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14. ABSTRACT The rates of suicide among US military personnel and veterans are unacceptably high. The US government and DoD are already doing a great deal to tackle the issue, but a more nuanced approach is now required. Thomas E. Joiner's Interpersonal-Psychological Theory of Suicide (IPTs), which posits that "thwarted belongingness" is one of three necessary factors for someone to die by suicide, may hold the key to this nuanced approach. This paper theorizes that military personnel are accustomed to uniquely-high levels of belongingness that result in extreme "troughs" following transitional events, which can increase their vulnerability to suicide. It recommends that military suicide prevention programs should harness the power of camaraderie to generate, maintain, and maximize belongingness, in order to neutralize these troughs.						
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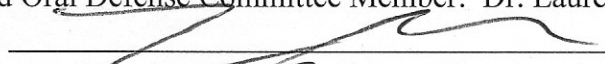
**BROTHERS IN ARMS: THE ROLE OF BELONGINGNESS IN MILITARY SUICIDE
PREVENTION**

SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF MILITARY STUDIES

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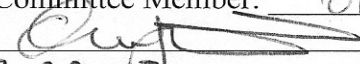
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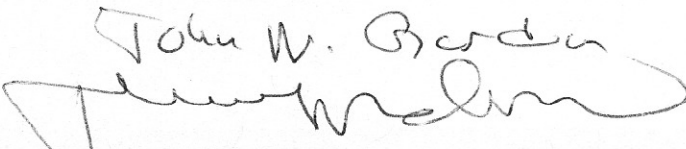
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Executive Summary

Title: Brothers in Arms: The Role of Belongingness in Military Suicide Prevention.

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Thesis: Because military personnel are accustomed to uniquely-high levels of belongingness that result in extreme drops or “troughs” following certain events, they are highly susceptible to feelings of thwarted belongingness, which can increase their vulnerability to suicide. With a focus on periods of increased vulnerability, military suicide prevention programs should harness the power of camaraderie to generate, maintain, and maximize belongingness, in order to neutralize belongingness “troughs.”

Discussion: The rates of suicide among US military personnel and veterans are unacceptably high. In addition to impacting the morale of service members and veterans (and their families), this has the potential to damage recruitment and public support for the armed forces; the implications for operational effectiveness are obvious. The US government and DoD are already doing a great deal to tackle the issue, but a more nuanced approach that caters for the unique needs of military personnel and veterans is now required. The Interpersonal-Psychological Theory of Suicide (IPTS), which posits that “thwarted belongingness” is one of three necessary factors for someone to die by suicide, may hold the key to this nuanced approach. This paper opens with a literature review, before explaining the IPTS. Second, it examines five of the key risk factors associated with military suicide and investigates their relationship with belongingness. Third, it analyzes the military relationship with belongingness, before proposing a theory that suggests that military personnel are more likely to experience extreme “troughs” in belongingness and therefore more susceptible to feelings of thwarted belongingness than their civilian counterparts. Fourth, it assesses existing military suicide prevention programs, before concluding with recommendations for US military suicide prevention, and proposed areas of further research.

Conclusions: While current military suicide prevention programs generally allude to the importance of belongingness or thwarted belongingness and the existence of periods of increased vulnerability, they do not sufficiently emphasize the gravity of these concepts and how they inter-relate. Military suicide prevention programs should target belongingness troughs and their associated periods of increased vulnerability by using camaraderie to generate belongingness where it does not already exist (e.g. through an enhanced “buddy-buddy” system), maintain it where it does (e.g. through social events and social media), and maximize it where it is being maintained (e.g. through inter-group competitions and community involvement). The concepts of belongingness and thwarted belongingness must be front and center of all military suicide prevention programs. Understanding the emotional and psychological effects of transitional events (e.g. returning home from deployment or retirement) is also crucial; targeting these periods of increased vulnerability is key to success.

DISCLAIMER

THE OPINIONS AND CONCLUSIONS EXPRESSED HEREIN ARE THOSE OF THE INDIVIDUAL STUDENT AUTHOR AND DO NOT NECESSARILY REPRESENT THE VIEWS OF EITHER THE MARINE CORPS COMMAND AND STAFF COLLEGE OR ANY OTHER GOVERNMENTAL AGENCY. REFERENCES TO THIS STUDY SHOULD INCLUDE THE FOREGOING STATEMENT.

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Preface

In 2004, during my first assignment as a Royal Marine, a young Marine in our Company hanged himself one night and was found the following morning by his mother. Although I did not know him very well, I was deeply affected by the incident and could not erase it from the front of my mind; what had compelled such a bright and popular young man to take his own life?

When invited to participate in the twenty-two-push-up challenge in 2016 to raise awareness of veteran suicide rates, I had to double-check the accompanying statistics: twenty-two US veterans a day dying by suicide. Surely a typo? Tragically not.

A few months later, I heard from one of my close US Marine Corps brothers that twenty men from his previous Company had died by suicide; this was what eventually compelled me to write about the issue.

Though I know that I cannot change the world in one short document, I hope that this paper goes at least some small way towards shedding more light on the devastating phenomenon that is suicide in US military personnel and veterans.

Thanks go to Dr. Lauren Mackenzie for her continued mentorship throughout this project, Ms. Christi Bayha for her advice on research techniques, and most importantly, to my USMC brother whose candor inspired me to write about this issue.

I. INTRODUCTION

The rate of US military suicide has been steadily increasing throughout the last decade.¹ Military suicide rates have historically been lower than those of the general population but, in 2008, the US Army reported a rate higher than that of the civilian population for the first time since the Vietnam War;² although this trend has thankfully begun to tail off, it has continued for certain branches of the US military.³ Between 2005 and 2010, US service members “took their own lives at a rate of approximately one every thirty-six hours.”⁴ The problem is not only affecting serving military personnel; veterans are suffering too. The US Department of Veterans Affairs estimates that twenty-two veterans die by suicide every single day.⁵ These statistics are hard to believe. This issue is having a detrimental impact on the morale of service members and veterans, and their families.⁶ It also has the potential to damage the “offer” of military service, thus impacting recruitment and public support for the armed forces; the implications for operational effectiveness are obvious. The US government and Department of Defense (DoD) is already doing a great deal to tackle what has become an epidemic, but a more nuanced approach that caters for the unique needs of the military community is now required.

The Interpersonal-Psychological Theory of Suicide (IPTS) may hold the key to this nuanced approach. According to the IPTS, thwarted belongingness (i.e. the sense that one does not “belong” or feel accepted by others) is one of three components necessary for someone to die by suicide.⁷ Because military personnel are accustomed to uniquely-high levels of belongingness that result in extreme drops or “troughs” following certain events, they are highly susceptible to feelings of thwarted belongingness, which can increase their vulnerability to suicide. With a focus on periods of increased vulnerability, military suicide prevention programs

should harness the power of camaraderie to generate, maintain, and maximize belongingness, in order to neutralize belongingness “troughs.”

This paper will open with a literature review covering suicide theories and risk factors, belongingness and camaraderie, and military suicide prevention, before explaining the IPTS. Second, it will examine five of the key risk factors associated with military suicide and investigate their relationship with belongingness. Third, it will analyze the military relationship with belongingness, before proposing a theory that suggests that military personnel are more likely to experience extreme “troughs” in belongingness and therefore more susceptible to feelings of thwarted belongingness than their civilian counterparts. Fourth, it will assess existing military suicide prevention programs, with a focus on whether or not they tackle thwarted belongingness. The paper will conclude with recommendations for US military suicide prevention, and proposed areas of further research.

II. LITERATURE REVIEW

Suicide Theories and Risk Factors

The first tranche of literature reviewed is focused on suicide theories and risk factors, with particular attention to the IPTS as the theory that is most applicable to the military, and the five risk factors that most pertain to military life. Thomas E. Joiner’s 2005 book “Why People Die by Suicide” is a primary source for the theories and factors associated with suicide. The book outlines the theories of suicide that precede Joiner’s own IPTS, explaining that the latter seeks to

build upon as opposed to replace its predecessors.⁸ The book details the component parts of the IPTS and explains how they interact, before offering insight into the how and why of those susceptible to suicide. It concludes with recommended improvements to suicide prevention programs, and suggestions for future research. “Why People Die by Suicide” is a primary source for understanding suicide written by an expert who has exceptional personal and professional experience of treating its causes.

Lisa A. Brenner et al’s “Qualitative Study of Potential Suicide Risk Factors in Returning Combat Veterans” (2008) was one of the first tests of Joiner’s IPTS against a sample of veterans. This study presents an objective analysis of the IPTS and its components, before describing how US Iraq and Afghanistan veterans were assessed for their levels of habituation to pain, perceived burdensomeness, thwarted belongingness, and propensity for suicidal behavior. Though the sample size was small, the results of this study support the notion that there is a link between habituation to pain, perceived burdensomeness, thwarted belongingness, and suicidal behavior. Thus, Brenner et al’s study was an early indicator of the utility of the IPTS in understanding suicide among US Iraq and Afghanistan veterans.

Building on Brenner et al’s study, Michael D. Anestis et al tested the main hypotheses of the IPTS against a large sample of US military personnel. Their study (published in 2015) provides a useful introduction to US military suicide and a clear description of the components of the IPTS. Although the study relied entirely on self-reporting by the soldiers tested, its results suggest that perceived burdensomeness, thwarted belongingness, and acquired capacity for lethal self-harm (i.e. the three components of the IPTS) are all positively correlated to suicide risk.

“Suicide Incidence and Risk Factors in an Active Duty US Military Population” by Jeffrey Hyman et al (2008) was a study that examined the risk factors associated with completed suicides across all US active duty military personnel in the years of 2005 and 2007. Including pan-DoD data, this was the first study of its kind, and it confirmed that mental health issues such as PTSD, depression, and previous suicide attempts were strong risk factors for suicide. It also cited alcohol abuse as a significant risk factor for US military suicide. Interestingly, the study highlighted that the suicide rates for the Marine Corps were lower than those of the Army. Hyman et al suggested that this could be related to shorter tour length, but might also have something to do with differences in training or leadership.⁹

A more recent study of military suicide risk factors, this time focused on veterans, is “A National Cohort Study of the Association Between the Polytrauma Clinical Triad and Suicide-Related Behavior Among US Veterans Who Served in Iraq and Afghanistan” by Eric P. Finley et al (2014). This study focused on the relationship between PTSD, traumatic brain injury, chronic pain, and suicide-related behavior, but also looked at the role of other risk factors, using data from the Department of Veterans Affairs. Although this study did not consider the severity of conditions such as PTSD but simply whether or not they were present, it did reveal some interesting facts about the demographics of veterans likely to engage in suicide-related behavior, and confirmed the importance of substance abuse and depression as predictors of suicide related behavior among veterans, particularly those with PTSD.¹⁰

There are a number of studies that look at specific risk factors for suicide in isolation. One that examines the role of previous suicide attempts is a study of repeated suicide attempts among

European teenagers, authored by A. Hulten et al (2001).¹¹ By analyzing the behaviors of 1,264 15 to 19-year-olds (using data collected between 1989 and 1995 by seven different health centers taking part in a WHO study on suicidal behavior), Hulten et al showed that “a history of previous attempted suicide was the most important independent predictor of repetition.”¹² This paper will discuss this association in the context of belongingness and consider the implications for military suicide prevention.

A primary source for all things combat-related PTSD is the 2012 book “Understanding Combat Related Post Traumatic Stress Disorder” by Walter F. McDermott, himself a combat veteran of Vietnam and clinical psychologist committed to the study and treatment of combat-related PTSD. His book provides a comprehensive understanding of combat-related PTSD, covering everything from the history of combat-related mental health issues, through the impact on veteran spouses, to the relationship between PTSD and suicide. The latter topic is clearly the most relevant to this paper. In his chapter on PTSD and suicide, McDermott describes the strong relationships between PTSD and depression, and depression and suicide.¹³ He also offers suggested psychotherapeutic approaches for the prevention of suicide.¹⁴ The book also contains a chapter on social avoidance, which ties in directly with the concept of thwarted belongingness.

One of the clearest studies of the relationship between suicide and depression is the 2001 study by Yoshitomo Takahashi, “Depression and Suicide.” Takahashi provides a compelling introduction to the strong link between depression and suicide, stating that the suicide rate among people suffering from depression is “at least several dozen times higher than that of the general population.”¹⁵ He also alludes to the fact that most people suffering from depression

visit a primary care physician as opposed to a psychiatrist, therefore highlighting the importance of the role of primary care physicians in suicide prevention; this analysis has implications for military suicide prevention programs. Takahashi's study also contains useful analyses of the relationships between previous suicide attempts and suicide, and alcohol abuse and suicide.¹⁶

The link between alcohol abuse and suicide is alluded to in a number of studies but focused on by Nahid Darvishi et al in their 2015 research article, "Alcohol-Related Risk of Suicidal Ideation, Suicide Attempt, and Completed Suicide: A Meta-Analysis." Darvishi et al's study was the first to provide a pooled effect estimate of the relationship between alcohol abuse and suicide; by bringing together and analyzing the results of 31 studies of the association between alcohol and suicide, they concluded that Alcohol Use Disorder "significantly increases the risk of suicidal ideation, suicide attempt, and completed suicide."¹⁷ This has obvious implications for military suicide prevention efforts which will be explored later in this paper.

The fifth and final specific risk factor for military suicide to be covered in this paper is military culture (or certain aspects thereof). Crain J. Bryan et al's 2012 paper, "Understanding and Preventing Military Suicide," is an excellent analysis of unique features of military culture that have to be considered if suicide prevention efforts are to be successful. Bryan et al assert that suicide prevention approaches used on the general population do not take the cultural differences between military personnel and civilians into account, which may be why they have not always been successful in the past.¹⁸ The paper describes the military's "warrior ethos" and explains how it can lead to "mental health stigma" that prevents people from seeking help with mental health issues when they require it.¹⁹ Bryan et al also allude to the protective and

potentially destructive effects of military collectivism (to be discussed in more detail later on in this paper).²⁰

Belongingness and Camaraderie

The next tranche of literature for review is centered on belongingness and camaraderie. A good insight into belongingness in the military context is provided by Sebastian Junger's 2016 book, "Tribe: On Homecoming and Belonging." Junger is a journalist who has spent time in the combat zones of the Balkans and Afghanistan, in Afghanistan embedded with both the Northern Alliance in the late 1990s, and then the US Army in one of the most dangerous parts of the country in 2007 and 2008. Through a combination of analyzing the observations of others and sharing his own unique personal experiences, Junger walks the reader through a deep exposure to the importance of belongingness as a key human psychological need and the challenges of homecoming after one has been part of a close-knit group somewhere away from home. His examples of the power of belongingness range from white Americans preferring to live with American Indians, through people pulling together in times of war and natural disaster, to his own experiences of life-threatening combat. He also offers an insight into PTSD following his own diagnosis of the condition as a result of his time with the Northern Alliance.²¹ Junger does not really introduce new concepts in his book, but he does very effectively articulate the bipolar feelings of belongingness and social isolation associated with military life, thus emphasizing their importance and alluding to their implications for suicide prevention.

Thomas E. Joiner et al also provide an excellent insight into the power of belongingness with a focus on its association with suicide rates among the general US population. Their study, “On Buckeyes, Gators, Super Bowl Sunday, and the Miracle on Ice: ‘Pulling Together’ is Associated with Lower Suicide Rates,” was published in 2006, just after Joiner first proposed the IPTS. On the basis that the IPTS asserts that belongingness can prevent suicide, this study tested the hypothesis that sporting events, such as national football and hockey games, pull people together, thus satisfying their need to belong, and in turn reducing the risk of suicide. The results of three separate sub-studies concluded that people are less likely to die by suicide when their college football team is performing well, and national suicide rates dropped during both the “Miracle on Ice” ice hockey game in 1980, and Super Bowl Sundays in general.²² The study concludes with an emphasis on prioritizing belongingness as a “suicide buffer,” which has obvious implications for military suicide prevention programs.²³

As a follow-up to the “pulling together” study, Van Orden et al conducted a study that looked into suicidal ideation within college students and how it varies across semesters, relating to levels of belongingness. Their study report outlines the IPTS but focuses on the concept of thwarted belongingness, emphasizing the importance of belongingness in suicide prevention. The report presents a hypothesis that belongingness levels within students are less during summer semesters due to the lower number of extracurricular courses and sporting events. Results of self-report questionnaires completed by 309 students suggested that belongingness levels were lower and suicide ideation was more likely during the summer semester, thus supporting the IPTS and emphasizing the importance of belongingness as a protective factor.

A more recent look at the relationship between belongingness and suicide ideation is provided by a 2015 study by Rachel A. Ploskonka and Heather L. Servaty-Seib. Through the lens of the IPTS and with a focus on thwarted belongingness, Ploskonka & Servaty-Seib took a more multidimensional approach by examining the different interpersonal groups to which people (college students in this case) are connected. Using self-report surveys of 249 college students, they found family belongingness to be a uniquely strong as a protective factor against suicide ideation. This has implications for suicide prevention methods in military personnel, given the “family” dynamics that military camaraderie creates.

The sense that a military person’s colleagues or peers are also his or her “family” is supported by the 2011 study conducted by Ramon Hinojosa and Melanie S. Hinojosa, “Using Military Friendships to Optimize Postdeployment Reintegration for Male Operation Iraqi Freedom / Operation Enduring Freedom Veterans.” By interviewing twenty US Iraq and Afghanistan veterans, Hinojosa & Hinojosa revealed that they were desperate to hang on to their military friendships and essentially mourned the loss of their military families once they had left the military environment.²⁴ The veterans interviewed also referred to finding it difficult to connect with civilians or integrate into civilian society, and had a natural tendency to gravitate towards other veterans.²⁵ Hinojosa & Hinojosa allude to the effect that social isolation (or thwarted belongingness) has on mental well-being and conclude their study by recommending that veterans’ military connections should be leveraged as part of their reintegration into military life. Though the sample number for this study was small, its findings further emphasize the importance of belongingness and camaraderie in maintaining the emotional well-being of military personnel and veterans.

“Ugh. I Miss It” is a Washington Post article written by Eli Saslow in 2014, one of a series of articles examining the effects of the Iraq and Afghanistan wars on the US troops involved. The article provides a compelling insight into the psychological challenges faced by an Army Afghanistan veteran forced to retire through injury as he attempts to make his transition into civilian life. Including direct quotations referring to the “brotherhood” between soldiers such as “I just can’t feel like I did with my brothers. I can’t find anything to replace it,” this article really brings to life the premium placed upon camaraderie within the military world and the difficulty many ex-military people experience when trying to integrate into civilian life.²⁶ The article also touches on the importance of military personnel and veterans being able to connect with other serving or former military personnel, highlighting the role of social media where other means of social connecting are unavailable. The concept of using social media to combat feelings of thwarted belongingness has implications for military suicide prevention programs.

Saul McLeod’s short paper on Maslow’s Hierarchy of Needs (2016) is an excellent summary of Maslow’s theories, that includes an explanation of his original five-stage hierarchy from the 1940s and 50s, and the seven and eight-stage models developed in the 1960s and 70s. McLeod’s summary further emphasizes the importance of belongingness as a fundamental psychological need which, in terms of human priority, sits just below basic physiological and safety needs (e.g. food, water, and security).²⁷ Maslow’s hierarchy adds additional weight to the argument for maximizing belongingness as part of military suicide prevention efforts.

While books and articles focused solely on military belongingness and camaraderie are relatively few and far between, most, if not all of the current military service and veteran

websites provide a good sense of the parts that belongingness and camaraderie play in military life. An example of such a website is the “Combat Veterans to Careers” website which, on the subject of military “brotherhood,” includes assertions such as “upon signing the dotted line... one enters into the unparalleled brotherhood that is the United States military,” and “there is no greater rapport than that shared amongst service members.”²⁸ One can find similar statements on the websites of the different branches of military service, which further highlights the importance of belongingness and camaraderie to the military, and adds to the suggestion that a focus on these concepts should provide the foundation for military suicide prevention.

US Military Suicide Prevention

The third and final tranche of literature for review is focused on US military suicide prevention, and a primary source for this topic is a monograph called “The War Within: Preventing Suicide in the US Military” by Rajeev Ramchand et al. This monograph (published in 2011) was the result of the US Assistant Secretary of Defense for Health Affairs asking the RAND National Defense Research Institute to investigate military suicide epidemiology, identify suicide prevention “best practice,” examine suicide prevention efforts across the services, and provide recommendations for improvements.²⁹ Ramchand et al’s work provides a comprehensive overview of the military suicide problem, including everything from a detailed description of military suicide epidemiology, through an articulation of best practices and different service approaches to suicide, to recommendations for the future. Particularly useful is a summary of six “essential components of a comprehensive suicide prevention program,” and a comparison of the effectiveness of the different service approaches.³⁰

Another book focused solely on the issue of military suicide (self-proclaimed as the first of its kind) is “The Last and Greatest Battle” by John Bateson (2015). This book provides another excellent, all-encompassing look at the problem of military suicide, using numerous vignettes dating from the US Civil War to the present day to really bring the issue to life. Bateson provides a comprehensive introduction to military suicide, before covering key issues such as PTSD and the morality of killing, and an interesting debate on whether “blame” for suicide rests with the individual or the institution that has put them into the situation that has caused them to take their own life.³¹ The book concludes with a series of recommendations for military suicide prevention, such as making efforts to reduce mental health stigma and maximizing social connectedness; the latter recommendation chimes with the key thrust of this paper and its emphasis on the importance of belongingness.

Mark A. Zamorski’s 2011 paper, “Suicide Prevention in Military Organizations,” is an examination of multinational military suicide prevention initiatives resulting from a study of database-trawled citations, articles, and reports (over 70 in total).³² Following an outline of the epidemiology of military suicide, Zamorski highlights a number of key themes that feature within military suicide programs around the world, such as education and awareness programs, risk factor modification (e.g. targeting alcohol abuse), and overcoming barriers to care (e.g. stigma reduction).³³ The paper also includes an emphasis on the effectiveness of “comprehensive, community-based suicide prevention programs,” citing the US Air Force as having implemented such a program with impressive results.³⁴ Zamorski concludes with six priorities for future military suicide prevention; while the concept of thwarted belongingness is

touched on within the main body of the paper,³⁵ it does not feature within these recommendations.

Another analysis of military suicide prevention efforts, but this time focused purely on the US military, is a 2011 Center for a New American Security policy brief entitled “Losing the Battle: The Challenge of Military Suicide” by Margaret C. Harrell and Nancy Berglass. This brief provides a good introduction to the problem of military suicide, alluding to the potential effects on recruitment and retention, before outlining the relationship between military service and suicide through the lens of the IPTS. The brief then goes on to provide a very clear critique of specific aspects of the US military’s approach to suicide prevention, while providing recommendations for how shortcomings may be rectified (the importance of belongingness is alluded to within these recommendations).³⁶ The brief concludes with an assertion that “America is losing its battle against suicide by veterans and service members” and that “the time has come to fight this threat more effectively and with greater urgency.”³⁷

As part of the ongoing fight against military suicide, David A. Jobes et al have proposed a new approach to military suicide prevention. Their 2012 article, “An Evidence-Based Clinical Approach to Suicide Prevention in the Department of Defense: The Collaborative Assessment and Management of Suicidality (CAMS),” provides an overview of the CAMS approach and assesses its utility as a military suicide prevention tool. Emphasis is placed upon the multidimensional and collaborative nature of CAMS, an approach that incorporates interpersonal factors and allows patients to be active participants in their own care, and become “co-authors” of their treatment plans.³⁸ The article also incorporates the results of two studies comparing the

CAMS approach with two different regular approaches. While the sample sizes were relatively small (55 and 29 respectively), the results of the studies indicated that the CAMS approach was significantly more effective at reducing suicide ideation and general mental health symptom distress.³⁹ Furthermore, the approach's flexibility and simplicity may make it uniquely suitable for use with suicidal military personnel.⁴⁰

"2020 Army Strategy for Suicide Prevention" is the US Army's 2012 capstone document for the articulation of its "strategic suicide prevention goals and objectives."⁴¹ Completely in step with the national strategy for suicide prevention, this document presents a suicide "Care Continuum" which incorporates suicide prevention, intervention, and "postvention" (intervention conducted after suicide) methods and aligns them against the four strategic "directions" of the national strategy: "Healthy and empowered individuals, families, and communities; clinical and community preventive services; treatment and support services; and surveillance, research, and evaluation."⁴² Having explained how the US Army strategy meshes with national strategy, this document goes on to list a series of goals, objectives, and detailed tasks (with accompanying timelines) for suicide prevention that fall out of the four aforementioned national directions. An assessment of the Army's suicide prevention program will be covered later on in this paper.

The US Navy's 2015 "Commanding Officer's Suicide Prevention Program Handbook" is a clear, comprehensive, and user-friendly guide to suicide prevention for commanders. Having provided an introduction to the problem of military suicide and outlined the Navy's policy on the matter, this handbook also uses a prevention, intervention, postvention framework, but this time broken into digestible sections (e.g. prevention is broken down into "establish a foundation,

foster a supportive environment, build skills, and be prepared”).⁴³ The handbook equips the reader with numerous tools with which to tackle military suicide, ranging from checklists, through stigma-minimizing language, to confirmed protective factors. The US Navy’s approach to suicide prevention will be assessed later in this paper.

“Marine Corps Order 1720.2” (2012) provides direction on the US Marine Corps’s suicide prevention program from the Commandant of the Marine Corps to all of his subordinates. This order front loads the importance of stigma reduction, leadership, and camaraderie, before outlining a continuum of care comprising several elements that commanders are directed to use as a handrail for their own suicide prevention programs.⁴⁴ The order also gives specific suicide prevention tasks to all the component parts of the Marine Corps and incorporates details of questions to ask to determine suicide ideation and intent, checklists, and a glossary of terms in order to maximize understanding of the issue.⁴⁵ An assessment of the Marine Corps suicide prevention program will be made later in this paper.

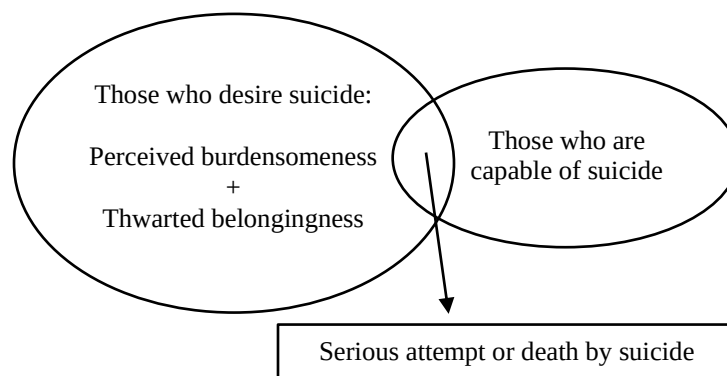
The US Air Force Suicide Prevention Program (2001) manual provides an introduction that incorporates baseline military suicide themes such as mental health stigma and belongingness, outline epidemiological statistics, and risk and protective factors for suicide, before detailing eleven initiatives which form the backbone of Air Force suicide prevention efforts. The main body of the manual breaks each of these initiatives down into their importance, the actions required to implement them, and the expected results of those actions.⁴⁶ Though relatively dated, the manual has stood the test of time, with a few minor amendments made to the eleven initiatives (most recently in 2013, per the Air Force Medical Service website⁴⁷). The manual

concludes with an assessment of the program’s effectiveness since its inception in 1996 (an assessment of the US Air Force suicide prevention program will be made later in this paper).

III. THE INTERPERSONAL-PSYCHOLOGICAL THEORY OF SUICIDE (IPTS)

Thomas E. Joiner first introduced the IPTS in 2005. Hitherto, theories of suicide had focused on a person’s desire to die by suicide without really considering whether or not they actually had the capacity to take their own life.⁴⁸ Joiner asserts that desire to die alone is not sufficient for someone to die by suicide; they must also have acquired the capacity to “enact lethal self-harm” (i.e. take their own life).⁴⁹ Hence, his IPTS posits that three factors are required for a person to die by suicide. These factors are “thwarted belongingness” and “perceived burdensomeness” (which together form a person’s desire to die), and the acquired ability to enact lethal self-harm.⁵⁰ According to Joiner, a person can only die by suicide if all three of these factors are occurring within them (see Figure 1).⁵¹

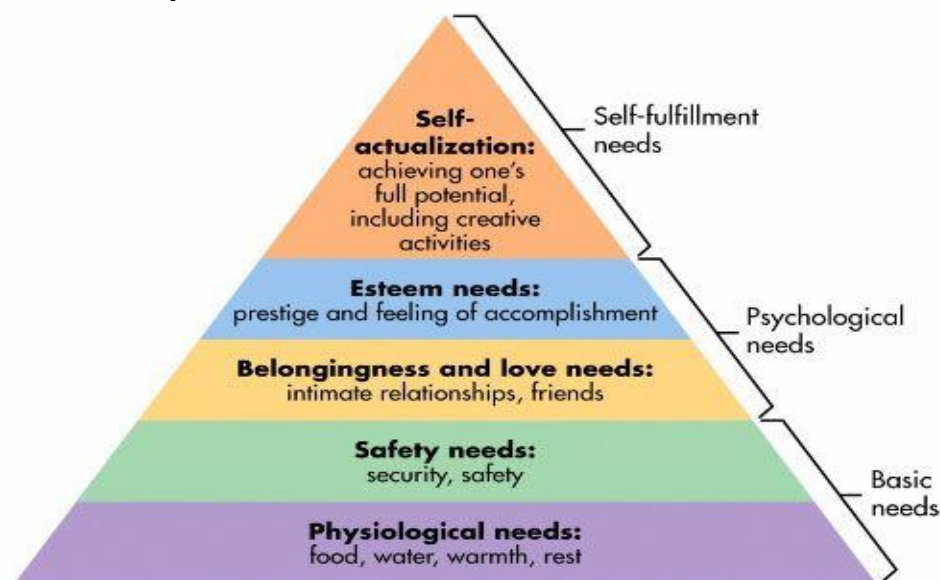
Figure 1: The Interpersonal-Psychological Theory of Suicide.⁵²



Thwarted Belongingness

The first of the two components that form a person's desire to die is thwarted belongingness. This can be described as the sense that one does not "fit in," belong to any particular group, or feel connected to others.⁵³ Thwarted belongingness can have a significant detrimental impact on a person's emotional and psychological well-being, particularly as, according to Abraham Maslow, the famous American psychologist, belongingness sits just below basic physiological and safety needs on the priority list of human needs (see Figure 2).⁵⁴

Figure 2: Maslow's Hierarchy of Needs.⁵⁵



According to Joiner, thwarted belongingness is the most identifiable, malleable, and therefore treatable of his three IPTS factors; although thwarted belongingness alone is not sufficient for someone to take their own life, targeting and eliminating it specifically will prevent someone from dying by suicide, even if the other two factors are present.⁵⁶ An example of thwarted belongingness would be the feelings felt by a sportsperson that has trained, toured, and

played with a particular team, before suddenly being dropped and therefore cut off from their team mates. In this case, the belongingness gained by being part of a cohesive whole has been deleted or thwarted, which can have a negative emotional and psychological impact on the person involved. This concept has implications for suicide prevention in the military, which is an institution built on a foundation of belongingness and camaraderie (the role of belongingness and camaraderie in the military will be examined later in this paper).

Perceived Burdensomeness

According to the IPTS, the component that combines with thwarted belongingness to form a person's desire to die is perceived burdensomeness.⁵⁷ This can be described as a sense that one is an unacceptable burden on others and does not add any value to society; indeed, someone experiencing perceived burdensomeness may feel that the benefits resulting from their death would outweigh the costs of the burden they place on others by being alive.⁵⁸ An example of perceived burdensomeness would be the feelings felt by a social worker who has spent their entire adult life helping others but then becomes ill, so ill that they are unable to assist others, indeed they are completely reliant on friends and family for their own care. Perceived burdensomeness is the sense that, rather than being able to help others, you are a burden on them and this burden is unacceptable. Perceived burdensomeness can be applied in a military context; think of the war hero who fights for his country and to protect others, but suddenly becomes injured and reliant on his friends and family for survival. Although perceived burdensomeness is likely to be a key factor in military suicides, it is much less malleable than thwarted belongingness; for example, you can't "un-injure" someone that has experienced life-threatening

injuries that require ongoing third-party care, but you can make that person feel loved by and connected to others. It is partly for this reason that belongingness and thwarted belongingness will be focused on in this paper as important concepts for military suicide prevention.

Acquired Capacity to Enact Lethal Self-Injury

Thwarted belongingness and perceived burdensomeness combine within a person to create a sense of hopelessness or a desire to die, but according to Joiner, a third factor needs to be present for a person to die by suicide. That factor is the acquired capacity to take one's own life or to "enact lethal self-injury."⁵⁹ This can be described in physical terms (e.g. access to a gun) but more importantly in emotional or psychological terms. The latter refers to someone overcoming the fear of pain or dying (i.e. quashing the natural human instinct for self-preservation). An example of acquired capacity for lethal self-injury would be the "immunity" to death acquired by a physician with ER experience who has spent a great deal of time around serious traumatic injuries and death; such an individual is not likely to fear death as much as the person who has always worked in an office and never been exposed to it. A military example would be the Marine who has killed and injured others, seen others die or be wounded, or maybe become wounded himself; combining this exposure to death and injury with easy access to weapons and ammunition potentially provides the Marine with an acquired capacity to take his own life. This third factor also plays a part in military suicide but, while access to lethal means can be controlled to a certain extent, acquired psychological capacity for lethal injury is not very malleable (i.e. difficult to reverse). This is another reason for this paper's emphasis on thwarted belongingness and its importance for military suicide prevention.

Limitations of the IPTS

The IPTS does not appear to explain the motivations of someone who dies by suicide with the primary purpose of killing others (i.e. suicide bombers). While the argument could be made that extremist groups have been known to target vulnerable, socially-unconnected individuals to use them as suicide bombers, and these individuals may well be experiencing feelings of thwarted belongingness and perceived burdensomeness, the theory does not account for all instances of suicide being used as a weapon. For example, take the man who is told that if he does not drive a car full of explosives into a security force checkpoint, terrorists will kill his wife and children. While it could be argued that the man in question has the acquired ability to enact lethal self-injury, it might be hard to justify that he has a desire to die; he might not want to die at all, but he is willing to sacrifice himself for his family. Arguably, a person who is willing to take his own life in order to save the lives of his wife and children has a strong emotional or psychological bond with them and therefore the concept of thwarted belongingness does not really apply. Analyzing the factors associated with the motivations of suicide bombers sits outside the scope of this paper. Therefore, any reference made to suicide in this paper is in the context of its purpose being the death of the person who is actually performing the act of suicide.

To summarize, Joiner's IPTS is a theory of suicide that combines concepts comprising a person's desire to die with their actual capacity to perform lethal self-injury; in this respect (and to use Joiner's own words) his theory does not replace but "rests on the shoulders" of those that precede it.⁶⁰ Although it does not fully account for every instance of suicide, the IPTS is one of the most empirically-tested, applicable, and therefore credible theories of suicide. Given the

interpersonal nature of the military, the IPTS is also the most appropriate theoretical lens through which to look at the challenge of military suicide prevention. This paper does exactly that, with a focus on belongingness, arguably the most powerful of Joiner's three IPTS components.

IV. MILITARY SUICIDE RISK FACTORS AND THEIR RELATIONSHIP WITH BELONGINGNESS

This section will discuss five of the most pertinent risk factors for military suicide and analyze their relationship with belongingness. Implications for military suicide prevention will be covered later on in the paper.

Previous Suicide Attempts and Suicide Ideation

There are a number of risk factors associated with suicide but this paper will only focus on five of the most prevalent. The first of these is previous suicide attempts and suicide ideation (i.e. contemplating suicide), which are both known to be strong predictors of suicide. Hulten et al demonstrated this via their study of attempted suicide among teenagers in Europe; according to them, "attempted suicide is the best predictor of future suicide" and "repetition of attempts further increases the risk for suicide."⁶¹ Hyman et al looked at this within the military context by conducting a study that analyzed suicide statistics for the entire US active duty military populations of 2005 and 2007 (sample sizes of 2,064,183 and 1,981,810 respectively); they found both previous suicide attempts and suicide ideation to be strong predictors of suicide.⁶²

So what is the relationship between previous suicide attempts, suicide ideation and belongingness? To give a military example, Anestis et al tested the main hypotheses of the IPTS using a sample of 934 US military personnel, and found that “the interaction of thwarted belongingness and perceived burdensomeness predicted suicide ideation and... preparations for suicide,” and they also found that, when all three components of the IPTS were combined, they “predicted prior suicide attempts.”⁶³ Additionally, studies looking at the “pulling together” effects of national sporting events, and looking at the relationship between belongingness and suicide ideation in college students, have found that there are strong negative correlations between belongingness and suicide ideation, and belongingness and completed suicide.^{64,65,66} Furthermore, anecdotal evidence suggests that individuals who have made previous suicide attempts or thought about suicide often describe a sense of thwarted belongingness (i.e. the sense that they do not fit in and feel socially isolated) as being at the front of their minds when they attempted or considered suicide.

In summary, an individual who has attempted or considered suicide in the past or is considering suicide now, is likely to attempt suicide in the future. The good news is that belongingness can mitigate this risk.

Post-Traumatic Stress Disorder (PTSD)

PTSD is one of the strongest predictors of military suicide; veterans with PTSD are 33% more likely to die by suicide than those without it.⁶⁷ According to the aforementioned study by Hyman et al, PTSD is a strong predictor of military suicide,⁶⁸ and, according to Finley et al, who

studied suicide related behavior in over 200,000 Iraq and Afghan veterans, “PTSD appears to predict increased suicide ideation in both veterans and non-veterans.”⁶⁹ Importantly, PTSD is also a “major predictor” of whether or not someone is going to transition from just considering suicide to actually attempting it.⁷⁰

In terms of the relationship between PTSD and belongingness, guilt seems to be key. Guilt over actions taken in combat (e.g. the taking of another person’s life) is known to be linked to PTSD and this type of guilt can also be a primary contributor to a sense of thwarted belongingness within an individual who has returned from combat.⁷¹ In this person’s mind, it is not possible for others to care about them because of the terrible things they have done, which in turn leads to social isolation.⁷² According to a 2014 study into the treatment of veterans with PTSD, targeting this “self-hate” is crucial and therapists have an important role in quashing patients’ thwarted belongingness by helping them to overcome their guilt and in turn allow themselves to be accepted by others.⁷³ Additionally, one of the most common manifestations of PTSD in veterans is a sense of hopelessness, to which thwarted belongingness is invariably a contributing factor.⁷⁴ Thus, PTSD and thwarted belongingness can go hand in hand.

In summary, there is a strong positive correlation between PTSD and suicide, and guilt-related thwarted belongingness is often a manifestation of PTSD, which can be targeted with some success using initiatives that are designed to increase a person’s sense of belongingness.

Depression

Depression is the psychiatric diagnosis most commonly associated with suicide;⁷⁵ one in six people with major depression die by suicide and the suicide rate among people suffering with depression is “at least several dozen times higher than that of the general population.”⁷⁶ This correlation is reflected within the military population; Hyman et al’s study found depression to be a strong indicator of suicide within the active duty military populations of 2005 and 2007,⁷⁷ and Finley et al found there to be a strong association between depression and suicide within Iraq and Afghanistan veterans.⁷⁸ Additionally, in terms of suicide risk, depression is particularly dangerous when combined with PTSD,⁷⁹ and exposure to combat is known to “elevate the symptoms of depression,”⁸⁰ which further emphasizes its significance to the issue of military suicide.

Depression has a strong association with belongingness or lack thereof; it is known to cause difficulties with “loneliness and lack of connection,”⁸¹ and its strong association with “interpersonal dysfunction” often results in feelings of thwarted belongingness.⁸² A study of 269 undergraduates by Collin L. Davidson et al (2011) found there to be a strong relationship between depression and thwarted belongingness, and their results highlighted the role of thwarted belongingness as the link between depression and suicide, which clearly supports the hypotheses of the IPTS.⁸³ This implies that treatment programs for depression that focus on rectifying interpersonal dysfunction (i.e. increasing a person’s sense of belongingness) would have significant impact. Additionally, in their 2015 study of the relationship between belongingness and depression in military personnel, Craig J. Bryan and Elizabeth A. Heron

found that “increased depression severity was significantly associated with low belonging,” and went on to conclude that “a sense of belongingness may protect service members from depression.”⁸⁴ There are clear implications here for military suicide prevention.

In summary, depression is strongly correlated to suicide risk, and thwarted belongingness is a key feature of depression which can contribute to suicide. Treatment programs for depression that target thwarted belongingness could be very successful.

Alcohol Abuse

Alcohol abuse is known to increase suicide risk, particularly in military circles; US military analyses “consistently mention” it as a “significant risk factor” for suicide.⁸⁵ Nahid Darvishi et al (2015) pooled the results of 31 studies of alcohol-related suicide from around the world and found there to be a strong positive correlation between alcohol abuse, suicidal ideation, suicide attempt, and completed suicide.⁸⁶ Most concerning, however, is the close link between alcohol abuse and other mental health issues such as depression and PTSD. Finley et al found that adding alcohol abuse to PTSD “significantly increases” the risk for suicidal ideation, and cite the fact that it is common to find alcohol in the blood of veterans who have died by suicide.⁸⁷ Additionally, other studies have demonstrated that exposure to combat can increase the likelihood of alcohol abuse.⁸⁸ These observations highlight the importance of alcohol abuse in understanding military suicide.

In terms of its relationship with belongingness, alcohol could be described as a “double-edged sword.” On one hand, alcohol consumed in moderation can help to break down social barriers, thus facilitating social interconnectedness and increasing belongingness, but on the other hand, if abused, it can lead to social isolation and therefore thwarted belongingness. It is a known fact that alcohol abusers often drive those closest to them away because of their reckless behavior;⁸⁹ this has obvious implications for thwarted belongingness and the risk of suicide. Alcohol treatment programs that include initiatives to mend these broken bonds and prove to individuals that support can be gained via social networks, as opposed to through the use of alcohol, could be powerfully effective. Thus belongingness could play a key part in mitigating the harmful effects of alcohol abuse and its association with suicide.

In summary, alcohol abuse significantly increases the risk of suicide and is particularly dangerous when combined with PTSD and/ or depression. Thwarted belongingness is a key feature of alcohol abuse which could be targeted as part of an effective treatment program.

Military Culture

Certain aspects of military culture have been identified as risk factors for suicide. The first of these aspects and perhaps the most important, often described as the “most significant barrier” to military personnel seeking help for psychological issues is “mental health stigma.”⁹⁰ Although the situation is improving, many military personnel still view mental health issues as a sign of weakness;⁹¹ given the strong association between mental health issues and suicide, this has obvious implications for military suicide prevention. A second aspect of military culture

than can be a risk factor for suicide is a “warrior ethos” that prevents military personnel from showing weakness and talking about their feelings, and encourages them to “soldier on” when they are facing difficulties.⁹² This can often lead to emotional suppression, which is known to be linked to suicide ideation and attempted suicide.⁹³ A third aspect is collectivism, which although helpful for generating camaraderie and cohesion, can breed a distrust of “outsiders,” which in turn can lead to an aversion to seeking help from mental health professionals, even if their services are desperately required.⁹⁴ These aspects of military culture can significantly impede suicide prevention efforts; countering them is key to success.

The concept of belongingness is linked to all of the above aspects of military culture. Indeed, it is largely the fear of thwarted belongingness that fuels mental health stigma, emotional suppression, and aversion to associating with outsiders, and links them together. Military personnel are generally afraid of mental health issues because they believe that suffering from a mental health issue will place them “outside of the group;” hence mental health stigma.⁹⁵ Similarly, military personnel are generally afraid to show their emotions or talk about their feelings for fear of being ridiculed for being weak, and therefore, once again, being rejected from “the group.”⁹⁶ Thirdly, associating with outsiders could be viewed as disloyal or suspicious by “insiders,” and therefore lead to rejection from the group and thwarted belongingness; hence the military aversion to seeking professional help with mental health issues. Thankfully, these misperceptions are gradually being resolved, but they still exist in places and should be targeted as part of military suicide prevention efforts.

To summarize this section, certain aspects of military culture, namely mental health stigma, warrior ethos (leading to emotional suppression), and collectivism (leading to a distrust of outsiders), are known risk factors for suicide. They are all associated with misperceptions of thwarted belongingness, which has implications for military suicide prevention.

V. BELONGINGNESS AND CAMARADERIE IN THE MILITARY

Belongingness plays a key role in the military, where it can have a very positive effect. As a people-oriented, team-based organization, the military institution places a high premium on belongingness, camaraderie, and cohesion, which are all “cornerstones” of military life.⁹⁷ High levels of cohesion can act as a “buffer” against stress in both combat and non-combat situations, and can therefore provide military personnel with a “built-in” suicide prevention capability.⁹⁸ This is supported by the fact that the suicide rate for people undergoing basic military training is lower than that for people of an equivalent age within the general population.⁹⁹

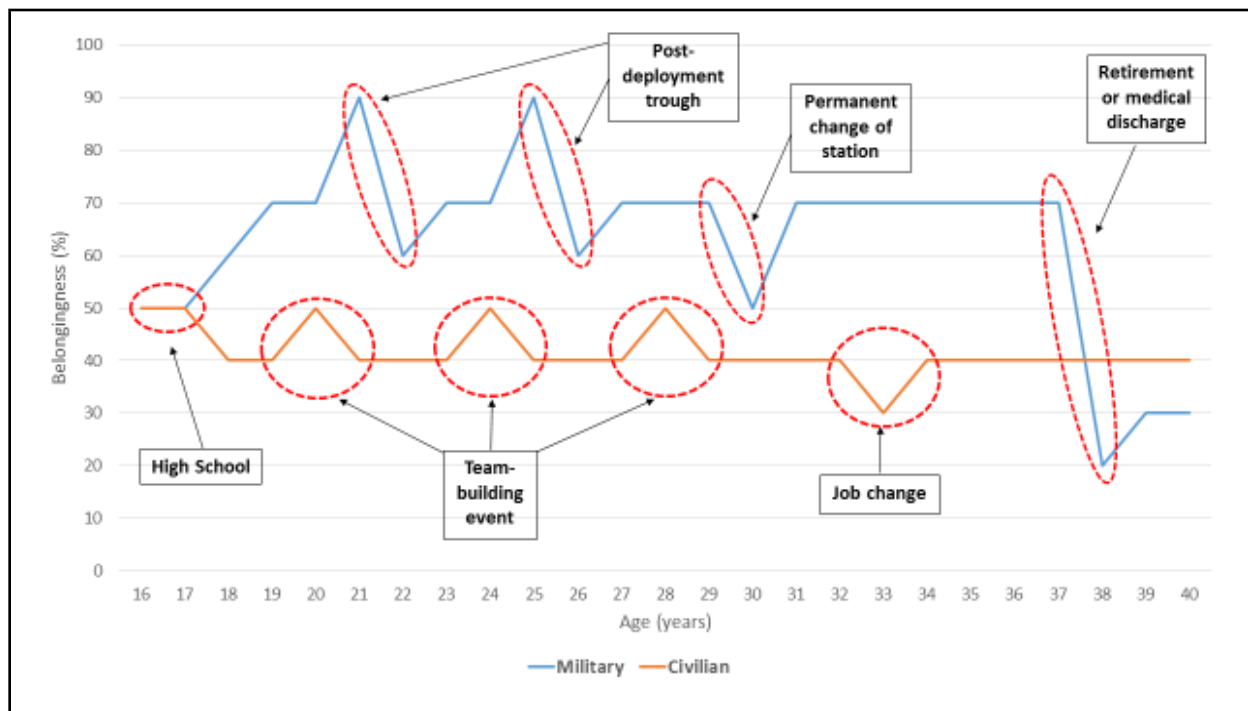
The strong emphasis on social inter-connectedness and camaraderie, and the “brothers-in-arms” bond that goes hand-in-hand with shared experiences of combat leads to a general sense of belongingness within military personnel that is arguably unparalleled in other walks of life; the military propensity for badges and tattoos that mark someone out as being part of a particular group is testament to this unique level of identity and belongingness.¹⁰⁰

Belongingness “Troughs”

While it has its benefits, the exceptionally-high sense of belongingness found in the military environment can be another double-edged sword. Because military personnel grow accustomed to extremely-high levels of belongingness, and their average, day-to-day belongingness levels are generally higher than those of their civilian counterparts, they have “further to fall” emotionally and psychologically and therefore fall harder when their belongingness levels are caused to drop for some reason.¹⁰¹ The first part of the thesis of this paper is that these unique drops or “troughs” in belongingness that generally occur as a result of “transitional” events (e.g. return from deployment, retirement, or discharge) make military personnel highly susceptible to feelings of thwarted belongingness, which in turn can increase their vulnerability to suicide.

Figure 3 (overleaf) is an illustrative graph that compares belongingness levels in the average military person with those of someone who works in a typical non-military job. The lines of the graph illustrate how belongingness levels may fluctuate in both lines of work, the extreme nature of belongingness troughs in military personnel, and the key events that could possibly lead to these troughs. Belongingness troughs represent periods of thwarted belongingness and potentially increased vulnerability to the threat of suicide.

Figure 3: Illustrative graph of military and civilian belongingness fluctuations.



As Figure 3 shows, while the average civilian may experience relatively small peaks and troughs in his or her day-to-day work, because of the high levels of belongingness experienced routinely by military personnel, including extreme peaks of belongingness resulting from the “brothers-in-arms” effect of military deployments, the average military person can experience huge drops in belongingness, which is why a sense of thwarted belongingness is so keenly felt. Belongingness troughs within service members are characterized by an inability to connect with others outside of the military environment and a yearning to be back with military friends and/ or colleagues, as described by Sebastian Junger in his book, “Tribe.”¹⁰²

Camaraderie as an Antidote to Thwarted Belongingness

The second part of the thesis of this paper is that military suicide prevention programs should target periods of increased vulnerability by using camaraderie as a source of belongingness to neutralize belongingness troughs. This is based on the fact that camaraderie is defined as “a spirit of familiarity and trust existing between friends,”¹⁰³ which appears to be the perfect antidote to thwarted belongingness.

Three facts combine to support this part of the thesis: First, camaraderie as a source of belongingness (or antidote to thwarted belongingness) is one of the cornerstones of military life and therefore readily “available” as a resource. Second, thwarted belongingness is thought to be the most identifiable, malleable, and therefore treatable of the three components of the IPTS.¹⁰⁴ Third, suicide can be mitigated by eliminating thwarted belongingness even if the other two IPTS components are present.¹⁰⁵ All three of these facts support the suggestion that thwarted belongingness is the most important of the IPTS factors in the context of military suicide and should therefore be targeted most when it comes to military suicide prevention.

VI. ASSESSMENT OF MILITARY SUICIDE PREVENTION PROGRAMS

US Army Suicide Prevention Program

The US Army's suicide prevention program consists of a three-phase "Care Continuum" of prevention, intervention, and postvention,¹⁰⁶ which is centered on increasing the "emotional well-being" of Army personnel.¹⁰⁷ This approach is dominated by two themes: First, Army suicide prevention efforts are based on a "buddy-buddy" system that encourages soldiers to look out for each other via a process called "Ask, Care, Escort" or "ACE."¹⁰⁸ This process sees that soldiers ask after the well-being of their peers, care for them if necessary, and escort them to a source of professional help.¹⁰⁹ Second, the US Army have recently instigated a more comprehensive approach to mental health preparedness via a multi-dimensional resilience program, of which suicide prevention is a branch.¹¹⁰

US Army suicide-prevention initiatives include awareness and training campaigns and "gatekeeper" training for the identification of those personnel at increased suicide risk; "gatekeeper" is the term used to describe someone responsible for recognizing signs of distress, confronting or caring for someone in distress, and "actively referring" them to a professional helper (i.e. following the ACE process).¹¹¹ Gatekeepers range from peers and commanders, through family members, to key figures such as chaplains.¹¹² The US Army also attempts to address mental health stigma by locating mental health care in non-traditional settings (e.g. deployed forward within a theater of operations).¹¹³ Limitations of the US Army program and the role of belongingness will be discussed at the end of this section.

US Navy Suicide Prevention Program

The US Navy's suicide prevention program consists of four elements: training, intervention, response, and reporting.¹¹⁴ These elements are underpinned by the philosophy that stress is a key risk factor for suicide that sits along a continuum.¹¹⁵ The Navy's "Stress Continuum" model uses clear and simple language to highlight "stress zones" and provide guidance on appropriate responses.¹¹⁶ The model asserts that, prior to experiencing a stressor, personnel should keep themselves "ready," by keeping fit, eating well, and relaxing.¹¹⁷ In the face of a stressor, the model encourages personnel to "react" in order to "recover and build resilience" by getting enough sleep and talking to a trusted person.¹¹⁸ The next stress zone of the continuum is the "injured" zone, for which the purpose is to "begin healing" by talking to a counselor or medical professional.¹¹⁹ The final zone of the continuum is the one in which a person becomes "ill;" here, the model asserts that the focus should be on getting help in the form of medical treatment.¹²⁰ The model also reflects the fact that the responsibility for care varies across the continuum, with unit leaders responsible for the "prepare" zone, individuals, friends, and family members responsible for the "reacting" and "injured" zones, and caregivers taking most of the responsibility when a person becomes "ill."¹²¹

US Navy suicide-prevention initiatives include awareness and training campaigns and the use of gatekeepers for the identification of personnel at risk of suicide.¹²² Akin to the Army's "ACE" scheme, the Navy uses "Ask, Care, Treat" or "ACT," which encourages naval personnel to enquire about their peers' well-being, care for them if required, and "treat them like a family member," ensuring they get professional help if necessary.¹²³ The US Navy also focuses on mental health stigma reduction through its "It's Okay to Speak Up when You're Down" campaign,¹²⁴ and the provision of behavioral health care in non-traditional settings.¹²⁵

Limitations of the US Navy program and the role of belongingness will be discussed at the end of this section.

US Marine Corps Suicide Prevention Program

The US Marine Corps approach to suicide prevention is one of early identification and intervention, based on a sense of community and commitment to others.¹²⁶ Themes that play to a Marine's sense of duty are used liberally. For example, Marines are compelled not to view suicide prevention as a "single activity," they are told that helping others in distress is "a duty, not an option" and "consistent with Marine Corps ethos and values," and they are directed that "peer-to-peer leadership should be encouraged."¹²⁷ A manifestation of this community approach is the Marine Corps's equivalent to "ACE" or "ACT:" "Recognize, Ask, Care, Escort" or "RACE."¹²⁸ The addition of "recognize" highlights the Marine Corps's emphasis on being able to identify whether or not someone is in distress without having to ask them first.

US Marine Corps suicide-prevention initiatives include awareness and training campaigns, and the use of gatekeepers for the identification of those at risk via the "RACE" scheme.¹²⁹ Another key aspect of the Marine Corps's program is that it has a good history of training and developing behavioral healthcare providers with respect to the assessment and management of suicide risk.¹³⁰ The Marine Corps has also invested significant time and effort into understanding the concept of resilience, with a focus on the balance between pursuing Corps ideals of excellence and realistic judgment.¹³¹ According to Frank Tortorello et al of the Translational Research Group of the Marine Corps's Center for Advanced Operational Culture

Learning, “failure in this balancing act can lead to self-denigration or self-destruction,”¹³² which has obvious implications for suicide prevention. Limitations of the US Marine Corps program and the role of belongingness will be discussed at the end of this section.

US Air Force Suicide Prevention Program

The US Air Force suicide prevention program is considered to be the example of best practice, having achieved impressive suicide reduction results since its inception in 1996.¹³³ It is centered on a leadership-driven, multifaceted, community-based approach that consists of the following eleven elements:¹³⁴

Table 1: The eleven elements of the US Air Force suicide prevention program.¹³⁵

1	Leadership involvement
2	Addressing prevention through professional military education
3	Guidelines for commanders: use of mental health services
4	Unit-based preventive services
5	Wingman culture
6	Investigative interview policy
7	Post-suicide response (postvention)
8	Integrated delivery system (IDS) and community action information board (CAIB)
9	Limited privilege suicide prevention program (increased confidentiality for patients at risk of suicide who are undergoing legal action)
10	Commander’s consultation assessment tool
11	Suicide event tracking and analysis

The application of these elements is predicated on the fact that individuals at risk of suicide exhibit warning signs, and that “intervention at an early stage lowers risk and results in improved outcomes.”¹³⁶ The fact that a number of non-military suicide prevention programs have been modeled on the Air Force’s approach is testament to its effectiveness.¹³⁷

Like the other service programs, the US Air Force suicide prevention program includes awareness and training campaigns, and initiatives to reduce mental health stigma.¹³⁸ While the

Air Force's "wingman culture" is akin to the buddy-buddy or gatekeeper approaches of the other services, the Air Force's approach to identifying personnel at high risk of suicide is more one of monitoring the "aftermath of high-risk events."¹³⁹ This relies on an investigative interview approach which sees individuals who appear to be in distress "released only to their commander, first sergeant, or supervisor."¹⁴⁰ What stands the Air Force program apart from that of the other services is its emphasis on sustainment via "train-the-trainer" packages for behavioral healthcare providers, and extensive implementation and self-monitoring.^{141,142} Indeed, studies of the Air Force program have shown that the sustainment of support to and ongoing monitoring of suicide prevention initiatives is fundamental to its success; "reductions in suicide rates cannot be simply maintained by virtue of a program's inherent momentum."¹⁴³ Limitations of the US Air Force program and the role of belongingness will be discussed at the end of this section.

Military Suicide Prevention Programs and the Role of Belongingness

All of the aforementioned service suicide prevention programs allude to the importance of belongingness as a protective factor against suicide, but some place more emphasis on it than others. For example, while the Navy's "Commanding Officer's Suicide Prevention Handbook" specifically lists "a strong sense of community and belonging" and "strong connections with family and friends" as protective factors against suicide,¹⁴⁴ the other three services only mention this implicitly via their buddy-buddy, peer-to-peer, and wingman initiatives. None of the programs really "hammer home" the power of belongingness as a protective factor, nor do they explain the destructive nature of thwarted belongingness. Given the aforementioned empirical evidence for strong inter-relationships between belongingness, thwarted belongingness, and

suicide risk factors, and the hypothesized phenomenon of belongingness troughs, this appears to be a significant omission. To re-iterate one of the thrusts of this paper, thwarted belongingness is the most important factor relating to military suicide, principally because military personnel are more susceptible to it than their civilian counterparts; targeting it should therefore be at the forefront of military suicide prevention.

The emphasis placed on key transitional events (e.g. return from deployment, permanent change of station [PCS], medical discharge, and retirement) as causes of thwarted belongingness and therefore potential vulnerability to suicide varies between the four programs examined. For example, while the Navy specifically urges its commanding officers to be more vigilant when their sailors are experiencing “career or personal transitions,”¹⁴⁵ and the Marine Corps has directed that personnel are to remain in their unit for a minimum of ninety days following a deployment, in order to maintain their social support networks,¹⁴⁶ the Army has been criticized for allowing its people to PCS too soon after a deployment,¹⁴⁷ and the Air Force program does not appear to highlight likely periods of increased vulnerability to suicide at all. Additionally, none of the programs talk in detail about the transition from military to civilian life, which is a known period of increased vulnerability; the danger of this is that potentially vulnerable people “fall between the cracks” of military and veteran institutions as they transition from one to the other, particularly in light of the fact that mental healthcare programs do not always transcend state boundaries.¹⁴⁸ To re-iterate the other main thrust of this paper, military suicide prevention programs should target periods of increased vulnerability by using camaraderie as a source of belongingness to neutralize belongingness troughs.

VII. CONCLUSIONS

While current military suicide prevention programs generally allude to the importance of belongingness or thwarted belongingness and the existence of periods of increased vulnerability, they do not sufficiently emphasize the gravity of these concepts and how they inter-relate. Military suicide prevention programs have come a long way in the last decade and a huge amount of time and effort has gone into understanding and combating the issue of military suicide, but a more nuanced approach that is tailored to the unique needs of the military community is now required. The key themes of this paper are summarized as follows:

1. Because they are accustomed to uniquely-high levels of belongingness that result in extreme drops or “troughs” following significant transitional events, military personnel are highly susceptible to feelings of thwarted belongingness, which can increase their vulnerability to suicide.
2. Camaraderie as a source of belongingness is the perfect antidote to thwarted belongingness; it should be used to neutralize belongingness troughs.
3. Thwarted belongingness is the most identifiable, malleable, and therefore treatable of the three components of the IPTS.

4. Suicide risk can be mitigated by eliminating thwarted belongingness, even if the other two IPTS components are present.
5. Thwarted belongingness is the most important factor relating to military suicide and should therefore be targeted most when it comes to military suicide prevention.

Recommendations for US Military Suicide Prevention

Based on the above themes, the overarching recommendation for US military suicide prevention is that programs should target belongingness troughs and their associated periods of increased vulnerability by using camaraderie to generate belongingness where it does not already exist, maintain it where it does, and maximize it where it is being maintained.

A recommended way of generating belongingness where it does not already exist is enhancing the buddy-buddy system (or other service equivalents) to ensure that it includes periods when personnel are away from the military environment. The buddy-buddy system as it stands is effective while military personnel are together and able to look out for each other, but its effectiveness drops as soon as people step outside the protective “bubble” of the military. This applies to periods of extended leave, being away from one’s parent unit through illness or injury, or, and perhaps most importantly, when military personnel transition out of the military and into the civilian world. Everyone, particularly veterans, should be assigned a buddy and part of their duty should be to maintain a strong personal connection with that individual. Clearly, not everyone would get along, which would have to be worked out on a case-by-case basis, but

this approach would deliver the dual benefit of providing everyone with someone to watch over them, and the sense of duty and purpose that goes hand-in-hand with being responsible for the well-being of another person.

In addition to in-depth education and training on the concepts of belongingness and thwarted belongingness, and their respective protective and destructive powers, buddies should also be made alive to the key transitional events that are likely to generate belongingness troughs and therefore periods of increased vulnerability. There is still much to learn on the psychological impact of these transitional events (particularly the transition from military to civilian life),¹⁴⁹ but everyone should be educated as to the importance of being particularly attentive to their buddy during such periods of transition.

Commanders, managers, supervisors, and mental healthcare providers should also be directed to reach out to their subordinates or patients on a regular basis, particularly when they are away from the military environment. Simple gestures like well-wishing text messages, particularly during periods of vulnerability, can greatly assist in preventing someone experiencing a sense of thwarted belongingness; studies have shown that “even the smallest amount of contact can reduce the risk of suicide.”¹⁵⁰ To maximize the protective effect of this “reaching out,” civilian support providers should be taught about the idiosyncrasies of military culture, in order to assist them with building a rapport with both serving and former military personnel.¹⁵¹ Additionally, particular care and attention should be given to those individuals who have attempted suicide in the past, or those who are struggling with suicide ideation, PTSD, depression, and alcohol abuse.

Once a sense of belongingness has been established, the next step is to work hard to maintain it. As already alluded to, the momentum of a suicide prevention initiative alone is not sufficient for its sustainment, and the same goes for belongingness; belongingness-generating activities must be maintained in order to keep their protective effects at sufficient levels. A recommended way of achieving this is through organized social events. This is easier said than done and getting “buy-in” from others is sometimes difficult. However, if the first stage of establishing belongingness has been done well, people will have a natural desire to come together and there is anecdotal evidence to suggest that, particularly in the veteran community, people are often desperate to connect with other service members or veterans.¹⁵² Linking back to the enhanced buddy-buddy approach, buddies should be responsible for encouraging each other to attend these social events, having been well-educated about the positive, protective effects they can generate. Financial cost (e.g. travel expenses) may be an issue for some; wherever possible, funds should be made available to enable people to attend these functions.

Social media is an excellent way of maintaining social connectedness when people are unable to physically be together for some reason; while due diligence must be paid to the security risks associated with the military’s use of social media, it should be leveraged as a “virtual camaraderie” tool for generating belongingness whenever face-to-face interaction is not possible. There is anecdotal evidence to suggest that, for some veterans, social media is the only way in which they are able to stay in touch with their military friends; indeed for some of them, connecting with their former colleagues in this way is the “closest thing they have to a community.”¹⁵³

Once a high level of belongingness has been established and maintained, the next objective of a comprehensive suicide program should be to enhance or maximize that level of belongingness. One way of doing this might be to encourage healthy competition or rivalry between established social groups. In the military environment, this could mean inter-group competitions or tournaments (e.g. between Platoons in the Army), and in the veteran context, it could mean the same thing, but between different branches or divisions of the various veteran institutions that exist. As already alluded to, an effective yet simple way of increasing a person's sense of belongingness is via symbols such as badges or mottos. In the military context, these are likely to be already present, but they might not be as common in the veteran environment. The combination of strong symbolism with healthy rivalry between groups can increase belongingness to a high level, which in turn could have a protective effect against suicide risk.

Getting an individual's personal community involved in efforts to protect them from suicide and thus maximizing the degree to which they feel that they "belong" can be very effective; leveraging support from multiple levels of society via awareness campaigns, and establishing a strong community network is known to reduce suicide rates.¹⁵⁴ Similarly, there is strong evidence to suggest that involving other military personnel or veterans in an individual's suicide prevention plan, particularly those who are already friends with the individual at risk, can pay dividends; according to Hinojosa & Hinojosa, "military friendships may be important during post-deployment reintegration and may be an important clinical resource for helping veterans transition into civilian society."¹⁵⁵ This again illustrates the importance of maximizing belongingness.

If taken at face value, none of the methods suggested above appear to be particularly groundbreaking. However, the message to be pushed is that a focus on maximizing belongingness and minimizing thwarted belongingness must be front and center of all military suicide prevention programs. The protective effects of belongingness and the destructive effects of thwarted belongingness must be emphasized as part of all suicide awareness, training, and education initiatives; their power should not be underestimated. Understanding the emotional and psychological effects of transitional events such as returning home from deployment, PCS, medical discharge, and retirement is also crucial; targeting these periods of increased vulnerability using camaraderie as a source of belongingness is key to success.

Suggested Areas for Further Research

It appears that suicide rates within the general US population during and after previous periods of conflict (e.g. World Wars I and II) are relatively well known, but statistics surrounding the rates within the military population do not seem to be available. These statistics would reveal whether we are facing a “normal” phenomenon in the post Iraq and Afghanistan era, or an unprecedented epidemic.

A study into the role of public support may also reveal useful and interesting results. Because they were “unpopular” conflicts, did the wars in Vietnam, Iraq, and Afghanistan generate more victims of suicide due to reduced social connectedness between military and civilian personnel causing thwarted belongingness in military personnel? In other words, were the suicide rates comparatively low among World War 1 and 2 veterans because they were

“worshipped” for protecting their country, which meant that they were less likely to experience belongingness issues?

Finally, on the subject of “hero worship,” the general public tends to put military personnel on a pedestal and expect a great deal from them. While this can have a positive effect (e.g. by increasing pride in service, sense of duty, and belongingness), does it also set them up for a fall when they leave the military environment, thus making them even more susceptible to feelings of thwarted belongingness and possibly suicide?

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