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## Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect

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### ABSTRACT

“Suicides in the military have increased over the last ten years. Much effort has been focused on suicide prevention and treatment, as well as understanding the reasons for the sharp increase in military suicides. Despite this effort, the definitive causes of military suicides remain elusive. Further, highly effective suicide prevention and treatment approaches have not yet been developed. The purpose of this article is to present a short review of the current state of suicide prevention interventions within the context of the military. The root causes of suicidal behavior and the role of combat in the military are each discussed. Interpersonal-psychological theory of suicide and the military transition theory are introduced as guiding frameworks for understanding suicides and suicidal behavior amongst active military personnel and military veterans. The article concludes with a set of recommendations for moving forward in understanding and addressing suicides in the military.”

### RESEARCH HIGHLIGHTS

- Between 1990 and 2007, the military suicide rate was below the civilian suicide rate. However, in recent years, the military suicide rate has increased. In a 2012 data report, the VA reported that an active duty service member dies by suicide every 36 hours and more than 8,000 military veterans died by suicide each year. In an effort to address suicide in military related individuals, Castro and Kintzle review the current state of suicide prevention interventions within the context of the military.
- Previous researchers have found that combat is associated with an increased rate of PTSD and depression. However, researchers have not established a direct link between combat and suicide, thus military suicides is evaluated in context with an increase in mental health issues of veterans and service members.
- Castro and Kintzle draw connections between the life of Ernest Hemingway, who died by suicide, and aging veterans who died by suicide. Discussing this in line with interpersonal-psychological theory of suicide, Castro and Kintzle show that as some veterans age their perceived burdensomeness and lack of belonging increases. The increase of burdensomeness and lack of belongingness is coupled with their acquired capability of knowing how to use weapons from their service which could result in some veterans turning towards suicide.
- Addressing suicide by targeting sense of burden and sense of not belonging could help family members, friends, and medical providers prevent aging veterans and service members from dying by suicide.

## IMPLICATIONS

### FOR PRACTICE

Practitioners should monitor the wellness of their aging veterans, anticipating the needs of elder veterans to reduce depression and PTSD symptoms and suicide. Practitioners should also assist their elder veterans with obtaining necessary support, which might include recommending individual or group counseling sessions. Practitioners should communicate with loved ones to ensure the aging veteran has a support system that minimizes feelings of not belonging and burdensomeness. Practitioners should consider discussing with loved ones ways to keep the elderly veteran involved in family decisions and activities. The interpersonal-psychological theory of suicide used in this study posits that individuals who die by suicide must have an acquired capability, or be familiar with using weapons. Recent CDC reports on civilian suicides show that older men who die by suicide often by means of a gun or similar weapon. Thus, practitioners and family members with an aging veteran, especially a male, should discuss with their veteran ways to feel fulfilled and engaged. While serving, many service members share a sense of comradery and pride that is absent among civilians. Veterans separated from the service should continue this comradery by participating in social, community, and service events with other veterans. Veterans struggling with depression or PTSD symptoms or feeling like they do not belong should discuss the symptoms and feelings with their physician. To increase one's sense of belonging and make a smoother transition, veterans should establish and re-establish relationships and an identity that is not strongly tied with their military experience.

### FOR POLICY

The DoD might develop initiatives and interventions aimed at addressing unmet physical and psychological needs, in addition to ensuring feelings of belongingness are maintained for active-duty service members. The VA might implement similar initiatives and interventions as the DoD for aging veterans, being sure to provide support to elderly veterans before a need arises. Additionally, since civilians aged 45-64 and aged 85 and older in the United States have the highest and second highest suicide rates, respectively, policymakers might implement similar initiatives and interventions as mentioned above in civilian populations. Unlike veterans of previous wars where returning veterans were almost half of the U.S. population (such as WWII), modern veterans are returning to a majority civilian population in which many civilians do not relate to military experience. To increase feelings of belongingness, the VA might offer more social support groups to returning veterans and maintain these groups as veterans age. The VA has made many improvements to healthcare for veterans with PTSD and depressive symptoms, which might indirectly reduce suicide risk and attempts. To reduce the stigma and barriers associating with asking for help, the DoD might work to prevent mental illness and suicide from the first day of service through resilience skill training and creating a more extensive culture of report and understanding between leaders and colleagues. Furthermore, the VA might monitor their well-being for 2-3 years after service to ensure veterans are transitioning well and not suffering.

### FOR FUTURE RESEARCH

Future researchers should identify and more closely examine mechanisms that reduce perceived burden and lack of belonging among servicemembers and veterans. It may also be beneficial to closely investigate the type of civilian communities and veteran service organizations (for example, Team Red, White, and Blue; Team Rubicon) that supposedly produce the most useful support for veterans exhibiting PTSD or depressive symptoms. Future researchers should also continue to evaluate the effectiveness of various preventative mental health interventions and treatments in reducing suicide risk.

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