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Research report

Shame, pride, and suicidal ideation in a military clinical sample

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ABSTRACT

Background: Suicide risk among U.S. military personnel has been increasing over the past decade. Fluid vulnerability theory (FVT; Rudd, 2006) posits that acute suicidal episodes increase in severity when trait-based (e.g., shame) and state-based (e.g., hopelessness) risk factors interact, especially among individuals who have been previously suicidal. In contrast, trait-based protective factors (e.g., pride) should buffer the deleterious effects of risk factors.

Methods: 77 active duty military personnel (95% Air Force; 58.4% male, 39.0% female; 67.5% Caucasian, 19.5% African–American, 1.3% Native American, 1.3% Native Hawaiian/Pacific Islander, 1.3% Asian, and 5.2% other) engaged in outpatient mental health treatment completed self-report surveys of shame, hopelessness, pride, and suicidal ideation. Multiple generalized regression was utilized to test the associations and interactive effects of shame, hopelessness, and worst-point past suicidal ideation on severity of current suicidal ideation.

Results: Shame significantly interacted with hopelessness ($B=-0.013$, $SE=0.004$, $p<0.001$) and worst-point suicidal ideation ($B=0.027$, $SE=0.010$, $p=0.010$), augmenting each variable's effect on severity of current suicidal ideation. A significant three-way interaction among shame, worst-point suicidal ideation, and pride was also observed ($B=-0.010$, $SE=0.0043$, $p=0.021$), indicating that pride buffered the interactive effects of shame with worst-point suicidal ideation.

Limitations: Small sample size, cross-sectional design, and primarily Air Force sample.

Conclusions: Among military outpatients with histories of severe suicidal episodes, pride buffers the effects of hopelessness on current suicidal ideation. Results are consistent with FVT.

1. Introduction

In the United States Armed Forces, suicide is the second leading cause of death, with rates among military personnel doubling since the initiation of military operations in Afghanistan and Iraq (Ramchand et. al., 2011). Since 2004, the number of suicides by military personnel has steadily increased, surpassing the suicide rate of the general U.S. population for the first time in history (Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces, 2010). In response to this growing problem, researchers have worked to identify factors for the full range of suicide-related thoughts and behaviors among military samples, although many of these risk factors are not necessarily specific to military populations: e.g., depression (Skopp et al., 2012; Bryan et. al., 2012a; Rudd et. al., 2011), insomnia (Luxton et al., 2011), interpersonal stressors (Bryan and Rudd, 2012; Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces, 2010).

Of the many risk factors for suicide, past suicide risk and hopelessness have garnered extensive empirical evidence as a highly reliable risk factor for understanding suicidal thoughts and behaviors (Beck et. al., 1989, 1990, 2000; Osman et al., 2010; Rudd et al., in press), and are considered vital for the assessment and management of suicidal individuals (Bryan and Rudd, 2006). Of particular importance is the "worst-point" suicidal episode, which is the period of time in an individual's life during which their suicidal desire, thoughts, and intentions were the most intense. Worst-point suicidal ideation is a better predictor of future suicide attempts and death by suicide than current suicidal ideation and hopelessness (Beck et al., 1999; Joiner et al., 2003). In terms of hopelessness, Rudd et al. (in press) have recently expanded the hopelessness model of suicide by differentiating between state-based and identity-based forms of hopelessness. Identity-based hopelessness, also referred to as unlovability (Wenzel et. al., 2009), consists of trait-like self-perceptions of worthlessness and defectiveness that are viewed by the individual as enduring and unchangeable. Critically, this trait hopelessness incrementally predicts current and future suicide

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attempts above and beyond other common risk factors for suicide, including state hopelessness (Rudd et al., in press).

Similar to Rudd and colleague's concept of trait hopelessness is the construct of shame, which is similarly comprised of global punitive judgment of the self that is not necessarily linked to any particular action or event. Phenomenologically, shame is often associated with the desire withdraw and/or to conceal oneself from others, and to "hide" something embarrassing or negative about the self. In contrast to shame, guilt entails a negative emotional state that occurs in response to a specific action or behavior. It is therefore a state-based emotional experience that is generally considered to be adaptive, whereas shame is generally considered to be maladaptive. Shame has been proposed to be an especially painful and dysphoric emotional state (Tangney, 1990) that may be central to the suicidal experience (e.g., Orbach, 1997), and has been shown to correlate with suicidal ideation, plans, and attempts (Dutra et. al.,2008).

Fluid vulnerability theory (Rudd, 2006) proposes a model for understanding how these trait-like, identity-based factors (i.e., shame) interact with state variables (i.e., hopelessness) to create and sustain acute suicidal episodes. According to fluid vulnerability theory, "an individual's vulnerability to suicide is variable but nonetheless identifiable and quantifiable" (page 358; Rudd, 2006), with some individuals being innately at increased risk for suicide due in part to chronic, negative self-schemas that are core to their sense of identity. These core schemas tend to be shame-based (i.e., feeling bad about who one is) and confer long-term vulnerability to suicide risk even during periods of relative calm and stability. In the presence of a life stressor, these core schemas become activated, resulting in the emotional distress and state hopelessness characteristic of acute suicide risk. Individuals who lack protective factors are also at increased suicide risk, as they lack dispositional and/or environmental conditions that buffer the effects of risk factors such as shame and hopelessness. For instance, Pompili et al. (2012) found temperamental style among psychiatric inpatients is associated with hopelessness and suicide risk independent of psychiatric symptoms. Specifically, a hyperthymic temperament was associated with decreased hopelessness and suicide risk, whereas a cyclothymic-depressive-anxious temperament was associated with increased hopelessness and risk. Consistent with fluid vulnerability theory, the active suicidal crisis (referred to as the suicidal mode) is resolved only when risk factors are reduced and/or protective factors are increased.

Unfortunately, in contrast to the extant research on suicide risk factors, much less research has empirically identified protective factors associated with reduced suicide risk (Bryan and Rudd, 2006), although interest in protective factors seems to be growing (Johnson et. al., 2011; Osman et al., 2010). Protective factors (also sometimes referred to as resilience to suicide risk) have been described as "an ability, perception, or set of beliefs which buffer individuals from the development of suicidality in the face of risk factors or stressors" (page 964; Johnson et al., 2011). Given that shame consists of a global punitive judgment of the self, it seems reasonable that global positive appraisals of the self, such as pride, might counteract or buffer the effects of shame. Identity-based pride (sometimes referred to as alpha pride or positive self-bias) entails feelings of pride in the entire self or who one is (Tangney, 1990; Tracy and Robins, 2011), and is associated with the attribution of events to internal abilities and "the self" more than to one's actions and effort (Tracy and Robins, 2011). Studies finding that identity-based pride correlates with greater neuroticism and narcissism and lower agreeableness and self-esteem among undergraduate samples have led some theorists to conceptualize such pride as negative or "hubristic" (Tracy and Robins, 2011) When considered in relation to suicide risk, however, other studies have found that positive self-bias buffers the effects of hopelessness on suicidal intent and suicide attempt status (Holden et al., 1989; Ivanoff and Jang, 1991). Given that the military culture values and explicitly fosters a sense of superiority, self-sufficiency, and elitism (Bryan et al., 2012b; Bryan and Morrow, 2011), it is possible that pride similarly functions in a protective manner among service members. Indeed, previous research with military personnel has suggested pronounced differences in temperamental style, as compared to civilians, that have in turn been associated with decreased risk for suicide (Maremmani et al., 2010). As an identity-based construct, pride might therefore play a protective role for military personnel, especially among those who are actively engaged in mental health treatment, for whom issues of pride and shame are especially salient.

Consistent with the propositions of fluid vulnerability theory, the primary aims of the present study were to test the interactive effects of shame on robust risk factors for current suicidal ideation (i.e., worst-point suicidal ideation and state hopelessness) and to explore the buffering effects of pride on these risk factors in a clinical sample of military personnel currently engaged in outpatient mental health treatment.

2. Method

2.1. Procedures

Patients were recruited from two outpatient military mental health clinics, one located in the South U.S. and the second located in the West U.S. Patients were invited to participate by clinic staff following their regularly-scheduled mental health appointments. Out of 98 patients invited to participate, 77 (78.6%) provided informed consent and then completed an anonymous survey packet. Completed packets were returned to collection boxes located at the check-in desks of each clinic. The current study was reviewed and approved as exempt research by the Wright–Patterson Air Force Base Institutional Review Board.

2.2. Participants

Participants included 77 active duty military (95% Air Force) personnel receiving outpatient mental health treatment. Gender distribution was 58.4% male, 39.0% female, and 2.6% unknown. Self-reported racial identity was 67.5% Caucasian, 19.5% African–American, 1.3% Native American, 1.3% Native Hawaiian/Pacific Islander, 1.3% Asian, and 5.2% other. Five participants (6.5%) additionally endorsed Hispanic/Latino ethnicity. Participants ranged in age from 21 to 54 years (M=33.57, SD=8.98), and had deployed to Iraq and/or Afghanistan multiple times (M=1.90, SD=1.37, range: 0–6 deployments). Patients were diagnosed by licensed psychiatrists, clinical psychologists, and clinical social workers with the following psychiatric disorders: any depressive disorder (29.9%), any anxiety disorder (39.0%), any substance use disorder (6.5%), any somatic or eating disorder (1.3%), adjustment disorder (18.2%), and any personality disorder (13.0%). Patients were diagnosed with zero to four psychiatric conditions (M=1.21, SD=0.65).

2.3. Measures

2.3.1. Depression

The PHQ-9 (Kroenke et al., 2001) was used to assess depression symptom severity. The PHQ-9 directs respondents to indicate the frequency of experiencing the nine symptoms of major depressive disorder during the past two weeks, with total scores ranging from 0 to 36. The PHQ-9 is widely used in clinical and research settings, and has demonstrated good internal