A Hand Up:

A Qualitative Analysis of Verbal and Nonverbal Suicidal Behaviors in Veterans Who Take Their Own Life

By

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Abstract

According to the Department of Veteran Affairs, 17.6 American veterans are committing suicide each day (National Veteran Suicide Prevention Annual Report, 2020). What can we do to help prevent veteran suicide? A grounded theory analysis was performed on fifty stories of veterans who have committed suicide as told by their family and friends. Stories were gathered from various online newspapers with the search phrase "stories of veteran suicide." Several themes were found during analysis some of which are: Department of Veteran Affairs negligence, suicide descriptions, disturbing experiences, the changes and outcomes. We can implement positive changes by creating solutions to the problems found in the themes. By providing more financial benefits, increasing office staff to reduce process times, screening for paperwork errors, promoting alcohol and firearm awareness, zero tolerance for medical malpractice and promoting quality assurance procedures.

Keywords: Interpersonal Theory of Suicide, veteran suicide, suicide risk factors, suicide prevention

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Signature

I certify that I have read this thesis and that, in my opinion it is satisfactory in scope and quality as a thesis for the degree of Masters of Arts in Professional Communication.

Dr. Kevin Stein, Capstone Chair & Graduate Program Director

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Introduction

Lydia Miller fell out of a tree and laid on the ground crying with her arm outstretched. Physically, her father Justin Miller was with her there in the Georgia summer. Mentally he was 7,000 miles away and nine years younger in northern Iraq. Miller saw a boy laying on the ground in pieces with shrapnel in his head. Then, he noticed a crawling trail of blood coming from a girl headed in his direction. She was reaching out to him for help. The girl lost energy and lowered her head. Miller glanced away knowing there was nothing more he could do (Henry, 2017).

He knew the girl. A few days earlier she alerted his platoon about an improvised explosive device on the road in front of them. She saved all their lives and now there was nothing that could be done to save her. Miller blinked and was back in Georgia. He asked his wife if Lydia was okay. She informed him it had been hours since Lydia originally fell. What was a minute in his mind had been hours in reality (Henry, 2017).

Justin sustained a traumatic brain injury, memory loss, severe attention deficit disorder and back problems from his time in combat. He says his worst wound though is “the emotional trauma of having seen the worst of what humanity can do” (Henry, 2017). All that he witnessed in Iraq continues to haunt him here at home, many years after his service. One night, Justin had a vivid nightmare in which he saw himself beheaded. That was it. He grabbed the gun from his bedside table. Justin recalls “I didn’t think about how killing myself is going to ruin my family’s life. The only thought that stopped me was there wasn’t a round in the chamber” (Henry, 2017, Section 2 Para 5).

Justin is merely one of the countless veterans who continually suffer from things they’ve witnessed during wartime. My own Grandpa served in World War II. He never spoke about what

he went through on the front lines, but he did write a biography of his experiences before passing away. I have spent years working with veterans at nursing homes. They would occasionally open up and share stories. Sometimes I'd get to look at pictures through which I was able to see brief images of the worst in humanity for myself. I worked primarily with older veterans from World War II, Korean War and Vietnam War eras but learned about the horrible suicide crisis involving service members returning home from post-September 11th deployments.

The Department of Veteran Affairs states that an average of 17.6 suicides took place each day during 2018. Death by firearm is documented as the most prevalent means of committing suicide at 68.2 % compared to 48.2 % with nonveterans (National Veteran Suicide Prevention Annual Report, 2020). Veterans who commit suicide are frequently diagnosed with Post Traumatic Stress Disorder (PTSD).

The National Center for PTSD defines the disease as:

> A mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault… PTSD symptoms usually start soon after the traumatic event, but they may not appear until months or years later. They also may come and go over many years (PTSD Basics, 2020).

Some popular examples of symptoms congruent with a military related PTSD diagnosis are: insomnia, nightmares, irritability, paranoia, isolation from others, hyperarousal, flashbacks to the traumatic events, personality changes and subsequent substance abuse. Comorbidities may include depression, anxiety and personality disorders. These symptoms are heavily documented throughout this paper and described frequently from other widely known sources.

It is time to study what we can do to help veterans live a quality life from an interpersonal communications perspective. The purpose of this paper is to analyze accounts of veteran suicide as told by family and friends. By extracting common themes from these accounts, we can formulate solutions to help mitigate these tragic endings.

Literature Review

The literature review has been separated into three categories. The first category will explore Thomas Joiner's Interpersonal Theory of Suicide (IPTS) and demonstrate its applicability to the veteran suicide crisis. The second category will examine veteran specific suicidal risk factors and the third will evaluate the validity of providing social support as a successful intervention to help prevent veteran suicide.

The Interpersonal Theory of Suicide (IPTS)

Thomas Joiner introduced IPTS in the early 2000s. This theory was originally meant for the broad population. Throughout the years, scholars began applying the theory specifically to the veteran suicide crisis. Lusk et al. (2015) argues "IPTS is considered a valuable theory in understanding suicidality among military personnel and veterans, as military training and combat experiences include painful and provocative experience which may increase acquired capability" (p. 844). Other scholars have agreed with Lusk et al. (2015) and completed qualitative studies which justify the use of IPTS in veteran suicide crisis. Joiner's theory has three components: perceived burdensomeness, failed belongingness and acquired capability.

Joiner et al. (2009) introduces the first component of perceived burdensomeness. They define it as "the idea that one is defective or flawed, such that not only one's self is brought down but, even worse, one's existence burdens family, friends and society" (p. 6). According to

Joiner's perception, strugglers view their death as more beneficial to those around them than their life. Findings also suggest the feeling of burdensomeness can begin before service members even arrive home.

A qualitative study conducted by Gutierrez et al. (2013) evaluated feelings of perceived burdensomeness in a sample of female veterans. Several females expressed feeling like a burden during their time of service. Participants noted military culture overall made them feel like they were a burden by asking for help with personal problems. They also reported that failure to complete one's assignment or tasks was seen as burdensome as well. One medic in the study recounted this experience:

> I had an IV that I gave myself that I had in my ankle, in my boot, threaded up my pants and into, under my uniform top and the bag was taped down. So, you just do what you gotta do. (p. 930)

A soldier in a similar qualitative study by Lusk et al. (2015) felt that "the minute you can't do something...you are a piece of crap" (p. 848).

In addition to these above feelings of burdensomeness on active duty, service members returning home faced new ways to feel like a burden. Brenner et al. (2008) found veterans reported feeling like a burden often because they have financial difficulties and are unable to provide for their families. One female participant from Gutierrez et al. (2013) study stated:

> All I do is upset my family, upset my friends, I don't have any friends left because all I do is piss people off...I didn't have any money, so I was this huge financial, emotional, and physical burden to my family, and I was, like, hey, I'm not doing this anymore, I don't care. All I cared about was how I felt and how I felt like a burden (p. 932).

Arzi, Solomon, & Dekel, (2000) also mention physical and mental service wounds could possibly stunt veterans from contributing and further require assistance from others. It would be extremely difficult going from a situation where you are forced to be completely independent right to a situation where you have no choice but to be dependent.

Lusk et al. (2015) found soldiers felt like a burden when they failed to participate in family life as expected. One veteran said he struggles to deal with his family "in an appropriate noncombat way" (p. 848). Veterans in this study also mentioned being burdened with survivors' guilt and questioned decisions they made in combat after arriving home.

Next, Joiner et al. (2009) describes the role of failed belongingness in suicidal ideation. Failed belongingness is feeling "alienated from others, not an integral part of a family, circle of friends or other valued group" (p. 6). Again, feelings of isolation were found to originate while one is still in military service. Gutierrez et al.'s (2013) female participants noted they already felt isolated in the military because of their gender. Participants alluded to feeling like they were just living in a man's world. One female stated "(she) felt like an outsider by not being part of the good ole boy system" (p. 930). There were several participants who felt like they needed to work as hard as possible to prove they belonged with the men. One describes her disappointment because an injury prevented her from "hanging with the big boys" (p. 930).

Engaging in combat seemed to have instant ramifications on forming relationships with others. A participant from Gutierrez et al. (2013) relayed:

> I would separate myself on purpose. I have to. I mean, you're sitting there, talking to somebody, joking around, talking about family, and that person is dead 10 hours later. It's hard when you see these people dead and you have trucks blowing up with your friends and family. You have to separate yourself (p. 932).

Lusk's et al.'s (2015) participant explained similar feelings. They said, "I try not to get too close to people unless I have to, just so much that if they die, randomly in an explosion or whatever that it just doesn't bother me as much" (p. 849). Another Lusk participant said he felt respected but alone because he couldn't talk to his subordinates. Self isolation, understandably a coping mechanism for trauma may keep these service members alive in the field but can have serious consequences in their personal relationships when they return home.

Brenner et al. (2008) explains new opportunities for failed belongingness can occur when veterans face more challenges after returning home. Several of the women from Guttierez et al.'s (2013) study were at a loss for an occupation. Before they left, several were going to go into the medical field but combat changed what they wanted to do as civilians. As one woman stated "It was heartbreaking, depressing. I felt aimless, wandering around, no longer had a career and I was only in my mid-twenties" (p. 932). Another woman said "they expect us to be what we were before we left and we're not" (p. 932).

Lusk et al.'s (2013) participants seemed aimless as well upon their return home. One stated:

> I had gained rank and respect...I had people who relied on me to help them out and as soon as I left, I was a nobody. I was at the bottom of the ladder again. All the time that I spent in the military gaining expertise in my field and gaining the respect of my peers and everything is gone instantly (p. 218).

Another participant lamented similar feelings of isolation from civilians. He explained, "People are going to either pay you either complete hero worship, which obviously you don't want because you know you don't deserve it . . . or you get taken for granted for what you have done" (p. 849). Veterans seem to struggle the most when trying to reintegrate into civilian life after the

service. Monteith et al. (2015) found failed belongingness predicted suicidal ideation among veterans who reported high and average levels of valuing relationships, but not among veterans who reported low levels of caring about relationships. This finding seems accurate. If one doesn't care about relationships then they probably aren't going to feel bothered if they don't belong somewhere.

The last element in Joiner's theory is acquired capability. Joiner et al. (2009) asserts humans are born with an innate sense of self-preservation- meaning the will to harm oneself is unnatural and only acquired through practice. He says exposure and adaptation to pain and fear can dull one's innate sense of self preservation. Military service absolutely exposes people to constant pain and fear sometimes for years.

A participant in Brenner et. al (2008) stated:

> I just think sometimes I'm impervious to stuff because there are so many times that I should have been dead…when you hear bullets by your ear, there's like a certain crack it makes and it's close enough and you think to yourself jeez, I should be dead" (p. 217).

Another participant said "I lost connection to reality…if you don't have any emotions then you are not scared or afraid either which really helps you to get through the days in such a dangerous environment" (p. 217).

With this habituation to pain and fear, participants of Brenner et al.'s (2008) study were asked to name some extreme ways of coping. The word suicide was never included in any of the questions; however, several veterans readily described suicidal behaviors. One participant mentioned "you have military training so you know all kinds of cool ways to, you know, take a life even if it's your own" (p. 220). One woman from Gutierrez's et al. (2013) study stated "you can't expect somebody to take that many hits and not want to go" (p. 932).

Joiner theorizes that once all the components (perceived burdensomeness, thwarted belongingness and acquired capability) are present, the more likely one is to attempt suicide. One limitation of IPTS according to Wolfe-Clarke and Bryan (2017) is the three factors fail to give a time table of when the suicide might occur.

Risk Factors

What do we know about suicide risk factors? What risk factors have already been studied in relation to the crisis? This portion of the literature review will identify several risk factors specific to veteran suicide. Some main factors found are: undiagnosed prior mental illness, nonsuicidal self-injury (NSSI) such as punching and scratching, borderline personality disorder diagnosis, posttraumatic stress disorder diagnosis, homelessness, loss of a friend or family member and physical pain.

Ronald Hester (2017) begins by pointing out circumstances that can lead to suicidal ideation specific to the veteran population. He explains some military members enlist with undiagnosed mental health conditions before their service. As a result, these untreated conditions can be worsened due to stress of service when veterans return home. These veterans with previous untreated mental health conditions have an automatic disadvantage compared to those who had a stronger mental health foundation before facing the perils of active duty.

Hester (2017) goes on to highlight additional circumstances which can also contribute to poor mental health. He states “other conditions such as combat injuries, depression, unemployment, financial distress, alcoholism and the inevitable family discord contributes to the higher rates of mental illness” (p. 2). If a veteran doesn’t have mental health care access, the above issues could leave them more vulnerable to suicide.

Next Cunningham et al. (2019) found that NSSI and Borderline Personality Disorder are both strong indicators of possible veteran suicide, reporting:

> Among veterans returning from Iraq and Afghanistan, NSSI has been found to predict current active SI (suicidal ideation) above and beyond other risk factors including mental health diagnoses. This is consistent with past findings that have shown NSSI to be more strongly associated with suicide attempts than are other risk factors (p. 142).

Cunningham et al. (2019) continues to further breakdown details of how NSSI is specifically used among veterans:

> Of the 428 veterans who reported current NSSI approximately half (48.4%, n=207) endorsed using multiple forms of NSSI during the past two weeks. Wall/object punching was the most commonly reported form of NSSI (68.7%, n=294) followed by severe scratching/skin picking resulting in injury (60.1%, n=257), hitting (26.9%, n=115), burning (10.3%, n=44) and cutting (7%, n=30) (p. 143).

Of all the NSSI methods that were studied, it appears that wall/object punching and severe scratching/picking are the most common choices. While these results are interesting, the study does not mention how or why one selects a particular method. It is also important to note that all participants in this study had a previous diagnosis of PTSD.

Moving forward, veteran homelessness remains a large risk factor for possible suicide. Veteran homelessness has unfortunately been a prevalent issue throughout this country's history. Tsai et al. (2018) concluded suicidality rates among veterans who experienced homelessness were higher than veterans who have not. Tsai et al. said "veterans with any homeless histories, rates of suicide attempts in a two-year period were more than 5.0 times higher" (p. 963). Unsurprisingly, they also found substance abuse to be a major contributor for

both suicide and homelessness. Tsai et al. (2019) goes on to mention demographics of those who attempt suicide:

> Among veterans with histories of homelessness, those with past suicide ideation or attempts were less educated, more likely to be white, and less likely to be married or with a partner compared with veterans with no past suicidal ideation or attempts. Veterans with ideations or attempts reported lower social support and they scored higher on measures of PTSD and depressive and anxiety symptoms and lower on measures of mental functioning (p. 936).

These demographics are not surprising. Those with lesser education and no social support may not be aware of the resources out there to help them. This is why including others in a safety plan when they return home is beneficial.

Lastly, Tsai et al. (2018) reported the Veterans Association in Connecticut found 10% of veterans on the high-risk flag list for suicide were also enrolled in a VA homelessness program. As society continues to help homeless veterans, hopefully the number of suicides will decrease. Homeless resources should provide more than just a roof over some heads. Hopefully the veterans will be enrolled in programs that will help them get started on a better quality of life.

The last article pertaining to risk factors is a study done by Wood et al. (2020). They found three important differences between suicide in male veterans and nonveterans. The first two differences can be observed before the veteran tries to take their own life. Wood et al. (2020) reports veterans who commit suicide have recently suffered the loss of a friend or family member. Nonveterans were less likely to have suffered this particular loss. Wood et al. recommends social workers “assess for the recency and salience of any deaths of a friend for family member for a veteran who may be at suicide risk” (p. 28).

Second, Wood et al. (2020) found veterans who committed suicide were in more physical pain opposed to nonveterans. They recommend social workers "assess for the presence and severity of physical health problems when assessing for suicide risk among veterans" (p. 28). The third difference is important but cannot be confirmed until after death. Wood et al. (2020) found veterans are more likely to leave a suicide note than nonveterans. While this generally comes too late for preventive measures, it's suggested that practitioners working with veterans ask pointed questions regarding a suicide plan. These questions can refer to asking about a method, place, time and what they might say to their survivors. Now that the theories and risk factors of suicide have been examined it is important to review social interventions already in place that help combat suicide.

Social Support

This portion of the literature review will focus on the need for continued social interventions. Veterans wanted family and friends involved in their care. In turn, friends and family wanted to be involved in the veteran's care.

The first study conducted by DeBeer et al. (2019) explores veteran's attitudes about involving a concerned significant other (CSO) in the safety planning process. A CSO is defined as a spouse, partner, parent, adult child, sibling, other family member or friend. It is important to note the veterans involved in the study had previous suicidal ideations and behaviors. Overall there were several positive responses from both the veterans and their designated CSO's about joint involvement. DeBeer et al. (2019) notes "the activation and use of social support in safety planning for veterans are extremely limited" (p. 6).

DeBeer et al. (2019) found 79.3% of veterans wanted a CSO involved in their safety plan. Several participants favored the involvement of friends who were also veterans because they'd

been in similar situations. Participants were interested in a CSO who was: reliable, honest, able to show unconditional love and help them seek treatment. One person mentioned their CSO "pulls me out of the hole" (p. 9).

DeBeer et al. (2019) reported all CSO's wanted to be included in the treatment plan for their loved one. One spouse voiced their frustration about the current situation:

> I think communication is sometimes hard because sometimes you don't understand. Not only the communication between me and the veteran but also the doctor sometimes...everything is confidential so they are not allowed to tell me, but I'm the spouse. I'm the one dealing with all this (p. 14).

Families are the ones on the front lines when it comes to coordinating every aspect of a veteran's care. They do deserve to be as informed as possible.

Though mostly positive, some veterans acknowledged downsides to involving a CSO. One participant was concerned about their issues remaining private from the rest of the family. Another was concerned about being a burden to their CSO. Others were worried their CSO might overstep their role. While there are these concerns to deal with, the positives were found to outweigh the negatives when deciding to engage family members in mental health care planning.

Next, a review by Sensiba & Franklin (2015) concludes the most successful therapeutic modalities involve strengthening communication within a family system:

> As expected, improving a family's ability to communicate allows for expression of individual needs, leads to better understanding, and contributes to effective problem solving. Improved communication helps families to understand how PTSD is negatively affecting their system and to discuss changes that need to be made for improved relationships (p. 54).

Sensiba & Franklin (2015) raise the possibility that enrolling in treatment might not be a top priority for veterans who are coming home. They are busing trying to assimilate back into a civilian lifestyle. Often times they have to worry about finding a job, going back to school, meeting other medical needs and finding a place to live. There should be more social resources in place to help veterans and their families meet temporal needs. Doing so will allow for mental health treatment to be a priority at a critical time of adjustment.

After reviewing the studies, it's clear that previous qualitative research has been successful in helping understand the veteran suicide crisis. All three components of Joiners Interpersonal Theory of Suicide (perceived burdensomeness, thwarted belongingness and acquired capability) were present in this population. Known risk factors of veteran suicide are validated. The involvement of family and friends in treatment seems to be a positive addition. Now, what can we do to prevent veteran suicide?

Method

Qualitative research is crucial to understanding what veterans and families experience in times of crisis. By identifying these experiences, we can better prepare friends, families and professionals to not only stop suicides, but improve quality of life. This study will use a grounded theory approach to analyze friends and family members' first-hand accounts of a veteran's suicide. Glaser & Strauss (1999) described grounded theory as follows:

> The discovery of theory from data-which we will call grounded theory- is a major task confronting sociology today for as we shall try to show such a theory fits empirical situations and is understandable to sociologists and layman alike. Most important, it works- provides us with relevant predictions, explanations, interpretations and applications (p. 1).

The goal of this study is to find out what we can do to prevent veterans from committing suicide. Grounded theory was selected as the method of study for several reasons. Grounded theory "is understandable to sociologists and layman alike" (Glaser & Strauss, 1999, p. 1). The phenomena of veteran suicide doesn't just concern those in academia. It reaches into homes where babies and young children have lost their parents to suicide. The results of this study should be made available for everyone to read and understand more about this tragic phenomenon.

One can gather data for a grounded theory analysis by interviewing people or collecting written artifacts. For the purpose of this study I've selected newspaper stories to evaluate from around the country. They are stories about veterans who committed suicide as told by an interpersonal relationship perspective (friends and family). I began with an internet search engine phrase "stories of veteran suicides."

Online newspaper articles from all over the country were chosen to obtain a broad sample. This was the easiest way to obtain information since it would be difficult to find and connect with family and friends in all fifty states. A story had to meet three certain criteria's to be selected for analysis: 1) The veteran must have served after the terrorist attacks on September 11th. Sadly, pre-September 11th veterans also die from suicide, but were not included due to generational inconsistencies; 2) A veteran's suicide must be linked to time in the service. Veterans who committed suicide that wasn't linked to their time in the service was disqualified; 3) A family and/or friend must be included in the article since this study is analyzing information they provide. Service branch, rank, nationality, age, gender or socioeconomic status did not make a difference in selection.

There are an abundance of blogs, chatrooms and social media outlets discussing veteran suicides. However, I preferred to keep the artifacts in a journalistic style. I wanted to analyze the same stories everyone is hearing and reading in the news instead of hunting for obscure blogs a lay person may not think to find. This is also why I didn't use academic search engines. I wanted to study local news stories (local meaning a specific city in proximity to where the veteran resided) and national news stories as long as the story met my criteria listed above. Once I hit the fiftieth veteran story which fit my search requirements, I considered this a good sample size and moved on to the coding process.

The coding processes, open, axial and selective were used to create common themes among the accounts. After the common themes were established, I studied them further to answer the research question, what can we do to prevent veteran suicide?

Analysis

There were several themes found throughout the coding process. The five popular themes discussed in this portion are: Department of Veteran Affairs mistakes, suicide descriptions, disturbing experiences, personality changes and outcomes.

Department of Veteran Affairs at Fault

A small number of families didn't mention the Department of Veteran Affairs (VA) at all in their accounts. Other families expressed short thoughts. William Howard noted the treatment his son Erik was receiving at the San Antonio VA didn't appear to be working (Steele, 2016). Reggie Strand's sister RJ said "He (Reggie) mostly stated that it took forever to get an appointment and that they wouldn't help him with proper medications" (Steele, 2016, Para 5).

Lindsey Stevens, said her niece Pamela finally shot herself after ten years of therapy through the Department of Veteran Affairs. Stevens expressed "after ten years of PTSD therapy, she shouldn't have shot herself. That's not usually how it would work. Ten years of therapy you should be getting better" (Steel, 2016, Para 17).

No one from the Department of Veteran Affairs bothered to follow up with Russell Murzyn after he stopped going to therapy. His wife Erin reports "If I had known I would have made sure he was making his appointments. I would have gone to some of his appointments with him" (Steele, 2016, Final Section).

Several accounts made more serious declarations of Department of Veteran Affairs responsibility in their loved one's death. Jeremy Sears's wife Tami reported Jeremy's disability claim fell into the backlogging process. When Jeremy finally received the decision, the

Department of Veteran Affairs denied him any payout even though they acknowledged he had a traumatic brain injury and post traumatic headaches (Steele, 2016).

Friends of Jeremy said he seemed to give up after being turned down for the disability. It was also discovered Jeremy's primary care physician at the VA was giving him constant refills of Vicodin for twenty-two months straight without requiring any in person visits. This action broke federal prescribing law requirements regarding controlled substances (Steele, 2016).

Jefferson Brown's father also faulted the Department of Veteran Affairs for dropping the ball with his son's medical care. He stated they gave his son Jeffery Jr. the run around with his Crohn's Disease Medication. Jefferson Jr. went into receive his regular steroid injection to control the painful disease and due to a paperwork error, he was not able to receive his injection. His father Jefferson Brown Sr reports "They said he had to be real evaluated for the medication because it was a narcotic, but his primary care physician left and he didn't have a knew one so he was given a follow up appointment that was months away" (Steele, 2016, Para 16).

Finally, there are some family members who attributed all responsibility to the VA for their loved one's suicide. The first is Justin Miller's family (this is not the same Justin Miller at the introduction). After spending four days in the Minneapolis VA's inpatient mental health care unit, Justin walked to his car and then killed himself with a gun. An investigation after his death exposed several VA vital errors. The VA failed to schedule Justin for a follow up appointment after his discharge. They also failed to assess his access to firearms. Justin's family was not informed of his treatment plan upon release and they did not receive Justin's medication in the mail until several days after his death (Wax-Thibodeaux, 2019).

The VA recorded that Justin was only an immediate/moderate suicide risk so he did not qualify for anymore inpatient care. Justin's sister states "the fact that my brother Justin never left

the VA parking lot- it's infuriating. He did the right thing. He went in for help. I just can't get my head around it" (Wax-Thibodeaux, 2019, Para 4).

John Toomb's father David also blames the Department of Veteran Affairs entirely for his son's death. John hung himself on the grounds of Alvin C. York VA Medical Center in Tennessee. He had enrolled in an inpatient treatment program for PTSD, substance abuse, depression and anxiety. He was kicked out of the treatment program for leaving group therapy early due to anxiety issues and arriving late to take his medications.

David went to pick John up at the hospital but John refused to leave. He insisted on staying the night in the emergency room and then trying to get back into the program first thing in the morning. David believes John went to the emergency room but was turned away. Before dawn, John recorded a video that stated "when I asked for help, they opened up a Pandora's box inside me and just kicked me out the door" (Lawrence, 2018, Para 10). He also posted the following on Facebook from the VA property "I dared to dream again. Then you showed me to the door faster than last night's garbage" (Wax-Thibodeaux, 2019, Para 22). He also thanked a few people for their help in his video before heading to the construction site (Wax-Thibodeaux, 2019).

Nurse Rosalinde Burch from the program spoke out against John Toomb's death. She said Toomb's substance abuse screenings were clear and he was starting to counsel other veterans in the program. Burch sent an email to the hospital stating "we all have the blood of this veteran on our hands" and was subsequently fired (Wax-Thibodeaux, 2019, Para 43).

Suicide Description

The majority of family members described how their loved ones died. Some stories were more basic and factual while other stories turned into deep personal narratives. Ivan Lugo's wife

simply stated that Ivan shot himself while lying in a full bathtub surrounded by empty liquor bottles (Steele, 2016). Erin Murzyn said her husband Russell used a gun she knew nothing about and was found with bottles of painkillers and an empty bottle of scotch (Steele, 2016).

Other family members went into great detail not only describing how their loved one died, but adding in personal feelings and anecdotes. Don Lipstein describes the last seconds he had with his son:

> I was on the phone with my 23- year old Navy son Joshua, desperately trying to talk him out of taking his life. My head was spinning trying to find the right words to save his life. It was the greatest single fear I have ever encountered. For fifteen long minutes I struggled to stay calm and be the strong, loving dad Joshua needed. But then he hung up the phone and my life was changed forever (Lipstein, 2019, Para 2).

Allen Thomas's wife Danica reported that she believed her husband was having a flashback to Afghanistan when he took his life. Allen told Danica he loved her before cocking his gun and going outside their house. Witnesses outside stated that Allen yelled "I got it. I cleared the house" (Griffin, 2020, Para 11) then preceded to shoot two innocent neighbors and their dog. She believes he came back to "the here and now" (Griffin, 2020, Para 13) before turning the gun on himself. Danica said "I buried my American hero with a baby on each hip" (Griffin, 2020, Para 14).

Frank and Jill Larkin shared many details of their son Ryan's suicide. They stated during a two-year treatment period for several problems, Ryan was prescribed over forty medications. Most of these medications weren't helpful. Ryan would say "something is wrong with my head. I don't know what it is but they keep telling me I'm nuts. I'm crazy" (Price, 2020, Para 25). Ryan killed himself while wearing his SEAL team shirt next to his medals which were laid out. The

Larkins reported Ryan took his life in a way which preserved his brain for scientific research. His brain was studied and miniscule microscopic tears were discovered. The tears were too small to be detected in any scan on a living person and confirmed that Ryan was suffering from a traumatic brain injury (Price, 2020).

Jared Johns committed suicide on September 11, which his dad states is no coincidence. It was the terrorist attacks of September 11, 2001 that inspired Jared to join the military. His father Kevin stated "he (Jared) decided this is where it started, this is where it was going to end" (Brown, 2018, Section 5 Para 10). Jared wrote "I'm sorry I messed up this isn't what I wanted" (Brown, 2018, Para 2) on a whiteboard in the apartment he shared with his twin brother. He recorded videos for various family members before he locked himself in his room. Jared then put the handgun under his chin and pulled the trigger. Kevin reported not being able to grieve his son's passing because he was too worried about affording burial expenses (Brown, 2018).

James Weigl called his mom Kathy the afternoon before he committed suicide. He told her he'd been fighting with his girlfriend and just quit his job. Kathy recalls that James sounded very calm on the phone. She and her husband Mike thought he would need a place to stay so they started the two-hour drive to pick him up. When the Weigls arrived at James's home, his parents knew something was wrong. All the apartment lights were on but they could not find their son until Mike went into the garage. He found James dead hanging from the rafters by an electrical cord. His parents laid his body on the floor while the ambulance was in route and told him to be at peace (Kissinger, 2009).

Disturbing Experiences

Several veterans told their family members about disturbing things they witnessed while in the service. The family members reported the disturbing events to journalists. Josh Pallotta's

mom said “he told me enough to know that what he saw over there was horrific for a 21-year-old guy” (Thurston, 2014, Para 6). Rudy Hewitt told his family “I saw some crazy things” (Steele, 2016, Para 13) but never elaborated. Clay Hunt’s family reported Clay had witnessed a fellow Marines death. He watched as the Marine bled out through the throat after being hit by an enemy marksman (Lamothe, 2014).

Scott Dussell’s job was to weigh the war dead and their possessions for transport home. Scott’s former wife Megan Wells reports “going over to Iraq was a lot harder than he thought it was going to be. The things he would see because of it, he couldn’t do it” (Steele, 2016, Para 5). Veteran Courtney Rush was in a similar situation. Her family said she was stationed in Qatar. Most of those who died went through Qatar and Courtney helped get coffins off the plane when they came in. Her family believes this had a lasting impact on her (Simmons, 2015).

Andrew Marckesano’s friends hypothesize that Andrew never got over his tour in Afghanistan’s Arghandab Valley. His unit suffered some of the highest casualty rates during the war. The battalion’s former command Sgt Major Bert Puckett said “that deployment was like being in the ring with Mike Tyson for a year” (Griffin, 2020, Para 3). Prior to committing suicide, Andrew sent the following statement to his battalion:

> Text me, I told you before my door is open…my phone is at hand. We did things that people make movies about, and in some cases, writers and producers wouldn’t even try to write our story…the rucksack is heavy…and when it gets heavy we help each other, but you have to reach out…don’t let the valley win (Griffin, 2020, Para 4).

Robert Zaza’s wife recalls one story she believed was the source of her husband’s PTSD. She said:

> Robert hired a 12-year-old Afghan village boy to help distribute food to the village. They became close and Robert was happy to help him and his family. After leaving and returning to the village one day he found the boy strung up in a tree by the Taliban. (Zaza, 2019, Para 4).

Orrin McClellan's parents shared their son's thoughts that were found in his journal after he passed away. After a combat mission Orrin reported he helped carry the dead. His entry after this day read "I really don't have anything moving left to say…the dead don't look real, they look like wax" (Vestal, 2018, Para 6). Orrin wrote about dead Taliban fighters and constant causalities in his own unit. Orrin also stated he felt "dead inside" (Vestal, 2018, Para 7).

John King's family explained his multiple duties overseas. John sat in a Humvee gunner seat and drove along the main road that connected Baghdad Green Zone and the Iraqi Airport which was known as Route Irish. This route earned a reputation for being the most dangerous road on earth with roadside bombs and suicide attackers. The Humvees he rode in experienced IED attacks on seven known occasions and a sniper's bullet once penetrated his helmet. John also took enemy fire for four days on his own following orders that would allow the rest of his team to advance (Liotta, 2019).

Outcome or Purpose

Some family members explained a purpose or an outcome for telling their loved one's suicide story. Becky Bolt, Andrew Lang's mother shared his story as a way to fundraise for the Fisher House. The house assists veterans with their medical needs. So far Becky has raised over $35,000 in her son's memory (Kong, 2018, End).

Orrin McClellan's parents published a book of his journal entries and photos. It is entitled *A Soldiers Journey: Last Supper to No Goodbye.* They hope that the book will "serve as a

testament to the unseen wounds of war and raise money to support efforts to provide better care for the traumatized men and women who serve the country" (Vestal, 2018, Para 19).

Terry O'Hearn's mother Robin says her mission now is to help other military families navigate the VA process and teach how to recognize the symptoms of PTSD (Kube & Gains, 2019). William Davidson's mom Donna has made veteran suicide prevention her mission. In the article she stated, "the numbers don't do anything but grow…we're continuing to fail. I'm sick of it. Everyone is sick of it" (McCarthy, 2020, Para 4). Donna is public speaker and currently raising money to build a veteran's retreat center in her son's honor (McCarthy, 2020).

Jared John's parents would like something positive to come from his death. They wish to "raise awareness about the prevalence of veteran's suicide as well as what they perceive as a lack of readily available financial benefits for survivors" (Brown, 2018, Para 16). The couple found themselves financially unprepared to bury their son and ultimately had to take out a loan to cover funeral costs (Brown, 2018).

Josh Pallotta's mom Val told readers she has started a fund in his name. The purpose of the fund is to raise awareness and achieve help for veterans reacclimating to life after the service. She also said community members need to be sensitive to veterans' needs such as finding employment. Courtney Rush's mother Gail runs marathons and raises awareness for veteran suicide (Simmons, 2015).

Anne Vassas's family is "determined to turn her death into a catalyst for change" (Monocelli, 2019, Para 21). Her father Bob stated "I think we fix it (suicide) with education and awareness…that is one thing that we are really hoping happens- that people see this, think about it, pick up their phone, call somebody" (Monocelli, 2019, Para 22). Friends state they would like

Tyler Girardello's death to "be a catalyst for change, leading to more direct action helping those suffering from PTSD" (Waxler, 2019, Para 12).

John King's family tells his story to keep his memory alive. They hope it will help more people understand the struggles veterans face when they return home from war (Liotta, 2019). Don Lipstein shares the story of his son Josh with other military fathers after their children commit suicide. He wants to help them get through the trauma and live a meaningful life even after their loss (Lipstein, 2019).

The Change

Several family members explained that there was some sort of change in the veteran's personality characteristics after they returned from serving abroad. Most changes are only mentioned in a few sentences unlike the previous themes which varied in descriptive length and all changes were negative. No one in the study reported their loved one changing for the better after their time in the service.

Some family members only alluded that their veteran had changed but didn't specify how. Sandra, John King's mom mentioned "when John came home from the war the physical and mental tolls had changed him" (Liotta, 2019, Para 18). Rudy Hewitt's family mentioned his "personality changed drastically" (Steele, 2016, Para 13). Megan Wells said "things just changed" (Steele, 2016, Para 6) when her husband Scott returned home from his service.

More families listed specific examples of how their loved ones had changed. The Cruz family asserts their son Raymond "wasn't the same" (Steele, 2016, Para 3) when he returned home. His mom said Raymond "changed from the baseball-playing, healthy-eating jock who went off to the air force to someone who spent his time on drinking and drugs" (Steele, 2016,

Para 6). Robin, Terry O'Hearn's mom stated "he changed, he wasn't as happy-go-lucky. He seemed to pull back from all of us" (Kube & Gains, 2019, Para 3).

Orrin McClellan's family saw changes in him as well. They stated "he looked like he was startled…a deer in the headlights" (Vestal, 2018, Section 3 Para 8). Orrin wrote in his journal "I miss who I used to be" (Vestal, 2018, Para 9). Jared Johns' parents noticed immediately he had changed when he returned. They said "he was happy to be home but he was different…everything got on his nerves" (Brown, 2018, Section 5 Para 3).

William Krise's family was "proud and thankful he returned home safe but the man that came back was not the same one that left" (Kennedy, 2020, Para 1). They explained William "had more unhappy days than happy days" (Kennedy, 2020, Para 9). Cathy Spriggs said her son Robert no longer had the twinkle in his eye when he returned home (Etsy & Kendall, 2018, Para 2).

Kathy and Mike Weigl saw several changes in their son right away. They said "he was real quiet and that just wasn't James" (Kissinger, 2009, Section 3 Para 2). Lynn Vail described her son Ricky as "exuberant, funny, loving" (Nusbaum, 2019, Para 3) but said he changed after witnessing a friend's death in Iraq. Lynn described her son looked "shell shocked. He just looked shell shocked. He had the thousand-mile stare that the say about soldiers going back to WW I" (Nusbaum, 2019, Para 4).

Ryan Larkin's dad Frank stated "Ryan's personality began changing. He stopped smiling. His emotions became flat. He became more short-fused, quick to anger" (Conte et al., 2020, Para 14). Justin Miller's family noted "right away he was different: incredibly tense, easy agitated and overreacting to criticism" (Wax-Thibodeaux, 2019, Section 2 Paragraph 3).

Todd, Cody Watson's father said "you could see the change, he wasn't smiling anymore, he wasn't happy, he was obviously depressed. I remember telling my wife this isn't going to end well" (Vestal, 2014, Para 19).

Discussion

There were five themes found in the analysis: Department of Veteran Affairs follies, suicide descriptions, disturbing experiences, personality changes and shared purposes. This portion of the paper will study these themes and suggest how the information found in them can assist with veteran suicide prevention. Findings from themes are followed by suggestions for change. There are nine findings followed by ten improvements.

(1) Findings: Lack of Financial Awards & Wait Time

People brazenly blamed the Department of Veteran Affairs for their loved one's suicide. One family believes financial issues and delayed paper work processing played a major role in their veteran's decision to end his life.

Suggestions: More Monetary Awards, More Processing Staff

We should raise the monetary awards that are given to veterans. Doing so will encourage veterans to seek medical care without worrying about how they are going to afford it. This money can also help compensate for lost wages during time off of work, and/or a caregiver's time off to go to various appointments. Veterans deserve to have their disability and other claims processed quickly. Many of them need treatment for both physical and mental conditions immediately after they return home. It's unfair to keep veterans in pain for months or force them to go get care in the private sector when they can't afford it.

A veteran should have the right to choose their own doctors and therapists. The patient should have the option to see someone outside of the Department of Veteran Affairs. The department should pay that practitioner in a timely manner as well. Seeing a community provider is especially beneficial for veterans when they live far from a Veteran Affairs clinic.

More office staff should be hired to process all claims in a timely manner. It is especially important to do so when veterans face the stress of providing for their family. We should keep hiring and training staff until claims can be processed within a matter of a couple weeks instead of years. If veterans have more time and money to spend on their healthcare, they will live a better quality of life which will likely avoid suicidal situations.

(2) Findings: Patient File Errors

Errors with personal information discontinued medical care for veterans who needed care immediately.

Suggestions: Consistent File Review, Link Systems Together

An efficient method to update and confirm correct personal information should be implemented. A secure email system that sends an automated email to veterans and their families every few months asking them to verify or change the information on file would be helpful. This email could come from every server that is not linked together. Also asking patients/family to verify personal information before every appointment would help spot errors.

(3) Findings: Impossible Health Care Wait Times & Medical Malpractice

The lack of reasonably timed appointments was detrimental to veteran medical treatment. Laws of prescribing medication were also broken.

Suggestions: Accountability

Follow up appointments are crucial to monitor the results of prescribed medications. A medication should be discontinued if it's not working. Providers who do not obey the law must be held accountable for negligent actions. A provider who feels overwhelmed by the number of patients and can't see them all should be able to immediately hire help or refer patients to someone else. It is their responsibility to know at what point they can no longer provide quality care. It is the business administration's responsibility to make sure the medical staff's positions are full.

(4) Findings: Fire Arm & Alcohol Related Deaths

The majority of suicides described were committed with a firearm. Alcohol abuse was also mentioned frequently throughout the accounts.

Suggestions: Firearm, Alcohol Awareness & Accountability

A large number of deaths were carried out by firearms. Implementing firearm safety protocols is essential to saving veteran lives. Family, friends, roommates and neighbors can all help prevent a suicide by limiting a veteran's access to firearms. Alcohol abuse was also mentioned throughout death descriptions. The same principles of firearm safety can be applied to alcohol use. People can proactively keep alcohol out of their house and encourage a veteran to put down their drink. This would be a major lifestyle change for some, but if it could prevent a suicide it is worth the effort.

(5) Finding: Poor Care Communication

Veterans struggle with mental and physical conditions simultaneously.

Suggestion: Organizational Communication

Mental health care providers such as psychiatrists, counselors and primary care providers should work together and review treatment plans. Mental and physical health care professionals

when possible, should collaborate in the same office buildings to streamline patient care. The stress of getting to and from appointments may seem less daunting if a veteran knows where to go for every appointment.

(6) Findings: Ineffective Medical Treatment

Traditional counseling and pharmalogical treatments have proven to be ineffective at times. Psychiatric inpatient care has also been proven to do more harm than good in these accounts.

Suggestions: Alternative Therapies and Rule Reconstruction

There are additional therapeutic modalities which the Department of Veteran Affairs can extend. Some options are pet, music, art and equine therapy. Healthy lifestyles such as exercising and eating or avoiding specific foods can also boost a patient's quality of life.

Inpatient mental health care treatment programs need to change. Rules and regulations which are not beneficial to a veteran's progress should be discontinued. No veteran should ever be discarded from a treatment program just because they took their medicines late or had to leave therapy early. That is inexcusable and it cost John Toombs his life. Care must be personalized to meet the patients' needs if it is going to be effective. Discharging procedures need reconsideration as well. Instead of turning a veteran loose into a parking lot, there should be strict safety measures in place.

A support person, friend or family member should arrive to pick up their veteran. A staff member could ensure the veteran makes it into the car safely and exits VA property as part of a discharge requirement. Veterans going home should be able to recite their safety plan and follow up care in their own words to verify they understand the next step in their treatment process. If veterans leave the hospital knowing what to expect next, they might not go feeling so hopeless.

(7) Finding: Traumatic Brain Injury Endemic

Service members are coming home with Traumatic Brain Injuries and suffering severely because we don't yet know how to treat them.

Suggestion: A Call to Research

New medical research is needed to discover more about brain trauma connected to post 9/11 military service. Currently a traumatic brain injury can only be officially diagnosed after a veteran dies. Medical advancement will help practitioners figure out how to diagnose traumatic brain injuries among the living. If these injuries could be officially diagnosed, The Department of Veteran Affairs would have to offer more benefits to those who are suffering from a traumatic brain injury. We must study and develop ways to better equip our service members in the line of duty.

(8) Finding: Disturbing Experiences

Several veterans told their families about scenes they witnessed which disturbed them. The scenes consistently mentioned death.

Suggestions: Preparing for Death

Some families recounted disturbing experiences their veterans went through. One suggestion would be give every military member some trauma training as part of the basic training requirements before they face combat. Service members might be able to use this information to help themselves and others cope with traumatic events at the time they occur.

Most disturbing experiences veterans described had something to do with death. Service members should be better prepared to face death before they deploy. They can be encouraged to explore their feelings about death within the context of their personal beliefs. Veterans need be

made aware of religious resources that are available to them upon their return home. The government can't require religion but it can provide resources to those who express interest.

The military should require an exit interview with a social worker when veterans return home. The interview will ideally be done along with a support person of the veteran's choice. Social workers can identify the financial, medical and social benefits which are available to help veterans and their families. They should work with veterans and their social support to create a crisis plan. At this time families can be encouraged to ask any questions they may have.

(9) Finding: An Army of Help

Several family members who shared their stories are very committed to make a difference. They want to prevent further suicides from occurring and also wish to help the other victims of veteran suicide.

Suggestions: Quality Assurance

So many people are willing to raise money, awareness and provide emotional support. There are foundations forming, social media resources and other incredible movements. It seems veteran suicide has finally started gaining political and societal attention. These willing family and friends can reach out to multiple organizations and find out where they are needed most.

We must never become complacent thinking that the problem is fixing itself or is ceasing to exist. It's everyone's responsibility to make sure the interventions are producing change. It's our responsibility to point out flaws which continue prohibiting veterans from getting the care they deserve.

Conclusion

This study is just the beginning of what qualitative research can do to assist with this social crisis. Numbers & statistics, (quantitative research) signal a problem. 17.6% of veterans committing suicide (Department of Veteran Affairs Report, 2020) each day is high rate. Reading about family members fetching their loved ones from rafters after death by hanging creates an emotional connection you can't feel by looking at numbers.

There are unlimited further research opportunities in this area! Interviewing family members in person can provide so many more avenues to explore. Interviewing veterans who almost committed suicide but changed their mind could also offer great insight into what stopped them. You can create several different categories sorting by age, gender, race, rank, time of service, location of service, branch of service, overall length of service and several others.

Eric Donoho is an Army Veteran who was about to take his own life but was interrupted by his kids. He has since become a strong advocate for veterans who are in the same situation. Eric said "we are always quick to hand out money to veteran groups and this sort of thing, but that's a hand out…what we don't do enough of is a hand up." The purpose of veteran qualitative research is to find ways to offer a hand up and thank our veterans for all they have sacrificed for this country.

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