Putting Suicide Policy through the Wringer: Perspectives of Military Members Who Attempted to Kill Themselves

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Short Communication

ABSTRACT

In response to the Air Force Surgeon General, Lieutenant General Mark Ediger's call for medical services to be guided by service members' values, preferences, and experiences within the medical system, we conducted an interpretive phenomenological analysis of transcripts in which service members shared their experiences of military mental health policy and practices after being identified as suicidal. Themes of their experiences underscore nuances as it relates to intersectionality of policy when faced with unique military contextual factors and power differentials; both of which were missing in available research literature. Their experiences also illuminate further the innate "Catch 22" which happens when accessing help. Catch 22 basically means if you know you need help than you are rational; but if you actually seek help, then you are crazy and not trustworthy to do your job. Themes presented center on the lack of confidentiality of Service Members in the Workplace, effects of Unit Members' Surveillance and Command Directed Evaluations, and experiences of Military Mental Health Services. Critical discussions of policy and taken for granted assumptions that often drive narrow responses to suicide, treatment, prevention, and stigma are presented. Particular attention is given to the lived experiences of service members when placed under the demands of circumstances created by policy that may inadvertently lead in some cases to further suffering. Keywords: Stress, Depression, Fogging, Broken Records, Assertive Communication, Suicide

Biography

Tirzah: I enlisted for eight years in the Air Force and deployed to Iraq where I was a witness to and participant of the effects of war. Through my military experiences, I grew interested in helping service members, which led me to my training at Our Lady of the Lake University to become a counseling psychologist. I have worked with the military mental health policy and research branch the past few years, which this research came from, and recently transitioned to the Veteran Affairs Healthcare System. The act of suicide has touched me personally and I continue to learn from the stories people share who have considered suicide as an option.

Bernadette: I worked with military families who were faced with a child needing an organ or tissue transplant for eight years. Suicide became an issue with a father who lost her daughter after a failed liver transplant. I then worked for a military hospital in San Antonio working with both veterans and active duty members of the army. I worked with members of the military struggling with suicidal thoughts after receiving a diagnosis of depression and their concerns about their careers. I am now a tenured professor at Our Lady of the Lake University and my fascination with narrative therapy, strength-based approaches and client directed feedback continue to inform my practice. I strongly believe that the context of people's lives, their culture and their lived experiences all need to be included when working with clients. I believe that the client best knows what they need and my job is to listen and ask good, open ended questions from a stance of cultural humility and respect. I had the honor of chairing Tirzah's dissertation and was humbled when she asked me to work on this article with her. I am so pleased that we are allowing the participants' voices to be heard by a wider audience. Our clients should always be a part of conversations because they are the agents of change in their lives.

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