Social and cultural dimensions of loss of a military colleague by suicide or traumatic death: A retrospective veteran study

Sacha Kendall Jamieson [a,c,*], Julie Cerel [b], Myfanwy Maple [c]

[a] *Sydney School of Education and Social Work, Faculty of Arts and Social Sciences, The University of Sydney, NSW, Australia*
[b] *Suicide Prevention & Exposure Lab (SPEL), College of Social Work, University of Kentucky, USA*
[c] *School of Health, University of New England, Armidale, NSW, Australia*

ABSTRACT

Veterans who have been exposed to suicide or traumatic death of a colleague experience heightened suicide risk, particularly where they report a close relationship to the deceased. There is a dearth of qualitative studies investigating the experience of loss of a military colleague to inform responses that veterans perceive as helpful. This study addresses this gap, thematically analysing fifty-one semi-structured interviews conducted in 2013–2014 with veterans in the U.S. Commonwealth of Kentucky about their experiences of loss of a military colleague and what was helpful and unhelpful to them in the response. We found that veterans contextualised their experiences to military cultural norms and values. Coping without support was a cultural norm and expectation that could lead to deaths not being acknowledged and stigmatisation of expressing grief and help seeking. Veterans said clearly that this cultural norm does not supplant the responsibility to officially honour the deceased. Official acknowledgement of soldier deaths was important for honouring the deceased and supporting survivors. Opportunities to collectively honour a colleague and grieve were valued. These findings suggest that veteran suicide prevention and postvention practices should be framed in response to the cultural values held by veterans. Further, there is a need to dismantle the entrenched norms and expectations in the military context that act as barriers to being able to grieve the loss of a military colleague and seek support at times of distress.

1. Introduction

Suicide rates among U.S. veterans are significantly higher than in the civilian population and have increased exponentially over the past two decades, from 23.3 suicide deaths per 100,000 in 2001 to 31.6 suicide deaths per 100,000 in 2019 (Office of Mental Health and Suicide Prevention, 2021). The most recent Iraq and Afghanistan Veterans of America Survey (Pritchard, Powell, & Horr, 2022) reported 64% of participants had been exposed to death of a colleague by suicide. During this time, there has been a corresponding effort to understand suicide risk in military populations (Anestis, Bryan, Cornette, & Joiner, 2009). Research has primarily focused on individual risk factors such as higher thresholds for pain and death acquired through military training and active-duty deployments (Bryan, Clemans, & Hernandez, 2012; Bryan, Jennings, Jobes, & Bradley, 2012; Harrell & Berglass, 2011; Nichter, Hill, Norman, Haller, & Pietrzak, 2020); mental health risk factors for suicide that disproportionately effect the military population such as Post Traumatic Stress Disorder (PTSD) and Depression (Bryan, 2016; Bryan & Heron, 2015; Bullman, Schneiderman, & Gradus, 2019; Guerra & Calhoun, 2011; McCauley & Ramos, 2020; McLean et al., 2017); and the relationship between suicide and moral injury, the experience of trauma resulting from severe violation of one's moral values and beliefs

(Jamieson et al., 2020, 2021; Kelley et al., 2019; Levi-Belz & Zerach, 2018). Qualitative studies are limited but have identified important social and cultural dimensions of risk, such as the role of dominant masculinity norms in the development of suicidal behaviour (Braswell & Kushner, 2012; Burns & Mahalik, 2011; Denneson et al., 2020), how military identity is shaped by a construct of masculinity that valorises the ability to supress emotions (Green, Emslie, O'Neill, Hunt, & Walker, 2010), and how military cultural norms stigmatise help seeking for suicidal distress (Denneson et al., 2015).

Exposure to suicide is also significantly associated with diagnostic levels of depression, PTSD, and suicidal ideation (Bryan, Cerel, & Bryan, 2017). For veterans with suicide exposure and perceived closeness to the deceased, odds of meeting the diagnostic criteria for depression, anxiety and PTSD are almost doubled and the odds of diagnostic level prolonged grief are more than double (Cerel et al., 2015). Although the close 'family' relationship among veterans is widely acknowledged (Bryan, Jennings, et al., 2012; Smith, 2008), studies on veteran experiences of exposure to suicide and traumatic death of a military colleague are extremely limited (Lubens & Silver, 2019). Lubens and Silver's (2019) study focused on grief responses and found that suicide death (compared to combat death) is unexpected and can make acceptance of loss more difficult. Close relationships forged in combat intensified the emotional

---

response, and attribution of blame for a death could provoke anger, which was found quantitatively to be a predictor of grief. These authors conclude that veteran experiences of loss are shaped by military norms and could be contributing to the increasing rates of veteran suicide. The aims of our study are to 1) further develop understanding of veterans' experiences of loss of a military colleague with attention to social and cultural norms, and 2) identify what veterans describe as helpful to them in the context of this loss.

2. Methods

2.1. Recruitment

This research is nested within a wider mixed-methods project investigating the impacts of suicide exposure in the Commonwealth of Kentucky utilizing a dual-frame random digit dial survey (Cerel et al. 2015, 2016, 2017; van de Venne, Cerel, Moore, & Maple, 2017). Veterans who participated in the survey and who: 1) reported lifetime exposure to suicide (the loss of someone they knew at any point in their life to suicide), or 2) reported that they knew a military colleague who had died traumatically during their military career, were invited to participate in a follow up qualitative interview. Time since exposure to death could be considerable, with deaths occurring during recent conflicts including Operation Enduring Freedom and Operation Iraqi Freedom as well as Korean and Vietnam wars and peace keeping duties. In addition, the investigators advertised through their professional networks to purposively recruit veterans who reported a loss to suicide of someone during their military career, especially those who were younger.

A total of 51 veterans with exposure to suicide and/or traumatic death of a military colleague were recruited. Forty-six participants were recruited through the random digit dial survey and five participants were recruited through the purposive recruitment strategy (indicated in the quotes by participant identification numbers starting with P). We defined 'military colleague' as a person who was active-duty at the same time as the participant. This included people who were deployed together and those who identified as part of the same veteran community. Our definition of 'traumatic death' was based on what participants self-reported as traumatic death of a military colleague. This included deaths during deployment, deaths in training accidents, and accidental deaths when off-duty or after separation from the military.

The study was approved by the University of Kentucky Institutional Review Board and the Department of Defense Human Research Protection Office.

2.2. Data collection

Semi-structured, one-on-one interviews with 51 veterans with exposure to suicide and/or traumatic death of a military colleague were undertaken in 2013–2014. The distribution of participants by exposure type is shown in Table 1. Interviews were conducted face-to-face in Kentucky by two members of the project team. One interviewer is a clinical psychologist specialising in suicide bereavement and the other was the doctoral level project manager with expertise in military culture.

The interview guide was designed to elicit narratives from participants, asking questions about their history and relationship with the deceased, the closeness of the relationship, and how they found out about the death. The guide also contained questions about the participant's

Table 1
Distribution of participants by exposure type.

Exposure Type	Number of participants
Suicide (SE)	6
Suicide and Traumatic Death (STDE)	32
Traumatic Death (TDE)	13
Total	51

response to the death, the responses they received from others, and what was helpful and unhelpful to them at the time. There were specific questions about the military response to the death and if the participant thought the military or Veterans Affairs should have responded differently. Some participants described exposure to numerous suicide and traumatic deaths of military colleagues and other people in their lives, with a total of 84 deaths described in the interviews (see Table 2).

Demographics for the participants are presented in Table 3. Age and sex are reported for the total participant group (n = 51). Other characteristics were only available for participants recruited through the random digit dial survey (n = 46). Of the 46 participants recruited through the random digit dial survey, half responded to the question on number of years since exposure to suicide death (n = 23). The vast majority of participants were male (93%), and the average age was 57 years. The majority of participants self-identified as Caucasian/White (93%). The average number years of membership in military services was 10 years.

2.3. Data analysis and theoretical approach

A reflexive thematic analysis approach was employed (Braun & Clarke, 2019, 2021). Reflexive thematic analysis is a critical methodology that emphasises the positionality and subjectivity of the researcher. Analysis is not considered to be an objective process. Rather, themes are developed by the researcher through interpretation and reflection. It is understood that the theoretical perspective of the researcher guides the interpretation of the data and the generation of themes. Themes represent patterns of shared meaning across the interviews underpinned by a central concept, not general headings labelling a common topic (Braun & Clarke, 2019).

The data analysis was underpinned by a critical post-structuralist perspective, informed by Foucault's concept of 'discourse' (systems of knowledge and practices that reinforce and reconstitute their own power) (Foucault, 1988). From this perspective, there is attention on how dominant discourses shape social norms and the context of our experiences. There is a critical focus on the effects of dominant discourses in constructing social problems and "delineating how 'subjects' ought to be, through the production of norms" (Bacchi & Goodwin, 2016, p. 51). A critical post-structural stance also acknowledges that power is fluid and that dominant discourses can be resisted and reshaped. From this position, narratives are seen to hold an important place in critical research, providing a discursive tool for the participant to challenge oppressive dominant discourses and construct meaning in relation to their experience. Narratives can also have a performative function, used as a

Table 2
Relationship to the deceased by participant group.

Participant Group	Military Colleague	Family	Non-Family	Client	Unknown during deployment[a]	Total
Suicide Exposure (n = 6)	6	2				8
Suicide and Traumatic Death Exposure (n = 32)	38	8	6	1	4	57
Traumatic Death Exposure (n = 13)	18		1			19
						84

[a] The relationship category 'unknown during deployment' represents traumatic deaths described by participants during deployment where the person was unknown to them. This includes deaths of civilians, insurgents and enemy soldiers, ranging from 1 to over 100.

Table 3
Participant demographics.

Characteristic	Details (% participants)
Sex (n = 51)	Male 93%; Female 7%
Age (n = 51)	M = 57.33 years (SD = 14.6)
	Range 25–85 years
Race/Ethnicity[a] (n = 46)	Caucasian/White 93.5%; Asian 4.5%;
	African American/Black 2%
Duration of membership in military	M = 10 years (SD = 7.9)
services[a] (n = 46)	Range 2–34 years
Recency of suicide death 2013-year of	M = 24 years (SD = 13.6)
death (n = 23)	Range = 2–54 years

[a] Percentages are based on non-missing values.

discursive tool for constructing identity and demonstrating moral values (Riessman, 2003).

In our application of reflexive thematic analysis, we began by inductively coding and categorising the interview transcripts. Interviews were transcribed verbatim for data analysis and Nvivo 12 QSR Ltd. software was used as a data management tool. SKJ read every interview line by line in Nvivo and generated codes, which were then organised into categories. Some categories reflected the interview questions, for example, relationship history, exposure to suicide, military experience, and access to support. Other categories were more interpretive and theoretically driven, for example, moral values, social norms, military roles, and responsibility. Discussions between authors SKJ and MM were employed as a reflexivity technique throughout this process to critically reflect on the codes and categories and discuss our interpretation of the data. Themes were developed collaboratively through this dialogical practice.

3. Results

We found that despite diverse experiences of loss spanning different eras of military history, all participants contextualised their experiences in relation to military cultural norms and values. This concept, that cultural context influences experiences of loss, underpins the themes. Two themes were developed to reflect the dimensions of the cultural context that we identified most strongly across the interviews: 'expectation of coping discourse' and 'recognising the deceased as honourable'.

3.1. Expectation of coping discourse

We identified a dominant 'expectation of coping' discourse across the interviews. Participants described that because members of the military are trained to be tough, there is an expectation of coping with death without support. This was reflected in the interviews as a cultural norm that shapes official responses to death and responses to death among members of the military. For example, in the narrative below, the participant describes how no support was offered following their bunk-mate's death by suicide during military training. They suggest there was an institutional lack of understanding of the 'big impact' on the mental health of survivors because toughness was assumed ('you're supposed to be tough'). This participant reflects that talking about the experience at the time of the death would have assisted in making sense of the loss, reassuring survivors that they were not to blame, and fostered capacity to cope.

> Nobody came to the barracks or to speak or offer anything. It was like I said, Sergeant [name removed] said, "It's done, it's over with. There is nothing we can do. We have to go on." I feel that, being young, it has a big impact on you mentally and that, if you can put the pieces together at the time it happens, and the reason why, and say, "it's not your fault" … I think that helped people to cope with it. [Because] it's not just "here, let's forget about it," because your mind, normally, doesn't forget about it. You dream about it. You break out in cold

sweat from it … I don't think they get that. Because you're supposed to be tough. (STDE 486, female veteran, age 76)

We also identified this discourse in narratives about soldiers not accessing support in the context of loss and grief because expressing emotions and help-seeking were stigmatised as weakness and incompetence. In these interviews, participants described this stigma as a barrier to both help-seeking and peer-support, resulting in concealing emotions (as illustrated by the first quote), or participants reflected that they would have refused counselling but might have been able to seek support from peers (as in the second quote). Other participants emphasised the need for bereavement support to be offered in ways that allow soldiers to seek help privately so as not to show weakness (as illustrated by third quote).

> There was kind of a stigma that you don't, you don't talk about things like that. And you would never ever let anybody see a tear in your eye. That would be unmanly, that would be frowned upon, they would probably chastise you over that. You can't handle your job. So you, you hold it in. (STDE 491, male veteran, age 59)

> Yeah, looking back now, I don't know, I have no memory that they offered us any sort of counselling. Maybe they did. I don't know. And I was young and, you know, pretty stupid so if they did I would've probably refused it anyway. I would've seen it as weakness or, you know, something I just needed to work through myself or, with each other. (TDE451, male veteran, age 47)

> I think if you can do it with soldiers you're gonna have to pretty much force them into a room. So they don't show weakness, maybe like a check the box thing and then close the door and give them a chance to disclose. (PSTDE8006, male veteran, age 29)

We also identified the expectation of coping discourse in narratives about what an appropriate response to the death of a soldier should look like. In these narratives, there was both acceptance of the expectation of coping and rejection of the idea that this replaced the responsibility to officially acknowledge a death. For example, in the quote below, the participant describes accepting that no support or time to grieve would be available following the traumatic death of their colleague, but not to the extent that they would allow the death to go unacknowledged. The participant explains that the soldiers closest to the deceased resisted orders and held their own memorial service;

> And basically what they told us was, there's a war going on we've got to get over there and save the world. I said, okay. But you know, he deserves something. And those of us that knew him, we met on the fantail and we had our own little memorial, we got in trouble because we were drinking on boat. But we didn't care. (STDE 650, male veteran, age 48)

The responsibility to acknowledge soldier deaths, particularly official acknowledgement, was strongly conveyed across the interviews. We interpreted that official acknowledgement was important because it recognised the deceased as honourable, in line with military values. This is explored in the next theme.

3.2. Recognising the deceased as honourable

All participants emphasised that every solider should be officially acknowledged at the time of death. Participants described this in terms of recognising the deceased for their military service and providing support to survivors. We found this in narratives where the death had been officially acknowledged and in narratives where it had not. For example, in the quote below, where the deceased had not been officially acknowledged, the participant asserts that his colleague and their career achievements should have been recognised. In the second quote, where the deceased was officially acknowledged, the participant (who was also a chaplain), refers to the importance of honouring the deceased and their

accomplishments for survivors. They explain this as a chaplain's responsibility.

> He was a member of our crew, and they treated it as if he got transferred. I would have preferred to have seen some kind of an acknowledgment, even just something over the MC system, just that he died, and a really brief history on his military career up to that point. Just 2 or 3 minutes acknowledging that "this person did live, and he did accomplish this, and this person did work with us", and I think they need to do that. (STDE 622, male veteran, age 57)

> Funerals are not for the person who's died. They're for the people who are living, who survived … And I saw that, and of course, you wanna make sure that there's a certain element of honor that comes-you know, the Chaplains, we honour the dead. And so I wanted to make sure that his memory and the things that he'd done and who he was, was honoured on that day (PSTDE8005, male veteran and chaplain, age 41)

In another interview where the participant had a military role that involved responding to soldier deaths (in this case a senior officer role that involved bereavement duty) the responsibility to officially acknowledge the deceased was described in terms of their own role and at a broader level. The background to this narrative was loss of a military colleague by suicide. Earlier in the interview the participant describes taking responsibility to ensure that the deceased was honoured, arranging funeral guards and for their name to be added to a memorial. The participant explained that there would otherwise have been no official acknowledgement of the death or assistance for the family to make these arrangements themselves. The quote below illustrates the participant's concern that lack of responsibility for military suicide relates to an incorrect assumption that suicide reflects a dishonourable moral character ('low moral character').

> People assume that 'cause you kill yourself you have low moral standards or you're not as good of person as a person who doesn't do that. I don't think it has anything to do with it at all … Somebody needs to be looking into this. That's causing these people to do that and it can't be because they are low moral character, because if they was, they wouldn't be serving. But if you have caused this, you need to be held responsible for it. (STDE445, male veteran, age 66)

In narratives where the deceased had been officially honoured by a formal ceremony (such as the fallen soldier ceremony), or a military funeral or memorial service, participants described this as helpful. These occasions provided welcome permission to grieve (as illustrated by the first quote below) and opportunity to reflect on what would happen in the event of their own death (as illustrated by the second quote).

> We had a chaplain, and then we also had a formalized ceremony where we laid … you know, the fallen soldier ceremony. So we went through that … I would have to say it was really instrumental. I mean, because the chaplain got to talk with the unit as a whole because we're experiencing a pretty bad loss. So, I mean, you know, he talked to us and told us, "Hey, you know, it's ok to grieve for him." (TDE419, male veteran, age 45)

> I think it, well, I think the memorial service was more welcome than any of the other part of it because it got people together to think of [name removed]. And maybe think of themselves if something had happened to them, you know. It was alright. (TDE 266, male veteran, age 58)

It is noteworthy that in one interview, official recognition of the deceased also seemed to have the effect of de-stigmatising help-seeking among peers. The background to this narrative was that the participant's colleague had died by accidental overdose during transition out of military. The participant explains that the military funeral, which was attended by leadership and many peers, was the impetus for the

deceased's closest friends to get counselling and treatment for PTSD, as shown by the quote below. A narrative such as this suggests that officially honouring the deceased is a powerful collective act, demonstrating military values and that the military cares. Providing these collective experiences may convey to those in attendance that it is not dishonourable to seek support.

> His lieutenant showed up. The Marine Corp showed their support and a lot of Marines showed up. Ah, they flew banners, they flew colors. I know that a lot of the soldiers that he served with all got counselling, like I said, a lot of them all went. As far as I know, they are all going through treatment for PTSD. Yeah, out of the five guys that were there that were his immediate friends, other than myself, four of them, all started getting treatment for PTSD. (TDE 422, male veteran, age 38).

4. Discussion

Our analysis identified that military culture was inextricably linked to participant experiences of loss of a military colleague. The literature on military cultural norms in relation to mental health shows that the U.S. military is a highly collectivist, 'warrior' culture underpinned by values of honour, self-less service, integrity, and duty (Bryan & Morrow, 2011). In this cultural context, emotional toughness is expected and help-seeking conflicts with the values and identity of veterans (Bryan, Jennings, et al., 2012). Our study reinforces this literature, identifying a dominant 'expectation of coping' discourse that equates 'toughness' with competence. Participant narratives did not outrightly contest this discourse, implying that there is mutual agreement that toughness is required to perform a military role. However, the discourse was problematised in relation to two unhelpful effects in the context of loss of a colleague. These are outlined below.

Firstly, it could lead to lack of official acknowledgement of the death, which was important for both honouring the deceased and providing survivors with the opportunity to make sense of the loss and grieve. Disenfranchised grief (Doka, 1989) is a relevant concept for this finding, referring to the experience of grief when a person incurs a loss that is not or cannot be openly acknowledged, publicly mourned or socially sanctioned. Doka argues that the disenfranchisement of grief occurs through social processes, which impact on the internal experience of grief by prescribing 'grieving rules' that attempt to specify 'who, when, where, how, how long and for whom people should grieve' (1989, p. 4). In this study, participants reported very little or no time to grieve the loss of a colleague and cultural norms of expected toughness that constrained the possibilities for mourning the loss of a colleague. Whilst some participants accepted this as necessary during active service, participants reflected that official acknowledgement of the loss would have been helpful. Other participants suggested that this directly undermined capacity to cope, leaving survivors to wonder if they were at fault in the context of suicide death, and to manage adverse mental health impacts without support.

Secondly, at a structural level, the expectation of coping could have the effect of stigmatising help seeking as a sign of personal weakness and incompetence. This was an entrenched issue, experienced by veterans from recent and past conflicts and in the context of loss of a military colleague by suicide or traumatic death. This finding reinforces recent research with post-9/11 veterans, which similarly found that stigma attached to help-seeking for mental health is associated with the military cultural value of 'self-reliance' (Williston, Roemer, & Vogt, 2019). A similar effect has been observed in para-military organisations such as Police and Fire Protection Services where there is a highly structured chain of command and service members are first responders to suicide and traumatic deaths in the community. High rates of suicide among officers in these organisations has been linked to acculturation of emotional repression, idealisation of a tough masculine identity, and under-resourcing and stigmatisation of support services (Aldrich & Cerel,

2020; Koch, 2010; Nelson et al., 2020). The acculturation of emotional repression is arguably produced and reinforced by the dominant discourse of masculinity that pervades society more broadly, as the social norms produced by male gender performativity have also been implicated in experiences of suicidal distress in men in the civilian population (River & Flood, 2021). In the event of loss of a colleague by suicide or traumatic death in the military cultural context, our study found that official acknowledgement of the death was helpful because it provided the opportunity for collective grieving and peer-support. Although our study did not include a gender analysis, this may be because there was no conflict with a 'tough' identity.

Previous studies have argued for recognition of the 'tough soldier' identity to make mental health services more accessible for veterans (Bryan & Morrow, 2011). Our study adds further to this research, suggesting that shifting the stigma attached to help seeking will require new constructs of what it means to be competent and 'tough' in a military context that aren't synonymous with an unlimited capacity to cope or that permit lack of official acknowledgement when a soldier dies. A significant finding of our study is that in the context of loss of a colleague, it is helpful to survivors that the deceased is officially honoured. Collective experiences such as military funerals, ceremonies and memorial services were important for honouring the deceased and giving survivors an opportunity to grieve collectively. In one instance, official acknowledgement was connected to survivors accessing mental health services. It is noteworthy that examples where the deceased had not been officially honoured were typically linked to suicide deaths. When this occurred, participants asserted that there is a military responsibility to support survivors with feelings of self-blame and to break stigmatising assumptions that suicide reflects a dishonourable moral character. This reinforces previous studies that have shown suicide bereavement is distinct from other bereavements because it is characterised by reactions of shame, stigma, and self-blame (Begley & Quayle, 2007).

Our study suggests that military efforts to dismantle the assumption that suicide is dishonourable is an important step forward in supporting survivors and breaking down the barriers to sharing experiences of suicide distress. Recent research with veterans in the community shows that stigma and lack of understanding of suicide are pervasive barriers to disclosing suicidal distress and seeking help within their community and with health professionals (Monteith et al., 2020). Given the collectivist nature of military culture, the applicability of community development approaches for changing social norms and practices in relation to responses to loss and grief should be considered. For example, the 'compassionate communities' model comprises knowledge to facilitate understanding, skills, and values to inspire compassion and care from a starting point of recognition of human inter-dependence within social cultural contexts (Breen et al., 2020). The shared values and close bonds between members of the military and veterans could be harnessed towards these goals.

5. Conclusion

The findings of the study highlight that experiences of loss of a military colleague by suicide or traumatic death should be understood in relation to the social and cultural context in which they occur. The official response to the death is significant to survivors and perceived as helpful when the deceased was honoured. We identified that recognising the deceased as honourable is necessary in a collective cultural context that values responsibility, honour and integrity. Our findings indicate the need for collective approaches to offering grief support and organisational level efforts to address institutional norms and practices that veterans identify as the drivers of mental health stigma. In addition, mental health service providers working with soldiers and veterans should consider the presence of disenfranchised grief and how the acknowledgement of loss may be helpful to the person. Alongside this, further research with active duty military members and veterans is needed to develop strategies for promoting peer support and help seeking in ways that will not be perceived as dishonourable.

6. Strengths and limitations

Although these interviews were conducted in 2013–2014, and with veterans from diverse military backgrounds from different socio-political eras, the two themes presented in this paper were developed based on shared meaning across the dataset. This speaks to the ongoing relevance of these narratives for current suicide prevention efforts and health professionals working with active duty military members and veterans.

References

Aldrich, R., & Cerel, J. (2020). Occupational suicide exposure and impact on mental health: Examining differences across helping professions. *Omega: The Journal of Death and Dying*, 1–15. https://doi.org/10.1177/0030222820933019, 23 June 2020.

Anestis, M. D., Bryan, C., Cornette, M. M., & Joiner, T. E. (2009). Understanding suicidal behavior in the military: An evaluation of Joiner's Interpersonal-Psychological Theory of suicidal behavior in two case studies of active duty post-deployers. *Journal of Mental Health Counseling, 31*(1), 60–75.

Bacchi, C., & Goodwin, S. (2016). In *Poststructural policy analysis A guide to practice* (1st ed.). Palgrave Macmillan US. https://doi.org/10.1057/978-1-137-52546-8.

Begley, M., & Quayle, E. (2007). The lived experience of adults bereaved by suicide: A phenomenological study. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 28*(1), 26–34. https://doi.org/10.1027/0227-5910.28.1.26

Braswell, H., & Kushner, H. I. (2012). Suicide, social integration, and masculinity in the U.S. military. *Social Science & Medicine, 74*(4), 530–536. https://doi.org/10.1016/j.socscimed.2010.07.031

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research, 21*, 37–47. https://doi.org/10.1002/capr.12360

Breen, L. J., Kawashima, D., Joy, K., Cadell, S., Roth, D., Chow, A., et al. (2020). Grief literacy: A call to action for compassionate communities. *Death Studies, 46*(2), 425–433. https://doi.org/10.1080/07481187.2020.1739780

Bryan, C. J. (2016). Treating PTSD within the context of heightened suicide risk. *Current Psychiatry Reports, 18*(8), 73. https://doi.org/10.1007/s11920-016-0708-z

Bryan, C. J., Cerel, J., & Bryan, A. O. (2017). Exposure to suicide is associated with increased risk for suicidal thoughts and behaviors among National Guard military personnel. *Comprehensive Psychiatry, 77*, 12–19. https://doi.org/10.1016/j.comppsych.2017.05.006

Bryan, C. J., Clemans, T. A., & Hernandez, A. (2012). Perceived burdensomeness, fearlessness of death, and suicidality among deployed military personnel. *Personality and Individual Differences, 52*(3), 374–379. https://doi.org/10.1016/j.paid.2011.10.045

Bryan, C. J., & Heron, E. A. (2015). Belonging protects against postdeployment depression in military personnel. *Depression and Anxiety, 32*(5), 349–355. https://doi.org/10.1002/da.22372

Bryan, C. J., Jennings, K. W., Jobes, D. A., & Bradley, J. C. (2012). Understanding and preventing military suicide. *Archives of Suicide Research, 16*(2), 95–110. https://doi.org/10.1080/13811118.2012.667321

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*(1), 16–23. https://doi.org/10.1037/a0022290

Bullman, T., Schneiderman, A., & Gradus, J. L. (2019). Relative importance of Posttraumatic Stress Disorder and Depression in predicting risk of suicide among a

cohort of Vietnam veterans. *Suicide and Life-Threatening Behavior, 49*(3), 838–845. https://doi.org/10.1111/sltb.12482

Burns, S. M., & Mahalik, J. R. (2011). Suicide and dominant masculinity norms among current and former United States military servicemen. *Professional Psychology: Research and Practice, 42*(5), 347–353.

Cerel, J., Maple, M., van de Venne, J., Brown, M., Moore, M., & Flaherty, C. (2017). Suicide exposure in the population: Perceptions of impact and closeness. *Suicide and Life-Threatening Behavior, 47*(6), 696–708. https://doi.org/10.1111/sltb.12333

Cerel, J., Maple, M., van de Venne, J., Moore, M., Flaherty, C., & Brown, M. (2016). Exposure to suicide in the community: Prevalence and correlates in one U.S. State. *Public Health Reports, 131*, 100–107. January–February 2016).

Cerel, J., van de Venne, J. G., Moore, M. M., Maple, M. J., Flaherty, C., & Brown, M. M. (2015). Veteran exposure to suicide: Prevalence and correlates. *Journal of Affective Disorders, 179*, 82–87. https://doi.org/10.1016/j.jad.2015.03.017

Denneson, L. M., Teo, A. R., Ganzini, L., Helmer, D. A., Bair, M. J., & Dobscha, S. K. (2015). Military veterans' experiences with suicidal ideation: Implications for intervention and prevention. *Suicide and Life-Threatening Behavior, 45*(4), 399–414. https://doi.org/10.1111/sltb.12136

Denneson, L. M., Tompkins, K. J., McDonald, K. L., Hoffmire, C. A., Britton, P. C., Carlson, K. F., ... Dobscha, S. K. (2020). Gender differences in the development of suicidal behavior among United States military veterans: A national qualitative study. *Social Science & Medicine, 260*, Article 113178. https://doi.org/10.1016/j.socscimed.2020.113178

Doka, K. (1989). *Disenfranchised grief : Recognizing hidden sorrow*. Lexington, Mass: Lexington Books.

Foucault, M. (1988). *Power/knowledge: Selected interviews and other writings 1972-1977.* United Kingdom: Harvester Press.

Green, G., Emslie, C., O'Neill, D., Hunt, K., & Walker, S. (2010). Exploring the ambiguities of masculinity in accounts of emotional distress in the military among young ex-servicemen. *Social Science & Medicine, 71*, 1480–1488. https://doi.org/10.1016/j.socscimed.2010.07.015

Guerra, V. S., & Calhoun, P. S. (2011). Examining the relation between posttraumatic stress disorder and suicidal ideation in an OEF/OIF veteran sample. *Journal of Anxiety Disorders, 25*(1), 12–18. https://doi.org/10.1016/j.janxdis.2010.06.025

Harrell, M. C., & Berglass, N. (2011). *Losing the battle: The challenge of military suicide.* Center for a New American Security. Retrieved July 13, 2022 from https://www.jstor.org/stable/resrep06113.

Jamieson, N., Maple, M., Ratnarajah, D., & Usher, K. (2020). Military moral injury: A concept analysis. *International Journal of Mental Health Nursing, 29*, 1049–1066. https://doi.org/10.1111/inm.12792

Jamieson, N., Usher, K., Ratnarajah, D., & Maple, M. (2021). Walking forwards with moral injury: Narratives from ex-serving Australian defence force members. *Journal of Veterans Studies, 7*(1), 174–185. https://doi.org/10.21061/jvs.v7i1.214

Kelley, M., Bravo, A., Davies, R., Hamrick, H., Vinci, C., & Redman, J. (2019). Moral injury and suicidality among combat-wounded veterans: The moderating effects of social connectedness and self-compassion. *Psychological Trauma: Theory, Research, Practice, and Policy, 11*(6), 621–629. https://doi.org/10.1037/tra0000447

Koch, B. (2010). The psychological impact on Police officers of being first responders to completed suicides. *Journal of Police and Criminal Psychology, 25*, 90–98. https://doi.org/10.1007/s11896-010-9070-y

Levi-Belz, Y., & Zerach, G. (2018). Moral injury, suicide ideation, and behavior among combat veterans: The mediating roles of entrapment and depression. *Psychiatry Research, 269*, 508–516.

Lubens, P., & Silver, R. C. (2019). U.S. Combat veterans' responses to suicide and combat deaths: A mixed-methods study. *Social Science & Medicine, 236*, Article 112341. https://doi.org/10.1016/j.socscimed.2019.05.046

McCauley, L., & Ramos, K. S. (2020). Shaping the future of Veterans' health care. *New England Journal of Medicine, 383*(19), 1801–1804.

McLean, C. P., Zang, Y., Zandberg, L., Bryan, C., Gay, N., Yarvis, J. S., ... Consortium, S. S. (2017). Predictors of suicidal ideation among active duty military personnel with posttraumatic stress disorder. *Journal of Affective Disorders, 208*, 392–398. https://doi.org/10.1016/j.jad.2016.08.061

Monteith, L. L., Smith, N. B., Holliday, R., Dorsey Holliman, B. A., LoFaro, C. T., & Mohatt, N. V. (2020). We're afraid to say suicide": Stigma as a barrier to implementing a community-based suicide prevention program for rural veterans. *The Journal of Nervous and Mental Disease, 208*(5), 371–376. https://doi.org/10.1097/NMD.0000000000001139

Nelson, P., Cordingley, L., Kapur, N., Chew-Graham, C., Shaw, J., Smith, S., ... McDonnell, S. (2020). 'We're the first port of call' – perspectives of ambulance staff on responding to deaths by suicide: A qualitative study. *Frontiers in Psychology, 21*. https://doi.org/10.3389/fpsyg.2020.00722. April 2020.

Nichter, B., Hill, M., Norman, S., Haller, M., & Pietrzak, R. H. (2020). Impact of specific combat experiences on suicidal ideation and suicide attempt in U.S. military veterans: Results from the National Health and Resilience in Veterans Study. *Journal of Psychiatric Research, 130*, 231–239. https://doi.org/10.1016/j.jpsychires.2020.07.041

Office of Mental Health and Suicide Prevention. (2021). 2021 national veteran suicide prevention annual report. Retrieved July 13, 2022 from https://www.mentalhealth.va.gov.

Pritchard, A., Powell, S., & Horr, T. (2022). IAVA member survey 2022. Retrieved July 13, 2022 from https://iava.org/survey-2022/.

Riessman, C. K. (2003). Performing identities in illness narrative: Masculinity and multiple sclerosis. *Qualitative Research, 3*(1), 5–33. https://doi.org/10.1177/146879410300300101

River, J., & Flood, M. (2021). Masculinities, emotions and men's suicide. *Sociology of Health & Illness, 43*(4), 910–927. https://doi.org/10.1111/1467-9566.13257

Smith, P. (2008). Meaning and military power: Moving on from Foucault. *Journal of Power, 1*(3), 275–293. https://doi.org/10.1080/17540290802479186

van de Venne, J., Cerel, J., Moore, M., & Maple, M. (2017). Predictors of suicide ideation in a random digit dial study: Exposure to suicide matters. *Archives of Suicide Research, 21*(3), 425–437. https://doi.org/10.1080/13811118.2016.1211044

Williston, K., Roemer, L., & Vogt, D. S. (2019). Cultural and service factors related to mental health beliefs among post-9/11 veterans. *International Journal of Social Psychiatry, 65*(4), 313–321. https://doi.org/10.1177/0020764019842327