



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

Harold Braswell^{a,*}, Howard I. Kushner^{a,b}

^a Graduate Institute of the Liberal Arts, Emory University, United States

^b Department of Behavioral Sciences & Health Education, Rollins School of Public Health, Emory University, 1518 Clifton Road, NE 5th floor E., Atlanta, GA 30322, United States

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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 suicide rate: 18.1 per 100,000 in 2007 (Alvarez, 2008) and 20.2 per 100,000 in 2008 (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 (Spath, 2010). The Navy rate increased from 11.6 per 100,000 in 2008 (Faram, 2009) to 14.5 per 100,000 last year (Spath, 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.

* Corresponding author. Tel.: +1 404 727 9523; fax: +1 404 727 1369.

E-mail addresses: hsbrasw@emory.edu (H. Braswell), hkushne@emory.edu (H.I. Kushner).

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 Morselli (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 Morselli (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

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