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Post-Service Identity Disruption and Suicide Risk in U.S. Military Veterans: A Conceptual Review

LITERATURE REVIEW

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ABSTRACT

Suicide rates among U.S. veterans remain elevated despite expanded prevention initiatives and advances in clinical care. Research has identified important proximal risk processes, including perceived burdensomeness, thwarted belongingness, moral injury, and psychological pain. However, less attention has been given to the broader identity reorganization that occurs during the transition from military to civilian life. This conceptual review examines post-service identity disruption as a contextual vulnerability associated with suicide risk among military veterans. Military service is conceptualized as a highly structured institutional identity system characterized by role clarity, cohesion, mission orientation, and reinforced contribution. Separation from this system may involve the loss of stable identity anchors, social belonging, and recognized purpose; particularly when civilian reintegration does not provide parallel structures of meaning and role continuity. Drawing on interdisciplinary scholarship in veterans studies, psychology, and reintegration research, this review synthesizes literature on role loss, social disconnection, moral injury, and chronic pain as interacting factors that may destabilize identity during the post-service period. Implications are discussed for veteran-centered clinical practice, transition programming, and community-based supports. Situating suicide vulnerability within processes of post-service identity reorganization may enhance conceptual clarity, inform prevention strategies, and strengthen interdisciplinary dialogue within veterans studies.

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Suicide among United States (U.S.) veterans remains a persistent public health concern and an ongoing focus of research, policy, and prevention efforts. Recent data from the U.S. Department of Veterans Affairs (VA; 2024) indicate that more than 6,000 veterans die by suicide annually, with suicide rates consistently exceeding those of the general adult population. Despite expanded prevention initiatives and increased access to mental health services, suicide continues to represent a leading cause of death among younger veterans. Notably, a substantial proportion of veterans who die by suicide are not engaged in Veterans Health Administration (VHA) care in the year preceding their deaths (Godier-McBard et al., 2022). These patterns highlight the need for continued interdisciplinary inquiry into the factors that shape suicide vulnerability during and after military service.

A large body of scholarship has identified well-established contributors to suicide risk among veterans, including posttraumatic stress disorder (PTSD), depression, substance misuse, chronic pain, social isolation, and moral injury (Griffin et al., 2025; Nichter et al., 2021). Prominent theoretical frameworks, such as the Interpersonal Theory of Suicide, have been widely applied in military populations and emphasize mechanisms including perceived burdensomeness, thwarted belongingness, and acquired capability for lethal self-harm (Frazee & Shepler, 2022; Van Orden et al., 2010). Complementary perspectives highlight the role of psychological pain, trauma exposure, and disruptions in moral identity as important contributors to suicidal ideation and behavior among veterans (Frankfurt & Frazier, 2016; Griffin et al., 2019; Topçu & Dinç, 2025). Collectively, these models have substantially advanced understanding of proximal psychological processes associated with suicide risk. At the same time, persistent suicide rates among veterans suggest that additional contextual dimensions may warrant attention, particularly those associated with the transition from military to civilian life.

Military service functions as a highly structured institutional environment characterized by clearly defined roles, hierarchical authority, mission-oriented purpose, and strong unit cohesion. Within this setting, identity, belonging, and agency are reinforced through organizational structures, shared values, and collective goals (Ahern et al, 2015; Smith & True, 2014). The transition out of this institutional system can therefore involve significant changes not only in employment and daily routines but also in the broader organization of identity and social belonging (Ahern et al., 2015; Demers, 2011). For many veterans, post-service reintegration involves successful adaptation through employment, education, family life, and community engagement (Sachdev & Dixit, 2025; Sayer et al., 2010). However, for others, particularly those experiencing chronic health conditions, economic instability, or social disconnection, the transition may involve disruptions in previously structured identity supports without immediate reconstruction of purpose and belonging (Demers, 2011; Mobbs & Bonanno, 2018). In such cases, challenges associated with reintegration may intersect with established suicide risk processes in ways that remain incompletely understood.

PURPOSE OF THE REVIEW

The purpose of this review is to synthesize interdisciplinary scholarship relevant to post-service identity reorganization and to examine how identity disruption during the military-to-civilian transition may function as a contextual vulnerability associated with suicide risk among U.S. veterans. While existing research has clarified proximal psychological and behavioral risk factors, this review integrates findings from veterans studies, reintegration research, identity theory, and suicidology to better understand how structural identity shifts following separation from military service may shape longer-term vulnerability. By conceptualizing military service as an institutional identity system that organizes belonging, contribution, and role clarity, this review explored how the loss or destabilization of that structure may interact with established suicide risk processes. The broader aim was to provide conceptual clarity and to identify implications for veteran-centered practice, programming, and future research.

RESEARCH QUESTION

This review is guided by the following research question: How does post-service identity disruption during the military-to-civilian transition operate as a contextual vulnerability associated with suicide risk among U.S. veterans? To address this question, the review considers three subsidiary questions: (1) How is military service described in the literature as an identity-structuring environment?, (2) What forms of identity destabilization are documented during post-service reintegration?, and (3) In what ways might identity disruption interact with established suicide risk processes such as social disconnection, perceived burdensomeness, moral injury, and chronic pain?

METHODOLOGY AND APPROACH

This manuscript employed a narrative, theory-informed literature review approach to synthesize interdisciplinary scholarship relevant to post-service identity reorganization and suicide risk among U.S. veterans. The review was designed to integrate conceptual, qualitative, and

quantitative research across fields central to veterans studies, including psychology, suicidology, military sociology, rehabilitation research, and reintegration studies.

SEARCH STRATEGY

Literature was identified through structured searches of PsycINFO, PubMed, Google Scholar, and Academic Search Complete. Searches were conducted using combinations of key terms including: veteran suicide, military-to-civilian transition, reintegration, identity loss, role transition, moral injury, social isolation, belongingness, chronic pain, and post-service adjustment. Reference lists of key review articles and empirical studies were also examined to identify additional relevant sources. The review prioritized peer-reviewed articles, government reports (e.g., Department of Veterans Affairs [VA] publications), and foundational theoretical works relevant to identity, institutional role structures, and suicide risk. While no strict date restriction was imposed, emphasis was placed on contemporary scholarship reflecting post-9/11 veteran populations and current understandings of suicide risk.

INCLUSION AND ANALYTICAL APPROACH

Sources were included if they met at least one of the following criteria: (a) examined suicide risk or suicidal behavior among veterans, (b) addressed identity, role transition, or reintegration following military service, (c) investigated mechanisms conceptually linked to identity destabilization, including moral injury, chronic pain, social disconnection, or perceived burdensomeness, or (d) provided theoretical frameworks relevant to understanding identity organization within institutional contexts. Rather than conducting a systematic or meta-analytic review, this manuscript employed a thematic and conceptual synthesis. The literature was analyzed to identify convergent themes regarding the structuring role of military identity, documented forms of identity disruption during reintegration, and the potential interaction between identity destabilization and established suicide risk processes. The goal of this approach was interpretive integration and conceptual clarification rather than quantitative aggregation of findings.

This methodology aligns with the interdisciplinary orientation of veterans studies by integrating empirical findings with theoretical perspectives to generate a coherent framework for understanding post-service identity disruption as a contextual vulnerability.

CONTEMPORARY MODELS OF VETERAN SUICIDE AND THEIR LIMITS

A substantial body of research in military psychology and suicidology has sought to identify mechanisms that elevate suicide risk among U.S. veterans relative to civilian counterparts. Prominent theoretical frameworks, including the Interpersonal Theory of Suicide (IPTS; Joiner, 2005; Robison et al., 2024), as well as constructs such as moral injury and psychache, have been applied to understand how psychological pain, identity strain, and social disconnection contribute to suicidal thoughts and behaviors. Collectively, these models have advanced prevention efforts by clarifying proximal risk processes and informing clinical assessment.

The IPTS posits that suicidal desire emerges when individuals experience thwarted belongingness and perceived burdensomeness, and that the capability to enact lethal self-harm develops through habituation to fear and pain (Van Orden et al., 2010). In veteran samples, elevated perceived burdensomeness and passive suicidal ideation have been shown to predict suicide risk, although findings regarding thwarted belongingness are sometimes inconsistent across longitudinal observations (Bryan et al., 2013; Logan et al., 2016). These mixed findings suggest partial support for IPTS in explaining suicide desire among veterans while also highlighting the complexity of interpersonal dynamics during and after military service (Frazee & Shepler, 2022).

Research on moral injury, defined as psychological distress following perceived transgression of deeply held moral beliefs, has increasingly documented associations with suicidal ideation and behavior among veterans (Griffin et al., 2025; Harden & Murphy, 2018; Nichter et al., 2021). Population-based studies indicate that veterans who screen positive for probable moral injury are significantly more likely to endorse recent suicidal ideation and lifetime attempts, even after controlling for PTSD and depression. These findings underscore moral injury as a contributor to suicide risk that extends beyond traditional psychiatric diagnoses. Qualitative investigations further highlight the significance of post-service transition as a period of heightened vulnerability (Markowitz et al., 2023). Veterans frequently report identity disruption, economic instability, and social alienation during reintegration into civilian life. Such themes, which are reflected in broader suicide models including the Three-Step Theory (Klonsky & May, 2015), suggest that transitional experiences may bind multiple risk factors, loss of purpose, diminished belonging, and perceived marginalization, into a coherent pattern of psychological strain.

Chronic physical health conditions, which are prevalent in veteran populations, also intersect with suicide risk. Headache disorders and other chronic pain conditions associated with traumatic brain injury (TBI) have been linked to elevated suicide ideation and behaviors in veteran cohorts (Boska et al., 2021; Lu et al., 2020). Similarly, research examining veterans with comorbid musculoskeletal conditions and bipolar disorder has found that both pain

screening and pain severity are independently associated with suicide outcomes (Abel et al., 2025). These findings reinforce the role of embodied distress as a significant factor in veteran suicide vulnerability.

Despite the explanatory contributions of these models, several limitations emerge in the context of veterans studies. First, many frameworks emphasize proximal psychological mechanisms, such as perceived burdensomeness, social disconnection, and psychological pain, without fully articulating the broader structural and institutional contexts in which these processes may become chronic (Klonsky & May, 2015; Shneidman, 1993; Van Orden et al., 2010). Second, research on veterans frequently centers on psychiatric symptomatology or trauma exposure without systematically integrating processes of identity transformation and institutional disengagement that accompany separation from military service (Demers, 2011; Smith & True, 2014).

Third, although constructs such as moral injury and perceived burdensomeness capture important dimensions of distress (Frankfurt & Frazier, 2016; Griffin et al., 2019; Van Orden et al., 2010), their relationship to broader processes of identity organization, role continuity, and meaning reconstruction during reintegration has received comparatively less conceptual integration within the suicide literature (Demers, 2011; Mobbs & Bonanno, 2018; Smith & True, 2014). Taken together, the literature indicates that veteran suicide risk is multifactorial and dynamic. However, a conceptual gap persists in understanding how disruptions to stable identity structures and role-based meaning frameworks during the military-to-civilian transition may interact with established psychological risk processes. Addressing this gap requires a broader synthesis that situates individual vulnerability within institutional and identity-related contexts of post-service life.

MILITARY SERVICE AS A STRUCTURED IDENTITY SYSTEM

Military service represents more than occupational engagement; it entails participation in a highly structured institutional environment that organizes identity, purpose, belonging, and agency (Adler, 2011; Kennis & Te Brake, 2022). From initial training through active duty and deployment, service members are socialized into a role-defined system characterized by codified values, clearly delineated responsibilities, hierarchical authority, and collective mission orientation (Luethke et al., 2025). Within this environment, identity formation is closely linked to institutional roles and collective purpose rather than primarily emerging through individualized exploration. Understanding military service as an identity-organizing system provides a useful framework for examining how the transition to civilian life may affect psychological adjustment among veterans.

ROLE CLARITY AND INSTITUTIONAL IDENTITY

The military environment provides explicit role definitions; rank, occupational specialty, and unit assignment place individuals within a recognizable and socially validated structure (Britt et al., 2006; Hockey, 1986). Expectations regarding conduct, responsibility, and performance are formalized through training, evaluation systems, and peer accountability (Britt et al., 2006). These institutional processes reduce ambiguity regarding one's role and social position. Within this context, identity consolidation is supported by external structures that organize daily activity and long-term goals (Smith & True, 2014). Purpose is largely mission-driven, belonging is reinforced through unit cohesion, and recognition is structured through promotion systems, commendations, and symbolic honors (Griffith, 2002). Together, these elements contribute to a stable narrative in which the individual's contributions are integrated into broader collective objectives (Smith & True, 2014).

DELEGATED AGENCY AND COMMAND-BASED DECISION SYSTEMS

Military functioning relies on clearly defined chains of command. Decision-making is frequently hierarchical, and operational actions occur within structured systems of authorization (Huntington, 1957). While individual responsibility remains central, agency is exercised within a relational framework shaped by institutional roles and command structures (Ashforth, 2000; Britt et al., 2006). Operational goals are typically externally specified, and ethical reasoning is often guided by codified rules of engagement and professional military values (Britt et al., 2006). For many service members, these structures reduce uncertainty about expectations and decision-making responsibilities. Mission objectives provide direction, institutional norms provide legitimacy, and command structures provide authorization. In this environment, self-concept is reinforced through participation in a coordinated, mission-oriented system (Ashforth, 2000; Britt et al., 2006).

COLLECTIVE BELONGING AND COHESION

Unit cohesion and shared hardship are widely recognized features of military life. Experiences of collective risk, shared sacrifice, and mutual reliance often foster strong interpersonal bonds among service members (Hatch et al., 2013). These relationships can extend beyond functional teamwork to become central components of personal identity and belonging.

Research consistently demonstrates that social support and cohesion are associated with improved resilience and reduced psychological distress during military service (Griffith, 2002; Pietrzak et al., 2009). However, the strength and distinctiveness of these bonds may also make their loss particularly challenging during post-service reintegration (Ahern et al., 2015; Demers, 2011). Leaving the military frequently involves geographic relocation, separation from established peer networks, and diminished access to the rituals, symbols, and shared experiences that previously reinforced identity continuity (Demers, 2011; Smith & True, 2014).

TRANSITION AS STRUCTURAL DISCONTINUITY

Separation from military service therefore represents not only a vocational change but also a shift in the structural organization of identity (Ashforth, 2000; Demers, 2011). Veterans enter civilian environments that often involve greater role ambiguity, decentralized authority structures, and more individualized pathways for defining purpose and success (Demers, 2011; Smith & True, 2014). Civilian institutions typically do not replicate the same levels of codified hierarchy, mission-based orientation, or collective identity found in military settings (Mobbs & Bonanno, 2018). Many veterans navigate this transition successfully through education, employment, community engagement, and family relationships (Sayer et al., 2010).

For others, however, the shift may involve perceived loss of direction, diminished purpose, and reduced social anchoring. When these challenges coincide with additional stressors, such as chronic pain, moral injury, unemployment, or strained relationships, the transition may intensify experiences of isolation or perceived burdensomeness described in contemporary suicide models (Frankfurt & Frazier, 2016). Importantly, the strengths of military structure as an identity-organizing system may also shape the challenges of reintegration. When a previously stable framework of purpose, belonging, and role recognition is removed without immediate replacement, the resulting adjustment process may involve significant identity reorganization (Ashforth, 2000; Demers, 2011).

IMPLICATIONS FOR SUICIDE RISK

Viewing military service as a structured identity system highlights how established suicide risk factors may take on distinct meanings during reintegration. Chronic pain, for example, may not only limit physical functioning but also undermine competence within an identity previously organized around operational readiness (Higgins et al., 2014; Mobbs & Bonanno, 2018). Social isolation may represent not simply reduced interaction but the loss of a cohesive community built around shared mission and mutual reliance (Demers, 2011; Smith & True, 2014). Moral injury may challenge not only personal beliefs but also the stability of a moral identity previously embedded within military service and institutional values (Frankfurt & Frazier, 2016; Griffin et al., 2019). These dynamics suggest that suicide vulnerability among veterans may involve processes of identity destabilization in addition to psychological symptoms or stress exposure. When structured systems of role, belonging, and purpose are disrupted during the military-to-civilian transition, established risk processes may become more persistent or difficult to resolve (Demers, 2011; Mobbs & Bonanno, 2018). Understanding reintegration as a process of identity reorganization therefore provides an important perspective for interpreting veteran suicide risk and for informing prevention strategies within veteran-serving institutions and communities.

IDENTITY DISRUPTION AND REINTEGRATION: A STRUCTURAL PERSPECTIVE

The identity-level changes described in the preceding section suggest the importance of examining suicide vulnerability within broader processes of identity reorganization during the military-to-civilian transition. Contemporary suicide models illuminate critical proximal mechanisms, such as perceived burdensomeness, thwarted belongingness, moral injury, and psychological pain (Frankfurt & Frazier, 2016; Klonsky & May, 2015; Van Orden et al., 2010). However, comparatively less attention has been directed toward how shifts in institutional role structures during the post-service period may shape the persistence, amplification, or reorganization of these mechanisms independent of psychiatric symptom severity alone (Demers, 2011; Mobbs & Bonanno, 2018; Smith & True, 2014).

One conceptual lens that may help situate these dynamics is the framework of Existential Parallelism (EP; Silva Santos, 2025). EP does not introduce new suicide risk variables. Rather, it proposes that psychological vulnerability may increase when previously stable institutional systems that organized meaning, hierarchy, role coherence, and agency are altered without adequate reconstruction of alternative identity anchors (Silva Santos, 2025). From this perspective, suicide risk processes are not replaced but may unfold within broader structural changes in identity organization. In military contexts, separation from service does not necessarily dissolve military identity; many veterans continue to identify strongly with their service experiences and values. What often changes is the institutional scaffolding that previously reinforced this identity on a daily basis through structured routines, collective mission,

hierarchical recognition, and shared norms (Ashforth, 2000; Demers, 2011). The persistence of military identity alongside the withdrawal of the institutional environment that once sustained it may generate a period of identity disequilibrium during reintegration (Smith & True, 2014).

IDENTITY DISRUPTION AS A CONTEXTUAL AMPLIFIER OF RISK

Research on military-to-civilian transition has documented elevated suicide risk in the years immediately following separation, particularly among younger veterans and those with service-related health conditions (Borowski et al., 2022; Walker, 2013; Ravindran et al., 2020). Studies of reintegration stress consistently identify loss of structured routine, perceived loss of status, diminished unit cohesion, and uncertainty regarding civilian role integration as common adjustment challenges (Ahern et al., 2015; Binks & Cambridge, 2018; Mobbs & Bonanno, 2018). These findings suggest that suicide vulnerability during the post-service period may be influenced not only by trauma exposure or psychiatric comorbidity but also by changes in institutional identity reinforcement systems.

Within this perspective, post-service identity disruption may operate as a contextual amplifier of established suicide risk processes. Perceived burdensomeness, for example, may reflect not only interpersonal strain but also the loss of clearly defined contribution roles previously embedded within military structure. Thwarted belongingness may involve not simply reduced social contact but diminished access to a cohesive identity community characterized by shared norms, rituals, and mission-oriented cooperation. Psychological pain may become particularly salient when experienced alongside a broader sense of lost direction, diminished agency, or weakened life organization. Importantly, this interpretation does not reinterpret these constructs or propose alternative mechanisms of suicidal desire. Rather, it situates them within structural changes occurring during reintegration. Identity disruption, in this view, may shape how established risk factors are experienced, prolonged, or integrated into veterans' self-concepts. This interpretation remains conceptual and warrants further empirical examination but may help clarify variation in post-service suicide risk trajectories.

IDENTITY DISRUPTION AND MORAL INJURY

Research on moral injury has demonstrated strong associations between perceived moral transgression, shame, and suicidal ideation among veterans (Bartlett & Schmitz, 2023; Jamieson et al., 2023; Kelley et al., 2019). Moral injury typically refers to psychological distress resulting from actions or experiences that violate deeply held moral beliefs, often producing feelings of guilt, shame, or betrayal (Frankfurt & Frazier, 2016; Litz et al., 2009). Identity disruption during reintegration is related but conceptually distinct (Griffin et al., 2025; Nichter et al., 2021). Whereas moral injury centers on ethical conflict and damage to moral self-understanding, identity disruption refers to the alteration or withdrawal of institutional role structures that previously organized daily purpose, hierarchy, and agency, even when moral transgression has not occurred (Luethke et al., 2025).

In this sense, moral injury concerns disruption within the moral dimension of identity, while post-service identity disruption concerns the broader structural context within which identity coherence is maintained (Smith & True, 2014; Paat et al., 2025), these processes may intersect. Veterans experiencing moral injury during a period of unstable civilian role formation may face compounded vulnerability, as both moral coherence and structural identity scaffolding are simultaneously challenged. At the same time, identity disruption may occur independently of moral injury and may affect veterans whose service experiences were not characterized by ethical conflict.

REINTEGRATION, LIMINALITY, AND FUTURE ORIENTATION

Transition research frequently describes the post-service period as a phase of liminality, in which prior institutional roles are altered while new civilian identities remain under development (Ahern et al., 2015; Cooper et al., 2018). During this phase, veterans may experience uncertainty regarding competencies, social status, relational roles, and long-term direction. Longitudinal findings indicate that difficulty establishing meaningful post-service roles is associated with depressive symptoms and suicidal ideation (Paat et al., 2025; Ravindran et al., 2020). Research on post-deployment adjustment similarly suggests that the immediate period following return from service may represent a window of elevated vulnerability for psychological distress and reintegration challenges (Karolaakso et al., 2025).

While this literature identifies key stressors associated with reintegration, the structural implications of prolonged identity liminality remain less frequently examined. Military service typically provides a highly organized identity system linking daily activities to collective mission, hierarchical structure, and long-term pathways for advancement and recognition (Ashforth, 2000; Smith & True, 2014). When this structure is withdrawn without the development of a comparably coherent civilian narrative, veterans may experience disruptions in narrative continuity across past, present, and future (Demers, 2011; Mobbs & Bonanno, 2018). From this perspective, suicidal ideation may not arise solely from acute symptom escalation but may also reflect perceived absence of coherent forward pathways. The

concern is not only psychological pain but also destabilized direction, an erosion of future-oriented identity coherence. Difficulties in reintegration may therefore involve disruption in the structural organization of purpose that previously anchored future goals.

IDENTITY ANCHORS, CHRONIC PAIN, AND CAPABILITY

Veteran suicide research consistently documents elevated rates of firearm-related deaths, often interpreted through the framework of acquired capability and access. A structural identity perspective does not challenge these well-established explanations but suggests that capability and access may intersect with broader processes of identity continuity and identity reconstruction during reintegration (Ashforth, 2000; Van Orden et al., 2010). For some veterans, firearms, military rituals, or strong identification with veteran subcultures may function as identity anchors during periods of instability. These anchors may be adaptive when integrated into expanded civilian roles that preserve continuity while allowing reconstruction (Ahern et al., 2015; Ashforth, 2000). However, when identity remains narrowly organized around prior institutional roles without development of alternative domains of meaning, vulnerability may persist (Demers, 2011; Mobbs & Bonanno, 2018). Similarly, chronic pain, frequently reported among veterans, may affect not only mood and physical functioning but also identity systems organized around operational competence and readiness. Research has linked chronic pain in veterans to increased suicidal ideation even after controlling for depression (Blakey et al., 2018; Harden & Murphy, 2018). These findings suggest that physical limitations may influence not only symptom burden but also perceived loss of competence within previously central identity domains.

A STRUCTURAL COMPLEMENT TO EXISTING SUICIDE MODELS

When military service is conceptualized as a structured identity system, identity disruption can be understood as a structural complement to established suicide frameworks. Rather than introducing new proximal mechanisms of suicide, this perspective situates known risk processes within broader conditions of identity reorganization during the post-service transition. Withdrawal from a highly structured institutional identity environment may represent not only a stressor but a shift in the organizational framework through which purpose, belonging, and agency were previously maintained. Existing transition literature has extensively documented challenges such as employment instability, loss of camaraderie, and changes in daily structure. However, these experiences may also reflect deeper processes of identity reconfiguration following separation from military service (Demers, 2011; Mobbs & Bonanno, 2018; Sayer et al., 2010).

However, these experiences may also reflect broader processes of identity reconfiguration and role transition during reintegration (Demers, 2011; Smith & True, 2014). Understanding reintegration through this structural lens may help explain why some veterans experience persistent psychological vulnerability even after acute stressors have subsided (Mobbs & Bonanno, 2018). Conceptualizing the post-service period as a phase of potential identity destabilization therefore underscores the importance of interventions that address not only symptom reduction but also the reconstruction of purpose, role coherence, and social belonging. Attention to identity reorganization processes may enhance clinical formulation and inform prevention strategies within existing suicide prevention models for veterans.

IMPLICATIONS FOR VETERANS STUDIES, PRACTICE, AND POLICY

If suicide vulnerability during the post-service transition is partially shaped by disruption of structured identity systems, prevention and reintegration efforts may benefit from complementing symptom-focused approaches with strategies that explicitly address identity reconstruction and meaning reorganization (Godier-McBard et al., 2022). The goal of this section is not to replace established suicide prevention strategies but to highlight ways in which identity-oriented perspectives may inform veteran-centered programs, clinical practice, and community-based initiatives.

REINTEGRATION AS IDENTITY RECONSTRUCTION

Transition assistance programs commonly emphasize employment placement, educational benefits, housing stability, and mental health screening (U.S. Department of Veterans Affairs, n.d.; Whitworth et al., 2020). These services are essential components of veteran support systems. However, they may not fully address the broader psychological and social reorganization that occurs when a mission-centered institutional identity changes following separation from military service. From a structural identity perspective, reintegration can be understood not only as a practical adjustment but also as a process of reconstructing meaningful civilian roles that maintain continuity with prior service experiences.

Programs that support veterans in translating military values, such as discipline, service, leadership, and teamwork, into civilian domains may help sustain a sense of contribution

and belonging during this transition. Examples of such approaches may include: (a) narrative reflection exercises that help veterans connect military experiences with civilian aspirations and values, (b), structured peer groups that emphasize community engagement and collective purpose, and (c) reintegration programs that incorporate purpose-oriented planning alongside employment and educational support. These approaches may help reduce experiences of perceived burdensomeness by restoring opportunities for contribution, while also addressing potential belongingness disruptions by fostering new networks of affiliation.

CHRONIC PAIN, FUNCTIONAL CHANGE, AND IDENTITY

Chronic pain is frequently reported among veterans and has been associated with increased suicide risk in several studies. Current clinical approaches appropriately focus on pain management and functional rehabilitation (Murphy et al., 2019). At the same time, chronic pain may also affect identity systems that were previously organized around physical capability, endurance, and operational readiness. When physical limitations challenge these identity anchors, veterans may experience not only physical distress but also perceived loss of competence or role coherence. Interventions that address both physical functioning and identity adjustment may therefore be particularly valuable. Potential approaches include integrating pain treatment with psychological support that acknowledges identity transitions and facilitates adaptive reinterpretations of strength, contribution, and service in new contexts. Such integrative perspectives may encourage interdisciplinary collaboration among pain specialists, mental health providers, and veteran-support programs to address both physiological and identity-related dimensions of adjustment.

MEANING RECONSTRUCTION AND PURPOSE-ORIENTED INTERVENTIONS

Interventions that support veterans in clarifying enduring values, redefining purpose, restoring agency, and developing future-oriented commitments may help address identity instability during reintegration. Meaning-centered approaches, which have been increasingly explored in suicide prevention and trauma recovery contexts, may offer useful frameworks for facilitating this process. One example is the Five-Step Meaning-Centered Framework (M-5; Silva Santos & Antúnez, 2026), which was developed within suicide prevention settings to support restoration of orientation and agency. Although not designed specifically for veteran populations, the framework's emphasis on recognizing existential distress and translating core values into purposeful action may be adaptable to reintegration contexts. Meaning-oriented approaches could potentially be incorporated into transition assistance programs, VA outpatient services, peer-support initiatives, and community-based veteran organizations. Future research should examine whether integrating meaning-focused components into reintegration programs improves well-being and suicide risk indicators relative to approaches that focus exclusively on symptom reduction.

OUTREACH, ENGAGEMENT, AND COMMUNITY-BASED SUPPORT

According to the U.S. Department of Veterans Affairs (2024), a substantial proportion of veterans who die by suicide were not actively engaged in VA healthcare services at the time of death. This pattern highlights the importance of outreach strategies that resonate with veterans' identity frameworks and lived experiences. Messaging that frames mental health engagement in terms of continued service, leadership, and responsibility may align more closely with military identity narratives than approaches framed solely in clinical or deficit-oriented language. Programs that emphasize mentorship, peer leadership, and community service may provide opportunities for veterans to extend elements of mission-oriented identity into civilian life.

Peer-led initiatives, veteran mentorship networks, and structured community programs may function as transitional scaffolding that supports identity continuity during reintegration. Post-deployment adaptation programs implemented across several armed forces already emphasize psychoeducation, social support reinforcement, and structured reflection during the homecoming phase, recognizing that transitions from military service often require organized psychological and social support (Karolaakso et al., 2025).

CONCLUSION

Suicide among military veterans remains a complex public health challenge that requires multidimensional approaches to prevention and support. Contemporary research has identified several critical psychological mechanisms associated with suicide risk, including perceived burdensomeness, thwarted belongingness, moral injury, acquired capability, and psychological pain. These models have substantially advanced understanding of suicide vulnerability and informed clinical assessment and intervention strategies. At the same time, the findings synthesized in this review suggest that these mechanisms may unfold within broader processes of identity reorganization that occur during the transition from military to civilian life.

Conceptualizing military service as a structured institutional identity system highlights how separation

from this environment may involve changes not only in employment or social networks but also in role clarity, purpose, and collective belonging. For many veterans, reintegration involves reconstructing these elements within civilian contexts that are often less structured and less collectively oriented. When this process of identity reorganization is prolonged or complicated by additional stressors, such as chronic pain, moral injury, or social disconnection, established suicide risk processes may become more persistent or difficult to resolve. The perspective outlined in this review does not replace existing suicide models but situates them within a broader structural context of post-service identity transition. Recognizing reintegration as a process that involves rebuilding purpose, role coherence, and belonging may help clarify variation in post-service adjustment and inform prevention efforts that extend beyond symptom reduction alone.

For veterans studies scholarship, this perspective highlights the importance of examining how institutional structures shape identity formation during service and how their withdrawal may influence reintegration trajectories. For practice and policy, it underscores the potential value of programs that support veterans in reconstructing meaningful civilian roles, sustaining community connections, and translating military values and experiences into new domains of contribution.

Further interdisciplinary research is needed to examine how identity reorganization processes interact with established suicide risk factors during the post-service period and to evaluate whether reintegration programs that incorporate identity- and meaning-oriented components may strengthen prevention efforts for veterans.

DISCLOSURE OF AI USE

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COMPETING INTERESTS

The author has no competing interests to declare.

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