

The modern-day Odysseus: How mental health providers can better reintegrate modern warriors and mitigate suicide risk

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Abstract

During their return from combat, warriors from Greek mythology and Native American traditions received the support of “helpers” to guide the reintegration back into their communities or tribes. While the military provides our modern warriors (MWs), similar helpers, during their departure from their hometown and during their initiation into the military, there is a dearth of comparable help when MWs reintegrate back into their hometowns. We strive to assist mental health providers to serve as such helpers for MWs to shape their reintegration environment, enable MWs to meet their unique needs after exiting the military, ameliorate the MW suicide epidemic, and facilitate MWs to continue their next “mission” to serve and improve society with a newly forged MW identity, wisdom, and sense of purpose.

KEYWORDS

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Since 2001, over 4 million post-9/11 Veterans or Modern Warriors (MWs) have served in the US military (Department of Veterans Affairs [VA], 2018). In sum, there are over 19 million MWs in the United States with the post-9/11 MWs making up about 20% of all MWs (US Census, 2019; US). Since 9/11, many of them have faced high levels of combat exposure and death in Afghanistan and Iraq with 83.3% of the MWs who deployed being attacked by insurgents and 82.9% knowing someone injured or killed (Mental Health Advisor Team [MHAT], 2009). Up

through recently, over 52,690 MWs have been wounded in action and over 5,400 MWs have been killed in action in Afghanistan and Iraq (US Department of Defense [DoD], 2018). For MWs, losing a fellow comrade in combat can be overwhelming.

So was the case with Joe (an author of this article). Tom was killed, in 2007, during a firefight after being ambushed by over 100 insurgents. As a troop commander serving in Afghanistan, Tom was having a security meeting with elders in an Afghan village to discuss security in the region. Unbeknownst to Tom and his soldiers, the insurgents were preparing the ambush while Tom was in the meeting. The year prior, Joe was similarly a company commander in Afghanistan and conducted weekly meetings in Afghanistan with elders. What happened to Tom easily could have happened to Joe and many others in similar situations. Joe will never forget learning about Tom's death; he was devastated. Without a biological brother of his own, Joe imagines the emotional anguish of losing a brother was as close as possible to what he experienced losing Tom. Joe felt like a certain part of him also died that day.

The anguish Joe experienced persisted until he decided to face his biggest fears and seek mental health counseling through a Veterans Affairs Vet Center. The anxiety he felt sitting in the lobby far exceeded any similar emotions he experienced during any combat operation. He was a warrior and felt very well-trained for the combat operations conducted when surrounded by his comrades. This eased his nerves when facing firefights with insurgents. In this Vet Center lobby, he felt alone and knew he would have to do the exact opposite of what he learned through his warrior ethos: Acknowledge both *weakness* and the *need for assistance*. Through therapy, he realized the emotions related to Tom's death were at the core of his work. He was angry at the insurgents for conducting this surprise attack on Tom and guilty for not being there—not being there to die instead of Tom. Joe realized it was irrational for him to harbor such guilt—there is nothing he could have done. Most likely, there was nothing Tom could have done differently. It was war and “the insurgents got a vote” that day. After being ambushed, Tom demonstrated unimaginable bravery and courage, which minimized the number of additional casualties in his troop. His actions led to Tom posthumously being awarded the second-highest award for bravery: The Distinguished Service Cross. Tom lived an honorable life and was gone too soon.

Joe's anguish began to dissipate with continued sessions as his therapist developed a stronger connection with him and enabled the grief work to run its course. He realized that he was not alone in his anguish as many other comrades were also impacted by Tom's death. The impact of Tom's death and positive experience in therapy opened a whole new world to Joe, and he started a long and rewarding journey of continuing to be an Infantry Officer in the US Army while simultaneously pursuing a doctorate in clinical psychology. Like a phoenix, Joe came to believe that the ashes of the part of him that died (when learning of Tom's death) have been slowly reborn into a growing passion to assist veterans as a clinical psychologist at the VA.

Joe thought his work in therapy and scholastic endeavors would have inoculated him from the inner turmoil of losing another “brother.” He was wrong. In 2016, he lost Tim to suicide. Tim was his West Point roommate and in the 3 years leading up to Tim's death, they worked tirelessly together on building a mentorship organization to assist MWs transition out of the military into civilian life. Tim's first suicide attempt occurred in 2015 and caught Joe off guard. Joe and others rushed in to help, but as a result, Tim moved further and further away from them, to the point that their insistence that he get help caused them to become the enemy in Tim's eyes. The stronger that Tim's psychological illness and isolation grew, the harder that Joe pushed, and the more their relationship fractured. Tim was on an island of turmoil by himself and he would not let Joe help in the limited ways that he knew how to help. Tim's psychological illness, related to his deployment to Iraq, was exacerbated through stressors from his difficult reintegration to civilian life which included divorce, family strife, financial struggles, employment difficulties, and challenges realizing his purpose in life in a seemingly unfamiliar civilian society.

Again, Joe's solace came from reliance on his own family, his mentors, and therapy. This time, Joe sought treatment from a uniformed mental health provider at his military installation. This was a deliberate attempt to dispel the prevalent stigma against receiving mental healthcare among his subordinates and peers. The anxiety he felt in the waiting room before each session remained. The emotions related to the death of a second “brother”

were once again at the core of his work. After Tom's death, Joe's anger and guilt dissipated pretty quickly through the course of therapy. With Tim, however, it was complicated, pervasive, and stung much deeper. Tim would not be receiving any posthumous medals for his valor. The sentiment at Tim's funeral was not only infused with grief, similar to Tom's and many other funerals Joe had attended for fallen comrades, but also with a heavy feeling of guilt from the attendees for not doing more and a newly found anger towards Tim. Still difficult to verbalize, Joe cannot escape feeling that Tim betrayed his family, his friends, him, and their work together. Onward, Joe continues to work through these emotions to better enable him to understand and empathize with the painful illness and emotional torture that Tim must have experienced.

Unfortunately, there are many more post-9/11 MWs who can relate to Joe's experience with Tim's suicide compared to Tom's combat death. This is because approximately 12 times the number of post-9/11 MWs have died by suicide since 2006 (approximately 32,000 MWs; U.S. Department of Veterans Affairs, 2018) after exiting the military compared with the number of post-9/11 MWs killed by insurgents during the same time period (2,698; Mann & Fischer, 2018). These numbers are astounding and horrifying. They leave an even more expansive number of surviving family members and comrades facing emotional struggles as those experienced by Joe. The key question remains: Are these suicides and the resulting emotional anguish preventable? Despite increased efforts by the DoD and the Department of Veterans Affairs to address the suicide epidemic, it appears that these efforts have not reduced the suicide risk for MWs. This is especially true for post-9/11 MWs between the ages of 18–34, as their rate of suicide, is increasing more significantly than any other age group, with rates doubling from approximately 22 suicide deaths per 100,000 population in 2006 to 45 suicide deaths per 100,000 population in 2016 (U.S. Department of Veterans Affairs, 2018).

With no clear answers to resolve this epidemic, we wrote this article with the goal of assisting individuals who may have the potential to ameliorate the plight of MWs mental health providers just as those who played a pivotal and supportive role for Joe. In an attempt to assist, we will first differentiate between a "disease-based model" and an "MW-based model". Then, in an attempt to conceptualize the reintegration challenges of MWs after military service, we will introduce a combination of Campbell's (2008) Hero's or Warrior's Journey and Maslow's (1987) theory of the Hierarchy of Needs to delve into what Geraci et al. (in press) have described as the MW's journey. We will then apply these concepts to tell the story of another author of this article—of Chris's journey and struggle with suicide after returning home. We do so with hopes of highlighting the importance of a few critical points for mental health providers that we capture in the recommendations section. These include mental health providers establishing positive interpersonal relationships with MWs, expanding their active roles in the lives of MWs—more so than with other patients—and broadening conceptualizations of MWs beyond a limited "disease-based" model.

1 | DISEASE-BASED MODEL VERSUS MW-BASED MODEL

As discussed in Geraci et al. (2019), our mental health field appears to favor approaching the suicide crisis from a disease-based model that intends to screen, diagnose, and then treat the specific mental health disease that may put MWs at increased risk for suicide. Such an approach seems to have merit given that panic disorder, posttraumatic stress disorder (PTSD), depression, and intermittent explosive disorder are all associated with increased risk for a first suicide attempt for MWs after leaving the military (Nock et al., 2014). Though, this approach fails to take into consideration the significant impact of the pervasive stigma, limited effectiveness of evidence-based treatments (EBTs), and high dropout rates from therapy that challenge the merit of such an approach. For instance, most MWs who screen positive for a mental health disorder after a deployment to combat will not seek the recommended treatment within their first year after deployment (Interian, Kline, Callahan, & Losonczy, 2012). Such a trend is concerning since the U.S. Department of VA (2018) reported that MWs who need mental healthcare (like Tim) and are not receiving VA care, face the highest risk of suicide.

We contend that applying a “MW-based” approach that is nested within military and warrior culture (and can be broadly applied to all MWs, their families, and their hometown communities) may reduce stigma, increase the cultural competency of mental health providers, and address the reintegration stressors that exacerbate difficulties for MWs (Geraci et al., in press). The prevalence and impact of these reintegration stressors are starting to become more apparent. For example, Morin (2011) suggests that 44% of MWs experience a high level of difficulty during reintegration to civilian life, in terms of finding employment, interpersonal difficulties during employment, conflicted relations with family, friends, and broader interpersonal relations, difficulties adapting to the schedule of civilian life, and legal challenges (Castro & Kintzle, 2014). Other research has found that these reintegration stressors are not only highly correlated with psychological problems (i.e., alcohol dependence, PTSD, and depression), but also contribute to 5.4 times higher odds of suicidal ideation among MWs with the highest number of reintegration stressors (Kline, Ciccone, Falca-Dodson, Black, & Losonczy, 2011). Therefore, addressing their reintegration stressors may not only reduce the need for treatment but also decrease suicide risk. In support of an MW-based approach, Castro, Kintzle, and Hassan (2015) suggest that mental health services exist on a continuum and contend that most MWs can be assisted with services that range from preventive and community-based interventions to evidence-based interventions and inpatient psychiatric services, as needed.

2 | MW's JOURNEY

Joseph Campbell was an American comparative mythologies researcher who discovered many common patterns running through hero or warrior myths, and stories from around the world and over time. He described how each culture has its own rites of passage by which they transform neophytes into a new identity of a warrior along a warrior journey. Doing so enables the warriors to fulfill critical roles for their respective cultures' needs and survival. One of the first civilizations to write about its myths of warriors were the ancient Greeks. Around the 7th century BC, Homer composed the *Iliad/Odyssey* and described the story of Odysseus, who not only demonstrated bravery on the battlefield during the Trojan War, but more important faced significant difficulties in attempting to return home and assume his role as King of Ithaca (Homer & Butler, 2016; Shay, 2003). Integrating lessons learned from previous warrior cultures, such as with Odysseus, may help identify shortcomings in our own reintegration process for MWs and offer a path that leads them not only into combat but also successfully reintegrated into their hometowns. With such a possibility, we refer to veterans as MWs. Borrowing from Campbell (2008) and Geraci et al. (in press), we describe the warrior's journey as occurring in three stages—Departure, Initiation, and Return.

2.1 | Departure

In the Departure stage, neophytes are carried away from their common-day hut or castle to the threshold of adventure (Campbell, 2008). Odysseus was the King of Ithaca tending to his fields and living with his family before his comrade, Menelaus, calling upon him to assist him in rescuing his wife, Helen. She had been abducted and taken to Troy. Odysseus was hesitant to leave his land and family but eventually relented and joined Achilles, Menelaus, Ajax, and others on what would become a 10-year war against Troy followed by a 10-year journey home for him (Stattius & Lombardo, 2015). For our MWs, similar calls to service have compelled them to embark on their warrior journeys. So was the case with Chris.

Chris grew up in New York living with his mother, grandmother, uncle, two cousins, and older brother. His mother had sporadic low-level jobs (e.g., cashier) and his grandmother was ill throughout his childhood. His two cousins stayed at home only on weekends, as they attended an overnight school-based mental health program during the week. Chris's brother entered the foster system when Chris was in the 1st grade after making a false accusation that he was abused by his parents; he returned home 3 years later. Chris remembers his uncle as the

only positive male figure in his life throughout his early childhood, though his uncle was often away from home due to his job as a truck driver. Chris was an average student during his elementary and middle school years. He met his current wife, who is the sister of his childhood best friend when he was 5 years old.

Chris's parents were never married. Chris met his father when he was 9 years old and at that point discovered that his father was a Marine who served in Vietnam. His father did not speak much about his experience serving, but Chris was pleased to learn that he had a father who had served in the military. After reconnecting, Chris spent time with his father on weekends. Chris remembers always wanting to join the military. He spent a lot of time watching movies with his grandmother as a child, including movies like *Top Gun* and *Platoon*. He also played flight simulator video games and thought about becoming a pilot in the military. He remembers his mother often telling him at a young age that he needed to either join the military or go to college and believed that his best option was to join the military.

Chris' decision to join the military occurred in his senior year of high school, almost immediately after learning of the terrorist attacks on September 11, 2001. Chris recounts sitting in his high school environmental science class and hearing on his Walkman radio that a plane had crashed into the northern tower of the World Trade Center. Not yet understanding the gravity of the news, he made a few jokes to his classmates about it. However, after hearing about the second plane crashing into the southern tower, he recognized the situation as serious. He and his classmates with whom he played high school football gathered in their field house and all decided together that they would enlist in the military. That same day, they traveled together to the nearest recruiting station. While most of them, including Chris, had football scholarships to local colleges, the decision to enlist was an easy one. Most of them knew that they were not going to make it to the National Football League (NFL) nor have a career playing football and thought that they would be better off having a career in the military.

At that time, Chris was mostly living on his own and does not remember his family members caring much about his decision to enlist. His grandmother had passed away, his mother stayed with her boyfriend much of the time, his brother had moved out, and his uncle was still working as a truck driver and rarely at home. When Chris told his father of his decision to enlist, his father was supportive. He remembers his mother cautioning him that there might be a war, to which Chris responded that the likelihood of war was the exact reason why he decided to enlist. His intent was to go to war. Chris' high school girlfriend at the time did not understand why he was joining the military and urged him to go to college instead.

Chris remembers there being key role models, or helpers, for him during this time of his life. While some of Chris' football coaches agreed that he should attend college, his head coach was patriotic and supportive. For the remainder of his senior year of high school, Chris' head football coach helped him lose the approximately 60 pounds needed to meet military enlistment requirements. He was working out up to three times a day: Before school, after school, and at the recruiting center. Chris also describes his Marine recruiter as being "one of the most honest and helpful men" he has ever met and as someone who played an important role in helping him to make the decision to enlist. His recruiter was a true role model for him and saw great potential in Chris as a Marine because of his physical abilities as a star football player and his stellar intellectual performance on the Armed Forces Vocational Aptitude Battery. This potential created many job opportunities for Chris in the Marines. However, Chris was determined that he wanted to join the Marines as an infantryman and fight on the frontlines. His recruiter supported Chris's decision and he worked tirelessly with Chris to help him prepare for boot camp. Chris' plans and long-term goals at this point were to make a career in the military. He expected to spend a few years serving as an infantryman, go to combat, then become an instructor, continuing to make his way up through the ranks with the expectation of retirement from a full military career.

2.2 | Initiation

In the Initiation stage, neophytes must traverse the threshold into the "unknown world" and accomplish numerous tasks. They must overcome many threatening crises as they are confronted with their greatest fears—many will come close to their own demise and the death of close comrades. Nevertheless, with the assistance of elders or

helpers, many neophytes prevail, enabling them to undergo their transformation to warrior status (Campbell, 2008). Odysseus was best known for his cunning and bravery during the Trojan War as he helped to devise the plan, with the assistance of Athena the goddess, for the Greeks to infiltrate into Troy hidden inside the Trojan horse and end the war with Helen's rescue. But Odysseus also experienced challenges and traumatic events, such as having to undergo intense fighting to retrieve the body of his comrade, Achilles, and being spared from a murder plot against him because of Athena's intervention.

2.2.1 | First rite of passage

Today, the transformation for MWs begins during the first rite of passage of basic military training when their drill sergeants strip away their civilian identities and train them to access primitive impulses to engage enemy combatants without hesitation while at the same time instilling the discipline to control these impulses (Tick, 2005). Through the transformation process, they assume values that prioritize loyalty to the group, a "never quit" mentality, and a commitment to a higher purpose and willingness to make the "supreme sacrifice" to accomplish the mission (Redmond et al., 2015; Tick, 2005).

Chris felt that his participation in different activities in high school helped to somewhat prepare him for basic training, though acknowledges that nothing can really prepare you for the challenges that await young recruits in basic training. He joined the Junior ROTC program during high school, so he was familiar with the basic military drill. Participating in football through high school and anger management sessions during his freshman year also prepared him to deal with the stress that comes along with basic training.

He considered his basic unit to have a fair number of good guys, while also having its "shit bags." This latter group had difficulty integrating to military life. According to Chris, they did not know how to separate their personal lives from their new profession. Chris considered it a blessing that he did not receive letters from home at the beginning, which enabled him to focus without distractions from home. Others were getting letters from home causing a stir of emotions, stress, and problems, which resulted in all the Marines receiving the wrath of the drill instructors. At the time, he wondered how these Marines could go to combat if they became emotional just from reading a letter. He stated that there were also conflicts caused by different personalities among the new Marines and that "some of their egos were too big." He felt that they needed to realize that "they were all just a number, a person who was there like everybody else, and not better than anybody else with all of them going to leave basic training as the same rank and going to the same place- combat." Chris acknowledged that physical fights, "You fight it out," helped in the integration of such Marines.

Chris admits that he did have his own challenges during basic training and that there were times when he thought about quitting. He confided that "Everyone has that thought at times, and anyone who says that they have never thought about it is lying." Chris stated that eventually, these feelings left because he was reminded that he needed to continue to look out for others and stick around for them. He also had his fair share of trouble with the drill instructors as he received a nonjudicial punishment (NJP) for a small infraction and stated that, "You're not a real Marine until you get an NJP."

Though he had a very different relationship with his Marine recruiter than his drill instructors, Chris feels that his drill instructors served as critical helpers for him and pushed him to be the best version of himself. They earned Chris' respect and helped him to make that immense leap from civilian to Marine. He feels that they supported him and made his integration process easier as they taught him what was expected of him and how to achieve these expectations.

Chris considers completing "the crucible" during basic training—a physical, mental, and moral test that takes place over 54 hr and includes 45 miles of foot marching—as passing his first rite of passage. He remembers standing in front of the Iwo Jima memorial at the end of the grueling exercise reflecting on all he went through during the 3 months of basic: Getting beat up, pushing his emotions to the side to concentrate on completing the task at hand,

and refusing to quit even though it was the most difficult thing in his life. At that moment, Chris realized that the drill instructors enabled an extremely diverse group of civilians, each with their own challenges and idiosyncrasies, to shed their individuality and become Marines. Chris was proud he was able to complete “something that less than 1% of the population has completed, and that most people won’t ever do.” Basic training made Chris more focused, knowing that everything that he would do in the future was for the United States Marine Corps and his fellow Marines.

2.2.2 | Second rite of passage

After completing basic training and arriving at their new units, the new MWs receive additional tough, realistic, iterative, and dynamic training provided by their unit leaders. Such training ensures that MWs can prevail when later presented with the unimaginable horrors of the battlefield (McGurk, Cotting, Britt, & Adler, 2006). Given the impact of leaders on the effectiveness of MWs and units, researchers have validated the importance that the military places upon leadership development and selection (Bass & Riggio, 2006). Effective leaders continue to instill discipline and provide rigorous training to prepare MWs to prevail in combat (Geraci, Baker, Tussenbroek, Bonanno, & Sutton, 2011). Effective leaders can also serve as emotional “shock absorbers” for MWs by establishing positive interpersonal relationships with MWs and showing concern and respect for them (Geraci et al., 2011). Research has shown that leaders who integrate such behaviors have more effective units and better protect their subordinates from developing mental health disorders after combat deployments (Booth-Kewley et al., 2013; MHAT, 2009).

When facing the second rite of passage of combat, MWs fight for and defend each other, which for many creates the deepest love of their lives (Junger, 2016). Lieutenant General (retired) Hal Moore describes the essence of this love after his experiences during the Vietnam War when he later wrote that “we discovered in that depressing, hellish place, where death was our constant companion, that we loved each other” (Moore & Galloway, 1992, prologue). The social support and camaraderie embodied in this love have also been shown to protect against the later development of PTSD (Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009). While deployed, MWs’ lives and those of their comrades depend upon their mastery of military-specific skills learned during basic and advanced training and honed during training exercises. The weight of this responsibility gives them a special motivation to ensure they maintain a high level of mastery on these tasks; this yields elevated self-esteem specific to these skills. With camaraderie and self-esteem achieved, many MWs are able to overcome fear of death with a newfound commitment- to the military, their unit, their unit’s mission, and its members, a sense of purpose, and a feeling that they are making the world a safer and better place (Hall, 2008; Martin & McClure, 2000).

For Chris and many MWs, it is hard to explain to others what it is like to prepare yourself to voluntarily go with your comrades to the hell of combat knowing there is a possibility that you will be killed. This thought is always in the back of your mind and helps keep you hypervigilant and alive, able to grasp at whatever can give you any control over being killed (e.g., conducting difficult training and implementing superstitious behaviors).

When training for deployment, Chris preferred realistic training and believed that anything else was a waste of time. In some cases, he was not directly benefiting from a certain training event but could still see the value of the training if others in his unit were learning something new. Chris remembers one corporal explaining why difficult training was important: “if you can prove yourself and follow orders in training, then we will trust you to follow orders in combat.” Chris discovered that after proving himself through the mastery of his skills as an infantryman in such training events that he was informally accepted as a Marine in his new unit. He was allowed to “hang out and drink with the big boys.” The war stories and comradeship were the rewards for proving himself. It gave him access to an entirely new side of his leaders as they told him their war stories about being blown up in combat and walking away from it unscathed. During such moments, he started to realize “what gods he was walking among.” These were the same “gods” that he would rely upon in Afghanistan to enable them to together accomplish their mission and for

Chris to engage the enemy and walk away unscathed. One of these leaders shared with Chris that one of the ways to control the thoughts of imminent death in combat and to survive was to, "Believe that you're already dead. If you think like that, you will make it home every time."

Unit leaders who influenced Chris the most were good men; they genuinely cared and demonstrated the difference between just saying you believed in the welfare of everyone and acting so. These unit leaders were not afraid to speak out if something was stupid or useless, whether that be in public or in private. They would also help if someone was being punished unjustly.

To mark the beginning of his transformation in the second rite of passage, one found in combat, Chris shaved his head and began a routine that he ended up following every deployment based on a bit of superstition. He made sure he had the same dog tags, put a dog tag in his boot, and had a letter from his family taped to his protective plates. He also made sure he had all of his affairs in order, including the power of attorneys and wills. Furthermore, the day that he was deploying he would leave his home in the middle of the night so that his family would not see him leave—a functional behavior that he carried with him from basic training—as he clearly wanted to separate his family and emotions from his profession.

Chris has served on four different combat tours overseas. His first three deployments were with the Marines to either Afghanistan or Iraq between 2003 and 2007. Through these deployments, he was being transformed into one of the "gods" that he had previously idolized. He felt the responsibility of preparing younger MWS for combat. After serving in the Marine, Chris decided to enlist in the Army National Guard and shortly afterward deployed on his fourth combat deployment. It was on September 24, 2008, on his fourth deployment with the Army, when Chris was unexpectedly thrust into a key leadership role with the lives of his comrades entrusted to his competence. He remembers the day starting when his friend, Mike, took his muffin without asking, to which Chris jokingly said to him, "I hope you get blown up today." No one was supposed to be conducting patrols that day because there was an improvised explosive device (IED) that was discovered on their main route. Initially, their patrol was canceled, and his unit was supposed to have a down day. However, leadership decided to put together a last-minute patrol after the IED was cleared, which Chris thought was a horrible idea given the prevalence of IEDs in his area and the lack of the route clearing team (RCT) vehicles to clear the route ahead of them.

So, Chris got into his vehicle with the patrol leader and was supposed to be the lead vehicle. But other military vehicles in his convoy started passing his vehicle, and he ended up in the rear as the last vehicle. Chris asked the patrol leader in his vehicle why their vehicle was in the rear instead of leading as usual. The patrol leader responded that "he didn't want to be in the front that day". This angered Chris because this was a last-minute plan pulled together by leadership and he resented that his vehicle did not take the lead. As his convoy traveled down the portion of the route that was not yet cleared by the RCT, the lead vehicle hit and was destroyed by another IED and the rest of the convoy started receiving small arms gunfire from insurgents in nearby houses and a mosque.

Chris immediately ran to check on the men who were injured in the lead vehicle and he saw that his friend, Mike, was thrown about 75 meters from the lead vehicle "with his legs like Jello." He also saw the platoon sergeant dazed from the explosion, Sergeant Brown on the ground shot through the back, and another one of his friends, Steve, "with his legs blown up." Chris started providing medical treatment to Steve while they were still receiving small arms gunfire. He remembers saying to himself that "Steve shouldn't have even been on the patrol that day and that he was added just because they didn't have enough people to carry out the mission without him." Steve had multiple compound leg fractures, and Chris provided medical treatment to him by applying a tourniquet to both of his legs.

Seeing that the other wounded were being treated, Chris went back to his vehicle to request a helicopter medical evacuation (MEDEVAC) for the wounded. He then became irate as he could not reach anyone on the radio. After finally being able to transmit the MEDEVAC, he remembers helping to put the injured men onto the helicopter and watching them fly away. With four of his comrades, including the platoon sergeant, being wounded and evacuated, Chris felt his junior comrades looked to him to continue to carry the mantle of leadership and responsibility to get the remaining vehicles safely back to their base. In the end, Mike and Steve survived but both

lost their legs. Sergeant Brown survived but does not have full use of his arm; the platoon sergeant survived, but with internal injuries that continue to cause him medical problems.

Similar to Odysseus, Chris' heroic acts in combat coupled with the emotional toll of experiencing the wounding of his close comrades played a significant role in his transformation as a warrior. Chris describes invaluable lessons learned from his service. He considers his second rite of passage to be engaging in combat. Chris explains that, "After combat exposure, you are part of an elite class, the warrior class, who has fought and died for their country. You're part of something greater now. I'm a combat veteran. I've done things." Chris learned a significant amount about himself through his military and combat service, "I learned that I was a hard mother fucker. I was hard to kill. I was being shot at and getting blown up, and I'm still here." This taught him that he could survive extreme circumstances. His time serving also showed him that he is a competent leader and, likewise, can train others to become leaders. It showed his selflessness—that he cares about others and not just himself—and he is now more aware of being there for and loving others. Chris states, "I'm proud of my time in the military."

2.3 | Return

In the Return, many warriors fail as they must pass through the threshold from the unknown world back into the ordinary world in their final crisis (Campbell, 2008). Many fail because they struggle with the aftermath of their journey. For example, there is a causal relationship between the extent of combat exposure and the development of PTSD (Booth-Kewley et al., 2013) with increased levels of PTSD being associated with increased suicide risk (Nock et al., 2014). Unfortunately, suicide (or self-inflicted death) has been the second leading cause of death for MWs while serving in the military (22.3% of all deaths) from 2006 to 2018 (Mann & Fischer, 2018), with risk for suicide greatly increasing after military service. The return can also be the most challenging part of the journey as MWs return to the common day world facing reintegration stressors, identity crises, emotional pain, trauma-related symptoms, behavioral changes, the blow of reasonable and insensitive queries (i.e., "did you kill anyone"), and misunderstanding or apathy from civilians. In fact, most MWs (84%) feel that civilians do not understand their problems, with civilians acknowledging a lack of such an understanding (Morin, 2011).

Odysseus faced 10 years of extensive challenges on his voyage back to his homeland of Ithaca. These challenges consisted of him and his soldiers being taken prisoner by a Cyclops, traveling to the underworld to seek the advice of a prophet, escaping the threats of Sirens and Skylla, as well as experiencing storms that killed many of his soldiers. When Odysseus finally returned home to Ithaca, he confronted many suitors who took up residence in his home in a skirmish. As the suitors gained some initiative against Odysseus, he experienced a brief period of panic. But then Athena joined him at his side, disguised as Odysseus' old comrade, Mentor, and urged him on by stating, "come on, my good fellow, stand by my side." As a result of Mentor/Athena's assistance, Odysseus was able to overcome the suitors, regain his role as king, and reconnect with his wife. The suitors here are good representations of the challenges that MWs face as they attempt to return.

Geraci et al. (in press) utilize Maslow's theory of the Hierarchy of Needs (1943/1987) to specifically identify the challenges and needs of MWs during their return. Through this framework, we can better understand their motivations by assessing their ability to satisfy needs that are arranged in a hierarchy—physiological, love and belongingness, esteem, and self-actualization needs. If MWs do not satisfy reintegration needs at lower levels, they can become stuck and have less motivation to satisfy their higher-level needs (Maslow, 1943/1987). Geraci et al. (in press) state that some MWs may need extensive assistance meeting their physiological (food, water, shelter, and transportation) needs and others may be motivated towards satisfying self-esteem needs in civilian employment. Optimally, MWs are able to satisfy their reintegration needs and strive towards the highest-level need of self-actualization (or reaching one's ultimate potential with the realization of continual striving upwards), thus able to integrate the wisdom gained in the military with continued service towards their communities.

Geraci et al. (in press) contend that many of the struggles of reintegration are related to MWs' inability to satisfy love and belonging needs. Throughout their journey, the support MWs' have received from helpers has been critical. Before Odysseus' return journey, Athena's involvement mainly consisted of assistance from afar, with her implanting thoughts for Odysseus and others interacting with him. It was not until Odysseus entered into the final portion of his return that Athena arrives personally to provide more tangible assistance (de Jong, 2001). Just as Odysseus needed tangible support during his return from Athena, so do our MWs. Across warrior cultures, it has been important for helpers or elders to be alongside warriors offering advice and serving as amulets that protect against evil, danger, or disease (Campbell, 2008). Tick (2005) described how elders in many Native American cultures guide warriors through each stage of the journey: Training them, guiding them through battle, and then conducting rituals to reintegrate the warriors back into their tribes, transformed as warriors and leaders.

After the MWs return home, there are few helpers—no recruiters, no-drill sergeants, nor unit leaders—to assist MWs with their reintegration. Not only do MWs lack dedicated military helpers, they struggle to connect with supervisors, family members, and colleagues with whom they cannot relate. For many MWs, this feeling of freefalling with no parachute, no helper, no plan is inconsistent with their military experience, and who they have become, as an MW. As a result, these MWs lack the support that has been critical for them as they must contend with reintegration challenges and stressors that can worsen psychological well-being (Mobbs & Bonanno, 2018). With their love and belonging needs unmet, these MWs will have less motivation to satisfy higher-order needs, such as esteem in the civilian workplace and self-actualization for the betterment of their communities (Maslow, 1987).

This loss of camaraderie can be related to Joiner's (2005) interpersonal-psychological theory of suicide: A lack of social belongingness is one of the strongest indicators of suicide. This theory helps to draw the direct connection between the suicide epidemic and the loss of camaraderie for MWs after attempts at reintegration. We contend that if MWs do receive tangible support from helpers (e.g., Athena) during reintegration, they will be able to successfully navigate their reintegration. Furthermore, with the insight and wisdom gained from their journeys, they can continue to contribute their service to their communities and meet higher-level needs (Campbell, 2008; Geraci et al., in press).

In 2007, Chris's service in the Marines was complete and he attempted to return to civilian life. When describing his exit from the Marines, he states that "The exit process was BS as I had to do a week of classes that were basically checking off boxes. No one cares what you do. They didn't teach you anything. They didn't teach me to write a resume or translate my military skills to a resume. They didn't teach me how to get benefits, or about the VFW, or where my local VA is." After exiting the Marines, he describes a feeling of not being able to relate to those that he left behind at home and a feeling, too, of wanting to feel part of something special and bigger than himself. Although Chris' military service provided structure and sustenance, once out of service, this reliability and consistency have been difficult to recreate during reintegration.

Once separated from the Marines, Chris lost his institutional support. He had no one besides his wife. When asked if anyone had fulfilled leadership roles occupied by his military leaders, Chris stated that "It was difficult to trust others in the same manner I experienced when under command. He noted that he received a lot of support inside the military, but outside the military, "you generally only have your family; I pretty much only have my wife." Chris has known his wife since childhood, and they got married in 2005.

The lack of reintegration resources and support led Chris to return to the military with the Army National Guard. In this unit, he was required to attend military training once a month and then spend 2 weeks each summer training while being expected to maintain a civilian job or attend school. For civilian education, he decided to become a police officer in 2010 and found that his skills as an infantryman were valued on the police force, which enabled him to serve as a counterintelligence officer and eventually become an investigator. But even in this role, he missed the level of responsibility and purpose he became accustomed to in the active-duty Marines. As a civilian, he felt unfulfilled. So, with his GI Bill, Chris also enrolled in college and graduated with his bachelor's degree in 2014. Like Joe, Chris experienced the suicide of a good comrade as he was beginning college and then committed

himself to pursue a psychology degree so that he could help fellow veterans and move more towards accomplishing his need of self-actualization. Chris then enrolled into a master's degree program in counseling psychology so that he could become a licensed mental health counselor.

Similar to how he operated in the military, he was trying to accomplish all tasks without asking for help or taking time to care for himself. In the active-duty Marines, he felt that he always had support from his comrades and leaders, without even asking for help. His wife helped him get into college and with his paperwork to get his GI Bill. He states, "My wife was all I had. I never went to VA hospital or VFW. I thought I could handle everything on my own." Other than his wife, Chris rarely talked to his family, and no longer had relationships with friends he had before joining the military. In hindsight, Chris realizes that he had no Mentor/Athena to truly guide him through this extremely difficult time in his life—he was trying to complete his master's program, was working as an investigator, and only getting 12 hr of sleep per week as he was continuously traveling from school to his clinical placements to work.

Everything came to a screeching halt on March 26, 2016. Chris states, "I had a mental breakdown." Regarding his suicide attempt, Chris explains:

I blacked out. I have no clue what happened. I don't know if I wanted to die. I remember bringing my gun into the bathroom, and then the next thing I remember is waking up in the bathtub and putting my gun back in the holster. My wife and kids were gone. The Emergency Service Unit was pulling up in front of my house. I knew they'd send me to the hospital, that people in my office would know, that I'd get kicked out of school, and sent for a psychiatric evaluation. I saw that future and knew what was going to happen. So, I left and figured that if they didn't find me they would write it off. But they found me. And everything I thought came true. Now they are looking at retiring me for PTSD.

He spent 2 weeks in an acute inpatient facility and then finally sought care from the local VA hospital. For the first 6 months, he felt that he was getting thrown from one provider to another, but eventually began working with a steady mental health provider and established a special connection with her. After the incident, Chris was removed from his investigator role with the police force and was denied re-enlistment, preventing him from continued service in the Army National Guard; he was also involuntarily withdrawn from his master's program. Without his mental health provider's assistance, Chris does not know how he would have been able to carry on. Without hesitation, Chris emphatically states that "She saved my life." When describing his mental health provider, he says that she gets him: "She can be tough and give me the feedback that I need to hear but can also relate at a deep level with me like one of my unit leaders." She was the Mentor/Athena that he could have used years prior, during the beginning of his return.

Project Life Force (PLF; Goodman, 2018) is an innovative suicide prevention program designed to fill the critical gap and develop suicide safety planning over time. This program is helpful in bolstering recovery through the use of suicide safety planning and education on distress tolerance, emotion regulation, and interpersonal skills. Acquiring these skills is essential to enhance the MW's successful transition back to civilian life. Through PLF (Goodman, 2018), Chris has worked with the same mental health provider to understand his guilt related to Mike being wounded in 2008 and the suicide death of his comrade in 2010. Similar to Joe's guilt related to the death of his fellow comrades, Chris feels responsible for his comrades being wounded. Chris still states today, "That was my fourth combat deployment, so it should've been me. I was always the lead vehicle. But instead, I was putting my friends on a helicopter after just making a joke about them getting blown up. Why them and not me? There have been a lot of sleepless nights after that."

He has begun to realize how keeping his emotions separate from his professional life for so many years became maladaptive and provided him no healthy outlet. "I've been told I have no empathy when I talk about killing people. It is what it is. I don't choose to do it. It's something that had to be done. I'm not killing innocent people. It's war. It's what you signed up for." But he also states that what is most "hurtful or traumatic is when you see your friends get

hurt or killed." Chris feels that the negative emotions that he feels and his PTSD symptoms stem from his comrades getting wounded as these "are the people that are there for the good and bad times, and to watch them helplessly and not be able to do anything, hurts the most."

Chris acknowledges that he has a long road ahead of him. He feels that his experience in the VA has not only helped him psychologically, it has also helped him gain a better understanding of the nature of a career in psychology. As he continues his warrior journey and reintegration into his community, Chris intends to lean heavily upon the assistance of a new mentor from an organization that is dedicated to establishing positive interpersonal relationships with MWs—guiding them to accomplish their goals in civilian life. As Chris begins to have his love and belonging needs satisfied through the efforts of his mental health provider, his wife, and his new mentor, he aspires to complete a doctoral program so that he can aid other MWs, especially as they transition out of the military, in his attempt to fulfill his esteem and self-actualization needs.

3 | CLINICAL RECOMMENDATIONS AND SUMMARY

Similar to Geraci et al. (in press), we strive to assist mental health providers so that they can shape the reintegration environment and enable MWs to meet their unique needs after exiting the military. Mental health providers can play a critical part in serving as "helpers"—Mentor/Athena—for MWs to fulfill Maslow's articulated needs for love and belongingness, as well as meeting other critical reintegration needs. Doing so would position MWs to continue their next "mission" to serve and improve society with newly forged MW identity, wisdom, and sense of purpose (Geraci et al., in press). Within the MW-based approach, we believe that mental health providers can better shoulder the burden of successfully reintegrating MWs and ameliorating the suicide epidemic. With this in mind and drawing upon the experiences of MWs, we offer a few recommendations for mental health providers.

3.1 | Establish positive interpersonal relationships with MWs

While most mental health providers have at least been exposed to Carl Rogers' work in graduate school, we want to reintroduce it with a special emphasis on empathy. When working with individuals who are striving for self-actualization, Rogers (1995) contends that we should provide a relationship that consists of the essential characteristics of genuineness, unconditional positive regard, and empathy. If we adopt these characteristics and establish positive interpersonal relationships, Rogers (1995) proposes that individuals with whom we interact will become "more self-responsible, more creative, better able to adapt to new problems, and more basically cooperative" (p. 37). Given that most mental health providers (both within and outside of the VA) have not served in the military and that 71% of American civilians acknowledge lacking an understanding of MW problems (Geraci et al., in press; Morin, 2011), many mental health providers may struggle to be truly empathic in their work with MWs.

Ivey and Ivey (2007) state that empathy is when we, as mental health providers, place ourselves in the shoes of another and take on the individual's worldview, allowing us to not only see the other's perspective but experience his or her emotions. Therefore, when working with MWs, we recommend that mental health providers strive to immerse themselves in the emotions of MWs not through similar military experiences but through universal emotional experiences: Drawing, for example, on your own emotions when you have been unable to make ends meet; lost a dear friend, partner or family member; felt out of place and disconnected from those around you; believed you were underutilized in your profession; experienced guilt or shame; or lacked a sense of purpose. Are you able to validate the similar emotions of MWs by allowing them to look into your eyes and see their emotions reflected? Are MWs able to feel understood by you not because of the words that you use but because you allow yourself to share their pain? If you are, then we imagine that a special bond built upon trust will develop between

you and MWs as you demonstrate that you are able to shoulder some of their emotional load similar to how one of their military leaders would have done with a heavy rucksack.

What we are proposing here is by far our most important and difficult recommendation and akin to what Jung (1951) described as being a “wounded healer.” Jung believed that wounded healers could draw upon their own real-world experiences to aid in the healing process of their patients. We contend that mental health providers can draw upon their own experiences with human and universal emotions to serve as wounded healers for MWs and enable them to identify, understand, process, and make meaning of the vast array of emotions related to their military service and their reintegration challenges, including a process of grieving the loss of their old military identity (Mobbs & Bonanno, 2018). The ability of mental health providers to perform such roles for Joe and Chris continues to be a critical component for their psychological health and continued growth.

Another way for civilian mental health providers to empathize with MWs and understand them better is to improve upon their MW cultural competence. Cultural competence means possessing the attitudes/beliefs, knowledge, and skills necessary to provide effective services and establish an optimal environment for culturally diverse persons (Sue, Arredondo, & McDavis, 1992). Consistent with other researchers (e.g., Gleeson & Hemmer, 2014; Hall, 2011), we believe that individuals with military service and their families possess a unique cultural identity and that professionals who provide services to or employ them should possess adequate levels of MW cultural competence. Kilpatrick et al. (2011) found that only 16% of civilian mental health and primary care providers had any direct military experience or received any type of training about MW culture. Online training (e.g., PsychArmor) can assist with this culture competence, as can attending an evidence-based, daylong MW cultural competence training offered through the VA (Geraci et al., 2019).

In addition, mental health providers can get involved in the local MW community through attending MW events listed on their county VA websites or participating in MW events offered by organizations across the nation like with Team Red, White, and Blue. Expanding a relationship with MWs in your community or extended family will aid in better understanding of MW culture. More specific to understanding individual MW patients, we compiled a list of interview questions (see Appendix) that mental health providers could use in session with MWs to better understand their unique journey through the Departure, Initiation, and Return stages.

3.2 | Expanding role in the lives of MWs beyond the disease-based model

EBTs have been found to assist MWs diagnosed with a mental health disorder, thus leading the DoD and VA to prioritize certain EBTs, such as prolonged exposure and cognitive processing therapy, for MWs with a PTSD diagnosis (US VA & US DoD, 2017). Nevertheless, research indicates that up to two-thirds of MWs who receive these treatments will still retain a diagnosis after completing an EBT (Steenkamp, Litz, Hoge, & Marmar, 2015). Another problem is that an elevated number of MWs drop out before completing treatment; Hoge et al. (2014), for example, reported that 59% of active-duty US Army Soldiers who sought mental healthcare did not complete the recommended EBT. We contend that applying an MW-based approach could help ameliorate problems that are not addressed in EBTs, such as reintegration stressors, and thus help reduce dropout rates.

Castro et al. (2015) state that MWs can primarily benefit from interventions that “do not necessarily seek to diagnose, medicate, or pathologize, but rather to support, nurture, and assist” (p. 300). Mental health providers can enable MWs to conceptualize their military experiences and enable them to gain a deepened understanding of the ways in which these experiences transformed their identity as MWs. They can also normalize the influences of such a transformation on their thoughts, emotions, behaviors, reintegration challenges, and resulting symptoms. In addition, the MW-based approach prioritizes mental health providers being able to address the unique reintegration needs of individual MWs, especially when these needs do not fit neatly within DSM-5 criteria. The support MWs’ have received from helpers during the Departure and Initiation stages have been critical. With the Return being one of the more difficult parts of the journey, we encourage mental health providers to provide more tangible support during the Return stage and serve as critical helpers for MWs—similar to Mentor/Athena.

To provide such tangible support, mental health providers can connect MWs with veteran service agencies in their local area and utilize networks such as AmericaServes. This network has a presence or affiliation in 19 cities across the nation (Syracuse IVMF, 2019). AmericaServes is a one-stop-shop for services geared towards MWs that streamlines the way in which they and their families are able to access resources and benefits throughout local regions. MWs can access the network of more than 880 vetted public, private, and nonprofits providers to meet a variety of needs from housing and education to healthcare and employment. Since its inception in 2015, AmericaServes has fulfilled more than 52,000 service requests from MWs (Syracuse IVMF, 2019). It is accessible online, by phone, or in person, enabling MWs to be connected with a local care coordination team, a group of trained social workers and client specialists, who assess the MWs' needs and make appropriate referrals to the vetted organizations.

If just one mental health provider can implement some of the recommendations that we present in this article and is able to prevent the suicide of one MW, then writing this article will have been more than worth our efforts. While reducing the statistics by one suicide will not improve the overall rate of MW suicides, the impact of one suicide reaches far beyond that individual, as experienced by Chris and Joe. When one of our heroes takes his or her life, the inevitable aftermath and anguish continue to be experienced by the MW's surviving family members and comrades. We contend that mental health providers are in an optimal position to assist MWs in a tangible way.

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APPENDIX A: MODERN WARRIOR INTERVIEW QUESTIONS: DEPARTURE, INITIATION, AND RETURN

We are going to spend the next 30–45 min talking about your experiences before joining the military, in the military and after you exited the military. Please feel free to share as much as you would like, and do not hesitate to ask any questions, when needed. Thank you in advance for your time and cooperation.

A. Departure –

1. In what branch did you serve in the military? _____
2. What was your Military Operating Specialty (MOS), Specialty Code or Rating? _____
3. What was your highest rank? _____
4. What were your dates of service? _____
5. Please tell me about any highlights or challenges you faced in your life before joining the military. _____

6. Please tell me about your family and with whom you were raised. _____

7. Can you please tell me about your decision to join the military? _____

8. How did those close to you react to your decision? _____

9. Please tell me briefly about your expectations, dreams, and hopes (before service). _____

10. Please tell me about your recruiter and the process you experienced joining the military. _____

B. Initiation –

1. Please tell me about your basic/boot and advanced/technical training experiences. _____

2. Please tell me about any drill sergeants or instructors that had a lasting impact upon you. _____

3. Did you think about quitting basic/boot or advanced/technical training? Please explain. _____

4. What units have you been assigned to during your military career?

5. What is the most difficult training that you experienced in the military?

6. Have you ever deployed overseas? (If no, skip to question #7)._____

a. If so, when and where _____

b. What was it like to prepare for deployment/s?

c. What was it like returning after your deployment/s?

7. Can you please tell me about unit leaders that influenced you during your service? _____

8. Please tell me about your relationships were like with your unit members? What are those relationships like now? _____

9. Please tell me about your biggest challenges that you experienced during military service, both positive and negative. _____

10. During military service, some individuals have described hazing (or initiation with alcohol or other substances), feeling demeaned, physical assault, and/or military sexual trauma. Please share your experiences with these types of challenges (and/or would you like to add anything)? _____

11. What did you learn about yourself through your military service? _____

C. Return -

1. What led to you exit the military? _____

2. What are the biggest challenges that you have faced since exiting the military? Still face?

3. Think back to your Recruiter, Drill Sergeants, Instructors and Unit Leaders. After exiting the military, has anyone fulfilled similar roles for you? How? _____

4. How have your future goals changed after exiting the military?

5. Thinking back upon your military service, is there anything that is now missing for you that you need? _____

6. (If not already described by Individual) Please describe your social support and network now compared to when you served in the military.

7. What types of support would you like to see in your current community for you and your family (if applicable)? _____

8. Considering your responses to these questions, how can I best assist you? _____
