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**From Blue Star to Gold Star, the Impact of an Identity before and after
a Soldier's Suicide**

APPROVED BY
SUPERVISING COMMITTEE:

Supervisor

Diane Bailey

Allen Vaughn

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a Soldier's Suicide**

by

Céline Marie Burleson

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Dedication

I dedicate this report to SSG Geoffrey Lance Burleson, my Battle Buddy and Husband, whose life was filled with bravery, courage, leadership, and love. Although SSG Burleson lost his life on American soil, he never left the battlefield. I also dedicate this report to our daughter, Brylie Burleson, who will forever be America's tiny hero for the sacrifices she has and will continue to endure. At a time when a child should be happily playing in the sun, Brylie buried her daddy under the American Flag he so valiantly fought for at Arlington National Cemetery at the tiny age of four.

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Abstract

From Blue Star to Gold Star, the Impact of an Identity before and after a Soldier's Suicide

Céline Marie Burleson, MSIMS

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Supervisor: Diane Bailey

An individual is comprised of inherent and acquired identity traits. These traits create a fluid identity that is shaped by outside factors, experiences, and social memberships. This identity is crystallized, multi-faceted and ever-changing. Defining characteristics will evolve and create changes to an individual's identity.

Soldiers and combat veterans are exposed to a variety of experiences, to include combat, which often changes and defines a new identity for that individual. Recent research reveals the fluidity of an identity for military members transitioning from combat to peace time operations may be a factor regarding the increased numbers of soldier and veteran suicides. Additionally, after a soldier or veteran takes their life, the identity of family members left behind instantly changes, adapting to pressure from internal and external factors.

Identities are unique to the individual and the circumstances they have experienced in their lifetime. Understanding how external factors cause an identity to evolve and change will create awareness for soldiers and veterans that are suffering from Post-Traumatic Stress Disorder (PTSD) and for family members that are left behind to rebuild after the loss of a loved one.

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Chapter 1 Introduction

Suicide rates of United States veterans are of great concern, and recent reports indicate there are five to eight thousand suicides per year, accounting for as many as twenty deaths a day, in the United States (“Veterans statistics: PTSD,” 2016; “VA Suicide Prevention”, 2015). These suicide rates increase the need for mental health services and the ability to diagnose and treat soldiers accordingly. While mental health disorders contribute to suicides, according to research, disagreements occur as to the relationship between Post-Traumatic Stress Disorder (PTSD) and suicides in veterans (Hudenko, Homaifar, & Wortzel, 2017). Some research, such as LeBouthillier et al. (2015), suggest that the influence of PTSD is relative to suicidal ideation and attempts, which is a direct result of the number and type of traumas occurring in an individual’s life, explicitly finding that some types of injuries are more devastating than others. Suicide survivorship is also a great concern. Other researchers suggest that the relationship between PTSD and suicide cannot be determined because of failures of families to report deaths as a suicide as well as a general lack of information that reduces the ability to make this connection. Death from suicide influences more than just the victim: it influences the family and friends of the victim, creating changes in identities, roles, and perceptions. These changes resolve management and assistance from grief counseling or other mental health services. My experiences, and the experiences of other military families, show that PTSD can change the identity of the soldier, their family’s identity, and can lead to suicide and loss. The management of Combat PTSD has a direct influence on military personnel, veterans, and their families by forming changes in identity throughout the various stages of a soldier’s experiences and the effects to an individual’s life.

Within the United States military, there are certain traditions which are indicators to others within the community of a loved one's location, experience, and sacrifice. One tradition involves a service flag embroidered with blue and gold stars, representative of family members who are serving within the United States Armed Forces. A service flag has one blue star for every family member who is serving in the military during a period of war. For a military family, the blue star stands for pride for their loved one who is on active duty, serving their country, and risking their lives for a more significant cause. The blue star is a symbol of character traits often displayed by the family members. Typically, these character traits consist of pride for their loved one and strength for the hardships they endure while their military family member is away from home. The addition of a gold star on a service flag is a symbolic representation of a military family's ultimate sacrifice. When a military member has died during service, the family of the fallen military member will display a flag adorned with a blue-edged gold star. This gold star is one of the most respected military symbols within the community. A gold star carries an identity of its own, symbolizing the lost identity of the soldier and the change in the identities of the family members who suffer the loss. Gold star family members undergo a more permanent change to their identity than do blue star family members as their roles and personalities must evolve to meet the requirements of their new lifestyle, one without their loved one. A blue star family has an active member, and the role is different because the member is still living. Within recent years, the military community has broadened eligibility of the gold star symbol to include death by suicide as a direct result of Combat PTSD. The shift in the identity of military members, and their family, all affected by Combat PTSD can lead to the increase of the overall treatment and support of PTSD.

Research Topic

The influence of identity on the soldier's family, after a suicide, includes a variety of areas, which begin with the soldier. Answering questions through research provides insight, first by defining Combat PTSD, as opposed to other forms of PTSD, and second to provide an understanding of the evolution of military or veteran suicides. A literature review examines how these different areas have been studied in the past, and what research remains to be gathered. Examination of identity, through the literature, shows the theories and ideas currently present. The first identity is that of the soldier, examining military persona and ideas of how a military person should appear as opposed to what they may feel or find with themselves. Also, changes can occur in the identity of the soldier, resulting from a variety of forces and influences on the individual that can change the world around them and their family.

Chapter 1 introduces PTSD, the concepts, and questions around the research. Chapter 1 also examines the occurrence of PTSD, the history and identification of Combat PTSD, and the risks associated with suicide. These concepts influence the roles and character traits that make up an identity. Chapter 2 explains the history of PTSD, specifically exploring definitions and changes that have occurred since the Civil War. Chapter 3 focuses on the soldier's identity, which Chapter 4 completes by examining identity as changing, conflicting, and potentially changing again as a direct result of PTSD. Chapter 5 discusses the various influences that occur as a result of suicide on identity and the roles that families and friends assume when a family member has died. In Chapter 6, further examination of the identity of family and friends, including stigmas, which differ from that of a member of the military killed in action. Non-profit and some for-profit organizations place importance on the needs of families during the crisis of PTSD, loss of the soldier, and changing family conditions when the soldier returns home. More

information has become available on PTSD and the way it influences veterans. Additionally, support has become more accessible. Chapter 7 gives information about support and research of media support, which is designed to improve awareness, reduce stigma, and address the needs of the military and their families. Chapter 8 is the conclusion of the information gathered providing a summary of the research.

Chapter 2 History of PTSD, Combat PTSD, and Military/Veteran Suicides

Psychiatric disorders influencing individuals having experienced Combat, specifically in the case of military personnel, are varied. These include post-traumatic stress disorder (PTSD), combat fatigue, Combat PTSD, and emotional disorders or symptoms of disorders. Historically, these types of conditions have had several different names, having originated following the American Civil War. The first evidence of psychiatric disorders occurred in descriptions of doctors and psychologists after the Civil War (Kindsvatter, 2005). Horwitz (2015) told the story of John Hildt, who was placed in an asylum, after losing a limb in 1862. During this time, families faced shame from mental illness, and few people understood "how war can scar minds," which placed stress on the family to provide any aid or understanding for Hildt (Horwitz, 2015, para. 3). Soldiers suffering from mental illnesses, resulting from their time at war, created a self-imposed shame felt by themselves and their families due to "Victorian notions of manliness and courage" (Horwitz, 2015, para. 3). Common practices of the time were hiding cases of mental illness, removing cases from family histories, and ignoring cases in more public archives (Horwitz, 2015). At that time, symptoms typically recognized included homesickness, depression, and exhaustion.

As other wars took place, phrases such as shell shock became popular terms for psychological conditions of soldiers and veterans that resulted in tremors, paralysis, reenactment, and states of terror (Kindsvatter, 2005, p. 670). However, even as late as World War II, limited understanding of PTSD resulted in terms such as "personality defects," covering many conditions involving the need for treatment. Additionally, it was at this point in which the term combat fatigue became recognized as having a condition that prevented the soldier from continuing in his current duty position (Kindsvatter, 2005). At this time, medical professionals

thought that these psychological conditions were triggered by personality defects that could predispose a soldier to these responses during combat (Kindsvatter, 2005). Schnurr (1991) provides a literature review of combat-related symptoms from studies of war veterans prior to Vietnam. It revealed terms such as operational fatigue, alcoholism, and disabling condition, and research noted that families often managed the needs of these patients, which went mostly unreported (Schnurr, 1991). After the Vietnam War, a continued onslaught of veterans with psychological and emotional problems began to drive research and helped to develop an understanding of the change occurring in an identity about the character traits displayed. This knowledge resulted in the term of post-traumatic stress disorder (PTSD), initially used in the 1980s (Kindsvatter, 2005). The words post traumatic focus on the aspect of psychological trauma or distress occurring after returning home, as opposed to occurring in the field or during active duty (Kindsvatter, 2005). Specifically, combat stress occurs when a soldier serves in a combat area of operations; if these symptoms increase or impair the individual after removal from combat, the soldier is at an evaluated risk for PTSD and changes to their identity.

Combat PTSD, or specifically that PTSD which follows combat stress and is particular to veterans, received more recognition, due to increased understanding, during and after the Vietnam War. As early as World War I, returning soldiers hospitalized for mental health or psychiatric conditions received a diagnosis that later became PTSD (Kindsvatter, 2005). As a result of growing bodies of knowledge, perceptions of PTSD have changed from that era to the present day. Current beliefs and research on PTSD find it to occur in a variety of conditions, including mental, physical, or sexual abuse. Furthermore, over time, combat fatigue and Combat PTSD have become recognized as two different conditions. Combat PTSD treatment occurs by removal from active duty, because of a constant fear of death. Combat fatigue was recognized as

an acute behavioral disorganization directly resulting from exposure to war. However, Combat PTSD would develop a new definition, that of a condition that occurs upon returning from war or other trauma during active duty and resulting in continued needs of Vietnam veterans and later those of Desert Storm (Kindsvatter, 2005; Caddick et al., 2015).

Combat PTSD effects the identity of all members of a military family. Defining PTSD is imperative to understanding Combat PTSD and the wake that is left which is the focus of this research. Combat PTSD is perceived as disappearing when the soldier is removed from the combat situation, while PTSD remains even after (Kindsvatter, 2005). The primary definition of PTSD details symptoms of emotional distress explicitly, typically including one or more of the following: "nightmares, flashbacks, anger, anxiety and 'hyper-arousal,' and a profound sense of morbid sadness" (Caddick et al., 2015, p. 97). The relationship between PTSD and suicide is less apparent than PTSD exhibited from exposure to war, which results from a variety of risks associated in researching and assessing individuals at risk, or having had PTSD and suicidal ideation (Brown, 2015; Caddick et al., 2015; Hudenko et al., 2017). As part of the PTSD challenge, research is unclear if this is strictly a risk for soldiers or all sufferers of PTSD. The first risk to developing a clear association are that not all veterans or military personnel receive a diagnosis of PTSD, regardless of associated symptoms recognized by friends, family, or even experts in the field. The second risk to developing a clear understanding of the relationship of PTSD with suicide is the lack of precise accounting, reporting, and understanding if a death is from suicide. A variety of conditions, particularly in the case of suicide versus homicide or accidental death, prevent a complete analysis of the circumstances of the death. One example is overdosing on medications or illegal drugs; in addition, there have been cases of accidental deaths reported in the case of car accidents that were intentional suicides. In this manner, a

relationship can be drawn but not concluded because many psychological conditions or diseases may have a direct relationship on the willingness or ability of an individual to take their own life. The next section explores the literature further to understand PTSD and Combat PTSD.

Guided Exploration of the Literature

The rates of PTSD and suicides are concerning and influence more than just numbers of veterans or the conditions of veteran care. Combat stress is defined as occurring due to a constant fear of death and is believed to be relieved by removing the soldier from that position (Kindsvatter, 2005). However, Combat PTSD occurs after being removed from the dangerous situation and results in psychological or emotional conditions even long after the soldier has returned home (Kindsvatter, 2005). Psychological and emotional influences on identity occur over time and with changes to either the surroundings or the life of the individual (Caddick et al., 2015). A soldier's identity is largely dependent on factors outside of the soldier's control. Further, the soldier's identity can influence the way in which the soldier perceives their role and their continued role in life, both as a military member and a transitioning civilian. Limited literature has been developed identifying the reason suicide has become a growing cause of death among military members. Caddick et al. (2015, p. 97) recognized Combat PTSD as widespread in veterans; it has identified studies associated with the condition from "a 'men's health' perspective." Similarly, Brown (2015) argued that not all suicides that may be occurring because of Combat PTSD are reported or recognized in the more substantial body of suicide research. The United States Department of Veterans Affairs revealed between 11 to 20 percent of Operation Iraqi Freedom and Operation Enduring Freedom veterans are experiencing, will experience, or have experienced Combat PTSD. Further, Gulf War (Desert Storm) and Vietnam

War Veterans have a similar average, estimating between 12 to 30 percent of veterans will develop Combat PTSD during their lifetime (Gradus, 2017).

Research explores a variety of areas, including PTSD and suicide amongst military personnel and veterans (Caddick et al., 2015; Kopacz et al., 2016). Some research argues that the identity of the soldier has a direct influence on both PTSD and suicidal risks, specifically in consideration of masculinity (Caddick et al., 2015) and spirituality (Kopacz et al., 2016). Treatment of PTSD is critical to the management of symptoms and allowing the soldier to heal (Caddick et al., 2015; Kopacz et al., 2016). The traits of an identity play a critical role in the development of PTSD, the ability to seek treatment, or the management of PTSD symptoms (Caddick et al., 2015; Kopacz et al., 2016). Further, the death changes the identity of suicide survivors. Families may have prior opinions about the existence of PTSD and the methods of treatments or may endure shame because of having a family member with PTSD (Hollingshaus et al., 2016, p. 107). Addressing the various character traits that comprise an identity can provide valuable insight to assisting Blue Star and Gold Star Families.

Chapter 3 A Soldier's Identity

A variety of inherent and acquired traits form an identity, both within a person and from outside influences. Defining character traits will evolve and create changes to an identity. In some cases, an individual joining the military may become proud at their ability to hone their body and develop a muscular physique; however, after an injury, they may suffer from an identity crisis in redefining their individual control over their body (Messinger, 2010). Further, how an individual defines self can be completely different from the identity created by societal norms. Often, roles an individual takes on can define them to others; for example, Caddick et al. (2015) found that masculinity is not always a defining aspect of willingness to seek medical or psychological care. McClancy (2013) indicates that media and news shape public definitions of what a military person is, including the case of masculinity. The media establishes role models, defining what a soldier is, how they behave, and what they feel. When a soldier cannot meet those requirements, mental health risks may occur, or a refusal to acknowledge needs, such as those resulting from PTSD. In the past and specific communities today, the definition of a healthy soldier cannot include PTSD (McClancy, 2013; Woodworth, 2016; Caddick et al., 2015).

A soldier's identity will change over time, influenced by the different stages an individual will experience throughout their lifetime, from childhood in Boy Scouts to retiring Veteran. This also includes changing responsibilities and a difference in perceptions of the world. At each change, the soldier views a different aspect of life and self (Caddick et al., 2015). Conditions can be a result of life changes, such as limb loss, or even just the change from military to civilian life. A soldier returning home, after losing a limb, may have less interest in activities or also feel they cannot use the tools provided by specialists (Caddick et al., 2015). While the loss of a limb is a physical identifier, the concept of not feeling whole is a character trait that can negatively

influence an identity. Individuals begin in the military for any number of reasons, and their beliefs of the military are much like those of the stereotypical of military life portrayed throughout the media. For example, Woodworth (2016, p. 47) reported that myths about life in the military include, "Military families don't pay taxes and receive a lot of benefits" and "Military members are only away during deployments". Further, a misconception that Woodworth (2016) reported is that non-military individuals often consider PTSD exclusively because of experiencing war. Military families may have a better idea of what to expect, with family members who have been in the military prior to their experience; however, Woodworth (2016) cautions that experiences in the military may greatly vary.

Identity and the Soldier

Identity occurs in a variety of ways, including how we define ourselves based on gender, such as military masculinity (Caddick et al., 2015). Gender as a role in the military is known to literature and has a direct relationship to behaviors in both males and females upon joining the military. Some differences have occurred over the centuries, mainly as a result of societal changes. However, expectations are still occurring, which define a "soldier" comparatively to other individuals. This form of masculinity is also referred to as "hegemonic masculinity" and characterized by "displaying physical and emotional toughness, stoicism, self-reliance, putting up with hardship and being 'action-orientated'" (Caddick et al., 2015, p. 98). From the first day that an individual joins the military and continues through the transition into civilian life, expectations appear and propagate. In addition to society breeding expectations of how an individual will behave contributes to the identity of the soldier, these expectations fail to promote a willingness to share or accept help regarding mental or psychological needs.

According to Caddick et al., (2015) some research shows that the expectations of masculinity are not always a driving force preventing attainment of necessary medical or psychological help. Caddick et al.'s (2015) research also indicated that the masculinity approach could encourage veterans to work on achieving goals of wellness as part of the strength required to develop positive character traits. Further, Messinger (2010) defined identity through biology during a study regarding the use of prosthetic limbs, where the functionality was less important as other conditions in defining how the injury from service redefined self. In some cases, the challenges are less about how others perceive the individual as it is about how the individual intrinsically perceives how society may view them. For instance, Robert, in Messinger's (2010) research, wanted to understand how he fit into mainstream society, but first, he had to overcome that his leg did not "feel ...like a real leg" (p. 293). For Robert, the physical loss of his leg shaped the emotional traits of his identity.

Organizations within which an individual works also influence the character traits of their identity, including in the case of the military. Organizational culture includes the "assumptions, ideas and beliefs, expressed or reflected in organizational symbols, rituals, and practices" giving meaning to the activity of the organization (Terriff, 2006). Individuals working in the military develop a normative approach that influences their self-identity, to conform and be productive in their goals within the organization (Terriff, 2006). Organizational culture, such as in the military, is a situation of conforming to the beliefs of the organization. This creates a self-identity that includes the culture, which may create a new understanding of expectations and even change beliefs about how the soldier views the needs of the people around them. Military cultures are conforming because military members work closely together to achieve goals. Not a single member of the military is an individual, in that, the military is always a team working towards

common goals and aims. It is also possible that personalities are developed as a result of differences in expectations or organizational needs, including in the Army. Specific to my experience as a soldier, the military is an organization that requires soldiers to prepare for war with mental toughness. Prior to my deployment to Iraq, all the soldiers in my unit were required to watch an extremist behead a captured individual. Many asked what the objective of observing an individual who was beheaded. It was remarked as part of the process in which the military emphasizes the desensitization of violence. The desensitization of soldiers from the broader military culture reveals the organizational mindset that soldiers are expected to be mentally tough.

Personalities, Expectations, and Organizational Cultures

Specific personalities have different indications on the way people perform, including in jobs (Darr, 2011). Society expects that specific types of people will join the military, particularly in the case of the soldier who may see active combat duty. According to my experience with the military, an individual who enters the military is expected to be structured and stable.

Organization, team orientation, and goal driven describe the soldier that will go to war, and these personalities are developed in public ideals. In the movies and on mainstream television, soldiers meet these expectations, they are nearly immortal, like *Rambo*. A soldier cannot suffer emotional or mental stresses. These are the personalities that mainstream communities expect. Examples are everywhere, Bryan Mills in *Taken*, Maximus Decimus Meridius in *Gladiator*, or Ellen Ripley in *Alien* continued forward, almost like the *Terminator*, void of any emotion or emotional response that was outside of the need to protect, defeat, or conquer. These expectations are public-driven; however, in the military, the different branches and military specialties also maintain other expectations. Further, personality is influenced by the expectations in the

workplace (Darr, 2011). Military service can be more demanding than many organizations, and often have different influences on personality and family than other organizations, particularly as compared to private sector employment.

Personality has a direct influence on the ability of the individual to complete job functions, performance, and outcomes (Darr, 2011). Further, the needs of the specific job or other social and group involvements may encourage the individual to develop related personality traits to achieve a sense of belonging or achieve group goals and expectations. Darr (2011) explored neuroticism, extraversion, openness, agreeableness, and conscientiousness by using a self-reporting survey of military personnel. Findings from this exploration demonstrated that neuroticism influenced job performance, and defined as having traits that include depression, anxiety, irritability, and worry; as perceived to be related to self-esteem, self-efficacy, and core self-evaluations (Darr, 2011). Neuroticism appears to have a relationship with counterproductive work behaviors (CWBs), where the expectation of higher amounts of neuroticism would increase the CWBs (Darr, 2011). Similarly, extraversion could predict job performance, but not in all cases. Extraversion, defined by Darr, includes "sociable, assertive, talkative, and gregarious" personality traits (2011, p. 274). This could be useful to military personnel due to the need to remain in communication with team members and to communicate ideas, needs, and conditions effectively. Openness to experiences, found by Darr (2011), influences job performance only slightly and tend to have a negative influence on CWBs, while conscientiousness was a positive influence on job performance and another negative influence on CWBs. In this way, individuals who are successful in the military need personality traits that increase or have a positive impact on job performance.

As individuals work together, they begin to synchronize their behaviors, or they fail to become a member of that particular group (Octaviannand et al., 2017; Österberg et al., 2017). Organizations and teams may have a specific culture that defines expectations of their members, to both achieve goals and to increase the ability to achieve more goals in the future. Research, such as Körner et al. (2015), finds that organizational culture can directly influence job satisfaction, and job satisfaction influences the ability of an individual to function within expectations or remain at a job, according to other research (Octaviannand et al., 2017; Österberg et al., 2017). Culture occurs in every type of group environment, as a direct result of groups forming, norming, and conforming to each other's beliefs in a way that assists a group in becoming successful. Individuals joining a culture do not often remain in a culture that is outside of their individual abilities to conform. Similarly, individual's intent on staying in a group setting, typically conform to the group's requirements, at least in the basic settings. When an individual cannot accept the culture, turnover occurs, such as the individual leaving the military, or the organization (Österberg et al., 2017).

From my experience, the military is unlike other cultural settings in which an individual will be able to make decisions of exiting or conforming to the group's culture at any time. This is due to long-term military commitments, rather than short-term projects. Further, members of the military are training for situations that can be life or death, which places a higher importance on conforming one's identity. If a project team in the science lab does not meet expectations or achieve a goal, it is doubtful that death will occur, though it is possible. In the case of the military, not only can a single project result in the death of an individual but of many individuals. I have observed during my military experience that this condition may result in a much stronger sense of both conforming and belonging, to preserve life individually, as a group, and overall.

Like the expectations of the organization and group, are the expectations of society influential to the identity of an individual? Media creates perceptions, from television to radio, through books and websites. History promotes and talks about warriors, soldiers, the army, and king's men, discussing heroic battles conducted by strong men that shared no emotions, cried no tears, and stood up proudly stomping into the next battle. These stories have occurred throughout time and directly influence how people see the Armed Forces (McClancy, 2013; Woodworth, 2016). They are strong, lacking-of emotions, strict in managing their time because everyone 'knows' that the military is up before dawn and have their beds made before breakfast. This creates impressions, that military personnel must live up to in their daily activities and behaviors.

The identity of the soldier changes over time, created by the experiences of both internal and external needs in the person's life. These changes occur due to the organizational structure of the military, but also as a result of the external perceptions of what a soldier is and how a soldier should behave. Research from Darr (2011) indicates that specific personality types have advantages in different kinds of jobs, which could be true of the military and this may also indicate how identity is shaped in the soldier. When conflicts occur, between the expectations of the identity and the self-identity of the soldier, the soldier must manage these changes to be successful in achieving goals.

Changing the Identity

Developing a soldier's identity begins with joining the military and continues to evolve throughout an individual's life. This is true of all people because personalities evolve based on their experiences, shown in how a person develops their identity, such as their internal and external identity (Mathews, 2014; Fitzgerald et al., 2016). When a person experiences trauma as a child, it can influence their beliefs or behaviors as an adult (Fitzgerald et al., 2016). Similarly,

adults experience several changes, from role changes to lifestyle changes that can have an influence on their perceptions of themselves or because of their community's perceptions of those changes.

Soldiers are viewed as a particular type of personality, way of life, etc. For example, non-military individuals perceive the military as having a schedule that requires members to get up early and make their bed. The idea is that soldiers live a structured life and they instantly follow all commands. In some cases, this ideation occurs in the internal identity of the soldier, as structured and conforming to the civilian population's perceptions of their life. In other beliefs, people may perceive the actions of the military as wrong or right, which can create conflict for the self-identity of the soldier, particularly in the case of external identity. External identity is the concept of how others see our actions, choices, and behaviors (Mathews, 2014). Community and the general population act as external identity; also, family and co-workers too represent external identities. When an incident occurs, the external identity defines how other people will view that action, and the self-identity reviews it based on beliefs and past experiences (Mathews, 2014). However, external identities have many influencing factors; many developed because of media and other public factors. When identities change, individuals must revise their understanding of themselves and the world around them, where they fit into the world, how they are still relevant, or if they can live in the world as they are now.

Chapter 4 Changing Identity and Traumatic Events

A variety of different aspects create the way in which a person responds to events, including identity, personality, and character traits. Trauma is not limited to “seeing action” or being part of active duty during wartime. Trauma can occur in a variety of ways, including accidents or minor incidents (Fitzgerald et al., 2016). The conflicted soldier develops character traits in response to any event. These character traits shape their identity and create unique personalities not equally tied to one specific trait. In some cases, these identities formed are the result of losing other service members, and in other cases, they are a result of self-sustained injuries. Each condition, from limb loss to friend loss, influences the self-identity of the soldier. PTSD can include shame, guilt, reduced self-esteem, and even self-criticism (Caddick et al., 2015). The soldier may blame themselves for the accident on the road that caused a death, or even an imagined mistake that resulted in the amputation of their leg. When the accident occurs as the result of a direct outside force, such as terrorist activity, the soldier may have a different mindset, one that is not self-blame. Each person responds to a different situation in their way, allowing for the identity-shaping of self to occur as references to the current situation, past situations, beliefs, and their individual history.

The Soldier

Soldiers experience many different beliefs about their individual identity based on the conditions of their experiences and based on the perceptions of how others view their activities or service. Some of the self-identity focuses on how an individual perceives themselves, and other parts of the identity are a result of how a person believes others to see them (Mathes et al., 2014). These are internal and external identities, which reflect on the soldier’s identity, state-of-mind, and needs upon returning home. During a soldier’s time in the military, many events can

shape the soldier; to include internal and external influences. Family, community, organization (military and other work-related forces, such as from a spouse), and even media create the external identities (Mathews, 2014). Soldiers view the public stigma of the military which includes idealistic views of military, expectations, and even hatred when forces resulting from military actions in locations the public does not agree. Internal identities are based on the upbringing of the individual, the conditions of their past, their beliefs, and a variety of other cultural and environmental factors that have occurred over the person's lifetime (Mathews, 2014).

Roles transform as a soldier changes over time because of their family, career, and military needs. Soldiers may intend to stay in the military their entire life; however, family needs may change. Another problem may occur when career interests change, or even in the case of an injury. As the individual grows in their roles and positions, their perceptions of the world and themselves may change over that period. Soldiers returning home are faced with other challenges, particularly from changing identities, different viewpoints of the public or civilian population, and changing roles in the family dynamics. Some soldiers return home after trauma, which can increase the changes to the self-identity, particularly in the case of Combat PTSD. Similarly, some veterans may not understand that their condition is PTSD, believing that they are only suffering from brain trauma, or simply not adjusting to civilian life.

Changing Identities – Returning Home

Identity crisis can occur when a soldier faces civilian life after coming home from war and when suffering from Combat PTSD. The challenges in identity can result from trauma, guilt, shame, injury, or any other incident having occurred while in the military. Trauma-related shame may occur along with PTSD, particularly in the case of self-judgment or depression (Øktedalen

et al., 2014) Research indicates that shame and guilt are some of the more difficult areas of distinction, resulting directly from the individual's unwillingness or inability to admit to the emotion. In the case of shame, treatment differs from that of guilt, creating even more complications in the case of PTSD (Øktedalen et al., 2014). Internal degradation, which has a direct relationship to self-identity, and to feelings of failure; while external shame is related to how others see the person (Øktedalen et al., 2014). If the individual has a self-identity that is highly critical, perfectionist, or suffering from lower self-esteem, risks of shame and self-blame can increase.

Self-reflection or self-referential cognition may be acted upon by disturbances in the brain itself, specifically in the way that the brain communicates information, both to others and as data is processing (Bluhm et al., 2012). In some research, trauma reports are a leading cause of PTSD in military personnel (Carlozzi et al., 2016). Supported in the work of Bluhm et al. (2012), when evaluating the reaction times of two sample populations, PTSD presented from trauma. Research reveals that the smallest form of traumatic brain injuries (TBIs) could put more military personnel at risk than previously realized. In this way, the injury is directly influencing self-identity, rather than on the psychological conditions of self-identity development.

One of the most significant concerns of a soldier returning home after combat duty is their reintegration into civilian life, which has been a known challenge for centuries. There have been many positive resources for veterans which include the focus of employing veterans and their families as a direct result of programs developed to reduce veteran unemployment. Others have increased a veteran's choice to obtain a college education. A veteran can be reluctant to seek out the resources set up to engage veterans and improve integration into civilian life, whether in the case of growing symptoms of PTSD or that of unsuccessful attempts to keep

civilian employment. Families welcome back their military member not knowing the many changes to their identity. In some cases, undiagnosed or untreated PTSD may result in suicide. When a soldier dies, the family suffers; however, the identity of family members left behind from death by suicide suffer from the same effects of the stigma that may have caused the soldier's death.

Chapter 5 The Effects of Suicide on Identity of Family and Friends

Suicide is a challenge for all families left behind, regardless of why the individual has taken their life (Hollingshaus et al., 2016). Challenges in the family begin immediately, as roles in the household change and the family suffer the shock of the loss. Following this, there is the need to quickly move family members into the new roles, such as working when they had not before, changing schools if the family moves, and many others. Each of these changes creates new identities in each member of the family. Self-identity, much like for the soldier, is defined by the roles they have, the roles within their family unit, and the groups they self-identify. As survivors, the family also has internal and external identities to develop, overcome, or come to terms with, to remain productive and avoid suicide ideation themselves. Suicide creates a crisis in the family, both as the family manages the impact of the suicide, experiences the community influences on their lives, and achieves the necessary roles of each family members' new responsibilities. A crisis of identity is felt by all members of the family and extends to friends and co-workers of the deceased.

Crisis in the Family

After a soldier dies by suicide, a change in the identity of the wife, children, family, and friends occurs. The outside influences and stigma can dictate the perceptions of the victim, of life, of the family's ability to handle problems, and the ability of the family members to create new identities. The death of the loved one develops a sense of loss that may create conflicts in the family dynamics, financial distress, and the perception that society places on a family that endures a suicide. In addition to the number of roles of each family member, survivors of suicide must manage grief and avoid suicidal thoughts of their own. This is most challenging in families with young children and creates a need for increased access to grief counseling and other

services. Children cannot understand how the new roles forced upon their family will change shape their identity, nor what the loss means for the family.

Roles can be a critical part of an individual's life, especially when the roles are unmanageable or outside the ability of achievement. Many Gold Star Families struggle when an only a single parent remains to manage the responsibilities of two parents. The difficulty occurs as both a result of time and a result of money. However, even if there are ample time and money, the roles become more challenging, and the individuals must redefine who they are without their loved one. Suicide can be more challenging; according to research, death by suicide can create a different type of identity crisis than other types of deaths (Hanschmidt et al., 2016). Identity crisis occurs in the inability of the survivors to prevent the death, failure as a loved one to that individual, potentially finding other ways in which the survivor failed the suicide victim. Failure influences an identity by creating a lack of trust. Some of the challenges are dealing with the anger at the lost person, self-blame, and the overwhelming requirements of the new roles which manifest into unique character traits that may not have been a part of that individual's identity previously.

The suicide of a parent is devastating for children, regardless of their age. Gold Star Children become dependent on the surviving parent. They may become anxious that the other parent will die, or they develop negative feelings towards military personnel, each other, or the other parent. The death of a parent during early life may have a direct influence on the health of a child in their adulthood, including risks to developing mental or behavioral issues of impulsivity, disorganized attachment, and aggression (Hollingshaus et al., 2016). Other considerations, particularly as a child becomes older, is the risk that the child will believe that suicide is a way in

which to deal with problems that seem insurmountable, and puts a greater risk on the emotional stability of the teenager or young adult.

Identity of the Lost Ones

When a soldier dies, regardless of the reason, the family and friends take on new identities. New roles are inevitable during an individual's life; however, identity changes resulting from a loss, particularly that of suicide, are more common. Some of these changes are reflective of their views of others, but other changes are a direct result of how others view them. Based on the perceptions of suicide, some family members may feel that the suicide victim was not strong or did not demonstrate a masculine identity. For example, distress is perceived as a feminine response specifically that a masculine personality cannot show weakness by being in distress or suffering from a mental health issue (Caddick et al., 2015). Emotions are often recognized as the domain of women, and men are perceived to have either few or better control of emotions. In this perception, a masculine personality cannot show emotion, admit to being controlled by emotion, or have committed suicide as a result of uncontrollable emotions. Other risks to individual perceptions of self are the result of traumatic injury, whether loss of a limb or traumatic brain injury. In the case of suicide as a direct result of Combat PTSD, the military member will not survive the emotional and psychological effects of war. The stigma following the death or other psychological behaviors has a direct influence on the perceptions of self that individuals experience, further necessitating a change to their identity.

Chapter 6 Stigma for the Families

The identity of a wife or husband occurs as a result of the military status which changes once the spouse dies. A spouse is a member of a household that may be supported by two incomes which will be reduced to one income, while that individual struggles to identify new character traits they feel forced to assume after the death of their loved one. From my own experience, I felt compelled to maintain a continuity of my lifestyle; there is an internal fortitude propelled to assume the roles and responsibilities of the lost loved one. Strength and persistence to make changes during times of crisis may be managed differently by different individuals, but all situations require adaptation to the new conditions. Challenges of having a military spouse often include time spent apart and long-distance communication. When military personnel return home from combat time and transition into veterans, the family dynamics change again. An additional factor to the change of the household and the transformation of each family member's identity is the instability of the veteran who suffers from Combat PTSD. If the military member of the house dies from suicide or during combat duty, the household needs, roles, and requirements change. In my experience, when a wife becomes a single parent, due to suicide by a military or veteran husband, she becomes the full-time caretaker and primary financial and emotional support for the children. Spouses also suffer the decision-making of how to manage the new family requirements, including moving children immediately after the suicide or changing the way the house operates while children are in the midst of grieving and understanding their new identity as a Gold Star Child.

Stigma is understood to be the "social process wherein anticipated or experienced unfavorable judgments are made about individuals or groups, resulting in social exclusion, rejection, and degradation" (Hanschmidt et al., 2016, p. 251). Death by suicide can create a

stigma for the families left behind, regardless of why the suicide or what roles the individual had in during their life. Many of the perceptions of military families is dependent on the support for the current military actions occurring or based on the views of the specific individual. For example, following the Vietnam War, many returning soldiers and their families were treated poorly for their involvement in the war (Kindsvatter, 2005). However, returning soldiers after WWII were celebrated by much of the population (Kindsvatter, 2005). Stigma and stereotyping occur in a variety of areas, influencing how people view themselves and others. Communities, cultures, religions, and laws affect and create stigmas which impacts the traits of an identity, both for an individual and an organization (Hanschmidt et al., 2016). Often, military service members are perceived as having a stronger character trait than civilians, because they have fought in combat or manage schedules that are unlike those of civilian populations. The media and television have contributed to these beliefs and stereotyping of identities.

Stigma and Stereotyping

In the past, media has influenced the perceptions of a population, by creating various stereotypes based on what an individual does for a living, how they look, and what behaviors they should exhibit. Included in these ideas are the representations of Vietnam War veterans, who were depicted as both psychotic and violent in the years immediately following the Vietnam war (McClancy, 2013). Even media, such as the evening news or validated research, is not innocent in the creation of bias or development of stigmas and stereotypes towards specific groups, as also demonstrated in the development of the soldier-hero ideologies indicated by McClancy (2013). From the lack of suicides reported in exact factual quantities, organizations have found it difficult to accurately support the programs designed to combat the stigma associated to death by suicide and to help nurture the new identity suicide survivors face.

Stigma and Suicide Survivorship

Major life disruptions are reported as occurring in as many as 18 individuals after the loss of a loved one to suicide (Hanschmidt et al., 2016). Historically, the treatment of families having lost a loved one to suicide has not been positive, including restrictions on burials, shunning of the family, and creating situations of isolation (Hanschmidt et al., 2016). Today, similar experiences continue to influence how families and friends are treated after a suicide, including rejection and stereotyping which impact the identities of the family members left behind. The normative concepts of a grieving family are often reserved for families having lost loved ones to other types of deaths, considering that the choice for death was selected by suicide and not the case in other deaths. Unlike the past, today numerous groups have been developed for families suffering from the loss of a loved one by suicide. These groups are available in nearly every city in the US due to the increased risk of military death by suicide. The difficulty remains, according to Hanschmidt et al. (2016), where negative perceptions of suicide can cause individuals to experience both shame and guilt over the cause of death of their loved one. In many cases, people believe that suicide is preventable by actions they failed to take, or by interventions that they were not successful in achieving. Social beliefs often demonstrate these same views, resulting in the survivorship suffering from the stigma that questions their inherent character traits. Research indicates that the most significant stigma experienced by suicide survivors is self-stigma, which results in a decreased ability to overcome grief and recover from the loss (Hanschmidt et al., 2016, p. 5). However, more recent research has found that public support for these military survivors of suicide has increased to the same standards of military death.

Self-stigma may have a direct influence on more than the immediate family, it may directly influence other members of the military, and can result in suicidal thoughts in any of

these groups. Individuals perceive their role in the suicide as different than what manifested, or they believe that roles existed which should have prevented the suicide. Often, like other losses, the griever punishes themselves for having failed to recognize signs, force the person to receive help, or to provide a foundation for the individual to feel safe in sharing their feelings and emotions. Grief influences the identity where the suicide survivor suffers from a variety of emotional and psychological conditions, including depression that can develop into a desire to commit suicide as well. Specifically, depression from a loss of a loved one, to suicide, creates a sense of failure in the survivors (Peters, 2016). Suicide ideation is common when families suffer from losses, both because of their new conditions and roles and as a result of depression. Survivors experiencing this type of loss are at risk of feeling overwhelmed by their new roles, their loss, and managing the grief in a way that supports the various identities within the family, as well as themselves.

Grief from the loss of a loved one is common; however, the stigma of the loss as a suicide and the loss resulting from killed in action, or other accident, may be different. These differences create more challenges for the families and other survivors, particularly ones that are caused by perceptions of what suicide means and how society perceives the survivors of suicide. For example, a soldier's suicide could result in individuals believing that the spouse did not support the veteran or that the family members could have helped make the veteran receive psychological treatment. Another consideration in the changing identities of survivors is that even when no stigma exists regarding their perceived faults, the survivors themselves may self-impose this stigma. Self-identity, because of loss, can be directly related to individual beliefs or expectations that a person has of their role in preventing suicide. Other self-identity issues result from religion, such as when the religion of the family believes that suicide is a sin. Other self-

identity difficulties occur when the family believes that the act was illegal, creating legal problems surrounding the focus that a military person has committed a crime.

Suicide results in a variety of stigmas, directly related to both religious and legal implications. The risk is that the family will suffer from the actions of the lost family member, and as survivors, they will endure the perceptions of others from the legality or sinfulness of the action. The stigma the family faces could include "social rejection and financial hardship" (Peters, 2016, p. 251). Some of the stigmas may occur because of media, friends, or even other family members; however, there is still a significant risk that the family will suffer from stigmas imposed by professionals and organizational cultures (Peters). Self-stigmatization is a risk that families face after losing the loved one, particularly in the case where they believe that the action was preventable. Self-blame, shame, and judgment are typical reactions of families after the suicide creating a crisis to their own identities. Due to the rapid change in a survivors' identity, they are often found to feel isolated, rejected and silenced (Peters, 2016).

The death of a family member, to suicide, is shameful, illegal, and sometimes an act of cowardice (Peters, 2016). Suicide survivors may not be able to seek out friends or community, even religious guidance. One problem preventing this is the feeling of burdening another with the information, or creating discomfort by sharing their story (Peters, 2016). Peters (2016) interviewed survivors, and one response was "I had to comfort them to bring them around that it's okay to speak to me". When the community cannot share in the pain of the suicide survivor's loss, the family can feel isolated and lost. Further, some communities believe that suicide is a crime, either against nature or the law. These further complicate how a person, family, can share their experiences with those around them. Not all suicides or deaths are equal, and different conditions can influence the responses from both self and community.

Differences in Stigmas

There are differences in the identity and stigma for the survivors of the death of a soldier or veteran killed in action versus suicide. This stigma can create a change in the identity of the family left behind. Families who have lost loved ones killed in action are supported by other military families and receive little or no negative feedback or interference from the community. Like all cases of suicide survivorship, military or veteran suicides are perceived by society as preventable and create a stigma for the family. In the case of other deaths, including killed in action, family members are neither responsible or able to prevent those types of deaths. In many ways, the death is perceived as an act that occurred void of any control and recognized as a need to help the family move forward and survive the loss.

A Gold Star Family has the recognition of their sacrifice to their country, for the people of the country, and validation that their loss places them rightfully into the category of families who have lost loved ones for their country. This status demands respect and thanks, and acknowledgment of what the family has endured. Today, the military recognizes that soldiers killed in action versus death by suicide are not as different than they were once perceived. The families left behind are now able to receive similar benefits, which is a result of the recognition that the soldier physically came home with invisible wounds that were the leading cause of death. Until more recently, the symbolic gold star, found on a service flag, was not applicable if suicide was the cause of death. The survivors of suicide must provide proof to the military that the veteran or military member was diagnosed and suffering from Combat PTSD, prior to the suicide. This task can be arduous and painful for a family to provide; however, the military recognizes a death by suicide that is caused by Combat PTSD to be synonymous with any death during active duty military status. When the military member is not diagnosed Combat PTSD

prior to death by suicide, the status cannot be listed as Gold Star, and the benefits cannot be the same as those of the Gold Star Families. Accordingly, the military does not have a stigma against suicides that are a direct result of Combat PTSD, if diagnosed prior to the death. That is not to say that the military community does not continue to foster a stigma of a weakened individual if the military member has died by suicide; however, the military and military organizations are fostering awareness of Combat PTSD and its effects.

Chapter 7 Working to Overcome Identity Crisis and Combat PTSD

Over time, public awareness of the increased diagnosis of PTSD and suicide rates of military members has resulted in many programs and media campaigns. The increase has focused on reducing suicides, both of military service members and of veterans. Suicide in the military, though more widely known as occurring in veterans, or non-active military personnel, also occur while on active-duty status. Much of the media and organizations aimed at supporting the needs of these populations have been challenged by the difficulties associated with demonstrating need. When individuals do not report the true nature of suicide or the actual suicide appears to have been an accident, the organizations and public awareness campaigns cannot publish factual evidence and find difficulty increasing awareness or receiving funding.

Similarly, the identity crisis of survivorship, caregiving, and PTSD are not often discussed in the local media or public awareness programs. Though PTSD is growing in awareness and media support, survivorship and caregiving are topics that are not addressed nor receive the amount of support and attention deserved to break the stigma surrounding suicide survivors. These conditions challenge many families, need assistance to ensure the new roles and identities that are developed can be effective. There is a need to discuss openly the changes in the identity of not just the military member that took their life, but the family members left behind who must rebuild a new identity to survive and move forward to reach their individual and family goals. This includes helping family members achieve their stability in their changed individual identities and those of the other family members. There are organizations specifically designed to meet the needs of survivors, which are indicated below.

Organizations and Soldier Identities

Organizations are working to combat the negative identity of a soldier that is suicidal or has taken their life. In many cases, military-focused organizations have been established to offer free mental health services, privacy in the management of suicidal feelings, and goal orientated programs to foster strengthened positive identity traits. Additionally, there is support designed to positively impact the identity of the spouse and other family members. One example of support for the prevention of suicide amongst military personnel and veterans is the program developed by the Veterans Health Administration, based on approval in 2004 (Katz, 2012). Several key areas were of focus in establishing necessary preventative mental health services to veterans and military personnel, including the implementation of evidence-based practices for providing education and referrals (Katz, 2012). The United States Department of Veterans Affairs (VA), is not alone in developing programs for the reduction of military and veteran suicides. The Defense Suicide Prevention Office (www.dspo.mil) was created by the Department of Defense to address the issues of suicide and to reduce suicidal behaviors of service members. This department, similarly to that of the VA's department, provides services to all Department of Defense employees, military, and civilian, as well as their family members.

In addition to government programs, private military orientated organizations provide access to several suicide prevention and mental health services. One example is the Action Alliance for Suicide Prevention, which provides a workplace task force that establishes a goal of providing support to employees and their families to prevent suicide (www.actionallianceforsuicideprevention.org). As a priority of the organization, the goal is to achieve awareness amongst all people, provide access to anonymous services, increase access to psychologists and counselors, and reduce the secrecy of suicide feelings to provide the assistance

needed to everyone. These programs are designed for many different fields, including law enforcement and firefighters.

Tragedy Assistance Program for Survivors (TAPS) is a nationally recognized organization with information and resources to available to survivors, volunteers, and supporters of military members (www.taps.org). This organization is known as a forerunner for helping families face life after all deaths, no matter of circumstance. Additionally, this organization understands that a stigma still exists regarding a death by suicide versus killed in the line of duty; however, this organization recognizes both as a loss and all survivors as Gold Star family members. With a primary goal of supporting military survivors managing changes and overcoming stigmas, their organizational goal is to provide the surviving spouse, and other family members, with programs, helplines, and companionship. This organization feels that families do not have to be a survivor on their own, and recognizes each unique case. Advantages of joining groups of survivors include the ability to talk with others, understand the new roles in the family, and gather companionship and support during any time of need. Families benefit from organizations designed to provide all survivors with resources and companionship, breaking the stigma between the various circumstances of death.

All of these programs and others share a primary goal, to raise awareness for military member and survivors and reduce stigma. Some of the stigmas, as indicated previously, is a result of the idea that military personnel routinely have identities that are characterized by strength, not one that suffers from depression or mental health issues. It is not a weakness to utilize services to build a stronger self and identity. Similarly, stigma tends to create the idea that one person, one family member, can prevent a person from taking their life. The goal of programs combating the stigma surrounding military suicide is to provide individuals with the

signs demonstrated by an individual that may be suicidal. Finally, these programs intend to reduce the damage to a family and their identities that is damaged by the loss of a loved one, irrespective of the circumstance of death.

Media, Public Awareness, & Combatting PTSD

The role the media plays in public awareness and the understanding of how to treat the symptoms of PTSD has been established by providing the public with information for recognizing signs of suicide, suicide hotlines, and other education designed to reduce the number of suicides per year. While much of the focus can be seen regarding teen suicides, as seen in television and radio announcements for many years, the goal of the military community is to increase awareness of anonymous support systems for all individuals that suffer silently. Additionally, news channels and newspapers have placed an elevated level of importance on driving awareness by promoting organizations and events designed to increase public awareness of the need for further assistance to military personnel and their families.

Military suicide information and news contribute to a daily source of information found throughout social media platforms. These include reports from a variety of news sources and calls for people to "take action." Due to various social media campaigns, for example, 22 push-ups a day, the awareness of effects PTSD can have on an individual's personality have become better known. As the rate of suicide amongst military members and veterans increases, more organizations are working to provide services to both families and military personnel. Some of these services are focused on awareness, providing information that may prevent future suicides or provide for survivors of suicide. The media has also taken an innovative approach to PTSD, specifically in providing ways to recognize it, news on studies for causation, and tips for management.

Chapter 8 Conclusions

Identities are unique to the individual and the circumstances they have experienced in their lifetime. Changes in circumstances or conditions can result in changes to an individual's identity, including the military lifestyle of combat deployments. Many military members will experience a change in their identity throughout their career. Their identity is comprised of internal experiences, inherent characters, and external factors imposed by military culture. Although the military as an organization does not shape a soldier's inherent identity traits, the organization shapes what it means to be mentally tough with a strong identity. Similarly, families have an identity that is built around the members of the family, and their roles within the family. The loss of a family member changes all the roles, create challenges and cause more than just the pain of the suffering the loss of that family member. Understanding how an identity causes an individual to accept, seek treatment for, or relate to individuals with PTSD is critical to growing awareness and providing the treatment.

Two types of identity exist, the internal and the external. Internal identity is based on our perceptions of our identity, beliefs, and accomplishments. For example, self-blame is that of failure. External identity is one that reflects the perceptions of what other people think. One example is to believe that other people blame the spouse for the suicide, that the individual may have known it would occur. While internal identity requires a foundation and support of counseling and other survivorship groups; external identity is often formed as a result of ideas created by culture, community, and even media. Some examples are that military families are stronger than other people or that they have support through military services. Additional risks are that cultures, religions, and even laws are developed to make suicide illegal or sinful. These are stigmas may have a drastic influence on the survivors and their new identities.

Stereotypes regarding the suicide of military members exist. People outside of the family may perceive that a military family will behave in a specific way or expect all veterans suffer from PTSD if they have deployed to an area of combat operations. In addition to stereotyping, survivors of a military suicide have the stigma that is directly related to the way in which the death occurred. The occurrence of both stereotypes and stigmas result in more complications as surviving family members work to rebuild their lives and create new self-identities. Further, the presence of these stigmas and stereotyping can create difficulties for children, that can continue to develop into adulthood.

Today, the military recognizes that death by suicide is considered combat-related and are treated similarly to those that have died as a direct result of combat actions. Organizations and media are also working to raise awareness, such as TAPS, and the new focus on understanding how PTSD changes one's identity; however, more research is needed. Research exploring the identity crisis military families face after a suicide is limited. Among factors that potentially create limitations are a result of the difficulty in reaching the target population, and the stigma families may feel in admitting their survivorship of suicide. Other challenges with reaching the community are the limited number of military personnel reported or diagnosed as suffering from Combat PTSD. Further research is necessary to understand Combat PTSD and the risks of suicide. While not all research indicates a connection between military suicide and Combat PTSD, education, and research will continue to provide a better understanding of those suffering. Three primary areas will benefit military personnel and their families; first is developing information that can effectively prevent increased numbers of suicide by veterans and military personnel. The second is understanding and developing information regarding the effects of Combat PTSD to one's identity. The final is the continued research surrounding the rapid change

of a suicide survivor's identity and the stigma of suicide must be further investigated to provide the information necessary in aiding the smooth transition for military survivors.

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