I was actually still in the military and my dad died and I was just beside myself and not really getting it back together. I went to see someone and next thing I

> knew, they were career coaching me and I was like, What the hell? That's not why I'm here. And so it kind of goes to that not just having your agenda or your things. But whenever I did the trauma-based therapy, I was able to gain a very trusting relationship with that provider, and I think that it's because that listening was there. But also the process that is used there is very much listening. When you're having to repeat the same traumatic story over and over and over again, that person, your perception of that they care about you, has to be very strong. And that experience, that is what happened, and I developed that trust, and then I was able to watch and see the technical process that was behind what was happening. And then it became a safe space for me for years, and it didn't have to just be trauma-related at that point. It was anything after that that I didn't hold back with that provider because we really established that trusting bond.

Susan is indicating the therapist's ability to listen influenced the perception they cared for their wellbeing; however, it was the act of listening that allowed the participant to develop this view. Active listening is a concept that incorporates the use of several counseling skills taught to all therapists that stem from Humanistic theory and the theoretical orientation known as Person Centered Therapy which was developed by Carl Rogers (Rogers, 1951). Rogers (1951) believed that people could understand themselves and that if given the opportunity to freely express themselves they can gain insight and move towards change. Active listening is the therapist's ability to convey to the client they are engaged which is achieved through skills like reflections and paraphrasing that signal to the client the therapist is paying attention to what is being said. Other nonverbal skills such as eye contact, head nods, or short replies by the therapist such as “yes” or “hmm” serve to let the client know you are engaged and listening. There is a difference however, between listening and really understanding what the client is trying to convey. Another

skill that can convey the therapist is listening is summarizing which is often used at the end of a session and acts as a recap of what was discussed. The following excerpt is an example of how summarization can demonstrate the therapist is listening:

> So, I think when I first called [counseling center], my therapist wasn't the one that answered the phone. They rotate out on a schedule who is going to be the receiving person. And that lady, I don't know what it was about it but she sounded like a grandmother. She sounded very concerned. And after just a few minutes talking to me, she was like, it feels like you're at the stage in your life where you want the help. And I think you're ready. And for some reason, that stuck with me. I did reach out, maybe I am ready for the help. And when I finally saw my therapist, that's kind of what she led off with like, you've made the right step to get here. I'm not going to push you to overshare or anything. But let's just start with, what's your mother's name?" And then, she gradually built trust. She didn't share too much. But she listened an awful lot. And for some reason, everything kept coming out. And I kept talking to her. And I ended up going for a second session. And she just felt very trusting. And she felt like very... She wanted to help. And she wanted to listen, which meant a lot. Most people kind of just nod their head when you go in." In the beginning, I spoke to her. And names, I'm terrible with names. I can be told a name a million times, I probably won't remember it. But from the beginning of that session to the very end, she had known every name that I had mentioned, who they were in relation to me, and maybe that's a trait that she has. But to me, it felt like... The first question she asked me was what my mother's name was. I think I only said it once. And by the end of it, she was like, Oh, your mother, [redacted], this is maybe a reason why you feel this way. And I was like, "I only told her that once, but she knows it. And she

> was able to keep track of who's who in that first session. And the second time I came in, without writing anything down, she just genuinely listened and that felt good to me.

The therapist demonstrated they are listening by remembering what was said and how it pertained to the client which took place throughout the entire session from beginning to end. This let the participant know the therapist was present and was interested in what was being said. Importance is placed on active listening skills because it serves multiple purposes, one of which is to gather important information relevant to the client's reasons for coming to therapy. In the following discussion the participant provides insight about the use of active listening skills to gather important information about the client used to inform the treatment process and how it is perceived when the therapist does this in a proficient manner. Mike reflected:

> So back in November of last year, I saw…I was referred to SUDCC, used to be ASAP. So, Substance Use Disorder Clinical Care is the acronym now, the new hot thing. And so, I ended up paired with a LCSW. She's a little bit older, has this kind of stuffy exterior but broken down…it's…the barrier has broken down as we've established the relationship a little more, giving a little more honesty, and seeing her actually react to the bureaucracy of the Army and things like that. I just kind of went in and was like, I need help, I need treatment. I had an incident when I was on a TDY where I disappeared from the bar. No one that I was with saw me leave or do anything. And I woke up trapped in an abandoned building, locked from the outside, chained and padlocked, no way in or out, right, with a few scrapes and a little, what looked like a puncture wound on the inside of my arm. I needed to do something, because I was clearly not doing okay. Don't know…no idea what happened, but something did. And so, I took the provider they gave me and just kind of laid it all out there. I just had to decide that I was going to be vulnerable and

honest and try and get help and treatment. And she listened. She generally remembered me and kept me straight from her other patients, which is something that I've had an issue with in the past, where the provider couldn't remember which patient she was talking to. And she also followed up on the things that she said she was going to, which again, other providers haven't followed up on things. And she just, yeah, she was very…she was pretty nonjudgmental. She provided some good, basic interventions. And she listened to me when I said, this isn't working, or this is working and took feedback from there, and then did her own research to find other coping skills and things like that that might be beneficial. And that's a far cry from the first Army psychologist that I had, who insisted that, unless I confront my father over childhood trauma, that she and I could not progress. And so, yeah, I stopped making appointments with her, because that wasn't going to happen.

Mike continues: I mean, she remembered my diagnoses from session to session. And the psychiatrists that I had been seeing at the same time, she was confusing me with what turned out to be another female officer, not even the same gender, and different diagnoses. She remembers who I am, what the totality of my diagnoses are. She remembers what interventions I've responded well to, what coping skills I've responded well to, and then finds more like that. There was never any judgment.

The second therapist that worked with Mike was successful at building rapport with him by actively demonstrating to him that she was taking in the information he conveyed to her during their sessions. Her ability to consistently keep tract of the work they were doing together along with specifics related to his diagnosis served as confirmation that she was present and invested in the process. Her ability to consistently recall and apply the specifics of his life to the

treatment process is a good indicator she was utilizing active listening skills. Mike very clearly preferred an approach to therapy that is directive in nature, meaning the therapist is making suggestions and helping the client develop skills to manage his issues. While this can be very effective with some clients, others may prefer a non-directive approach. Rogers (1951) emphasized a non-directive approach to therapy which incorporated the belief that people can find their own solutions if given the space to freely discuss them. Rogers believed that people are very knowledgeable about themselves and could come to insightful conclusions about their own issues. In the following discussion the participant highlights the effectiveness of the non-directive approach and explains how it helped to build rapport.

> Chris shared: Not having a rapport at first. How do you build that? How do you accept it? There's certain things. How do I get comfortable? Time. There's just time. The first month is rough. The first, shit, I could say two months. It's just time and the thing that I said before, which I don't remember.
>
> Chris continued, "Yeah, not just with them. Also, with the setting that I was talking about, you know. Once that becomes more familiar too. I don't want to say it's like going home, but it's going somewhere comfortable. That comfort comes in layers. It's the counselors' or therapists' ability to properly I guess get those layers identified for you and make sure that you're comfortable with each of them, right. Everything from the way that they would approach you in the lobby, or wherever it is that you're going, to the lobby itself, to the other people if there are other people in that lobby. How do you get comfortable? It's having the complete package finely tuned for the person that's coming in, I guess.

> Chris continued: What were some things that the therapist did that helped make me comfortable or build a rapport? The person I'm most comfortable is who I'm going to talk about, I guess. She didn't necessarily push for any specific information. She just allowed for me to talk. Even if there were long periods of silence, which I guess some people might feel uncomfortable with, it elicited a response. Allowing for a space for me to talk. I guess that was really the key thing. How did they get me comfortable? It was just allowing for me to talk. That would be the big thing and her ability to listen intently.

Chris described behaviors exhibited by his therapist that are non-directive in nature such as use of silence combined with giving the client expansive periods to fully express their views. These skills combined with "her ability to listen intently" helped to create a space where Chris felt he could openly share his issues, which in turn influenced his perception of the relationship. Rogers also believed that many of the traditional approaches to therapy that are very directive in nature and place the therapist in a position to interpret everything being said with the goal of identifying a solution for the individual as potentially problematic in the grand scheme of therapy. Rogers felt being directive could reduce the client's ability to have agency in the relationship which would in turn impede the work being done (Rogers, 1951). When agency is removed, this can lead to negative outcomes such as losing investment from a client which can be seen in the account from Grace in the following excerpt:

> I have really had some very tangible improvement in some areas and in my ability to manage, so I do continue to seek it. But I feel like kind of where I'm at at the moment now, I feel like I've kind of found myself back in that world of people who don't get it or aren't really listening. They're fitting me into what they have available and not what I really need, what I feel like I need. And so I've been very onboard with continuing with

some individualized therapy and continuing to talk through issues and then kind of found myself back at a place where I don't see that I'm going to get what I need. So, I feel like again, I'm back in this whole I'm going through with the process but... And not that I won't gain something from what I'm doing because I will participate, but I don't know.

Grace has a firm understanding of what she wants out of therapy and feels as though the provider she is currently working with is not “listening” to what is being said. I think it is important to point out that I have incorporated many components of Person-Centered Therapy into my work with clients and have come to see the benefit of recognizing the profound effect listening alongside knowing when to take a more non-directive approach can be beneficial in the process. In my experience people come to therapy because they need a place to unpack things and need a person that will strive to hear what is being said. This does not mean the process has to be totally nondirective but as with all things finding a balance between the two has allowed me to develop strong bonds with clients.

Collaboration Creates Agency

Collaboration is a concept very familiar to the counseling profession and is often discussed as a primary component to establishing rapport with a client as it provides an opportunity for the client to feel included in the process (Pare, 2012). During the interviews the participants discussed various ways collaboration played a role in the therapeutic process, which led to the development of the subordinate theme “Collaboration Creates Agency”. Collaborating with the client helps to reduce the impact that power dynamics have in the relationship by creating an environment that provides the opportunity for the client to feel a sense of agency or control in the process (Pare, 2012). As therapists we are automatically in a power position due to our education, expertise, and the information the clients entrust to us. We learn the most intimate

details of the client’s life and they typically know very little about ours. When this is combined with a strict direct approach to therapy that places the therapist in a position of authority it can create an outcome where the client feels like they have no control over their treatment. This is why collaboration is important and serves as a tool that allows us to gain more information about the person which often leads to understanding what issues the client feels are most important to work on. Eliciting the client’s expertise about their own life is an effective way to convey the message their perspective is important and a valuable part of the process. Therefore, conceptualizing the act of learning about the client through rigorous discourse as a form of collaboration alongside the way collaboration is typically viewed which is giving them space to provide suggestions regarding their treatment creates the opportunity to build rapport.

My mentors stressed the importance of creating an environment where clients feel comfortable to share their own insights as it also has the added benefit of ensuring they are more invested in the process. During my discussions with the participants, they provided their own insights about how they perceived collaboration and the impact it had on the relationship with their therapist. The first thing that stood out is that when collaboration was absent the participants felt their needs did not get addressed and the things that were causing real issues in their lives were overlooked. The following excerpt from Mike provides insight into what incorporating collaboration can look like and the effect it can have on the entire process.

> Trusting, right. I felt that I could trust that the therapist would have an appropriate reaction to whatever it was that I was going to say. And honestly, they might have had one or two things that they wanted to talk about like, hey, here's this new intervention that I want you to look at, here's this new coping skill for your homework to try. But they let me set the conversation, instead of launching into a lecture or an agenda that they had.

> I got to drive the conversation. And that's something that really didn't happen with my more negative experiences. I got asked a bunch of questions and got told what to do. Mike continued, Yeah, I wasn't really…The patient should be in charge of their care and be making…be saying, these are what are bothering me, this is what I want to address. And it really wasn't, like I said, my psychiatrist only focused on the OCD. We never really talked about my depression, my general anxiety. I'd been telling her that I had nightmares and sleep disruptions the whole time. And then my frickin', it was my pain management doctor that finally put me on something for nightmares so I could sleep through the night. I'm telling her that I'm kicking and punching my wife and my dogs in the bed and I'm hurting people. Let's talk about your OCD. All right. So just, I wasn't in control, and they had an agenda.

Mike attempted to provide the therapist with valuable information about what was causing issues in his life which was the depression and anxiety, but the therapist chose to focus on a previous diagnosis of OCD. In doing so the client was unable to develop solutions to address the problems they were encountering which caused them to feel as though the therapist was unsupportive and had an “agenda” that did not align with the clients. Susan indicated something similar regarding her perception of the therapist having an “agenda” that did not align with the reasons she was coming to therapy in the following excerpt.

> I've had some that were awful and one in particular that was very good. One of my first experiences, I was actually still in the military and my dad died and I was just beside myself and not really getting it back together. I went to see someone and next thing I knew, they were career coaching me and I was like, "What the hell? That's not why I'm here." And so it kind of goes to that not just having your agenda or your things. But

> whenever I did the trauma-based therapy, I was able to gain a very trusting relationship with that provider, and I think that it's because that listening was there. But also the process that is used there is very much listening. When you're having to repeat the same traumatic story over and over and over again, that person, your perception of that they care about you, has to be very strong. And that experience, that is what happened, and I developed that trust, and then I was able to watch and see the technical process that was behind what was happening. And it was very effective, and it was all of the things that it needed to be, and it was very helpful.

The first therapist chose to focus on things unrelated to the reasons why Susan was coming to therapy in the first place which led to being unable to process the grief she was experiencing about the death of her father. Not taking into account the client's input about the issues they are experiencing made Mike and Susan feel as though the therapist had an "agenda" that did not align with the reasons why they chose to participate in therapy which, impacted their ability to form a trusting relationship with the therapist in both instances. Susan went on to describe how her positive experience in therapy included active listening and collaboration with the therapist which was viewed as them taking the time to learn about her "traumatic story over and over and over again". This influenced Susan's perception of the therapist as being someone she could trust.

Collaboration within the counseling profession is given importance because of the recognition that solely relying on the use of manualized treatment protocols while effective at treating specific issues, can lead to the therapist missing things or subjecting clients to approaches that don't align with the way they see the world (Pare, 2012). Rogers (1951) spoke about the importance of giving people the space to provide insight about their lives, as he

believed most people are very capable of identifying their own issues and finding solutions to them. He stressed the necessity of listening to people as they are the experts of their lives and the therapist is the expert of clinical information which, can only be applied when enough information about the person is obtained (Rogers, 1951). The following excerpt from Susan provides an example of the importance Rogers (1951) placed on rigorously learning about the client and how it can influence the therapeutic alliance.

> For some of the things that I deal with, I prefer a female. But not always, just certain topics, and that would be kind of trauma-related issues. But I need someone to listen that is a very good listener and not just going to talk at me. I've experienced providers that kind of have their methodology decided before I come in the door. And while I appreciate science-based therapy, I really do, if you have decided what I needed or how it was going to proceed before you even know the complexities of my circumstances, which have been great, it just is kind of like, Okay, so I've showed up for your show and maybe I'll get something out of it, instead of taking some time to ask questions, learn what has affected me. I need them to really take some time to think about the right approach for me.

The participant acknowledged the significance of the information the therapist could provide by stating their appreciation of “science-based therapy” but also believed this is not the only information necessary to provide effective treatment as the therapist did not have the information about all the things that “affected me”. When I asked the participants to provide examples of things the therapist did that made them feel as though they had a say in the treatment process this often took the form of describing situations in which the therapist took recommendations or would regularly inquire about what was working. This would provide an opportunity for the participant to give their therapist feedback that incorporated their views in the

process of therapy which at times had the added benefit demonstrating the therapist was committed to the process. The following excerpt from Ben provides insight as to how incorporating client feedback can build rapport, particularly when it is related to important information about the client's culture.

> And she will take recommendations. There's a book that I read that explains experiences in Afghanistan or if there's an article that I read that reminded me of something, she'll take her time when she goes home and she'll read the book. She'll watch the video, read the article, which is nice. So, she tries to get herself familiar with military experience, which is nice for me. So, when I see her next time, she's... It shows that she cares…It's impressive to me. She's definitely doing a great job.

For Ben it was important the therapist took the time to learn about the things he felt would provide them insight about military culture, which took the form of reading articles or watching videos and then demonstrating the knowledge the therapist obtained. The American Counseling Association (2014) Code of Ethics states that when therapists are working with populations, they have little knowledge about it is imperative they take the time to educate themselves on the individuals' culture. Ben's therapist utilized her own time to learn about his culture to inform her practice with him which positively influenced how he viewed their relationship. Learning about our clients is the most important thing we can do as therapists and at times this will require additional education from external sources, however we must not underestimate the importance of giving clients the space to provide that information themselves. The following excerpt from Jeff is an example of how giving client's the space to expansively discuss the details of their life and have shared control in the process can influence their ability to share freely in session.

> Having the provider give me the space and time to actually say them. I've had a lot of shit in my life, going all the way back to…starting out with lead poisoning as a kid that impacts my…impacted my early development, and who knows what long lasting impact, through child abuse, through everything else. And it takes a while to get all of that out. And if you're just doing a one-hour bio-psycho-soc intake, we're not going to get through all of that. And if I don't have the opportunity to come back around and share those things, then they just sit and never get resolved. And if I don't unpack all of the different things, if I'm just focused on the current crisis, and never get back to these fundamental drivers that have impacted my cognition and way of thinking and impacted my healthy and unhealthy coping skills, I'm not going to make all the improvement that I need. I'm still going to have impairment. And so having a provider that I felt like I could talk to, that I felt like I could circle back around on things, as opposed to a provider where I spent the entire time just trying to accomplish a medication dose adjustment, let alone talk about something that had happened recently in my life, let alone talk about something that was impacting me from 20 years ago. If that makes sense.

In this discussion Jeff is describing how being able to fully discuss the experiences in his life that are associated with the reasons he came to therapy positively influenced the relationship with his therapist. The therapist took the time to let him discuss his life circumstances fully and, in this instance, collaboration took the form of going over his experiences in great detail. Jeff acted as the expert of his life and the therapist applied clinical knowledge to help him make connections to the "fundamental drivers that impacted my cognition". This is a perfect example of the client and therapist working together in a cohesive manner to create an environment that helps the client meet their needs.

Chapter IV: Discussion

Utilizing a social constructionist framework which emphasizes the creation of knowledge through language and discussion I completed six interviews with veterans about their experiences with building relationships with a therapist. Combining this framework with Thematic Decomposition Analysis allowed me to focus on what the participants specifically said and develop themes that describe the different components that contributed to the therapeutic alliance. As a result, two primary themes emerged that describe characteristics of military culture and aspects of counseling practice associated with skill utilization that influence the relationship with a therapist. The research question guiding this study focused specifically on determining what components of military culture influence the perception of the relationship with their therapist. During the coding process it became apparent that emerging themes related to characteristics associated with the therapist such as specific counseling techniques and skills also played a significant role in the way each participant viewed the relationship with their therapist. It became apparent after completing the discussions and analyzing the information that aspects of military culture and characteristics unique to the therapist played a role in development of the therapeutic alliance.

All the participants discussed various ways military culture shaped their identity and values. Aspects of multigenerational heritage associated with concepts of duty and service along with the feelings of belonging that come from being a part of a brotherhood serve as core components of each participants identity. The participants service and adoption of military culture created a foundation to build their identities upon and the cultural norms provide a lens to see the world through and discern purpose. Recognizing the significant influence, adopting

military culture has on a person's identity provides context for the interpersonal challenges the participants expressed experiencing. Relationships in the military are formed around a shared set of core beliefs and values which is typically not present with civilians. Therefore, feelings of isolation and difficulties relating to peers are a product of losing connection to people that understand the foundational aspects of the veteran's identity.

The selective nature of how trust is viewed is another aspect of military culture that is important to understand within the context of providing therapy to veterans. Trust is interwoven with how relationships are formed, and the way cultural characteristics shape the veteran's world view. The participants discussed being selective with who they trusted, which predominantly serves as a protective factor for personal and emotional safety. The concept of "security" within military culture is given high priority in all aspects of person's professional and personal life due to the life and death nature associated with relationships within the military but also the access to classified or sensitive information. This dynamic carries over to the veteran's civilian life after they transition out of the military which is why it is important to understand from a cultural perspective the importance placed on trust being earned rather than given freely. Mental health stigma is another aspect interwoven with military culture that should be considered when working with veterans. It is important to recognize for the veterans in this study stigma about discussing mental health concerns are a product of actual negative experiences or real-world consequences that take place. The participants spoke about the negative messages they received while enlisted that conveyed a less than favorable outlook about seeking help but also the professional consequences that take place such as loss of flight status for pilots or being removed from training for individuals waiting to deploy. It is important to understand the complexity stigma plays within the veteran community and to acknowledge the actual personal and

professional barriers it creates so counselors can recognize the reasons why many veterans choose not to engage in treatment.

During the coding process it became themes began to emerge that indicated the therapist’s proficiency with certain counseling skills played a significant role in how the therapeutic relationship was viewed. It is important to note that all the skills discussed share characteristics with components of military culture which is likely the reason they resonated with the participants. Accountability is something deeply engrained in a person when they enter the military which serves as a staple for maintaining accurate records, discipline, and ensuring standards are meet. Within the counseling profession a technique known as confrontation is used to draw the client’s attention to inconsistencies between the things they say and the ways they behave that contribute to issues present in their lives. The participants viewed the therapist’s use of confrontation as constructive criticism and an attempt to ensure they remained accountable which resonates with their cultural understanding of the concept. Active listening is another counseling skill used by the therapist that produced a profound sense of connectedness and the perception of care and genuine interest from the participants. When the therapist implemented the techniques associated with active listening (i.e., reflection, summaries, paraphrasing, etc.) it strengthens the bond with the client. The therapist’s ability to intently listen and demonstrate they absorbed the information being presented by the client gave the perspective they were invested and interested in what was being discussed. The act of giving someone undivided attention when they are speaking and being able to demonstrate the information was understood is a foundational component of addressing superiors in the military. It conveys respect and a level of professionalism which is why the skill of active listening resonates with the participants. Collaboration was another skill utilized by the participants therapists that profoundly influenced

the way they perceived the relationship. Several of the participants indicated not having much influence on the direction of treatment in the past, which they found to be frustrating. When the therapist asked for input or involved them in the decision-making process this provided a sense of agency in the process which had the added benefit of gaining commitment from the participants. Teamwork in a central component of military organization and structure which is why collaboration may be one of the most important skills to utilize with veteran clients.

Implications for Counselor Educators

The participants in the study indicated the therapist having a base level of knowledge about military culture served as an indicator they have a foundational level of understanding about something that is described as a central component of their identity. The first subordinate theme in this category highlighted the profound ways military service and culture shapes the veteran's identity. For most of the participants their service occurred in their early adulthood and provided a foundation to build their identity upon, which influences how they see themselves and interact with other people. Exploring this with clients can help counselors and educators better understand the developmental implications of the client's military experience and how they view the world.

The participants in the study also expressed having trouble forming and maintaining interpersonal relationships. This is not an uncommon finding with the veteran population and recognizing the importance of discussing interpersonal relationships with veteran clients is an area counselor educators should emphasize with students. Another important finding of the study highlights the selective nature veterans apply to trusting other people and its relationship with how they perceive their individual security. The veterans in the study described being very selective when choosing to trust a therapist or anyone in their lives which was predominantly

associated with the concern that misplaced trust could have severe implications for their personal security.

Understanding the reason behind the scrutiny veterans apply to trusting another person will allow counselor educators to ensure future counselors don't pathologize the behavior and instead approach it from a culturally sensitive position. Mental Health Stigma within society is not a new concept and the negative views regarding the disclosure of mental health issues in the military continues to be a prominent topic of discussion. The veterans in the study spoke about mental health stigma in terms of actual consequences that can consist of career repercussions while enlisted, negative perceptions from colleagues, and the implications for receiving a diagnosis that creates a paper trail suggesting mental instability. Counselor educators should be aware of the actual consequences that can impact a service member or veterans' career and wellbeing because of seeking mental health services to better equip future therapists to address these issues and continue to advocate for better understanding of mental health issues to reduce stigma.

In addition to the facets of military culture that played a role in developing a relationship with the therapist participants spoke about the three things that are primarily related to counseling skills. The participants in the study indicated the therapist's ability to use confrontation in a manner that helped them maintain accountability in their lives resonated with them. This is largely due to the concept of accountability being a foundational trait highly prized in the military which occurs as result of the belief that accountability is a central component to maintaining high standards. The therapist's ability to openly confront inconsistencies in their behavior resembled the feedback they would receive from senior personnel while enlisted, which served to strengthen the therapeutic relationship.

Counselor educators should be aware of the role that confrontation can play in therapy and how it aligns with the concept of accountability in the military to better equip future practitioners to embrace the use of confrontation. The participants also indicated the therapist's ability to engage in active listening and demonstrate they were paying attention led to the development of rapport in the relationship. Conveying to someone that you are listening and taking in what is being said can seem easy at face value, however the reality is very different. This is why the counseling skill known as active listening is one of the first taught to new therapists, which involves utilizing a combination of verbal and nonverbal skills.

Educators should be aware that utilizing this skill with veterans is particularly important given the high degree of stigma that exists in the population and can help students refine their abilities better meet the needs of veteran clients. The participants indicated having better rapport with their therapist when they consistently demonstrated they took in the information being presented and applied it to the treatment process. The final implication for counselor educators concerns the finding that participants felt a greater sense of personal agency in the process when collaboration was utilized. This often took the form of taking the participants suggestions and worked in tandem with active listening as the participants felt a greater degree of control over the treatment process when their opinions were heard and applied treatment process. Several participants indicated not experiencing any control over the treatment process while enlisted or accessing services through the Veterans Administration, which led to not being invested in the process. Counselor educators should inform students that collaboration is a concept that aligns with a veteran’s understanding of teamwork within military culture and can serve to strengthen the therapeutic alliance. Additionally, collaboration made participants feel more invested in the process of treatment and committed to the work being done.

Limitations and Areas of Future Research

One limitation that stands out is the small sample size and difficulties encountered during the recruitment process to obtain participants. I feel this demonstrates support for the “Selective Trust” subcode but also serves as a limitation due to the number of veterans who completed the survey and chose not to leave contact information for the interview portion of the study. All participants who responded to the survey were asked to first read an explanation of the study which clearly outlined the purpose and the process involved in their participation. A total of 19 individuals indicated “Yes” for participating in the study which included signing the informed consent.

Out of the 19 that indicated they wanted to participate, 5 chose not to complete the remainder of the survey, meaning they provided no contact information or answered any demographic questions. Of the 14 individuals who completed the survey providing demographic data, 2 chose not to leave any contact information which left 12 that completed the entire demographic survey along with providing an email or phone number to contact them about participating in the interview portion of the study. I reached out to all 12 individuals and only received responses and interviews from 6 who consist of the participant pool used for the purpose of the study. The other six potential participants never responded to my contact attempts. I underestimated the barriers I would encounter during the recruitment process and presumed that being a veteran would immediately grant me access to the population, however this did not prove to be the case. This leads me to consider the possibility that not wanting to participate in the interview portion may in some way be related to the selective nature the veterans that participated in the interviews spoke about trusting people in their lives and warrants further study as a result.

All participants were recruited using social media platforms such as Facebook and Reddit, which required that I create accounts for both and then send requests to different groups listed as veteran specific. I applied for membership in ten groups on Facebook and five on Reddit. All the groups on Facebook were private and required me to complete a series of questions before being admitted, as did the groups on Reddit. Questions often included my military service background, including military occupational status (MOS), date of separation, tours of duty, duty station, and a question asking the purpose for joining the group. Additionally, all the groups provided rules that must be agreed upon during the review process of my request. For example, every group contained rules about not using the space for self-promotion, with disclaimers indicating that any violation would result in being removed from the group. This required that I explain my reasons for joining which consisted of telling them the truth; I am a counselor and doctoral student seeking participants for my study. This most likely influenced the decision of five out of the ten groups on Facebook and four on Reddit to deny my requests to join. Five groups on Facebook and one group on Reddit did grant me access which led to sending messages directly to each admin requesting permission to post the flyer for my study. All the admins in the five groups on Facebook granted me access and agreed to let me post my research flyer; however, they did have additional questions about the purpose of my study and what the information would be used for specifically. Several admins expressed being suspicious initially because my profile was new, with no friends or history associated with it, leading them to suspect I was a Bot or someone attempting to impersonate a veteran. Only one group on Reddit allowed me access and the ability to post, which was also met with skepticism about my intentions for not using the sub–Reddit ModMail, which can be seen in the following transcript from one of the admins. "Others have attached links to their studies in ModMail, so I'm not sure

what you are doing that does not allow that." He assumed I must be doing something prohibited, so I contacted veteran groups to bypass a barrier. I explained my unfamiliarity with Reddit forums, and the individual eventually allowed me to make a post.

Finally, an area for future research to consider emerged when one participant discussed how they don't identify as a veteran, which was influenced by the MST she experienced in the military. This aligns with some of Ahern et al, 2015 findings that indicated several female veterans who experienced MST felt they could not identify with veteran culture. The following excerpt from Grace provides a look at the difference in the way she conceptualizes her identity as a veteran.

> Well, that's a big question. Influence the way I see myself now. I don't typically define myself as a veteran, so I'm not sure how to answer that question. My most current relationship to the military is that my spouse retired 2 years ago after 24 years, and that is probably a larger part of influencing my identity than my own service because it was a short period of time a long time ago. So, I really didn't want to be in therapy or do therapy at all for much of that assigned stuff. I was young when I was enlisted as well, and that culture of sexual harassment was still really prominent. And a huge part of my military experience, to feel like that was still happening outside in these supposed trusted places, was just, This is bullshit. Why would I willingly do this? Let alone tell you anything that required any amount of trust at all.

One of the two debriefs was conducted with this participant, and I inquired if her experiences with MST influenced her identity as a veteran. Based on her response to my question about her past experiences with MST influencing her identity as a veteran, I feel her accounts are in line with some of the tertiary findings in the Ahern et al (2015) study and warrant further

investigation in the future. The implications could mean there are many people who feel disconnected from their veteran identity which could also be a dynamic that plays a role in the low usage of mental health services exhibited by the veteran population.

Conclusion

This study examined the lived experiences of veterans and their accounts of the components that influence development of the therapeutic alliance. Military culture plays an important role in the development of the therapeutic alliance with veterans and is an essential component to be familiar with that will lead to a more competent and comprehensive understanding of a veteran client's needs (Carrola & Corbin-Burdick, 2015).The emerging themes developed to identify the complex ways culture plays a role in the process are Military Culture Shapes Identity and Values, Interpersonal Challenges, Selective Trust Means Security, Mental Health Stigma Means Consequences. Additionally, foundational counseling skills such as active listening, confrontation, and collaboration also play an integral role in creating a therapeutic bond with veteran clients which are identified by the themes Active Listening Builds Rapport, Accountability Through Confrontation, and Collaboration Creates Agency. Counselor educators should be informed of how military culture influences identity development and creates a foundation for the formation of values that remain after a veteran's service has ended. Lastly counselor educators should continue to emphasize the importance of developing proficient use of basic counseling skills and how to implement them in a manner that conveys a desire for collaboration with veteran clients to increase the likelihood of developing a strong therapeutic alliance.

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Appendix A

Recruitment Script

My name is Dylan Gunther, and I am a counselor and doctoral student from the Department of Special Education Rehabilitation and Counseling at Auburn University. I am also a veteran having served four years of active-duty service in the United States Marine Corps. I want to invite you to participate in my research study to understand how veterans form a therapeutic alliance with a therapist. I am specifically interested in understanding how military culture influences the therapeutic alliance between a veteran and therapist. The therapeutic alliance is an approach to therapy that emphasizes collaboration in creating goals and identifying tasks to achieve positive outcomes that focus on developing the relationship between client and therapist fostered by trust, empathy, and understanding. Therapy is defined as meeting one on one with a counselor or professional from a related field to address concerns associated with mental health and wellness. I am looking for veterans who are willing to speak about their experiences in therapy and how the therapeutic alliance was developed with their therapist. I believe, and research shows that veterans experience difficulties forming new relationships during and after their military service, which can lead to feelings of disconnection and isolation along with a variety of other concerns. The research also indicates many veterans choose not to utilize therapeutic services. While we understand many of the things that create barriers for veterans to access mental health services, there is a lack of understanding of how veterans form a therapeutic alliance or relationship with their therapist along with how military culture plays a role in the process. If you agree to be involved, you will be asked to participate in a 60-minute interview about your experiences with therapy and the relationship developed with your

therapist. The reasons why you chose to utilize counseling services, or the specific issues addressed during that time will not be the focus of this study. There will be minimal risks involved such as the discomfort from emotions one can experience when discussing personal experiences, but one risk that may occur is a breach of confidentiality. However, all identifiable information will be redacted, and all information related to the study will be stored on an encrypted hard drive behind two layers of security. Participating in this study will be at no cost to you, and you will not receive compensation. If you change your mind about participating, you can withdraw at any time during the study. Participation is entirely voluntary. If you would like to participate in this research study, please provide consent by typing your name and moving to the next page. If you have questions later, please contact me at jdg0061@auburn.edu

Exit Script

I want to thank you for participating in this study. You were asked to share your story regarding your experiences with therapy and the things that influenced the development of the therapeutic alliance. I truly appreciate your openness and candor during this process. If you have any concerns about your participation or the information you provided in light of this disclosure, please discuss this with me. I would be very open to hearing any further input you wish to share with me to answer any questions you might have about this study. If your concerns are such that you would now like to have your information withdrawn and the data is identifiable, I will do so. If you have questions about your participation in the study, please contact me at (jdg0061@auburn.edu) or my faculty advisor, Dr. Jessica Tyler (jim0001@auburn.edu). If you have questions about your rights as a research participant, you may contact the Office of Research Compliance (334-844-5966), IRBadmin@auburn.edu or an Auburn University

Institutional Review Board (IRBChair@auburn.edu). Please again accept our appreciation for your participation in this study.

Appendix B

Demographic Questionnaire

Please answer the following demographic questions listed below.

1. Are you interested in participating in my study? Please indicate below.
2. Please provide an email and telephone number so the principal researcher may contact you about participation in the study.
3. You will now be asked to complete a demographic survey. Please read each question thoroughly and provide an answer.
4. What gender do you identify with? (Male, Female, Non-binary/third gender, Transgender, Cisgender, Genderqueer, A gender not listed, Prefer not to say)
5. What is your age?
6. How would you describe yourself? Please select all that apply. (White, Black or African American, American Indian or Alaska Native, Asian, Hispanic, Latino, or Spanish origin, Some other race, ethnicity, or origin, Prefer not to say)
7. What is your highest level of education?
8. What is your marital status (Single, Married or in a domestic partnership, Widowed, Divorced, Separated, Other)?
9. How many dependents do you have?
10. What is your military status? (Active duty, Reserve, Separated, Retired)
11. How many years did you serve in the military?
12. What branch of the military did you serve with (Air Force, Army, Army Reserves, Army National Guard, Army Air Guard, Marines, Navy, Coast Guard)?

13. How many deployments did you complete?
14. How many deployments did you complete?
15. Have you ever used individual counseling services for mental health or wellness (Yes/No)?
    a. Was your participation voluntary or mandatory?
    b. How many counseling sessions did you complete?
    c. Did you receive services from a civilian counselor or military provider?

Appendix C

Interview Questions

1. In what ways did your military experience influence your personal identity?
    a. How does your military experience influence the way you develop relationships?
2. What things do you take into consideration when choosing a therapist?
    a. What qualities do you look for in a therapist?
3. How do you feel about your past experiences with therapy?
    a. What influenced your ability to share freely in therapy?
4. How would you describe the relationship with your previous therapists?
    a. How does having prior knowledge of military experiences influence the relationship with your therapist?
        i. What knowledge would you prefer a therapist has regarding military culture?
5. How did past experiences with therapy influence your desire to engage in therapy in the future?
6. Is there anything else you would like to tell me at this time you feel may be important discuss?

Appendix D

3D Code Cloud

Appendix E

Phase 2 Generating Initial Codes Example

Document: D05.docx

impact was the fact I joined the day I turned 17. Following that, we had a few different deployments. In those deployments, you know you get very close with folks. The cultures and tradition of the military were very blurring to me because I had no real substantive family connection. Foster care. Moving around a whole lot. Stuff like that. Some guys talk about a brotherhood. I actually experienced it. Then I went into Air Force Special Operations. It was much more of a connected institution rather than conventional Army.

Interviewer: It sounds like that having a lack of connection and a lack of, as you mentioned, brotherhood in your formative years, growing up really influenced how connected you felt to your military identity, in the veteran culture, and those kinds of things. You didn't have anything before. Then when you joined the military because some of those things are really prominent, it really influenced the way that you see yourself now.

Interviewee: Absolutely. Absolutely. I guess the lack of ability to make friends outside of the military even while I was in, really contributed a whole lot to that. I think that was in part due to the op's tempo. That was also, for as much as they say it is, it's very insular. That played a key role as well.

Selection Info

D05.docx (2956-3133)

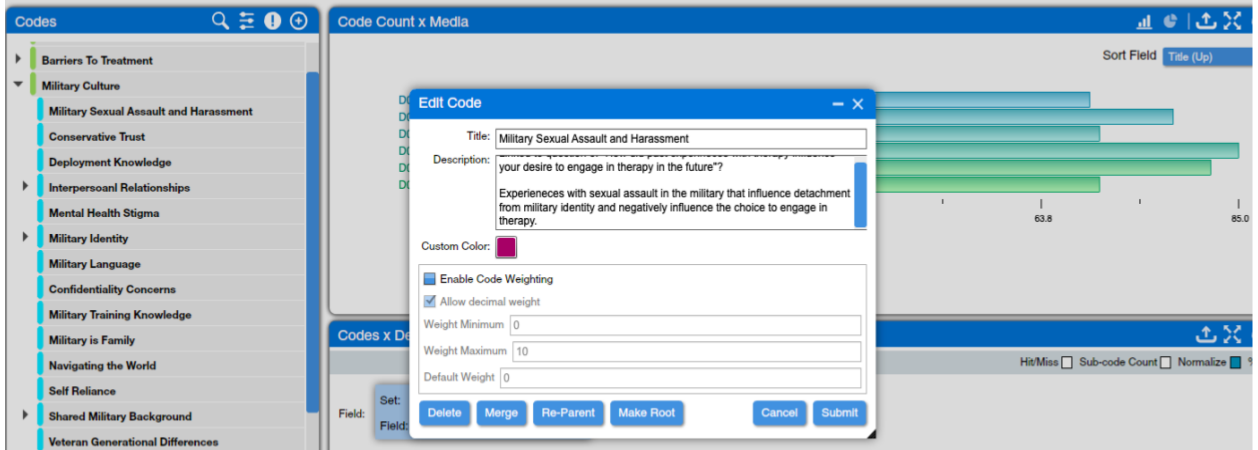
- Military Identity
- Military Culture

Codes

- Eperienced clients
- Benefits Gained from Therapy
- Barriers To Treatment
  - Transition Difficulties
- Military Culture
  - Military Sexual Assault and Harassment
  - Conservative Trust
  - Deployment Knowledge
  - Interpersoanl Relationships

Appendix F

Phase 3 Searching for Themes Example



Appendix G

Phase 4 Reviewing Themes Example

	Barriers To Treatment	Transition Difficulties	Benefits Gained from Therapy	Eperienced clients	Military Culture	Confidentiality Concerns	Conservative Trust	Deployment Knowledge	Interpersoanl Relationships	Difficulty Relating	High Standards	Mental Health Stigma	Military Identity	Detached Veteran Identity	Generational Veteran Identity	Military Language	Military Sexual Assault and	Military Training Knowledge	Military is Family	Navigating the World	Self Reliance	Shared Military Background	Disclosing Military Background	Veteran Generational Differences	Veteran Suicide	Therapist Characteristics	Accountability	Clinical Competence	Active Listening Skills	Over Disclosure	Perspective Taking	Collaberation	Flexibility	Holistic Approach	Identifying differences in Trauma	Military Knowledge
				1	8		2		4	2		1	2			1										25	1		2	1		5				1
			2		29		1	9	4		4		7					2		3		1				13			2			1				2
			1	1	16	4	3	1	1			6	2					1			1			2		24	2	3	3		1	3	3	1		1
		1	3		13	1	1		2			2	5						1						2	18	1		5	1		2	3			1
			2	3	14	1	5	2	1		1	1	3		2	1		1				3	2			22	2	2	2		1	2	1		1	1
				1	4		1	1	1			1	7	7		2	1									18	2	3	1			2		4		1
		1	8	6	84	6	13	13	13	2	5	11	26	7	2	4	1	4	1	3	1	4	2	2	2	120	8	8	15	2	2	15	7	5	1	7

Chart Selection Reviewer

Selections: D05.docx: Military Culture

Matching Excerpts: 29 Matching Resources: 1

Resource **D05.docx** Added **02/06/2023** Username **Dylar**

ust knowing a little bit about the places that you go and why you're going, right. There's nothing wrong with it. There's a distinction between somebody who's going and operating on some [Inaudible 00:36:16] the entire time ve going and they're bouncing from place to place sometimes nightly. It's good to know that, I guess.

Resource **D05.docx** Added **02/06/2023** Username **Dylar**

Yeah, there was almost no regular outside of the military relationships until around year 10.

Resource **D05.docx** Added **01/26/2023** Username **Dylar**

Absolutely. You have to know that. Someone can say that they deployed, and they went to Turkey, for example, or Tajikistan. They went in a role that's admin or support, which is great, or they went to Saudi Arabia. Some guys while or at least they used to. Versus a person who's going to Syria, Iraq, Afghanistan, wherever the case may be, in a specific role. You have to know that there's a differentiation between those types of things.

Resource **D05.docx** Added **01/26/2023** Username **Dylar**

I find myself wondering do you feel that it's important to understand the differences that exist between combat deployments and noncombat deployments?

Resource **D05.docx** Added **01/26/2023** Username **Dylar**

It's a very unique experience and a different way. I mentioned the op's tempo before. You can have and I did have a 13-month long deployment. The shorter one or shorter ones tended to be a lot more dynamic. Brutal

Resource **D05.docx** Added **01/24/2023** Username **Dylar**

View Text Excerpts Full | Export Excerpts | Make Active Set | Add To Active Set | Re

Text Excerpt: D04.docx (22524-22998)

Created By DylanGunther Created On 01/30/2023

There's just a whole lot of things that the hierarchy of the military and the wanting to still be in the military caused you to make decisions that weren't necessarily the best for yourself. So, I think that they need to have an understanding of why you've got all these problems that were never resolved and how you could be such a train wreck later in life, and it's because those supports are not there when you're serving. And medication was definitely a big "hell no."

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Attached Codes

- Military Culture
- Mental Health Stigma

Codes

- Eperienced clients
- Benefits Gained from Therapy
- Barriers To Treatment
  - Transition Difficulties
- Military Culture
  - Military Sexual Assault and Harass...
  - Conservative Trust
  - Deployment Knowledge
  - Interpersoanl Relationships
  - Mental Health Stigma
  - Military Identity
  - Military Language
  - Confidentiality Concerns

Appendix

Phase 5 Defining and Naming Themes Example

Military Culture	Confidentiality Concerns	Conservative Trust	Deployment Knowledge	Interpersoanl Relationships	Difficulty Relating	High Standards	Mental Health Stigma	Military Identity	Detached Veteran Identity	Generational Veteran Identity	Military Language	Military Sexual Assault and	Military Training Knowledge	Military is Family	Navigating the World	Self Reliance	Shared Military Background	Disclosing Military Background	Veteran Generational Differences	Veteran Suicide	Therapist Characteristics	Accountability	Active Listening Skills	Clinical Competence	Perspective Taking	Collaberation
8		1		4			1	2													19	1	2			8
16		1		2			1	7													8	1	2			1
14		4		1			7	2													20	2	3			7
14		1		3			2	5													13	1	4			2
9		5		1			1	1													12	2	2			2
3		1		1			1														15	2	1			3
64		13		12			13	17													87	9	14			23