



Reculturation: A new perspective on military-civilian transition stress

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ABSTRACT

Various forms of assistance are offered to help US Veterans achieve success in their post-military lives in recognition of their service. Despite the many successes, a significant number of Veterans continue to remain at risk for negative mental health outcomes, including suicidality and low levels of life satisfaction. These findings may be due to challenges arising from cultural identity dissonance. Problematic strategies used by Veterans to reduce this dissonance can result in a lack of belongingness, a key component in Joiner's Interpersonal Theory of Suicide. The authors suggest that research on the immigrant experience of acculturation may provide a new perspective to better understand issues of identity and sense of belonging in Veterans. Given that most Veterans return to the culture in which they grew up, the authors offer the term "reculturation." The authors propose clinical psychology focus on exploring the reculturation process of Veterans to support program engagement and suicide prevention.

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What is the public significance of this article?—

Cultural identity is an important part of who someone is and how they connect with others. Military culture is different from civilian culture in several ways, which makes the military-to-civilian transition a source of stress for some Veterans. Recognizing Veterans' sense of cultural identity and the ways in which they find their sense of belonging is theorized to improve assistance programs and suicide prevention outcomes.

Military service is often a major contribution to one's country. In recognition, various forms of assistance are offered to help American Veterans achieve success in their post-military lives. These services include: health care, financial support, housing assistance, job training, caregiver support, and transition programming, among others. Additionally, the United States Department of Veteran Affairs (VA) has made tremendous strides in the research, diagnosis, and treatment of posttraumatic stress and traumatic brain injury (AKA the "signature wounds of war," Brundage et al., 2015). Efforts, such as these, have helped participating Veterans recover their physical health, emotional well-being, and occupational function (Epidemiology Program, Post-Deployment Health Group, Office of Patient Care Services, Veterans Health Administration, Department of Veterans Affairs, 2017; RAND Corporation, 2019).

Despite these efforts, many Veterans still experience poor outcomes in terms of mental health and life satisfaction. For example, a recent meta-analysis reported that overall PTSD rates remained elevated (approximately 23%) for post-9-11 American veterans (Fulton et al., 2015). Other research finds depression rates of between 20% to 30% in Veteran populations (Fink et al., 2016; Lapierre et al., 2007; Trivedi et al., 2015). Additionally, studies have found higher rates of divorce, unemployment, incarceration, bereavement, and substance use disorders in Veteran populations compared to the general population (Interian et al., 2012; Ruger et al., 2002; Sayer et al., 2010; Teeters et al., 2017).

Veterans who attempt, or succeed, in taking their own lives, have also been a focus of considerable prevention efforts. While some recent data show encouraging trends toward decreased risk of suicide (e.g., among Veterans accessing VA services compared to those who do not), the overall rate of suicidality among Veterans appears higher (32.0 per 100,000 in 2018) than what is observed in the general population (17.2 per 100,000 in 2018; Office of Mental Health and Suicide Prevention, 2020). As a result, the 2018–2024 fiscal plan for the VA identifies suicide prevention as "our highest clinical priority" (Office of Mental Health and Suicide Prevention, 2020).

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Upon leaving the military, Veterans must navigate the military-civilian transition. Although this Veteran-specific experience is not as well researched as posttraumatic stress disorder, studies consistently find reintegration stress (RS) to be associated with elevated risk for suicide above and beyond other factors (Ravindran et al., 2020; Sayer et al., 2010). Several studies have identified the stressful aspects of military-civilian transition which often involve important losses to identity, community, income, housing, routine, and career aspirations. Further, the assistance offered to help Veterans navigate this major life change is not as robust in comparison to the training new recruits undergo when they enter the military. The civilian-military entry process is conducted structurally with specific events occurring under the guidance of constant supervision within a set time frame (Mobbs & Bonanno, 2018). In contrast, the military-civilian exit transition involves education and counseling, but ultimately relies on the individual opting into a any of the 20,000 or more government and non-profit services (Bond et al., 2022) over the course of his or her lifespan, depending on level of need and capacity for resource management (Elnitsky et al., 2017).

As a result, service members face the risk of separating from their military lives feeling unprepared, confused, alienated, and dispirited, if not clinically depressed (McCormack & Ell, 2017; Mobbs & Bonanno, 2018; Smith-MacDonald et al., 2020). For example, studies have found 25% to 56% of Veterans reporting “some” to “extreme” difficulty in their social functioning, productivity, community involvement, and self-care (Sayer et al., 2010; Sayers et al., 2009). Difficulties managing the military-civilian gap aren’t limited to the period immediately after Veterans arrive home, either. Research has found that factors such as negative homecoming reception and low social support can predict PTSD symptom severity and change for up to 40 years after returning from deployment (Steenkamp et al., 2017).

Unlike the signature wounds of war that are recognized as disorders by the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013), RS is considered a form of adjustment disorder. This classification may explain why efforts to help Veterans manage the military-civilian transition are primarily vocational in nature (e.g., job training, funding for college coursework, home loans), rather than psychological. Research has shown that employment tends to correlate with better health and well-being outcomes as job stability can provide benefits like financial security and sense of accomplishment (Park et al., 2016). For this reason, the VA has prioritized vocational rehabilitation to support

Veterans in rebuilding their identities, with promising results (Perkins et al., 2022; Wewirosku et al., 2018). Despite these programs offering tangible forms of assistance to help Veterans reestablish themselves in the civilian world, some studies have found that around 44% of Veterans still struggle with high rates of job instability, under/unemployment, housing foreclosure, and divorce throughout their lives (Hirudayaraj & Clay, 2019; McAllister et al., 2015; Metraux et al., 2017; Perkins et al., 2019). As one qualitative study found, participants reported the expected benefits of employment were thwarted by challenges to bridging the military-civilian cultural divide (Keeling, 2018). The fact that RS-related dysfunction persists in so many Veterans, despite a variety of thoughtful efforts to assist with housing and employment, suggests factors related to identity needs have yet to be adequately addressed (Stanley & Larsen, 2019).

As some have suggested, success rates in programming designed to assist Veterans navigating the military-civilian transition could improve if a psychologically informed stance to RS was taken (Mobbs & Bonanno, 2018). More specifically, we propose approaching RS as a matter of fractured cultural identity (Smith-MacDonald et al., 2020). We hypothesize that culturally informed mental health interventions designed to help Veterans resolve conflicts of intersecting identities will help them to better meet the basic human need for belonging. Drawing on the Interpersonal Theory of Suicide (Van Orden et al., 2010) this approach has the potential to support the current success of reintegration resource programs and suicide prevention efforts.

Belonging and identity

The bio-psycho-social need for belonging is a survival strategy that plays a primary role in human cognition and behavior (Baumeister & Leary, 1995). Forming and maintaining interpersonal connections produces “a framework of mutual concern” (p. 500) that allows us to meet survival needs, develop our self-concept, live together, and navigate social settings. Beyond the satisfaction of basic needs, belonging is also associated with pleasant affect and psychosocial flourishing while the lack of belonging is associated with risk for suicidality (Van Orden et al., 2010). Belonging requires two components in order to be met: a self-identity that individuals use to distinguish who they are and a group to which they can belong. While a coherent sense of identity can provide benefit in and of itself, it also allows individuals to relate and be relatable to others (Waters & Fivush, 2015).

To support the argument of the fundamental role of need for belonging, research also finds that a lack of belonging (due to exclusion, marginalization or ostracism) is experienced as severely distressing (Williams & Nida, 2011). In fact, a thwarted sense of belonging is associated with a wide range of negative health outcomes, including suicidality (Fisher et al., 2015; Holt-Lunstad et al., 2015). Based on the Interpersonal-Psychological Theory of Suicide (IPT), unfulfilled belonging poses a threat because thwarted belonging, in combination with perceived burdensomeness, leads to social disconnection, decreased sense of self-worth, increased sense of self-hate, and ultimately, hopelessness (Van Orden et al., 2010). Extensive research on Veterans validates IPT as a reasonable explanation for observed rates of suicide (Bryan et al., 2010; C. Chu et al., 2018; Hom et al., 2017; O'Connor et al., 2017; Teo et al., 2018).

Culture

Culture plays a key role in shaping our sense of self by providing guidelines on how to think on our own and behave around others (Markus & Kitayama, 1991). Becoming immersed in the values, beliefs, customs, arts, norms, and behaviors of a culture provides the individual with a set of guidelines or a “script” for how to navigate life events. More importantly, those who succeed in internalizing a cultural framework can then join valuable cultural groups and benefit as full members (Jetten et al., 2014). While different cultures may share overlap in values, norms, and behaviors, social groups can define the differences that screen insiders from outsiders. The reward of feeling a sense of belonging reinforces group norm adherence, which in turn has a stabilizing effect on self-identity, increasing healthy self-coherence across settings (Wong et al., 2019). For example, a civilian may express support for a friend by saying, “I’m looking out for you,” an everyday phrase understood by most Americans. Whereas a Veteran immersed in military culture might use a more coded phrase, such as, “I got your six” to mean the same.

Military culture

The military has a specific, salient, and exclusive culture, which distinguishes it from the larger more fluid American culture. Differences between military and civilian culture show up in myriad ways, among them are starkly different norms regarding displays of emotion (stoicism vs. self-expression), help-seeking (self-reliance vs. accepting guidance from others), occupation (your role is your identity vs. working to pay for the things you enjoy), task orientation (sense of urgency vs.

at your own pace), collaboration (shared goals vs. competitiveness), communication (direct vs. polite), etc. (Edelmann, 2018). Although there is some variation between the different branches of the military, overall themes of loyalty, duty, hierarchy, accountability, respect, self-less service, courage, toughness, and aggression are common features of military culture. While civilian culture also shares these values, military culture sets itself apart from the civilian world due to its highly collectivistic nature (Christian et al., 2009; Smith & True, 2014; Suzuki & Kawakami, 2016) and warrior ethos. Whereas civilian American culture rewards those who stand out from others due to their own efforts, the Military rewards teamwork and unit cohesion because this is what is required for the accomplishment of military missions. For example, a 21-year-old in the civilian world may be rewarded for creating a new business venture, while one in the military would be rewarded for setting aside individual needs in favor of supporting the team. The combination of collectivist culture in the military and exposure to intense danger encourages extremely close relationships that are rarely formed in the civilian world (Pivar & Field, 2004; Smith & True, 2014). The phenomena of creating extremely close social bonds within the military may also help to explain why military personnel often predominantly seek social support and belonging from other military personnel (i.e., those in their group) rather than from civilians (Smith & True, 2014).

Further, the military is considered a “total institution” (Smith & True, 2014). During basic training, the military provides residence separate from the general population and delineates all aspects of daily life that include: clothing, style of haircut, food eaten, progress up the ranks, and time allowed for sleep and recreation. While this high level of structure may not exist after completion of basic training (e.g., some military members are allowed to live off base with their spouses), clearly defined expectations regarding behavior and attitude persist and are reinforced through rewards and penalties. As they enter basic training, recruits shed the artifacts of civilian cultural groups and fully adopt the appearance, behaviors, social norms, and values outlined by the military. Learning and then adhering to military standards provides group membership within the military culture. In other words, aspects of identity previously formed in the civilian world are displaced by a dominant military identity (McCaslin et al., 2021).

One function of military culture is to bring service members together into alignment for accomplishing tasks, as best as possible (McGurk et al., 2006). A side effect of this process is that military culture also shapes the individual’s sense of self identity and worth. One

military identity label that is frequently adopted by service members is that of a warrior. Within the American military, the warrior identity is inculcated during basic training, which means service members adopt this label regardless of their military occupation specialty or participation in combat. Seeing oneself as a warrior can be quite self-affirming, given the physical and mental health benefits often associated with close camaraderie, sense of purpose, development of physical strength, and community respect (Nevarez et al., 2017). For many Veterans then, leaving the military is a threat to their collective warrior identity which may challenge how they are perceived by others as well as their own sense of self acceptance. For example, studies have found the label “warrior” associated with heroism and courage when used in news media, while the label “Veteran” is associated with victimhood and charity (Parrott et al., 2019). Thus, the rewards of being seen, and seeing oneself, as a warrior are often highly reinforcing, making one’s identity as a warrior resistant to change after military service ends (Lancaster et al., 2018; McCormack & Ell, 2017).

When service members retire and transition to Veteran status, it becomes their choice to make the effort to replicate the structure found in the military, or face the likelihood of losing their sense of military cultural identity (Ahern et al., 2015; Elnitsky et al., 2017; Kelly et al., 2014; Mobs & Bonanno, 2018; Smith & True, 2014; Smith-MacDonald et al., 2020). This includes both the practical realities (e.g., military occupational specialties include infantry as well as cook, financial planner, IT support, engineer, chaplain) as well as the less tangible realities of identity, belonging, community, culture, meaning and purpose. Simply put, the experience of separating from the military and returning to the civilian world not only means a potential change to roles, affiliations, structure, laws, daily activities, manner of dress, and self-expression, but also potential loss in terms of culture and identity. Empirical studies have illustrated that violations to one’s social identity are linked to adverse mental health outcomes, including internalizing and externalizing disorders, general distress, depressive symptoms, anxiety, substance abuse, anger, psychosis, as well as negative associations with happiness, life satisfaction, and mastery (Meca et al., 2021; Pascoe & Smart Richman, 2009).

Setting aside the many ways in which visible and invisible wounds accrued during military service (Yan, 2016) can complicate the military-civilian transition, research finds Veterans often cite loss of identity as a warrior and loss of belonging to the warrior world as highly distressing (Meca et al., 2021; Orazem et al., 2017;

Smith-MacDonald et al., 2020). Studies find that even though service members often return to familiar places after separating from the military, homecoming can still be a highly distressing experience (Ahern et al., 2015; Boscarino et al., 2018). Distress upon arriving home may be related to the experience of identity discrepancies that result in difficulty generating a feeling of belonging to their culture of origin.

Acculturation

Data from decades of research on the immigrant experience echo many of the military-civilian transition themes described above (Needham et al., 2018; Nguyen et al., 2017; Sam & Berry, 2010). Studies on the Veteran experience often use the phrase “reverse culture shock” to highlight the role of culture in Veteran RS (Koenig et al., 2014) while cross-cultural psychology often uses the phrase “acculturation.” Paralleling Veterans returning home from deployment, the stress of immigrating to a new country goes beyond the challenges of attaining practical resources, such as housing, employment or schooling. Rather, much of the stress is related to the fact that immigrants often hold onto the traditions, behaviors, expectations, and norms shaped by their home culture which can then clash with the culture of their new country (Berry, 1997). Even if these cultures do not clash directly, immigrants can still experience distress in the form of lack of belonging as they may find themselves on the edges or outside of society. Immigrants entering America from a more collectivistic culture face the question of how much to adhere to the behaviors of their home culture and how much to adapt to the individualistic norms of American culture to achieve a sense of belonging. Veterans reentering American mainstream culture must also reconcile how much of their military identity to adapt to foster a sense of belonging.

Broadly defined, cognitive dissonance is the mental conflict that occurs when a person holds two incompatible sets of beliefs, or when personal beliefs and behaviors do not align (Festinger, 1962). Cognitive dissonance created by a clash in cultures likely depends on several factors, including the level of compatibility between home and new cultures, level of openness to multiculturalism in their new culture, and hostility directed toward members of their home culture (Berry & Hou, 2016). Research has shown that for some immigrants this clash, or lack of alignment, between their home culture and their new culture, can lead to a form of cognitive dissonance (Munroe et al., 2016; Samnani et al., 2012).

Similarly, Veterans may also experience cognitive dissonance in relation to RS (Mobbs & Bonnano, 2017; Suzuki & Kawakami, 2016). While limited research has been conducted on cognitive dissonance in Veterans reporting RS, one study on American soldiers who deployed to Iraq found that disparagement of civilian Americans functioned as a way to reduce their dissonance (Klug et al., 2011). This experience of cultural disconnect results in a cognitive dissonance that some Veterans try to resolve by utilizing “us vs. them” judgments. Denigrating civilians as weak, shallow, and selfish appears to function as a way of reducing this conflict (Orazem et al., 2017; Smith et al., 2018). This othering strategy often perpetuates their lack of belonging which amplifies their dissonance. If the cognitive dissonance from feeling a lack of belonging is resolved through judgmental interpretation of civilian behavior, Veterans can find themselves caught in a cultural identity limbo where they are unable, or unmotivated, to fully transition back into civilians. Nor are they able to return, or remain as, fully military. As a result, many military personnel experience isolation once they become Veterans, which can increase susceptibility for a large variety of well-being and quality of life problems (Houtsma et al., 2017).

Acculturation strategies

Accounting for these factors, the acculturation literature finds that immigrants generally adopt one of four adaptation strategies: separation, assimilation, integration, or marginalization (see, Figure 1). These findings appear consistently across cultures (Balidemaj & Small, 2019).

The separationist category relates to those who find they can achieve success with minimal adaptation to the new culture and maximum adherence to the home culture. It may be that they find a home in an enclave of fellow expatriates, which allows them to avoid the pressure of change. Or, they may find themselves in a hostile society that prevents them from blending in. At the opposite end, the assimilationist category refers to those who find they must disconnect from or hide their home culture and fully embrace their new culture to achieve success. It may be that they come from a country that was once at war with their new country and are thus highly motivated to shed any signs of their origin. The integrationist category refers to those who find success in hybridizing their home and new cultural norms, to create a new identity. An example of this balancing approach is the Creole community in Louisiana, which has amalgamated aspects of group members’ European, Caribbean, and Indigenous American cultural identities (Dawdy, 2000). Lastly, the marginalist category refers to those who reject, or feel

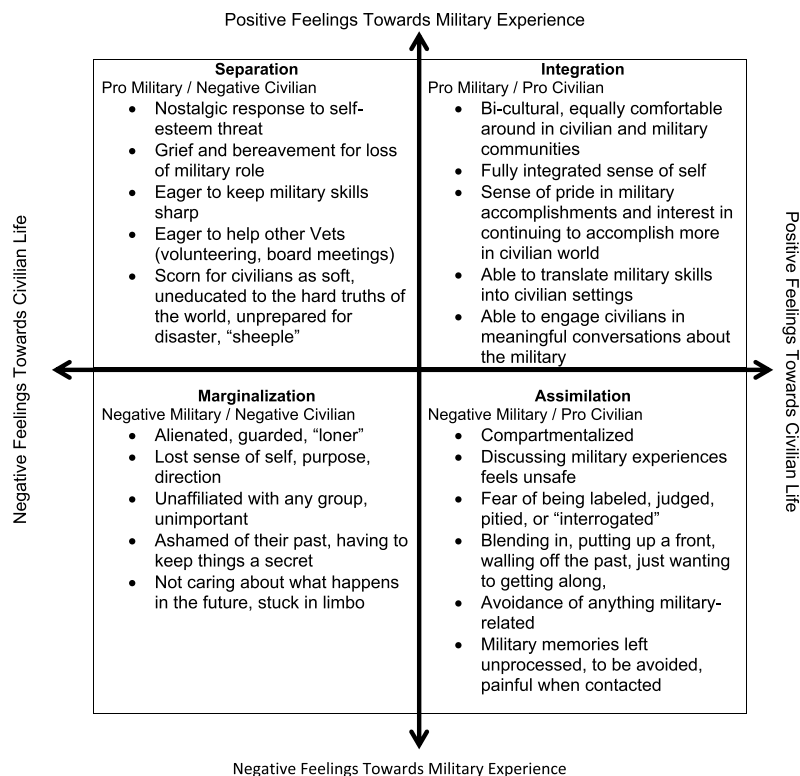


Figure 1. Reculturation strategies.

rejected by, both home and new cultures (Yoon et al., 2013). This often applies to political refugees who must flee their home country in order to stay alive and are placed in refugee camps that separate them from interacting with members of their new country.

These four acculturation strategies tend to result in starkly different health outcomes. The literature on acculturation finds that across diverse immigrant populations, both mental health and life satisfaction appears highest in integrationists and lowest in marginalists, while those using the assimilationist strategy experience poorer mental health and those using the separationist strategy tend to experience low life satisfaction (Berry & Hou, 2016; Nguyen et al., 2017; Oakey-Frost et al., 2019; Pan & Carpiano, 2013; Shim et al., 2014; Yoon et al., 2013; Zvolensky et al., 2016). As predicted by the Interpersonal-Psychological theory of suicide, the marginalization strategy (often reinforced by discrimination) which tends to thwart any belongingness, is strongly associated with increased risk for suicide (Bowden et al., 2019; J. Chu et al., 2020; Eylem et al., 2019; Lai et al., 2017).

Reculturation

Veterans and immigrants often experience a paralleled process of thwarted belonging, yet few studies have directly made the association (Pease et al., 2016; for an innovative report, see, Main, 1947). As discussed above, clear differences exist between military and civilian cultures. Acquiring military membership creates a deep sense of belonging for those who pass the requirements and experience unit cohesion. Returning to civilian culture after separating from the military creates a predicament, much like new immigrants who need to adapt their identities in order to find belonging. Given the fact that most Veterans return to their home culture, we feel the novel term “reculturation” may be suitable, as it combines aspects of “reintegration” with “acculturation.” Unlike the term “reintegration stress,” reculturation places emphasis on the key role of culture in this transition. Further, reculturation describes a process that can be modified rather than a permanent state of stress or dysfunction.

Based on the extensive research on acculturation strategies in immigrants, we hypothesize that Veterans also attempt to achieve a sense of belonging by self-selecting into one of the four categories described above. Veterans in the separationist category continue to identify with their military culture after homecoming. This means they reject, or feel rejected by, the present-day civilian setting around them. Separationist Veterans therefore likely experience nostalgia for the military

(Mobbs & Bonanno, 2018) and regain a sense of belonging by reflecting on empowering memories or participating in activities that bring to mind favored military contexts (e.g., Veteran fraternal organizations, Veteran motorcycle clubs, paintball games, survivalist forums, militias). Based on findings in the acculturation research, this group may experience fewer negative mental health outcomes because they feel comfortable occupying their military identity. Acculturation research would also predict they experience a lower level of life satisfaction due to difficulty creating an integrated Veteran identity that facilitates belonging in mainstream American culture.

Conversely, Veterans in the assimilationist category may not have achieved a full sense of belonging in the military and eagerly seek out belonging by embracing their civilian identity. This could be for a variety of situations in the military such as: hazing, sexual assault, interpersonal conflict, moral injury, trauma, a sense of organizational betrayal, or mental or physical complaints that interfered with their service (Smith & True, 2014; Smith-MacDonald et al., 2020). The literature would suggest that assimilationist Veterans experience poorer mental health outcomes due to a rejection of Veteran identity which requires engagement with military stimuli (including Veteran services). This process of avoidance could maintain mental health injuries sustained in the military, considering the data showing suicide declining 2.4% in Veterans who access VA services compared to suicide increasing 2.5% in Veterans who do not (Office of Mental Health and Suicide Prevention, 2020). However, this group may also experience higher rates of life satisfaction as they seek meaning and belonging in the mainstream American culture of their current context.

Veterans in the integrationist category are hypothesized to feel a sense of belonging in both military and civilian contexts. Veterans who practice this strategy find a way to maintain cherished relationships that were formed while in the military and also relate in an authentic way to the civilians in their lives. This approach allows for identity coherence that transcends context and creates the most opportunities for sense of connection. Acculturation research would predict members of this group experience the highest levels of mental health as well as life satisfaction compared to the other three categories. Examples of this strategy includes Veterans who choose to engage in Veteran-focused events (e.g., Veterans Day Parades, Team Rubicon) while simultaneously also participating in civilian activities (e.g., co-ed sports leagues, alumni associations, parent groups, spiritual/religious communities).

Lastly, the marginalist Veterans are those who likely failed to form a sense of collective self in the military (similar to the assimilationists), and then experienced ostracization on returning home. These Veterans may only find belonging among other marginalists (e.g., other participants in therapy groups at a VA or Vet Center), if at all. According to acculturation research, this group would experience the worst outcomes in terms of mental health and life satisfaction. A salient example of marginalization may be Vietnam-era Veterans who often reported a sense of alienation from their home family because of difficult homecoming interactions as well as from their military family, because of issues of organizational and interpersonal betrayal. Similar experiences have also been found in Iraqi and Afghanistan Veterans who may also experience a sense of betrayal by the military and civilians, leaving them abandoned in a societal no man's land (Ahern et al., 2015; Boscarino et al., 2018).

Clinical application and future directions

Despite VA efforts to significantly lower suicide rates in Veterans by prioritizing vocational rehabilitation, housing assistance, and suicide prevention, the risk remains elevated compared to civilian counterparts (Bryan et al., 2012; Kline et al., 2011; Monteith et al., 2020; Stanley & Larsen, 2019). Furthermore, efforts geared toward helping Veterans through the military-civilian transition are often thwarted by the military-civilian culture gap. For example, one study found that while Veterans succeeded in finding employment with VA assistance, they struggled to maintain employment due to feelings of disconnect, unappreciation, and lack of camaraderie with their civilian colleagues and sense of demotion from their previous military occupation (Harrod et al., 2017). In response to these challenges, we and others recommend that VA researchers and providers more fully examine factors of cultural identity dissonance that may thwart sense of belongingness (Houtsma et al., 2017; Mobbs & Bonanno, 2018). In other words, a predominant focus of Veteran programming has been on practical and external domains of wellbeing without the implementation of culturally informed interventions that would better support Veterans' ability to engage with the resources that these valuable programs attempt to provide.

To address this gap in psychological interventions, the authors recommend conducting future research to explore the wellbeing of Veterans as it relates to their use of acculturation strategies,

following Berry and Hou's study in 2016. Although the questions around belongingness originally developed by Berry and Hou (2016) were specific to the Canadian immigrant experience, they have been adjusted to explore a variety of cultural transitions in other populations (Ince et al., 2014; Yoon et al., 2013). We believe that small adjustments could be made to reflect Veteran reculturation without detracting from survey validity.

Given the intersectionality that Veterans experience, it will be important to develop a bimodal screener designed to assess Veteran reculturation strategies. If Veterans do parallel the four types of acculturation strategies identified in immigrant acculturation research, a survey that locates Veterans in assimilation, separation, integration, or marginalization categories could provide useful insights into cultural identity dissonance. In this way, mental health providers could be supplied with an efficient tool that allows them to expedite the conceptualization of Veteran risk levels and improve program engagement.

Conclusions

Veterans find themselves at a crossroads of identity when they separate from the military. For many Veterans, the military-civilian transition introduces conflict to their sense of identity. The struggle to align disparate internalized cultures in order to regain identity coherence can persist for years or decades beyond the initial reintegration period. Understood in this light, current engagement with transition programming and other resources (including suicide prevention) may be hampered in Veterans experiencing this cultural identity dissonance. We believe the new construct of reculturation could enhance current efforts to reduce suicidality and increase rates of program engagement among Veterans. Much of the existing clinical research on military-civilian reintegration stress has focused on other aspects of the Veteran experience to the exclusion of cultural identity. Without naming the reculturation process directly, Veterans may remain vulnerable to risk for adjustment disorders, depression, and suicidality. Cross-cultural research on immigrants takes an intersectional approach to this problem. Studies find that immigrants need to be able to find identity coherence between their past and present cultural selves in order to gain sense of belonging. Given the similarities between immigrant and Veteran identity challenges during cultural transition, we suggest future efforts aimed at tailoring interventions to help Veterans move toward an

integrationist strategy of reculturation in order to improve their mental health and life satisfaction outcomes.

Disclosure statement

We have no known conflict of interest to disclose.

Data availability statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

References

- Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., Moos, R., & Bearer, E. L. (2015 July 1). The challenges of Afghanistan and Iraq veterans' transition from military to civilian life and approaches to reconnection. *PLoS ONE*, 10(7), e0128599. PMID: 26132291; PMCID: PMC4489090. <https://doi.org/10.1371/journal.pone.0128599>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Publisher.
- Balidemaj, A., & Small, M. (2019). The effects of ethnic identity and acculturation in mental health of immigrants: A literature review. *International Journal of Social Psychiatry*, 65(7–8), 643–655. <https://doi.org/10.1177/0020764019867994>
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529. <https://doi.org/10.1037/0033-2909.117.3.497>
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46(1), 5–34. <https://doi.org/10.1080/026999497378467>
- Berry, J. W., & Hou, F. (2016). Immigrant acculturation and wellbeing in Canada. *Canadian Psychology/Psychologie Canadienne*, 57(4), 254–264. <https://doi.org/10.1037/cap0000064>
- Bond, G. R., Al-Abdulmuneem, M., Ressler, D. R., Drake, R. E., Davis, L. L., Meyer, T., Gade, D. M., Frueh, B. C., & Dickman, R. B. (2022). Evaluation of an Employment Intervention for Veterans Transitioning From the Military. *Journal of Nervous Mental Disorders*, 210(5), 321–329. <https://doi.org/10.1097/NMD.0000000000001472>
- Boscarino, J. A., Adams, R. E., Urosevich, T. G., Hoffman, S. N., Kirchner, H. L., Boscarino, J. J., Withey, C. A., Dugan, R. J., & Figley, C. R. (2018). Mental health impact of homecoming experience among 1730 formerly deployed veterans from the Vietnam war to current conflicts: Results from the veterans' health study. *The Journal of Nervous and Mental Disease*, 206(10), 757–764. <https://doi.org/10.1097/NMD.0000000000000879>
- Bowden, M., McCoy, A., & Reavley, N. (2019). Suicidality and suicide prevention in culturally and linguistically diverse (CALD) communities: A systematic review. *International Journal of Mental Health*, 49(4), 293–320. <https://doi.org/10.1080/00207411.2019.1694204>
- Brundage, J. F., Taubman, S. B., Hunt, D. J., & Clark, L. L. (2015). Whither the “signature wounds of the war” after the war: Estimates of incidence rates and proportions of TBI and PTSD diagnoses attributable to background risk, enhanced ascertainment, and active war zone service, active component, U.S. Armed Forces, 2003–2014. *Medical Surveillance Monthly Report*, 22(2), 2–11. <https://pubmed.ncbi.nlm.nih.gov/25734618/>
- Bryan, C. J., Jennings, K. W., Jobes, D. A., & Bradley, J. C. (2012). Understanding and preventing military suicide. *Archives of Suicide Research*, 16(2), 95–110. <https://doi.org/10.1080/13811118.2012.667321>
- Bryan, C. J., Morrow, C. E., Anestis, M. D., & Joiner, T. E. (2010). A preliminary test of the interpersonal-psychological theory of suicidal behavior in a military sample. *Personality and Individual Differences*, 48(3), 347–350. <https://doi.org/10.1016/j.paid.2009.10.023>
- Christian, J. R., Stivers, J. R., & Sammons, M. T. (2009). Training to the warrior ethos: Implications for clinicians treating military members and their families. In S. M. Freeman, B. A. Moore, & A. Freeman (Eds.), *Living and surviving in harm's way: A psychological treatment handbook for pre- and post-deployment of military personnel; living and surviving in harm's way: A psychological treatment handbook for pre- and post-deployment of military personnel* (pp. 27–49). Routledge/Taylor & Francis Group.
- Chu, C., Hom, M. A., Stanley, I. H., Gai, A. R., Nock, M. K., Gutierrez, P. M., & Joiner, T. E. (2018). Non-suicidal self-injury and suicidal thoughts and behaviors: A study of the explanatory roles of the interpersonal theory variables among military service members and veterans. *Journal of Consulting and Clinical Psychology*, 86(1), 56–68. <https://doi.org/10.1037/ccp0000262>
- Chu, J., Maruyama, B., Batchelder, H., Goldblum, P., Bongar, B., & Wickham, R. E. (2020). Cultural pathways for suicidal ideation and behaviors. *Cultural Diversity and Ethnic Minority Psychology*, 26(3), 367–377. <https://doi.org/10.1037/cdp0000307>
- Dawdy, S. L. (2000). Understanding cultural change through the vernacular: Creolization in Louisiana. *History Archives*, 34(3), 107–123. <https://doi.org/10.1007/BF03373646>
- Edelmann, A. (2018). Culturally meaningful networks: On the transition from military to civilian life in the United Kingdom. *Theory and Society*, 47(3), 327–380. <https://doi.org/10.1007/s11186-018-9317-7>
- Elnitsky, C. A., Blevins, C. L., Fisher, M. P., & Magruder, K. (2017). Military service member and veteran reintegration: A critical review and adapted ecological model. *American Journal of Orthopsychiatry*, 87(2), 114–128. <https://doi.org/10.1037/ort0000244>
- Epidemiology Program, Post-Deployment Health Group, Office of Patient Care Services, Veterans Health Administration, Department of Veterans Affairs. (2017). *Analysis of VA health care utilization among operation enduring freedom, operation Iraqi freedom, and operation new dawn veterans, from 1st Qtr FY 2002 through 3rd Qtr FY 2015*.
- Eylem, O., Dalğar, İ., İnce, B. Ü., Tok, F., van Straten, A., de Wit, L., Kerkhof, A. J. F. M., Bhui, K., Eylem, O., Dalğar, İ., İnce, B. Ü., Tok, F., van Straten, A., de Wit, L., Kerkhof, A., & Bhui, K. (2019). Acculturation and suicidal ideation among Turkish migrants in the Netherlands. *Psychiatry Research*, 275, 71–77. <https://doi.org/10.1016/j.psychres.2019.02.078>

- Festinger, L. (1962). *A theory of cognitive dissonance*. Stanford University Press.
- Fink, D. S., Cohen, G. H., Sampson, L. A., Gifford, R. K., Fullerton, C. S., Ursano, R. J., & Galea, S. (2016). Incidence of and risk for post-traumatic stress disorder and depression in a representative sample of US Reserve and National Guard. *Annals of Epidemiology*, 26(3), 189–197. <https://doi.org/10.1016/j.annepidem.2016.01.003>
- Fisher, L. B., Overholser, J. C., Ridley, J., Braden, A., & Rosoff, C. (2015). From the outside looking in: Sense of belonging, depression, and suicide risk. *Psychiatry: Interpersonal and Biological Processes*, 78(1), 29–41. <https://doi.org/10.1080/00332747.2015.1015867>
- Fulton, J. J., Calhoun, P. S., Wagner, H. R., Schry, A. R., Hair, L. P., Feeling, N., Elbogen, E., & Beckham, J. C. (2015). The prevalence of posttraumatic stress disorder in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans: A meta-analysis. *Journal of Anxiety Disorders*, 31, 98–107. <https://doi.org/10.1016/j.janxdis.2015.02.003>
- Harrod, M., Miller, E. M., Henry, J., & Zivin, K. (2017). “I’ve never been able to stay in a job”: A qualitative study of veterans’ experiences of maintaining employment. *Work*, 57(2), 259–268. <https://doi.org/10.3233/WOR-172551>
- Hirudayaraj, M., & Clay, C. (2019). Experiences of women veterans within the private sector: Examining the intersection of gender and veteran status. *Human Resource Development Quarterly*, 30(4), 473–494. <https://doi.org/10.1002/hrdq.21367>
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>
- Hom, M. A., Chu, C., Schneider, M. E., Lim, I. C., Hirsch, J. K., Gutierrez, P. M., & Joiner, T. E. (2017). Thwarted belongingness as an explanatory link between insomnia symptoms and suicidal ideation: Findings from three samples of military service members and veterans. *Journal of Affective Disorders*, 209, 114–123. <https://doi.org/10.1016/j.jad.2016.11.032>
- Houtsma, C., Khazem, L. R., Green, B. A., & Anestis, M. D. (2017). Isolating effects of moral injury and low post-deployment support within the US military. *Psychiatry Research*, 247(247), 194–199. <https://doi.org/10.1016/j.psychres.2016.11.031>
- Ince, B. U., Fassaert, T., de Wit, M. A., Cuijpers, P., Smit, J., Ruwaard, J., & Riper, H. (2014). The relationship between acculturation strategies and depressive and anxiety disorders in Turkish migrants in the Netherlands. *BMC Psychiatry*, 14, Article 252. <https://doi.org/10.1186/s12888-014-0252-5>
- Interian, A., Kline, A., Callahan, L., & Losonczy, M. (2012). Readjustment stressors and early mental health treatment seeking by returning national guard soldiers with PTSD. *Psychiatric Services*, 63(9), 855–861. <https://doi.org/10.1176/appi.ps.201100337>
- Jetten, J., Haslam, C., Haslam, S. A., Dingle, G., & Jones, J. M. (2014). How groups affect our health and well-being: The path from theory to policy. *Social Issues and Policy Review*, 8(1), 103–130. <https://doi.org/10.1111/sipr.12003>
- Keeling, M. (2018). Stories of transition: US veterans’ narratives of transition to civilian life and the important role of identity. *Journal of Military, Veteran and Family Health*, 4(2), 28–36. <https://doi.org/10.3138/jmvfh.2017-0009>
- Kelly, P. J., Berkel, L. A., & Nilsson, J. E. (2014). Postdeployment reintegration experiences of female soldiers from national guard and reserve units in the United States. *Nursing Research*, 63(5), 346–356. <https://doi.org/10.1097/NNR.0000000000000051>
- Kline, A., Ciccone, D. S., Falca-Dodson, M., Black, C. M., & Losonczy, M. (2011). Suicidal ideation among national guard troops deployed to Iraq: The association with post-deployment readjustment problems. *Journal of Nervous and Mental Disease*, 199(12), 914–920. <https://doi.org/10.1097/NMD.0b013e3182392917>
- Klug, W., O’Dwyer, A., Barry, D., Dillard, L., Polo-Neil, H., & Warriner, M. (2011). The burden of combat: Cognitive dissonance in Iraq war veterans. In D. C. Kelly, S. Howe-Barksdale, & D. Gitelson Eds., *Treating young veterans: Promoting resilience through practice and advocacy* (pp. 33–79). Springer Publishing Company. Chapter xxiii, 355 Pages.
- Koenig, C. J., Maguen, S., Monroy, J. D., Mayott, L., & Seal, K. H. (2014). Facilitating culture-centered communication between health care providers and veterans transitioning from military deployment to civilian life. *Patient Education and Counseling*, 95(3), 414–420. <https://doi.org/10.1016/j.pec.2014.03.016>
- Lai, D. W. L., Li, L., & Daoust, G. D. (2017). Factors influencing suicide behaviours in immigrant and ethno-cultural minority groups: A systematic review. *Journal of Immigrant and Minority Health*, 19(3), 755–768. <https://doi.org/10.1007/s10903-016-0490-3>
- Lancaster, S. L., Kintzle, S., & Castro, C. A. (2018). Validation of the Warrior Identity Scale in the Chicagoland veterans study. *Identity: An International Journal of Theory and Research*, 18(1), 34–43. <https://doi.org/10.1080/15283488.2017.1410157>
- Lapierre, C. B., Schwegler, A. F., & LaBauve, B. J. (2007). Posttraumatic stress and depression symptoms in soldiers returning from combat operations in Iraq and Afghanistan. *Journal of Traumatic Stress*, 20(6), 933–943. <https://doi.org/10.1002/jts.20278>
- Main, T. F. (1947). Clinical problems of repatriates. *Journal of Mental Science*, 93(391), 354–363. <https://doi.org/10.1192/bjp.93.391.354>
- Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98(2), 224–253. <https://doi.org/10.1037/0033-295X.98.2.224>
- McAllister, C. P., Mackey, J. D., Hackney, K. J., & Perrewé, P. L. (2015). From combat to khakis: An exploratory examination of job stress with veterans. *Military Psychology*, 27(2), 93–107. <https://doi.org/10.1037/mil0000068>
- McCaslin, S. E., Becket-Devenport, C., Dinh, J. V., Lasher, B., Kim, M., Choucroun, G., & Herbst, E. (2021). Military acculturation and readjustment to the civilian context. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(6), 611–620. <https://doi.org/10.1037/tra0000999>
- McCormack, L., & Ell, L. (2017). Complex psychosocial distress postdeployment in veterans: Reintegration identity disruption and challenged moral integrity. *Traumatology*, 23(3), 240–249. <https://doi.org/10.1037/trm0000107>
- McGurk, D., Cotting, D. I., Britt, T. W., & Adler, A. B. (2006). Joining the ranks: The role of indoctrination in transforming civilians to service members. In A. B. Adler,

- C. A. Castro, & T. W. Britt (Eds.), *Military life: The psychology of serving in peace and combat: Operational stress* (pp. 13–31). Praeger Security International.
- Meca, A., Allison, K. K., Ayers, K. L., Carr, K., Cox, S., Bravo, A. J., Kelley, M. L., & Kelley, M. L. (2021). Understanding the Unique Effects of Identity in Adjustment Among Veterans. *Military Behavioral Health*, 9(4), 416–424. <https://doi.org/10.1080/21635781.2021.1927918>
- Metraux, S., Cusack, M., Byrne, T. H., Hunt-Johnson, N., & True, G. (2017). Pathways into homelessness among post-9/11-era veterans. *Psychological Services*, 14(2), 229–237. <https://doi.org/10.1037/ser0000136>
- Mobbs, M. C., & Bonanno, G. A. (2018). Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans. *Clinical Psychology Review*, 59, 137–144. <https://doi.org/10.1016/j.cpr.2017.11.007>
- Monteith, L. L., Holliday, R., Miller, C., Schneider, A. L., Hoffmire, C. A., Bahraini, N. H., & Forster, J. E. (2020). Suicidal ideation, suicide attempt, and non-suicidal self-injury among female veterans: Prevalence, timing, and onset. *Journal of Affective Disorders*, 273, 350–357. <https://doi.org/10.1016/j.jad.2020.04.017>
- Munroe, K., Hammond, L., & Cole, S. (2016). The experiences of African immigrant mothers living in the United Kingdom with a child diagnosed with an autism spectrum disorder: An interpretive phenomenological analysis. *Disability & Society*, 31(6), 798–819. <https://doi.org/10.1080/09687599.2016.1200015>
- Needham, B. L., Mukherjee, B., Bagchi, P., Kim, C., Mukherjee, A., Kandula, N. R., & Kanaya, A. M. (2018). Acculturation strategies and symptoms of depression: The Mediators of Atherosclerosis in South Asians Living in America (MASALA) study. *Journal of Immigrant and Minority Health*, 20(4), 792–798. <https://doi.org/10.1007/s10903-017-0635-z>
- Nevarez, M. D., Yee, H. M., & Waldinger, R. J. (2017). Friendship in war: Camaraderie and prevention of post-traumatic stress disorder prevention. *Journal of Traumatic Stress*, 30(5), 512–520. <https://doi.org/10.1002/jts.22224>
- Nguyen, M. H., Hahn, E., Wingenfeld, K., Graef-Calliess, I. T., von Poser, A., Stopsack, M., Burian, H., Dreher, A., Wolf, S., Dettling, M., Burian, R., Diefenbacher, A., & Ta, T. (2017). Acculturation and severity of depression among first-generation Vietnamese outpatients in Germany. *The International Journal of Social Psychiatry*, 63(8), 708–716. <https://doi.org/10.1177/0020764017735140>
- O'Connor, S. S., Carney, E., Jennings, K. W., Johnson, L. L., Gutierrez, P. M., & Jobes, D. A. (2017). Relative impact of risk factors, thwarted belongingness, and perceived burdensomeness on suicidal ideation in veteran service members. *Journal of Clinical Psychology*, 73(10), 1360–1369. <https://doi.org/10.1002/jclp.22426>
- Oakey-Frost, N., Tucker, R. P., & Buckner, J. D. (2019). Ethnic identity and suicide risk among Hispanic/Latinx young adults: The impact of perceived burdensomeness and thwarted belongingness. *Archives of Suicide Research*, 25(2), 253–268. <https://doi.org/10.1080/13811118.2019.1670766>
- Office of Mental Health and Suicide Prevention. (2020). *National veteran suicide prevention annual report*. <https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf>
- Orazem, R. J., Frazier, P. A., Schnurr, P. P., Oleson, H. E., Carlson, K. F., Litz, B. T., & Sayer, N. A. (2017). Identity adjustment among Afghanistan and Iraq war veterans with reintegration difficulty. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(Suppl 1), 4–11. <https://doi.org/10.1037/tra0000225>
- Pan, S. W., & Carpiano, R. M. (2013). Immigrant density, sense of community belonging, and suicidal ideation among racial minority and white immigrants in Canada. *Journal of Immigrant and Minority Health*, 15(1), 34–42. <https://doi.org/10.1007/s10903-012-9657-8>
- Park, S., Chan, K. C. G., & Williams, E. C. (2016). Gain of employment and perceived health status among previously unemployed persons: Evidence from a longitudinal study in the United States. *Public Health*, 133, 83–90. <https://doi.org/10.1016/j.puhe.2015.11.008>
- Parrott, S., Albright, D. L., Dyché, C., & Steele, H. G. (2019). Hero, charity case, and victim: How U.S. news media frame military veterans on Twitter. *Armed Forces and Society*, 45(4), 702–722. <https://doi.org/10.1177/0095327X18784238>
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531–554. <https://doi.org/10.1037/a0016059>
- Pease, J. L., Billera, M., & Gerard, G. (2016). Military culture and the transition to civilian life: Suicide risk and other considerations. *Social Work*, 61(1), 83–86. <https://doi.org/10.1093/sw/swv050>
- Perkins, D. F., Aronson, K. R., Morgan, N. R., Bleser, J. A., Vogt, D., Copeland, L. A., Finley, E. P., & Gilman, C. (2019). Veterans' use of programs and services as they transition to civilian life: Baseline assessment for the veteran metrics initiative. *Journal of Social Service Research*, 46(2), 241–255. <https://doi.org/10.1080/01488376.2018.1546259>
- Perkins, D. F., Davenport, K. E., Morgan, N. R., Aronson, K. R., Bleser, J. A., McCarthy, K. J., Gilman, C. L., Finley, E. P., Copeland, L. A., & Gilman, C. L. (2022). The influence of employment program components upon job attainment during a time of identity and career transition. *International Journal for Educational and Vocational Guidance*. Advance online publication, 1–23. <https://doi.org/10.1007/s10775-022-09527-1>
- Pivar, I. L., & Field, N. P. (2004). Unresolved grief in combat veterans with PTSD. *Journal of Anxiety Disorders*, 18(6), 745–755. <https://doi.org/10.1016/j.janxdis.2003.09.005>
- RAND Corporation (2019). *Improving the quality of mental health care for veterans: Lessons from RAND research*. Retrieved April 30, 2022 from : https://www.rand.org/pubs/research_briefs/RB10087.html
- Ravindran, C., Morley, S. W., Stephens, B. M., Stanley, I. H., & Reger, M. A. (2020). Association of suicide risk with transition to civilian life among US military service members. *JAMA Network Open*, 3(9), e2016261. <https://doi.org/10.1001/jamanetworkopen.2020.16261>
- Ruger, W., Wilson, S. E., & Waddoups, S. L. (2002). Warfare and welfare: Military service, combat, and marital dissolution. *Armed Forces & Society*, 29(1), 85–107. <https://doi.org/10.1177/0095327X0202900105>
- Sam, D. L., & Berry, J. W. (2010). Acculturation: When individuals and groups of different cultural backgrounds meet. *Perspectives on Psychological Science: A Journal of the Association for Psychological Science*, 5(4), 472–481. <https://doi.org/10.1177/1745691610373075>

- Samnani, A., Boekhorst, J. A., & Harrison, J. A. (2012). Acculturation strategy and individual outcomes: Cultural diversity implications for human resource management. *Human Resource Management Review, 22*(4), 323–335. <https://doi.org/10.1016/j.hrmr.2012.04.001>
- Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A., & Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services, 61*(6), 589–597. <https://doi.org/10.1176/appi.ps.61.6.589>
- Sayers, S. L., Farrow, V. A., Ross, J., & Oslin, D. W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry, 70*(2), e1–e8. <https://doi.org/10.4088/JCP.07m03863>
- Shim, G., Freund, H., Stopsack, M., Kämmerer, A., & Barnow, S. (2014). Acculturation, self- construal, mental and physical health: An explorative study of East Asian students in Germany. *International Journal of Psychology, 49*(4), 295–303. <https://doi.org/10.1002/ijop.12008>
- Smith, R. T., & True, G. (2014). Warring identities: Identity conflict and the mental distress of American veterans of the wars in Iraq and Afghanistan. *Society and Mental Health, 4*(2), 147–161. <https://doi.org/10.1177/2156869313512212>
- Smith, A. J., Weisenbach, S. L., & Jones, R. T. (2018). Cynicism among veterans who struggle to adapt to life after combat: Towards an understanding of adaptive functions and maladaptive consequences. *Traumatology, 24*(1), 17–26. <https://doi.org/10.1037/trm0000127>
- Smith-MacDonald, L., Raffin-Bouchal, S., Reay, G., Ewashen, C., Konnert, C., & Sinclair, S. (2020). Transitioning fractured identities: A grounded theory of veterans' experiences of operational stress injuries. *Traumatology, 26*(2), 235–245. <https://doi.org/10.1037/trm0000232>
- Stanley, E. A., & Larsen, K. L. (2019). Emotion dysregulation and military suicidality since 2001: A review of the literature. *Political Psychology, 40*(1), 147–163. <https://doi.org/10.1111/pops.12493>
- Steenkamp, M. M., Schlenger, W. E., Corry, N., Henn-Haase, C., Qian, M., Li, M., Horesh, D., Karstoft, K.-I., Williams, C., Ho, C.-L., Shalev, A., Kulka, R., & Marmar, C. (2017). Predictors of PTSD 40 years after combat: Findings from the National Vietnam Veterans longitudinal study. *Depression and Anxiety, 34*(8), 711–722. <https://doi.org/10.1002/da.22628>
- Suzuki, M., & Kawakami, A. (2016). U.S. Military Service Members' Reintegration, Culture, and Spiritual Development. *The Qualitative Report, 21*(11), 2059–2075. <http://nsuworks.nova.edu/tqr/vol21/iss11/4>
- Teeters, J. B., Lancaster, C. L., Brown, D. G., & Back, S. E. (2017). Substance use disorders in military veterans: Prevalence and treatment challenges. *Substance Abuse and Rehabilitation, 8*, 69–77. <https://doi.org/10.2147/SAR.S116720>
- Teo, A. R., Marsh, H. E., Forsberg, C. W., Nicolaidis, C., Chen, J. I., Newsom, J., Saha, S., & Dobscha, S. K. (2018). Loneliness is closely associated with depression outcomes and suicidal ideation among military veterans in primary care. *Journal of Affective Disorders, 230*, 42–49. <https://doi.org/10.1016/j.jad.2018.01.003>
- Trivedi, R. B., Post, E. P., Sun, H., Pomerantz, A., Saxon, A. J., Piette, J. D., Maynard, C., Arnow, B., Curtis, I., Fihn, S. D., & Nelson, K. (2015). Prevalence, comorbidity, and prognosis of mental health among US veterans. *American Journal of Public Health, 105*(12), 2564–2569. <https://doi.org/10.2105/AJPH.2015.302836>
- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr. (2010). The interpersonal theory of suicide. *Psychological Review, 117*(2), 575–600. <https://doi.org/10.1037/a0018697>
- Waters, T. E. A., & Fivush, R. (2015). Relations between narrative coherence, identity, and psychological well-being in emerging adulthood. *Journal of Personality, 83*(4), 441–451. <https://doi.org/10.1111/jopy.12120>
- Wewirosku, N. J., Gorman, J. A., Scoglio, A. A. J., Fukuda, S., Reilly, E., Mueller, L., O'Connor, M., Penk, W. E., & Drebing, C. E. (2018). Promising practices in vocational services for the community reintegration of returning veterans: The individual placement and support model and beyond. *Psychological Services, 15*(2), 191–199. <https://doi.org/10.1037/ser0000177>
- Williams, K. D., & Nida, S. A. (2011). Ostracism: Consequences and coping. *Current Directions in Psychological Science, 20*(2), 71–75. <https://doi.org/10.1177/0963721411402480>
- Wong, A. E., Dirghangi, S. R., & Hart, S. R. (2019). Self-concept clarity mediates the effects of adverse childhood experiences on adult suicide behavior, depression, loneliness, perceived stress, and life distress. *Self and Identity, 18*(3), 247–266. <https://doi.org/10.1080/15298868.2018.1439096>
- Yan, G. (2016). The invisible wound: Moral injury and its impact on the health of Operation Enduring Freedom/Operation Iraqi Freedom veterans. *Military Medicine, 181*(5), 451–458. <https://doi.org/10.7205/MILMED-D-15-00103>
- Yoon, E., Chang, C. T., Kim, S., Clawson, A., Cleary, S. E., Hansen, M., Bruner, J. P., Chan, T. K., & Gomes, A. M. (2013). A meta-analysis of acculturation/enculturation and mental health. *Journal of Counseling Psychology, 60*(1), 15–30. <https://doi.org/10.1037/a0030652>
- Zvolensky, M. J., Jardin, C., Garey, L., Robles, Z., & Sharp, C. (2016). Acculturative stress and experiential avoidance: Relations to depression, suicide, and anxiety symptoms among minority college students. *Cognitive Behaviour Therapy, 45*(6), 501–517. <https://doi.org/10.1080/16506073.2016.1205658>