Infusing Military Culture in Multicultural Counseling Frameworks: A Phenomenological Study

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Abstract

This descriptive phenomenological study focused on counselor educators' (CESs) experiences infusing military culture into counseling curriculum. Specifically, this study sought to learn what counseling programs can do to best prepare counselors-in-training to work with military families. The researchers used the McCracken (1988) method to interview ten participants who had terminal degrees in counselor education or a highly related field, experience providing services to military-connected clients, and were aware of military cultural facets (e.g., implicit and explicit expectations, rules, and ways of being). The findings support the need to redefine multiculturalism and intentional infusion of military culture in counseling curriculum to increase counselors' awareness of military culture to provide more effective services.

Keywords

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This descriptive phenomenological study focused on counselor educators' (CESs) experiences infusing military culture into counseling curriculum. Specifically, this study sought to learn what counseling programs can do to best prepare counselors-in-training to work with military families. The researchers used the McCracken (1988) method to interview ten participants who had terminal degrees in counselor education or a highly related field, experience providing services to military-connected clients, and were aware of military cultural facets (e.g., implicit and explicit expectations, rules, and ways of being). The findings support the need to redefine multiculturalism and intentional infusion of military culture in counseling curriculum to increase counselors' awareness of military culture to provide more effective services.

Keywords: phenomenology, multiculturalism, military, culture, counselor, competency, counselor education

The population of the United States has reached over 331 million (US Census, 2021), with over 19 million veterans (US Department of Veterans Affairs, 2021) and more than 4.5 million active/reserve military and immediate family members (Department of Defense, 2018). When one considers all the people associated with the military (e.g., friends, extended family, neighbors), nearly one third of the US population is military-connected (Hall, 2016). Being military-connected means people are affiliated with a unique culture that comes with numerous strengths, yet also potential mental health vulnerabilities and concerns (Carrola & Corbin-Burdick, 2015; Substance Abuse and Mental Health Services Administration, 2014). Military-connected individuals are identified as soldiers, sailors, airmen, marines, coastguardsmen, reservists, and their loved ones (Prosek et al., 2018, 2021). Military members and their families represent diverse service-related experiences (Burgin et al., 2017; Prosek et al., 2018, 2021) and vary in terms of branch, rank, grade, time in service, training requirements, overseas assignments, number of relocations, number and length of combat deployments, and exposure to traumatic events (Burgin et al., 2017; Prosek et al., 2018, 2021).

The National Defense Authorization Act (NDAA) of 2013 allows licensed counselors to receive reimbursement from The Triple Option Benefit Plan (TRICARE), which is the healthcare program for uniformed service members, retirees, and their families, for counseling services. However, Wix (2015) reported that counselor educators and supervisors (CES's) were likely unaware of the 2013 NDAA, which means that CESs may have inadvertently missed opportunities for counselors-in-training (CITs) to seek clinical training opportunities with military populations. This manuscript will discuss the findings of a phenomenological research project that sought to understand the experiences of CESs who infuse knowledge of military culture in counseling curriculum.

Counselor Preparation

The goal of counselor preparation and training is to build a solid foundation for CITs to move into the field of counseling with some awareness, sensitivity, and knowledge to do no harm and work effectively with culturally diverse populations. CES's are responsible for introducing CITs to diverse populations, monitoring the development of specialized knowledge, and improving an understanding of various cultural groups (Nassar & Singh, 2020). Historically, there have been inclusive and exclusive definitions of culture, where culture has been defined narrowly to include ethnicity or nationality (Daya, 2001). Leighton (1982) and Pedersen (1991) stated that narrow definitions of culture reduce one's identities to one that is inclusive of values, norms, beliefs, and traditions. Sue et al. (1992) defined "culture" as racial, ethnic, and cultural matters that encompass other oppressed groups, and expounded by stating that oppressed groups are identified based on class, orientation, religion, sex, age, and so forth, including women and LGBTQ populations. Some CES's have taught culture from a monocultural lens, focusing singularly on one group or one set of identities (e.g., race, ethnicity, gender identity, sexuality, social class), and have not moved beyond a single focus to address the complex interaction and intersection of identity development (Bowleg, 2012; Bowleg & Bauer, 2016).

This qualitative study explored how counselor educators infuse military culture in counseling curriculum as public policy suggests counselors have been called upon to provide services to military-connected populations. However, to bill TRICARE, counselors must be graduates of The Council for Accreditation of Counseling and Related Educational Programs (CACREP)-accredited programs, the organization that sets counseling standards for the profession. Currently, CACREP does not specifically address military culture in their standards. Since both CACREP and the American Counseling Association (ACA) standards dictate excellence in preparation and education and support multicultural counseling competencies, it seems pertinent that counselors engage in cultural humility related to military culture. As the need for more qualified providers increases, counselor education and accrediting agencies must respond appropriately, and as multiculturalism and intersectionality evolve, counselors are called to operate from a social justice lens ensuring equity and access for all (Chan et al., 2018). Thus, it appears that civilian counselors having little to no exposure to military culture need a general understanding of the institution and its cultural intricacies (Substance Abuse and Mental Health Services Administration, 2010).

Military Culture

The military has its own culture, language, and way of conducting business (Substance Abuse and Mental Health Services Administration, 2010). The US military is an agency of the US government and is responsible for implementation of policies set by Congress and the Commander in Chief (Substance Abuse and Mental Health Services Administration, 2010). There are five branches of military – the Air Force, Army, Coast Guard, Marine Corps, and Navy – and within the branches are two distinct components: reserve and active-duty (Prosek et al., 2018, 2021). Understanding the structure of the military often helps counselors delineate combat experiences, which can affect mental health and substance use of current members and veterans, and ultimately impact intervention and treatment. Additionally, gaining an understanding of the time a service member was activated can assist in the conceptualization of presenting concerns (Prosek et al., 2018, 2021; Substance Abuse and Mental Health Services Administration, 2010).

Further, military culture has been defined as the functioning and worldview of service members and their families and is a distinct, diverse sub-culture of American civilian society

that has unique needs (Clever & Segal, 2013; Substance Abuse and Mental Health Services Administration, 2010: Weiss & Coll, 2011). The military lifestyle is experienced by all who are military-connected and is characterized by prolonged separation and frequent moves, distinct rituals, traditions, and encompasses various races, ethnicities, religions, and subcultures (Burgin et al., 2017; Clever & Segal, 2013; Fenell, 2008; Hall, 2016; Price et al., 2015; Prosek et al., 2018, 2021; Reger et al., 2008).

Military culture is ingrained in military personnel from the start of their career, during basic training when service members are immersed in military lifestyle and values (Substance Abuse and Mental Health Services Administration, 2010). Service members learn the history of the military, specifically their branch, customs, and courtesies, how to wear their uniform and bear arms, as well as values, ethics, and information that is vital to their success (e.g., how to follow orders). Service members are expected to be disciplined in their actions and words, maintain control over physical and emotional selves, and to remain focused on the mission first (Substance Abuse and Mental Health Services Administration, 2010; Wix, 2015). Service members also learn the ethos of the culture, which focuses on honor, integrity, commitment, loyalty, respect, and devotion, as their lives often depend on taking care of and covering for one another (Wix, 2015).

Military Ranks and Chain of Command

Military rank determines leadership roles and responsibilities (Substance Abuse and Mental Health Services Administration, 2010). As members are promoted, additional responsibilities related to personnel, resources, equipment, and missions are granted. Ranks are broken into three categories – enlisted, officer, and warrant officer – and within each category are various ranks that identify paygrade (Prosek et al., 2018, 2021). One of the most important characteristics of military culture is the authority of the Chain of Command (COC). Military units have a clear COC, which is based on the rank of the individual (e.g., the one assigned officer) in charge and/or one enlisted or non-commissioned officer (NCO) who bears all responsibility for the unit (Substance Abuse and Mental Health Services Administration, 2010). Then, "each unit is clearly structured and organized based on accepted doctrine that is ingrained from the instant an individual first puts on the uniform" (Substance Abuse and Mental Health Services Administration, 2010, p. 8). Thus, service members report concerns or problems according to the COC and deviating from this can result in disciplinary action.

Military Values

The core values of the military are honor and integrity, and then each branch of service also has its own values that are taught from the beginning of basic training (Wix, 2015). Service members must not only learn these terms and be able to repeat them on command, but define how each member lives their life, approaches duty, and succeeds at every mission. These values guide how decisions are made and operations are executed as service members face extreme challenges and often traumatizing circumstances (Weiss & Coll, 2011).

Military Families

Understanding military families is important to understanding military culture and the ways it impacts each service member (Prosek et al., 2018, 2021). Military families are often asked to make sacrifices well beyond any expected of their civilian counterparts (e.g., experience permanent change of station (PCS) every three to five years, may move back home with family members when a spouse or partner deploys). PCS is a significant factor in how

military culture impacts family systems in that each move requires family members to start over (e.g., new jobs, schools, friends, support networks, homes, experiences). Temporary Assignment of Duty (TAD) orders force military families to confront inconsistencies in familial roles, uncertainty, and breaks in routine (Prosek et al., 2018, 2021). Therefore, the military lifestyle poses many challenges, and the ways in which family's approach and address these changes is important. Additionally, military families face the challenges of deployments, which have been longer and more frequent and have led to extended parental absences (Wix, 2015).

Military Systems

Military systems refer to general information about how service members' families experience the nature and structure of the military lifecycle. The systems include, but are not limited to, health and wellness, deployment cycles, separation periods, injury, and retirement (Prosek et al., 2018, 2021). Military systems are unique and vary by branch and type of service. Further, the nature of the stressors in military systems (e.g., multiple transitions, separation, and relocation) exacerbates stress. For example, common diagnoses among military populations include anxiety, bipolar disorders, depression, traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), substance use disorders, and a higher likelihood of suicide completion (Prosek et al., 2018, 2021; US Department of Veterans Affairs, 2020). Thus, awareness of military culture and its intricacies is needed to understand how to help military-connected individuals in comprehensive ways. Part of understanding military culture and the relevant systems is also to have knowledge of the laws pertaining to military populations. Thus, as mental health concerns increase, civilian counselors need to be aware of the ways in which the system dictates treatment and the aftermath of getting help.

Disclosure of Mental Health Concerns Among Service Members

Counselors need to be aware of the various military provisions present in the culture that hinder military personnel from seeking mental health services or disclosing symptoms to COC. For example, the Department of Defense Instruction (2011) lists nine circumstances in which disclosure of information is required, some of which are familiar to civilian counselors, while others are not. Disclosure of information ultimately leads the COC to decisions around service members' ability to maintain rank or get promoted. The potential repercussions impacting service members are vast.

According to the Department of Defense Instruction (2011), counselors must break confidentiality when working with military personnel if serious risk of harm to self or harm to others is suspected, which counselors are legally and ethically obligated to do for any client. However, counselors also need to break confidentiality when service members disclose concerns regarding (alleged) child abuse, domestic violence, pose serious risk of harm to a military operational mission, which may include mental health diagnoses that impact reactivity, impulsivity, insight, reliability, and judgement (Department of Defense Instruction, 2011). Further, when service members are referred to as special personnel (one who has mission responsibilities of potential sensitivity or urgency that could risk mission accomplishment), counselors must disclose struggles to the service members' COC due to the level of responsibility one has, as the military must ensure that service members are able to make decisions that ensure safety for all involved in the mission. Service members' mental health histories are also disclosed when admitted or discharged from in-patient mental health or substance use treatment facilities or when suffering from medical conditions that may interfere with military duty. Command-directed mental health evaluation requires disclosure as

execution of military missions outweighs the interest of the individual (Department of Defense Instruction, 2011). These rules often deter military members from seeking services for fear of information being shared with their superiors. The military has implemented post-deployment screenings to identify mental health concerns, which appears to provide opportunities for counseling intervention, but many service members do not disclose due to fear of repercussion.

To provide more context around seeking treatment, overseas deployments have increased more than 300% since 2005 and recent studies have estimated nearly 40% of returning service members need mental health treatment (Taylor et al., 2020). Thus, civilian counselors could benefit from training and preparation to provide competent care for service members as it differs from their work with civilian clients.

Competent Care and Cultural Humility

Competent care means counselors must learn specialized counseling skills to address the populations served, and knowledge of military culture is essential for diagnosis and treatment planning for military members (Fenell, 2008; Prosek et al., 2018, 2021). Counselors could benefit from increased awareness of the cultural components of rigidity, structure, authoritarian nature, and hierarchical structure of this collectivist community and how this directly impacts service members and their families (Prosek et al, 2018, 2021). Additionally, counselors are expected to engage in cultural humility, which is a lifelong practice of self-reflection that respects and accepts various cultural identities of others often requiring communication around stereotypes, privilege, and oppression, specifically pondering times when one can engage in activities where their identities are present (Hook et al., 2013). Application of multicultural competencies is the foundation to serving diverse clientele, and thus, Burgin et. al (2017) suggested a need to incorporate military populations in training, beginning with awareness of military culture, and to understand military culture is to know the foundation of basic military training, the beliefs of commitment, honor, courage, integrity, teamwork, mental toughness, and the mission-first mentality (Hall, 2016; Reger et al., 2008; Weiss & Coll, 2011).

The aforementioned (required) disclosures highlight the need for counselor competence in providing mental health services to military populations. If military culture were infused in counseling curriculum, counselors could learn to develop culturally relevant interventions and increase their ability to help their military clients (Fenell, (2008). Additionally, Prosek and Holm (2014) suggested counselors pay particular attention to confidentiality and multiple relationships when operating within a military system. Civilian counselors can gain awareness and engage in cultural humility by immersing themselves in knowledge around military culture and ethical services (Prosek et al., 2018, 2021; Weiss & Coll, 2011).

The counseling profession acknowledges cultural competence as being central to effective work with diverse clients and to providing culturally responsive services (Ratts et al., 2016). Moreover, the Exemplary Practices for Military Populations [EPMPs] (Prosek et al., 2018, 2021) called attention to transforming counselor training to incorporate ethical compliance inclusive of military culture, treatment models, and information on common presenting concerns (e.g., sleep, anxiety, stress, separation) when working within military systems (Dobmeyer, 2013; Weiss & Coll, 2011).

Summary

In summation, this research study sought to understand the experiences of CESs who infuse military culture in counseling courses to best prepare CITs to work with military families based on participants' experiences. This study indicated a need for counselors to be aware of

military culture to effectively treat military-connected clients. Given the military prevalence in the US population, researchers in counseling have suggested the importance of identifying those that are military-connected as a cultural group in counseling diversity coursework (Carter & Watson, 2018; Price et al., 2015; Wix, 2015). This study describes the essence of CESs who train and prepare CITs to work with military-connected clients.

Assumptions of the Study

According to ACA (2014) and CACREP (2016), counselor training programs incorporate curricula that promote excellence and require consistent enhancement. In our experience as counselors from CACREP programs who worked with military-connected clients, we did not feel adequately prepared to serve our clients. Additionally, we felt unprepared and did not know where to find resources to assist military-connected clients. We relied on our basic counseling skills and rapport building, which worked to some extent, but ultimately wondered how much more effective our work would have been if we were more informed about military culture, families, appropriate interventions, and identification of military-connected families. As a result, we are passionate about learning and advocating for counseling-related issues that military-connected clients typically encounter and how to best prepare counselors to work with this population.

The authors shared several assumptions including the following: (a) many counselor training programs neglect to incorporate curricula related to military service members, Veterans, and military-connected children and families; (b) many counselors lack knowledge on the structure and culture of the military, and therefore are not trained or qualified to counsel military service personnel, veterans, or military-connected children and families; (c) most CESs lack knowledge of military structure and culture, and therefore are unaware or unable to infuse military culture in the classroom; and (d) CITs who are trained in the nuances of military culture will be better-equipped to successfully facilitate mental health services with military populations.

Methodology

The purpose of this phenomenological study was to explore CESs' experiences infusing military culture in counseling curriculum. Phenomenology is a qualitative approach designed to uncover meaning within both individual and collective experiences (Hays & Wood, 2011). The authors followed a constructivist paradigm and assumed each person had a unique and valuable experience to share, which when told collectively, would describe the phenomenon under investigation (Hays & Singh, 2012; Moustakas, 1994). The following research question guided this inquiry: *What should CESs do to best prepare CITs to work with military-connect clients?*

Participants and Procedures

The university's Institutional Review Board reviewed and approved the study, and the invitation sent to participants informed them that the researchers were seeking information addressing ways in which CESs prepare CITs to work with military populations. Ten individuals participated in semi-structured interviews, which is within the recommended range for phenomenological research (Hays & Singh, 2012). Participants represented diversity regarding their military affiliation: veterans ($n = 4$), military-connected (e.g., spouse, child of an active-duty military member or veteran) ($n = 4$), and extensive clinical practice with military

service members (*n* = 2). Six participants identified as male and four females. Additionally, participants' experience in counselor education ranged from three to 23 years.

One of the authors conducted semi-structured interviews to learn how participants infused military culture in counseling curriculum. The researcher asked participants to describe ways to infuse military culture, how participant knowledge of military culture informed content, and what successes and challenges CESs face in implementing military culture. A sample question included, "What have you found most helpful in preparing CITs to work with military populations?" The audio-recorded interviews lasted between 75-93 minutes and were transcribed verbatim by the interviewer and were reviewed by the lead author.

Research Team and Strategies for Trustworthiness

The research team consisted of one faculty member, one doctoral candidate, and three master's level counseling students from two different CACREP-accredited counseling programs at the time of data collection and analysis. Several members of the research team have extensive training in qualitative research and, collectively, have published several qualitative studies. The research team employed methods to ensure trustworthiness including bracketing assumptions, researcher reflexivity through memos, consensus coding, triangulation, and in-depth meetings to debrief the research process (Hays & Singh, 2012), and decreased the potential for researcher or response bias by continuously reviewing participant responses, including thick rich description of data, and conducted negative case analysis to decrease the impact of researcher bias (Hays & Wood, 2011). Data collection and analysis continued until saturation was reached and no additional constructs emerged from the data. Language from each transcript was matched to the current literature, connections from the identified second-level observations were noted, and transcripts were used as a reference check as observations emerged. Then, general themes emerged, and conclusions were drawn.

Data Collection and Analysis

The research team used phenomenological data analysis (Moustakas, 1994) to examine individual interview data and identify collective accounts of the experiences of CESs. First, the team members bracketed their assumptions to refrain from incorporating their own experiences about the phenomenon (Moustakas, 1994). The research team discussed these assumptions before starting the research and challenged each other's perspectives for accountability. Next, the research team read each verbatim transcription and individually identified meaning units throughout the process of horizontalization (Moustakas, 1994), and noted common and variant themes through constant comparison. The research team met to engage in consensus coding and, as a group, developed textural and structural descriptions of the phenomenon to identify its essence (Moustakas, 1994).

Findings

We sought to discover the experiences of CESs who infuse military culture in counseling curriculum and explored ways to best prepare CITs for work with military-connected clients. Three overarching themes emerged from participant data: (a) there is a need to redefine multiculturalism to be inclusive of military culture and its subcultures; (b) CESs can intentionally infuse military culture in counselor training and preparation programs; and (c) counselors have an ethical obligation to learn about military culture.

Theme 1: Redefine Multiculturalism

Current definitions of culture and multiculturalism affect counselor training, preparation, and the development of CITs' knowledge, skill, and awareness. CESs with extensive knowledge of military culture described military-connected people as an oppressed population, lacking attention and support in counseling literature. John said, "… it's very difficult to try to promote the idea of looking at the military population from a multicultural perspective and getting that published because the profession looks at diversity mainly as gender and ethnicity." This quote addresses the need for a more inclusive definition of multiculturalism and indicates potential barriers in introducing CITs to emic perspectives of military culture.

Counselors recognize individuals within a societal context (Ratts et al., 2016) and clients have reported having a positive perception of counselors who practice from a multicultural perspective (Worthington et al., 2007). Josh explained, "A lot of people don't realize military is its own separate culture. And we've got our own language, we've got our own rites and rituals, we've got our own religion [if you will] that's incorporated around the mission." This statement highlights the importance of the mission-first mentality that comes with enlisting or partnering with a military-connected person, as well as the need for counselors to remember that clients have various identities, including military-connectedness. Understanding military culture means one has knowledge around the core tenants that are instilled in members from the time members enter the system, and the awareness that there are many subcultures within the culture. Tony explained:

> Whenever I say military culture, I want students to understand the basic training process. I want them to understand the goals of basic training. I want them to understand something as simple as the reason why [service members] people… why they eat so fast. I want them to understand or experience what that basic experience was like. Once you understand basic training and goals of the military, it's like the basis from which you can then say this is this culture. They [military service members] value camaraderie. There're more differences within the culture than without and so having students understand that Marines are very different from Air Force in their goals and in their mentality and so whenever I say military culture, that's what I'm meaning.

Acknowledging and recognizing military culture as a cultural category can enhance CITs' engagement in cultural humility. The statements above are data that indicate that many CESs struggle to infuse knowledge of military culture and sub-cultures in counseling curricula, which leads to a broader issue of the need to incorporate military populations when operationalizing multiculturalism. Participants recognized the importance of redefining multiculturalism to be inclusive of military culture and are still learning how to navigate ways to infuse this in the classroom. This finding also supports Weiss and Coll (2011) who suggested that counselors who work with military-connected clients need to build a multidimensional perspective of culture that incorporates an understanding of worldviews present in military communities, which can be done via intentional infusion (Carter & Watson, 2018).

Theme 2: Intentional Infusion

Participants described ways to infuse military culture in counseling courses and provided a foundation that fostered opportunities for CITs to develop a higher level of critical thinking, advocacy, and clinical acuity to address clients' needs who are military-connected.

All participants (*n* = 10) supported the infusion of military culture in counseling curriculum. Six participants (*n* = 6) actively infuse military culture in counseling courses, and four participants (*n* = 4) teach elective courses or offer workshops on military culture, counseling military populations, and interventions for military-connected clients. Each participant shared ways in which their knowledge of military culture is incorporated to help prepare counselors to identify military family struggles, assist clients in coping with the military lifestyle, and introduce counselors to VA-sanctioned treatment modalities. Thus, participants suggested three ways in which CESs can begin to infuse military culture: (a) across counseling curriculum; (b) in specific courses; or (c) offer an elective course on counseling military populations.

Infuse Throughout Counseling Curriculum

Participants supported infusion of military culture and counseling strategies for working with military families across counseling curriculum by combining military culture with other identities. Grace said:

> Almost every CACREP program will infuse two areas in nearly every class and that is multicultural ethics and wellness – into almost any field class you take. So, if you look at almost every syllabus at [my university] there's objectives linked to multicultural ethics and wellness even though the topic itself is in an ethics class or the topic itself is within a wellness class. So, in discussing those topics, shifting multiculturalism from just being aware of multicultural differences, I always talk about the military population.

CESs intentionally build syllabi and course objectives according to principles of inclusive teaching (Association for Counselor Education and Supervision, 2016), which can be done in ways to include military culture. Additionally, participants noted the importance of incorporating military culture across the curriculum as necessary to build awareness. Daniel said:

> I'd like to have [military culture] be fully integrated into all areas of the curriculum because then [students] who aren't even aware that it's a [culturally diverse] population have some exposure to it. Anybody can end up working with a military service member, a Veteran, or a family member so with full integration [CITs] will have some understanding of what it might be like to work with [Veterans and military-connected families] even if [CITs] don't see that as a population that they're strongly motivated to work with. Fully integrate [military] into all elements of the curriculum like we do when we talk about cultural aspects and different racial or ethnic groups or sexual orientation and things like that. I think that an integrated element could really be more powerful.

Diversity, equity, and inclusion initiatives call for the incorporation of course readings that include research and scholarship by and about a variety of marginalized groups, share how recent scholarship about various identities is challenging and changing the field of counseling, and calling attention to underrepresented identities beyond race and gender (Chan et al., 2018). Participants supported the addition of military culture across counseling curriculum and noted that if programs are hesitant to incorporate throughout, there are specific courses in which military culture is a natural fit.

Infusion in Specific Courses

Several participants shared ways to integrate military culture and populations into a variety of core counseling courses. Participants shared intentionality around infusion of military culture when discussing the multicultural competencies counseling classes and referred to service members as a special population. Cara said:

> I think the big thing when teaching [how to work with] Veterans, military personnel, and families is [to do so] in a similar way to any other multicultural competency. And I exclusively do think that it is a cultural—a multicultural issue more than anything else."

Teaching CITs to work with military populations enhances CITs' cultural humility and suggests the incorporation of military culture in multicultural courses. Conversely, several participants did not teach the multicultural course, but found ways to incorporate military culture in other counseling courses. Evalynn said, "I think it should be woven in as a population along with other various special populations." Many participants described themselves as leaders and advocates for military populations and infused military culture when discussing the Multicultural and Social Justice Counseling Competencies (MSJCCs) (Ratts et al., 2016). In doing so, CESs help CITs learn how culture impacts one's process uniquely as their own. Participants noted the importance of incorporating ethical guidelines when working with service members. Carleton shared:

> I try to teach to the Code of Ethics through the eyes of crisis counseling. I can do that because I can talk about suicide, homicide, and I can talk about major depression, moral crisis, and I can do that in a crisis class really easily to illustrate some of these counseling virtues, which are very relevant in the military.

Civilian counselors who are not familiar with military culture may not understand the complex struggles of moral injury that many military members experience, and how service members' experiences may leave them susceptible suicidality. Thus, if informed, counselors could appropriately and ethically assess and intervene. Service members have been identified as a special population that can be infused into content via classroom discussion and case examples. Carleton's quote highlights the importance of knowing core constructs relevant to the populations in which counselors are working with. Additionally, another participant noted several other courses in which knowledge, skills, and awareness of military populations could be integrated:

> When I teach career counseling, I do a whole unit on military populations. . . Where it doesn't fit in naturally -- but where I infuse it -- is in the mental health field courses. I teach a lot of practicum and internship, Internship I and Internship II, so that helps. Again, we're talking about special populations, and I always include it in special populations.

Participants disclosed intentional infusion of military culture in counseling courses in hopes that others could emulate these practices. If programs are not ready to infuse military culture in specific courses, CESs may consider creating an elective course or workshops related to military culture, or even suggesting extra training for CITs, like an online course by the Department of Deployment Psychology (Monfared, 2013).

Elective Course

Elective courses are a great way for CESs to share information pertaining to specializations. Scott explained that elective courses could be offered to CITs seeking licensure: "I would like to see these military courses become electives for counseling students. . . I would like to see all students working towards licensure . . . take military elective courses." Elective courses focus on special topics and provide foundational information to increase CITs' awareness and build counselor identity. Participants realized and supported the infusion of military culture in counselor education and offered suggestions in which other CESs can consider as a starting point that is essential to the overall success of raising awareness and embarking on cultural humility.

Theme 3: Ethical Obligation

The ACA Code of Ethics (2014) calls for counselors to provide ethical services to all clients and includes the principle of nonmaleficence. Counselors who are unaware of military culture may unintentionally do harm if operating on principles of individuality which negates core principles of the collectivist culture in the military (Burgin et al., 2017; Prosek et al., 2018, 2021). Several participants shared issues regarding professional ethical obligations and counselor self-awareness when counseling military service members. Specifically, the ethical obligation of acceptance of all clients was noted as was the need for counselors to unpack their biases. Carleton said:

> There has to be a model for training counselors on how to accept their client's history whether they agree with them politically or not, what they are doing, what they have to do. . .What does that really mean when you finally have to talk to a young person who just had to do what they had to do [referring to direct orders in combat]?

Counselor training programs help equip CITs to confront their biases to address the needs of military clients who may struggle to balance personal and professional morals. Moral injury can occur when service members participate in, witness, or fail to prevent acts that directly conflict with their personal morals, values, or principles (e.g., killing or harming others, witnessing the death and dying of others, or receiving orders that are perceived as immoral) (DAV, 2023). The incongruence of personal morals and mission mentality can activate mental health concerns and counselor awareness of these struggles may alleviate feelings of shame and guilt.

Ethical obligations can be taught by reading and becoming familiar with the counseling Code of Ethics and linking ethical codes (ACA, 2014) to military populations. Isaiah said, "Counselors can even go into the Code of Ethics and find, line by line, which [codes] would apply to working with the specific populations." Unpacking each code can foster CIT awareness of ethical obligations with military populations and engagement in cultural humility, which is particularly important given that research has shown an increase in the rate of suicide among service members as compared to the civilian population (Parisi, 2018). According to the Code of Ethics (ACA, 2014), counselors need to operate within their scope of practice (C2.a). If counselors are unfamiliar with military culture, then ethically, their effectiveness may be called into question (C2.d), when conducting risk assessment. If counselors are not trained in necessary suicide assessment procedures (E2.a), counselors may miss potential warning signs which could negatively impact clients. Furthermore, Jimmy shared a personal account regarding ethics and the military:

> I remember being at an ethics training focused on working with Veterans and one of the participants said something to the effect of, "Well, I'm required to report war crimes, aren't I?" . . . Can you imagine a Veteran coming into that session and saying, "I want to talk about some of the things that I did" and this clinician saying something like, "What you've just told me about is a war crime and I have to report that?" Number one, it's completely unethical and a total violation of confidentiality. There's no exception for reporting war crimes, but on the other hand, what a way to alienate a client and maybe even aggravate the situation even more.

Jimmy's example illustrates a need for education on ethical obligations while counseling military members who may need to process internal turmoil. Counselors encounter complex ethical concerns, which may arise when counselors' personal biases and values clash with those of their clients. Ethical decisions have the potential to be influenced by biases, which may result from subjective experiences and cultural backgrounds of those in decision-making roles (Myers et al., 2015). Counselors work with culturally diverse clients and need to be aware of how personal values conflict with clients' values. Josh reported a personal account of not feeling accepted:

> One of the things I dealt with all the time, being a Veteran, was this assumption of a very conservative worldview. I think that's a specific conflict with the academic worldview. In academia there's this assumption that everyone is liberal, and that everyone has this liberal worldview, and that's not always accurate either. I think we often, culturally outside the military, feel a lot more comfortable with stereotyping military members than we do with stereotypes of other groups. So, recognizing that a lot of what we think we know about what military members look like might not actually be true or accurate. . . As counselors, you may need to learn a different approach, the different values, or different experiences that you need to recognize, as well as where your competency as a practitioner is or isn't and what you need to learn from the clients.

Josh's statement encourages counselors to examine their biases and listen to their clients before judging. Unpacking biases and seeking consultation or supervision is vital (ACA, 2014). Brandon commented, "We see whoever walks through the door or we are operating unethically, which is a consideration, but we don't get to just refer every client until we have examined their needs." Counselors need to realize that military-connected clients are no longer restricted to areas near military installations and can be found all over the world. Thus, the likelihood that civilian counselors will see military-connected clients is great. Participants encouraged CESs to discuss ethical obligations and limitations with CITs, as well as increased cultural awareness to include military populations prior to referring out or deciding not to work with a military service member or military-connected individual.

Discussion

The purpose of this qualitative study was to explore the experiences of CESs who infuse military culture in counseling curriculum. If one out of three clients are connected in some way to military culture (Hall, 2016), then the counseling profession may benefit from considering how to adequately prepare counselors to address these needs effectively. Results of this study indicate the need to redefine culture to be inclusive of the military, intentional infusion of

military populations in counseling curricula, and an increased awareness of ethical concerns related to counseling military-connected clients.

The need to redefine multiculturalism to be inclusive of military culture is necessary. Multiculturalism and cultural diversity have moved beyond race and gender to encompass the intersectionality of identities (Sue & Sue, 2016). However, if counselors are not aware that military culture is a culture with various subcultures, counselors will not recognize the diversity of military-connected clients and may not understand the need to support clients within their historical, cultural, economic, political, and psychosocial contexts. Infusing military culture in counselor preparation and training would allow CITs to be introduced to various cultural facets present in the military.

Intentional infusion of military culture and subcultures allows counselors to bridge the gap between theory and practice by utilizing an intersectional framework to provide ethical services to military-connected persons. Introducing CITs to military culture early in counselor training also allows for CESs to track the developmental progression of cultural humility and observe for increased higher-order integration of professional and personal self pertaining to counselors' work with military-connected clients (Ronnestad & Skovholt, 2003).

Ethical considerations must be at the forefront when providing services to all clients, which also means an awareness of clients' cultural lenses. Knowledge of military culture can assist counselors in accurate diagnosis, appropriate intervention, and effective treatment. Since the NDAA (2013) was written and included counselors as approved providers via TRICARE, counselors have an ethical responsibility to increase their awareness with military culture. Furthermore, intentional infusion would increase CIT awareness of the ethical obligation to abide by the Department of Defense Instruction (2011) pertaining to disclosure of information. Redefining multiculturalism and including military culture in ACA ethical codes and CACREP standards could ensure exposure to military clients and increase ethical practice.

If counseling ethics and standards addressed military populations, counselors would be introduced to the EPMPs (Prosek et al., 2018, 2021), which would increase awareness of the struggles military-connected clients may encounter such as the lifestyle challenges of mobility, deployment frequency, separation, reintegration, secrecy, crisis, trauma, grief and loss, injury, reintegration, unemployment, homelessness, and substance use. When considering the amalgamation of potential presenting concerns and the impact of military culture on clinical manifestation, it appears that CITs should at least be introduced to military culture.

Psychologists and social workers have a long history servicing military-connected clients. The APA (2021) published guidelines and the National Association of Social Workers (2010) published standards for practice for service members, veterans, and their families. Additionally, the Council on Social Work Education [CSWE] (2015) published guidelines for advanced practice in military social work, which seems to acknowledge the need for qualified providers. Therefore, ensuring counselors are also trained and prepared to work with military-connected clients would address the current gap in the counseling profession.

Limitations and Suggestions for Future Research

Although this study provides important contributions to counselor training and preparation literature, several limitations must be taken into consideration. Participants in this study were limited to CESs with a terminal degree in counselor education or a highly related field and experience working with military-connected clients. Furthermore, purposeful and snowball sampling was utilized; therefore, selection bias may have threatened the internal and external validity. Finally, the counseling profession is the youngest of the mental health professions and had not traditionally been approved to work with military populations. Research and scholarship on military culture requires more attention in counseling literature

and impacts the ways the profession recognizes various cultural identities as challenging and changing the field of counseling. Further research could explore the needs of those who identify as military-connected and how those needs can be infused in counseling curriculum. This study may be conducted again with a sample of current licensed counselors working with active duty, veterans, or family members, to learn about current mental healthcare trends or with a sample of mental health practitioners currently working in VA settings to learn the knowledge, skills, and awareness CITs should have upon graduation. The counseling field could learn a lot from interviewing other mental health clinicians in terms of identified problem areas, diagnosis, and treatment options for veterans and their families. A study could focus on andragogy of counseling culturally diverse populations to include military populations. Yet, possible recommendations for the counseling field begin with a review of the current definition of multiculturalism.

References

American Counseling Association. (2014). *ACA Code of ethics*. https://www.counseling.org/resources/aca-code-of-ethics.pdf

Association for Counselor Education and Supervision. (2016). *Best practices in teaching in counselor education.* https://acesonline.net/wp-content/uploads/2018/11/ACES-Teaching-Initiative-Taskforce-Final-Report-2016.pdf

Bowleg, L. (2012). The problem with the phrase women and minorities: Intersectionality – an important theoretical framework for public health. *American Journal of Public Health*, *102*(7), 1267–1273. https://doi.org/10.2105/AJPH.2012.300750

Bowleg, L., & Bauer, G. (2016). Invited reflection: Quantifying intersectionality. *Psychology of Women Quarterly, 40*(3), 337–341. https://doi.org/10.1177/0361684316654282

Burgin, E. E., Prosek, E. A., & Atkins, K. M. (2017). Mental health and the US military: The need for counselor competencies. *Journal of Military and Government Counseling, 5*, 2–19. http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-5-Is-1.pdf

Carrola, P., & Corbin-Burdick, M. F. (2015). Counseling military veterans: Advocating for culturally competent and holistic interventions. *Journal of Mental Health Counseling*, *37*(1), 1–14. https://doi.org/10.17744/mehc.37.1.v74514163rv73274

Carter, T., & Watson, T. (2018). Infusing military culture into counselor education. *Journal of Military and Government Counseling, 6*(3), 155-170.

Chan, C. D., Cor, D., & Band, M. P. (2018). Privilege and oppression in counselor education: An intersectionality framework. *Journal of Multicultural Counseling and Development, 46*(1), 58-73. https://doi.org/:10.1002/jmcd.12092

Clever, M., & Segal, D. R. (2013). The demographics of military children and families. *The Future of Children, 23*(2), 13-39. https://doi.org/10.1353/foc.2013.0018

Council for Accreditation of Counseling and Related Educational Programs. (2016). *CACREP standards.* http://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-withcitations.pdf

Council on Social Work Education. (2015). Specialized practice curricular guide for military social work. https://www.cswe.org/education-resources/2015-epas-curricular-guides/military-social-work/

DAV. (2023). Moral injury. https://www.dav.org/get-help-now/veteran-topics-resources/moral-injury/#:~:text=Moral%20injury%20is%20when%20one,in%20the%20context%20or%20war%3F

Daya, R. (2001). Changing the face of multicultural counselling with principles of change. *Canadian Journal of Counselling, 35*(1), 49-62.

Department of Defense. (2018). *Demographics report: Profile of the Military Community.* https://download.militaryonesource.mil/12038/MOS/Reports/2018-demographicsreport.pdf

Department of Defense. (2011). *Instruction 6490.08.* https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649008p.pdf

Department of Veterans Affairs. (2011). *Housing and urban development (HUD)- department of Veterans affairs supported housing (VASH) program handbook.* https://www.nhlp.org/files/2014supplement/Chapter01/FN280%20VHA%20Handbook%201162.05%20(Sept.%202011).pdf

Dobmeyer, A. C. (2013). Primary care behavioral health: Ethical issues in military settings. *Families, Systems, & Health, 31*(1), 60-68. https://doi.org/10.1037/a0031848

Fenell, D. L. (2008). A distinct culture: Applying multicultural competencies to work with military personnel. *Counseling Today, 50*(12), 8–9 & 35.

Hall, L. K. (2016). *Counseling military families: What mental health professionals need to know* (2nd ed.). Routledge.

Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings.* The Guilford Press.

Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling & Development, 89*(3), 288–295. https://doi.org/10.1002/j.1556-6678.2011.tb00091.x

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353–366. https://doi.org/10.1037/a0032595

Leighton, A. (1982). Relevant generic issues. In A. Gaw (Ed.), *Cross-cultural psychiatry* (pp. 50-68). Wright-PSG.

McCracken, G. (1988). *The long interview.* SAGE.

Monfared. T. (2013). *Online military course launched.* Center for Deployment Psychology. https://deploymentpsych.org/news/online-military-culture-courselaunched

Moustakas, C. E. (1994). *Phenomenological research methods.* SAGE.

Myers, K. J., Morse, A. J., & Wheeler, J. A. (2015). When unchecked biases lead to imposition of values: The case for counseling ethics. *Ideas and research you can use: VISTAS 2015.*

Nassar, S. C., & Singh, A. A. (2020). Embodying the multicultural and social justice counseling competency movement: Voices from the field. *Journal of Counseling & Development, 98*(3), 253-260. https://doi.org/jcad.12320

National Association of Social Workers. (2012). National standards for social work practice with service members, Veterans, and their families. https://www.socialworkers.org/LinkClick.aspx?fileticket=fg817fIDop0%3d&portalid=0

National Defense Authorization Act (NDAA) of 2013, Pub. L. No. 112–239 (2011–2012). https://www.congress.gov/bill/112th-congress/house-bill/4310/text

Parisi, G. (2018). Department of defense quarterly suicide report 4th quarter, calendar year 2017. Defense Suicide Prevention Office. Retrieved from: http://www.dspo.mil/Portals/113/Documents/QSR_CY2017_Q4.PDF?ver=2018-04-09-112635-107

Pedersen, P. B. (1991) Multiculturalism as a generic approach to counseling. *Journal of Counseling and Development, 70*(1), 6-12. https://doi.org/10.1002/j.1556-6676.1991.tb01555.x

Price, E. W., Stickley, V., & Prosek, E. A. (2015). Fall in line with duty: Preparing counseling students to serve the military population. *Journal of Military and Government*

Counseling, 3(2), 79–92.

Prosek, E. A., & Holm, J. M. (2014). Counselor and the military: When protocol and ethics conflict. *The Professional Counselor, 4*(1), 93–102. https://doi.org/10.15241/eap.4.2.93

Prosek, E. A., Burgin, E. E., Atkins, K. M., Wehrman, J. D., Fenell, D. L., Carter, C., & Green, L. (2021). Exemplary Practices for Military Populations. https://www.counseling.org/docs/default-source/competencies/exemplary-practices-formilitary-populations.pdf?sfvrsn=6ca8252c_10

Prosek, E. A., Burgin, E. E., Atkins, K. M., Wehrman, J. D., Fenell, D. L., Carter, C., & Green, L. (2018). Competencies for counseling military populations. *Journal of Military and Government Counseling, 6*(2), 87–99. http://acegonline.org/wpcontent/uploads/2018/07/JMGC-Vol -6-Is-2.pdf

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28-48. https://doi.org/10.1002/jmcd.12035

Reger, M. A., Etherage, J. R., Reger, G. M., & Gahm, G. A. (2008). Civilian psychologists in an Army culture: The ethical challenge of competence. *Military Psychology, 20*(1), 21-35. https://doi.org/10.1080/08895600701753144

Ronnestad, M. H. & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5-44. https://doi.org/10.1177/089484530303000102

Substance Abuse and Mental Health Services Administration. (2010). Understanding the military: The institution, the culture, and the people. https://www.samhsa.gov/sites/default/files/military_white_paper_final.pdf

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development*, *20*(2), 64– 88. https://doi.org/10.1002/j.2161-1912.1992.tb00563.x

Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse: Theory and practice.* (7ᵗʰ ed.). John Wiley & Sons.

Taylor, S., Miller, B. M., Tallapraganda, M., & Vogel, M. (2020). Veterans' transition out of the military and knowledge of mental health disorders. *Journal of Veterans Studies, 6*(1) 85-95. https://doi.10.21061/jvs.v6i1.131

US Census Bureau. (2021). *People and populations.* https://data.census.gov/cedsci/profile?g=0100000US

US Department of Veterans Affairs. (2020). *VHA social work.* https://www.socialwork.va.gov/VA_Employment.asp

US Department of Veterans Affairs. (2021). *National Center for Veterans Analysis and Statistics*. https://www.va.gov/vetdata/veteran_population.asp

Weiss, E., & Coll, J. E. (2011). The influence of military culture and Veteran worldviews on mental health treatment: Practice implications for combat Veteran help-seeking and wellness. *The International Journal of Health, Wellness & Society*, *1*(2), 75-86. https://doi.org/10.18848/2156-8960/CGP/v01i02/41168

Wix, K. M. (2015). *Addressing the union of counselor education and military families: Creating best practices* [Unpublished doctoral dissertation]. Northern Illinois University.

Worthington, R. L., Soth-McNett, A. M., & Moreno, M. V. (2007). Multicultural counseling competencies research: A 20-year content analysis. *Journal of Counseling Psychology*, *54*(4), 351– 361. https://doi.org/10.1037/0022-0167.54.4.351

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