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Understanding the Impacts of Military Unit Suicides on Fellow Soldiers as Witnessed by Battalion Commanders

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Abstract

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by

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MA, Central Michigan University, 2013

BS, Georgia Southern University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The growing concern over the increase of suicides in the military remains a topic of discussion for senior leaders as they seek to provide services and resources to those in need. However, little research exists to address the impact of suicides on the soldiers who remain in units after suicides occur. The purpose of this thematic analysis study was to explore the observed experiences of battalion commanders who have witnessed the impact of suicide on their soldiers. Through the semistructured interviews of 4 battalion commanders, this research described the experiences of soldiers in military units where suicides had occurred. McCann and Pearlman's constructivist self-development theory, which defines how individuals experience and deal with trauma expertly, guided this study. Findings indicate that the concept of family is essential for some soldiers, and the bond that soldiers develop working alongside each other is frequently more reliable than those established by birth. This research also found that in units where suicides have occurred, soldiers experienced issues with isolation, depression, and substance abuse after the suicide and, in some cases, chose not to seek treatment. Participants reported this lack of seeking treatment had an impact on unit readiness to continue the mission; and that the reluctance to seeking treatment was both a personal and professional decision for some soldiers. Finally, the study addressed the need for additional training for senior military leaders in the face of the growing problem of suicide. The results of this study could be used to help senior military officials develop and implement programs to address the ongoing issues that soldiers and units face following soldier suicide thus resulting in positive social change.

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Dedication

I dedicate this to my grandmother, Annie Mae Williams, who believed in me as a young child when I told her that I wanted to get a PhD in Psychology. She placed the fire inside of me that burned for over 30 years to this great moment that is finally here.

I heard this quote by St. Jerome when I was in high school and it has stuck with me through the years. Good, better, best. Never let it rest. Until your good is better and your better is best. This phrase has stood by me because of some amazing parents that have motivated me along the way to never stop reaching for the stars. I have been incredibly blessed as an individual to have two sets of loving parents that have encouraged me from day one, and I want to dedicate this dissertation to them both.

For my parents, Ray and Brenda Noble who have shown me unconditional love and support from day one, I dedicate this dissertation to you both. Because of you, I have seen further, and it only because I have stood on your shoulders of excellence in knowing that anything can be achieved. Our discussions on this topic and your service to this nation has made me one of the proudest sons in the world. You've both been a beacon of light for me, and I want to thank you for everything. Noble Proud for life, thanks, Mom and Dad.

For my parents, Tom and Mary Williams, you have shown me love, gratitude, and the power of knowing that knowledge was the key to success. You each stood by me as I struggled and kept pushing me because you believed in me. Thank you for everything, and this accomplishment is just as much yours as it is mine.

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Chapter 1: Introduction to the Study

Introduction

The number of suicides of military personnel has increased at an alarming rate over the last 10 years as compared to the civilian population, and the trend is continuing (Reger et al., 2018). In the military, the focus on suicide has primarily been on prevention among the ranks, with trained facilitators informing soldiers about risk factors to look for when their peers need help or support (LaCroix, Baer, Harrington-LaMorie, & Ghahramanlou-Holloway, 2018). The military continues investigating innovative ways to identify soldiers who may be depressed; as such, it has increased the number of trained behavioral health professionals at each installation to provide treatment as quickly as possible (Mash, Naifeh, Fullerton, Morganstein, & Ursano, 2018). Although researchers have addressed the alarming rise in suicides across the military (Reger et al., 2018), little research is available to address the impact of suicide on units and soldiers after such events occur (LaCroix et al., 2018).

This study involved an exploration of the lived experiences of soldiers who remain in units where suicides have occurred and how those suicides have impacted the unit cohesion and group dynamics, according to the battalion commanders. The first chapter provides a glimpse into the background of the topic, with a discussion of some of the current research on suicide and its impact on group dynamics. I discussed the problem statement, followed closely with the purpose of the study, the research question, theoretical framework, and the study's assumptions and definitions as they related to the topic and the military. Finally, I present the scope, delimitations, limitations, and

significance of this topic, along with identification of the group who will most likely benefit from this research.

Background

Suicide rates in the military have increased steadily since 2012 and continue to outpace rates in the civilian population (Ramchand, Ayer, Geyer, Kofner, & Burgette, 2015). Even with the current emphasis on suicide prevention and training in the military, relatively little information exists on its impact to military units (Hom, Stanley, Guiterrez, & Joiner, 2017). Suicide can seriously impact those individuals and lead to depression, an inability to concentrate on certain tasks, and a lack of understanding in cases where the individual was a close friend or family member (Hom et al., 2017). In the case of family member suicides, survivors grieve on excessively internal levels compared to the grief process for family members who die of natural causes; the former can result in increased anxiety, depression, and guilt (Lee, won Kim, & Enright, 2015). Jackson, Peters, and Murphy (2015) stated at least 10 survivors are significantly affected by a suicide because of the close-knit structure of the family unit.

The military also operates in a close-knit environment, where individual soldiers live and work together daily. Because of the nature of the military and its focus on togetherness and teamwork, senior leaders began promoting soldiers to look at themselves as part of larger family unit (Shinseki, 2003). Through the strong messaging of family in the military, the same level of extensive internal grief is likely from soldiers experiencing the loss of a fellow soldier with whom they shared a close professional and personal relationship. Whitesell (2012) reported morale and group dynamics suffered in

cases where military stress levels were high. Therefore, it is logical the stressors associated with suicide could potentially impact the morale and group dynamics within formations.

The impact of suicide on group dynamics is significant in situations where individuals had close contact with the person who committed suicide. Such individuals exhibit more serious forms of depression, which could later contribute to suicide ideation or attempt (Kõlves, Ross, Hawgood, Spence, & De Leo, 2017). In another study dealing with suicide in families, Mash et al. (2018) detailed the impact of suicide in close-knit families and how it led to increased depression among family members, thereby affecting cohesion or togetherness. Mash et al. also addressed the remorse and guilt felt among family members after learning about the issues that led to the suicide.

The same concepts are applicable to soldiers. Whitesell (2012) showed the decay of unit cohesion occurs after traumatic events and reports of mental health complications increase. Although Kõlves et al. (2017) dealt with the impact of suicide among teachers, Ursano et al. (2017) found suicide attempts and ideations among soldiers increased within units where suicides had previously occurred, which indicated an impact to the mental health and well-being of the soldiers who remained. Salska, Plesiewicz, Zielińska, and Chiżyński (2013) also identified a physiological impact among family members after a suicide has occurred.

This same physiological impact could also apply to the impact of suicide among soldiers. The existing research on the impact of suicide on military units and survivor soldiers is limited. Although some scholars have identified risk factors such as depression

and traumatic brain injury that could contribute to suicide within the force (Bryan, Cleman, & Hernandez, 2012), the implications for increased risk to survivor soldiers remains unclear. Other studies show the impact of suicide from small units with as few as five individuals to large installations with more than 3,500 soldiers, primarily because of the lack of understanding of the impact suicide has on individuals and the unit's ability to address counseling and behavioral health requirements after such events have occurred (Hom et al., 2017). Despite a thorough search of the recent literature, I was unable to locate data on the topic of suicide within the military and its impact on soldiers.

Problem Statement

U.S. Army senior leaders often speak of the Army as a family unit (Shinseki, 2003). LaCroix et al. (2018) reported a need for further discussion on the topic of survivor soldiers because of the increasing number of suicides in the military. In many instances, the military approaches suicide only through education and awareness aimed at prevention (Martin, Houtsma, Green, & Anestis, 2016). The focus is lacking during the period after the suicide has occurred, without regard for usable measures to address any further incidents within the formation (LaCroix et al., 2018).

Based on a detailed review of the current literature and research on suicide prevention in the military, ample evidence suggests the military is addressing the problem of suicide. Determining risk factors that contribute to suicide in the military has provided meaningful results in terms of prevention and awareness. However, no study exists on suicide's impact on other individuals in the unit (Martin et al., 2016), likely because soldiers must continue the mission within 96 hours after a suicide, with little to no time to

address any behavioral health concerns. In units, a Fatality Review Board addresses a detailed timeline of the last 24 hours of the soldier who committed suicide, which includes contact with all individuals at work and home (Army Regulation 638-8, 2015). These boards determine what measures could have prevented the suicide without addressing the impact of the suicide on the soldiers who came in contact with the individual. Through observations on the impact of traumatic events in the military, Carr (2011) showed suicide can have impacts beyond those in the unit, potentially affecting everyone related to the incident. LaCroix et al. (2018) reported a need for further discussion on the topic of survivor soldiers because of the increasing number of suicides in the military.

Purpose of the Study

In this study, I focused on the impact of suicide on soldiers in units that have experienced suicides. For decades, the military has focused on suicide in a preventative measure, seeking ways to combat the problem, something that has become more common since the wars in Iraq and Afghanistan. The military as a whole could benefit from this study through the understanding of suicide's continued impact on unit readiness and cohesion in cases where the support in the aftermath of a suicide is not a priority.

The purpose of this qualitative study was to address the current gap in research on the impact of suicide on the soldiers and units in which the suicides occur. Soldiers who have established close bonds with individuals who later commit suicide may have a higher likelihood of requiring mental health treatment or may commit suicide themselves due the extreme nature of the grieving process. Current research has little data to

highlight this concern (Hom et al., 2017). Researchers focus primarily on the issue of suicide in the military, but none have addressed the issue how a suicide in the military impacts affected soldiers. By addressing the impact suicide has on survivor soldiers, the military has the opportunity to provide support and assistance to those who consider themselves a part of a larger Army family and may experience depression or other negative issues as a result of the trauma.

Research Questions

RQ1: According to battalion commanders, what are the perceptions and observed lived experiences of soldiers who have been in units where suicides have occurred?

RQ2: What factors do battalion commanders who have observed the lived experiences of soldiers in units affected by suicide feel are necessary to address the problem and its impact on group/organization dynamics?

Conceptual Framework

The conceptual framework for this study was McCann and Pearlman's (1990a) constructivist self-development theory (CSDT). It posits that individuals who experience trauma can begin to develop their own personal realities, which in most cases tend to be in the forms of denial and avoidance. In turn, these realities could lead to depression, anxiety, worry, and fear. According to McCann and Pearlman (1990b, 2010), this conceptual framework identifies five key areas to understand the impact caused by traumatic events that negatively distorts how individuals view themselves and the world around them as they cope. Those five elements are frame of reference, self-capacities,

ego resources, psychological needs, and cognitive schemata. Another significant point to the constructivist framework, which has elements of psychological aspects of the self, psychological needs, and the cognitive schemata, is that individuals who experience trauma develop a mental imagery of the event, which is extremely painful and difficult to manage (McCann & Pearlman, 1990a). In their studies utilizing CSDT, Buchanan, McCubbin, and Adesope (2016) reported individuals who experienced traumatic events of any sort had reported histories of negative cognitive schema that increased negative experiences and the need for additional counseling.

CSDT was suitable for this study because of the importance in showing how certain individuals deal with traumatic events and how they can develop depression, which could potentially lead to additional suicides. Currently, no evidence exists of CSDT use in the military population to describe the impact of suicide on survivor soldiers and units who may experience some form of vicarious trauma. This study adds to the current research by focusing on the lived experiences of soldiers impacted by suicide, as witnessed by their battalion commanders. This framework receives more detailed discussion in Chapter 2.

Nature of the Study

This study was qualitative in nature and focused on the lived experiences of soldiers in units where suicides have occurred as reported by their battalion commanders. The methodological basis was thematic analysis to provide a window into the posttraumatic period of soldiers after the suicide had occurred. Braun and Clark (2006) identified thematic analysis as a methodology in psychology used to analyze patterns in

qualitative data. With the use of thematic analysis, this study helped me to identify patterns in the lived experiences of soldiers as observed by their battalion commanders. The study provided a subjective view of the lived experience of individuals to explain how they made sense of a particular phenomenon, in this case, the impact suicide has on survivor soldiers. Fogarty et al. (2018) used thematic analysis to identify themes among 35 men who had recently attempted suicide from interviews conducted with 47 family members and friends of the subjects. This methodology proved effective in this study because of the focus on what battalion commanders observed of the lived experiences of soldiers after a suicide had occurred. The findings may provide means to address the aftermath issues.

Definitions of Key Terms

The following terms appear throughout this study:

Battalion commander: The Department of the Army selects an officer at the rank of Lieutenant Colonel to command a military unit consisting of at least 300 to 1,000 soldiers. The battalion commander position is reserved for less than 6% of the U.S. Army officer population because of the strict leadership potential requirements. Officers at the rank of general select battalion commanders through a review of evaluation reports at the Department of the Army level (Army Regulation 600-20, 2014).

Fatality review board: In the military, fatality review boards convene after the loss of any soldier occurring during the line of duty. In most cases, all leadership within the direct chain of command of the soldier who has died attends these boards to provide insight into where gaps in leadership involvement or awareness occurred that could have

prevented the incident. For suicides, these fatality review boards examine the last 96 hours of the soldier's life to determine if warning signs were missed (Army Regulation 638-8, 2015).

Postvention: Actions taken after a suicide that are designed to prevent other acts of self-harm from occurring amongst friends, families and coworkers of the individual constitute postvention (Schneidman, 1973).

Soldier: Typically, any individual serving in the Armed Forces in the rank of private to sergeant first class is considered a soldier. The soldiers identified and discussed in this study have served in the military between 1 to 4 years, work primarily in platoons of no more than 10, and reside in barracks with their peers (Army Regulation 600-20, 2014).

Suicide: Suicide is the act of a person intentionally taking their own life by physical means known to cause harm to the body and result in death (Goodfellow et al., 2019).

Survivor soldier: Soldiers who remain in the military formations after a suicide has occurred are termed survivor soldiers.

Trauma: Trauma is the psychological or physiological stress arising in others after a suicide has occurred (American Psychological Association [APA], 2017).

Vicarious trauma: Events not directly experienced as a primary part of the trauma may be vicariously traumatic because a person perceived, witnessed, or reacted to the incident (APA, 2017).

Assumptions

I made several assumptions for the purpose of this study. One assumption was that a fellow soldier's suicide impacted other soldiers in some manner resulting in a secondary trauma. This assumption was foundational to conducting the study. I expected the experiences of survivor soldiers negatively affect their well-being after a suicide has occurred and ultimately impact the morale of the entire unit. The second assumption was that battalion commanders would feel at ease sharing the observed lived experiences of their soldiers as they relate to suicides in their formations. The final assumption was that participants would be honest about the observed lived experiences of their soldiers, regardless of the outcome of the study, and that their recollections of the incident were intact.

Scope and Delimitations

This study was delimited to sitting and prior battalion commanders located at different military installations in the U.S. Army that had a history of suicide experiences. I did not include battalion commanders who did not experience any suicides in their formations, as their input, although valuable in terms of preventative methods, would not include any observations of the lived experiences of soldiers after a suicide has occurred. I also did not include the interviews of brigade commanders who experienced suicides in their subordinate battalions, as their observations of survivor soldiers are more detached due to the level of command. Because of the nature of the military in terms of chain of command, the input from brigade commanders would not feature the level of lived experience that the battalion commanders see.

Limitations

One limitation to this study was the possibility of some participants feeling uncomfortable sharing the perceived experiences of their soldiers. This could occur with use of the results to determine military career potential on evaluation reports, as battalion commanders are responsible for the safety and well-being of their units. They may feel they have failed as a commander if their units included soldiers who have committed suicide, or they may feel others would view them as failures. To mitigate this limitation, I relayed to participants the confidentiality of their results and interviews, and I afforded them the opportunity to view their comments before solidifying the final report.

Another limitation was that I was be unable to capture the lived experiences directly from the soldiers who experienced suicides in their formations because of the extensive requirements to receive Institutional Review Board approval through the Department of Defense and Walden University. This is primarily because of the APA's (2010) ethical requirement "to cause no harm." Although significant, I do not believe that this limitation will damage the final report of the lived experiences as observed by battalion commanders on their units after a suicide had occurred.

Another limitation involved my own personal experience with suicide as well as my experience as a battalion commander. These experiences may have invoked certain biases I have about leadership in general when it comes to this phenomenon. To mitigate personal bias, I was extremely aware of my own verbal and nonverbal cues during the interviews so that they did not direct the participants when they described their perceptions or lived experiences of their soldiers to prevent skewing the data.

Another limitation was that the results of this study were not relatable to other branches of the military, such as the Air Force, Marines, Navy, or Coast Guard. Although all military branches have programs aimed at combatting suicide in their formations, this study focused only on the sample population in the U.S. Army.

Significance

This study was significant because it contributed to filling the gap in understanding the impact of suicide on survivor soldiers and units where suicides have occurred. For decades, the military has struggled with how to address the rising number of suicides in its ranks (Reger et al., 2018). From methods aimed at prevention to treating and encouraging soldiers to seek assistance from embedded mental health specialists, the military continues to refine the strategies aimed at getting ahead of the problem. The military can use the results from this study to address the treatment and counseling of survivor soldiers and units after a suicide has occurred.

With these findings, the embedded behavioral health teams located at every military installation can focus their efforts at survivor counseling and treatment after a suicide has occurred, and potentially assist with the identification of certain risk factors associated with increased suicidal ideations postincident (Mash et al., 2018). Being able to provide counseling and treatment to survivors immediately following a suicide strengthens resilience among individuals and encourages assistance-seeking (Kõlves et al., 2017).

In terms of impacting positive social change, this study helps identify issues in units and among soldiers immediately after a suicide occurs. This might allow for the

development of effective programs for addressing survivor soldier grief and coping strategies in units. These programs could lead to reduced rates of suicide in the military.

Summary

The discussion of suicide in the military and the methods to prevent its rapid rise has been a focus throughout the Army since the onset of the wars in Iraq and Afghanistan (Reger et al., 2018). Through this discussion, one topic has remained absent: the impact on soldiers and units after suicides have occurred (Reger et al., 2018). The lack of organizational policies in place to address the impact on soldiers who remain in formations after suicides have occurred is notable. Because military officials have not considered the phenomenon, they could be leaving a population of individuals mentally harmed by these events.

Based on the gap in research, I focused on gathering data through semistructured interviews conducted with battalion commanders on their observations and perceptions of the lived experiences of soldiers in their formations after suicides have occurred. This study showed the impact of suicide on soldiers who remain in units after a suicide occurred, perhaps encouraging senior military leaders to develop and institute new policies providing additional behavioral health and counseling in the aftermath of suicide. In Chapter 2, I present a detailed overview of an extensive literature review highlighting the impact of suicide on group and organization dynamics and cohesion for comparison to the impact observed in the military.

Chapter 2: Literature Review

Introduction

This study focused on the impact of suicide on soldiers in units that have experienced suicides. Over decades, researchers and authors have documented suicide and its impact on certain groups, cultures, and organizations. However, the need and willingness to investigate the impact of suicide on survivors among all groups of people, and especially within the military, is new. The military may benefit from this study by understanding suicide's continued impact on unit readiness and cohesion in cases where support in the aftermath of a suicide is not a priority.

This qualitative study served to address the current gap in research on the impact suicide has on military units and soldiers as described by their battalion commanders. Soldiers establish close bonds with their coworkers, and when suicides or traumatic events occur, they are impacted in ways ranging from depression, alcohol and drug abuse, and possibly committing suicide themselves (Hom et al., 2017). The same close-knit bond shared among family members is also evident among coworkers, such as military and police officers, who work together daily. The research in this literature review detailed the impact of suicide on that bond. The primary focus was the issue of suicide in the military as well as established prevention methods.

Literature Search Strategy

To date, no researcher has addressed the impact of suicide in the military and how it affects those soldiers who remain after a suicide has occurred. This could be due to the ongoing conflicts in the Middle East over the last 2 decades and the lack of time that

senior leaders have been able to focus on the issue, but its impact on readiness is becoming more of a discussion topic. Currently, the focus in the military is on prevention, with little effort on postvention. Cerel, Jordan, and Duberstein (2008) reported a significant need for both quantitative and qualitative research to uncover the impact on survivors who remain after a close friend or family member has committed suicide. By addressing this impact, something underresearched within and outside of the military until now, the armed forces as a whole will have help identifying the support and assistance required for survivor soldiers to continue despite the alarming rise in suicides.

The literature review included current and relevant research on the impacts of suicide on groups similar to military units in terms of structure, where the individuals work together in close proximity over extended periods and depend on each other professionally or personally. These groups include police officers and mental health care providers, both assessed regarding the impact of suicide on survivors in those career fields. This subject in the military has not gained the attention found with other affected groups; without further detailed research, impacts from suicides will continue to be a problem.

I used Walden Library databases to review relevant information on suicide and its impact on group cohesion. The literature comprised peer-reviewed articles published between 2010 and 2020 and found in EBSCOhost, PsycINFO, PsycARTICLES, ProQuest Psychology Journals, and SAGE Journals, along with websites dedicated to the prevention of suicide in the military and the impact of suicide on units and survivor

soldiers. A thorough search of seminal literature also occurred because little current research on the topic exists.

Key search terms were *suicide, military, suicide and the military, suicide and armed forces, impact of suicide on group cohesion, impact of suicide on morale, suicide and survivor soldiers, suicide in the Army, aftermath of suicide, trauma and impact on groups, vicarious trauma and impact in others, impact of trauma in the military, suicide and the police force, suicide and mental health professionals, suicide and the impact on family members, suicide and survivors' guilt,* and *military subculture.* Also reviewed were academic books and government-based reports on the topic of suicide in the military and suicide in the police force, with reference to relevant journal articles.

Conceptual Framework of the Study

McCann and Pearlman's Constructivist Self-Development Theory

The conceptual framework most suitable for this study was McCann and Pearlman's (1990a) CSDT, which details how individuals who experienced trauma begin to develop their own methods of coping internally. This method may lead to depression in some people and potentially additional trauma. CSDT includes the idea of everyone experiencing trauma in different ways, and therefore allows for individuals to identify which areas of the self the particular trauma affects (McCann & Pearlman, 1990a). This conceptual framework was appropriate because of its use in describing how people are impacted by trauma and in understanding how trauma—and, in particular, trauma caused by the suicide of another—leads to increased depression in individuals when left untreated. CSDT has five components that explain the conceptualization of how

traumatic events result in personal distortions that impact the individual negatively. The five components are frames of reference, self-capacities, ego resources, psychological needs and cognitive schemas, and memory and perception, all of which contribute to the negative distortions in personal realities that create additional traumas (McCann & Pearlman, 1990b).

Frame of reference. Frame of reference describes how specific individuals develop and view their personal identity, their view of the world, or their internal appreciation and understanding of religion or spirituality. Trippany, White Kress, and Wilcoxon (2004) stated frames of reference also shed light onto how people understand the world. When these understandings are challenged, individuals began to create "distorted views" of their own realities. For example, in traumatic events such as suicide, individuals may begin to question their spiritual beliefs by asking themselves, "How could God allow this to happen?" or "Why aren't there more facilities or organizations to combat suicide?" This leads individuals to question their own self-awareness, wondering how they could have missed the signs or what they could have done differently to prevent the suicide or traumatic event: "What did I miss? Am I a real friend if I allowed this to happen under my watch?" For individuals who have experienced the loss of more than one close friend or coworker to suicide, this component becomes more intense in that they may begin to develop maladaptive behavior. These thought patterns of their own self-awareness and understanding create questions in the individual's mind as to whether they were "true friends" and how they could have missed signs leading to the suicide.

Self-capacities. Self-capacities is the second component of CSDT and defines how well people are capable of controlling their emotions or feelings when presented with traumatic situations. When an individual experiences trauma and undergoes a loss of self-identity or emotional self-esteem, there is a negative impact on self-capacities. The person then spirals on an emotional rollercoaster with little to no self-control (Pearlman & Saakvitne, 1995). In this component, McCann and Pearlman (1990b) stated depression becomes more internalized and the individual begins to develop self-blame. For example, the individual may be physically strong, but is attacked on a subway and rendered helpless. In this example, individuals will question their capabilities to protect themselves from future attacks, perhaps spending more time in the gym to learn new techniques. The individuals who experience the suicide of a close friend may begin to question their empathy and awareness, wondering if they can prevent the next suicide among their coworkers or friends by spending more time and asking more questions about the friends' lives.

Ego resources. Ego resources, the third component of CSDT, refers to the individuals' self-awareness and control over their surroundings, as well as their ability to harness their skills to protect themselves physically, emotionally, or mentally. Trippany et al. (2004) described ego resources as people's ability to understand and expound upon consequences, to establish boundaries or limits which they use to protect themselves. An example would be an individual who, having experienced the loss of a loved one or coworker to suicide, attempts to disengage from the experiences to find protection. The individual may withdraw from the normal group of friends or surroundings after an

incident, and in some cases, overexert to self-protect. To this extent, they are making themselves more vulnerable to depression or negative thoughts and behaviors because they have not addressed the underlying cause of their feelings toward the incident in their inability to understand the consequences of these actions.

Psychological needs and cognitive schemas. Psychological needs and cognitive schemas is the fourth component of CSDT, which includes those internal aspects of safety, intimacy, trust, self-esteem, and, most importantly, the ability to control what is happening externally in given situations. This component covers individuals' beliefs of themselves and others around them. In instances of trauma, individuals may ask themselves about their own personal safety and whether those around them are safe. They question whether they have control over their own lives or the power to influence others after a traumatic event occurs. Such actions indicate the impact of vicarious trauma and are common among survivors, who frequently question their actions and beliefs after having witnessed or experienced some form of traumatic event (McCann & Pearlman, 1990b).

Memory and perceptions. The fifth component of CSDT shows how a traumatic event alters memories and perceptions. In some cases, this occurs when individuals are present at the traumatic event, but their memories are fragmented and emotionless due to shock or trauma. When recalling the event, they provide a disjointed recollection of the trauma. Those affected by such alterations may include people who were not present or report inaccurate details based on their prior knowledge or interactions with the individual. This concept also makes room for the possibility of selective memory,

whereby individuals chose to remember certain details of traumatic events or create details that did not exist.

In some cases, the components of CSDT allow individuals to develop their own personal realities driven toward negatively altering perception, which leads to depression (McCann & Pearlman, 1990b). When differences between memory and perception occur, personal realities can negatively impact the other components as well. McCann and Pearlman (1990b) asserted that all components are interconnected. When a challenge in ego resources and self-capacities emerges, a negative impact arises in psychological needs and cognitive schemas in the individual's view of self and the surrounding environment. Further, Saakvitne, Tennen, and Afleck (1998) stated when people experience trauma, they take the event and manipulate it into their own beliefs of themselves; at times, they project the events onto others, which contributes to a negative personal reality as defined in CSDT.

Research Utilizing Constructivist Self-Development Theory

Some researchers have used CSDT to describe how experienced trauma can have a degrading impact on individual development and coping without properly treating or addressing the traumatic experience itself (Giller, Vermilyea. & Steele, 2006; Saakvitne et al., 1998). Saakvitne et al. (1998) reported CSDT not only assists with identifying the negative impact of trauma on individuals but includes a component of trauma that encourages growth and cognitive development in those who see the trauma as a means to overcome certain fears or negative schemas. This growth occurs only when individuals recognize the need for treatment to address the depression or negative thought patterns;

as a result, they are capable of developing a more positive view of the world and themselves (McCann & Pearlman, 1990a). Mangassarian (2016) used CSDT to describe the impact of trauma on an entire generational segment of Armenians who carried the painful scars of the Armenian genocide occurring over a 100-year period, and how it created a negative cognitive schema among a generation of survivors. However, the main use of CSDT in this literature review was to describe how trauma negatively impacts individual personal realities if left untreated by some form of counseling or therapy after the traumatic incident has occurred. Further, Saakvitne et al. used CSDT to identify the elements of individual development and cognitive schema that are increasingly negatively impacted after exposure to traumatic events, creating the need for additional treatment.

Carrico (2012) utilized CSDT to explain the impact of trauma on firefighters and their family members. The researcher noted previous scholars had addressed the impact of trauma on the firefighter's spouses but neglected to identify those impacts to the entire family. The families and firefighters completed the Traumatic Events Questionnaire–Revised to quantitatively measure the data regarding trauma exposure. All participants reported witnessing at least one event. The impact to the firefighters included higher reported cases of posttraumatic stress disorder (PTSD). Most noteworthy, however, was that stories of the traumatic events, as told by the firefighters to their spouses and family members, also created a diagnosis of PTSD in several of the spouses. Carrico hypothesized that in listening to the stories, the spouses and other family members had begun to create maladaptive views of their spouses and their safety, as well as negative

views of the profession and environment in which they worked. This is one of the components of CSDT, whereby individuals exposed to trauma create alternate realities or views of themselves and the world that, in most cases, tend to be negative as a self-protective measure. Another interesting note from this study was the validation that the vicarious trauma experienced by the family members triggered a lasting negative reaction, which required counseling. This vicarious trauma relates to the overall focus of this dissertation because, within the military's close-knit organization, the impact of a traumatic event such as suicide could also have lasting effects on surviving soldiers through depression and other negative emotions.

In another study utilizing the constructs of CSDT to explain the impact of trauma on others, Miller, Flores, and Pitcher (2010) interviewed nine judges who were coworkers with another judge who was shot through his window while at work. Previously, studies and research occurred on the impact of stress and trauma on jurors; however, there had not been focus on the trauma experienced by judges. The interviewed judges shared the impact on their feelings of safety, esteem, intimacy, trust and control needs, and somewhat minor negative thoughts and perceptions of their safety after the incident.

The judges in the Miller et al. (2010) study all showed signs of psychosocial impacts that, in some ways, affected their job performance and how they viewed themselves, the profession, and their working environment. The researchers utilized CSDT to understand the potential for impact trauma on the judges. Miller et al. conducted a series of semistructured interviews, which indicated the judges knew that not only had

the incident happened in the courthouse, but it could happen outside the courthouse, as well. With CSDT, the researchers noted judges developed their own individual maladaptive thoughts and "cognitive distortions" after the incident that shaped how they viewed themselves (Miller et al. 2010). Some judges also began to develop irrational thought patterns in which they started to undermine the importance of the legal work that the victim was doing. For example, because the victim worked primarily with family-related legal issues and the other judges were focused in other areas of the law, they felt nothing like this could ever happen to them. They began to question whether they could protect themselves if something like this did occur, and if they could protect their families. Their sense of security was destroyed due to the trauma, and based on the components of CSDT, they had developed realities surrounding themselves based on their experience of having worked with the victim on a daily basis. For example, within the ego resources component, individuals will begin to question their own safety and how they can protect themselves and others around them. In this particular incident, the other judges felt this type of traumatic could not occur within their lives because they were not family court judges and did not have clients who were emotionally volatile. As a result, the judges became detached from the incident without thoroughly understanding how it could have impacted their true abilities to protect themselves. This change is what researchers using CSDT indicate as the beginning of maladaptive thought patterns.

Miller et al.'s (2010) study is key to the overall purpose of this dissertation since it pertained to the impact of trauma on witnesses to the event. The judges also recounted their past experiences of serving in the military and witnessing traumatic events there.

They explained how they coped during those instances by distancing themselves from the incident or the individual involved as a self-protection mitigation that also proved to be maladaptive (Miller et al., 2010). Miller et al's findings illustrate the significance of utilizing CSDT in providing a theoretical framework to understand the impact of trauma on judges, and is useful in explaining the same impact on trauma experienced by soldiers. Since the study comprised nine individuals in a specific line of work in what some would call leadership roles, the findings could apply to soldiers serving in the military. Having individuals in a close line of work, such as the judges, is useful for showing the impact soldiers face as they work closely with each other. In addition, the judges were in leadership roles, where they may have received some form of training with respect and trauma. Within the military, this is not always the case. Soldiers come from varied backgrounds, and the ability to focus or train on something as specific as the impact of trauma or mitigation toward witnessing trauma requires extensive time and resources. In some cases, the military may only address those concerns after the traumatic event has occurred, being reactive as opposed to proactive.

CSDT was appropriate because the underlying research highlights the impact trauma has on individuals and the possibility of showing this as it relates to suicide within the military. This research involves the study of the impact suicide has on soldiers in units where suicides have occurred. The thematic analysis will allow me to gain insight from and understanding of how the suicides have impacted soldiers and units through the lens of their battalion commanders.

Review of Research and Methodological Literature

I conducted a thorough search for information and research describing the impact of suicide on survivor soldiers and determined there was not any relevant information covering the topic, which affirmed the gap in the literature. Most researchers highlighted the growing problem of suicide within the military, and the focus on prevention. Relatively few studies showed the impact of suicide in the military in terms of operational readiness because of the sheer number of suicides; none, though, have covered suicide's impact on soldiers left behind after the suicide.

McMenamy, Jordan, and Mitchell (2008) conducted a study of 63 adult survivors of suicide. The researchers sought to determine what types of support the survivors needed after the suicide had occurred. McMenamy et al. (2008) administered a Survivor Needs Assessment, which asked questions addressing the social and psychological coping mechanisms of suicide survivors and the challenges with acquiring resources and assistance after the suicide. The participants stated that challenges mainly included guilt, depression, and a stigma attached to suicide within their familial environment and culture. An overwhelming 84% of participants reported being unable to speak with their family members about their own feelings of depression after the suicide had occurred because of the stigma associated with suicide within the familial unit. The participants noted the impact of the suicide contributed to a downward spiral of their personal daily interactions and activities. For some, this lasted as long as 47 months after the incident, before they eventually reached out for support. The literature review indicates the impact

of suicide, and in some cases trauma, on other groups such as family members and policemen to show a similarity to the military.

The Impact of Suicide on Family and Friends

The family bond is strong because of relationship complexities and how family members interact and deal with trauma (Berger, 2014). The bond created between family members is extremely similar to the bond shared between military soldiers. The military considers itself a large, extended family that takes care of its own (Shinseki, 2003). Berger (2014) stated the family is likely one of the most significant groups to which an individual will ever belong; through understanding how trauma impacts families, psychologists are more capable of understanding how it affects other close-knit groups and organizations. Berger described traumas as "unwanted realities" with which individuals must come to terms. In some cases, those realities become altered as a mechanism of moving beyond the event. These realities are similar to the altered realities described in CSDT as developing in individuals after experiencing a traumatic event.

Jordan (2001) discussed the experiences of suicides within the family structure as being significant for survivors because of the close bond created by living in the same environment for extended periods. Jordan explained how survivors have extreme emotional guilt for missing the signs of impending suicide. This in turn contributes to suicides among the survivors. Jordan stated the impact of suicide on survivors in a family is more difficult than from deaths occurring by natural causes. No one expects a suicide will occur in most cases; otherwise, the survivor would have prevented it. Outsiders often view the suicidal individual as strong and capable of withstanding all stressors or

traumatic events, sometimes without the help of professional mental health care (Berger, 2016).

McMenamy et al. (2008) addressed the coping mechanisms of suicide survivors, and confirmed the negative impact on family survivors is more difficult in terms of managing and assisting the survivor as compared to other groups of people in close proximity, such as coworkers. As with the police officers who experience suicides within their ranks, Lindqvist, Johansson, and Karlsson (2008) reported suicide support for family survivors is deficient, and completely absent in some cases. This is primarily because the police institutions often lack any processes or procedures to identify and send family survivors to treatment and support groups. Instead, the survivors must cope alone with the guilt, depression, and feelings of blame, shame, and anxiety projected by others.

The stigma of suicide, the felt guilt, and perceived blame by the survivor often prevent them from seeking treatment. This same guilt is apparent in the military. Soldiers, having worked alongside each other for months and in some cases years, experience suicide as if the individual was a blood-related family member. Andriessen, Draper, Dudley, and Mitchell (2015) agreed the impact of suicide on survivors within families is more serious than other types of deaths. The authors highlighted that higher rates of depression and suicide risk amongst survivors indicate the need for more research and support into assistance for family survivors of suicide. Andriessen et al. (2015) recommended suicide survivors provide a detailed account of their needs, questions, and concerns to a trained professional immediately following a suicide. The survivors should be entitled to assistance through the same psychological professionals to relay any

concerns about the normalcy of the emotions they are feeling. Finally, they should receive additional information about the suicide to obtain some form of closure; this would allow the survivor to move beyond the feelings of depression, guilt, and shame.

The impact is also unsettling with suicides among friends. In most cases, the need for counseling after a friend dies may be unavailable when multiple survivors are involved, bringing an increased likelihood of additional suicides (Pittman et al., 2017). Pittman et al. (2017) examined the need to address the impact of suicide on friends after the grieving process has begun. The researchers expected survivors would begin thinking of their own demise by suicide as a result of negative thought patterns. Pittman et al. hypothesized that when a close friend dies by suicide, the impact of having lost a loved one would encourage self-hate among survivors because they did not recognize the signs of suicide. As a result, in most instances, these friends would then become depressed and form a state of mind leading them to question their own attitudes towards death by suicide.

For this study, Pittman et al. (2017) gathered online data and conducted interviews with individuals between the ages of 18 to 40 years who had lost friends to suicide. Participants were either coworkers or people who attended college together in the United Kingdom. Participants admitted they felt suicide was a more likely option after having had friends who had committed suicide. Participants felt their sense of normalcy was destroyed at the loss of their friends; in some cases, the only means to address the feelings of emptiness were thoughts of ending the depression through their own suicide.

The closeness of their relationships made the thought and likelihood of suicide an easier option for them to ease the pain of losing a friend.

While this sample came from university environments, it is worth noting that college clubs and student organizations are similar to the communities within military battalions. In addition, the age range of 18 to 40 years reflects the range of most soldiers in the Army, who train together in settings similar to college environments. This same age group also accounts for 12% of all deaths associated with suicide, which is the second-leading cause of death within this range (Centers for Disease Control, 2013). In Pittman et al.'s (2017) study, approximately 82% of participants were female, which is dissimilar high disparity to the mostly male military population.

In another study addressing the impact of suicide among friends, Nguyen et al. (2016) examined the social support among African American friends and their likelihood to either commit suicide or have suicidal ideations after a close friend had committed suicide. The researchers looked the frequency of contact and social support of friends as being a predictor of suicidality. They found that close social support among friends and positive interactions with families decreased negative thoughts of suicide among individuals who had lost close friends to suicide. In contrast, those with negative family interactions and low social support were more likely to commit suicide themselves because of the lack of belonging after the death of a close friend.

Nguyen et al. (2016) collected data from 6,082 participants. The findings indicated the social support of friends was more important than the positive interactions of family members in preventing thoughts of suicide or suicidal ideation. Participants

reported this was primarily because they felt family members tended to underestimate the impact of suicide because of the stigma still associated with it among African Americans. Since African Americans are a minority within the military, this finding might not completely transfer to the proposed study. The researchers went a step further, finding friends were less likely to report suicide ideations to family members than to their friends, for the same reasons. In addition, in some instances, family members did not learn about the reported ideations until after the individual had committed suicide. A likely parallel exists in the military, where soldiers are less likely to report suicide ideations to their leadership. This application of Nguyen et al.'s findings were relevant because relationships within army battalions bear close resemblance to family relationships (Nguyen et al., 2016).

The Impact of Suicide on Police Officers

Police officer suicides are most attributed to untreated depression, financial or marital issues, and job-related stressors (Hanschmidt, Lehnig, Reidle-Heller, & Kersting, 2016). No data exist that show how many police officers actually take advantage of treatment. However, typically after police officer suicide, work colleagues can take leave from work duties and responsibilities during the grieving process and, in some cases, have the opportunity for mental health–related treatment. The process is the same within the military; though soldiers are typically only granted one day to attend a memorial, with no additional time off for grieving or counseling. Some survivor police officers succumb to feelings of self-doubt, depression, sadness, and, in some cases, remorse for not noticing the signs of suicide in their partner or coworker (Hanschmidt et al., 2016). In

some cases, the stigma of missing the signs prevents survivors from seeking assistance, which may contribute to increased feelings of depression, guilt, anxiety, and possible future suicides or suicidal ideation (Tal Young et al., 2012). Discussing suicide within the police culture can appear a sign of weakness; therefore, most police officers refuse to talk about the topic with others. When the discussion does occur, most police departments are unsure of how to handle the survivor due to the extreme stigma attached to suicide (IACP, 2014; Miller, 2005).

The stressors placed on police officers to protect the community accompany an increased need to be physically, psychologically, emotionally, and mentally effective. When a suicide occurs within the force, the police officers themselves may question the effectiveness of survivors. Cerel et al. (2008) noted that, in some cases, suicide survivors may receive more nonverbal cues from others that, although not outwardly indicative of blame, can appear as such. In most cases, police officers are not trained or equipped to understand the impact suicide has on survivors. Therefore, they do not know how to help themselves or others in terms of stress management and coping mechanisms (Chae & Boyle, 2013).

When the police officer is a firsthand witness to the suicide, the impact is even more severe. In these instances, survivors are more susceptible to intense feelings of guilt for working with someone and not noticing the signs of potential suicide (Chae & Boyle, 2013). Barron (2010) stated the impact of completed suicides on police officers leads to significant emotional and behavioral issues that play a major role in increased reports of depression, alcohol and drug abuse, and suicidal ideations. Again, the closeness of the

working relationships of police officers to the individual who commits suicide increases the levels of stress beyond resolution without the proper care and mental health attention. Police officers are equipped to cope with trauma, but their desire to cope internally with the suicides or unwillingness to seek treatment make them susceptible to high-risk disorders and issues (Barron, 2010).

Police officers are also subject to a professional code of support and, in some cases, silence in terms of protecting their own. They call this unwritten rule the blue code of silence, which encourages police officers to not report misconduct committed by other officers. This same code ties to the significant number of unreported or underreported suicides in the police force (Bogle, 2018), primarily because officers did not want to report mental issues out of fear of hurting a coworker's career progression. In cases where the suicide occurs and officers were previously aware of ideations, they underreported awareness because of the fear of the suicide reducing or denying insurance payments to the family (Koopmans, Wagner, Schmidt, & Harder, 2017).

The military has similar situations. Soldiers have been hesitant to seek mental health care due to its potential to impact their career progression. After a suicide occurs, an investigation takes place to determine if the incident was in the line of duty so as to determine military insurance proceeds payable to the family. Previously, the act of seeking mental health assistance might impact whether the soldier could maintain a security clearance, which is usually mandatory for the profession. The stress of withholding information also contributes to individuals' desire to end their own life and, by extension, end the feeling of guilt. Within the military, cases of sexual assault are

similar. Soldiers may be unwilling to report instances of assault or shed light on possible offenders due to not wanting to turn in a fellow soldier. In other instances of nonjudicial punishment, soldiers do not report on their friends for fear of being ostracized.

For each police officer suicide, another police officer within the organization is in need of help and also considering suicide (O'Hara, Violanti, Levenson, & Clark, 2013). Viewed as a symbol of strength, police officers may hesitate to report instances of weakness requiring mental health treatment or counseling (Violanti, 2010). This same view of themselves as professional machines also contributes to their inability to seek treatment after a suicide of a close coworker (Chopoko et al., 2013). For the surviving police officer, maladaptive coping mechanisms and emotional separation from the traumatic event may lead to their own mental health problems and even suicidal ideations (Dowling, Moynihan, Genet, & Lewis, 2006).

Bogle (2018) used Lazarus and Folkman's (1984) transactional model of stress and coping as the theoretical framework of a study on the impact of suicide on survivors within the police force. The transactional model of stress and coping identifies how some people cope with stressful events. Bogle found individuals who were more likely to report the suicide of close coworkers had a greater likelihood of that suicide negatively affecting their emotional, mental, or psychological well-being. Bogle further noted that police culture contributed to survivors withholding the need for behavioral health support after the traumatic event. Most surprisingly, the study also indicated police officers who had experienced coworkers committing suicide felt the police force did very little to address the issue of support after the incident. This, too, could be due to the police culture

of projecting an image of strength at all times. The police subculture and stigma are also applicable to findings within the military. The image of a strong military is often the same perception that prevents individuals from seeking treatment.

Impact of Suicide on Police Group Cohesion and Dynamics

The impact of suicide can have lasting effects on group performance and organizational cohesion if the proper resources, such as counseling and additional treatment, are not made available after an incident occurs. The impact on group dynamics and cohesion among police officers is another under researched area with limited data. Through a literature review, Koopmans et al. (2017) found limited studies describing the impact of suicide on group dynamics and organization for emergency response providers, which includes military, police, and other law enforcement agencies. The researchers noted the majority of the available data related to preventative measures available before the suicides occurred: mental health treatment and fliers promoting awareness. After suicides occurred among emergency response providers, the focus shifted to continued work regularities rather than the suicide's impact on the team or its performance. One factor of note was the period after a suicide occurs. Most police officers begin to second-guess or question themselves to determine what they could have done to prevent the suicide (Koopmans et al., 2017). Within the military, soldiers may often question themselves on signs they may missed when a co-worker commits suicide.

Police Leadership Response and Methods to Address Suicide

Studies conducted within the police force were attempts to identify what leadership provides to address the problem of suicide and its impact on the force. Theon,

Dodson, Manzo, Pina-Watson, and Trejos-Castillo (2019) examined agencies offering some form of suicide prevention measures and treatment versus those that did not. The researchers sought to identify whether prevention and treatment led to a significant reduction in the number of reported suicides or suicidal ideations within police departments. Theon et al. studied 55 police departments, with 144 police officers participating in an anonymous survey. Police officers whose departments provided well-being classes and promoted suicide prevention and mental health assistance stated they felt comfortable reporting issues or seeking assistance for issues dealing with suicidal ideations. In departments without suicide prevention and awareness programs, 12.4% of officers reported they felt alone and would "very likely" attempt suicide one day.

In line with the military's needs, this study indicated the importance of departments understanding the needs for mental health care. Most police officers self-reported they were initially unaware of what mental health programs were, and what these services could offer after a traumatic incident occurred (Theon et al., 2019). Such responses indicated a need for early education and training within the police force and the military. It is important for recruits to learn the various forms of mental health treatment available within and outside the organization, particularly when a crisis occurs. Employees also need reminders that these programs exist for the betterment of the organization; such programs are only effective when utilized to address underlying problems, such as depression and stressors after a suicide has occurred.

What all departments agreed on was the need for more structured programs and measures aimed at getting ahead of the problem of suicide within the police force (Theon

et al., 2019). Of these police departments, some offered reactive treatment or measures as opposed to proactive ones, addressing problems as they occurred instead of focusing on prevention. Following this study, the police departments implemented measures for continued emphasis on prevention after new recruits received their initial training. The departments included other measures, such as providing a police officer crisis help line for officers to call anytime and speak with a certified, trained counselor (Theon et al., 2019).

A commonality exists within the research as it relates to police officer administration and their attempts to prevent further suicides within their ranks after a suicide has already occurred. For the most part, the research indicates that administrations are failing, as the rates of police suicides continue to rise. However, some data exist to show police administrators making an impact in addressing the problem within their formations (Theon et al., 2019). Theon et al. (2019) indicated police chiefs understand the need for continued treatment options within the force when it comes to mental health or counseling after a suicide has occurred within the department.

Other less-effective methods of dealing with survivor issues emerged from a study conducted by Brooks-Russell et al. (2019). The researchers examined suicides within police departments in the Midwest, with gun storage used to prevent further officer suicides after a suicide had already occurred. Brooks-Russell et al. interviewed 448 police chiefs in police departments using gun storage as a preventative measure to additional suicides. The researchers sought to identify some of the barriers to utilizing this option as a method to prevent self-harm. Some police chiefs reported that at-risk

police officers who showed signs of depression were at ease with presenting their handguns for storage; however, they identified barriers to maximum participation, including limited space or legal restrictions, fear of ridicule by coworkers, and perceptions of being unable to perform their duties because of seeming weak in coping with personal trauma.

The police chiefs reported cases of storing the weapons of high-risk individuals who went on to commit suicide using some other method (Brooks-Russell et al., 2019). Within the military, weapons storage is also used with soldiers deemed high risk and discovered to have registered or unregistered weapons. In most cases, soldiers receive direct orders to submit their weapons for safe storage in the unit arms rooms as an added preventative measure. No research currently exists detailing the effectiveness of this measure within the military. However, the same outcomes may occur within the military as with the police. Some individuals will seek other methods of committing suicide when their handguns are unavailable; therefore, this is not an effective measure. With instances of close unit suicides and reports of depression among other soldiers, the military now requires a "tactical pause," whereby soldiers talk through their feelings; those who report suicidal ideations receive additional resources.

The Impact of Suicide on the Military Soldiers

Cvinar (2005) described a social stigma attached to suicide survivors whereby they feel they do not belong to other grieving groups, such as those who lost family members or friends to natural causes, accidents, or other forms of trauma. Instead, for those who lost friends or family members to suicide, the support group's focus tends to

be more on complex grief issues and mental health concerns. Some studies have indicated that survivors are the true victims of suicide, as they are left to take care of the impact after the event has occurred (McKinnon & Chonody, 2014). When it comes to dynamics, however, determining the impact of these trauma events on the group or family members remains an underresearched topic. Some reports suggest upward of 60 individuals, ranging from family members to coworkers, are impacted by one suicide death (Berman, 2011).

Kanesarajah, Waller, Zheng, and Dobson (2016) sought to uncover whether an association exists between unit cohesion or group dynamics within the military and the exposure to trauma. They also tried to determine if an organization's level of cohesion or morale had a significant impact on the resilience of those individuals. From their sample size of approximately 11,500 soldiers, Kanesarajah et al. (2016) ascertained units that were deployed to combat environments and experienced a traumatic event such as the suicide of a friend or coworker, returned from the deployment with mental health issues such as drug and alcohol abuse and other behavioral health related issues. The units with the highest self-reported accounts of low unit cohesion had a significantly higher amount of reported mental health issues compared to those who reported high unit cohesion with regularly conducted unit events, organization days, and competitive sports. Soldiers in units experiencing high-impact, morale-related events reported lower counts of suicidal ideations across the unit. Some units have begun to implement quarterly organization days as a preventative measure to capture this positive impact on group dynamics after the suicide or death of a soldier.

Kanesarajah et al. (2016) further indicated the level of unit cohesion or morale had a significant impact on the units experiencing traumatic events, with soldiers' mental health affected as a result. This indicates the potential to use a unit's group dynamics, organizational cohesion, and morale to increase the resiliency of the organization. Therefore, having high levels of morale within an organization before a suicide occurs could prove beneficial with regard to the level of resiliency. It is, of course, virtually impossible to forecast those units in which suicides are likely to occur; however, research indicates units deploying repeatedly on 12-months-on/12-months-off cycles have significantly higher instances of suicide or suicidal ideations than units deploying for shorter periods (Bonanno & Mancini, 2012).

McAndrew et al. (2017) viewed the impact of unit cohesion and group dynamics on resiliency following combat deployment. The researchers utilized data gathered from a series of questionnaires administered to 647 soldiers. McAndrew et al. found two components significant to having better mental well-being: strong unit cohesion and a lack of soldiers utilizing avoidant coping. The assessment occurred after a deployment, where the soldiers were likely to have witnessed one or more traumatic events, such as a combat-related injury or possible suicide. Soldiers who had witnessed a traumatic event reported having higher instances of depression, sometimes left untreated until after the deployment ended. This lack of treatment was attributed to the ongoing mission, and the soldiers not having the time to seek mental assistance to cope with the loss. In each of those cases, the units with higher instances of unit-related morale or cohesive events had fewer reported cases of depression and suicidal ideations than units without planned team

events. As reported previously, McAndrew et al. also indicated a small amount of research detailing the impact of trauma on good mental health. However, significant evidence supported good unit cohesion being synonymous with better resiliency after combat, because the units are united in ensuring everyone's well-being and mental safety are a priority.

This research does not indicate the measurement of unit cohesion and their quantifiable consideration as effective measures. With this current study, one could argue that the period after a suicide is not the time to plan a team or sporting event; instead, administrators should to use that time to focus on better mental health resources. Instead, McAndrew et al. (2017) implied planning these unit cohesion events prior to and after deployments could serve as preventative measures after repeated cases of depression or ideations without ever fully addressing the problem of what to do immediately following the incident.

McAndrew et al. (2017) also took into account the minimal use of avoidant coping when discussing how participants overcame the stressors of witnessing trauma during deployment. In most cases, participants reported their unit cohesion and the group dynamics of their organization allowed for a form of social support upon which they relied when needed. This statement is in line with the military being like a family. Soldiers assist each other as they would a family member struggling with depression or some form of mental illness.

Mitchell, Gallaway, Millikan, and Bell (2012) examined 1,662 recently deployed soldiers to determine if an association existed between trauma experienced during combat

and unit cohesion with predicting suicide ideations or attempts. They concluded combat-related trauma posed a significant risk to increased reports of suicides and suicidal ideations. Reports of ideations decreased among units with increased or high levels of unit cohesion. Although the findings supported other studies in terms of the relationship between unit cohesion or group dynamics and resiliency, this particular study only included the responses of male soldiers. The researchers failed to explain this significant limitation, which is worrisome, because females deploy and experience combat-related stressors, as well.

Hence the research indicates that unit cohesion and group dynamics are keys to maintaining a balance of mental health behaviors and reporting cases of suicides and ideations. In addition, some soldiers are reluctant to report suicidal ideation, viewing it as a career-limiting move or a reason to force them out of the military. Brignone et al. (2018) collected data from 443,360 active-duty soldiers and veterans. Of this sample, 126,314 participants had been discharged due to alcohol substance abuse, suicidal ideations, and seeking behavioral health treatment for some form of personality disorder. Within the last decade, soldiers who had experienced issues requiring mental health counseling or medication would be denied a security clearance. This would prevent them from being able to perform their military duties. As such, most soldiers would refuse to report suicidal ideations or seek mental health assistance out of fear of losing their jobs. Within this same time frame, these penalties diminished because of the rising number of soldiers returning from combat with mental issues. As a result, the military rescinded the policy, which allowed soldiers to remain in the military even after seeking mental health

treatment, as it no longer impacted the soldier's ability to hold a security clearance. However, some military leaders still view mental health treatment by soldiers as an inability to perform the wartime mission and objective by the soldier.

Military Leadership Response and Methods to Address Suicide

Military unit commanders must conduct sensing sessions and a formal command climate survey annually, unless requested as part of an ongoing investigation. This survey is a means to measure cohesion, group dynamics, and concerns within a unit. Assessment of these reports will indicate areas where concern or attention is needed or, in some cases, highlight good processes within a unit. In units with good cohesion where there have been suicides, participants will only report their perception as to why the suicides or the increased ideations occurred, and only if the survey includes questions on the topic. For some, the answer will depend heavily on whether that particular unit was experiencing some internal strife or whether the rate of deployment was higher than normal. In all cases, all participants must understand the need to address the problem.

As with the police force, methods exist within the military to address the continued rise in suicides. For the most part, these methods are preventative measures, with additional processes put in place only after the suicide has occurred. Often, these measures do little to quell the concern within the ranks in the "between time," until some other traumatic event occurs and the process begins again. In Israel, the Israeli Defense Forces Suicide Prevention Program (Shelef et al., 2016) has led to a steady decrease in reported cases of suicides or suicide ideations across the military. Shelef et al. (2016) conducted a cohort of two groups of military servicemen and -women over a 12-year

period at the onset of their intervention program. The program was designed to reduce the availability of weapons to at-risk soldiers; eliminate the stigma associated with seeking treatment; and place mental health professionals within units experiencing high suicide or ideation rates, as reported to military hospital and behavioral health clinics. The program also included training to leadership and soldiers at all levels on how to identify suicide-risk behaviors in the aftermath of a traumatic event. Shelef et al. measured the suicide rates before and after program implementation, finding the rates were significantly lower after receiving the aggressive training.

One could argue that numerous suicides and suicidal ideations could have gone unreported over the 12-year study focused on intervention. The U.S. military compiles suicide and ideation data annually; however, the data do not provide enough detail to identify cases connected to previous suicides. This points to the importance of prevention on the population of survivors. At-risk soldiers face the same requirements as those in Shelef et al.'s (2016) study, in that the U.S. soldiers also must turn in all weapons for safekeeping to the military arms room until they are cleared by mental health professionals.

Most significant from Shelef et al.'s (2016) findings was the combined use of weapons storage with increased effectiveness and education of mental health treatment and training to reduce the stigma of seeking treatment proved beneficial. However, this occurred only with program implementation using a top-down approach, whereby everyone received the training (Shelef et al., 2016). The challenge with this approach is the responsibility of understanding the program and ensuring all subordinates understand

it is left to leadership, who often have other priorities. The IDF study also showed lower risk in males versus females and individuals from higher socioeconomic backgrounds. This could be a challenge in the US setting, as most soldiers within the U.S. military are not from high socioeconomic backgrounds, as they tend to join the service to obtain a better life (Brown, et al., 2018). Within the U.S. military, both male and female soldiers receive the same pay based on rank, not experience. As with the IDF, females in the U.S. military tend to report suicidal ideations more than males; recently, however, more males have committed suicide than females. In some instances where suicides have occurred, females tend to seek additional behavioral health support postincident than do their male counterparts. However, no research exists to address the impact of suicide on survivor soldiers or methods to identify them as risk averse (Soberay et al., 2019).

Research Methods

Past literature on the impact of suicide on soldiers within the Army is limited in cases where soldiers participate in interviews, and nonexistent in others. Therefore, the intent with this study is to initiate a topic of research that will require further development on a larger scale. The use of thematic analysis helped identify the key observations of battalion commanders in units where suicides have occurred. Data came from semistructured interviews focusing on the soldiers in the units and how the incident impacted the unit. Participants will also answer questions on what they consider necessary to address the problem of suicide within the ranks after an incident has occurred. The problem requires more extensive research on proactive and reactive

measures; however, without addressing the program in the aftermath of suicide, the number of victims will continue to increase.

Sheehan et al. (2019) utilized thematic analysis to understand the risks associated with suicide disclosure among 40 individuals who had either attempted suicide or had thoughts of suicide after the loss of a loved one. The researchers reported several benefits for the participants as a result of their disclosure of possible suicide attempts or ideations. Benefits included an expanded social support network of friends and family members present to assist them, having friends who understood what they were experiencing, a strengthened relationship with others, and, most importantly, a mechanism for combating the stigma associated with reporting. In another study, Sheenan et al. (2019) researched the stigma associated with suicide survivors and their willingness to report their own suicidal ideations among 62 family members who had either lost a loved one to suicide or had experienced suicidal ideations or attempts themselves. Participants shared that the stigma associated with suicide among their familial cultures prevented them from reporting their own self-harm issues.

Sheenan et al. (2018) again utilized thematic analysis to uncover the themes associated with the unwillingness to report suicide ideations after the loss of a loved one. The most important theme appeared to be strongly encouraging individuals and family members to keep suicides and ideations a secret out of fear of shaming the family. Within the military, this same reporting stigma resides in soldiers who fear it could impact their military careers or security clearances. Fear prevents them from reporting, and in cases

where soldiers do report, some face immediate action for removal from the military because they are considered problematic.

While no researchers have used or described the impact of suicide on survivor soldiers utilizing thematic analysis, relevant information and data exist on similar groups such as police officers, mental health care workers, and family members. Using this information and studies producing successful results by similar military forces in different countries could prove useful here in the United States, where the problem has repeatedly gone unsolved (Stein, Kessler, & Ursano, 2019). As with Sheehan et al. (2019), using thematic analysis could potentially uncover the reasons behind soldiers' reluctance to disclose their suicidal ideations or those of their fellow soldiers who have confided in them. The thematic analysis could also add to knowledge about the continued stigma against mental health treatment and reporting that has plagued soldier formations for years.

Summary and Conclusions

McMenamy et al. (2008) used a Survivor Needs Assessment Survey to assess the challenges experienced by survivors after a suicide had occurred. Some survivors noted the impact of the grief process in terms of depression and desire to seek treatment; however, the researchers identified challenges to treatment. Increasing the knowledge of what contributes to suicides within the military could also add to understanding what steps are necessary for more effective preventative methods and programs.

The work of police officers and military soldiers means they are never really off duty. This devotion to duty is a part of the military culture, strengthening the cohesion of

the unit and the bond shared between soldiers (Coll et al., 2011). Soldiers sometimes refer to themselves as being soldiers 24 hours a day, 7 days a week, 365 a year, because in all truthfulness, it is the most accurate representation of the role. Soldiers' actions reflect not just upon themselves, but the uniform they wear and the unit to which they belong. Their actions are also a reflection of the internal image they must uphold. The same image also requires them to be strong, because they are charged with protecting the nation from enemies, foreign and domestic. However, when the enemy is suicide and the impact it leaves behind, the U.S. Armed Forces has no mechanism to respond to the survivor soldier. This study is an attempt to shed light on the growing problem among survivor soldiers who may become future victims of suicide.

Information in the following chapter will establish the foundation for the methodology used in this study. The objective is to identify the impact of suicide on survivor soldiers in units where suicides have occurred. Also explored will be what role suicides plays in the group dynamics within the military.

Chapter 3: Research Method

Introduction

In the past, researchers have documented suicide and its impact on specific groups, cultures, and organizations (Reger et al., 2018). However, the need and willingness to investigate the impact of suicide on survivors among all groups of people, and especially in the military, is a present gap in the literature (LaCroix et al., 2018). This qualitative study served to address the current gap in research on the impact suicide has on military units and soldiers, as described by their battalion commanders. Soldiers establish close bonds with their coworkers, and when suicides or traumatic events occur, they are impacted in ways ranging from depression, alcohol and drug abuse, and possibly committing suicide themselves (Hom et al., 2017). The same close-knit bond shared among family members is also evident among coworkers, such as military and police officers, who work together daily. In this study I explored the impact of suicide on that bond.

The purpose of this thematic analysis was to address the current gap in research on the impact of suicide on the survivor soldiers. The following sections describe the research design, the role of the researcher, sample selection, instrumentation, data analysis, and ethical considerations. Additionally, this chapter provides details on the threats to validity and ethical considerations for the study are addressed in detail.

Research Design and Rationale

This qualitative study was conducted using thematic analysis. The intent was to examine the impact of suicide on survivor soldiers in units where suicides have occurred. In this study I sought to provide answers to the following questions:

RQ1: According to battalion commanders, what are the perceptions and lived experiences of soldiers who have been in units where suicides have occurred?

RQ2: What factors do battalion commanders who have observed the lived experiences of soldiers in units affected by suicide feel is necessary to address the problem and its impact on group/organization dynamics?

My intent was to gather information and understand the impact of suicide in military formations where additional support and counseling are often not offered to grieving soldiers who worked closely with the deceased service member. Moreover, from the perspective of battalion commanders, my intent was also to uncover what additional efforts should be taken to address this major concern amongst soldiers. The study was thematic in the analysis in order to capture the told stories from the battalion commanders on the experiences they observed in their units after a suicide or a suicidal ideation had occurred. I wanted to capture their stories in order to understand the impact suicide had on their formations and also to allow them the opportunity to discuss areas of improvement from their perspective that could be used in other units experiencing the same issues with suicides.

Central Phenomena of the Study

The central phenomenon for this study was the impact that suicide has on military units and soldiers and what battalion commanders feel is essential for their soldiers to address this issue. For this study, I defined survivor soldiers as those who had close working or personal relations with the suicided soldier and remain in a unit after a suicide has occurred. I use the word soldier and survivor soldier interchangeably throughout this study. The impact of suicide in the family structure has been studied previously, but this type of research does not exist in the context of the military (Hom et al., 2017). As the military is often referred to by senior leaders as a family (Shinseki, 2003), understanding the impact in the Army may have shown similar effects. The description of the soldier as being a part of a family is be used throughout this study due to the close-knit structure of the military.

Another phenomenon to explore was what battalion commanders feel is required to address the growing problem of suicides across the military and in their formations. Until now, the suicides in the military have largely been addressed by senior leadership with minimal input from the leaders on the ground who have the most contact with soldiers. This study provided those leaders with experience of where suicides have had the most impact the opportunity to express their recommendations on what steps need to be taken to address this problem (see Mitchell, et al., 2012).

Research Tradition

Thematic analysis is a qualitative research method that allows the researcher to identify, organize, and analyze themes that are found within a specific data set (Braun &

Clark, 2006). Thematic analysis does not simply account for a numerical count of specific codes or themes, but it provides meaning from the data that can be used to explain a phenomenon. Thematic analysis can be used with a wide array of data sets gathered from focus groups, surveys, and observations, but it is most used when gathering data from interviews (Braun & Clark, 2006). It is in the interview setting that participants are able to share their subjective experiences, perceptions, and observations in their own words unencumbered by the rigidity of closed-response questions. Thematic analysis follows an iterative process that includes six steps aimed at defining the emerging themes in the data: (a) familiarization with the data, (b) assigning codes that shape content, (c) discovering patterns or themes within the codes, (d) reviewing the themes, (e) defining the themes, and (f) producing the report. Each of these steps are described in detail later in this chapter.

In this qualitative study I used the thematic analysis research tradition, designed to capture the thoughts and themes from participants as they related to the impacts of suicide on their military units. Researchers using thematic analysis seek to understand the themes behind the central phenomena (Braun & Clark, 2006), which in the case of this dissertation, was an exploratory look into the impact of suicide in battalions of soldiers. Braun and Clark (2006) describe the use of thematic analysis in uncovering patterns in qualitative data that can be used to describe a particular phenomenon.

In this case, I was be able to capture the perceptions and experiences of battalion commanders who have witnessed firsthand the impact of suicide in their military formations. These battalion commanders provided a subjective view of their experiences

in their battalions after a suicide had occurred. Through thematic analysis, I was be able to identify patterns that could potentially lead to changes in how units deal with suicide after they occur. Fogarty et al. (2018) described in their study of family members of men who had either attempted or committed suicide, that thematic analysis was useful in identifying themes that highlighted accurate observations of the impact of suicide. The participants in this study also provided invaluable insight into what measures they felt are necessary to address the growing concern of suicide in the military. As senior leaders in the military entrusted with leading soldiers, they had ideas and recommendations that could lead to positive social change in the military.

Rationale

The rationale for the qualitative research design was that the approach provided the best opportunity to capture in-depth data from a small population. In qualitative studies, the sample is typically a small number to allow for more detailed and insightful data as opposed to more extensive scaled studies requiring large samples in quantitative studies (Creswell, 2013). This study was intended to connect with a select audience of military leaders who potentially would be able to impact change in their formations. As a result, the qualitative nature of the study allowed them to view this topic from the observations of military leaders who have experienced suicides in their units.

I considered qualitative traditions such as interpretative phenomenological and narrative analysis to conduct this research. With interpretative phenomenological analysis, the participants and their perceptions are key to understanding and using the data gathered in explaining a phenomenon. In narrative analysis, the same personal

approach is used as the participants are allowed to basically tell a story that lends meaning to their lives and experiences. Because of the personal significance of this topic as it relates to the impact of suicide on soldiers, these qualitative traditions would have been difficult to use with soldiers given the research requirement to cause no significant emotional or mental harm by conducting the interviews.

The use of thematic analysis to analyze the data was the most effective approach because of its flexibility and that it allowed for identification of themes that were common amongst the participants (Braun & Clark, 2006). These themes, as reported by the battalion commanders, were used to highlight their subjective observations of how a particular suicide or suicidal ideation impacted their unit's morale or cohesion. Thematic analysis uncovered the reasons behind a soldier's reluctance to report in some cases (Sheehan et al., 2019).

Role of the Researcher

As the sole researcher on this project, I was able to identify patterns and themes that would describe the topic to the reader. I developed and offered open-ended questions that allowed participants the freedom to discuss the topics in detail. I conducted all semistructured interviews with all participants to allow for an easy and relaxed connection with the participants. The semistructured interviews provided the participants the freedom to express their observations candidly. As the researcher, I also had direct contact with the participants in this study and was relatable to them in that we each had shared experiences as battalion commanders. I was able to inform them that while serving as a battalion commander, I had not experienced first-hand the impact of a

suicide in my formation and that my experiences, although similar, should have no impact on their reported experiences. I remained focused on the predeveloped interview questions and did not deviate from their responses except in cases driven by their questions, and in those instances, I redirected them back to their observations. The conversations were free flowing and allowed for smooth transitions between each question.

Although I had no personal working relationships with the participants, I did share a common bond in that I am currently serving as a battalion commander who has had multiple suicide ideations in my battalion since taking command. Although I have not experienced any suicides, I did have thoughts about what could be done to address the problem in the military and in particular in deploying units. At no time did I share this information with the participants in order to prevent my particular biases from interfering with data collection. Instead, I ensured that the interviews stayed on topic by keeping my responses minimal, that is, supportive, but without expressing personal opinions, allowing participants to guide the conversation with their responses to the developed instrument. I kept a personal journal to capture my emotions and thoughts of the interviews throughout the data collection and analysis process. This journal was also for my personal account of the interview processes to capture the nonverbal communication of the participants and to ensure that I did not allow my personal beliefs to interfere with data analysis. However, based on my knowledge and experience with the topic, I was able to express empathy to the participants that I hoped would have allowed them to be

more forthcoming with their responses. No incentives were offered to take part in this research.

Methodology

In this section, I described the population that was be used to gather the data and the procedures through which that data will be collected and analyzed. I also provided the instrumentation that was be used to gather the data.

Participant Selection Logic

The population of interest for this study consisted of battalion commanders within the United States Army in units where one or more soldiers have experienced suicides or suicidal ideations. In all cases, these battalion commanders are selected from a population of over 2,500 officers to lead units with more than 700 soldiers, and they range between the ages of 30 and 45 years of age. There was no criteria that would eliminate battalion commanders that have commanded units where suicides or suicidal ideations have occurred, other than the time of the incident. All battalion commanders that were accepted to participate had been in command within the last 2-3 years in any military unit within the United States military.

The criteria for selection consisted of three factors: (1) Currently serving or previous have served as battalion commanders over the last 4 years, (2) Have experienced at a minimum of one suicide or reported suicidal ideation within their military formations that they found to have a significant impact, (3) Able to adequately describe their observations of their military units after the suicide occurred. I created a flyer that defined the criteria for participant selection to be used on public social media websites

and forums such as Facebook closed group setting, LinkedIn, RallyPoint, and Military Leader.

Instrumentation

Data was collected through semistructured interviews for those battalion commanders and participants located at military installations across the United States Army. For those battalion commanders that are in other locations or those selected through the public social media means such as Facebook closed groups, LinkedIn, RallyPoint and Military Leader, the interviews were conducted either via Skype or Facetime. I audio recorded all face-to-face interviews and Skype/Facetime interviews to protect the trustworthiness of the information presented by the researchers and to allow them the opportunity to review their comments before analyzing the data. Trustworthiness was gained in that the audio recordings ensured that a data trail of interviews were collected and transcribed at a later time. Participants were provided a consent form before participation after they have responded to the flyer/advertisement seeking to participate in the study.

I developed questions from a review of other questionnaires on the impact of suicide, a review of the current literature, and from personal experience. The questions were all open-ended in structure:

Background information questions were as follows:

- What is your gender?
- What is your age?
- How long have you served, or did you serve in the military?

- How long did you serve as a Battalion Commander?

The questions designed to answer RQ1 were as follows:

- I'd like to hear your thoughts about suicide in general, but first, please explain to me what the term suicide means to you?
- During your time in battalion command, how many suicides did your unit experience?
- After a suicide occurred, please describe to me what steps were taken immediately afterward for the soldiers that remained in the unit after the incident?
- How effective, or not, do you think these steps were?
- For stops that were less effective, what are the reasons for this, in your opinion?
- How would you describe some of your thoughts after the suicide occurred?
- How would you describe some of your feelings after the suicide occurred?
- How would you describe some of your behaviors after the suicide occurred?
- Please explain to me some of the observations you made of your soldiers after the suicide occurred.
- Which behaviors did you find encouraging, and why?
- Please explain to me in your own words what the term resilience means to you?
- After a suicide occurred, how did the resilience of your soldiers change? What changes in particular did you notice about their resilience?

- Which behaviors did you find worrying, and why?
- How would you define soldier morale?
- How would you describe the impact that each suicide had on your unit soldier's morale?
- How would you define soldier cohesion?
- How would you describe the impact that each suicide had on your unit soldier's cohesion?
- Please explain what you observed of specific soldiers that may have been impacted more so than others after a suicide occurred within your unit?
- What impacts did you observe in these particular soldiers?
- How would you define unit readiness?
- How would you say the suicide or suicidal ideations have impacted your unit readiness?

The questions designed to answer RQ2 were as follows:

- What method did/do you use for tracking ideations within your battalion?
- What do you think are the strengths of this method?
- What would you say are the limitations?
- Did you have regular meetings with Behavioral Health personnel to ensure the tracker was inclusive of all reported cases? What was your experience of these meetings?
- What would you say needs to be done to address the increase in suicides and ideations across the military?

- What are your main observations as a battalion commander who has had soldiers that have either committed suicide or expressed suicidal ideations?
- What would you describe is important for incoming battalion commanders to know to prepare for these types of situations?
- Knowing what you do now, how would you change the training that is offered?
- What would you tell the senior leadership in the military today about the impact of suicide and what they need to do about it?

Procedures for Recruitment, Participation, and Data Collection

I recruited all participants through Facebook closed groups, LinkedIn, RallyPoint and Military Leader where battalion commanders are members. I conducted extensive searches on Facebook, LinkedIn, RallyPoint and Military Leader for all closed groups that are military related in order to reach the largest selection of possible participants. After gaining approval to join the Facebook, LinkedIn, RallyPoint and Military Leader closed group, I gained administrator approval to post the flyer about the study in order to see participation from current members. After this time, the flyer seeking participation was posted within the group seeking participants and they were asked to contact me via email or phone. Once the participants had made contact with me to express their interest in the study, I started by asking a few preliminary questions to determine if they met the criteria to participate which includes having served or currently serving as a battalion commander between 2016-2019. I then scheduled a mutually convenient time to conduct the interviews. It was during this time, that I began to collect the data through Skype and

Facetime through conducting the semistructured interviews. The interviews each lasted no more than 60 minutes and were conversation structured so as to allow the participants to feel relaxed when providing their responses. Once I completed the interview, I then informed the participants if they would like to review their responses over the next 24 hours so that they can confirm that the context of their information as they relayed during the interview. I took that particular opportunity to restate the purpose of the study and the intended use of their data. I then also answered any questions that they had about the study.

There were no required follow-ups from myself to the participants; however, I did inform them that I will contact them for issues or statements that I needed clarification on through the process of member checking. I also provided them with a timeline for completion of the study in the event they would like to review it in its entirety, or I could provide them with a synopsis of the findings when completed.

Data Analysis Plan

Thematic analysis was used allow me as the researcher to code the data into useful fragments that would allow me to understand the impact of suicide on military units. I took detailed notes from transcripts of the interviews, organized the themes into useful patterns (Reissmann, 2008). This thematic analysis not only allowed for a richer understanding of the impact suicide has had within the military, but it also provided me with a better understanding of how the data can be used in the future.

Braun and Clark (2006) identified six phases to guide the researcher through the process of thematic analysis of data. In phase one, as the researcher I ensured that I was

familiar with the data. They state that the researcher must become so familiar with the data through the process of "repeated reading" whereby the search for meaning and patterns becomes natural. Making notes of themes will be key after having read through the data numerous times in order to begin the coding process in the second phase. It is also during this phase that Braun and Clark (2006) state that the researcher begins the time-consuming process of transcribing the data into a written format. This is also considered the most important phase because it is where the formation of meaning begins for the researcher.

During phase two, the researcher has become well versed in the data and created an initial outline of the interesting facts within the data (Braun & Clark, 2006). It is during this phase that the initial coding begins, and this is also a part of the analysis of the data as I will begin to organize it into groups. Coding that either be done manually or with the use of a computer program. For this study, I intended to code manually, initially in order to become personally familiar with every aspect of the data, followed by computer coding using NVivo in order to identify themes and to maintain the context of the data.

Phase three involved looking through all of the coded data and beginning the process of searching for themes (Braun & Clark, 2006). This phase looks towards a broader focus of the data than coding. The codes are put together into groups and forming broader themes and in some cases, sub-themes. In this phase, the researcher may discover that some themes are no longer critical to analyzing the data, but it is vital not to discard any data as it may prove useful later.

In phase four, the researcher has established a list of useful themes, and in some cases, themes that are no longer needed for data analysis because there may not be enough data. The data within the themes should be meaningful enough to add value to research and will typically involve two internal phases whereby the researcher first determines if the themes form a pattern, and a thematic map is created. Next, the validity of the themes is measured by determining if they accurately reflect the data (Braun & Clark, 2006). If not, the researcher must return to the initial coding process and start the process again until an agreeable thematic map is developed.

Phase five begins after a thematic map of the data is developed that satisfies the researcher. A careful review of the themes is conducted during this phase. The researcher then must refine the meaning of each of the themes and what value they bring to the data. At this point, I wrote a detailed analysis of each theme and define the context that it provided about the data and how it answered the research question. At the end of this phase, the accurate depiction of what the themes are were presented and I carefully began to organize them. Names were given to each that were designed to draw the reader in and provide them with an idea of the topic.

Phase six is the final phase thematic analysis, and it involves writing the actual report. After all these are established, the researcher must write up the report that tells the story of the data in a way that brings importance and value to the study and analysis (Braun & Clark, 2006). For this to occur, the written product must be concise and provide a logical and interesting flow and detailed description of the data to the reader.

This is the opportunity for the researcher to tell a story through the data that is both persuasive and captivating for the reader.

Issues of Trustworthiness

Establishing trustworthiness in research is probably one of the most significant steps I as the researcher must perform because, without it, the study has no value to the reader. In order to accomplish this, the researcher must demonstrate credibility, dependability, transferability, and confirmability as a requirement to validate the study's worth (Lincoln & Guba, 1985).

Credibility

Credibility is a bedrock of the research as it the key for establishing trustworthiness within the study and its data (Shenton, 2004). Credibility is established when the research participants are able to identify and recognize the research material as their legitimate experiences and observations of the prescribed phenomena (Lincoln & Guba, 1985). As the researcher, I have a requirement to perform measures that will increase the credibility of the study. I provided consistent contact with the participants via email or phone calls leading up to the study to ensure they feel comfortable with presenting their observations and experiences. Through the process of prolonged engagement whereby the researcher maintains a significant amount of time being immersed in the social setting or phenomenon of interest (Lincoln & Guba, 1985), my experiences of currently serving as a battalion commander provided me with the ability to establish a rapport with the research participants as one they can trust.

I verified the completeness of the data through the process of member-checking which is a technique used to improve all issues of trustworthiness in research. By sharing all findings gathered during data collection and analysis with all participants, this member checking will also serve as a tool for them to account that their views, feelings and observations are accurately reflected (Lincoln & Guba, 1985).

Transferability

Transferability refers to the extent to which the data and the results can be transferred to other related research focuses (Lincoln & Guba, 1985). Lincoln and Guba (1985) state that thick description should be used to provide a detailed description of the study and in doing so, it will provide context through patterns of social relationships. Through thick description, I will provide a broader context of the research that will allow other researchers the opportunity to determine its relevance in future studies (Thomas & Magilvy, 2011). This thick description will include a detailed account of all actions taken during the collection of data as well as my observations of the participants' reactions and behaviors towards research questions.

Dependability

Dependability, according to Lincoln and Guba (1985) relates to how well other researchers can replicate the results from a study. In this case, I intended to take detailed notes or audit trails of all actions taken throughout the study that when read by a researcher, will allow them to repeat the study and achieve the same or similar results (Shenton, 2004). When joined together, both credibility and dependability increase the ability of the researcher to replicate the study so I will ensure a thorough focus on both

aspects throughout (Lincoln & Guba, 1985). I will utilize audit trails to capture the processes and steps taken during each phase of the research to include all interviews, transcriptions, personal notes, and documents.

Confirmability

Confirmability relates to the extent that the results of the study are objective and accurate. Through the process of reflexivity, I was be able to identify and acknowledge all biases as they relate to my background, both personal and professional as well as my experiences that may affect the objectivity of the study (Thomas & Magilvy, 2011). Through the use of the audit trail, I was also be able to increase the level of confirmability through the detailed records and note taking of all data used to analyze and report the findings in establishing the trustworthiness of the study.

Ethical Procedures

I ensured that the Walden University IRB had reviewed and approved the study before beginning to collect any data or speaking with any participants. The Walden University Institutional Review Board approval was granted with approval number 12-17-19-0483850. As a researcher, I was aware that there potentially would be ethical challenges that arose during the context of this study. One ethical challenge that would potentially arise during the conducting of this study was that of confidentiality. Once IRB approval was granted and the process of recruiting applicants starts, all participants were asked to sign a consent form voluntarily agreeing to take part in this study. This informed consent not only defined the limits of the research but also outlines the participants' rights to privacy in taking part in the study. As all participants were senior

leaders within the military that have been selected to lead battalions, I ensured that they are comfortable in knowing that their identity would not be shared within the research or with anyone within the military.

At the beginning of the semistructured interviews and during all contact with the participants, I informed them of the limits of confidentiality and that in no cases would their names or the information we discussed be related back to them unless there is a threat to self-harm or the harm to another individual. I also informed them that in cases where information is shared about a particular suicide, they may have experienced within their battalions, that this information would also not be identifiably shared within the study. All measures to protect the confidentiality of the participants and that of the soldiers were taken throughout the study; personal identifiers will not be shared with anyone.

Another ethical challenge that could potentially be present in the study is that of objectivity. It was instrumental as the sole researcher that I avoided all perceptions of biases throughout the conduct of the study. The fact that I am a currently serving battalion commander with my perceptions and ideas about the problem of suicide with the military, I must ensure that my biases do not interfere with the reporting of data from the participants. I ensured that no participants are close friends or co-workers of mine, and I will also ensure that all branches of battalion commanders were allowed to take part in the study. I informed all participants the reason I am conducting the study, and I also disclosed to them that I am a battalion commander that has experienced three suicides within my battalion and over 25 suicidal ideations or attempts over the last 15 months.

Moreover, to ensure that the participants' well-being and health are protected throughout the conduct of this study, resources to address mild discomfort was be addressed throughout the study. As stated to the participants, some individuals may experience mild discomfort from having to discuss their observations during the conduct of the interview. They may question their actions, or lack of actions both before and after a suicide occurred within their battalions and as a result, may feel moments of emotional discomfort. If this occurs, I wanted to ensure that the participants were accurately aware that at any time they chose to stop the interview and cease their participation in the study, they are free to do so. They were also be provided the contact information for available resources at the beginning and end of the semistructured interviews.

Summary

Chapter 3 covered the detailed methodology through which the study was be conducted. It began with a description of the research tradition and rationale for conducting the study as it relates to the impact of suicide on the survivor soldiers and their units. The next area discussed was that of my role as the researcher in the study and the limits of my current battalion commander and how it would enhance the study; however, it could be a point of bias as well. All measures to reduce bias were taken into consideration throughout the study. The selection process of the participants, instrumentation, methodology, and data analysis issues of trustworthiness were all discussed with a conclusion focusing on the ethical concerns.

Chapter 4: Results

Introduction

The purpose of this thematic analysis was to examine the impact of suicide on surviving military soldiers and units. In this study, I also sought to understand what battalion commanders believe needs to be done to address the growing issue of suicide in the military.

The research questions used to address the problem of the impact of suicide were:

RQ1: According to battalion commanders, what are the perceptions and observed lived experiences of soldiers who have been in units where suicides have occurred?

RQ2: What factors do battalion commanders who have observed the lived experiences of soldiers in units affected by suicide feel is necessary to address the problem and its impact on group/organization dynamics?

In this chapter, I discuss the settings in which the study was conducted, the demographics of the participants, and the method in which the data was analyzed. I discuss the major themes and subthemes that were uncovered during the review of the data, the evidence of trustworthiness, and, finally, the results of the study.

Setting

I conducted interviews with participants via Skype and Facetime and over the phone during the data collection process. Each conversation lasted approximately 45-60 minutes with room for questions at the end of the interview. I started each discussion by asking the participants if they were in a comfortable environment and went over the

consent form again before beginning the conversation. Three interviews were conducted over Skype/Facetime, and one interview was conducted over the telephone.

I conducted each interview in my office in Prince Sultan Air Base, located in Al Kharj, Saudi Arabia. The interviews were performed while in my military office, which was a quiet environment free of distractions. As mentioned, the participants each selected their settings to conduct their meetings. For the one telephonic interview, it was held over a hands-free device while the participant was driving. At no time during that interview did I feel that the participant was unsafe, nor did I think that it prevented him from conducting the interview and providing details that contributed to the data collected. When compared to the other three meetings that were conducted via Facetime/Skype, this interview did not allow me the opportunity to view the participant to gauge his reactions to the questions. Instead, I attempted to decipher the inflections of his voice when asking specific questions. In some instances, I was able to discern when questions generated an emotional response based on the inflection in his voice, the pitch, and in one case, the use of an expletive. In my opinion, although the information collected from the interview was beneficial to the overall objective and content of the study, it was of a lesser quality because it lacked the visible cues that were available during the other interviews.

Demographics

The participants consisted of four adult males who were previous U.S. Army battalion commanders, having served in that position between the years 2017-2020. Each of these participants had completed their 2-year battalion command assignments and had moved on to their next assignment after being promoted or were currently awaiting

movement from the Senior Service Staff College. The participants were recruited from social media groups that were located on Facebook, LinkedIn, and RallyPoint. Three of the participants had completed 24 months of battalion command, and one participant indicated that he was currently serving and still had approximately six months remaining in command. Still, due to COVID-19 impacts, he would be extended to 30 months. All participants had at least one suicide in their battalions during their command period, and one participant indicated he had two suicides over 24 months. All participants were between the ages of 35-42 years of age at the time the interviews were conducted. At the time of the interviews, BC1 stated that he was 37 years old, BC2 reported that he was 42 years old, BC3 informed me that he was 35 years old and, BC4 reported that he was 37 years old.

Data Collection

Data was collected from the four research participants via semistructured interviews. Approximately four months into data collection, and after continued efforts to recruit additional participants, the military had become focused on COVID-19 impacts and continued military operations. Because of this, I felt that I had reached a point in the study where I would not gain more participants to collect data. After the fourth participant was interviewed, I felt that the data I was receiving was already developing a common picture in terms of findings. Therefore, after discussion with my committee chairs, I decided that I would begin analyzing data at this point. I made this decision with the understanding that during data analysis if another participant expressed interest in taking part in the study, data analysis would cease, and the interview would be conducted

under the current COVID-19 social distancing protocols. At the beginning of each interview, I reviewed the consent form with each participant and again stressed the confidentiality of the study. I assigned each of the participants call signs that would be used to identify them throughout the research and to protect the confidentiality of their participation.

There were no visible indicators or warnings that the participants were not at ease when conducting the interview. However, during the last meeting, there were COVID-19 impacts, which required the participants to ensure the room was cleaned prior to beginning the interview. During one of the interviews, there was mention of a disinfectant odor that was bothering his sense of smell during the interview. All participants were treated with dignity and respect, and they each could provide their responses without being rushed or guided in their statements. At the end, I asked again if they were comfortable with the process of the interview, and each verbally agreed that the interview allowed them the opportunity to express their thoughts on the research questions. They each concluded with a statement to the fact that their responses were to the best of their abilities and recollection of the incidents that occurred in their battalions.

Data Analysis

In accordance with the six phases identified by Braun and Clark (2006) to use with thematic analysis, I identified six main themes and thirteen subthemes as consistent responses amongst all participants.

As stated by Braun and Clark (2006), in the first phase, the researcher becomes familiar with the data collected. Throughout this process, I became very familiar with the

data as I relistened to the audiotapes a total of six times each o. On several occasions, I reviewed the audiotapes of specific questions to compare the interview responses from each of the interviews to confirm that a theme was identified. This process of repeatedly listening to the audiotapes allowed me to quickly recollect which participant made a particular comment. The most time-consuming part of this phase was the manual recording and transcribing of the data that I used to begin the process of coding. It was during this phase that I began to develop a sense of the deep meaning of the responses from the participants and how important this process of coding was to the study.

During phase two, I began the coding process. Initially, I had planned to code manually, followed by using the software program NVivo to confirm the manual process. Due to my location in Saudi Arabia, when I downloaded the software, there were VPN restrictions that prevented me from using the full capabilities of the software. As a result, I began to conduct the coding for all data manually, which provided me with an even greater understanding of the themes that were developing throughout the process.

Phase three began with me reviewing all of the coded data and beginning the process of searching for themes (Braun & Clark, 2006). I placed the codes together into groups and began to create broader themes and subthemes. During this phase, I was able to discern that some themes were not critical to the development of overarching similarities. However, I maintained the data in the event it later proved to be useful in some manner.

In phase four, I developed a list of useful themes and subthemes that I thought were meaningful and added value to the study research questions. I was able to establish

patterns in the themes that were helpful with developing a thematic map in solidifying the final themes and subthemes of the study.

During phase five, I developed the thematic map of the data and began reviewing the themes and the meaning of each of the themes and what value they brought to the analysis. After this point, I wrote a detailed analysis of each theme and began to define the context that they provided for the data. At the end of this phase, I developed names that I gave each of the themes that would draw the reader in and provide them with an idea of where the research was heading.

In the final phase, I began to write the report in a way that tells a story of each of the participants and how their perceptions could highlight the impact of suicide on soldiers and military units.

At the conclusion of this data analysis, in total, through manual review, six themes and thirteen subthemes were produced from the study participants (see Table 1 for RQ1 and Table 2 for RQ2). These major themes focused on soldier cohesion, soldier isolation, soldier indiscipline, senior leader training, behavioral health/pastoral training, and unit readiness. Each of the twelve subthemes captured similarities across the participant responses that led to the findings discussed in Chapter 5.

Table 1

Research Question 1 Themes and Subthemes

Themes	Soldier cohesion	Soldier isolation	Soldier indiscipline

Subthemes	- Showing support to the team, being there for each other, - Pockets of influence amongst more resilient soldiers that encourage seeking help	- Increased behavioral health visits, - Soldiers not openly willing to discuss feelings	- Increase in disobedience blamed on suicide, - Retention issues, - Far of security clearance or job loss

Table 2

Research Question 2 Themes and Subthemes

Themes	Senior leader training	Behavioral health team and pastoral sensitivity training	Unit readiness
Subthemes	- Not enough suicide prevention training to prepare for command - No training geared towards what measures to take after a suicide, so leaders must lead	- Requirement for dedicated Behavioral Health teams, - Sensitivity towards beliefs on suicide in different religions	- Suicides continue to rise, - No time to grieve

Evidence of Trustworthiness

Establishing trustworthiness in this research was very important, particularly due to the nature of the topic. I wanted to ensure that my methods utilized to conduct the study had a solid foundation. To accomplish this, I used techniques such as prolonged engagement, member checking, and extensive notetaking. I wanted to ensure that the

study demonstrated credibility, dependability, transferability, and confirmability and added to the study's worth to the reader (Lincoln & Guba, 1985).

Credibility

Credibility of the research remains an essential point for the study in establishing the trustworthiness of the data (Shenton, 2004). I established credibility through the use of prolonged engagement, member-checking, and reflexive journaling. As Lincoln and Guba (1985) state, credibility is established when the research participants are able to look at the data and identify and confirm the information as part of their accurate and detailed lived experiences and observations of the phenomena.

For prolonged engagement, after ensuring that the participants felt comfortable with sharing their perceptions, I began each by sharing with them a little about my background in the military and why this topic was of significant interest to me. I wanted them to know that they could trust me with their information and that I had conducted countless hours of research into the topic, and I wanted to know the impacts suicide had on their military units.

I established a robust member-checking plan whereby I contacted the participants a day before the study interview, and then midway through transcriptions to keep contact with them throughout the process. Lincoln and Guba (1985) state that member checking is an essential tool for the researcher to utilize to ensure that the thoughts, views, and feelings of the participants are accurately captured and reflected in a study. I contacted the participants via email and phone and found that when I communicated via phone, that there was a sincere sense of comfort during the calls. After the interviews were

transcribed, I emailed each participant a copy of the interview to review and ensure that their final thoughts and feelings were captured. No participant informed me of changes to their transcribed interviews.

Finally, with detailed notetaking, I was able to capture subtle cues from the participants whose interviews were conducted over Skype/Facetime so that I was able to discern which questions created emotional responses. Due to the discomfort of some of the questions, although mild in nature, I asked the participants through each item if they were willing to continue with the interview.

Transferability

Lincoln and Guba (1985) described transferability as the process through which data and results could be applied in making connections to other areas of research with similar topics. The use of thick description was utilized in that I was able to take detailed notes during the process of conducting this research. Thick descriptions were also used in the compilation of the themes and subthemes, whereby I keyed in on using direct statements from the participants in order to capture the true perceptions. I also included notes relating to my observations during the research to include reactions towards certain questions and during the videoed interviews, facial expressions. This allows future researchers the ability to look for similarities or apply certain aspects to future studies regarding the subject.

Dependability

Detailed notes were taken throughout each aspect of the study to ensure that if another researcher followed the same steps, they would be able to replicate the results of

the study. For dependability, I used a peer-review process with individuals that had no direct connection to the study or its outcome. These three individuals were each military officers that each had a masters level education. I selected them from a senior leader group located at Prince Sultan Air Base, Saudi Arabia, for Army and Air Force lieutenant colonels. They reviewed the data as mitigation to prevent any biases from impacting the outcome of the study. At no point in their review, were they presented with any recognizable data that would identify the research participant. This process of taking the detailed notes and conducting a peer review of all actions throughout the study validates the dependability, according to Lincoln and Guba (1985), and establishes the credibility as well of the study.

Confirmability

I established a detailed audit trail of all information and data collected throughout the entire research and data collection process. This included recordings, transcriptions, research notes, and code mapping, which added to the trustworthiness of the study. The method of reflexivity allowed me to identify personal and professional biases as I did not want them to have an impact on the objectivity of the study (Thomas & Magilvy, 2011).

Results

The purpose of this study was to capture the impact of suicide on military formations after they have occurred as perceived by battalion commanders and to understand what they feel should be done to address the issue. Throughout the process of analyzing the data, verbatim comments were maintained in order to express the deep

sense of the participant's emotional connection to the study. This process allowed the actual perceived experiences to be more thought evoking and, in some cases, provided a glimpse into what the participant may have experienced during the incident.

Participants were provided code names which were used during the entire process of reporting the results and to ensure that confidentiality was maintained throughout. It was extremely important for some of the participants to ensure their anonymity was maintained throughout and during one instance, a potential participant withdrew out of fear that his participation in the study could have an impact on his military career because his unit had suffered two suicides within his time in command, one of which was still under investigation. The data yielded six themes and thirteen subthemes after the analysis.

Interviews were conducted via Skype/FaceTime and via telephone from a participant sample gained from Facebook, LinkedIn, and RallyPoint social media groups that were listed as groups for military members both on active duty and retired. The questions were asked in order, and in some cases, the participant would answer an inquiry through their response to another question. In those cases, I informed the participant that they had responded to another question from the interview list, I would repeat the question to them, allow them to go back through their response to ensure they were comfortable with using the answer.

Research Question 1

RQ1: According to battalion commanders, what are the perceptions and observed lived experiences of soldiers who have been in units where suicides have occurred?

Theme 1: Soldier cohesion. Soldiers formed stronger bonds of support throughout the period after the incident. All four of the participants reported that they observed soldiers that were more connected after a suicide had occurred within their battalions. They stated and immediately after the suicides, soldiers were supporting each other through the initial reports and continued to be there for one another.

Subtheme 1.1: Showing support to the team and being there for each other. When asked what observations they noticed immediately amongst their soldiers after a suicide occurred, all of the participants noted that there was a strong sense of belonging and support across their formations. BC2 reported that "Soldiers are like family to each other, so you can imagine when a family member dies, they all want to stick together, and this was no different." BC3 stated, "Soldiers were always there for each other, but after this incident, I could tell that the bonds were stronger." Once the memorial was completed, the participants noted that some soldiers continued to show strong signs of support, while others had continued forward with the mission. As the days went on after the incident, they noted a sense that behaviors had begun to return to a sense of normalcy that was present before the suicide had occurred. This was not to say that there was no further support available to the soldiers. Still, it appeared that because of the mission, fewer soldiers sought behavioral health support in favor of focusing on the mission.

Indeed, BC2 discussed, “In some cases, soldiers were like robots afterward, they went right back to work, but the support was still there.”

Subtheme 1.2: Pockets of influence observed amongst more resilient soldiers that encouraged seeking help. During several of the interviews, the participants mentioned how, in some cases, soldiers were helping their peers through the grieving process that appeared to build more reliable support. BC1 stated that before the suicide, “there were always soldiers that were strong in terms of leadership, and immediately after this suicide, they continued to guide others to seek help when needed.” In other instances, junior leaders were observed to have taken more leading roles by encouraging other soldiers to seek behavioral health. BC4 reported that he observed similar situations where soldiers in positions of responsibility beneath platoon sergeants and squad leaders “were key in helping their peers cope with the loss of a fellow soldier.” Within the military, this concept of taking care of each other still thrives today as a part of the Army Family concept that was discussed by Shinseki (2003). The soldiers are the closest they have to family members when they are on deployments and assignments away from home, and therefore, could be vital to strengthening resilience during times of trauma.

Theme 2: Soldier isolation. Soldiers would isolate themselves from support groups in some cases, while at the same time seeking behavioral health assistance. One of the most commonly reported observations amongst individuals that have known someone to commit suicide is isolation, which typically leads to other behaviors such as depression (Andriessen et al., 2015). This was a common observation from all battalion commanders that participated in the study. They were each able to identify soldiers that

were impacted more than others, and these soldiers would tend to separate themselves from the internal support groups that had formed.

Subtheme 2.1: Soldiers were more likely to seek increased behavioral health visits. All four battalion commanders reported that they observed soldiers that would isolate themselves from others; there was still a notable increase in behavioral health visits from soldiers within the battalion after the suicide occurred. These behavioral health visits with licensed Military Family Life Counselors, and Behavioral Health professionals, could lead to increased counseling visits and, in some cases, medication to address issues such as depression, insomnia, and other issues. BC1 reported, "we always encouraged soldiers being afforded the opportunity to seek behavioral health treatment after the suicide." BC3 had a similar observation but added that "typically, we would encourage our soldiers to meet with the chaplain whom we had made readily available across the battalion."

In cases where the chaplain was already liked by the soldiers, the chaplain was integral in getting the message out that seeking help after a suicide is important. They each reported that the sense of support that was mentioned previously encouraged soldiers to seek advice in these instances. This observation could be seen across all participants who noted that more resilient soldiers were always important to encourage others that may not be as resilient to seek help. BC3 also mentioned that in his observations, he had soldiers that he would observe as taking the lead during the memorial service and assisting others in their grief. He continued with stating that his driver was one of those soldiers, "I recall him coming to me and the command sergeants

major and letting us know when he thought someone might not be feeling well, and in a sense, he became our feeler that would highlight us to potential issues."

Subtheme 2.2: Soldiers not willing to openly discuss feelings. All commanders stated that they each had soldiers that were impacted more than others. None of the battalion commanders reported that they observed more issues with an unwillingness to share feelings about the suicide amongst males or females because they saw all of their soldiers as the same. However, they each reported that typically, they had more males than females under behavioral health treatment for suicidal ideations at any period during their command. This could be due to the type of unit they were in, as females were not allowed in certain combat positions. BC2 stated, "I had soldiers that would just shut down, and I felt like there was nothing that we could do as leaders to get them to open up."

All participants noted that those closest to the soldier that committed suicide or those that worked directly with them were impacted the most. "I would see close friends of the soldier that killed himself, and they would be by themselves all the time," reported BC3. BC4 stated that "there were times even when we would have the chaplain or myself and the command sergeants major speak with the soldiers in hopes that they would open up about their feelings, they would, in fact, shut down more." The impact on the battalion was seen the most during these periods, and soldiers that were placed on medication would be non-available for deployment for 90-180 days for the medication to stabilize. Any changes in medications after the initial prescription, would require another

stabilization period and would have significant impacts on unit readiness and soldier care plans according to all participants.

Theme 3: Soldier indiscipline. Soldiers would act out negatively after the suicide, which would be considered bad behavior in some cases. This was one of the challenging themes that were reported by the battalion commanders because they each wanted to make sure the soldiers received the best behavioral health assistance. Still, in some cases, their behaviors resulted in administrative, legal actions being taken against them.

Subtheme 3.1: Increase in acts of indiscipline blamed on the occurrence of the suicide. Each of the battalion commanders reported an increase in acts of indiscipline within their battalion within weeks after the suicide occurred. The acts of indiscipline ranged from disrespect to senior leaders, soldiers not showing up to work on time, and drug usage. Three of the participants reported that the soldiers that tested positive for drug usage within their battalions had daily contact with the service member that had committed suicide. BC1 stated that "this particular soldier that tested positive for drugs was also one of the soldiers that we tried to get to some form of counseling, but he refused to acknowledge that he needed assistance." BC4 stated that "within my battalion, I saw an increase in Uniformed Code of Military Justice (UCMJ) actions across the battalion, and it wasn't until I was preparing an Investigator General report that I realized that the increase in UCMJ occurred around the time of the suicide."

Subtheme 3.2: Unit retention programs suffered immediately following a suicide. Each of the commanders felt that their battalion retention programs, aimed to

keep soldiers in the army beyond their original enlistment, suffered drastically. Typically, once soldiers move on to another assignment after 3-4 years, they enter new units, and unless the participants reached out to their gaining commanders, there would be no follow-up by the participants. All participants reported that the impact on retention could be felt for the entire time they were in command; however, once soldiers departed the unit for another assignment, they could discern a change to retention. This is because there were always soldiers that remained in the battalion after the suicide based on the manning guidance and unit moves. BC3 reported that "before the suicide, I was leading the brigade in soldier re-enlistments and then immediately after the suicide, my battalion was dead last for the quarter." BC2 stated that "I felt that when I would speak with soldiers about staying in the army after the suicide, they would always say that the army did not do enough for them in their time of need." Another comment by BC3 corroborated this sentiment in his battalion, "my soldiers had plans to stay army before the suicide, but for some reason, the numbers declined."

Subtheme 3.3: Soldiers feared the loss of security clearance or job. Previously, there was concern amongst soldiers that if they sought behavioral health treatment, that their medical files would be used against them in their ability to receive and maintain a security clearance. Although this misconception has been discussed amongst soldiers, some still feel that seeking behavioral health could still negatively impact their military career, and therefore they do not seek help. BC1 stated, "I had soldiers that didn't want to go to behavioral health because they thought they would get kicked out of the army on a medical." "This was completely untrue, but several soldiers still believe that you can

lose your security clearance just by stating they've seen behavioral health." These misconceptions would lead soldiers to not want to see behavioral health within the battalions of the participants, and they each stated that they made a point to bring behavioral health teams to their units to prevent some form of stigma. However, soldiers could lose their security clearances for drug use or continued indiscipline within the unit. This could show a link between the suicide and the acts of indiscipline, but for seeking behavioral health alone, the soldier could not lose their security clearance.

Research Question 2

RQ2: What factors do battalion commanders who have observed the lived experiences of soldiers in units affected by suicide feel is necessary to address the problem and its impact on group/organization dynamics?

Theme 1: Senior leader training. The need for specific training on suicide prevention and impacts prior to taking command. As senior leaders move forward in their command, one of the areas that I wanted to uncover with this research was, if they could make changes to their preparations for command, what would they be or how would they address those concerns with senior military leadership. All battalion commanders are required to attend a pre-command course (PCC) that lasts about 14 days that covers everything from operations to how to become an effective leader. What this theme was developed to uncover was what these battalion commanders felt was missing from that training to make it a better program and therefore make them better prepared for what was expected of them as leaders.

Subtheme 1.1: Not enough suicide prevention and unit impact training to prepare for battalion command. Participants were unanimous in their responses regarding what was missing from their training and preparations to assume their positions as battalion commanders. BC1 stated, "Nothing the Army did prepare me to deal with a suicide in my formation." BC2 stated, "Everything they teach us is geared towards suicide prevention and identifying signs of depressed soldiers, but nothing prepares us for how to deal with the soldiers once a suicide occurs." BC3 stated, "What was missing from my PCC was how do we bring a unit back from suicide." BC4 said, "This was a learning experience for me that I had to figure out the hard way, and I wasn't ready for the suicide or what came afterwards."

Subtheme 1.2: Battalion commanders are required to lead in challenging situations and develop methods and solutions to the problem of suicide. During times of hardship such as suicides, leaders, and in particular, battalion commanders, must command and lead their battalions through the incident. In the case where they are left with no training to prepare them for how to handle a suicide, BC2 stated, "I had to rely on my experience and education on how to deal and best lead my soldiers." In all cases, this was the first suicide for each of the participants, so leading through the suicide posed a challenge for those that had never experienced a suicide before. "This was the first time I had ever experienced a suicide, so I honestly didn't know what to look for," BC1 stated. BC1 continued, "When I saw soldiers walking around depressed, I wanted to do something but didn't know where to start, so I looked towards my own religious beliefs and offered comfort to my soldiers." BC3 stated that "My degree in sociology allowed

me some awareness to be able to know what resources to provide my soldiers so each time we brought them together, I made it a point to mention several counseling resources available and provided handouts to all of the soldiers with that information."

Theme 2: Behavioral health teams and pastoral sensitivity training.

Additional training for behavioral health teams and unit chaplains on unit impacts after suicide and soldier religious care. Throughout time and training in the military, courses on equal opportunity are taught at every level of leadership so that we know what to expect in terms of gender, religion, and racial considerations. What was missing is how this training can be important to teaching or being considerate of soldiers who have thoughts of suicide.

Subtheme 2.1: Requirement for dedicated behavioral health teams for each battalion. When speaking with the participants regarding embedded behavioral health (EBH) teams, they were all in agreement that these specialty teams would be beneficial at the battalion level. The military is at a shortage of behavioral health professionals to assist soldiers, and it has recruitment programs to encourage psychologists and mental health analysts to join the military. "Currently, these behavioral health teams are located at the division level, three organizational levels higher than battalions, and sometimes the need or request for support is delayed," as stated by BC2. BC1 continued by stating, "I believe that having the required resources, in this case, behavioral health teams at the battalion level, will assist with getting soldiers acclimated to being comfortable with seeking help." This could be due to the number of soldiers that are currently seeking some form of behavioral health, and appointments are oftentimes not available

immediately except for emergencies. Because of this, soldiers could potentially go weeks without an appointment. Having more embedded behavioral health teams could allow more soldiers the opportunity for readily available resources and treatment according to all participants. BC3 stated, "If we had EBH teams at the battalion level, maybe our soldiers would be given more opportunities to see a provider and not feel the stigma attached to it that other soldiers feel."

Subtheme 2.2: Some chaplains require sensitivity training when discussing suicide with soldiers because of religious beliefs on the topic. One thing that is oftentimes overlooked during the counseling is when soldiers feel suicidal, they may feel uneasy speaking with a chaplain for religious reasons. Every soldier that serves in the military may not have a specific religion, and three of the participants in this study mentioned that chaplaincy support was available to all soldiers. However, some require sensitivity training so that soldiers are more at ease speaking with them. "The chaplain is the first line of defense for the behavioral health teams for soldiers who may be depressed, but I heard reports of soldiers not being comfortable to even speak with the chaplain because he would tell them they'd go to hell for even thinking of hurting themselves," according to BC3. "It's complete BS when a soldier can't even talk with the chaplain because they feel like they are going to get the old, "fire, hell and damnation" from him," stated BC4. BC4 went on to state, "I don't expect everyone to understand why someone may want to harm themselves, but we have to address these issues with comfort knowing what the soldier may be going through, and some of us don't know the first thing about empathy."

Theme 3: Unit readiness. How do we prepare our units for future deployments and training with the issue of suicide still not being addressed? What happens after the suicide can impact everything from soldier care to unit readiness if not appropriately handled. When speaking with the participants and conducting the interviews, I wanted to capture their thoughts on how suicide impact their unit readiness in terms of future deployments from the soldier perspective.

Subtheme 3.1: Suicides continue to rise within the military. All commanders stated that suicides continue to increase in the military. "With everything we do, and all the classes we have on suicide prevention, we still have suicides," stated BC1. "What do you do after a suicide, and three weeks later, you have an entire platoon with suicidal ideations?" said BC2. In this case, BC2 stated that it impacted his unit readiness significantly, as they were preparing to deploy, and now he had 18 soldiers that were in behavioral health with non-deployable profiles. BC3 reported, "I know we can't do much to prevent suicides from occurring in the military, other than addressing the soldiers that are seeking help, but across the Army, there is no magic 8-ball to address the reason behind the rise." "Maybe the Army or Department of Defense needs to relook how or why we continue to do suicide prevention that does not prevent suicide," stated BC4.

Subtheme 3.2: Soldiers not allowed to grieve after a suicide. "One thing I know for sure is that what we do badly in the army is we do not allow soldiers enough time to grieve," reported BC1. Other participants had similar sentiments with BC2, stating, "I wish that if a unit had a suicide, there was an automatic 14-day stand down where

soldiers could grieve and get the help they need." "What we do wrong is immediately after a suicide, we have a memorial for the soldiers, what about 3-4 days later, and then we go back to work as if nothing happened," reported BC3. "We need to learn to see the soldiers as more than just a soldier that we lose, I think that's the problem that we don't allow soldiers to grieve the loss of their peers and this is a serious problem," stated BC4. Two of the participants had this same sentiment, whereby they felt that the Army, in particular needed to see soldiers as more than just fighting machines. BC1 also mentioned that "We need to see soldiers are humans first before we rush them off to continue training knowing they still haven't grieved. I know it's going to be hard on operations, but in the long-run, it's the way to go". BC1 went on to say, "Bottom line, what we need immediately following a suicide is to allow soldiers to get mentally healthy after losing a fellow soldier because we don't know how it's going to affect them in the long run. I'm even still hurting, and it (suicide) happened a year ago, so imagine what they must be feeling," reported BC1.

Summary

The purpose of this study was to examine the observed perceptions of Soldiers that have been impacted by suicide as reported by their battalion commanders and to describe what measures these commanders feel should be taken to address the problem within the military. In this study, the source of data collection was performed through the conducting of semistructured interviews with four male battalion commanders over Skype or Facetime. These battalion commanders were recruited through social media platforms and closed groups n Facebook, LinkedIn, and RallyPoint that were all military-

themed groups that discuss a wide array of topics. Through the conduct of the interviews and data analysis, six themes and thirteen subthemes were developed that showed similarities across the entire group of participants. Of the overarching themes uncovered, soldier cohesion, soldier isolation, soldier indiscipline, senior leader training, behavioral health teams, and chaplaincy sensitivity training, and unit readiness were discussed in detail in defining the impact of suicide on survivor soldiers.

In chapter 5, I will address the interpretation of the results and findings, strengths and limitations of the data, the study's implication for social change in particular within the military, recommendations for senior military leadership, and conclusions. I will interpret the findings from the study to define critical areas where battalion commanders were able to identify the impact of suicide within their military formations and amongst their soldiers. Finally, taking the results of this study and understanding its implications towards social change will be utilized to provide military commanders with possible tools and insight from battalion commanders. This information could be integrated into the pre-training and education for commanders that would prepare them to deal with the potential impacts of suicide within their formations.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this thematic analysis was to define the impact of suicide on soldiers who remain in military units after the incident occurs. In this discussion with battalion commanders, I also focused on what they believed was necessary for senior leaders to develop programs to address the impact of suicide on soldiers. In this study, I used thematic analysis to uncover the perceptions and observations of these military leaders in determining how they observed suicide to have an impact on unit cohesion and readiness. To under this phenomenon, I conducted semistructured interviews with four male battalion commanders using two research questions to understand how suicide impacts units and soldiers after the suicide occurs:

RQ1: According to battalion commanders, what are the perceptions and observed lived experiences of soldiers who have been in units where suicides have occurred?

RQ2: What factors do battalion commanders who have observed the lived experiences of soldiers in units affected by suicide feel is necessary to address the problem and its impact on group/organization dynamics?

From my analysis of the data collected from interviews, I identified three main themes and thirteen subthemes. The main themes included soldier cohesion, soldier isolation, soldier indiscipline, senior leader training, behavioral health teams, chaplaincy sensitivity training, and unit readiness, which are discussed in detail in defining the impact of suicide on survivor soldiers.

In this chapter, I discuss the interpretation of the findings as they relate to the literature described in Chapter 2, limitations of the study, recommendations for future research areas to contribute to the topic of suicide in the military, implications for social change, and a conclusion.

Interpretation of Findings

The research in the literature review outlined in Chapter 2 centered around how individuals who undergo traumatic events begin to experience issues with depression, isolation, and other maladaptive behaviors if they do not address the underlying issues of grief. In a detailed review of the literature, I looked at populations of individuals such as police officers, military, and family members to describe how others can view these traumatic events. The findings of this study expand the knowledge on this topic, in particular, the impact of suicide on soldiers, unit cohesion, and the specific areas that should be addressed in terms of support.

Each of the participants in this study had observed the impact of suicide on their military formations after the suicide occurred. They described witnessing positive and negative effects on cohesion, seeking mental health treatment and its associated stigma, and unit readiness. The study showed that soldiers who remain in units where suicides have occurred are often a low priority in terms of operational readiness because of the current focus in the military being on prevention of suicide instead of efforts at postvention.

Finding 1: Concept of Family is Important to Soldier Cohesion and Resilience

Participants in this study said that resilient soldiers would do everything possible to establish a familial bond with their fellow soldiers during times of grief. Berger (2014) found that the relationships that exist between family members were stronger for some than extrafamilial relationships in terms of support and cohesion during times of grief. This support is due to the strong bonds that family members share, one of the strongest bonds an individual will have. To capitalize on this support, Shinseki (2003) instituted an army-wide campaign for the military to see themselves as part of a larger family, which continues to be emphasized as a motivator for soldiers almost two decades later. The data during this study supports this finding from the literature review, as indicated by BC2, who reported that "soldiers are like family to each other, so you can imagine when a family member dies, they all want to stick together, and this was no different." This finding supports the literature stating that familial bonds and complex close relationships in work and other extrafamilial environments can have substantial implications in terms of cohesion and resilience. Walsh (2002) indicated that families that were close during times of traumatic events tended to develop more resilient attitudes and behaviors that added to the support of other family members. In these instances, according to Walsh (2002), cohesion and resilience were strengthened, and individuals who may have required behavioral health help throughout the traumatic event were more likely to recover sooner than those who did not have familial support. In the discussions with the battalion commanders, they confirmed this notion that soldiers who sought treatment with behavioral health after the traumatic incident with the support of the military family unit

returned from treatment more resilient. In some cases, this encouraged others to seek treatment when necessary. The same familial support mechanisms that were established in the bond of being soldiers, as observed by battalion commanders, confirmed that these soldier relationships were effective at identifying soldiers in distress and encouraging them to seek treatment as needed after the suicide.

Nguyen et al. (2016) highlighted in their study that in cases of strong social support, friends were considered to be more supportive than family members in some cases. The same finding was discovered in this study as BC1 indicated that "there were always soldiers that were strong in terms of leadership, and immediately after this suicide, they continued to guide others to seek help when needed." The participants also indicated that soldiers, in some instances, were also more supportive of their peers during the time of loss.

Overall, this finding of the concept of family and its role and importance in assisting soldiers through troubling times resulting from a suicide confirms what the research in the literature indicates. The support of the military family structure was significant for the soldiers as it allowed individuals to identify risk factors that lead to suicide based on suicide prevention training received through the military. In line with this finding, Nguyen et al. (2016) reported that consistent contact between families and friends could also be used as a predictor of suicidality. For this study, the findings highlighted that strong bonds between soldiers were vital to a sense of belonging and resilience amongst survivor soldiers after a traumatic event. According to the participants, the feelings of togetherness and belonging encouraged soldiers to report

issues and concerns of their peers that could potentially have led to depression and other issues.

Finding 2: Soldier Isolation Leads to Further Depression amongst Survivor Soldiers

This study found that soldiers will isolate themselves immediately after the loss of a peer to suicide and that in some cases, this leads to increased problems with depression and other behavioral health issues. The participants reported that they observed soldiers who would isolate themselves after the suicide, and in some cases, an increase in reported cases of depression was noted. BC3 said, "I would see close friends of the soldier that killed himself and they would be by themselves all the time." This demonstrates how individuals tend to isolate as opposed to seeking assistance from others immediately following a traumatic event. In another response to support this finding, BC4 stated that "there were times even when we would have the chaplain or myself and the command sergeants major speak with the soldiers in hopes that they would open up about their feelings, they would shut down more." The isolation of individuals after a traumatic event leads to increased reported cases of depression, as reported by Nguyen et al. (2016), and the finding in this study supports the literature on this observation.

The same familial bond that promoted cohesion and resilience also presented itself as a finding in the study as contributing to intense feelings of guilt and isolation. Jordan (2001) reported that suicides that occurred in close-knit family structures significantly impacted survivors negatively in terms of depression and isolation. This was evident in the findings of the study whereby BC2 indicated that he had soldiers who would isolate themselves immediately after the suicide had occurred and would later seek

behavioral health counseling related due primarily to the guilt, they felt at missing the signs of suicide in their peer's behavior. In terms of intense feelings of guilt, the battalion commanders discussed that they observed soldiers who would feel shame in some cases because they felt they had let their friends down by not recognizing the signs leading to suicide. Pittman et al. (2017) stated that in their study that looked at suicide amongst close friends, the participants reported instances of depression and suicidal ideations at the loss of their friend. These same observations were reported in this study whereby the participants' soldiers reported higher depression cases for those who sought treatment immediately after the suicide. There was no way to determine what behavioral health impacts experienced by those who chose not to seek treatment. However, observations by the battalion commanders were unanimous that immediately following the incident, each of the participants noticed soldiers who resorted to isolation as a method of dealing with the loss of their peers. This observation was supported in research by Frey, Hans and Cerel (2016) who reported that depressed individuals were not only more likely to isolate themselves, but they would also present risk factors that indicated future possible suicide attempts. They further found in their research that when these individuals sought to isolate themselves, that family support was integral to the recovery process as well as key in reducing future suicidal ideations.

Finding 3: Increased Drug Usage

This study showed that when soldiers are faced with traumatic events such as suicide, some will turn to alcohol and drug use to cope with the loss of a loved one or peer instead of seeking behavioral health treatment. BC1 reported that "this particular

soldier that tested positive for drugs was also one of the soldiers that we tried to get to some form of counseling, but he refused to acknowledge that he needed assistance." Barron (2010) researched the impact of suicide amongst police officers, noting that police officers who had experienced the loss of a coworker to suicide would sometimes turn to drugs and alcohol as a way to cope with the loss. The use of illicit drugs and alcohol further led to incidents of depression and suicidal ideations amongst the police officers in Barron's (2017) study. This finding is significant because it shows an overlap between the experiences of police officers and those of soldiers. As Barron (2017) stated, after incidents of trauma or suicide in the police force, some police officers would resort to alcohol and drugs as a method of coping. The same was reported by the battalion commanders to have been observed amongst their soldiers. As one battalion commander described it, in his observation he did not relate drug use to the impact of suicide until after the Army Inspector General asked for a report of disciplinary actions.

All of the research discussed in the literature review supported the findings in this research that soldiers tended to turn to drugs and alcohol, which then led to acts of indiscipline. Additionally, the study by Kanesarajah et al. (2016) found that soldiers who returned from a deployment or those who had experienced some form of a traumatic event such as a suicide were more likely to turn to drugs, alcohol abuse, domestic violence, and suicide as an escape. The findings of this study showed that soldiers were observed to have experienced the same issues with drug and alcohol abuse after the suicide, which led to acts of indiscipline and punishment. Barron (2010) stated the closeness of the relationship between the individual who committed suicide and the

coworker, the more likely the experience of depression and other issues to occur if left untreated. The suffering individual uses drug or alcohol abuse as a coping mechanism instead of seeking treatment to address the problems of depression, isolation, and guilt. Although this study was inconclusive in terms of the impact of suicide on soldiers as it relates to increased acts of indiscipline, Roginski (2015) reported findings that show that soldiers at the small group leadership level are successful at using human interaction and close relationships to reduce acts of indiscipline and potential suicidal ideations amongst their peers. Roginski stated that when soldiers used engaged leadership at the junior level in small groups, support and cohesion were significant in identifying soldier problems and resolving them at the lowest level before they escalated into acts of indiscipline. Therefore, because of this finding of drug usage as reported by the battalion commanders, there exists the possibility that with increased junior leadership involvement, a reduction in disciplinary acts and drug usage could be reduced. As one battalion commander reported, "Soldiers tended to be there for one another and in some cases, would be able to identify those that needed assistance and would offer personal help before they ended up on a path of negative impacts."

Finding 4: Stigma of Seeking Treatment, Reporting Suicidal Ideations, and Career Concerns

This study found that there is still a significant stigma to seeking treatment and that soldiers are, for the most part, even under the belief that trying any form of mental health assistance will be detrimental to their careers. According to the battalion commanders, the stigma of seeking treatment is also possibly out of the guilt for having

missed sure signs that could have potentially prevented suicide from occurring. Of those that openly discussed their feelings, the participants indicated that their soldiers felt guilt for having missed signs of suicide. The literature supports this regarding police officers and the impact of suicide on the force. Koopmans et al. (2017) reported that police officers would begin to doubt or question themselves when a fellow police officer committed suicide, and they begin to develop feelings of guilt. This research by Koopmans supports the finding in this study that soldiers also experience feelings of doubt and guilt at the loss of their coworkers. When individuals do not seek treatment and resort to drug and alcohol abuse as indicated in the previous findings, they potentially could become more susceptible to increased issues with depression. Barron (2010) supports this possibility with research that indicated that individuals who were unwilling to seek treatment were also more likely to have significant issues with coping mechanisms after a traumatic event, which further exacerbated bouts of depression and isolation.

In the study with police officers, Koopmans et al. (2017) indicated that one of the reasons the police may not have chosen to seek treatment or report previous suicidal ideations is because they feared it would impact their career. The battalion commanders also reported that this was a misconception by soldiers that seeking treatment would impact their military career or chances of obtaining a security clearance. Although this was not the case, in some instances, the battalion commanders recognized that in some instances, soldiers with severe behavioral or mental health challenges would be chaptered

from the military because of the extensive treatment procedures that may have been required.

The literature on the stigma associated with suicide and survivor guilt shows that guilt plays a significant role in not seeking treatment or reporting ideations (Cunningham, 2020). As discussed within the literature review, when discussing police officers who have experienced suicide amongst their peers, there is a stigma attached to reporting suicidal ideations (Tal Young et al., 2012). They found in their research that this stigma is a result of the strong subculture within the police that describes suicide as a weakness. Therefore, many police officers will not report suicidal ideations or seek treatment (Tal Young et al., 2012). This was also found in the current study whereby participants noted that soldiers were not willing to seek treatment because of the military's focus on mission accomplishment. In some cases, they may have felt that they would be singled out in seeking treatment for separation from the military. In the study, BC1 stated that he "had soldiers that did not want to go to behavioral health because they thought they would get kicked out of the army on a medical." This belief perpetuates the stigma to seeking and reporting suicidal ideations. Within the military, there exists the possibility of a culture of blame where soldiers that get out of deployments for medical or behavioral health reasons are accused of not being team players (Garland, 2017). As a result, this could mean that soldiers that require assistance may not report issues out of fear of letting the team down. Again, this goes to show the personal and professional decisions that a soldier faces deciding to seek treatment for behavioral health issues.

Further research by Bogle (2018) found that police culture and its image of being a healthy organization, was also a factor in developing a stigma to seeking treatment because police officers wanted to get back to work immediately following the death of their coworker. The same was reported and can be found within the military. As reported by the participants, typically after the memorial was conducted and any fatality review boards were completed, soldiers and units went back to the business of military operations. This finding supports the literature that an organization's culture can be detrimental to seeking treatment after a suicide has occurred. Curley et al. (2020) indicated in their study that not only was there an underutilization of the behavioral health treatment program in the military that potentially highlights the number of soldiers that may need treatment, but also are not seeking it. They also described that this underutilization also could mean a risk to other soldiers and the operational mission of the military in terms of safety. This occurrence within the military could be indicative of the culture that promotes continued operations as opposed to seeking treatment.

Finding 5: Need for Senior Leader Training on Suicide Postvention Measures

One thing is clear, and that there is a need for additional training for senior military leaders on how best to handle a suicide after it has occurred within their formations. For each of the battalion commanders, they talked about what they felt should be done to provide leaders with the right tools on how to address and lead a formation through a traumatic event such as suicide. The study found that the participants felt that suicide prevention training is critical, but suicide postvention training is just as necessary. BC1 reported that he felt that the Army did not facilitate the

right training during their pre-command course to deal with suicides after they occur. They each stated that they had the right tools to deal with suicide prevention, although they had become outdated, but that when it came to dealing with suicide after it had occurred, the study found that each of the participants felt their training was insufficient. In most cases, the leaders were dependent on their own experiences, education, and in some cases, self-awareness in ensuring they were doing what they felt was right for their soldiers after a suicide had occurred.

In the literature review, this finding was supported by research by Theon et al. (2019), which found that suicide prevention methods were abundant, although some ineffective. Theon et al., (2019) research with police officer leadership, further supported the findings in the current study in that they found a gap in more detailed training and programs to address suicide after they occurred. The literature also supported the finding that senior leaders are aware that there is a gap in the training required to address suicides and that additional research is necessary (Theon et al., 2019). Within the military, the same can potentially be said as there are numerous programs aimed at suicide prevention. Still, none adequately address the issue of postvention or how to prepare leaders for suicides within their formations. The battalion commanders in this study discussed that training is required at the pre-command level to assist leaders with assisting soldiers in the aftermath of a suicide or other traumatic events. They all reported that although there is no specific path or program of training that is identified, potential future research could focus on what the program curricula would include and how it would assist commanders in situations where suicides occur to best support and resource their soldiers.

Conceptual Framework

The conceptual framework for this study was McCann and Pearlman's (1990a) CSDT. CSDT states that when individuals experience traumatic events, some of them internalize the impact through depression and isolation if left untreated. As CSDT states, not everyone experiences trauma the same way and that in some cases, individuals will have no issues adjusting and will move on with their daily lives without any further cause for concern. However, for individuals, there exists the possibility that experiencing a traumatic event will take the form of personal, emotional, and mental impacts over some time (McCann & Pearlman, 1990a).

Throughout this study, the participants observed soldiers that showed increased reported cases of depression, isolation, and in some cases, an increase in suicidal ideations across their military formations. In cases where behavioral health and pastoral care was readily available, the participant observations also showed that some soldiers and their increased incidents of depression and isolation remain unaffected, which supports the fact that CSDT posits that trauma impacts individuals in different ways (McCann & Pearlman, 1990a).

While CSDT consists of five components, it is essential to note that each of the five components is not necessary for the conceptual framework to apply to the individual (McCann & Pearlman, 1990a). In some cases, all participants reported the same or similar observations. For this discussion, the concepts, frames of reference, self-capacities, and ego resources will be discussed as they relate to the research participants.

The concept frame of reference defines how an individual views their identity or perspective in light of an incident. For this study, that incident was the death of a service member by suicide. In each of the participants' responses they indicated soldiers and themselves, each had questions about the suicide and what they could have done differently to prevent it. All reported that for soldiers that worked closely with the individual that committed suicide, they would ask themselves what signs they missed. They would question themselves on their own identity and responsibility as a friend and fellow soldier and how they could have missed signs or risk factors that led to the suicide. In each of their observations, those soldiers that worked closely with the soldier reported cases of increased depression resulting from potentially feeling like they missed an opportunity to help a peer from suicide.

This observation also leads to another concept within CSDT, self-capacities, which places the individual on a path of self-blame, doubt, and further depression. In each of the participants' interviews, they reported instances where soldiers would state during the investigations about the incident, that felt at fault for not recognizing the signs of a potential suicide within their peers, which supports the concept of self-capacities as described by CSDT. Finally, with the concept ego resources, the individual begins to attempt to protect themselves internally from further emotional or mental distress by isolating from their peers, their work and other areas that they usually would take part in to protect themselves from further psychological discomfort, or to disguise the depression they are feeling (McCann & Pearlman, 1990a). With each of the participants, they reported soldiers that would fall into these categories that would isolate themselves after

the incident, only to seek behavioral health treatment or counseling later to address depression issues.

The two remaining concepts of CSDT, psychological needs, and cognitive schemata, and memory and perception, were not captured in the data and interviews with the participants. With psychological needs and cognitive schemata, CSDT states that individuals, when faced with traumatic situations, begin to question their issues with self-esteem, safety, and intimacy (McCann & Pearlman, 1990a). In this concept, the individual begins to question their safety, and during the interviews with each of the participants, neither discussed instances of their soldiers being concerned about their spiritual, emotional, or mental safety immediately following the suicides. This could be because this study only looked at the observations of the battalion commanders, as opposed to seeking the actual lived experiences of soldiers. With memory and perceptions, CSDT states that the individual may have issues recollecting the fine details of the incident (McCann & Pearlman, 1990a). With each of the interviews, the participants did not report any observations where soldiers were unable to recollect details leading up to the suicide. This could have been addressed in detail if the soldiers were interviewed directly about the suicide by the participants, but they each indicated external investigations regarding the incident.

Limitations of the Study

Qualitative studies discuss the how and the why of a particular phenomenon (Creswell 2013) and begin to tell a story to the reader. As the story is told, the researcher finds that there exist limitations for this study, whereby the findings cannot easily be

transferred to another population. With this study and its focus on telling the story of the impact of suicide in the army, the first limitation of this study and how it would relate to other military branches. Each branch of the United States military has its suicide prevention programs, and what observations were captured by Army battalion commanders may be different from those of the Marine, Air Force, and Navy commanders. This could be due to the size of the unit, the location, and the availability of behavioral health resources.

While this study detailed the perceptions and observations of battalion commanders of their soldiers after a suicide had occurred within their unit, there existed some limitations. First and foremost, the fact that there were no female participants that took part in the study, the data cannot be related to report what female battalion commanders could have potentially observed of soldiers in their battalions. Female battalion commanders could have possibly viewed the impact of suicide on their soldiers differently or with a more reliable emotional connection than the male participants. Although there were no signs during the interviews that the participants lacked empathy towards their soldier's feelings, the limitation that females may have viewed the incidents with more emotion remains unknown.

As soldiers were not directly interviewed about the impact suicide had on them, their lived experiences could also be viewed as a limitation of the study. This limitation was due to the extensive Institutional Review Board processes for both Walden University and the United States Army to gain approval to interview soldiers directly about their lived experiences. The use of battalion commanders, and thematic analysis to

capture the perceived observations of their soldiers, although beneficial and excellent for this study, the actual lived experiences as told by soldiers could have added value to this and future research.

Of the four interviews with battalion commanders that was conducted, three were performed over FaceTime/Skype, whereby I was able to observe non-verbal actions by the participants. I was able to observe how they physically reacted to specific questions which could have indicated how comfortable or uncomfortable they were with a specific topic. In one instance, the interview occurred over the phone, where I was limited in that I was not able to observe the subtle non-verbals and could have missed out on emotional cues or nuances that could indicate how the questions were perceived.

And finally, one limitation of the study was the perceived fear of taking part as a participant would potentially impact their military career. There was one potential participant that I believe had a significant amount of data to share as he stated that he had experienced two suicides within his unit over the two years. However, his personal or professional concerns outweighed his ability and willingness to share and take part in the study, even given the expressed confidentiality of the study.

Recommendations for Future Research

I wanted to conduct this study because I felt that within the military, the survivor soldier is often overlooked when it comes to suicide and understanding what impact it has on the soldier and the unit after it occurs. For the military, the focus remains on prevention instead of postvention measures to address what happens after a suicide. One of the participants stated during his interview that a "suicide is only a problem after it

occurs." I conducted this study to understand what happens after a suicide occurs and how it impacts a soldier and unit. The focus of this particular study was to delve into the observations of soldiers, as seen through their battalion commanders. To increase the data pool, expanding the pool of eligible participants to include battalion command sergeants majors would possibly add more value to the study in the future. This is because the battalion command sergeants major have the direct responsibility to train and equip the soldiers for military operations. As such, they have a significant amount of interactions with soldiers that, in some cases, could surpass the interactions with those of the battalion commanders. As they are with the soldiers on the training field, they may have more direct communications and observations that would prove beneficial to further studies on the observed impact of suicide within military formations.

As indicated by the participants, they each reported that they had more females seeking behavioral health treatment than their male soldiers, but that they males, reported suicidal ideations more than the females in their units. The study by Shelef et al., (2016) supported this finding as well in that they found that females in the Israeli Defense Force reported seeking more behavioral health treatment over their male counterparts, and again that males committed suicide more than females. Because of this, the potential for future research could look into the differences between the number of females seeking behavioral health assistance over the number of males that report suicidal ideations, but do not seek treatment prior. Another potential avenue of future research could look at the experiences of female soldiers and the experience of male soldiers that are survivor soldiers to a friend of coworker suicide. I believe that possibly, the stigma of seeking

treatment lies more with male soldiers than in females, and future research could also look into factors that contribute to this stigma and mitigations to reduce or eliminate it.

For most soldiers that received some form of medical prescription and diagnosis as a result of seeking behavioral health assistance, there typically was a period of medical non-deployability associated with it. In particular, soldiers that received behavioral health medications would be non-deployable for 90 to 180 days to determine if they have stabilized on the medication. Future research should also look at whether soldiers opt not to seek treatment based on knowing that they would not be able to deploy with their unit for 3 to 6 months and if this contributes to a professional or personal stigma. The opposite could also be researched in the future in determining what impact this standard period of non-deployability has not only on the individual psyche of the soldier but also on unit readiness and the role this adds to the stigma of seeking treatment. Do the soldiers feel an emotional responsibility to deploy with a unit even though they know that they mentally require some form of medication to stabilize their behaviors?

Finally, another area that requires further research in the future is to research the impact that suicide has on senior leaders within the military. We have seen senior leaders within in military in the United States that have committed suicide at the general officer level (Chivers & Gerras, 2017), and changes being made to their lifestyle that include requiring them to take 30 consecutive days of leave a year. For the battalion commander, there is no research to see how they are impacted by suicide. For each of the battalion commanders interviewed for this research, it was evident that they were affected by their observations of their soldiers and their involvement in the suicide. Looking into the

impact of suicide on senior leaders within the military, and how they approach suicide within their units and from a leader standpoint point could prove useful in terms of developing programs that address the overall problem.

Implications for Social Change

Suicide prevention programs have been developed and redesigned across the military for the last two decades. We have learned from Army programs designed to address suicide prevention, but little is done to address the impact of suicide in units after they occur. The implications for this study on social change and the military could mean that the focus not only addresses suicide prevention but also applies the same efforts on postvention programs after a suicide has occurred in hopes of preventing the next incident through providing support and resources to everyone to include the soldiers and their leadership. Even with programs on suicide prevention, there is no way to determine when a future suicide will occur. However, if the military focuses their preventative methods at units where suicides have occurred, there is the potential to identify issues within a military unit that have gone unaddressed until now. Potential issues could include a culture that discourages soldiers from seeking treatment over the operational mission requirement, and environments where access to behavioral health is not readily available after traumatic incidents.

Increasing social change within the military infrastructure down to the battalion level will take time to implement due to some potential draconian measures that continue to slow progress in terms of bureaucratic timelines. One of the most important recommendations to social change would be to implement programs that would add

behavioral health counseling and programs immediately at units where suicides have occurred. Within the military, we should have not have to wait for the soldiers to come to us with their problems; we should begin by developing a form of involved leadership whereby after suicides, we institute required behavioral health involvement by all soldiers to discuss issues on a more personal level. Hoyt et al. (2020) examined how military leadership could be effective at identifying and mitigating suicide risk amongst soldiers through the effective use of risk management tools. They further stated that this leadership involvement is necessary at every level to have a significant impact on suicide prevention. Creating an environment where soldiers are comfortable speaking about suicide and how the loss is impacting them could potentially reduce the stigma associated with seeking treatment. And likely, the possibility of decreased reported cases of depression could also be observed.

Other mechanisms of social change should include programs aimed at drug and alcohol abuse prevention following traumatic events. If the research shows that there is a potential for increased drug and alcohol abuse (Koopmans et al., 2017), then instituting social change whereby those programs are readily available across military installations for soldiers in need following a suicide could add to the preventative mitigations needed.

Changing the culture of the military from one that is only operationally mission-focused to people focused would take a monumental effort to initiate. I believe that this study will seek social change by taking what we know in terms of the stigma that currently exists within the military that prevents soldiers from seeking treatment. Furthermore, the study will seek social change by making military leaders aware of the

professional and personal concerns of soldiers and thereby seek to create an environment where soldiers feel encouraged to talk about their feelings openly.

And finally, the development of training programs specifically designed for military leaders could bring about social change in that future battalion commanders are more aware of their soldier's requirements immediately following a traumatic event such as a suicide. The participants in this study were adamant about the need for additional resources and programs to address the problem of suicide within the formation, and they were also in agreement that it impacts each individual differently. From social change at getting leaders to be more observant at identifying and recognizing signs and reports of isolation leading to depression to instances of soldiers that were more resilient and being able to use their resilience as a tool for social change, amongst others. This training would add to social change by potentially training battalion commanders to be more empathetic to the needs of their soldiers without sacrificing readiness to the force or the mission. As the battalion commanders stated, the time for training is not at the moment of the suicide, but before they move into the leadership position so that they are prepared at day one with what actions to take to better assist their soldiers.

Conclusions

In the current study, I used thematic analysis to capture the observations of battalion commanders of soldiers who had been impacted by suicides that occurred in their units. In this study, battalion commanders also described what measures they felt should be taken to address the increasing problem of suicide within the military and how best to train our future leaders. This research showed that suicide is not just a problem

before it happens, but it is also a problem for those left behind. For soldiers, that could mean the loss of a coworker that feels as close as a family member, and as a result, the impact is just as significant. We may never be able to get ahead of the next suicide and prevent it from occurring. Still, without equal efforts being placed on the impact of suicide after they occur, units and organizations will continue to relive the same mistakes until something is done.

As a scholar for social change and, more importantly, as one that is currently serving as a battalion commander responsible for the physical lives and emotional and mental well-being of over 600 soldiers, I believe this research is necessary to get to the left of the next suicide within our ranks. The issue of suicide is a significant problem that when left untouched, will further jeopardize not just the readiness of our military force, but most importantly, the lives of our nation's most precious assets, our American soldiers.

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