

Veteran Evolution: Re-Classifying the Military and Veterans as Independent Cultures

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Abstract

Military Service Members and Veterans are not the same. This study sought to develop culturally appropriate operational definitions for Veterans by evaluating available literature, preferred self-identification, and cultural context. Previous research (Freed, 2019; Tanielian & Tanielian, 2014) identified that mental health providers need to be culturally competent to treat Veterans effectively. Cultural competence impacts the development of therapeutic rapport and treatment outcomes. The classified nature of the military facilitates a deficit of knowledge and resources for researchers resulting in varying and culturally inaccurate defining terminology resulting in the terms “military”, “service member”, and “veteran” used interchangeably in research for Veterans and members of the military (Randles & Finnegan, 2021). The study evaluated the relationship between how research modeled Veterans, the relationship between the criteria of culture and Veterans, and the relationship between Veterans and the Armed Forces. It was hypothesized that Veterans and Service Members are not culturally interchangeable; the cultures are distinct and independent of one another. A quantitative survey research design utilized a randomized sample (n = 655) consisting of members of the Armed Forces (n = 190, 25.60%) and Veterans (n = 465, 74.40%). Results identified Veterans as an independent culture separate from the military and the development of culturally appropriate operational definitions. Veterans are operationally defined as individuals formerly serving in the Armed Forces possessing a military discharge (DD 214). Service Members are members of the Armed Forces actively serving in a branch of the military in an active, reserve, or National Guard component.

Keywords

Veteran, Military, Culture, PTSD, VA

1. Introduction

Military Veterans are a culture unto their own with a robust distinctiveness that can be seen within their language, art, family dynamics, and experiences that can only be obtained through military service (Anchor Therapy Clinic, 2020). As members of the individual branches in the military transition from their isolationist cultures and morph into the Veteran culture, their behaviors, traits, coping mechanisms, and lifestyles that were adaptive to ensure survival on a battlefield quickly become maladaptive in a non-militant world (Freed, 2019; Lancaster et al., 2018; Tanielian & Tanielian, 2014). It is common for many service members to suffer from acculturation stressors, depression, anxiety, trauma, and the somatic symptomology accompanying them (Don Richardson et al., 2017). Research has identified a lack of contextual cultural context in therapy for disorders such as post-traumatic stress disorder (PTSD), a paucity of therapeutic rapport, completion of treatment goals, and confidence in mental health therapy from Veterans (Tanielian & Tanielian, 2014). This research will evaluate and operationally define what a “military veteran” is based on an analysis of contextual knowledge and self-reported identities to establish a foundation for cultural competence.

Veterans are committing suicide at an estimated rate of 22 lost lives per day (Department of Veterans Affairs, 2021). The Veteran Administration (2013) estimates that about 30 percent of all military members who have spent time in designated combat zones will experience PTSD during their careers. Military veterans represent a culture of their own within the United States, yet few health service organizations identify veterans or the military populations as representing a culture (Wilson, 2012). Previous research has identified that community-based providers significantly lack cultural understanding and need to possess the capacity to deliver culturally competent mental health to veterans and their families. The Rand Corporation was able to identify cultural competence in mental health professionals and requires culturally specific military knowledge (Tanielian & Tanielian, 2014). Lancaster et al. (2018), through Validation of the Warrior Identity Scale in the Chicagoland Veterans Study, provided support for the multidimensional nature of military identity. Due to a lack of contextual knowledge, researchers could not clearly or consistently identify military or military veterans as independent cultures.

As of 2019, there are more than 18 million Veterans in the United States. With 30 percent of active-duty service members serving in Iraq and Afghanistan identified as having a mental health condition that requires therapeutic intervention, yet less than 50 percent of those service members will engage in mental health services (Department of Veterans Affairs, 2021). This does not account for military reservists, National Guard, or other military operations that service members have experienced within the last 20 years. The deficit of contextual knowledge and culturally appropriate operational terminology means that civilians, and researchers, may not fully understand military service, military and veteran

identities, and traditional family & social dynamics. Researchers may not understand military service members and veterans, resulting in poor research designs and misinterpreted results. Medical care providers may be led to misdiagnosis, stigmatization, individual shame, and negative self-attribution (McCaslin et al., 2021).

Statement of the Problem

Due to a lack of contextual knowledge and the classified nature of military service, research has lacked the capacity to effectively define the military or military veterans as a culture facilitating a deficit of knowledge and culturally inaccurate defining descriptions for veterans and members of the military (Randles & Finnegan, 2021; Cheney et al., 2018). This research sought to understand Military Service Members and Veterans, improve research designs, and reduce misinterpreted research results, improve mental health care for the respective cultures and reduce misdiagnosis, stigmatization, individual shame, and negative self-attribution (McCaslin et al., 2021).

The problem is that the Military is inherently classified. With less than 10% of the U.S. population having served in the military (Schaeffer, 2021), those not possessing contextual knowledge or experience are left to obtain their perceptions of the military and veterans from television shows, films, and other media that are altered to create dynamic appeal and for marketing purposes. The classified nature of the military facilitates a deficit of knowledge and resources for researchers resulting in varying and culturally inaccurate defining descriptions for veterans and members of the military (Randles & Finnegan, 2021; Cheney et al., 2018). The terms “military service member” and “veteran” are used interchangeably in research. Members of the military can identify Military Service Members and Veteran status independently from one another (Griffith et al., 2020). Military Service Members will often classify other Service Members by their branch of Service. Veterans are traditionally classified as former Service Member who has received a military discharge regardless of their branch of prior service (Anchor Therapy Clinic, 2020). To determine eligibility for health benefits, the Department of Veteran Affairs defined a Veteran as a person who served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable after a minimum period of service (Department of Veterans Affairs, 2021). A clear operational definition of a Military Service Member and a Veteran are needed. The main purpose of this research was to identify a culturally competent operational definition of a Veteran by evaluating how Veterans are modeled in current literature, and determining if Veterans meet criteria as an independent culture.

2. Review of Related Literature

Military Service Members and Veterans are often viewed interchangeably. This research investigated and compared the modeling of Veterans through the lens

of socially assumed authorities on Veterans utilizing the Veterans Administration and military regulations, current psychology and sociology research practices, and the operating standards of Veteran organizations to compare and contrast trends. The literature also looked at treatment outcomes and practices related to Veterans to justify the need for culturally competent clinical practices.

Effective and appropriate modeling is a cornerstone of psychological research (Oswald, 2020). Ineffective or inappropriate modeling can generalize hierarchies, relationship types, attributes, and cardinalities of the population being studied (Rosenthal et al., 2020). Boer et al. (2018) identified that errors in cross-cultural contexts result in systematic measurement errors; there are concerns of validity or inference, cultural variability, and universality when quantitative measures differ in construct or measure across cultures (Boer et al., 2018). Unexamined cultural values in research can directly affect therapeutic interactions. Since colonial America, military service members and Veterans have been a part of the United States. They have evolved along with society and are based on the political needs of the nation (Gentile et al., 2020). Today's military and Veteran cultures are diverse, with varying genders, races, ethnicities, religious ideologies, sexual orientations, and socioeconomic statuses (Davis et al., 2020). With an estimated 19 million Veterans in the United States and approximately 200,000 Service Members separating from military service each year (Department of Veterans Affairs, 2021), the challenges of effectively modeling such diverse cultures in research cannot be understated.

2.1. Current Investigational Approaches to Modeling the Veterans

The use of commonly accepted and unambiguous definitions and terminology provides common ground for researchers and clinicians to study and treat medical and mental health conditions (De Ridder et al., 2021). Expertise in what is being measured, predicted, explained, replicated, or studied requires the development of conceptual (scientific) definitions, which seems to be lacking in psychological research (Hibberd, 2019). Operational definitions of best research practices have been conceptualized as requiring 1) clarification, where researchers reflect and clarify their operationalizations, 2) specification, where researchers specify and account for the differences in the construct of interest; and 3) justification, where researchers assess and defend the validity of their operational terms (Charuplakkal & Kumaramkandath, 2021). Even with a cursory search of literature surrounding veterans in research, anyone will find ambiguity in defining what a Veteran is. The lack of specificity may be due to how Veterans are modeled in research, the inability of research to have obtained contextual knowledge to adequately define a Veteran or perceived misconceptions of the construct of the Veteran culture.

VA Modeling Veterans

The Department of Veterans Affairs (VA) was established by Congress to treat disabled Veterans and is utilized by Congress as subject matter experts and uses the Veterans Administration to develop medical research relating to the treat-

ment of Veterans (McClean, 2019). The Veterans Administration identifies 102 active research sites with 3642 principal investigators, 7304 ongoing research projects with over a two-billion-dollar research budget, and has authored or co-authored 13,873 articles (Ramoni, 2022). The Veterans Administration policy models a Veteran based on eligibility for enrolment in the Veterans Administration Health Care System based on a qualifying military service discharge and a minimum length of active military service (Oshinski, 2021). However, the research produced by the Veterans Administration models Veterans very differently and inconsistently.

The Veterans Administration conducted an epigenome study evaluating genetic trauma markers. The research team modeled veterans as members of the military and veterans seeking treatment at Veterans Administration facilities. As a part of the sample for inclusion in the research, the research did not identify or define the Veteran status or military status (Smith et al., 2020). In research assessing brain age-related to posttraumatic stress disorder (PTSD), Veterans Administration researchers modeled Veterans as having an active military status and as patients actively seeking treatment in the Veterans Administration Health Care System (Clausen et al., 2022). Chen et al. (2020) researched therapeutic alliance across trauma-focused psychotherapies among Veterans with PTSD. This VA study modeled Veterans only as those eligible for the Veterans Administration Health Care System. Although these researchers did not operationally define Veterans, they did outline their inclusion criteria (Chen et al., 2020). In a research study conducted to evaluate Veteran-centered barriers to VA health care, researchers modeled Veterans as members of the Vietnam conflict, Iraq campaign, or Afghanistan campaigns disregarding all other cultural demographics (Cheney et al., 2018). Stratton et al. (2014) were the lead investigator in a research study evaluating the correlation of pain symptoms among Iraq and Afghanistan military personnel after combat-related blast exposure. This Veterans Administration research modeled Veterans as active-duty military and utilized the terms “military” and “veteran” interchangeably (Stratton et al., 2014).

A Veterans Administration longitudinal investigation of military-specific factors associated with alcohol use identified the military cohort as members of veterans and military service consisting of personnel on active duty, military reserve, and members of the national guard. The research did classify the members of the cohort independently by their status at the end of the longitudinal study in groups of veterans, active duty, and reserves/national guard; however, the entirety of the model classified Military Service Members and Veterans as conjoined members of a population (Jacobson et al., 2020). In a cultural research study, the Veterans Administration sought to evaluate the correlations between race, ethnicity, and clinical features of alcohol use disorder amongst Veterans. The research modeled Veterans as only being White, Black, or Hispanic, disregarding other cultural demographics (Carr et al., 2021).

Discussion

The Veterans Administration does not define what a Veteran is but identifies

which Veterans are eligible for enrollment in Veterans Administration Medical Health Care System. Modeling a Veteran is based on two elements, eligibility for health care benefits based on the length of service and charter of military discharge (McClean, 2019) and the modeling of Veterans in Veterans Administration clinical research (Ramoni, 2022).

Significant concerns arise due to the Veterans Administration modeling of Veterans being representative of the culture and causing potential issues with the ability to replicate Veterans Administration-funded research. The Veterans Administration only treats an estimated 20% of the Veterans enrolled in the Veterans Administration Health Care System (Meffert et al., 2019). Less than six percent of Veterans rely solely on Veterans Administration Healthcare, primarily choosing to utilize private medical insurance or the Center for Medicare/Medicaid Services (CMS) for their medical care (Weissman et al., 2019). Veterans Administration Health Care System is based on a qualifying military service discharge and a minimum length of active military service. This modeling does not account for Veterans who do not meet the minimum service obligations, have a dishonorable discharge, or have not enrolled in Veterans Administration Health Care (Oshinski, 2021). Another significant issue to the regulatory policies of Veterans Administration modeling of Veterans is that the Veterans Administration does have exceptions to their health care policies that allow for dishonorably discharged Veterans to enroll and receive treatment that may or may not be reflected in some Veterans Administration research (Cameron, 2021).

The inconsistency in Veterans Administration modeling may be due to a lack of contextual knowledge about the culture of Veterans and Military Service Members. The Veterans Administration identifies that in 2022 they have 102 active research sites with 3642 principal investigators. Of those investigators, the Veterans Administration identifies that 40 of their researchers have prior military service. Two of those individuals listed are in the memorial. Of the remaining 38 researchers, only three are identified as having a background in psychology or sociology (Department of Veterans Affairs, 2022). That potentially means that there are less than 0.001% of Veterans Administration researchers with contextual knowledge of Military or Veteran culture without specific cultural training. Of the identified 13,873 research articles, approximately 44% (6057) of research articles are specifically related to mental health or culture since 2018 (Ramoni, 2022). Research lacking cultural contextual knowledge can have significant negative consequences for research and clinical practice, from one-dimensional research designs to stalled progress in therapy (Wu et al., 2022).

The Veterans Administration's modeling of Veterans via their policies or research brings concerns for validity in research, bias, and underrepresentation. Research predominantly conducted by the Veterans Administration is based on Veterans seeking medical treatment for physiological or mental health problems. This variable may result in response bias from their research population when trying to utilize their data as representative of an entire culture because not every Veteran is ill, nor does the VA consistently define the modeling of a Veteran (De

Oliveira Maraldi et al., 2020). By the Veterans Administration's hand, they understand that there is a cultural misalignment in their modeling of Veterans. Wendleton et al. (2019), a Veterans Administration research team, stated that the Veterans Health Administration services research would require a cultural shift to embrace Veterans' perspectives and culture, utilizing a more collaborative partnership between the VA, researchers, and Veterans (Wendleton et al., 2019).

2.2. Military Model of Service Members and Veterans

Military service is often socially associated with Veterans, even in research conducted by the Veterans Administration, yet utilizing terminology ambiguously does not justify the interchangeable use of terminology. With the terms "military" and "veteran" being used conjointly and often interchangeably, it is essential to understand how the military models Military Service Members and Veterans.

The United States Armed Forces is governed by the Department of Defense, consisting of the Department of the Army, the Department of the Air Force, and the Department of the Navy. The Coast Guard is a branch of the Armed Forces that is under the Department of Homeland Security but can be transferred to the Department of the Navy during times of war. The United States Marine Corps is a branch of the military but is a member of the Department of the Navy. The Space Force is a branch of the Armed Forces but falls under the Department of the Air Force. Each branch of the Armed Forces has separate governing regulations that define inclusion as a Military Service Member and a Veteran (National Defense, 2018).

Department of Defense

The Department of Defense (DoD) is an executive branch of the federal government charged with the oversight, coordination, supervision, and federal compliance of all agencies and functions of the government related to national security and the United States Armed Forces. The Department of Defense identifies a Service Member as an individual actively serving in the US Army, US Navy, Marine Corps, Air Force, Coast Guard, or Space Force on Active Duty or in the reserve or national guard components of their respective branches of service who have met the individual branches qualifications for military service (National Defense, 2018).

The Department of Defense policies identifies that an individual is no longer a Service Member when they have completed their service obligation and have been released from military service by receiving a Certificate of Release or Discharge from Military Service (DD 214) (U.S. Department of Defense, 2022). DD Form 214 of Certificate of Release or Discharge from Military Service, also known as the DD Form 214 (DD 214), is the separation document required to be issued to Service Members on retirement, discharge, release from active-duty service, or control of the military. The DD Form 214 serves as the official record of military service, documenting the first and last dates of military service (Sec-

retary of Defense & McGinn, 2009; U.S. Department of Defense, 2022).

The Department of Defense identifies that to receive a DD 214, an individual must be separated from active military service. The DD 214 is the validation of completion of military service that determines Veteran benefit eligibility (U.S. Department of Defense, 2022). The requirement to possess a DD 214 to be eligible for Veterans benefits models Veterans as former members of military service who have received a DD 214 (Secretary of Defense & McGinn, 2009; U.S. Department of Defense, 2022).

A military discharge is defined as a Service Member's release from their obligation to continue service in the armed forces. Military discharges are recorded on a DD 214 identifying a termination of military status with the characterization of the discharge as Honorable Discharge, General Discharge under Honorable Conditions, Other Than Honorable (O. T. H.) Discharge, Bad Conduct discharge (issued by special courtmartial or general court-martial), Dishonorable Discharge, Entry-level Separation, Medical Separation, or Separation for Convenience of the Government (Office of the Federal Register, 1950; Secretary of Defense & McGinn, 2009).

Discussion

The military model of identifying a Military Service Member from a civilian or a Veteran is regulatory defined by federal law with delegated authority passed to the individual branches of the military (National Defense, 2018). Although the separate branches of the military have varying regulatory policies and sub-cultural elements, they all consistently define membership as a Military Service Member as an individual who has met enlistment qualifications and is actively serving in that branch of the military (National Defense, 2018; U.S. Department of Homeland Security, 2021a; U.S. Department of the Air Force, 2019; U.S. Department of the Army, 2016; U.S. Department of the Navy, 2022; U.S. Marine Corps, 2021a). An individual is no longer a Military Service Member once they have been released from military service and have received a military service discharge or DD 214 (Office of the Federal Register, 1950; U.S. Department of Defense, 2022; U.S. Department of Homeland Security, 2021b; U.S. Department of the Army, 2017; U.S. Department of the Air Force, 2020a; U.S. Department of the Navy, 2022; U.S. Marine Corps, 2021a). Although the Department of Defense nor the individual branches of the military produce a regulation specifically regarding Veteran status or identification, each branch of the military clearly identifies a Veteran as a former member of the military per their uniform wear and appearance regulatory policies (U.S. Department of Homeland Security, 2020; U.S. Department of the Army, 2021; U.S. Department of the Air Force, 2020b; U.S. Department of the Navy, 2021; U.S. Marine Corps, 2021b).

Cultural elements such as the legal right to wear a uniform (Office of the Federal Register, 2021), knowledge of the fundamental cultural aspects of the Military culture, and the disparities between the Military and Veteran cultures facilitating differential cultural identities can be easily overlooked without contextual

knowledge. Military culture is classified due to national defense (U.S. Department of Defense, 2013). This makes obtaining factual information about military culture extremely difficult to get by individuals without security clearance or a “need to know”, even if individuals have the necessary contextual knowledge. Due to the classified nature of military culture, perceptions regarding cultural norms about the military culture that inform perceptions of Veteran culture are then procured through elements such as film, television, and other entertainment modalities (Motl et al., 2022). Research has identified societal serotypes surrounding Military Service, Military Service Members, Veterans, and their respective cultures (Motl et al., 2022; Parrott et al., 2021).

The overarching theme from the United States Military is that there is a cultural difference between a Military Service Member and a Veteran. When organizations such as the VA models Veterans and Military interchangeably, it questions the ethical and practical fundamentals of VA research. Stereotyping sets a precedence that other researchers follow because they do not have access to classified data that would clearly delineate Veterans from Military Service Members and relies on perceived subject matter experts and the “professionalism of the researchers” rather than objective fact. It may be unethical to utilize terms such as Veterans or Military interchangeably without operationally defining terminology or conducting research on those cultural populations without contextual knowledge gained through experience or specific training on military and Veteran cultures.

2.3. American Psychological Association (APA) Veteran Modeling

The American Psychological Association advises Congress, the Department of Defense, and the Veterans Administration on military and Veteran issues, including psychological, sociological, and transitional programs affecting Military Service Members, Veterans, and their family members (American Psychological Association, 2020). Interestingly enough, the American Psychological Association will continually reference the military and Veterans as a culture (Herndon, 2016) yet does not define a Military Service Member or Veteran. The American Psychological Association has cultural definitions for numerous cultures and subcultures yet defining Military Service Members or Veterans is absent from the American Psychological Association (American Psychological Association, 2017).

With the influential nature of the American Psychological Association in psychological practices, it serves as necessary to understand how the American Psychological Association models Veterans. American Psychological Association (2017) Multicultural Guidelines identify that Psychologists are to promote culturally adaptive interventions and advocacy, conduct culturally appropriate and informed research, teaching, supervision, consultation, assessment, interpretation, and diagnosis. Although the Multicultural Guidelines do not identify Military Service Members or Veterans as cultural, it references and utilizes Military and Veterans elements to quantify and qualify guidelines regarding the profes-

sion's assumptions and practices within an international context (American Psychological Association, 2017).

APA Division 19: Society for Military Psychology

The Society for Military Psychology is the 19th Division of the American Psychological Association with a mission to advance the science and practice of psychology within military organizations; foster the professional development of psychologists and others invested in the psychological study of the military through education, research, and training; and disseminate and apply scientific knowledge relevant to military psychology. The Society for Military Psychology provides another opportunity to seek understanding as to how the American Psychological Association models Veterans (Military Psychologist, 2017).

The Society for Military Psychology of the American Psychological Association has sponsored and endorsed numerous research studies (Mukherjee & Kumar, 2019). In a research study conducted by Blais et al. (2019) evaluating elements surrounding the military sexual trauma screening, the female Service Members and Veterans were modeled as a particular group without cultural distinction (Blais et al., 2019). Andresen et al. (2019) conducted research evaluating the perceptions of institutional betrayal and the associations with depressive symptomology, modeling military members and Veterans interchangeably throughout the data collection and data analysis (Andresen et al., 2019). In a study by Blais et al. (2018) evaluating assailant identity about reported military sexual trauma in female Veterans, research modeled Veterans as having membership in the Department of Defense (Blais et al., 2018). Friedman (2019) published a clinical handbook titled Treating PTSD in Military Personnel that received awards from the Society for Military Psychology. This book models Veterans as a part of the Military, looking at both Military Service Members as interchangeable with Veterans (Friedman, 2019).

Discussion

The American Psychological Association is the governing body driving psychological research (American Psychological Association, 2020) and, in turn, psychological education that significantly impacts the application of psychological modalities. One of the governing principles of engaging in psychological research or therapeutic intervention is for those professionals to be culturally competent in the culture these mental health professionals are engaging with (American Psychological Association, 2017). With Veterans and Military Service Members comprising a significant population of those seeking mental health (American Psychological Association, 2020), one would think that a culturally informed model of a Veteran would be defined by the leading psychological agency responsible for the well-being of those who have risked their lives in service of their nation.

As of writing this literature review, there is no definition of a Veteran, Military Service Member, or element of their identity defined on the American Psychological Association website's online dictionary. The APA is generous enough to reference Veterans and the Military as a culture in their marketing, calls to ac-

tion, and when they need to solicit funding (American Psychological Association, 2020). Yet, literature published by the American Psychological Administration lacks coherence and consistency in defining a Veteran culture or a Military culture and that may be due to the lack of available contextual knowledge available to the privileged APA, created by their own making. Due to the lack of defining reference, professionals must revert to utilizing psychological “peer-reviewed” journals and other literature for operational definitions of what constitutes the military, a Military Service Member, a Veteran, or an element of their respective cultures.

2.4. Sociology

Sociology is the study of social interactions and structures, including social life, change, and the social causes and consequences of human behavior. Sociology investigates the structure of groups and societies and how individuals interact within those contexts (Molina & Garip, 2019). There is an inherent overlap between psychology and sociology, even though one focus on the group and collectivistic impacts and the other on the individual (Ridgeway, 2022); it is essential to understand how the field of sociology models Veterans.

In a sociological study by Crabb and Segal (2018) to conduct a comparative analysis of Military sociology between the United States and Europe, researchers could not clearly distinguish the use of their terminology. Both Military Service Members and Veterans were classified under “military”. Yet, the researchers identified that the term “veteran” was a cultural construct specific to the dominant culture. Researchers modeled Veterans as a social construct of the dominant culture and argued that all former service members may best be referred to as “ex-service members” rather than Veterans (Crabb & Segal, 2018). Crabb and Segal referenced that Veterans who served in World War II in the United Kingdom and all other former members of the military are better referred to as “ex-service members”.

The International Political Sociology journal published research conducted by Dyvik and Welland (2018), where researchers sought to understand how combat Veterans coped with war experiences through tattooing. These researchers modeled Veterans as both actively serving Military Service Members and former military members who experienced combat in either Afghanistan or Iraq, combat experience being the qualifying element (Dyvik & Welland, 2018). In another sociology journal evaluating video games as a coping mechanism for Veterans, Veterans were modeled as those individuals who have separated from military service without any clarifying distinctions (Hirst, 2021). In a sociological study exploring the relationship between resilience, mindfulness, and experiential avoidance after the use of mindfulness- and acceptance-based mobile apps for posttraumatic stress disorder by Reyes et al. (2022), researchers modeled Veterans as Veterans and Military Service Members currently enrolled in a college or university program (Reyes et al., 2022).

Discussion

Although recent sociological specific studies relating to Veterans within the previous five years are sparse, sociologies modeling of Veterans and Military Service Members is consistently inconsistent with psychology and the American Psychological Association. Veterans seem to be treated less as a culture and more as a status variable in research. Sociology does not provide a clear operational definition of a Veteran or a Military Service Member. Much of the available literature speaking to Military and or Veterans or their respective culture comes from informational articles. It often lacks peer review, such as in a sociological article by Ashley Crossman (2019), seeking to provide insight into understanding military sociology. This article, like many others, evaluates military sociology from a macro-world view and historical lens, speaking to characteristics of military service and Veterans after the completion of service. Crossman openly discusses significant critical cultural elements unique to military and Veteran cultures yet refrains from making the written connection (Crossman, 2019).

2.5. Meta-Analysis

A meta-analysis is an acceptable psychological and professional study for research. It is a quantitative and formal epidemiological study design used to systematically assess previous research and derive conclusions based on that research. Although there are many benefits to conducting a meta-analysis, a failure to identify the majority of existing studies or inaccurate data within the utilized research can lead to erroneous conclusions (Muka et al., 2020). Since January 1st, 2018, to date, there are only 91 meta-analyses published to EBSCOHOST under the search topic of “veteran” or “Military Service Member”. With the purpose of a meta-analysis to evaluate existing bodies of literature, it is vital to identify how these researchers are modeling Veterans.

In a meta-analysis evaluating support systems in relation to suicide prevention by Skopp et al. (2022), researchers were employed by the Department of Defense at Joint Base Lewis-McChord military installation, for this research, “veteran” inclusion was identified as being based on using data from four countries from 2746 published research articles, and those Veterans were enrolled in their respective countries Veteran health care system. Upon evaluation of the researcher’s data, the researchers identified that included in their sample were 110 military psychiatric patients and studies with Active-Duty Service Members. Though the abstract and introduction of the article modeled Veterans as those seeking treatment in Veteran health care systems, the reality is that Veterans were being modeled as both Military Service Members and those who have been separated from military service (Skopp et al., 2022).

An analysis evaluating PTSD symptomology and social support of Military Service Members and Veterans by Blais et al. (2021) only differentiated Veterans and Military Service Members when evaluating their reviewed research articles to determine differences in themes that identified deployment histories and conflict participation. Straud et al. (2019) evaluated psychotherapies for treating

PTSD. Straud et al. modeled Veterans and military Service Members not as a culture but as a population (Straud et al., 2019). In a study by Schafer et al. (2022) evaluating trends in suicidality of Veterans versus non-Veterans, the researchers published their findings modeling Veterans as those who currently and who have previously served in the military. Demographics from the utilized research samples were unavailable (Schafer et al., 2022).

Discussion

Researchers conducting meta-analyses rely on the professionalism and competence of the prior researchers. There are benefits to running a meta-analysis, but there is a concern for inaccurate or skewed results when inconsistencies are being used in research and are potentially exacerbated by a failure to identify the inaccurate data (Muka et al., 2020). Current trends in modeling Veterans in meta-analyses appear to be consistent with stereotyping a culture. Stereotypes negatively affect a culture's medical treatment outcomes and lead to medical disparities (Brondolo et al., 2018).

2.6. Federally Recognized Veteran Service Organizations

The Veterans Administration recognizes over 100 national Veteran Service Organizations (VSOs) throughout the United States. Veteran Service Organizations are trained and accredited by the Veterans Administration or other recognized organizations to assist Veterans and their dependents. These agencies are independent of The Veterans Administration and are often registered as nonprofit agencies (Breslauer & Davis, 2021). These organizations are known for assisting Veterans, and it is essential to understand how non-government entities model Veterans who comprise their membership.

Congressionally chartered nonprofit Veteran service organizations play an instrumental role in advocating for Veteran's benefits and welfare (Breslauer & Davis, 2021) while appearing to consistently model Veterans and Service Members as independent of one another, with Veterans possessing a DD 214 and Service Members actively serving in the Armed Forces. Every Veteran service organization has its individual requirements for membership, but they consistently model Veterans and Service Members in the same manner (Gallucci, 2022; Burgess, 2021; Van Ess, 2017).

2.7. Disparities in Mental Health Treatment

Due to the nature of their work, Veterans are at a higher risk of developing mental health issues. In addition to the common problems that are major risk factors for mental health issues, even for civilians, such as financial stress, gender, and unemployment, Veterans have to deal with other risk factors specific to their military career field (Inoue et al., 2021). Veterans are 1.5 more likely to die by suicide than non-Veterans, which has risen over the last decade (Schafer et al., 2022) and report higher rates of substance use disorders and homelessness (Carter et al., 2020). Veterans are more likely to report having greater access to care and excellent/very good health. Yet, they face a higher chronic disease bur-

den and report higher rates of diagnoses of depression, past-year mental illness, and past-year suicidal thoughts than civilian women (Nedegaard & Zwilling, 2017). Female Veterans have military exposures that contribute to disproportionate disparities compared to their civilian peers, consisting of adverse reproductive health outcomes, a high-risk population for adverse pregnancy outcomes, rape and sexual assaults, and mental health conditions such as depression and PTSD (Katon et al., 2018).

According to Olenick et al. (2015), Veterans' medical records reveal that one in three patients was diagnosed with at least one mental health disorder. With these high numbers, the prevalence of mental health problems among Veterans is evident in specific mental conditions. Posttraumatic stress disorder (PTSD), while the prevalence rate among the US general population is 7%, among Veterans, this rate ranges from 14% among Iraqi Freedom Veterans to 19% among Vietnam Veterans (Latour et al., 2020). Miles et al. (2017) highlight that TBI is a severe mental problem for Veterans. Miles identifies that more than 300,000 service members have experienced a TBI since 2001. Most of these individuals experience mild severity TBI, characterized by a temporary change in mental status and emotional, physical, and cognitive symptoms that usually remit within 3 to 12 months. Carter et al. (2020) identified that the stressors of military service increase the risk of Veterans developing and having substance use disorders (SUDs). The researchers highlight that alcohol consumption and cigarette smoking is higher among these individuals than non-Military Service Member, with many Veterans turning to drug and substance use as a coping mechanism for mental health issues (Carter et al., 2020; Olenick et al., 2015).

Schafer et al. (2022) highlight the prevalence of depression among Veterans as 14%, while 18 to 22 Veterans commit suicide daily. Inoue et al. (2021) support these numbers by indicating that around 21 Veterans die by suicide daily, while SUDs mainly affect male Veterans, with unmarried and younger Veterans at significant risk of developing substance use problems. Overall, from the available statistics, it is clear that mental health is a considerable concern for Veterans. According to Hester (2017), this lack of access to mental health services only aggravates the situation for Veterans, contributing to higher suicide rates among Veterans and driving others into alcoholism, substance abuse, gambling addiction, and homelessness, among other social problems.

PTSD is one of the significant mental health disorders affecting war Veterans. According to Forbes et al. (2019), this mental disorder is one of the most common mental health conditions affecting military and Veteran populations, with its prevalence in these populations slightly higher than in civilian populations. However, these researchers also note that estimates of PTSD prevalence in Veteran populations vary widely and mainly depend on the era, the specific nature of the deployment, and the percentage of those deployed. Specifically, while the prevalence rate of PTSD among some Veteran populations can be as high as 35%, the estimates for the Veteran population are usually around 5% for current and 8% for their lifetime (Forbes et al., 2019). The variance in PTSD prevalence

in the Veteran population is exemplified by Fogger et al. (2016). These researchers highlight that PTSD prevalence rates in combat Veterans vary between 11% and 30%, with the estimates for Veterans returning from Afghanistan and Iraq being around 18.5%. Specifically, these authors mention that PTSD is a significant concern in Veterans as it increases the risk of committing suicide. In the Veteran population, those with PTSD are 9.8 times more likely to commit suicide than those without the mental disorder (Fogger et al., 2016). Reisman (2016) agrees with these other researchers that the prevalence of PTSD in veterans depends on the era and war. The author mentions that while some studies show the prevalence of PTSD in Veterans to be around 13.5%, other studies have shown it to be as high as 20% to 30%, with over 500,000 US troops who have served in wars in Afghanistan and Iraq over the past 13 years having been diagnosed with PTSD. Inoue et al. (2021) attribute this variance in PTSD prevalence rates to war factors and how studies on Veterans with PTSD are conducted. The authors explain that PTSD prevalence rates usually vary across wars as different theaters expose soldiers to varying intensities of combat and occur in various social and political contexts from which troops are pulled and returned. As for studies, variations in these rates exist due to differences in sampling methods, measurement strategies, delays in assessment after combat exposure, and researcher bias (Inoue et al., 2021).

2.8. Assessments for Veterans

Despite well-established treatment guidelines for mental health conditions commonly affecting veterans, including PTSD, many clients are unwilling or unable to adhere to therapy (Zwiebach et al., 2019). Others fail to respond to evidence-based therapeutics. This may partly be due to assessments and measures not normed for the Veteran culture. Although such clients are termed treatment-resistant or refractory, research shows that the lack of engineering therapeutics for the veterans contributes to such situations (Zwiebach et al., 2019).

One clinical tool used in VA health care settings is the Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). The measure is a five-item screen designed to identify individuals with probable PTSD in primary care settings. Although researchers normed the assessment against Veterans seeking treatment at VA facilities, it does not account for cultural norms, such as a differential between traumatic events and conditioned responses due to military training (Bovin et al., 2021; Prins et al., 2016). Due to a lack of cultural context, over 50% of the assessment can be answered in the affirmative based on the training many Military Service Members receive (Cameron & Ginzburg, 2019). Interestingly another published VA PTSD assessment tool, the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), is an assessment used to help determine PTSD (Prins et al., 2015).

2.9. Summary

The Veterans Affairs was originally established in 1930 and was elevated to a

congressional cabinet position in 1985 becoming the Department of Veterans Affairs (National Academies of Sciences, Engineering, and Medicine, 2018), and 37 years later, the Veterans Administration is still seeking to understand the Veteran culture and fulfill President Lincoln's promise to care for our nation's Veterans (Lowman, 2019). Literature has illustrated that there are as many ways researchers, government entities, and professional organizations have modeled Veterans and Service Members as there may have been scientific theories during the age of enlightenment. President Lincoln's promise to care for our nation's Veterans occurred in 1865 (Lowman, 2019), and literature still cannot operationally define Veterans.

VA Modeling

Although the Veterans Administration is relied on by the Department of Defense and Congress for research, the Veterans Administration's primary focus is the health care of US Veterans (McClean, 2019). The Veterans Administration models Veterans based on eligibility for government-funded health care based on a character of service identified on a Veteran's DD 214 and a minimum length of service (Oshinski, 2021). They meet eligibility requirements for enrollment in Veterans Administration health care programs (Oshinski, 2021).

For an agency that is supposed to be vested in research and the health outcomes of Veterans (Ramoni, 2022), the literature review illustrates that the Veterans Administration cannot provide a working definition for a Veteran that the administration standardizes or enforces. Research and literature produced by the Veterans Administration cannot decide if a Veteran is only someone who meets eligibility for VA health care, someone who has been discharged from the military, or even if they are a Military Service Member (Carr et al., 2021; Chen et al., 2020; Cheney et al., 2018; Clausen et al., 2022; Jacobson et al., 2020; McClean, 2019; Oshinski, 2021; Ramoni, 2022; Smith et al., 2020; Stratton et al., 2014).

With the difficulty Veterans express with getting VA health care, possibly the issue is the way Veterans are perceived and the lack of modeling by the VA. An argument can be made that the Veterans Administration sets the social presence for how a Veteran is perceived in society. Research has shown that Veterans are currently stereotyped as being "broken" (Stone, 2020).

Psychological Modeling

The literature has illustrated that the modeling of Veterans is muddy at best. According to the literature, psychology models Veterans as inconsistently as the Veterans Administration. Literature conflates Veterans with Military Service Members and other demographics not being able to decide if Veterans are active-duty Service Members, discharged Service Members, individuals who experienced deployment operations, or other categorical variables (Andresen et al., 2019; Blais et al., 2019; Friedman, 2019; Mukherjee & Kumar, 2019).

The American Psychological Association is heavily entwined with the government and the Department of Defense, presenting as more of a monopoly than a nonprofit organization. An organization with over \$175 million in in-

come reported in 2020 should have the ability to define a Veteran operationally. It may say something when the College Level Examination Program (CLEP), which has only been around since 1965 (American Council on Education, 2022) and can be found in the APA online dictionary yet, Veterans have been around as long as our country and the cultural term is absent from the APA online dictionary of terms (American Psychological Association, 2022b).

The American Psychological Association appears to be gatekeeping access to military service and employment in VA health care settings that have a considerable influence on Veterans' health care and mental health treatment of Military Service Members through APA accredited internships (Cardoos, 2021; Clark et al., 2018). The research, marketing, and literature come across as if the blind is leading the blind. They are missing opportunities to obtain cultural contextual knowledge due to current policies. If psychology cannot define a Veteran, how are they supposed to be able to treat a Veteran? A Service Member would describe this situation as a "hot mess" or "about as intelligent as a screen door on a submarine".

Sociological research on the modeling of Veterans appears to be sparser than that of traditional psychology, yet as inconsistent as psychological modeling (Crabb & Segal, 2018; Dyvik & Welland, 2018; Hirst, 2021; Reyes et al., 2022; Ridgeway, 2022). This may be due to a deficit of research on military and Veteran cultures or simply that sociology can socially be viewed as synonymous with psychology (Molina & Garip, 2019), much like the mental health sciences regards the Armed Forces and Veterans.

Meta-analyses are ultimately studies of other researchers' work. Those conducting meta-analyses are subject to the confines of what previous researchers have done and look for common themes in their modeling (Muka et al., 2020). If research modeling is inconsistent from elements such as the Veterans Administration and psychological sources such as the American Psychological Association, then it is not surprising that the literature presents inconsistencies in the modeling of Veterans when evaluating modeling in this research modality (Blais et al., 2021; Schafer et al., 2022; Skopp et al., 2022; Straud et al., 2019).

Military Modeling

One might think that asking a Service Member to model a Veteran is like asking a 10-year-old for advice on improving the behind-the-wheel portion of a driver's license exam. The Department of Defense provides the most straightforward understanding of the Veteran model in literature, presumably due to the cultural norms necessitating uniform standardization. The military model delineates the criteria for an individual to become a Veteran. 1) A civilian must meet the minimum qualification and enter military service. 2) The individual becomes a Military Service Member, defined by their affiliation in a branch of the Armed Forces. 3) The Service Member completes their military service obligation. 4) The Service Member is released from military service (DD 214). 5) Upon receiving DD 214 and release from military service, the individual is no longer a ser-

vice member and becomes a Veteran (U.S. Department of Defense, 2022; Office of the Federal Register, 1950; National Defense, 2018; Secretary of Defense & McGinn, 2009).

Although the Department of Defense and federal regulations have oversight of the individual branches of the military (U.S. Department of Defense, 2022; Office of the Federal Register, 1950), all branches of the Armed Forces policies regarding the modeling of Military Service Members and Veterans align with one another (Office of the Federal Register, 1950; National Defense, 2018; U.S. Department of Defense, 2022; U.S. Department of Homeland Security, 2021a, 2021b; U.S. Department of the Air Force, 2019, 2020a; U.S. Department of the Army, 2016, 2017; U.S. Department of the Navy, 2022; U.S. Marine Corps, 2021a), adding validity to the Veteran Evolution modeling of a Veteran (Cameron & Ginzburg, 2019).

Veteran Service Organizations

Congressionally chartered nonprofit Veteran service organizations play an instrumental role in advocating for Veteran's benefits and welfare (Breslauer & Davis, 2021) and have a distinguished history of serving Veterans (Gallucci, 2022; American Legion, 2021; Veterans of Foreign Wars, 2021; Van Ess, 2017). Although the Veterans Administration is tasked with the training and certification of these organizations (Breslauer & Davis, 2021), Congressionally-chartered nonprofit Veteran service organizations play an instrumental role in advocating for Veteran's benefits and welfare (Breslauer & Davis, 2021) and have a distinguished history of serving Veterans (Gallucci, 2022; American Legion, 2021; Veterans of Foreign Wars, 2021; Van Ess, 2017). Although the Veterans Administration is tasked with the training and certification of these organizations (Breslauer & Davis, 2021), they do not include model Veterans or Service Members in the same manner as the Veterans Administration (American Psychological Association, 2020). Veteran Service Organizations specifically outline Military Service as those actively serving in the Armed Forces, while a Veteran is a former member of the Armed Forces who possesses a DD 214. These organizations then identify the characteristics of their membership requirements (Gallucci, 2022; Burgess, 2021; Van Ess, 2017). This modeling of Veterans appears consistent with the Veteran Evolution modeling of Veterans and Service Members (Cameron & Ginzburg, 2019).

Veteran Treatment Disparities

Current research reflects significant biopsychosocial disparities between health outcomes of Veterans and their civilian counterparts within the United States (Crytzer, 2019; Gobin et al., 2018; Soberay et al., 2018; Thomas et al., 2017; Trivedi et al., 2015). When compared to their civilian counterparts, research shows that Veterans are at a greater risk of suicidality (Jamieson et al., 2020), problematic substance use and substance use disorders (Hunsaker & Bush, 2018), pathological gambling and high-risk behaviors (Levy & Tracy, 2018), and a range of psychological and other medical concerns despite the presence of protective

factors disproportionately more significant than their civilian counterparts (Grossbard et al., 2013). Veterans have also been reported as struggling in academic (Norman et al., 2015) and vocational settings (Brown & Bruce, 2016).

Researchers have yet to come to a consensus on the causes of these disparities, and the research attempting to investigate this phenomenon has utilized a variety of definitions to classify Veteran status or identity. Veterans have been shown to underutilize the services available, including Veterans Administration services, explicitly intended for this culture (Brown & Bruce, 2016; Cheney et al., 2018). The well-documented concerns regarding veterans' experiences are not being understood by the civilian clinicians tasked with their care who lack the contextual appreciation of their experiences (Cheney et al., 2018; Randles & Finnegan, 2021). Cheney et al. (2018) identified concern of being misunderstood or pathologized as one of the prominent barriers facing Veterans in accessing what they believe to be effective healthcare.

3. Methodology

The conceptual framework utilizes the biopsychosocial model. Originally conceptualized by George Engel in 1977, it is an interdisciplinary model evaluating the interconnection between biology, psychology, and socio-environmental factors. The biopsychosocial model is widely used in the empirical evaluations of complex medical phenomena and is the theoretical basis for the World Health Organization's Internal Classification of Functioning (Wade & Halligan, 2017). Consequently, the lack of clinical attention to biological, psychological, or social variables risks over-simplifying or excessively pathologizing the challenges an individual may face. The biopsychosocial model appears as the best-suited approach to investigating the complexity of Veteran wellness and stressors.

The study utilized an archival multiple-choice survey data set from an online quasi-experimental study on Veteran Cultural conducted by Anchor Therapy Clinic titled "Healing Our Heroes" in Sacramento, California. In addition to demographics, the study targeted Veteran and military populations evaluating the following domains: knowledge of military and veteran-related topics and self-reported cultural identity (Anchor Therapy Clinic, 2020).

Participants relevant to this study come from military and Veteran populations. Military members are generally defined as members of the Armed Forces consisting of the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or Space Force on active duty, national guard, or reserve status (Office of the Secretary of Defense, & Department of Defense, 2021). Veterans are traditionally defined as former members of the Armed Forces (50 U.S.C. 3911, House of Representatives Congress, 2015). The scope of the population used for this study will require membership in one or more of those groups. An a priori power analysis was conducted using G*Power3 (Faul, Erdfelder, Lang, & Buchner, 2007) to test the mean difference between two dependent means for a two-tailed test, a moderate effect size ($d = 0.20$), and an alpha of 0.05. Results showed that a

total sample of 272 participants was required to achieve a power of 0.95.

Participants came from an archival and unprocessed survey data set containing respondents from military and Veteran populations provided by Anchor Therapy Clinic of Sacramento, California (Anchor Therapy Clinic, 2022). Inclusion criteria for this study required participants to have self-identified as actively being in the Armed Forces or a Veteran of the Armed Forces. A member of the Armed Forces is operationally defined as a status variable by membership in the Army, Navy, Air Force, Marine Corps, Navy, Coast Guard, or Space Force serving on Active Duty, in a Reserve component or a National Guard component. A Veteran is operationally defined as a status variable by former membership in the Army, Navy, Air Force, Marine Corps, Navy, Coast Guard, or Space Force serving on Active Duty, in a Reserve component or a National Guard component possessing a DD 214. Survey respondents will be excluded if the participants are not active or former members of the Armed Forces, are former members of the Armed Forces without a DD 214 or did not complete the survey. The participants who meet the inclusion criteria will be randomly selected to participate in the study.

3.1. Data Analysis

The data for this research utilized unprocessed archival data provided by Anchor Therapy Clinic. Anchor Therapy Clinic has authorized the use of unprocessed de-identified archival data from the Healing Heroes and Veteran Evolution program. Anchor Therapy provided the data of 885 respondents of Military Service Member and Veteran participants and their corresponding demographic data from a survey they conducted in 2019 regarding Veteran and military culture (Anchor Therapy Clinic, 2022). Based on the power analysis to test the mean difference between two dependent means for a two-tailed test to achieve a moderate effect size ($d = 0.20$), a minimum of 272 participants is required (Faul, Erdfelder, Lang, & Buchner, 2007).

Data analysis was conducted using IBM's Statistical Package for the Social Sciences (SPSS) to identify demographic information about the sample and trends in response categories regarding cultural self-identification. Demographics were analyzed for central tendency and to determine the distribution of participants. A chi-square test of independence examined the relationship between self-identification and military service status. Chi-square of independence is used to evaluate hypotheses concerning nominally scaled variables (Rolke & Gongora, 2021) such as predicting group membership in one variable based on membership in another variable. Differences between groups were evaluated using paired sample t-tests.

Primary Analysis

The data was scrubbed for participant inclusion in the study. The remaining participants were randomly selected for inclusion. Demographic data was analyzed from the research population, and respondents will be categorized into a Service Member group or Veteran group. Service Members are operationally de-

defined as self-reported membership in the Army, Navy, Air Force, Marine Corps, Navy, Coast Guard, or Space Force serving on Active Duty, in a Reserve component or a National Guard component. A Veteran is operationally defined as a status variable by self-reported former membership in the Army, Navy, Air Force, Marine Corps, Navy, Coast Guard, or Space Force serving on Active Duty, in a Reserve component or a National Guard component possessing a DD 214. The mean differences between groups were analyzed using a paired sample t-test.

Secondary Analysis

A comparative analysis of the survey population of preferred self-identification is going to be conducted utilizing a chi-square test of independence to determine the relationship between those who self-identify based on a Military Branch (Army, Navy, Air Force, Marine Corps, Navy, Coast Guard, or Space Force) and those that self-identify as a Veteran.

Individuals in the Military Service Member group will be analyzed using a compared sample t-test to determine the differences between those who self-report active service in the Armed Forces and those discharged from military service. Individuals in the Prior Service or Veteran group will be analyzed using compared sample t-test to determine the differences between those who self-identify based on a Military Branch (Army, Navy, Air Force, Marine Corps, Navy, Coast Guard, or Space Force) and those that self-identify as a Veteran.

3.2. Reliability & Validity

Cronbach's alpha coefficient measures the internal consistency of a measure or scale. A Cronbach's alpha coefficient of 0.80 or greater is considered to have strong reliability (Sürücü & Maslakçi, 2020; Bujang et al., 2018). This research relies upon archival data and instrumentation utilized by the original researchers. The original Cameron and Ginzburg (2019) conducted a reliability analysis of the Military Knowledge Assessment, and Cronbach's alpha showed the questionnaire to reach acceptable reliability, $\alpha = 0.962$. All items appeared to be worthy of retention, resulting in a decrease in the alpha if deleted.

Threats to internal validity will be controlled using random assignment of participants in the research population. Confounds will be controlled through the data analysis plan. Statistical Regression is not a concern because original survey respondents were only provided the survey instrument once. History, Maturation, and Attrition are not a concern based on the research design. External validity is controlled through random selection. Generalizability is controlled because the sample directly represents the population of interest. Statistical conclusion validity is controlled with power analysis, and statistical test assumptions will be evaluated. Construct validity is controlled by the researcher possessing contextual, cultural knowledge of the population, preventing misclassification of participants and variables (Heppner et al., 2016).

As a combat disabled Veteran researching Veterans, although it provides unique contextual knowledge, there is potential for bias or confirmation bias

that could distort the research results. Groenwold (2013) identifies that bias in psychology research can be categorized as information bias, selection bias, and confounding. Information bias refers to the selective disclosure of information to fit a researcher's narrative. Selection bias refers to selecting participants to skew or illicit a particular result. Confounding refers to a distortion of a relationship between variables or interactions (Groenwold, 2013). Bias was controlled by utilizing de-identified archival data from a third-party preventing interference at the hands of the researcher. The de-identified participants chosen for inclusion in the study will be selected by random selection preventing selection bias. Confounding is controlled through the study's design by evaluating the prevalence of responses provided by participants.

4. Results

The study seeks to develop a culturally appropriate operational definition for the Veteran culture. The study evaluated the preferred self-identification of Veterans who have been discharged from military service and actively serving members of the Armed Forces. The data results were analyzed to determine if Veterans are being properly modeled in clinical research and if there is a cultural difference between members of the Armed Forces and Veterans. This research seeks to answer 1) Is there a relationship between how research has defined culture and the Veteran culture? 2) What is the relationship between an independent culture in research and the Veteran culture? 3) Is there a cultural difference between Veteran and Military Service Member preferred self-identification? 4) Are Military and Veteran cultures distinct? 5) Are Veterans currently well modeled and described in therapeutic and research literature? It is hypothesized that the culturally preferred self-identity of Veterans is that of a "Veteran", and Military and Veteran cultures are distinct. It is hypothesized that the study's results will outline a culturally appropriate operational definition for members of the Veteran culture.

The research utilized an archival multiple-choice survey data set from a quasi-experimental study on Veteran Cultural conducted by Anchor Therapy Clinic titled "Healing Our Heroes" in Sacramento, California. The original survey population had participants spanning the United States, the United Kingdom, and Canada. In addition to demographics, the study targeted Veteran and military populations evaluating the following domains: knowledge of military and veteran-related topics and self-reported cultural identity (Anchor Therapy Clinic, 2020).

Inclusion criteria required participants to have served or are currently serving in the United States Armed Forces in the active, reserve, or national guard components. Participants who separated from military service were required to possess a discharge status identified by a DD 214. Participants were excluded if survey responses were incomplete. A sample population was randomly selected from the available participants meeting inclusion criteria. The sample population ($n = 655$) reflected actively serving members of the Armed Forces (Military

Service Members) ($n = 190$, 25.60%) and former Military Service Members (Veterans) ($n = 465$, 74.40%). Participants demographics were reported as African American/Black ($n = 52$, 8.32%), Asian ($n = 20$, 3.20%), Hispanic/Latinx ($n = 132$, 21.12%), Middle Eastern ($n = 8$, 1.28%), American Indian or Alaskan Native ($n = 24$, 3.84%), Pacific Islander ($n = 4$, 0.64%), White/Caucasian ($n = 256$, 40.96%), and Other ($n = 159$, 24.27%). The mean age was 38.50 (52.04%) years of age, was predominantly male ($n = 332$, 53.12%), and had obtained a bachelor ($n = 213$, 34.08%) level education.

The primary analysis of the survey population identified participants who were actively serving at the time of the survey in the Armed Forces ($n = 190$, 29.01%) from those who had been discharged from the Armed Forces ($n = 465$, 70.99%) and were no longer serving in the Armed Forces. A chi-square test for goodness of fit was performed to examine the model to evaluate the relationship between self-identification as a Service Member and self-identification of a Veteran among individuals actively serving in the Armed Forces. Results indicated that the Chi-Square value = 655, $p < 0.001$, and results are significant $p < 0.05$.

The overall themes of the research identified that there are significant cultural differences between actively serving members of the Armed Forces and Veterans. Active Service Members did not endorse self-identification as a Veteran. Service Members are predominantly self-identified by their branch of service. Veterans predominantly self-identified as Veterans in contrast to their actively servicing counterparts. Results indicate that Veteran and Military cultures are distinct based on cultural norms and self-identification. The distinctiveness between the cultures suggests that current research models that evaluate Military Service Members and Veterans interchangeably do not appropriately define the cultures.

4.1. Armed Forces Preferred Identification

A chi-square test of independence was performed to examine the relationship between self-identification as a Service Member and self-identification of a Veteran among individuals actively serving in the Armed Forces. The null hypothesis that the variables are not correlated in the population is rejected because the probability associated with the test statistic is less than α (0.05) ($X^2(1) = 330.11$, $p < 0.001$). Analysis of the survey population actively serving Military Service Member population ($n = 190$) indicated that 100% of the individuals identifying as actively serving in the Armed Forces identify as Service Members or based on their branch of service. No individual identifying as actively serving in the Armed Forces identified as a "veteran" when offered the opportunity when presented with the option of identifying as a Service Member, Veterans, or a member of a branch of the military. Of the individuals identifying as actively serving in the Armed Forces, participants preferred identities included Service Members ($n = 5$, 3.13%), Army ($n = 74$, 46.25%), Navy ($n = 21$, 13.13%), Air Force ($n = 18$, 11.25%), Marine Corps ($n = 35$, 21.88%), Coast Guard ($n = 16$, 10.00%), and Space Force ($n = 21$, 13.13%).

Veteran Preferred Identification

A chi-square test of independence was performed to examine the relationship between self-identification as a Service Member and self-identification of a Veteran among individuals who formerly served in the Armed Forces and possess a DD 214. The null hypothesis that the variables are not correlated in the population is rejected because the probability associated with the test statistic is less than α (0.05) ($X^2(1) = 55.11, p < 0.001$). The relation between these variables was significant. Former members of the Armed Forces possessing a DD 214 are more likely to self-identify as Veterans than Military Service Members. Analysis of the individuals identifying as former Service Members who are no longer serving in the Armed Forces and have received a DD 214 ($n = 465$) indicated that when provided a choice between identifying as a Service Member, a member of a branch of the military, or a Veteran the preferred identification of former Military Service Members is "Veteran" ($n = 465, 100\%$).

Summary

The analysis of the data indicated that actively serving Military Service Members ($n = 190$), when provided the option to self-identify as a Military Service Member or Veteran will choose to self-identify as a Service Member or a member of the Armed Forces based on their individual branch of service and not as a Veteran. Former Military Service Members ($n = 465$) no longer in service who possess a DD 214, when provided the option to self-identify as a Military Service Member or Veteran will choose to self-identify as a Veteran and not a Service Member or a member of the Armed Forces. The primary null hypothesis is rejected, the culturally preferred self-identity of the Veteran culture is that of "Veteran".

Common criteria defining culture consist of the ongoing negotiation of learned and patterned beliefs, attitudes, values, and behaviors. Culture is patterned in that there are recognizable widespread similarities among people within a cultural group. Cultural patterns change over time. Culture influences the individual's beliefs, values, language, behaviors, and self-identified identities (Yep & Nakayama, 2022; Amiot et al., 2018). The secondary null hypothesis is rejected; Military and Veteran cultures are distinct from one another. This research identified that Veterans and Military Service Members distinguish between those actively serving in the Armed Forces and those who formerly served in the Armed Forces possessing a DD 214.

4.2. Research Questions

RQ1. Is there a relationship between how research has defined culture and the Veteran culture?

To determine a culturally appropriate operational definition of a Veteran, it must be determined if Veterans are meet the criteria as a culture or if they are simply a population of a larger element.

Defining Culture: American Psychological Association (2022a) defines culture as the distinctive and shared pattern of behaviors and interactions, cognitive

constructs, and understanding learned by socialization consisting of customs, values, beliefs, knowledge, art, and language of a society or a community. Research has identified no distinct definition of “culture”; however, standard criteria defining culture consist of the ongoing negotiation of learned and patterned beliefs, attitudes, values, and behaviors. Culture is patterned in that there are recognizable widespread similarities among people within a cultural group. Cultural patterns change over time. Culture influences the individual’s beliefs, values, language, behaviors, and self-identified identities (Yep & Nakayama, 2022; Amiot et al., 2018). These values and concepts are passed on from generation to generation. They are the basis for everyday behaviors and practices fostered by social patterns unique to the group (University of Minnesota, 2022).

Veterans in Relation to Culture: The United States Supreme Court has set legal precedence in *Parker v. Levy* (1974) and *Orloff v. Willoughby* (1953), rendering judicial opinions identifying that Veterans have cognitive constructs, beliefs, values, language, and behaviors that are uniquely different from Military Service Members and individuals who have never engaged in military service (*Parker v. Levy*, 1974; *Orloff v. Willoughby*, 1953). A literature review identifies that a Veteran’s learned, and patterned beliefs, attitudes, values, and behaviors result from the evolutionary process. Veteran culture is passed on through generational learning through an individual’s evolution from military service to becoming a Veteran (Anchor Therapy Clinic, 2020; Secretary of Defense & McGinn, 2009; U.S. Department of Defense, 2022; U.S. Department of Homeland Security, 2020; U.S. Department of the Army, 2021; U.S. Department of the Air Force, 2020b; U.S. Department of the Navy, 2021; U.S. Marine Corps, 2021b).

Research Findings: Research results identified that a Veteran’s preferred self-identification is distinct. The Veteran’s group of former Military Service Members possessing a DD214 ($n = 465$), when provided the option to self-identify as a Military Service Member or Veteran, will choose to self-identify as a “Veteran” ($n = 465$, 100%) and not a Service Member or a member of the Armed Forces ($n = 0$, 0.00%). The uniqueness of Veteran self-identification was correlated by the actively Serving Military Service Members group ($n = 190$); when provided the option to self-identify as a Military Service Member or Veteran, will choose to self-identify as a Service Member or a member of the Armed Forces ($n = 190$, 100%) based on their individual branch of service and not as a Veteran. The findings conclude that there is a correlation between how research has defined culture and Veterans meeting criteria as an independent culture by their distinct cultural self-identification.

RQ2. What is the relationship between an independent culture in research and the Veteran culture?

Due to a deficit of literature evaluating if Veterans met the criteria as an independent culture, it was imperative to assess if Veterans met the criteria as an independent culture. Although not considered a culture in psychological research, literature discussion presents a common theme identifying that Veterans need to

be treated as a culture in research. Literature has identified there is no unilateral definition of an independent culture; however, common themes present themselves in the operational definitions of research: the distinctive and shared pattern of behaviors and interactions, cognitive constructs and understanding learned generationally, uniqueness in customs, values, beliefs, knowledge, art, language, behaviors, and self-identified identities (American Psychological Association, 2022a; Yep & Nakayama, 2022; Amiot et al., 2018).

Utilizing themes identified in the research, Veterans have cognitive constructs, beliefs, values, language, and behaviors that the U.S. Supreme Court uniquely validates (Parker v. Levy, 1974; Orloff v. Willoughby, 1953). Psychological literature identifies that Veteran beliefs, attitudes, values, and behaviors result from a unique evolutionary process passed on generationally due to their selective enlistment into military service and then transition into becoming a Veteran (Anchor Therapy Clinic, 2020; Secretary of Defense & McGinn, 2009; U.S. Department of Defense, 2022; U.S. Department of Homeland Security, 2020; U.S. Department of the Army, 2021; U.S. Department of the Air Force, 2020b; U.S. Department of the Navy, 2021; U.S. Marine Corps, 2021b). The results of this research identify that Veterans have a unique self-identification based on their cultural elements distinct from Military Service Members and the dominant culture. It is concluded that appropriate operational definitions for a Veteran include: 1) An individual who is formerly a member of the Armed Forces possessing a military discharge (DD 214). 2) An individual who is formerly a member of the Armed Forces serving in an active, reserve, or National Guard component who has separated from military service and possesses a military discharge (DD 214). There is a correlational relationship between an independent culture and Veterans. Veterans are identified as an independent culture.

RQ3. Is there a cultural difference between Veteran and Military Service Member preferred self-identification?

The literature review identified that it was common for researchers to classify Military Service Members and Veterans as the same interchangeably or not distinguish between the two cultures when identifying demographics, developing their experiments, or presenting their results. It was essential to understand if differences existed between Military Service Member preferred self-identification and Veteran preferred self-identification to determine if differences existed. The research showed that Military Service Members' self-identification and Veterans' self-identification was distinct between research populations. When provided the option to self-identify as a Military Service Member or Veteran, Service Members will choose to self-identify as a Service and not as a Veteran ((n = 190, 100%). The results for the Veteran research population reported consistently that Veterans who possess a DD 214, when provided the option to self-identify as a Military Service Member or Veteran, will choose to self-identify as a Veteran and not a Service Member or a member of the Armed Forces (n = 465, 100%). The disparities in self-identification indicate a cultural distinction exists between the two cultures.

RQ4. Are Military and Veteran cultures distinct?

Literature interchangeable assuming that Military and Veterans operate within the same cultural dynamic calls the question as to if Military and Veteran cultures are distinct. There is a deficit of research specifically evaluating if the Military culture comprises the entirety of the Armed Forces or if the individual branches of the Armed Forces are independent; however, numerous distinctions exist between the Military and Veteran cultures.

The research concluded that there is a “Veteran Evolution” consisting of an individual transitioning from their culture of origin into becoming a Military Servicemember. After completing their military service, they transition into becoming a member of the Veteran culture. It is identified that a significant amount of a Veteran’s cultural identity is derived from military service there are substantial distinctions. The research results identified that self-identification between Military Service Members and Veterans was not correlated. Service Members will choose to self-identify as a Service and not as a Veteran (n = 190, 100%). The results for the Veteran research population reported consistently that Veterans who possess a DD 214, when provided the option to self-identify as a Military Service Member or Veteran, will choose to self-identify as a Veteran and not a Service Member or a member of the Armed Forces (n = 465, 100%).

Cultural differences were identified within the literature. Federal statutes identified military service as an individual who is a member of the Armed Forces by membership in the Army, Navy, Air Force, Marine Corps, Navy, Coast Guard, or Space Force serving on Active Duty, in a Reserve component, or a National Guard component. A Veteran is defined by former membership in the Army, Navy, Air Force, Marine Corps, Navy, Coast Guard, or Space Force serving on Active Duty, in a Reserve component or a National Guard component possessing a DD 214 (Secretary of Defense & McGinn, 2009; U.S. Department of Defense, 2022; U.S. Department of Homeland Security, 2020; U.S. Department of the Army, 2021; U.S. Department of the Air Force, 2020b; U.S. Department of the Navy, 2021; U.S. Marine Corps, 2021b).

The research results indicate that cultural differences exist between Military and Veteran Cultures. Veteran culture is identified as independent of Military culture.

RQ5. Are Veterans currently well modeled and described in therapeutic and research literature?

To evaluate Veterans as to meeting criteria as a culture required looking at operational definitions of Veterans and how they are currently modeled in the research literature. Results of the research were compared to current modeling of Veterans in psychological research to evaluate the effectiveness of current modeling for Veterans.

The Veterans Administration models Veterans based on eligibility for government-funded health care based on a character of service identified on a Veteran’s DD 214 and a minimum length of service (Oshinski, 2021). They meet eligibility requirements for enrollment in Veterans Administration health care

programs (Oshinski, 2021). Research and literature produced by the Veterans Administration cannot consistently identify if a Veteran is only someone who meets eligibility for VA health care, someone who has been discharged from the military, or even if they are a Military Service Member (Carr et al., 2021; Chen et al., 2020; Cheney et al., 2018; Clausen et al., 2022; Jacobson et al., 2020; McClean, 2019; Oshinski, 2021; Ramoni, 2022; Smith et al., 2020; Stratton et al., 2014). Psychological research models Veterans inconsistently. Literature conflates Veterans with Military Service Members and other demographics, not being able to identify if Veterans are active-duty Service Members, discharged Service Members, family members, individuals who experienced deployment operations, or other categorical variables (Andresen et al., 2019; Blais et al., 2019; Friedman, 2019; Mukherjee & Kumar, 2019). Sociological research on the modeling of Veterans is sparse, yet available research modeling is as inconsistent as psychological modeling (Crabb & Segal, 2018; Dyvik & Welland, 2018; Hirst, 2021; Reyes et al., 2022; Ridgeway, 2022).

The research results conclude that Veterans are not well modeled in psychological literature. Previous research appears to lack culturally appropriate operational defining terms, believed to be due to a lack of cultural competence. The research identified that a culturally appropriate operational definition of a Veteran would be an individual who is formerly a member of the Armed Forces possessing a military discharge (DD 214). A Military Service Member would operationally be defined as a member of the Armed Forces actively serving in a branch of the military in an active, reserve, or National Guard component.

5. Discussion

This quantitative study aims to enhance the field of psychology by addressing the classified nature of the military that facilitates a deficit of knowledge and resources for researchers and mental health providers. This deficit results in varying and culturally inaccurate defining descriptions for veterans and members of the military (Randles & Finnegan, 2021; Cheney et al., 2018), resulting in researchers utilizing the terms “military service member” and “veteran” interchangeably. Researchers and professionals in the field of psychology and those not possessing contextual knowledge or experience are left to obtain their perceptions of the military and veterans from television shows, films, and other media that are altered to create dynamic appeal and for marketing purposes (Schaeffer, 2021). By evaluating cultural elements to determine if Veterans meet independent cultural criteria, it was postulated that a culturally competent operational definition could be produced if Veterans met the criteria as a culture.

As of 2019, more than 18 million Veterans in the United States have committed suicide at an estimated rate of 22 per day. With 30 percent of active-duty service members in Iraq and Afghanistan identified as having a mental health condition requiring therapeutic intervention, less than 50 percent of those service members will engage in mental health services (Department of Veterans Affairs, 2021). This does not account for military reservists, National Guard, or

other military operations that service members have experienced within the last 20 years. The deficit of contextual knowledge and culturally appropriate operational terminology means that Civilians, and researchers, may not fully understand military service, military and veteran identities, and traditional family & social dynamics. Researchers may not understand military service members and veterans, resulting in poor research designs and misinterpreted results. Medical care providers may be led to misdiagnosis, stigmatization, individual shame, and negative self-attribution (McCaslin et al., 2021).

A clear operational definition of a Military Service Member and a Veteran needed to be defined. Mental health providers and researchers cannot discern between members of the Armed Forces and Veterans (McCaslin et al., 2021); However, military members can identify Military Service Members and Veteran status independently from one another (Griffith et al., 2020). Military Service Members will often classify other Service Members by their branch of Service. Veterans are traditionally classified as former Service Member who has received a military discharge regardless of their branch of prior service (Anchor Therapy Clinic, 2020). To determine eligibility for health benefits, the Department of Veteran Affairs defined a Veteran as a person who served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable after a minimum period of service (Department of Veterans Affairs, 2021).

This study aimed to advance scientific knowledge in psychology by filling the gap in existing literature related to psychological dimensions of the Veteran and military cultures. The research findings addressed cultural distinctions between Military Service Members and Veterans to gain a deeper understanding of Veteran and military cultures, leading to the culturally relevant operational definitions for clinical research, facilitating the means to strengthen dynamics in therapeutic settings, and working to improve treatment outcomes for these populations.

This study sought to identify if there is cultural distinctiveness between Military Service Members and Veterans. A quantitative analysis evaluated cultural norms and self-identified cultural data. The study utilized unprocessed archival data set from a true experimental design assessing the effectiveness of a therapeutic intervention titled “Veteran Evolution Therapy” (V.E.T.) conducted by Anchor Therapy Clinic in Sacramento, California. The origination of the data collected demographics targeting Members of the Armed Forces and military veterans across the United States. The originating research evaluated the following domains: knowledge of military and veteran-related topics, self-reported cultural identification, and self-reported cultural awareness (Anchor Therapy Clinic, 2020).

The researcher utilized a biopsychosocial model conceptualized by George Engel in 1977. Engel’s biopsychosocial model is interdisciplinary and looks at the interconnection between biology, psychology, and socio-environmental factors. At a practical level, the biopsychosocial model is a way of understanding a client’s

subjective experience as an essential contribution to diagnosis and health outcomes (Epstein & Borrell-Carrio, 2005). Historically, the biopsychosocial model is widely used in the empirical evaluations of complex medical phenomena and is the theoretical basis for the World Health Organization's Internal Classification of Functioning (Wade & Halligan, 2017). Consequently, the lack of clinical attention to biological, psychological, or social variables risks over-simplifying or excessively pathologizing the challenges an individual may face. The biopsychosocial model was evaluated as the best-suited approach to investigating the complexity of Veteran wellness and stressors.

The researcher conducted a systematic review of the subject matter using peer-reviewed literature predominantly from the last five years, federal regulatory statutes, and current regulations of the Armed Forces. The researcher thoroughly evaluated the data and the selected articles to obtain appropriate and relevant information for the study. The researcher synthesized information to address the following research questions: 1) Is there a relationship between how research has defined culture and the Veteran culture? 2) What is the relationship between an independent culture in research and the Veteran culture? 3) Is there a cultural difference between Veteran and Military Service Member preferred self-identification? 4) Are Military and Veteran cultures distinct? 5) Are Veterans currently well modeled and described in therapeutic and research literature?

5.1. Findings

The systematic review of key literature relating to the modeling of Veterans identified that researchers and community-based providers significantly lack cultural understanding and need to possess the capacity to deliver culturally competent mental health to Veterans and their families. Cultural competence in mental health professionals and researchers requires culturally specific military knowledge (Tanielian & Tanielian, 2014). The classified nature of the military facilitates a deficit of knowledge and resources for researchers resulting in varying and culturally inaccurate defining descriptions for veterans and members of the military (Randles & Finnegan, 2021; Cheney et al., 2018). Due to a lack of contextual knowledge and the classified nature of military service, research has lacked the capacity to effectively define the military or military veterans as a culture facilitating a deficit of knowledge and culturally inaccurate defining descriptions for veterans and members of the military (Randles & Finnegan, 2021; Cheney et al., 2018).

Given the statement of the problem as reiterated above, several themes emerged from this research. Veterans meet the criteria as an independent culture. Veterans and the Armed Forces meet independent criteria as a culture and are independent of one another. Military Service Members and Veterans self-identify independently from one another. Veterans' culture is an evolutionary process. Researchers, including the American Psychological Association and the Veterans Administration, lack contextual and culturally appropriate operational defini-

tions of the Veteran cultural which directly impact the research outcomes and therapeutic interventions of Military and Veterans cultures.

Research Defined Culture and the Veteran Culture

To determine a culturally appropriate operational definition of a Veteran, the researcher had to examine if Veterans met the criteria as a culture or if they are simply a population of a larger element. Research into current literature identified no distinct definition of “culture”; however, standard criteria defining culture consist of the ongoing negotiation of learned and patterned beliefs, attitudes, values, and behaviors. Culture is patterned in that there are recognizable widespread similarities among people within a cultural group. Culture influences the individual’s beliefs, values, language, behaviors, and self-identified identities (Yep & Nakayama, 2022; Amiot et al., 2018). These values and concepts are passed on from generation to generation. They are the basis for everyday behaviors and practices fostered by social patterns unique to the group (University of Minnesota, 2022).

The United States Supreme Court has set legal precedence in *Parker v. Levy* (1974) and *Orloff v. Willoughby* (1953), rendering judicial opinions identifying that Veterans have cognitive constructs, beliefs, values, language, and behaviors that are uniquely different from Military Service Members and individuals who have never engaged in military service (*Parker v. Levy*, 1974; *Orloff v. Willoughby*, 1953). A literature review identifies that a Veteran’s learned, and patterned beliefs, attitudes, values, and behaviors result from the evolutionary process. Veteran culture is passed on through generational learning through an individual’s evolution from military service to becoming a Veteran (Anchor Therapy Clinic, 2020; Secretary of Defense & McGinn, 2009; U.S. Department of Defense, 2022; U.S. Department of Homeland Security, 2020; U.S. Department of the Army, 2021; U.S. Department of the Air Force, 2020b; U.S. Department of the Navy, 2021; U.S. Marine Corps, 2021b).

The research results identified that a Veteran’s preferred self-identification is distinct and distinct from members of the Armed Forces. The Veteran’s group of former Military Service Members possessing a DD214, when provided the option to self-identify as a Military Service Member or Veteran, will choose to self-identify as a “Veteran” and not a member of the Armed Forces. The uniqueness of Veteran self-identification was correlated by the actively Serving Military Service Members group; when provided the option to self-identify as a Military Service Member or Veteran, they will choose to self-identify as a Service Member or a member of the Armed Forces.

Addressing the following research questions: (RQ1) Is there a relationship between how research has defined culture and the Veteran culture? (RQ2) What is the relationship between an independent culture in research and the Veteran culture? It was hypothesized that (H20) Military and Veteran cultures are not distinct cultures and alternatively (H2a.) Military and Veteran cultures are distinct. The null hypothesis is rejected, the findings conclude that there is a positive relationship between how research has defined culture and Veterans meet-

ing criteria as an independent culture by their distinct cultural self-identification.

Independent Cultural Criteria and Veteran Culture

Due to a deficit of literature evaluating if Veterans met the criteria as an independent culture, it was imperative to assess if Veterans met the criteria as an independent culture. Although not considered a culture in psychological research, the literature presented a commonality identifying that Veterans need to be treated as a culture in research. As previously identified, literature has identified there is no unilateral definition of an independent culture; however, common themes present themselves in the operational definitions of research: the distinctive and shared pattern of behaviors and interactions, cognitive constructs and understanding learned generationally, uniqueness in customs, values, beliefs, knowledge, art, language, behaviors, and self-identified identities (American Psychological Association, 2022a; Yep & Nakayama, 2022; Amiot et al., 2018).

Veterans have cognitive constructs, beliefs, values, language, and behaviors that the U.S. Supreme Court uniquely validates (Parker v. Levy, 1974; Orloff v. Willoughby, 1953). Psychological literature identifies that Veteran beliefs, attitudes, values, and behaviors result from a unique evolutionary process passed on generationally due to their selective enlistment into military service and then transition into becoming a Veteran (Anchor Therapy Clinic, 2020; Secretary of Defense & McGinn, 2009; U.S. Department of Defense, 2022; U.S. Department of Homeland Security, 2020; U.S. Department of the Army, 2021; U.S. Department of the Air Force, 2020b; U.S. Department of the Navy, 2021; U.S. Marine Corps, 2021b).

The results of this research identify that Veterans have a unique self-identification based on their cultural elements distinct from Military Service Members and the dominant culture. It is concluded that appropriate operational definitions for a Veteran include: 1) An individual who is formerly a member of the Armed Forces possessing a military discharge (DD 214). 2) An individual who is formerly a member of the Armed Forces serving in an active, reserve, or National Guard component who has separated from military service and possesses a military discharge (DD 214). There is a positive relationship between an independent culture and Veterans. Veterans are identified as an independent culture.

Addressing the following research question: (RQ2) What is the relationship between an independent culture in research and the Veteran culture? It was hypothesized that (H20) Military and Veteran cultures are not distinct cultures and alternatively (H2a.) Military and Veteran cultures are distinct. The null hypothesis is rejected, the findings conclude that there is a positive relationship between how research has defined culture and Veterans meeting criteria as an independent culture by their distinct cultural self-identification.

Veteran and Military Service Member Self-Identification

The research showed that Military Service Members' self-identification and Veterans' self-identification was distinct between research populations. When provided the option to self-identify as a Military Service Member or Veteran, Service Members will choose to self-identify as a Service and not as a Veteran.

The results for the Veteran research population reported consistently that Veterans who possess a DD 214, when provided the option to self-identify as a Military Service Member or Veteran, will choose to self-identify as a Veteran and not a Service Member or a member of the Armed Forces. The disparities in self-identification indicate a cultural distinction exists between the two cultures.

It is important to note that distinct from the Veteran culture, members of the Armed Forces will predominantly identify by their branch of service in the Armed Forces rather than a “Service Member”. Members of the Veterans research group did not identify by their branch of service but predominantly as a Veteran.

Addressing the following research question: (RQ3) Is there a cultural difference between Veteran and Military Service Member preferred self-identification? It was hypothesized that (H10) The culturally preferred self-identity of Veterans and the Military are culturally interchangeable, alternatively (H1a) the culturally preferred self-identity of Veterans is that of a “Veteran”. The null hypothesis is rejected, the findings conclude that the culturally preferred self-identity of Veterans is that of a “Veteran”.

Military and Veteran Cultural Distinction

Literature uses the terms “military” and “veteran” interchangeably assuming that Military and Veterans operate within the same cultural dynamic calls the question as to if Military and Veteran cultures are distinct. The research concluded that a “Veteran Evolution” consists of an individual transitioning from their culture of origin into becoming a Military Servicemember. After completing their military service, they transition into becoming a member of the Veteran culture. It was identified that a significant amount of a Veteran’s cultural identity is derived from military service there are substantial distinctions.

Cultural differences were identified within the literature. Federal statutes identified military service as an individual who is a member of the Armed Forces by membership in the Army, Navy, Air Force, Marine Corps, Navy, Coast Guard, or Space Force serving on Active Duty, in a Reserve component, or a National Guard component. A Veteran is defined by former membership in the Army, Navy, Air Force, Marine Corps, Navy, Coast Guard, or Space Force serving on Active Duty, in a Reserve component or a National Guard component possessing a DD 214 (Secretary of Defense & McGinn, 2009; U.S. Department of Defense, 2022; U.S. Department of Homeland Security, 2020; U.S. Department of the Army, 2021; U.S. Department of the Air Force, 2020b; U.S. Department of the Navy, 2021; U.S. Marine Corps, 2021b).

The research results indicate that cultural differences exist between Military and Veteran Cultures. Veteran culture is identified as independent of Military culture. The research found that self-identification between Military Service Members and Veterans was not correlated. Service Members will choose to self-identify as a member of the Armed Forces and not as a Veteran. The results for the Veteran research population reported consistently that Veterans who possess a DD 214,

when provided the option to self-identify as a Military Service Member or Veteran, will choose to self-identify as a Veteran and not a Service Member or a member of the Armed Forces.

Addressing the research question (RQ4) Are Military and Veteran cultures distinct? It was hypothesized that (H20) Military and Veteran cultures are not distinct due to current research modeling. Alternatively, it was hypothesized that (H2a.) Military and Veteran cultures are distinct. The null hypothesis was rejected, and the findings conclude that Military and Veteran cultures are distinct from one another.

Veteran Modeling in Therapeutic and Research Literature

To evaluate Veterans as to meeting criteria as a culture required looking at operational definitions of Veterans and how they are currently modeled in the research literature. Results of the research were compared to current modeling of Veterans in psychological research to evaluate the effectiveness of current modeling for Veterans.

The Veterans Administration models Veterans based on eligibility for government-funded health care based on a character of service identified on a Veteran's DD 214 and a minimum length of service (Oshinski, 2021). Research and literature produced by the Veterans Administration were unable to consistently identify if a Veteran is only someone who meets eligibility for VA health care, someone who has been discharged from the military, or even if they are a Military Service Member (Carr et al., 2021; Chen et al., 2020; Cheney et al., 2018; Clausen et al., 2022; Jacobson et al., 2020; McClean, 2019; Oshinski, 2021; Ramoni, 2022; Smith et al., 2020; Stratton et al., 2014).

Psychological research models Veterans inconsistently. Sociological research on the modeling of Veterans is sparse, yet available research modeling is as inconsistent as psychological modeling (Crabb & Segal, 2018; Dyvik & Welland, 2018; Hirst, 2021; Reyes et al., 2022; Ridgeway, 2022). Literature conflates Veterans with Military Service Members and other demographics, not being able to identify if Veterans are active-duty Service Members, discharged Service Members, family members, individuals who experienced deployment operations, or other categorical variables (Andresen et al., 2019; Blais et al., 2019; Friedman, 2019; Mukherjee & Kumar, 2019).

The research results conclude that Veterans are not well modeled in psychological literature. Previous research appears to lack culturally appropriate operational defining terms, believed to be due to a lack of cultural competence. The research identified that a culturally appropriate operational definition of a Veteran would be an individual who is formerly a member of the Armed Forces possessing a military discharge (DD 214). A Military Service Member would be defined as a member of the Armed Forces actively serving in a military branch in an active, reserve, or National Guard component.

Addressing the research question, (RQ5) Are Veterans currently well modeled and described in therapeutic and research literature? It was hypothesized that (H20) Military and Veteran cultures are not distinct cultures and alternatively

(H2a.) Military and Veteran cultures are distinct. The null hypothesis is rejected. The results indicate that Military and Veteran cultures are distinct indicating that they are not properly modeled in therapeutic and research literature.

5.2. Implications for Professional Practice

Professionals in the field of psychology need have a professional and ethical obligation to begin to treat members of the Armed Forces and Veterans as members of a culture and independently of one another. Mental health professionals will need to evaluate their preconceived notions and bias about members of the Armed Forces and Veterans, realizing that what is portrayed in movies and television are not an accurate representation of their cultures. Much like evaluating the impact of cultural elements in the diagnosis of clients in clinical settings, professionals in the field of psychology will need to account for the cultural norms of Service Members and Veterans.

Presenting symptomology and normative behaviors need to be evaluated for culturally normative adaptive behaviors from psychological diagnostic criteria resulting in mental health disorders. In line with cultural competency standards, professionals in the field of psychology will need independent contextual knowledge to provide ethical services to members of the Military and Veteran Cultures, ultimately leading to assessments, interventions, and therapeutic models either being normed for these cultures or accounted for in their development.

Implications for Researchers

The results of this study illustrate the need for researchers that study elements of the Armed Forces, Veterans, or their cultural dynamics need to have contextual knowledge of those cultures. Researchers need to appropriately and operationally define their populations and refrain from interchangeably classifying Armed Forces members with Veterans as a singular group. Research may also need to account for members of the Armed Forces and Veterans in their demographic surveys, especially when evaluating sociological constructs. Based on the observed inconsistencies in modeling the military and Veteran cultures, it is reasonable to assume that there are significant concerns with the validity of some research related to Veterans and Service Members. It would be recommended that the cultural competency of the researchers become standard to disclose in psychological and sociological research related to cultures or cultural elements.

Impact on Psychological Concepts

This research impacts psychological concepts in the same manner as when homosexuality was determined to no longer be a mental health disorder or when it was decided that cultural norms influence diagnostic elements of psychological disorders. The results of this research illustrate that Veterans and Military Service Members are independent cultures and independent of one another. Psychological concepts and tools such as assessments and interventions will have to be evaluated for cultural sensitivity and effectiveness in Veteran and military cultures. Educational settings producing the next generation

of psychological professionals will need to consider their curriculum to ensure that their courses on cultural competency account for the military and Veteran cultures.

Recommendations for Professional Practice

It would be recommended that all professionals in the field of psychology, including mental health providers, educators, and researchers, receive training on military and Veteran culture resulting in contextual knowledge and addressing the development of their preconceived notions about the military and Veterans.

Clinical interviews need to address cultural elements when engaging Service Members or Veterans. As a combat Veteran, when conducting a clinical interview, it would be recommended to survey members of these cultures. 1) Have you ever been a member of the Armed Forces? 2) Are you a Military Service Member of a Veteran? 3) What was your job in the military, and what were your duties? 4) Have you ever deployed? 5) Did you ever experience any combat or non-combat operations? 6) Do you think any of your symptoms result from your military training? 7) Do you think any of your symptoms result from your military operations?

Licensing bodies certifying mental health professionals on all levels need specific contextual training before engaging in psychotherapy or conducting research with members of the Armed Forces or Veterans. Research-producing organizations and publications need to have researchers identify their cultural contextual knowledge when publishing and ensure that operational definitions of cultures are ethically appropriate.

6. Conclusion

The members of the military and Veterans are not the same and the lack of cultural recognition may be contributing to the disparities in mental health treatment and the Veteran suicide rate. Research has called for Veterans to be treated as an independent culture, yet nothing in current research literature identified or treated Veterans as an independent culture. The development of this research was derived from reviewing psychological research throughout an educational journey and seeing blatant inconsistencies in the modeling of Veterans and the military that anyone who has worn a uniform would balk at in disbelief. The institute of psychology pontificates for cultural competence within the media, policies, and educational institutions. However, the culture born out of the necessity to defend scientific and cultural freedom has never appeared to have been afforded the due diligence to be qualified as a culture by the institution that has the professional responsibility to care for them. It isn't difficult to see through a Veteran's eyes where disparities in understanding Veterans have led to Veteran suicide rates, mental health disparities, and a lack of resources for Veterans.

The study's overall conclusions could have been predicted by those who have worn the uniform. Military Service Members are not Veterans, and Veterans are not Service Members. The results of the survey populations were surprising.

There is a cultural stigma that a United States Marine is always a Marine. It was expected that some of the responses received may have self-identified as an active Marine or a Marine Corps Veteran, yet all respondents who formerly served in the Marine Corps still identified as a “Veteran”. Another surprising result from the research is all members of the survey population identified as either a Veteran or Service Member. It is not uncommon for individuals to want to bolster their ego in social situations by identifying as a “combat veteran” although they are actively serving in the Armed Forces. Yes, they are a “veteran” of combat operations, but they traditionally would not be considered a “military veteran” while on active duty or in the military culture.

The research uncovered the intersectionality between the American Psychological Association, the Veterans Administration, and military mental health. The lack of culturally relevant operational definitions and modeling related to Veterans and members of the Armed Forces was appalling and unexpected. Much like the toss of a stone into a still pond, the ripple effect of the culturally insensitive modeling of the Veteran culture has trickled down from institutions of power into the hands of psychological and medical professionals. With Veterans meeting criteria as a culture, it seems unethical for mental health professionals or researchers to engage in psychotherapy or research without contextual knowledge of either the Veteran or military cultures.

The evolution of this research spans to almost limitless possibilities. If psychology follows ethical practices, then Veterans will be looked at for the culture that they are. Cultural normative behaviors will be accounted for in psychotherapy, research, and the diagnosis of mental health conditions. It is easy to see how psychological professionals misconstrued culturally normative behavior as maladaptive or even symptomology of mental health disorders. With the outcries of lack of availability in resourcing for disabled Veterans, imagine if all Veterans were re-evaluated based on cultural norms rather than immediately treated as if they are broken; they are then given the skills to transition into civilian life, making room for those that need psychotherapy.

This research may be the basis for re-evaluating clinical assessments, therapeutic modalities, and interventions. Due to the uniqueness of the Veteran culture, it would not be too far of a leap to imagine assessments adding a Veteran cultural modification. This research studies the resiliency surrounding the Veteran culture to understand better why, during their military service, they do not present with as many mental health concerns as they do after they separate from military service. Research may also examine what military and cultural fundamentals may be used to benefit society’s overall mental health. Anchor Therapy Clinic, where the study’s data was derived, specifically implements military and Veteran norms into their treatment practices. Within a program, they developed called Veteran Evolution.

There are significant differences between the culture of the Armed Forces and the Veteran Culture, but at what point is the assimilation into a Veteran culture

identified? Is it the receipt of a military discharge status, or are there psychological or cognitive factors? Although this study primarily focused on Veterans identifying as a culture, where are the distinctions within the branches of the Armed Forces, if any? During military service, it is a rarity for there to be intermingling between the branches of the Armed Forces. If a Service Member desires to change military branches, they must be qualified and undergo re-training to assimilate into the new branch of service. There is no direct transfer from one military branch to another due to cultural differences such as language, norms, and values. Yet, there is a point during the evolutionary process of becoming a Veteran when all the norms of each branch of the military are universally accepted and normative by all Veterans.

This research also calls into question what other militant-style groups meet the criteria as a culture. It has been socially acceptable to categorize first responders (law enforcement, firefighters, and emergency medical service personnel) as similar to the military. First responders often undergo intense formal training, conditioned with a new set of values, beliefs, and identities. These first responders have organizational and social structures based on military fundamentals and similar occupational hazards to many in the military. Would groups such as first responders qualify as an independent culture, and what would that mean for them and the research surrounding them?

Concerns arise from the findings of this research on a societal level. Veterans are identified as a culture, but due to stigma, prejudice, and bias, will Veterans ever be treated as a culture? Will the considerations due to culture be afforded to Veterans in the same manner as a minority culture? What is it going to take to create change? Ironically, any Veteran could have predicted the outcome of this study. Still, those who have never served are often exposed to the military and Veteran cultures through video games, television, and movies. The media often highlights officers in the military or members of the Special Forces, most likely due to the esteem or the amount of shiny décor on their uniforms, leaving the impression that they are accurate representations of the average Service Member, which could not be further from the truth.

It will need to come from an institutional level to facilitate real change in psychological practice regarding Service Members and Veterans. Professional organizations such as American Psychological Association will need to define Veterans and Service Members as independent cultures operationally, and their definitions will need to be culturally appropriate. Their research and organizations within the psychological organizations will need to identify and reinforce that Veterans are independent of the military and account for them accordingly. Educational institutions are going to need to resource subject matter experts to integrate academic programs about Veteran and military cultures and realize that an expert may not come from anyone actively serving in the military or possessing a doctoral degree. Military Service Members are not Veterans, and many Veterans do not possess doctoral degrees from APA-certified programs. Licensing bodies will need to require cultural contextual knowledge or training to service Veterans or

members of the Armed Forces. Lastly, researchers should be required to have cultural competence before engaging in research relating to the Armed Forces or Veterans.

This research has identified that Veterans are an independent culture. The Armed Forces is a distinct culture and separate from the Veteran culture. The Veteran culture is independent of the nation of origin. The research identified that a culturally appropriate operational definition of a Veteran would be an individual who is formerly a member of the Armed Forces possessing a military discharge (DD 214). A Military Service Member would operationally be defined as a member of the Armed Forces actively serving in a branch of the military in an active, reserve, or National Guard component. Becoming a member of the Veteran culture is an evolutionary process beginning from an individual culture of origin, integrating into a military branch of service, and then transitioning and acculturating into becoming a member of the Veteran culture, best described as Veteran Evolution.

The researcher's insight and contextual knowledge are derived from a unique lens of actively serving as a member of the Armed Forces, possessing a Purple Heart, integrating into the Veteran culture after receiving a military discharge, and licensing as a mental health provider. The researcher hopes that this insight into Veterans and the military will shift the perception and treatment of our Veterans, ultimately improving research conclusions, improving treatment outcomes, and reducing the Veteran suicide rate. Any Veteran who served their nation and survived the horrors of war only to be killed by their demons is an unforgivable tragedy because it is preventable with the appropriate cultural insight and research efforts.

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Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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