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Critical military studies, queer theory, and the possibilities of critique: the case of suicide and family caregiving in the US military

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This paper explores the expansive possibilities for a critical military studies that approaches the mechanisms of war-making as coextensive with broader arrangements of social life, rather than as intersecting or overlapping with distinguishable social spheres, like gender. The potential here is both analytical and theoretical: analytical in that it opens up productive avenues of critique through which to explore, but not resolve, the contradictions that animate war-making and military life; theoretical in that war-making and military life offer spaces through which to consider deep questions of social theory – of, for example, the contours of a life worth living in liberal fantasies of the good life – that are amplified in this context, but that resonate well beyond it. In conversation with queer theory, the paper illustrates these possibilities by thinking through the ways that concern about soldier and veteran suicide is imbricated with heteronormative ideals of the family and practices of caregiving in the contemporary US.

Keywords: queer theory; suicide; family; caregiving; US military

Perhaps the most basic, the most fundamental, insight of both public and academic critical thought about modern militaries is that any intervention concerning them, any policy, any theory, needs to understand that the military is not an institution apart from some strictly civilian society.¹

In the United States, we tend to point to President Dwight D. Eisenhower's 1961 military-industrial complex speech as a touchstone of this insight, an early and public articulation of the imbrication of military matters and civilian ones, and a warning of the perils of failing to think and act carefully in the face of that fact.

Those of us who draw on western traditions of social theory to do that thinking may take for granted Von Clausewitz's insight about the contiguity between politics and war (von Clausewitz 1982), or Carl Schmitt's assertion that sanctioned state violence lies at the heart of all forms of sovereignty, especially including, most notably, democracies (Schmitt 1934). These theories too articulate nuanced aspects of the inextricability of society and state apparatuses of war.

This vision of the essential entanglement of violence and governance, of military and social life, stands opposed to fields of military ethics or strategy (and most branches of military studies and political science) where the assumption seems to be that the military can, in fact, be understood as an institution apart, if one that might bump up against, be influenced by, or influence that separate society from time to time in ways that might require some balancing or attention.

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As an anthropologist, my attention is focused on experiences of daily life, a scale at which the assertion of a separation between a military world and broader sociocultural one is untenable. This is not to discount, for example, a difference in the understanding of war between those who have spent time in its zones of killing, and those who have never been in a position to be exposed to them, or between those who incorporate the act of state-sanctioned killing into the range of possible work requirements, and those who do not. It is instead to acknowledge and take seriously both those differences and the ways that they blur into experiences that are not so different. Given my own foci on the remaking and management of US soldiers' lives and bodies after war, this means understanding that logics of gender and sexuality, questions of personhood and the body, problems of recognition and flows of power cross-cut any boundaries between "military" and "society" that we might schematically draw.

So, what then might this mean for a field of scholarship and a space of engagement called "critical military studies"? Many things, certainly, but in this paper I focus on two: the possibilities for alternative modes of critique, and the theoretical and analytical potential of thinking about war, militaries, and militarization in this expansive way – coextensive with things like gender, sexuality, and personhood rather than intersecting or overlapping with them.

This emphasis on contiguity is a foucaultian one, particularly indebted to Foucault's notion of biopolitics, as well as necropolitics, Achille Mbembe's supplement to that concept (Mbembe 2003). These two concepts draw our attention to the ways that human populations are rendered and governed as such through forms of expertise that intervene at the level of the life, fitness, and death of the body and that also address the life, fitness, and death of the human species (Foucault 1990, 145–146). Equally fundamental is the emphasis on the productivity of forms of power and governance – the simultaneous emergence of arrangements of life and mechanisms of governance (including forms of freedom), rather than the application of a mechanism of governance or power to a pre-existing social order.

Bringing this perspective to the mechanisms of war means, among other things, always being aware of the broader arrangements of life – of sexuality, pathology, the contours of worthy and worthless life – which both capacitate the mechanisms of war and are evinced in them. This means that questions of how things are in war or in military life are always also questions about how things are beyond it. For example, questions of who lives and who dies and with what consequence in war are always also questions of who lives and who dies and with what consequence beyond war (e.g. Butler 2009, 2004).

This also means, conversely, that facets of life which might not seem to be about making war – affective attachments of love, for example (MacLeish 2013, 134–178) – are not civilian things that may be imported into a military context, nor can we be satisfied with an understanding of their entanglement with war as a strategic deployment of power in the service or sustenance of war. It is not that something like love, something that "really" belongs to a social world beyond or besides war, might intersect with or be accidentally or intentionally brought into war's ambit. It is that if something like love is part of the way life is capacitated and managed in liberal imaginaries (see Povinelli 2006), then it is always already part of the way that war is capacitated and managed in liberal imaginaries. It means that we do not have war as we know it without love, and we miss the point if we think of something like love *in the context of* war. War does not give love a new context; they are both part of one broader arrangement of life and death. This is what I mean when I suggest we might think expansively, in terms of contiguity, rather than in terms of topical intersections or overlaps.

Some possibilities of critique

There are many meanings and functions of critique, including the practices of denunciation that tend to structure public political conversations about war, often placing us at the loggerheads of left and right, hawk and dove.

One of things that a forum like *Critical Military Studies* creates space for is a different mode of critique, one less driven to denunciation than bound to exploring, describing – and not necessarily resolving – the ambiguities and contradictions that animate war, military action, militarization, and their logics and lived experiences.² While such a mode of critique may be less effective for engaging in extant forms of policy-oriented politics, it is essential not only for generating new scholarship and insight, but also for the possibility of new forms of politics that ask us "not to evaluate whether its objects – social conditions, practices, forms of knowledge, power, and discourse – are good or bad, valued highly or demeaned, but to bring into relief the very framework of evaluation itself" (Butler 2001; see also Foucault 2007).³ This mode of critique is also one that allows us to draw out the contiguities of broader arrangements of social life throughout mechanisms of war.

It seems that over the last two decades, there has been steadily increasing attention focused on questions that are simultaneously about war and war-making, and broader social questions of power (in the capillary rather than the gross institutional sense), that were once kept apart under separate disciplinary or theoretical rubrics.

Those that span gender and militaries or militarization may have received the most, and most varied, attention. This makes good sense, given the longstanding understanding of the military as an exemplarily gendered and gendering social institution (Mayer 1999; Mosse 1998), and the more recent focus on the intersections of sexual violence and war – in the concerns over domestic violence in military communities (e.g. Harrison 2002; McCarroll et al. 2003), gender-based violence as taken up by international humanitarian organizations (Ticktin 2011), as well as the more recent attention to military sexual trauma in the US military (Dick 2012; Kimerling et al. 2007).

Questions of health and war have also been a source of critical interventions. These have highlighted how war produces particular forms of illness and injury which are unevenly distributed across populations and political geographies, and whose significance is embedded in social and political histories as well as in bodies themselves (Dewachi et al. 2014), and also ways that the logics and technologies of war become hinged to improvements in health and vice versa (Cooter, Harrison, and Sturdy 1998) (this latter point being central to Foucault's formulation of biopolitics, through which "massacres have become vital" [1990, 137]).

Along with these topical confluences come possibilities for a cross-pollination of theoretical approaches, this besides the more intersectional approaches – as when work from masculinity studies informs work on militaries (Higate 2003), for example. While such intersectional approaches help diversify the archive of critical pictures of military life, they tend to remain bound to thinking only about military life. A theoretical cross-pollination emerges less as a function of intersection and more as a consequence of melting boundaries that would distinguish issues of war, militaries, and militarization from more expansive questions of social theory.

For example, queer theory can help us rethink the intimacies of war-making; critical disability studies can inflect our understanding of injury with nuanced ways of reading the non-normativity of bodies (and experiences of those bodies) in social, political, and material contexts. And these unbounded possibilities can go both ways. For example,

military contexts amplify the contradictions of sovereignty, and war violence brings the uneven valuing of life in liberal democracies into stark relief, offering a landscape within which to probe deep questions of power and personhood that resonate well beyond the topical confines of the study of war, militaries, or militarization. All this means that, in addition to sharpening our understanding of the mechanisms of war-making, critical military studies has much to offer other topical fields as well as the fundamental inquiries of social theory.

In the remainder of this paper, I attempt to offer an illustration of what all this might look like. To do this, I want to sketch out a problematic at the heart of the US military's strategy for managing that set of soldiers' afterlives that, it seems, will need to be shored up in a long-term way in order for those lives to continue. That is, the lives of veterans who may or may not have been among the most spectacularly or grievously injured in war, but who become legible to the military and Veterans Affairs (VA) as needing relatively low-grade but long-term, day-to-day care.

The problematic I'm sketching is anchored by two central features: first, this care is largely provided by and within the family, and second, the necessity for this care is understood in a context coloured by fear of soldier and veteran suicide. These features do not offer an exhaustive picture of the predicament of such veterans. Indeed, the picture I offer here is decidedly and intentionally partial. My focus is on the ways a morally charged concern about the life and death of veterans is yoked to normative ideals about the social and material form of life, the arrangement of intimacies, that ought to take care of that life and shore it up – an arrangement that may be especially explicitly articulated in the US military, but that is not separate from the normative arrangements of intimate life in the US more broadly. So while this is a partial picture, it is a consequential one that speaks both to the organization of military life in the US and to the normative social forces and moral politics of intimacy that operate within and beyond it, the interrogation of which is at the core of queer theory. My hope is that in sketching out this problematic, I can help make the productive possibilities of thinking expansively, and in this kind of critical mode, more clear.

The family

Though the sociality of the US Army breeds all kinds of intimacies (see MacLeish 2013), when "Family" (very often written with a capital F) is evoked in military programs or official materials, the referent is the domestic unit comprising soldier, spouse, and usually children. One reason for this is that soldiers are, as a population, more married than civilians of the same age. But this fact is neither mere coincidence nor evidence of some soldierly essence. It is a fact cultivated through structures of entitlements and benefits that have sought to make the military a more "family-friendly" place, part of a concerted strategy to recruit and retain soldiers after the end of the draft in 1973. Today, the military considers the families of soldiers part of its "total force" (Chu, Hall, and Jones 2007), acknowledging that without them, and with the intensity of multiple deployments that has characterized the last decade and a half, they would be unable to meet their own institutional readiness needs. This specific form of family is further honed by the logistics of military life, which can mean frequent moves with a nuclear family away from broader networks of kin. 4 Together with a whole slew of heteronormative forces, 5 the picture of "Army Family" that emerges is multiply reinforced and decidedly nuclear, with the conjugal couple squarely at the centre. And more than an aspect of demographics, this picture literally represents Army Family in countless images accompanying websites and promotional material about military life and resources for families.

The military is an institution that amplifies, projects, and is deeply invested in exemplary forms of normativity - especially those addressed to embodiments of gender. No surprise, then, that the normative force of the conjugal couple at the centre of this picture of the Army Family does not belong to the Army alone. Queer theory has done much to illuminate how this form - and the logics of personhood, proper and improper intimacy, and generational time that subtend it – structures public and political life in the contemporary US (Berlant 2000; Berlant and Warner 1998), aligning the good life, or perhaps even life worth living at all, with heteronormative forms of reproduction and sociality (Edelman 2004; Haritaworn, Kuntsman, and Posocco 2013). Elizabeth Povinelli has elaborated how the conjugal couple in particular, rather than the group (a competing social form in active duty army life; Povinelli 2006, 181), is a key form through which proper personhood is seen to emerge in liberal fantasies (Povinelli 2006, 175–236). This remains true in the Army, where the conjugal couple both supports and threatens the other forms of institutional intimacy out of which soldiers' socialities are made (MacLeish 2013, Chapter 4), as well as in the afterwar for soldiers and veterans whose lives are forever marked by war but who are nonetheless supposed to be edging further away from those institutional intimacies of the Army and toward other sustaining civilian ones (Wool, forthcoming, Chapter 5).

There is a long history of concern for soldiers' sexual lives and hope that, especially after war, they might settle into normative patterns of husband and fatherhood (Linker 2011). Given the ways that post-war rehabilitation has always been a gendered project, and the inextricability of gendered personhood and the configuring of sexual intimacies, this should hardly be surprising. But in the post-9/11 context, this family form has become more vital to fantasies of veteran futures than in American wars of the past. What seems new in the contemporary moment is the explicit centrality of such hope and concern to rehabilitative projects (broadly defined; Wool 2014), and, of special interest to the problematic I'm sketching here, the hinging of normative family forms to fears about suicide through the mechanisms of support and care.

Suicide

Within and beyond the military, soldier suicide has become a matter of concern in the US in a major and intractable way. To put it very briefly, the military had once been proud of the fact that its suicide rates were consistently lower than those in the adjusted civilian population (thought to call these populations "comparable" is never quite right). This changed incontestably in 2012, when military rates, on the rise since 2005, finally surpassed civilian ones (Alvarez 2009). As rates continued to increase, particularly in the Army, a "moral panic" set in (MacLeish 2012). Major efforts were made both to understand why soldiers were killing themselves (a doomed task, as suicide researchers might themselves have sadly warned), and to prevent them from doing so. The problem of soldier suicide was, and continues to be, widely reported, including news that in 2012, the number of suicides surpassed the number of soldiers killed in combat (Williams 2012; "Military Suicides Reached Record High In 2012" 2014; Watkins and Schneider 2014; see also MacLeish 2014). In recent years, the problem of veteran, rather than soldier, suicide has also been receiving a greater share of attention, with a VA report counting 22 suicides per day in 2010 (Kemp and Bossarte 2012, 15).

It would be hard to overemphasize the way that suicide forms a constant backdrop to thinking about the problems of military life in the contemporary US. In military programs and media discourse alike, it seems more prevalent even than the concern – born in the Vietnam era – that soldiers will "snap" and harm others. It has catalysed major resources within the military, including suicide prevention training for all deploying troops, and is bound up with concern around post-traumatic stress disorder (PTSD, the original "signature injury" of the post-9/11 wars in Iraq and Afghanistan, later joined by traumatic brain injury (TBI)), lending moral force to the massive and much-touted resiliency training program called Comprehensive Soldier Fitness. The \$140-million program, headed by positive psychology and self-help figure Martin Seligman, was rolled out across the Army in 2009, largely in response to the joint problems of PTSD and suicide (see Eidelson, Pilisuk, and Soldz 2011; Howell 2015; Sogn 2014).

Thought it might seem to fit right in with narratives of soldiers who are irreparably damaged by the violence and horror of war, the problem of soldier suicide is much messier than that, as suicide always is. The proportion of soldiers who have never deployed who commit suicide fluctuates (Chiarelli 2012, 54–55), combat exposure thus proving an unsatisfactory explanation for the problem.

The military has made major investments in both studying and alleviating the problem, but despite this, it has been unable to do much about it. A slight drop in rates in 2013 is being largely attributed to the slowing pace of wars and deployments, rather than to any particular program (Zoroya 2014).

And, as the military has worked on this problem – and while it does pay attention to the links between suicide and the availability of guns and prescription narcotics, and between suicide and deployment – there has been a consistent thread linking suicide to what are often collected under the category of "relationship problems", meaning that the panic and fear around soldier suicide have also produced certain imperatives of intimacy.

The bonds of couplehood appear across many of these attempts to pinpoint the trajectories that lead to soldier suicide. "Family" is one of the five "dimensions of strength" that the Comprehensive Soldier Fitness program seeks to measure. And the significance of this "Family" dimension has recently been pushed to the fore: the program is now officially called Comprehensive Soldier and *Family* Fitness (CSF2). "Relationship problems" appear as a consistent but vague mechanism bridging the diffuse strains of military life and the specified problem of military suicide. For example, a recent study looking at suicide in the National Guard found

a loss of significant other was related to increased suicide intentions after deployment. [...] With the loss of a significant other, the soldier could feel a lack of belonging and more like a burden to others, and over time, through habituating to pain, more likely to commit suicide. (Griffith and Vaitkus 2013, 643)⁷

Such disturbances also emerge as bound to suicide across the Army's two major suicide reports published in 2010 and 2012, as part of a major Army-wide program of research and policy change, headed by General Peter Chiarelli. The reports include vignettes of suicidal cases in which divorce, domestic acrimony, or the lack of intimate relationships are prevalent features. And, throughout the reports, there is an emphasis on family as an essential dimension of Army life and an essential element in the management of suicide. For example, the reports use a "composite life cycle model" for understanding risky periods of life stress that increase risk of suicide, the three strands of which are the "unit strand", the "soldier strand", and the "family strand".

In other words, just as families are seen as essential to military readiness and officially considered part of the total force, so are they seen as essential to apprehending and managing the problem of soldier suicide.

Military family caregiving as afterwar work for life

In the current picture of military suicide, "loss of significant other" is understood to put a veteran at risk for suicide, and, conversely, the presence of a significant other is assumed to shore up life, an assumption that is itself shored up when the violence, love, desire, pain, uncertainty, and possibility of afterwar life are cathected into the work of the "caregiver" – a term that increasingly seems to be enveloping love-bound designations like "wife" that preceded it, capacitated it, and are secured within it.

Keeping soldiers and their spouses together and happy is seen as one way to help keep soldiers and veterans alive. And so, as soldier suicide is held up, is recognized, as the worst-case scenario for soldiers returning home, the conjugal couple bears a burden of life support. This is the background against which life after war is supposed to be remade. Suicide looms large and everywhere as the rock bottom toward which soldiers and veterans are at risk of plummeting. Conjugal couplehood is the preferred form of sociality to stabilize solider and veteran lives after war, both in military and VA programs, and in the broader public and political imaginary; and so, there are efforts underway to enfold all of the work of maintaining life within the form of conjugal couplehood, against a backdrop of soldier or veteran death.

It is in this context we might think of "caregiving" as *afterwar work for life*, both in the sense that the spectre of suicide puts life itself at stake in the work of "caregiving", and in the sense that "care" here is a form of intervention which is not curative and is expected – even hoped – to last a long lifetime.⁸

My point here is not that suicide should not receive the attention it does, nor to suggest that spouses should not have a role to play in caring for soldiers for the long term. Rather, I am trying to trace out some of the consequences of the particular configurations of family and care that are institutionalized and embedded in current practices for managing the lives of veterans, and to understand how these configurations draw on the prized place of the conjugal couple in a landscape of the normative good life shadowed by fear of suicide. Among the less obvious consequences of this situation, I'm interested in non-normative forms of life that these practices of managing life obscure or render unimaginable, thus diminishing the range of intimacies, dependencies, and attachments, the forms of life, that can be supported and sanctioned as good for soldiers after war.

As the military and VA have come to rely in more and more explicit ways on families, they have also sought to simultaneously validate, capacitate, and assuage family hardship, often through events and programs framed as "recognizing the sacrifice" of families, with slogans like "when a soldier goes to war, a family goes to war". The forms of support offered to family members aim to help them find ways to maintain that sacrifice and make it more manageable. These efforts focus on the normative picture of military families – rather than, say, military communities or networks of military and civilian kin.

Such initiatives have gained visibility and momentum especially since the 2008 presidential campaign, when they emerged as a central pillar of Jill Biden's agenda as Second Lady. Biden has proudly and frequently announced herself as a "military mom" (that is, the mother of a service member), helping to put the experiences of service members' kin on the national stage. But although her own experience is that of the mother of a deployed service member, and although at least some of her work expands

beyond the limited picture of military family, ¹⁰ the major initiatives she's helped to foster have been much more narrow.

For example, the umbrella initiative for Jill Biden's efforts is the Joining Forces campaign, initiated by her and Michelle Obama to rally support for what it calls "Military Families". The campaign was launched in April 2011 at Camp Lejune, North Carolina, where Jill Biden and Michelle Obama's first event was a group baby shower organized by the non-profit organization Operation Shower, "whose mission is to provide joyful baby showers for military families to ease the stresses of deployment". Martha Stewart was also in attendance, teaching scrapbooking to the mothers-to-be. In elaborating the Joining Forces campaign's core commitments of education, employment, and wellness, the campaign website repeatedly specifies its focus is on "military veterans and spouses" and (by advocating for "military family-friendly workplaces" and "supporting academic achievement of military children") their children. It does not specify any other members of military families, including "military moms" like Biden herself. The overall effect, then, is to make "Military Families" synonymous with heteronormative nuclear families, to elide other forms of kith and kin, and to hinge the work of para-institutional forms of care for, and shoring up of, soldier lives to that family form.

While contributing to the regularization and recognition of this narrow picture of military family, both Biden and the Joining Forces campaign have also explicitly taken up the issue of caregiving. This included Biden's support and advocacy for the 2010 Caregiver and Veteran Omnibus Health Services Act and its 2011 expansion, as well as the new Hidden Heroes: the National Coalition for Military Caregivers initiative, housed partly under the Joining Forces banner.

The new initiative was announced in April of 2014 in response to a RAND report, also called *Hidden Heroes*. ¹⁴ Despite the fact that military programs seconding the labour of loved ones have been in place, and expanding, since early in the post-9/11 wars (see Wool and Messinger 2012), the *Hidden Heroes* report was the first large-scale attempt to survey who these non-clinical, non-organizationally affiliated caregivers actually are, and what the landscape of such caregiving actually looks like. The report includes as caregivers those people who help veterans and post-deployment soldiers with "a broad range of care and assistance for, or manage the care of, an individual with a disabling wound, injury, or illness (physical or mental) [...] regardless of whether they are related to the individual, live with the individual, or are caring for a person with injuries or physical or mental illness" (Ramchand et al. 2014, 4). The parameters of "caregiving" remain vague, as they often do, glossed as Activities of Daily Living (ADLs), a helpful but elastic key term in broader caregiving research and policy. The relationship of "caregiving" to the feelings and affective relationships we normally collect under the heading of "care" also goes unelaborated. This may be because "caring" in this other sense is understood to be besides the point of policy concerns, or it might be that it is assumed, since it is precisely those feelings and affective relationships that are leveraged into a human infrastructure for policies that govern the long-term management of soldier and veteran lives (thus the appearance of a metric for "relationship quality" in the report).

A striking feature of the report is that it offers much evidence to countermand the normative image of the military family, noting, for example, that while spouses comprise the largest of any single category of caregivers for post-9/11 soldiers, they still constitute only about 1/3 of all post-9/11 caregivers, with parents and "unrelated friends or neighbors" closely vying for second place. ¹⁵ And yet, in the publicity around the report (including the report's own summary points), it is drawn back to that familiar

heteronational picture of the military family. Though the report's data does not hew to the normative model of the military family, it is inextricable from it and framed by it.

It was commissioned by Caring for Military Families: The Elizabeth Dole Foundation. The foundation is headed by Elizabeth Dole, the caregiving wife of former senator and presidential candidate Bob Dole who was severely injured as a soldier during WWII. The logo of the foundation is a silhouette of a man, woman, and child holding hands against a red white and blue backdrop, and the report's cover features an illustration of a woman supporting a man as he walks. To publicize the launch of the Hidden Heroes initiative, Michelle Obama and Jill Biden co-wrote an op-ed for Military Spouse Magazine. The oped opens with the story of Linda Mills, who has taken on the role of caregiver for her injured soldier husband, with whom she is now expecting her first child. The op-ed turns this normatively contoured case into a generic example, noting: "Linda's story of commitment and resilience isn't unusual. There are an estimated 5.5 million military caregivers in our country, including 1.1 million who support our newest generation of post-9/11 veterans."16 The op-ed was included in the press release announcing the launch of the initiative. In all these ways and more, the gendering of family caregiving, as well as the emphasis on couplehood, emerges both in the imaginary of the family which the initiative targets and in the public orchestration of the launch itself. Ironically, this kind of framing persists even as the report itself recommends expanding the criteria by which "caregivers" can become eligible for various support programs beyond current criteria that assume a normative family model, and even as that recommendation is taken up in Congress. 17

While the need for such caregiving is understood to be caused by many forms of distress, as I've suggested above, suicide remains a central concern across contexts where the instability of post-deployment life is at issue. And so, it should hardly be a surprise that suicide looms over and lingers within this tenacious normative picture of military family caregiving.

Suicide is not explicitly thematized in the *Hidden Heroes* report, though much attention is paid to the fact that the recipients of post-9/11 caregivers' efforts are far more likely to have mental health diagnoses and to suffer from substance abuse problems than either pre-9/11 military care recipients or civilian ones. In highlighting some of these differences, the report notes "Two-thirds of post-9/11 care recipients have a mental health or substance use disorder, which may increase risk for premature death from unnatural causes, cardiovascular disease, and engagement in health-compromising behaviors, such as smoking and sexual risk-taking as well as substance use" (Ramchand et al. 2014, 115), and cites studies that do attend to suicide, among other social sequelae of war. In light of the broader context, these questions of mental health, substance abuse, and risky behaviour are fully entangled with questions of suicide.

Take, for example, a recent Nicholas Kristof column in the *New York Times*: "The only reason he is alive, says Mike Yurchison, is his girlfriend, Leigh Anna Landsberger", it begins. She "gave Mike, 34, something to live for after his brother, an Iraq veteran confronting similar torment, died of a drug overdose, and apparent suicide. She talked him through his grief after the suicide of another Army buddy." And what does she do to keep Mike alive now? "She sits with him through endless waits at the Veterans Affairs, whispering that he's smarter than she is even if his brain is damaged. She helps him though his seizures, and she nags him to overcome his drug addition" (Kristof 2014).

There are the fuller pictures presented in *Thank You For Your Service*, Pulitzer Prizewinning journalist David Finkel's follow-up to his bestselling *The Good Soldiers*, which tells of the homecoming struggles of a group of soldiers back (or not) from Iraq, and their families in Kansas. Suicide is a major theme of the book, which centres on military

families, but also includes detailed descriptions of the top-level meetings headed by General Chiarelli that are convened to discuss each active duty suicide. The domestic stories of the book are laced with harrowing scenes of struggles with mental illness, alcohol abuse, prescription drug dependence, and ready access to firearms, struggles that linger dangerously at the edge of suicide (a note is written, a gun is held, a hotline is called), and occasionally tumble from that precipice, while wives struggle to keep families together well past what might reasonably be considered their breaking point. The book begins by introducing one soldier, Adam Schuman, and his wife, Saskia. Finkel writes:

Sometimes after they fight, she counts his pills to make sure he hasn't swallowed too many and checks on the guns to make sure they're all there. The thought that he might not recover, that this is how it will be, makes her sick with dread sometimes, and the though that he might kill himself leaves her feeling like her insides are being twisted until she can't breathe. The truth is that he has been thinking about killing himself, more and more. (Finkel 2013, 15–16)

In my own preliminary ethnographic research on these topics with veterans and families, I've found the same sorts of things. Outweighing the numbers of couples who find ways to cope, and those veterans who rely on friends or manage things themselves, there are wives who introduce themselves not as the wives but as the "caregivers" of their husbands; husbands crediting their wives with saving their lives; families where stories about suicide or suicidality constantly circulate.

This, then, is what military caregiving looks like, often in practice, but iconically in the military and national imaginary: wives and girlfriends transformed into caregivers, securing and shoring up the lives of male soldiers and veterans within the normative intimacies they also struggle to maintain. And it is some version of this picture that programs like the VA Caregiver Support Program – the main program offering assistance for such caregivers – and Hidden Heroes – even with its attention to expanding eligibility and building peer support networks – sustain.

Respite relief for family caregivers, as is offered by the current VA Caregiver Program, aims to help loved ones continue to do what they do, but raises no possibility that, perhaps, they might do something else. Assuming an enduring normative affective arrangement, the program's website encourages "Staying Strong: Taking care of the Veteran you love is often your focus for the day. But sometimes, staying strong can leave you without much time for yourself". 18 Peer support networks being implemented by the Hidden Heroes initiative are intended as a way for caregivers to connect with each other and become better caregivers, but the support and training they are designed to offer is meant to secure extant arrangements, rather than, say, facilitate collective or other alternative models of care. And while parents and unrelated friends or neighbours may be recognized by, and become more fully enveloped within, the institutional structures of caregiving that may follow from the *Hidden Heroes* report, the picture of the intimacies that ought to sustain a soldier's life, the ideal form of life a recovered or rehabilitated soldier is supposed to be configured within, remains the normative form of domestic couplehood, regardless of the pressures and precarities that striving toward such a form might entail for all involved (Wool 2014).

Critical military studies as an extensive project

The terrain I have sketched here can certainly be thought of in terms narrowly focused on the military. We could point to the way that the imperial ambitions of US military power led the country into simultaneous major ground wars, the waging and home-front consequences of which it was unequipped to manage, leading to not only a veritable second army of private contractors, but the seconding of the labours of love of soldiers' kith and kin to necessary and long-term care work (Howell and Wool 2011). We could point to the dysfunctional VA system that, while full of innovative programs and caring practitioners, is incapable of meeting the needs of veterans and adds to their stress and the stress of those close to them by making them navigate endless layers of bureaucracy and face wait times so long some veterans may be dead before they can get help. And we could point to the fact that the military definitions of family are tied to its own regulations of personnel, entitlements, and subsidies, rather than the much broader and more complex realities of actual soldiers' lives, making certain forms of love and attachment insignificant to and sometimes unsustainable within military life. All of these things are true, and are indeed important to understanding how this situation has come to be. But they neglect more than they show.

Another approach might point to the intersection of normative ideals of family with military ideals, though I myself would be at a loss as to how to define one or the other without thinking about both in terms of a broader liberal imaginary of the good life. And, as I suggested at the beginning of this paper, while such an intersectional approach might draw our attention to the role of such family ideals in military caregiving, chances are it would have less to offer those thinking about suicide and the necropolitics of care in other contexts, except, perhaps, as a comparative case.

As I've attempted to show, there are dimensions of this situation that are better understood in other terms - in terms that exceed the limits of the military and have much to tell us about broader social forces and the normative contours of intimacy. After all, it is hardly in the military context alone that heteronormative pressures narrow the array of forms of life understood to be good and worthy of support (e.g. Haritaworn, Kuntsman, and Posocco 2013; Povinelli 2011). And the tenacious image of the Army Family is hardly extricable from those broader cultural and political fields of intimacy it is situated within; these, after all, are the reasons why making a "family-friendly" military was a sensible idea when trying to build an all-volunteer force. This is not to imply that the military context makes no difference here. It is through the specific biopolitics of the military that soldiers and caregivers are rendered and governed as populations in the way they are. This includes the ways that soldiers' and veterans' lives can both be made so precarious and also the way their suicides generate a national moral panic, as well as the way this problem of suicide marshals national resources, while other problems of suicide (among young native Americans, for example, for whom suicide is the second leading cause of death 19), and other forms of soldier death (like those expected and accepted in the course of war), do not (MacLeish 2014).

Rather, in thinking about this situation as coextensive with normative forces of intimacy, and in tracing the ways forms of intimacy are braided together with fears of death and structures of care, we can bring this situation into conversation with others, opening up new possibilities for highlighting both the specificities of each situation and the unevenness that exists across a broader social terrain. I think in particular here of the way that the resources and forms of support generated to keep soldiers and veterans alive and preferably ensconced within the heteronational family, which is then burdened with work for life gathered under the name of "care", have the effect of rendering other modes of living – what Elizabeth Povinelli calls "radical worlds" (Povinelli 2001) – inconceivable and incommensurate with liberal visions of well-formed and worthy ones. If we look for them, there are many radical worlds that might seem ripe for emergence in the

situation I've laid out, perhaps most relevantly the care collectives formed within (particularly queer and radical) disability communities, and maybe also the forms of collective living and diffuse social obligation that characterize the thick socialities of those racialized and exoticized worlds understood by liberalism to be opposed to proper forms of atomic selfhood (Povinelli 2011, 209–236).²⁰

This is not to say that such worlds *should* emerge, or that the problems of soldier and veteran suicide would disappear if they did, or that they, or their family members, would want them or be happier in them (to call something a radical world is not to say it is better, just that it is incommensurate with normative ideals of the social – for better or for worse). The analytic mode I have been reaching towards here attempts to keep such prescriptions (and the judgments and certainties on which they are based) at bay. I point to these aborted possibilities to highlight that what is going on with this situation of suicide and military caregivers and the form of the Army Family bound up with it is one we can productively explore to understand something of the varied ways liberal forms of governance deal with the various forms of death and precarious life they generate. This, then, is an expansive version of what critical military studies might look like.

Notes

- 1. I use the term "modern militaries" as a clumsy gloss on the kinds of national contexts usually included under the categories of military studies or critical military studies. "Modern" here is not an evolutionary designation. It denotes that particular post-enlightenment arrangement of governance, personhood, and sovereignty Charles Taylor describes as the "modern social imaginary" (Taylor 2002) that holds sway over contemporary liberal democracies the US, UK, Israel (whose status as a religious state is often bracketed to bring it within this imaginary), Australia, and New Zealand being especially well represented in the military literature. This means, among other things, that war and militarization in military dictatorships and other forms of governance without these post-enlightenment inheritances tend to be left for other fields, such as peace studies or the anthropology of violence. Though beyond the scope of my comments here, I think it would be productive to consider more explicitly the multiple affects of this tendency of military and critical military studies to focus on modern national contexts.
- 2. In making this particular distinction between modes of critique, I'm drawing primarily on Latour's elaboration of denunciation as a mode of critique that is produced by and sustains the arrangements of the modern (Latour 1993), and on Eve Kosofsky Sedgwick's distinction between paranoid and reparative modes of reading and the alternative politics foreclosed by the former (Sedgwick 2003). Latour's point is a seminal one for science studies and Sedgwick's is a seminal one for queer theory. There is also a robust and ongoing conversation in social theory about the meaning of critique that informs my thinking more generally. See, for example, Asad et al. (2009); Butler (2001); Foucault (2007).
- 3. This is something that may become particularly apparent to those of us working ethnographically with soldiers and veterans who are simultaneously executors and subjects of sovereign violence, a position whose complexity we become obliged (I would argue) to grapple with, rather than flatten out.
- 4. On the institutional reliance on military wives in the Canadian context, see Harrison and Laliberté (1994).
- 5. Rather than standing as a challenge to this form of Family, the effect of the dual repeal of both the Defense of Marriage Act and Don't Ask Don't Tell seems to be homonormative, bringing normative same-sex coupling within the fold of Family. Throughout the paper, I use the term "heteronormative" to refer to the privileging of domestic arrangements of same *and* opposite sex conjugal couplehood. My intention is not to erase homosexuality within the structure of military families, but to emphasize the heteronormative patterning of Army Family.
- 6. These investments are all the more precious in the face of the forms of queerness and disability that it also produces (see Linker 2011; Serlin 2003).
- 7. In the study, "end of significant relationship" (which is given the normative gloss "loss of significant other") was the most common, and most elaborated, of three "postdeployment stressors" counted.

The other two were "financial troubles" and "major life change" (Griffith and Vaitkus 2013, 643). The explanation quoted above draws in part on Thomas Joiner's "interpersonal theory of suicide" model which describes three components of suicidal behavior: "thwarted belongingness", "perceived burdensomeness", and "acquired capability" to actually commit the act and experience the associated physical pain.

- 8. This latter sense echoes the temporality Joe Dumit outlines in the production of *Drugs for Life* (2012).
- 9. There is much to be said about what counts as "care" in this context, and why and how it matters that "care" is the sign under which such things are gathered. This is beyond the scope of the present paper, but for reflections on the imbrication of biopolitics, necropolitics, and care, see Stevenson (2012).
- 10. For example, in 2012, she published a children's book about the family stresses of deployment, told from the perspective of her own granddaughter. Though the book *Don't Forget, God Bless Our Troops* is overwhelmingly normative, the picture of family it presents does include grandparents.
- 11. http://operationshower.org/, accessed 17 April 2014.
- 12. http://www.defense.gov/news/newsarticle.aspx?id=63505, accessed 17 April 2014.
- 13. http://www.whitehouse.gov/joiningforces/about, accessed 17 April 2014.
- 14. The report was commissioned by the Elizabeth Dole Foundation, headed by Elizabeth Dole, wife of former senator and presidential candidate Bob Dole. Rosalynd Carter, wife of former President Jimmy Carter, joined Jill Biden, Michelle Obama, and Elizabeth Dole to announce the initiative (http://abcnews.go.com/blogs/politics/2014/04/obama-biden-carter-dole-team-up-for-wounded-warriors/, accessed 17 April 2014; http://www.armytimes.com/article/20140410/NEWS/304100049/Senate-bill-would-expand-benefits-caregivers, accessed 22 April 2014). The gendering of the effort is hardly coincidental.
- Unlike Hidden Heroes, a massive 2013 report from the Institutes of Medicine titled Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families (Institutes of Medicine, 2013) is openly critical of the narrow picture of Military Family, noting "Military families are more diverse than most statistics or research might suggest. Many families do not meet the criteria used for official counts of military families [...]: service members in heterosexual marriages and parents with dependent children who live with them at least part of the time. The committee views the military's definition of family as narrow and out of step with the diversity in family arrangements in modern society. The committee found little or no information about parents or siblings of service members (who are sometimes relied upon for important caregiving responsibilities), unmarried partners, stepfamilies, children who are not legal dependents (for example, stepchildren or nonresidential children), gay families, service members acting as substitute parents, or other nontraditional family configurations. Most published studies focus on active-duty male military personnel married to civilian wives." (258). The 2010 Army suicide report discussed above also acknowledges both that "Soldier 'Families' now include extended Families that consist of grandparents, aunts, uncles and other relatives; 'adopted' Families that Soldiers assimilate as their 'own'; single-parent Families; and even single Soldiers who are attached to a beloved pet" and that "these Families may not be formally recognized as 'Army Families" (Chiarelli 2010, 97).
- 16. http://www.whitehouse.gov/the-press-office/2014/04/11/op-ed-fact-sheet-joining-forces-commitments-support-military-and-veteran, accessed 22 April 2014.
- 17. The Military and Veteran Caregiver Services Improvement Act, which would further expand services and eligibility and emphasize issues around PTSD and TBI, was also announced in response to the report and is currently moving through congress. It was introduced by Senator Patty Murray, a Democrat from Washington State.
- 18. http://www.caregiver.va.gov, Accessed August 25, 2014, my emphasis.
- 19. A 2012 Centers for Disease Control Suicide Factsheet notes that "Among American Indians/ Alaska Natives aged 15 to 34 years, suicide is the second leading cause of death. The suicide rate among American Indian/Alaska Native adolescents and young adults ages 15 to 34 (31 per 100,000) is 2.5 times higher than the national average for that age group (12.2 per 100,000)" (www.cdc.gov/violenceprevention/pdf/Suicide-DataSheet-a.pdf, accessed 25 August 2014).
- For a growing list of collective models of community support that emerge in contexts of crisis, see http://radicalcollectivecare.blogspot.com.

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