RESEARCH

Military Life Narratives and Identity Development among Black Post-9/11 Veterans

Deon M. Hall, Jeffrey A. Rings and Tyler Anderson
University of Northern Colorado, US
Corresponding author: Deon M. Hall, Ph.D. (deon.m.hall.mil@mail.mil)

Military culture is heterogenous and comprised of various subcultures with their own distinct military identity. The call for cultural competence has remained ubiquitous within the mental health field for decades, and a great need exists to provide increasingly culturally sensitive and informed mental health care for Black veterans. The purpose of this phenomenological study was twofold: (a) to privilege the diverse experiences of Black military veterans and (b) to advance a theory of Black veteran identity development to assist mental health professionals in further comprehending the psychosocial needs of Black veterans. Twelve Post-9/11 veterans who identified within the Black diaspora were interviewed about their service and post-service experiences, which resulted in the following four themes. (a) *keep pushing/suck it up* demonstrated an inclination among Black servicemembers toward emotional restraint and limited self-disclosure when answering emotionally-activating questions related to deployment and the impact of systemic discrimination within the military, (b) *family orientation/communalism: "I'm sticking with the community"* described how many consistently expressed their own identity in terms of family attachments or community affiliations. This communalistic approach is furthered in (c) *seeing green/colorblindness*. As many veterans reported, *green* was the only color seen, referring to the deindividuation process that unfolded for them during service including in regard to their Black identity. However, those holding multiple marginalized identities reported being highly subject to substantial discrimination, and as a result, described the military through the lens of (d) *no protective cloak/microcosm of American society*. Also elicited were several essential chapters comprising the military life cycle for Black veterans. This model provides an initial framework for understanding the Black veteran identity, consisting of distinct tasks and intrapsychic negotiations to be made before the Black servicemember/veteran can proceed onto the next stage. An additional theme, *understanding blackness requires a cultural fluency*, provides critical implications for behavioral health providers in working to become better attuned to their Black veteran patients' needs. In describing their Blackness as "unique and dynamic," these participants encourage providers to "go beyond the symptoms," and instead to privilege their unique sociohistorical and identity specific factors in kind.

Keywords: Black veterans; Post-9/11; OEF/OIF; identity development; qualitative

United States (US) veterans of the Post-9/11 armed conflicts represent a new cohort of military personnel faced with perplexingly unique obstacles and experiences. The Post-9/11 military operations traditionally have been capsulated under the official designations: Operation Enduring Freedom (OEF) in Afghanistan, Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) in Iraq; and most recently, Operation Inherent Resolve (OIR) (Zogas, 2017). In 2016, the National Center for Veterans Analysis and Statistics (NCVAS) reported that there were 4.2 million Post-9/11 veterans (2018), of which roughly 2.5 million were deployed to Iraq and/or Afghanistan (Primack et al., 2017).

Post-9/11 US military operations have been unique compared to earlier operations given their longer active-duty tours and more frequent deployments with briefer periods of non-combat for its personnel (Baptist et al., 2011). The types of warfare and injuries sustained by this military cohort also are different than those seen in previous conflicts (Kang et al., 2015). Moreover, today's military members all are volunteers, older, and more likely to be married with children than those in previous military engagements. Such inherent features of these conflicts and of its personnel have correlated with higher rates of behavioral health problems and general life dissatisfaction among returning veterans (Mental Health

Advisory Team [MHAT], 2006). One's views of their military and post-service experiences largely are dependent on the circumstances surrounding the operation/s in which they served. Thus, veteran culture and identity only can be understood with consideration of these circumstances in context. Given the unique features of these Post-9/11 operations, it is imperative for us to better understand the impacts that they've had on veterans' culture, military experiences, and identity development.

The Post-9/11 generation appears to be at a greater psychological and physical risk than other military personnel given their longer and more frequent deployments (Thomas et al., 2010). An estimated 41% of OEF/OIF veterans meet diagnostic criteria for at least one mental health disorder. Post-9/11 military personnel, particularly combat veterans, are increasingly susceptible to developing trauma-related and mood disorders (Kaplan et al., 2012; Tsai et al., 2013), substance abuse disorders (Burnett-Zeigler et al., 2011), anxiety disorders (Britton et al., 2012), and general physical functional impairment (Hoge et al., 2006). Veterans are reporting additional physical and societal consequences that include traumatic brain injury (Belanger et al., 2011; Silver et al., 2009) and homelessness (Tsai & Rosenheck, 2015). Despite our military successes overseas, these conflicts clearly have taken a toll on its members. Moreover, 51% of Post-9/11 veterans describe having difficulty in readjusting to civilian life, which is twice as many as before (Pew, 2011). There has been a 65% increase in diagnosed mental health disorders among active duty servicemembers since 2001 (Primack et al., 2017). Veterans also represent 20% of all completed suicides in the US while constituting only 1% of the total population (Harrell & Berglas, 2011).

Despite these alarming concerns, many veterans who would benefit from behavioral health care do not utilize such services due to barriers including stigma (Vogt et al., 2014), personal beliefs about mental illness (Stecker et al., 2011), and a general lack of access (Spoont et al., 2014). Veterans consistently report not feeling understood by civilian behavioral health professionals (Gade & Wilkins, 2012), which may evidence a gap in military cultural competency. Nevertheless, there is a clear need for additional research that can identify practical strategies for meeting the overall mental health needs of Post-9/11 veterans and in addressing the military veteran cultural competency among healthcare professionals who work with veterans. This clear need may be even far more pronounced, in fact, for our veterans of color.

Sue and Torino (2005) described cultural competency as "the ability to create and facilitate conditions that maximize the optimal development of the client through the service provider's acquisition of awareness, knowledge, and skills needed to function effectively in a pluralistic society" (p. 8). The call for increased cultural competency has remained ubiquitous within the medical and mental health literature for decades (Betancourt et al., 2003; Korman, 1974). Yet the consideration of military cultural competence, defined

as the process of developing awareness for one's own attitudes and knowledge of military experiences, culture, and identity (Convoy & Westphal, 2013) has only recently gained momentum. Indeed, the military is a unique culture unto itself that deserves the same compassionate, culturally informed, and inclusive treatment approaches as do other cultures. However, only a very small percentage of civilian mental health professionals, 13% according to Kime (2014), actually meet criteria for military veteran cultural competency. Increasing our scholarly obligation toward better understanding the unique cultural and military experiences of Post-9/11 veterans is critical now more than ever (Signoracci et al., 2014). Providing culturally sensitive and informed mental health care for Post-9/11 military veterans requires that the provider be knowledgeable in behavioral health as a function of military context, experience, and identity. To push even further, mental health professionals working with today's veterans would wholly benefit from a deeper research base that privileges the voices and unique military experiences of persons from underrepresented, marginalized groups.

It is imperative to attend to the multidimensionality of identity and to recognize that military culture is heterogenous—just as any other cultural group—and thus is comprised of various subcultures with their own distinct military identity and experiences. One population of particular interest is Black military members (i.e., servicemembers and veterans) as they represent the largest ethnic minority group within the US Armed Forces at 17% of the total active-duty military force and 16% of the selected reserve members (US Department of Defense, 2016). Americans identifying within the Black diaspora have fought in every major war since the American Revolution, and still they are denied freedoms equal to those of their peers, having to continually combat the racism that they experience upon returning home. Blacks make up 19% of the active-duty enlisted ranks and a markedly lower 9% of the active-duty Officer ranks. They continue to sacrifice their lives for the freedoms of others during these conflicts, having accounted for 642 military deaths since 2001 (Defense Manpower Data Center, 2020).

The current sociopolitical climate which continues to see NFL stars and other athletes kneeling during the national anthem in protest of police brutality and institutionalized racism and continued growth of the Black Lives Matter movement has—in some ways—created a grossly inappropriate divide between veterans and people within the Black diaspora, which dismisses the 300-year-long legacy of Black military members. It has been argued that, "There is probably no irony in American history more pointed than the American Black soldier fighting and dying for the basic American freedoms while being denied most of those same freedoms at home" (Donaldson, 1991, para 1, p. 1). The US military is a separate culture comprised of its own norms and values, and in many ways, the US military is also a microcosm of the nation evidenced by its sanctioning of racial

segregation lasting until the elimination of the last all-Black unit in 1954 (Berger, 2017).

The current research paradigm highlighting the Black veteran experience emphasizes a comparative—primarily quantitative—form of analysis examining racial disparities in therapeutic clinical outcomes (Tuerk et al., 2011), rates of psychological trauma (Kulka et al., 1990), treatment retention (Spoont et al., 2014), and general health outcomes (Landes et al., 2017). Black veterans also have been found to be markedly less likely to engage in treatment for PTSD (e.g., Stecker et al., 2016). Research also has demonstrated a considerable racial disparity within the military justice system as Black servicemembers are approximately 1.3 times more likely than white servicemembers to have disciplinary action taken against them; depending on their branch of service, they are as much as 2.6 times more likely to receive disciplinary consequences (Christensen & Tsilker, 2017). Veterans within the Black diaspora also are at an increased risk for experiencing homelessness than are white veterans (Edens et al., 2011).

Yet overall, the phenomenological experiences of Black veterans and servicemembers largely have been left out of historical rhetoric and empirical literature (Black, 2016; Black & Thompson, 2012; Martineau, 2007). Thus, the purposes of this phenomenological qualitative study were twofold: (a) to privilege the diverse experiences of Black military veterans, and (b) to advance a theory of Black military veteran identity development from entry into the Armed Forces through to their reintegration back to civilian status. A significant portion of the US Armed Forces will remain stigmatized and marginalized if the literature base continues to neglect the unique experiences of Black OEF/OIF/OND veterans. Moreover, the behavioral health professionals who are tasked with addressing the unique needs of Black Post-9/11 veterans otherwise stand to remain limited in their capacity to provide culturally competent and culturally informed care if further research is not dedicated to these courageous veterans.

The following research questions informed this study. RQ1 asked, "What narratives do Post-9/11 era veterans who identify within the Black diaspora produce about their service and post-service experiences?" RQ2 asked, "What is the process of military veteran identity development from entrance to separation for Post-9/11 era Black veterans?" Finally, RQ3 sought to elicit potential clinical recommendations for behavioral health providers who work with Black Post-9/11 era servicemembers and veterans. More specifically, what advice do these veterans have for clinicians in order for them to more effectively treat Black Post-9/11 veterans?

Methodology

This qualitative study utilized an interpretive phenomenological methodological framework. Phenomenological investigation focuses on the unique elements of the lived human experience embedded within one's world of immediate experiences, or *lifeworld* as coined by Habermas (van

Manen, 1997/2007). This study was also transcendental, which requires the passage of time between the moment of recollection and the event of interest as, such a separation is intended to enhance the participants' capacity to make meaning of the event(s) of study (Moustakas, 1994). A purposive, non-probabilistic sampling method was used (Merriam, 2009). Given the inherent diversity within the Black diaspora, efforts were made to interview a diverse sample according to age and socioeconomic status (SES), which can be highly influential in one's experience of Black identity development (Allen et al., 1989; du Plessis & Naude, 2017). Recruitment occurred through the National Association for Black Veterans (NABVETS), various social media outlets, as well as through the use of snowball sampling. Potential participants accessed the study information via Qualtrics. Upon providing their informed consent to participate, they were directed to a demographic questionnaire that inquired about their branch of service, dates and locations of military service, marital status (currently and while active), military occupation, military discharge status, and highest military rank acquired. All participants (a) identified within the Black diaspora, (b) were at least 18 years old, (c) served in the US military during Post-9/11 military operations, (d) maintained veteran status, and (e) experienced one or more military deployments overseas for a total aggregate period of at least 90 days.

Participants were then contacted and scheduled for an individual, semi-structured phone interview, each taking approximately 60 minutes on average. Each interview was audio-recorded; observational notes also were taken throughout so as to monitor affective presentation (e.g., sighs, tears, pauses, etc.) and any deviations or peculiarities in their behaviors (e.g., changes in affect, tone, etc.). Saturation was reached after 12 participants, meaning that with the 12th interview, data collection began to appear redundant and no new information was collected (Lincoln & Guba, 1985). Demographic characteristics of these participants are described in **Table 1**. Each interview was then downloaded into a separate file folder under a pseudonym of participants' choosing and subsequently was transcribed verbatim by the first author. NVIVO 12 software (QSR International, 2018) was used to help facilitate the coding, categorization, and overall aggregation of interview data.

Data Analysis and Results

An interpretive phenomenological approach was utilized to analyze the interview data. Demographic data also provided context to the narratives while the observational field notes allowed for an additional level of analysis. Processing data from in-depth interviews required a procedure known as data transcription. Initial reading of the interview transcripts was followed by coding, which entailed "aggregating the text or visual data into small categories of information, seeking evidence for the code" from various sources of data (Creswell, 2014, p. 184). Categories emerged as themes connected among the codes through deconstructing the quali-

Table 1: Participants' Demographic Characteristics and Military History (n = 12).

Participant*	Age	Sex	Branch	Years of Service	Service Component	Total Deployments	Direct Combat	Rank at Separation
Derek	39	M	Army	7	Active-duty; Reserves	1	Yes	E-5
Brenda	41	F	Army	13	Reserves	1	No	O-3
Ashton	42	M	Air Force	8	Active-duty	1	No	O-3
Adaline	38	F	Army	6	Active-duty	2	No	E-5
Specialist	32	M	Army	6	Active-duty; National Guard	2	Yes	E-4
Richard	31	M	Army	7	Active-duty; National Guard	1	No	E-5
Jasmine	34	F	Army	7	Active-duty; National Guard	1	No	E-5
Jaz	41	F	Army	18	Reserves	1	No	O-4
John	33	M	Army	12	Active-duty	1	Yes	O-3
Sarah	36	F	Marines; Army	11	Active-duty	2	No	E-5
Mary	38	F	Army	6	Reserves	1	No	E-5
Maxwell	41	M	Army	5	Active-duty	1	No	E-5

* Pseudonyms.

tative data (Creswell, 2014). Following the selection of the initial set of categories, six discernable themes surfaced through the cross-case analysis process. These themes are described below, each one in correspondence to one of the three aforementioned the research questions.

Research Question 1 (RQ1): What Narratives Do Post-9/11 Era Veterans Who Identify Within the Black Diaspora Produce About Their Service and Post-Service Experiences?

The following four themes emerged in response to RQ1: (a) *Keep it pushing/suck it up*, (b) *Family orientation/communalism: "I'm sticking with the community,"* (c) *Seeing green/color-blindness*, and (d) *No protective cloak/microcosm of American society*.

Theme 1: Keep It Pushing/Suck It Up

The title of this theme depicts an oft-described protective strategy that they used to cope with certain distressing content so that they instead could continue to productively engage in a task (e.g., military and family duties). Understandably, this theme also may have been emblematic for many of these veterans literally throughout the interview process itself, perhaps as evidenced by several of them coming across as somewhat guarded and distanced when speaking about their military narratives and phenomenological experience of military identity development. More specifically, these participants often demonstrated an inclination toward emotional restraint and limited self-disclosure when

answering some of the more emotionally activating interview questions specific to deployment and to the impacts of systemic discrimination that they endured within the military. Although most participants reported having a positive military experience overall, several of them also alluded to and identified having several personal negative military experiences due to encounters ranging from military sexual trauma (MST) to racial and gender-based discrimination. Few were willing and/or able to divulge specific details about their respective circumstances, which otherwise might have helped to better illustrate phenomena such as military discrimination. This response pattern arguably appeared to be quite effective for several of these veterans, at least in the short term. However, these same veterans also seemed to endorse more debilitating anxious and depressive symptoms upon discharge, perhaps as a result.

Theme 2: Family Orientation/Communalism: "I'm Sticking with the Community"

This theme describes many of the common identities and value systems that emerged across these interviews. For one, many of these veterans described having a sense of self that was irrevocably linked to their various familial attachments, whether that be as a parent, spouse, offspring, and/or sibling. Most identified themselves as who they were in relation to others rather than solely as themselves as individuals. In addition, seven participants were born into families where either one or both biological parents had served in the Armed Forces themselves. Given that many of them

had parents in the service during their own formative years, another family-oriented identity emerged, that of a military child legacy. Further, most participants described that many of their military service and discharge decisions had been driven significantly by consideration of their families. Interestingly, the impetus that set these veterans on the path of service frequently was the same force that indicated for them when it was time to begin the reintegration process back into civilian life. For example, several participants asserted that they had entered the military (a) to provide for their family and/or family-of-origin, and (b) to honor their own family's military legacy. Also, the participants consistently expressed having a desire for increased familial closeness as a primary reason for ending their military service.

Communally oriented individuals have personal identities and goal systems that are inextricably linked to the identity and goals of the community. Many of these veterans also identified themselves as having roles such as "helper" and "advocate" as those that were core to their own sense of self. For example, Mary's "helper" identity led her to eventually establish her own advocacy organization for veterans seeking employment post-discharge. Richard's identity as an advocate led him to develop a Black veteran advocacy group that works to challenge the longstanding poor treatment of Blacks within the Armed Forces. Others, such as Jaz, Derek, Ashton, Adaline, and Maxwell, took jobs as social workers, advocates, counselors, and other similar roles post-discharge.

The salience of these participants' family and communally oriented value systems remained largely stable throughout their service and post-service experiences. They described building lifelong, seemingly familial, relationships with their battle buddies. This process proved to be easier for some participants (e.g., John, Brenda, and Ashton) and more difficult for others (e.g., Derek, Mary, and Richard). Those with intersecting historically marginalized gender and sexuality identities described having more considerable difficulty in establishing strong bonds with their male and heterosexual counterparts, who have historically, and continue to, dominate the Armed Forces. Moreover, the male participants tended to incorporate more experiences of camaraderie into their military narratives than did the female participants. For many of these males, their battle buddies or their unit became their extended family. This type of dichotomy was particularly evident when participants referred to their deployment experiences.

Theme 3: Seeing Green/Colorblindness
This theme demonstrates a phenomenon whereby, primarily, male-identified participants described their racial identity as having little salience in their military/veteran experiences due to a deindividuation process that resulted from wearing the military uniform. Many of these participants described feeling a perceived sense of color-blindness that occurred during the military cycle. Several shared that they felt that their racial identity actually did not have an impact either way on their military experiences. Or if it did,

the impact of race tended to subside for them following initial entry training or deployment. While some described the military culture as similar to American society with its corresponding systemic marginalization, a common response for many participants was that green, representing the color of the Army uniform, was the only color that mattered in the active duty context. For example, John described never seeing his Black identity as creating any challenges for him while on active duty. He insisted, "When you're in the military, what you see is green before anything else." Maxwell noted that he was in fact shocked to find that his belief of a racist America had somewhat faded during his time in basic combat training. From the participants' responses, this did not seem to be a process that was explicitly taught to them; rather, it was more a product of implicit learning and military socialization.

Theme 4: No Protective Cloak/Microcosm of American Society
This theme denotes a dichotomy to the prior theme of *Seeing green/colorblindness*. Here, participants who instead held multiple marginalized identities (e.g., Black, female, gay) reported being vulnerable to the same discrimination demonstrated throughout society. In this regard, many veterans described the military as being highly reflective of the greater society in regard to its demographics, beliefs, and value systems as well. Specialist shared, "There's a lot of misogyny and patriarchy [in the military]. You have a toxic patriarchy, and a toxic masculinity." Richard, who identified as a gay Black man, observed the following about the culture of the military: "I think it's just a microcosm of our modern culture. Same class conversations, same racial dialogues, same obvious sexism, homophobia, and identity politics." Jaz offered a direct challenge to the colorblindness mentality. She explained, "People look at the military as a subcategory of society. But you know, the military is America, so whatever issues and stigmas and stereotypes and, you know, just the kinds of challenges we have in American society, those ideologies will also carry over into the military." This theme very much appeared to be driven by each particular veteran's connection to their various cultural identities. Those participants who seemed to place greater salience on their own racial, gender, and/or sexual orientation identities were more likely than others to express discontent with how they were treated while in the military. By contrast, those other participants who did not acknowledge having as much value for their above identities were more likely to report the theme of *Seeing green/colorblindness*.

Research Question 2 (RQ2): What is the Process of Military Veteran Identity Development from Entrance to Separation for Post-9/11 Era Black Veterans?
Theme 5: The Military Narrative as a Chapter Book
This theme emerged in response to RQ2, which included the following chapters: *Recruitment, Initial entry training, First duty station and beyond,* and *Discharge/reintegration.* Viewed holistically, this theme represented an initial

attempt to begin mapping out the most impactful, essential chapters of the military life cycle for Black veterans. Although the participants' respective responses about their personal veteran development process were unique unto themselves, the general structure had overarching similarities across their narratives. Below are descriptions of each chapter.

Chapter 1: Recruitment
Denotes the process through which the participants worked with military recruiters to join the Armed Forces. This chapter can occur at various developmental stages in one's life; the circumstances surrounding each recruit at the time seemed to greatly dictate the recruitment process. The duration of this chapter appears to depend on multiple considerations, such as a recruit's physical fitness, their intended military specialty, specific service needs, and so on. Factors that motivated these participants to enlist included (a) honoring their military family legacy, (b) the promise of educational benefits, and (c) personal development. For example, nine of the 12 participants were born into military families. Uniquely, Jaz described receiving a negative reaction by her family during her Chapter 1, as her father could not understand why a Black person would willfully join the US military given our country's historic maltreatment of Black civilians, servicemembers, and veterans. These participants acknowledged experiencing multiple emotions during this segment of their military narrative, such as, confusion, regret, and excitement.

Chapter 2: Initial Entry Training
Describes roughly the first six months of their military service. Basic Combat Training (BCT) and Advanced Individual Training (AIT) are meant (a) to provide newly initiated servicemembers with introductory-level knowledge on military and branch-specific culture, (b) to instill within them a military ethos, (c) to prepare them for physical and task demands, and (d) to train them in job-relevant skills (US Army, 2019). This is when the recruit first can identify as a servicemember as it is the initial task that all newly conscripted servicemembers must complete before they can proceed to perform the job for which they joined the military. This chapter was described by all 12 participants. Servicemembers during this chapter may report experiencing confusion, anxiety, and loneliness as well as excitement and camaraderie. Generally, this chapter will include BCT and then some degree of job-specific training, which usually occurs during AIT. Mary, Maxwell, Sarah, and Derek all described their basic training experiences as a "tear you down, then build you up" process. Some compared this chapter to "drinking from a water hose." This commonly expressed sentiment among those who joined the military immediately after high school generally spoke to the large amount of information that new recruits are expected to retain within a short period of time. Another nuanced difference in this chapter occurred between (a) that of the enlistee, and (b) that of the Officer.

Four of the 12 participants served as Officers, whose training appeared to place a larger focus on leadership skill development. Regardless of one's rank during service though, frequent and intense physical activity was ubiquitous across every participant's narrative.

Chapter 3: First Duty Station and Beyond
Captures these participants' military service experiences following initial entry training but prior to discharge. This chapter was identified by most of these veterans; however, this was where their military narratives began to diverge given that what proceeds depended greatly on each servicemember's Military Occupation Specialty (MOS), goals, and respective unit characteristics/deployment tempo. First deployments tended to take place during this chapter. Specialist, for example, deployed one month after reaching his first duty station. He stated that he was not afraid, and that it was the adjustment period once he returned from deployment that actually created more difficulty for him. He described having to relearn how to live in garrison, how to prepare for redeployment, how to adjust to new regime changes, and how to balance all of that also while in a long-term romantic relationship.

Chapter 4: Discharge/Reintegration
Most participants described themselves as having highly successful and straightforward end-to-service experiences. This could have been because many, such as Ashton, joined either the Reserves or the Army National Guard prior to full discharge. Several other veterans also reported that they had secured another type of employment prior to discharge. But beyond those aspects related to employment, the military identity was something that remained for most participants well after discharge. Maxwell was one who endorsed having a successful reintegration experience, stating that he had garnered employment just one month after separating, having been hired solely on the basis of his veteran status. Mary acknowledged that her personal reintegration experience was successful in part because she utilized various transition assistance resources prior to her separation. However, she saw, and then filled, a glaring need for outgoing servicemembers to have additional support: "They're not going through the military career-focused, so they can stumble. So, I wanted to help facilitate ways that people could be a connector for some of the corporate jobs and help them with their job skills. I look at it now as wanting to make that transition smooth for other veterans and transitioning military people."

Conversely, Adaline's discharge experience was fraught with certain challenges given that her unit commander initially would not accept her notification to end her service despite her contract nearing its end. She filed a congressional complaint in her particular state in response, and it was not until months later when a high-ranking Officer reviewed her paperwork that she was allowed to officially separate. Despite Adaline's personal challenges with this

process, it does seem that discharge, and reintegration in general, are commonly arduous. Jaz provided her own interpretation of her reintegration process: "I will tell you… the military transition is the one thing that doesn't gender or race-discriminate or care about what MOS you had. It's shitty for all veterans [laughs]."

Research Question 3 (RQ3): Black Post-9/11 Veterans' Recommendations for Providers

Toward the end of their interviews, these veterans were asked to share their impressions on how mental health providers could more effectively serve Black Post-9/11 veterans. Here emerged the sixth and final theme of the study titled *Understanding Blackness requires a cultural fluency*. Many participants echoed similar responses and adamantly stated that Blackness is "unique and dynamic." For instance, Richard articulated, "I think mental health providers need to read, and not just psychology books and all that, but they really need to understand history… Someone who doesn't have a cultural nuance to them, a cultural kind of fluency to them, they will not be of use to someone who is specifically a Black vet."

Specialist and Derek encouraged mental health providers working with Black veterans to "understand the Black struggle and Black culture," while also appreciating the cultural dimensionality to Blackness. For example, Ashton stated, "We have pressures that are not seen from just the general eye," suggesting that access to their phenomenological world is privileged and should be treated appropriately. Jaz encouraged mental health providers to more thoroughly examine their own personal biases regarding race, gender, and sexual orientation, which are inherent in all of us, and to further reflect on how such biases may interfere with treatment. Jasmine noted that such biases may lead to unfair, inaccurate assumptions on behalf of the provider that every veteran is identical.

Discussion
Research and Clinical Implications

The current paradigm for veterans' research focuses on the homecoming experience, with little attention being given to their experiences while in service. One aspect of this study focused on the entirety of the Black servicemember/veteran experience as it naturally influences how the Black veteran both navigates and experiences their homecoming. The need for clinicians to better understand military and veteran culture has been strongly emphasized in the literature (Bryan & Morrow, 2011; Danish & Antonides, 2009). Participants spoke to varying degrees of the servicemember/veteran narrative and reported a wide range of experiences regarding identity, military culture, and systemic discrimination. Our findings recommend that providers take a very active, process-oriented approach in working to increase their military cultural competence.

The narrative chapters identified by these veterans appear to provide an initial framework for future studies of the Black veteran identity. Each chapter outlined distinct tasks and intrapsychic negotiations to be made before the Black servicemember can proceed onto the next chapter. This initial framework may be employed by others in order to investigate the specific requirements that are involved for Black servicemembers/veterans in each chapter. These requirements may go beyond actionable tasks and could include any relevant intrapsychic and/or cognitive processes as well. Findings then can inform quantitative approaches that assess for clinicians' military cultural competency regarding Black veterans specifically. These findings also suggest a necessity for coherence in Black Post-9/11 veterans' life narratives—integrating servicemember and veteran experiences into a singular, rather than disconnected, narrative—to more holistically understand their experience.

We would also be remiss if we did not mention the current COVID-19 pandemic and how it has drastically restructured the delivery of psychotherapy and behavioral health services, resulting in practically all services presently being conducted virtually and/or telephonically for the time being. Providers must consider how these social crises might impact their patients' psychological wellness, particularly those who may naturally struggle with emotional vulnerability even under typical circumstances. To this, we strongly urge providers to remain flexible, reflexive, and intentional when offering care. The importance of ensuring multicultural competent services is beyond paramount and goes far beyond managing Black veterans' expectations for therapy and/or personal biases. Rather, we must intentionally work that much harder to ensure that their entire story as a Black veteran is all the more welcome "in the room." This simply cannot be overstated.

Importantly, the juxtaposition of two particular themes—*Seeing green/colorblindness* and *No protective cloak/microcosm of American society*—lead us to strongly recommend that researchers and clinicians take a more focused look at the impacts that multiple marginalized intersecting identities (e.g., identifying as female and/or LGBTIQA+ in addition to being Black) may have on military servicemember/veteran experiences. Our findings powerfully reaffirm the dynamic, nuanced nature of identity as it relates to experiences of systemic discrimination. Relatedly, they also reiterate the need to address an existing gap in the literature regarding Black women in the military as their experiences were particularly linked with their racial and gender identities. We urge identity and diversity minded researchers to conduct studies that might help to further parse the role of Black women veterans' intersecting marginalized identities on their service- and health-related experiences.

Furthermore, this study wholly asserted that our collective field is particularly well-suited to address the behavioral health needs of Black Post-9/11 veterans because of its focused attention to issues of multicultural counseling competency (APA, 2020). Given this, one vital recommendation is for mental health practitioners is simply to increase their involvement and familiarization with Black veterans,

culture, and history. Clinically based graduate programs also can take active steps to strengthen their students' multicultural competency by mandating the completion of a program/university or community based diversity project. Such a project could include conducting interviews, supporting program development for campus cultural centers, and developing diversity workshops. Having such efforts become salient and integral throughout our training curricula helps to emphasize the message that ongoing multicultural counseling competency development remains an ethical imperative indefinitely beyond graduation.

One final research implication is that qualitative phenomenological methodology is, in fact, a highly effective approach to research inquiry with Black veterans in particular, as it focuses on eliciting their stories, offering them space to share their narratives rather than asking them for more structured responses. Taking a broader and more inclusive approach to understanding our participants' experiences might allow for even more innovative approaches to the research and treatment of veterans that are also more culturally appropriate for Black veteran populations.

Limitations
Given that a primary goal of this qualitative analysis was to better understand the phenomenological experiences of these participants rather than attempting to procure some objective truth, generalizations cannot be made either to the greater Post-9/11 veteran or Black veteran populations. Further, the origins of this study were heavily influenced by the principal investigator's current experiences as a Black male servicemember in addition to his previous clinical work with veterans. Although careful attention was given toward the bridling of these collective experiences and biases, it is nevertheless possible that additional biases and presuppositions still impacted any number of this study's various aspects.

Another limitation pertains to a potential selection bias that might have resulted in a participant sample that was relatively well-adjusted on the whole. Half of the participants were recruited from LinkedIn; it might be that veterans who utilize professional networking mediums such as LinkedIn are more likely to endorse positive adjustment and express more overall satisfying service and post-service experiences than might be typical. Relatedly, this entire sample might have experienced fewer deployments collectively than what would be expected given the increased deployment tempo and challenges inherent to Post-9/11 conflicts. For example, only one veteran had been deployed a second time, and only three had been deployed to a combat zone. Future studies should look to maximize sample diversity all the more.

Conclusion
The purpose of this study was to examine the phenomenological experience of veteran identity development among Post-9/11 veterans who identify within the Black diaspora. A specific focus also was placed on Black military culture and

experience in the context of intersecting cultural identities so as to more effectively frame the services offered by mental health practitioners in working with Black military veterans and servicemembers. In kind, this study strengthens the existing empirical framework for addressing the behavioral health needs of Black Post-9/11 veterans by integrating identity more so into the discussion.

Historically, the US has repeatedly overlooked the ongoing presence and contributions of Black veterans, treating them as all but disposable. Black Americans are represented in virtually every possible capacity throughout the US Armed Forces' structure, yet they continue to sacrifice their lives for a promise of democracy that often seems to exclude them. The veteran narrative and perception of the veteran archetype surely needs to become more inclusive so as to account for the growing diversity within the veteran community. Also, there needs to be room provided for Black veterans to reflect upon and process their experiences through the context of their often multiple historically marginalized identities. Most importantly, these veterans deserve the opportunity to tell their own stories, even the parts that may place the greater US society in a negative light historically. It is our hope that this study encourages other behavioral health professionals and civilians to seek out opportunities to enhance their veteran cultural competency. Further, it is our wish that others move well beyond their initial discomfort and instead engage in such culturally relevant dialogue so as to make our society far more inclusive for all veterans.

Competing Interests
The authors have no competing interests to declare.

References
Allen, R. L., Dawson, M., & **Brown, R.** (1989). A schema-based approach to modeling an African-American racial belief system. *American Political Science Review, 83*, 421–441. DOI: https://doi.org/10.2307/1962398

American Psychological Association. (2020). *Psychotherapy: Understanding group therapy.* https://www.apa.org/helpcenter/group-therapy

Baptist, J. A., Amanor-Boadu, Y., Garrett, K., Nelson Goff, B. S., Collum, J., Gamble, P., Gurss, H., Sanders-Hahs, E., Strader, L., & **Wick, S.** (2011). Military marriages: The aftermath of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) deployments. *Contemporary Family Therapy, 33*(3), 199–214. DOI: https://doi.org/10.1007/s10591-011-9162-6

Belanger, H. G., Proctor-Weber, Z., Kretzmer, T., Kim, M., French, L. M., & **Vanderploeg, R. D.** (2011). Symptom complaints following reports of blast versus non-blast mild TBI: Does mechanism of injury matter? *The Clinical Neuropsychologist, 25*(5), 702–715. DOI: https://doi.org/10.1080/13854046.2011.566892

Berger, M. (2017). Black soldiers: Fighting America's enemies abroad and racism at home. *The New York*

Times. https://lens.blogs.nytimes.com/2017/06/05/black-soldiers-double-war-fighting-for-freedom/

Betancourt, J. R., Green, A. R., Carrillo, J. E., & **Ananeh-Firempong, O.** (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports, 118*, 293–302. DOI: https://doi.org/10.1093/phr/118.4.293

Black, H. K. (2016). Three generations, three wars: African American veterans. *The Gerontologist, 56*, 33–41. DOI: https://doi.org/10.1093/geront/gnv122

Black, H. K., & **Thompson, W. F.** (2012). A war within a war: A World War II buffalo soldier's story. *The Journal of Men's Studies, 20*, 32–46. DOI: https://doi.org/10.3149/jms.2001.32

Britton, P. C., Ilgen, M. A., Valenstein, M., Knox, K., Claassen, C. A., & **Conner, K. R.** (2012). Differences between veteran suicides with and without psychiatric symptoms. *American Journal of Public Health, 102*, S125–S130. DOI: https://doi.org/10.2105/AJPH.2011.300415

Bryan, C. J., & **Morrow, C. E.** (2011). Circumventing mental health stigma by embracing the warrior culture: lessons learned from the defender's edge program. *Professional Psychology Research and Practice, 42*, 16–23. DOI: https://doi.org/10.1037/a0022290

Christensen, D., & **Tsilker, Y.** (2017). Racial disparities in military justice: Findings of substantial and persistent racial disparities within the United States military justice system. *Protect Our Defenders.* https://www.protectourdefenders.com/wp-content/uploads/2017/05/Report_20.pdf

Convoy, S., & **Westphal, R. J.** (2013). The importance of developing military cultural competence. *Journal of Emergency Nursing, 39*(6), 591–594. DOI: https://doi.org/10.1016/j.jen.2013.08.010

Creswell, J. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Danish, S. J., & **Antonides, B. J.** (2009). What counseling psychologists can do to help returning veterans. *The Counseling Psychologist, 37*(8), 1076–1089. DOI: https://doi.org/10.1177/0011000009338303

Defense Manpower Data Center (DMDC). (2020). Defense casualty analysis system. *Congressional Research Service.* https://dcas.dmdc.osd.mil/dcas/pages/casualties.xhtml

Donaldson, G. (1991). *The history of African-Americans in the military: Double V.* Krieger Publishing Company.

du Plessis, J., & **Naude, L.** (2017). "Carrying the culture…": Ethnic identity development in Black African adolescents. *Journal of Psychology in Africa, 27*(2), 159–164. DOI: https://doi.org/10.1080/14330237.2017.1303106

Edens, E. L., Kasprow, W., Tsai, J., & **Rosenheck, R. A.** (2011). Association of substance use and VA service-connected disability benefits with risk of homelessness among veterans. *The American Journal on Addictions, 20*(5), 412–419. DOI: https://doi.org/10.1111/j.1521-0391.2011.00166.x

Gade, D. M., & **Wilkins, V. M.** (2012). Where did you serve? Veteran identity, representative bureaucracy, and vocational rehabilitation. *Journal of Public Administration Research and Theory, 23*(3), 267–288. DOI: https://doi.org/10.1093/jopart/mus030

Harrell, M. C., & **Berglas, N.** (2011). *Losing the battle: The challenge of military suicide* [Policy Brief]. Center for a New American Security.

Hoge, W. C., Auchterlonic, C. J., & **Miilliken, S. C.** (2006). Mental health problems, use of mental health services, and attrition from the military service after returning from deployment to Iraq or Afghanistan. *The Journal of the American Medical Association, 295*(9), 1023–1032. DOI: https://doi.org/10.1001/jama.295.9.1023

Kang, H. K., Bullman, T. A., Smolenski, D. J., Skopp, N. A., Gahm, G. A., & **Reger, M. A.** (2015). Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars. *Annals of Epidemiology, 25*(2), 96–100. DOI: https://doi.org/10.1016/j.annepidem.2014.11.020

Kaplan, M. S., McFarland, B. H., Huguet, N., & **Valenstein, M.** (2012). Suicide risk and precipitating circumstances among young, middle-aged, and older male veterans. *American Journal of Public Health, 102*, S131–S137. DOI: https://doi.org/10.2105/AJPH.2011.300445

Kime, P. (2014, November, 21). Rand: Civilian mental health providers don't 'get' the military. *Military Times.* https://www.militarytimes.com/pay-benefits/military-benefits/health-care/2014/11/21/rand-civilian-mental-health-providers-don-t-get-the-military/

Korman, M. (1974). National conference on levels and patterns of professional training in psychology: Major themes. *American Psychologist, 29*, 301–313. DOI: https://doi.org/10.1037/h0036469

Kulka, R. A., Schlenger, W. A., Fairbanks, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., Weiss, D. S., Grady, D. A., & **Cranston, A. S.** (1990). *Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study.* Routledge.

Landes, S. D., Wilder, J., & **Williams, D.** (2017). The effect of race and birth cohort on the veteran mortality differential. *Social Science & Medicine, 179*, 36–44. DOI: https://doi.org/10.1016/j.socscimed.2017.02.030

Lincoln, Y. S., & **Guba, E. G.** (1985). *Naturalistic inquiry.* SAGE. DOI: https://doi.org/10.1016/0147-1767(85)90062-8

Martineau, P. (2007). Grad student works to add color to military history. *Diversity: Issues in Higher Education.* https://diverseeducation.com/article/7194/

Mental Health Advisory Team (MHAT). (2006). *Operation Iraqi Freedom 05–07 final report.* https://safe.menlosecurity.com/doc/docview/viewer/

docN1594C9DF2C56ef4cd315b481aa15faf-5c524f7e10bc980783e70ec35b744ef83add928170a1d

Merriam, S. B. (2009). *Qualitative research and case study applications in education.* Jossey-Bass.

Moustakas, C. (1994). *Phenomenological research methods.* SAGE. DOI: https://doi.org/10.4135/9781412995658

National Center for Veterans Analysis and Statistics (NCVAS). (2018). *Profile of post-9/11 veterans: 2016.* US Department of Veteran Affairs. https://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2016.pdf

Pew Research Center. (2011). *The military civilian gap: War and sacrifice in the post-9/11 era.* http://www.pewsocialtrends.org/2011/10/05/war-and-sacrifice-in-the-post-911-era/

Primack, J. M., Borsari, B., Benz, M. B., Reddy, M. K., & Shea, M. T. (2017). Mental health treatment utilization in OIF/OEF National Guard and Reserve troops with and without DSM diagnoses. *American Journal of Orthopsychiatry, 87*(2), 157–165. DOI: https://doi.org/10.1037/ort0000226

QSR International. (2018). *NVIVO features and benefits.* http://www.qsrinternational.com/products_nvivo_features-and-benefits.aspx

Signoracci, G. M., Bahraini, N. H., Matarazzo, B. B., Olson-Madden, J. H., & Brenner, L. A. (2014). Delivering mental health services to OEF/OIF veterans: A VHA qualitative study. *Journal of Holistic Nursing, 32*(3), 161–172. DOI: https://doi.org/10.1177/0898010114524484

Silver, J. M., McAllister, T. W., & Arciniegas, D. B. (2009). Depression and cognitive complaints following mild traumatic brain injury. *American Journal of Psychiatry, 166*(6), 653–661. DOI: https://doi.org/10.1176/appi.ajp.2009.08111676

Spoont, M. R., Nelson, D. B., Murdoch, M., Rector, T., Pharm, D., Sayer, N. A., Nugent, S., & Westermeyer, J. (2014). Impact of treatment beliefs and social network encouragement on initiation of care by VA service users with PTSD. *Psychiatric Services, 65*(5), 654–662. DOI: https://doi.org/10.1176/appi.ps.201200324

Stecker, T., Adams, L., Carpenter-Song, E., Nicholson, J., Streltzov, N., & Xie, H. (2016). Intervention efficacy in engaging Black and White veterans with PTSD into treatment. *Social Work Public Health, 31*(6), 481–489. DOI: https://doi.org/10.1080/19371918.2016.1160340

Stecker, T., Fortney, J. C., & Sherbourne, C. D. (2011). An intervention to increase mental health treatment engagement among OIF veterans: A pilot trial. *Military Medicine, 176*(6), 613–619. DOI: https://doi.org/10.7205/MILMED-D-10-00428

Sue, D. W., & Torino, G. C. (2005). Racial–cultural competence: Awareness, knowledge, and skills. In R. T. Carter (Ed.), *Handbook of racial– cultural psychology and counseling: Vol. 2. Training and practice* (pp. 3–18). Wiley.

Thomas, J. T., Wilk, J. E., Riviere, L. A., McGurk, D., Castro, C. A., & Hoge, C. W. (2010). Prevalence of mental health problems and functional impairment among active component and National Guard soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry, 67*(6), 614–623. DOI: https://doi.org/10.1001/archgenpsychiatry.2010.54

Tsai, J., & Rosenheck, R. A. (2015). Risk factors for homelessness among US veterans. *Epidemiologic Reviews, 37*, 177–195. DOI: https://doi.org/10.1093/epirev/mxu004

Tsai, J., Rosenheck, R. A., Kasprow, W. J., & McGuire, J. F. (2013). Risk of incarceration and other characteristics of Iraq and Afghanistan era veterans in state and federal prisons. *Psychiatric Services in Advance, 64*, 36–43. DOI: https://doi.org/10.1176/appi.ps.201200188

Tuerk, P. W., Yoder, M., Grubaugh, A., Myrick, H., Hamner, M., & Acierno, R. (2011). Prolonged exposure therapy for combat-related posttraumatic stress disorder: An examination of treatment effectiveness for veterans of the wars in Afghanistan and Iraq. *Journal of Anxiety Disorders, 25*(3), 397–403. DOI: https://doi.org/10.1037/a0026279

U.S. Department of Defense (DOD). (2016). 2016 demographics: Profile of the military community. http://download.militaryonesource.mil/12038/MOS/Reports/2016-Demographics-Report.pdf

Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy.* The Althouse Press.

Van Manen, M. (2007). Phenomenology of practice. *Phenomenology & Practice, 1*, 11–30. DOI: https://doi.org/10.29173/pandpr19803

Vogt, D., Fox, A. B., & Di Leone, B. A. L. (2014). Mental health beliefs and their relationship with treatment seeking among U.S. OEF/OIF veterans. *Journal of Traumatic Stress, 27*(3), 307–313. DOI: https://doi.org/10.1002/jts.21919

Zogas, A. (2017). US military veterans' difficult transitions back to civilian life and the VA's response. *Watson Institute for International and Public Affairs.* Brown University. https://watson.brown.edu/costsofwar/papers/2017/us-military-veterans-difficult-transitions-back-civilian-life-and-va-s-response