Suicide, social integration, and masculinity in the U.S. military

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ABSTRACT

Reports indicate that suicide in the U.S. military has increased significantly in recent years. This increase has been attributed to a number of factors, including more frequent deployments, more relaxed screening of recruits, combat trauma, economic difficulty amongst soldiers, and the breakdown of interpersonal relationships. In this article, we add an element that we believe is crucial to an understanding of military suicide: the socio-cultural environment of the military itself. In particular, we examine the role that the masculine ideologies governing military life play in the internalization of individual frustrations and in suicidal behavior. Suicide investigators often have ignored the role of masculine ideologies in military suicide because of the assumption that suicide results from social disintegration. In contrast, we argue that military suicide is driven largely by excessive social integration. From this perspective, current explanations of military suicide are constrained by gender and etiological assumptions. Finally, this paper suggests the implications of these findings for designing more effective prevention programs for military suicide.

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Introduction

In 2006, the U.S. Army suicide rate rose to 17.5 suicides per 100,000 active-duty soldiers (Jelinek, 2007). This figure surpassed the previous record of 15.8 per 100,000 in 1985 (Associated Press, 2006) to become the highest annual suicide rate since the Army began tabulating statistics in 1980 (Jelinek, 2007). This record-high figure was not an aberration. Army suicides had risen steadily since 2002 (Associated Press, 2006; Martinez, 2003) and would continue to rise after 2006, with each subsequent year establishing a new record-high in 2006, 2007, 2008, and 2009 (Alvarez, 2009). In 2009, 160 soldiers took their lives, bringing the suicide rate up to 21.7 per 100,000, another record-high (Kovach, 2010; Thompson 2010).

The rise in the suicide rate among active-duty soldiers is not limited to the Army. The Air Force suicide rate rose to 13.7 per 100,000 in 2009 from 12.5 in 2008 (Spoth, 2010). The Navy rate increased from 11.6 per 100,000 in 2008 (Faram, 2009) to 14.5 per 100,000 last year (Spoth, 2010). The suicide rate among active-duty Marines rose to 24 per 100,000 in 2009, up from 21.7 per 100,000 the previous year (Kovach, 2010). The higher rates of suicide among the Army and Marines have been attributed to these branches being significantly more involved in combat in Iraq and Afghanistan (Carden, 2010); this combat situation notwithstanding, suicide rates have historically been highly comparable across branches (Eaton, Messer, Wilson, & Hoge, 2006) and, indeed, have consistently risen across all branches over the past four years (Carden, 2010). The relative uniformity of these increases has led the military to view suicide as a problem that affects all branches of the armed services. In the words of Mike Mullen, the current Chairman of the Joint Chiefs of Staff: “This isn’t just a ground-force problem” (Carden, 2010).

These increases in military suicide rates have been striking, even given the notorious difficulties in determining accurate statistics for military suicide. First, suicides among military personnel are frequently misclassified as deaths from accidents or undetermined causes; such classification errors may lead military suicide totals to be as much as 21% higher than reported (Carr, Hoge, Gardner, & Potter, 2004, p. 233). Second, accurate civilian and military population comparisons require adjusting statistics to account for the military’s disproportionately large population of young adult males. Such adjustment can strikingly lower the difference between military and civilian populations: Eaton et al. (2006, p. 187) argue, using demographically adjusted statistics, that between 1990 and 2000, figures for military suicide were 20% lower than civilian totals (approximately 12 per 100,000 for the civilian population, while under 10 for all branches of the military). Such adjustments likewise lower the difference between current military and civilian rates: Alvarez (2009) reports that the adjusted rate of civilian suicide is 19.2 per 100,000, a total that, while still notably lower than current Army and Marine rates, would remain higher than rates in the Navy and Air Force.
However, regardless of these difficulties, rates of military suicide have consistently and dramatically risen in recent years while civilian totals have remained relatively stable at around 11 per 100,000 (McIntosh, 2009; Thompson, 2010). These increases in military suicide rates have led a number of experts and commentators to refer to military suicide as a “hidden epidemic” (Sklar, 2007). The origins of this epidemic have proven difficult to detect.

The tangled etiology of an epidemic

Investigators of military suicide have been cautious about attributing this putative epidemic to a single cause (Stewart, 2009). Increasing suicide rates have been connected with the stress of longer deployments and increasing exposure to combat (Stewart, 2009). More urgent personnel needs have led the military to loosen its recruitment standards and to enlist and, in many cases, repeatedly deploy, individuals whose preexisting mental illnesses and substance abuse problems may place them at a high risk for suicidal behavior (Chedekel & Kauffman, 2006). Economic and marital problems have also been shown to compound soldiers’ suicide risk (Goode, 2009). Finally, the military’s “warrior culture” has been thought to discourage soldiers from speaking openly about their psychological and emotional fragility (Alvarez, 2009; Dinges & Mueller, 2009). This inhibits the ability of mental health practitioners to recognize suicidal individuals and hinders the healing process necessary to overcome suicidal ideation and post-traumatic stress disorder (PTSD) (Alvarez, 2009; Dinges & Mueller, 2009).

The lethality of all of these factors is significantly magnified by the ready access to firearms characteristic of military life (Mahon, Tobin, Cusack, Kelleher, & Malone, 2005; Martin, Ghahramanlou-Holloway, Lou, & Tucciarone, 2009).

These approaches have addressed suicide as an individual phenomenon that results from the manner in which particular soldiers respond to understandably trying circumstances. In this paper, in contrast, we will focus on the social/cultural framework in which military suicide occurs. As sociologist of suicide Douglas (1967) argued long ago, the impact of social events on individual behavior is determined by the meaning that individuals give to those events. This meaning is always mediated by a combination of individual interpretations and the socio-cultural contexts in which they take place. But while current explanations for military suicide have studied how military culture may inhibit individuals from seeking treatment for suicidal ideation, they have not studied how this culture structures the meaning of suicide itself. Here, we provide a starting point for understanding how the socio-cultural environment of the military might increase suicide among its members.

Part of the reason why current explanations of military suicide have not examined the negative impact of military culture on suicidal behavior is because they are implicitly framed by the assumptions underlying contemporary theories of suicide more generally. Most of these theories assume that integration into social groups is protective against suicide. This assumption was first and most famously enunciated in 1897 by Durkheim (1951), who argued that declining social cohesion results in increased individual alienation and egoism, which exacerbate the risk of self-destructive behaviors. Durkheim’s theory of the protective nature of social integration forms the foundation for what has become known as social capital theory, about which we will have more to say later on. As such theories take for granted the protective aspects of socio-cultural groups, they never consider the possibility that social integration could contribute to suicidal behavior.

Nevertheless, the history of suicide within Western military populations provides evidence of the potential risks of social integration. While currently high rates of military suicide may seem a historical anomaly, suicide rates among military populations were relatively even higher in 19th century Europe. These high rates of military suicide posed an important theoretical problem for 19th century suicidologists: How could individuals integrated into one of the most socially cohesive organizations—the military—have such high rates of suicide if social integration was protective against suicide?

We focus on how Durkheim addressed this problem. Durkheim attempted to rationalize high rates of military suicide with his theory of the protective nature of social integration by classifying such suicide as “altruistic”. However, our interpretation of Durkheim’s data suggests that most military suicides should have been classified within Durkheim’s typology as “fatalistic”: that is, as resulting from integration into constraining social groups. Drawing on the findings of historian Lane (1979) and other more recent suicidologists, we argue that fatalistic social integration has been a crucial factor in suicide among population groups. This perspective provides a useful context for understanding military suicide.

Drawing on various studies of the military, we argue that Durkheim’s conception of fatalism maps remarkably well onto the rigidly disciplinary and emotionally constraining character of military life. We link these controlling elements to the military’s conception of gender, particularly the ideology of masculinity that structures military culture. Understanding the role of masculine fatalism in military suicide provides a valuable starting point for rethinking current suicide prevention strategies.

Durkheim, fatalism, and the problem of military suicide

The problem of military suicide is not new. During the 19th century official statistics from European countries consistently reported that the highest rates of suicide were in the military. This was well-known and often remarked on by suicide experts, beginning with Esquirol (1838), leader of the French asylum movement. By 1879 Morrelli (1881, p. 256), professor of psychological medicine at the Royal University of Turin, noted that “in almost all the statistics… the heaviest tribute to suicide is paid by the military; in Italy, whilst on the total of the population they constitute 5 per 1000, the suicides amount to 70 per 1000, that is to say, to a ratio fourteen times larger”. The Czech academic Masaryk (1970, p. 171) reported similar rates in the Austro-Hungarian military. By the beginning of the 20th century the British commentator Skelton (1900, p. 473) found that the rates of military suicide were “truly appalling”. According to Skelton’s figures, from 1860 to 1888 the mean annual rates of military suicide per 1,000,000 were as much as seven times that of their civilian counterparts in Italy, three times as numerous in England and Prussia, and twice as high in France (Skelton, 1900, p. 467, 474).

Nineteenth-century experts were divided on the causes of such high suicide rates among military populations. Many commentators, such as Morrelli (1881, p. 374) and Masaryk (1970, p. 171) attributed these high rates to the encroachment of modern values on traditional social structures like the military. But others, like Esquirol (1976, p. 590) and Skelton (1900, p. 475), blamed military culture for devaluing individualism and individual lives. As we mentioned earlier, Durkheim endorsed the widely held view that increasing suicide rates were due to modernity’s destruction of traditional society. But he also recognized that military culture might itself contribute to increased suicidal ideation among soldiers. He resolved this contradiction by arguing that military suicide resulted from the opposite social processes that he identified as responsible for the general increase in suicide rates. In order to understand how Durkheim resolved this issue, it is necessary to briefly explore his larger theory of suicide.

Consistent with many late 19th century medical and psychological thinkers, Durkheim believed that psychiatric and physiological
The purpose of Durkheim’s well-known suicide typology/classification system was to separate out those suicides which could be attributed to the social disintegration of modern life from the forms of suicide characteristic of traditional social systems. Durkheim (1951) described four types of suicide: altruistic, egoistic, anomic, and fatalistic. The rate of anomic suicide measured the alienation of individuals isolated from the traditional social fabric. Egoistic suicide was the product of individuals who acted without self-restraint as a result of their no longer being checked by traditional moral structures. Thus, as Durkheim defined them, both anomic and egoistic suicide resulted from a lack of integration into traditional social orders. They cohered perfectly with his larger theory of suicide’s origin in social disintegration.

Altruistic and fatalistic suicides, in contrast, were forms of suicide characterized by a high level of social integration. Altruistic suicide reflected heroic sacrifice that individuals made in order to preserve and protect the communities of which they formed a part. Fatalistic suicide, on the other hand, as Durkheim (1951, p. 276) explained in a footnote, “derives from excessive regulation, that of persons with futures pitilessly blocked and passions violently choked by oppressive discipline”. Durkheim (1951, p. 276) declined to look in detail at fatalistic suicide because he claimed that “it has so little contemporary importance and examples are so hard to find... that it seems useless to dwell upon it”. As a result, Durkheim considered suicides caused by social integration to be extremely marginal. They were either heroic and to be celebrated (in the case of altruistic suicide) or rare anachronisms, foreign to the modern world (as in the case of fatalistic suicide).

The high rates of military suicide posed a challenge to Durkheim’s theory of suicide. The presence of suicide in the highly structured environment of the military seemed to contradict Durkheim’s insistence that increases in suicide resulted from the alienation and egoism brought on by social disintegration. To this “integration” in Durkheim’s view entailed incorporation into social norms on both an institutional and ideological level. Such an explanation involved devising a typology that would not only explain the putatively high rates of suicide among modern, urban populations, but also could show that suicide among populations well-integrated into more “traditional” social groups, such as the family, the Church, and the military, were comparatively marginal phenomena.

The work of historian Roger Lane is a particularly important landmark in forming a theory of fatalistic suicide. Lane analyzed 19th century mortality data to conclude that, as African–American Philadelphians became more socially integrated, their suicide rates increased; therefore, homicide, not suicide, seemed to be related to social disintegration (Lane, 1979). Lane interpreted these data by highlighting the mediated nature of individual response to frustrating circumstances. In highly integrated environments, individuals responded to adverse circumstances by internalizing their anger. They did not lash out against the social order because they shared its fundamental values. Instead, they understood failure to be the result of personal shortcomings. As a result, their frustration became self-directed, with suicide as the result. Homicide functioned in precisely the opposite manner. It was a product of the individual’s alienation from society. Rather than turning anger to themselves, they externalized it, placing the blame on the society from which they were excluded. The result of this alienation was therefore homicide, not suicide. Suicide, according to Lane, was characterized by a high level of integration into a constraining environment, or what Durkheim had labeled fatalism.

Lane’s theory of the relationship between suicide and social integration has been confirmed in recent studies of female suicide rates. While Durkheim and his followers downplayed female suicide due to their belief that the aforementioned family structures would be protective, recent scholarship, including our own, has found that women subsumed in traditional social groups are particularly at risk (Canetto, 2008; Ji, Kleiman, & Becker, 2001; Johnson, 1979; Kushner, 1995, 2008; Kushner & Sterk, 2005; Steinmetz, 1894). In other population groups, social integration has also been found to have damaging effects. Kunitz (2004) has recently concluded that tight social relations within extended Navajo families in the U.S. southwest often resulted in negative health outcomes, including significantly higher rates of depression and self-destructive behaviors. Based on these studies, it is possible to conclude that social integration can, in some cases, induce suicidal behavior.

The connection between fatalistic social integration and suicide remains ignored because of its incompatibility with social capital theory, the predominant theoretical model in contemporary public health. Although social capital has a variety of contested definitions (Durlauf, 2002; Whitehead & Diderichsen, 2001), there is a general consensus that it encompasses community networks, civic engagement, civic identity, reciprocity, and trust (Campbell, Wood, & Kelly, 1999; Putnam, 2000). The accumulation of such “social capital” is understood to be protective against a number of negative
health effects, including suicide (McKenzie & Harpham, 2006; Sartorius, 2003). This view is implicitly and often explicitly based on Durkheim's theory of the protective nature of social integration (Berkman & Glass, 2000; Kawachi, Subramanian, & Kim, 2008; Turner, 2003).

As a result of the hegemony of social capital theory, investigators today continue to operate under the assumption that social integration is protective against suicide. Thus, the putatively low levels of suicide among military populations have been ascribed to the military's cohesive social environment (Mahon et al., 2005; Martin et al., 2009; Rothberg, Bartone, Holloway, & Marlowe, 1990). Similarly, commentators have explained current rates of military suicide through a theory of social disintegration, in which longer deployments have eroded traditional family structures and social connections (Stewart, 2009). As such, both the military's previously low and its currently high suicide rates can be attributed to a decline in social integration.

Nevertheless, we believe that such an explanation ignores that such a loss of connections outside of the military is accompanied and, in part, caused by an increasing integration into the military itself. As a result of the current wars, soldiers frequently have less lag time between deployments and are redeployed multiple times (Carden, 2010; Stewart, 2009). While the effects of these repeated deployments on suicide have yet to be definitively determined (Carden, 2010; McMichael, 2005), whatever decrease they provide in integration into structures external to the military would be proportional to their increase in soldiers' integration into military society itself; at war, the military functions much more like a "total institution" (Goffman, 1961) than during peacetime and thus would have a significantly higher level of social cohesion. Increasing rates of suicide would be consequently correlated with increasing integration into the military.

Understanding the potentially detrimental effects of such integration involves turning contemporary theories about the benefits of social integration on their head. Fortunately, even as Durkheim's account of suicide has provided the basis for such theories, his description of fatalism provides a powerful tool to explain how social integration can contribute to suicide. Nevertheless, before we can apply this analysis to the military, we need to examine whether the military can be described as a "fatalistic" social institution.

Masculine fatalism: the gender dynamics of military suicide

While it might seem difficult to speak about a unified military culture, several scholars of the military argue that military communities have similar basic social arrangements across cultures and throughout modern history (Goldstein, 2001; Kovitz, 2003). Military culture is consistently characterized by an extremely high level of social cohesion. This cohesion is considered essential to a unit's operational efficiency. As Stewart (1991, p. 17) emphasizes in her study of social cohesion in the Falklands War, "[r]esearch has repeatedly shown that there is a strong relationship between cohesion, soldiers' level of morale, and combat efficiency". Military cohesion is created by socialization rituals—most prominently, basic training—that take "[d]isparate men from varied socioeconomic backgrounds, of different ethnic origins and levels of education [and make them into] not just a collection of individuals but a unit in which an individual will sacrifice his life and die in order to preserve the group" (Stewart, 1991, p. 17). The creation of social cohesion thus entails an almost total subordination of the individual to the group. Identity itself is rewritten through the "depersonalization and deindividuation in which the military, in the form of drills sergeants, must strip the individual of all previous self-definition" (Herbert, 1998, p. 9). Without such a subordination of the individual to the group, the military's culture of self-sacrifice might not be able to function.

To build this social capital, the military submits individuals to an extremely constraining environment that is ruled by a hierarchical disciplinary structure (Ben-Ari, 1998; Goldstein, 2001). The foundation of this structure is control: Recruits are taught to master the external situation in which they find themselves through a process of gaining control over their own emotions (Ben-Ari, 1998; Goldstein, 2001; Harrison, 2003). As a result, any emotional or situational flexibility is discouraged. This rigid, controlling character of military social organization identifies it as an institution with a "fatalistic" character, even as it shows that this "fatalism" may be more intertwined with the encouragement of "altruistic" self-sacrifice than Durkheim's initial typology would suggest.

Gender identity is central to the formation of social capital in the military. Even Stewart (1991, p. 89), whose study does not employ "gender" as a central analytic, describes the military as a "cult of masculinity". Melissa S. Herbert (1998, p. 7), in her study of female soldiers, notes that the masculine nature of military society has been so widely recognized that there is "little dispute" over the matter. She argues that the specificity of the military is that it is "structured along the lines of gender, not age, race, or physical fitness" (Herbert, 1998, p. 7). It is by emphasizing masculinity—and rigidly separating the male from the female—that the military creates social capital from a group of soldiers whose economic statuses, ethnicities, and ideologies might otherwise place them in conflict with one another (Herbert, 1998; Stewart, 1991). Masculine unity thus forms the "cementing principle" of military life (Harrison, 2003, p. 75).

Ideals of masculinity are practically indistinguishable from the most fatalistic aspects of military social organization. Herbert (1998, p. 9) describes basic training as "the male equivalent of 'finishing school'" whose stated goal is not only to transform "civilians into soldiers," but also "boys into men". Ben-Ari (1998), Goldstein (2001), and Hockley (2003) argue that the military ideal of emotional control is inseparable from its notion of masculinity. Citing Gilmore (1990), Ben-Ari also emphasizes the masculine character of the military's training of the individual to view his life as expendable to the larger group:

[Gilmore's] first proposal is that the core notion related to being a warrior is the acceptance of men's expendability. The idea is that to be men, individuals must accept the fact that they are dispensable…. From a social point of view, Gilmore goes on to contend, ideals of 'real manhood' should be seen as inducements to carry out collective goals because of the universal urge to flee from danger (Ben-Ari, 1998, p. 112, citing Gilmore, 1990, p. 121).

Masculine ideals of expendability are thus fundamental to the formation of socially cohesive groups in which individuals are regularly willing to risk their lives. Fatalistic devaluation of individual life dovetails with the meaning of manhood.

Whitworth (2008, p. 109) argues that the military's masculine ideology leads it to deny the prevalence of PTSD among its soldiers. For Whitworth, to be traumatized subverts the emotional control characteristic of military masculinity; thus, traumatized soldiers are stigmatized and, indeed, feminized within their units and the military as a whole has difficulty accepting the ubiquity of PTSD among its ranks (Whitworth, 2008, p. 110). This link between the military's masculine culture and the denial of trauma and, more generally, mental healthcare has, as we have noted, been openly acknowledged by military personnel attempting to address the current problem of military suicide. Nevertheless, here we suggest that this argument could even be taken a step further: The military's ideology of masculine fatalism not only denies the damage that soldiers suffer in combat, but also can itself take a significant toll on the physical and psychological health of the troops.
Goldstein (2001, p. 269), in his extensive interdisciplinary investigation of gender ideologies and practices in the military, has linked masculine emotional control to the traumatic responses that lead to suicidality:

Emotional shutting-down comes at a price. Biology endows us with a range of emotional responses because they are useful in a complex language-using social species whose members depend on each other’s cooperation. To truncate this range of responses — such as by losing the ability to cry — diminishes a society.... [As a result of their suppression of emotions,] [y]oung men then face a dilemma: pay the price of a warrior mentality — anxiety, PTSD, emotional difficulties in relationships — or pay the price in humiliation and shame that faces the sissy as a failed man.

The masculine fatalism of the military thus places soldiers in a particularly arduous double-bind: It traumatizes them and then, by feminizing their trauma, reinforces its most damaging aspects. This emotional shutdown, combined with the aggressive character of military socialization, could lead to violent outbursts. Harrison (2003) has linked the controlling aspects of military socialization to the high rates of spousal abuse among current and former service members in Canada. Combined with a culture that subordinates the individual to the group, this aggression may be internalized, leading individuals to castigate themselves for having failed the community. The result could be higher suicide rates.

Finally, it has been argued that the relatively recent inclusion of women in combat and the potential inclusion of openly gay and lesbian soldiers may challenge the masculine model of social integration that structures military life (Goldstein, 2001; Herbert, 1998; Kovitz, 2003). Certainly the considerable initial reluctance that the military has shown toward including women and openly lesbian and gay soldiers is frequently justified by the presumed threat they pose to social cohesion (Hockey, 2003). And, as Herbert’s (1998) careful study shows, the presence of females and sexual minorities among the troops will, almost inevitably, be perceived as a subversion of gender norms. Nevertheless, we believe that such inclusion, by itself, will not be sufficient to change the military’s culture of masculine fatalism.

First, though women have long served in the Army and currently make up 15% of U.S. forces in Iraq and Afghanistan (Blank, 2008), recent reports attest to their continued marginalization within Army ranks (Bendict, 2009). Whitworth (2008, p. 119) has argued that women in the military are marginalized because they violate “one of the premises of military indoctrination: the myth of an exclusively male-dominated world”. As a result of their transgression, not only are women excluded from key aspects of military life, but they are also subjected to violence with great frequency. As a result of their suppression of emotions, they diminish their military masculinity. Biological sex endows them with certain qualities that women must reconcile with their roles in the military. As a result of their exclusion, women in the military may be more prone to externalize their frustration via homicide, rather than internalizing it (as do men) via suicide.

We are also concerned with what might happen when women successfully become incorporated into the military. Such integration will not, by itself, undo the most damaging aspects of military masculinity. Biologically sexed women can perform masculine gendered acts with equal proficiency to men. A disturbing example of this potential for masculine performance is the participation of female soldiers in the torturing of Iraqi prisoners in Abu Ghraib prison. As feminist commentators have noted (McKelvey, 2007), the female soldiers at Abu Ghraib joined their male comrades in explicitly feminizing their Iraqi victims. Through this feminization, they degraded their prisoners and affirmed their own identity as masculine soldiers. While extreme and certainly atypical, the example of Abu Ghraib should remind us that simply including women in the military will not necessarily mitigate the most damaging aspects of military masculinity. Tapering the effect of masculine fatalism on suicidal behavior will thus entail addressing military culture directly.

Conclusion

In this article, we have argued that social integration into the military’s fatalistic masculinity is a key factor in the currently high rates of military suicide. The components of this conclusion are, by themselves, neither novel nor controversial. Suicidologists have called for more attention to the socio-cultural dimensions of self-killing (Canetto, 2008). Fatalistic social integration has been linked to previously high rates of suicide in the military, as well as other population groups. And scholars of the military have emphasized the fatalistic aspects of military masculinity. This paper goes further by explicitly connecting integration into the military’s masculine social norms to suicide. We believe that this gender analysis can contribute significantly to understanding military suicide and designing more effective suicide prevention interventions.

As we mentioned earlier, a number of explanations have been offered for the currently high rates of military suicide, including: longer and more frequent deployments, less rigorous screening of incoming troops, economic difficulties, marital (and more generally relational) problems, and combat trauma (Alvarez, 2009; Goode, 2009; Stewart, 2009). While these risk factors have been considered in relative isolation from one another, a gender analysis reveals how they may be connected to the military’s masculine culture. For example, the stigmatization of trauma and mental health care in the military may be tied to a philosophy of masculine self-reliance and emotional detachment (Whitworth, 2008). These same values may impair the ability of soldiers to retain romantic relationships, possibly even heightening their potential for abuse (Harrison, 2003). Military masculinity could lead soldiers to internalize their frustration at their economic difficulties, even as it discourages them from seeking potentially life-saving psychological health. More frequent deployments might only worsen these factors by heightening soldiers’ integration into the military’s fatalistic gender identity. Our gender analysis of military suicide thus complements and deepens other studies by illustrating how
risk factors that previously had been considered in isolation are connected to the military’s gendered socialization practices.

A gender approach also illuminates the social nature of individual psychodynamics. In an insightful paper, Anestis, Bryan, Cornette, and Joiner (2009) argue that suicidal ideation among post-deployment soldiers is determined in large part by the individual’s sense of thwarted belonging in communal life as well as his or her impression of being a burden on others. In the case studies they discuss, this “thwarted belongingness” (Anestis et al., 2009, p. 66) was related to difficulties that soldiers faced communicating their emotionally-charged combat experiences to others. As such, it may have been influenced not only by the experience of combat, but also by the emotional detachment characteristic of military masculinity (Ben-Ari, 1998; Goldstein, 2001; Harrison, 2003). Similarly, the tendency to view oneself as a burden could be intensified by integration into a social group that, as Ben-Ari (1998, p. 112) has pointed out, is predicated on the subordination of the individual to the community. Effective suicide prevention interventions should be attuned to the social and gendered nature of the psychological traits that place individuals at risk for suicide. Ignoring such social and gender context could be disastrous.

We are particularly concerned with the Army’s recently adopted program to curb its escalating suicide rate. In August 2009, the Army announced that it planned to have all 1.1 million of its soldiers take an intensive course designed to increase their mental and emotional resilience (Carey, 2009). Named the “Comprehensive Soldier Fitness Program,” the course is based on the research of University of Pennsylvania psychologist Martin E.P. Seligman, whose school of “Positive Psychology” teaches individuals to react to negative stimuli in positive and empowering ways (Carey, 2009; Dinges & Mueller, 2009). Seligman describes the program as an attempt to change trauma from an experience that destroys the self into one that fortifies it. “The idea here,” according to Seligman, “is to give people a new vocabulary, to speak in terms of resilience. Most people who experience trauma don’t end up with P.T.S.D.; many experience post-traumatic growth” (Carey, 2009). By teaching soldiers to have a positive response to trauma, the military aims to reduce suicide rates. But such an approach may have unintended consequences.

As Ehrenreich (2009) has recently noted, Positive Psychology is predicated on two related understandings of “positive” emotions, such as happiness. First, it argues that having a positive emotional disposition will improve individual health and decrease the traumatic effects of life experiences. Second, it asserts that such positive dispositions are within the individual’s control; therefore, traumatic reactions are not the product of circumstances, which “play only a minor role in determining a person’s happiness” (Ehrenreich, 2009, p. 171), but rather of the individual’s own temperament. By changing this temperament, trauma can be greatly reduced, independent of life circumstances.

Our concern with the application of Positive Psychology to a military population is that it may inadvertently reinforce the most fatalistic aspects of military life. Like masculine fatalism, Positive Psychology is predicated on the practice of rigid emotional control. Rather than giving soldiers a richer vocabulary to explore their trauma, Positive Psychology teaches traumatized individuals to deny their trauma. The implication of this method is to pathologize not only traumatic life circumstances, but also negative responses to these circumstances. By pathologizing traumatic responses, Positive Psychology may deny individuals the legitimate mourning process that follows traumatic loss (Dobbs, 2009; Horwitz & Wakefield, 2007; Kushner, 1991). Furthermore, through its view that emotional response is not contingent on circumstance, but on individual disposition, Positive Psychology may stigmatize those individuals who are traumatized and are incapable of willing themselves out of their trauma through optimistic self-verifying. From this perspective, Positive Psychology reinforces the very stigmatization of trauma characteristic of military masculinity (Whitworth, 2008) and potentially pathologizes those most in need of help.

It may also encourage them to pathologize themselves. Positive Psychology teaches individuals that they, ultimately, are responsible for their emotional response. But, as we have argued, the fatalistic structure of military masculinity is itself predicated on this same notion of emotional self-control. This ideology of self-control may be what leads many soldiers to internalize their aggression when faced with adverse circumstances. One such circumstance may be the failure to respond to a therapy that suggests that traumatic mourning is a result of the individual’s own failure at emotional control. In a military population already prone to internalized rage, Positive Psychology may lead traumatized soldiers to castigate themselves for what, in reality, may be the shortcomings of the therapeutic technique. It could thus reinforce the emotional control and internalization of frustration that are characteristic of the masculine fatalism that informs military suicide. While the Army’s suicide prevention program may aim to “build better warriors” (Dinges & Mueller, 2009) by not taking a more critical stance toward the warrior ethos itself, it may subvert its goal of encouraging emotional resilience.

A reformulation of the warrior ethos is both possible and necessary. The military has relied on masculine ideologies to generate social cohesion, but social cohesion can be encouraged in other, less risky ways. The fatalistic control characteristic of military masculinity can easily produce the opposite effect: Teaching individuals to suppress their emotions can lead to violent emotional outbursts. The devaluation of individual life necessary to form a community based on altruistic self-sacrifice can encourage suicidal behavior that destroys social cohesion. Rethinking the fatalistic aspects of military masculinity will require fundamental changes in the military, but such changes will not be the end of the military. They are steps toward a military that is stronger because of its sensitivity to those in its ranks.

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