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# Understanding Suicide:

## A Primer for Australian Defence Force Commanders

Michael Evans

*Serving our Nation*



**Army**

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## Abstract

This paper seeks to provide a primer for Australian Defence Force commanders to assist them to own the challenge of military suicide in the ranks as first and foremost a command and leadership issue. It argues that it is impossible to understand a suicidal soldier unless the subject of suicide is itself broadly understood by the profession of arms. In order to frame the problem of suicide ideation realistically, the armed services must examine the act of voluntary death in a comprehensive and interdisciplinary manner. Suicide is not a single-factor phenomenon nor is it purely medical in character. Rather, it is a complex phenomenon embracing historical, sociological, psychological, philosophical and cultural factors. Accordingly, commanders need a holistic awareness of how interaction may occur in the aetiology of suicide ideation in a military setting. To be most effective, future suicide education inside the ADF needs to be carefully combined with a strong focus on broader resilience and life-skills programs. The latter are likely to work best in the form of an interdisciplinary 'pillared approach' which can be spread across the entire joint organisation.

*One must know the subject of suicide before one can understand a suicidal soldier.*

Antoon A Leenaars, *Suicide among the Armed Forces: Understanding the Cost of Service* (2013)

Suicide is the leading cause of death among Australians aged between 15 and 44 years, a statistical profile that is mirrored in Australia's armed forces. Between 2001 and 2015, more Australian soldiers have been lost to suicide than to death on operational service in the wars in Iraq and Afghanistan. In this

14 year period, there have been 325 deaths by suicide of serving and ex-serving members of the Australian Defence Force (ADF). Of these deaths, 90 were in full-time service; 69 were in the reserve; and 166 were former service veterans. Men accounted for nine of every ten deaths while three in five suicides among serving personnel and veterans belonged to the 18-34 age group. In 2017, the ADF suicide toll reached 41 deaths – the same number of fatalities suffered on operations in Afghanistan. Indeed, the number of suicides among serving and ex-serving ADF members since 2001 is seven times higher than the rate of operational deaths.<sup>1</sup>

The ADF is not alone in confronting the problem of voluntary death among serving members and veterans. Suicide in the ranks represents a serious challenge to those Western militaries that have been engaged in the post-9/11 wars in Iraq and Afghanistan. For example in 2009, the United States (US) Army lost more soldiers to suicide than to combat operations with the military suicide rate exceeding the rate of voluntary death in the American civilian population for the first time in almost three decades. In 2012, US troops committed suicide at the rate of one per day; in 2010 American veterans killed themselves at the rate of 22 per day.<sup>2</sup> Yet military suicide is not limited to those who have seen operational service. Nearly one third of all suicides in the US military between 2005 and 2010 occurred among non-deployed personnel and a June 2013 study showed an alarming increase – detailing that from 2008-11 – 52 per cent of military suicides were enacted by non-deployed personnel. Not surprisingly, Western militaries have invested considerable resources to try to meet the challenge of suicide prevention both in their serving ranks and in their veteran populations. Programs range from expanded mental health services and more chaplains through to concentration on specific areas of concern surrounding suicide, notably Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and Moral Injury (MI).<sup>3</sup>

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<sup>1</sup> These statistics are drawn from Australian Government sources in particular, the authoritative Australian Institute of Health and Welfare, *Incidence of suicide among serving and ex-serving Australian Defence Force personnel, 2001-2015: In brief summary report*, Australian Institute of Health and Welfare, 2017, vi-vii; 8-15 and an earlier study, *Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001-2014*, National Mental Health Commission, Canberra, 2016, 1-3. Another report of value is *Summary: Suicidal Behaviour and Ideation among Military Personnel: Australian and International Trends*, Department of Veterans' Affairs, Canberra, July 2016, 7-9.

<sup>2</sup> Jennifer Michael Hecht, *Stay: A History of Suicide and the Arguments Against It*, New Haven, Yale University Press, 2013, 3-4; 156-57.

This paper has a specific focus on suicide among serving military personnel and a particular purpose, namely *to approach suicide as first and foremost, a major challenge to Western military culture and its command and leadership functions*. The aim is to produce a primer that can be referenced by ADF officers who wish to educate themselves, or who may be confronted with personnel or unit resilience challenges in which incidents of self-harm may occur. Traditionally, because of suicide's complexity, its long history of stigma, and a vast and highly specialised literature, military commanders experience difficulty in developing an understanding of the subject. This lack of military understanding has a real consequence in that it hinders a comprehensive framing of suicide in a manner that empowers command and leadership counter-strategies. This primer argues that suicide is not a single factor phenomenon nor is it a purely medical issue. Rather, suicide is a multidimensional event encompassing many factors that combine to impact on individuals to fatal effect. As the leading historian of suicide, Marzio Babagli writes:

*An explanation of suicide cannot be fully posited without taking account of the results of studies carried out by historians and anthropologists, psychologists and political scientists. More perhaps than any other human action, suicide depends on a vast number of psychological, cultural, political and even biological causes and must be viewed from different points of view.*<sup>4</sup>

To understand suicide, the Australian profession of arms must approach the subject in just such a comprehensive and multidisciplinary manner. The alternative is for the ADF to be confined to a future of reactive policies and consequence-management rather than one of proactive strategy and pre-emptive resilience-building.

A basic grasp of the sociological, philosophical and cultural elements that surround suicide combined with positive command and leadership is likely to provide the best approach to educating both officers and

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<sup>3</sup> Mark Thompson and Nancy Gibbs, 'One a Day: Every Day one US Soldier Commits Suicide: Why the Military Can't Defeat its most Insidious Enemy', *Time Magazine*, July 2012, 22-31; Bill Briggs, 'The Enemy Within: Soldier Suicides Outpaced Combat Deaths in 2013', NBC News.com, January 2013, republished on Southern Utah Veterans Aid. <http://www.southernutahvetsaid.org/2013/01/03/the-enemy-within-soldier-suicides-outpaced-combat-deaths-in-2012/>

<sup>4</sup> Marzio Babagli, *Farewell to the World: A History of Suicide*, trans by Lucinda Byatt, Polity Press, Cambridge, 2015, Kindle e book edition, 616.

non-commissioned officers in the dynamics of voluntary death. While the important role played by mental health clinicians in the field of military suicide is acknowledged in the following pages, the aim of this primer is to present the case for a profession of arms philosophy of 'ownership through understanding'. The emphasis in the pages that follow is not on the medical treatment of suicidal soldiers or on the vexed problem of dealing with veterans who exhibit suicidal tendencies in civilian society – areas which are outside the expertise of the author. Rather, this primer highlights how an understanding of the multidimensional character of suicide may assist ADF commanders to clarify and frame the challenge of self-harm among serving ranks. Put simply, if the ADF is to understand suicidal soldiers it must first understand suicide as a subject.

With the above view in mind, three areas are examined in this primer. First, the anatomy of Western suicide is sketched to provide a context for contemporary analysis employing historical, sociological, philosophical, cultural and psychiatric perspectives. It is suggested that contemporary Western societies lack a compelling cultural argument against suicide and that this is a situation that inevitably impacts on military service. Second, the challenge of understanding suicide from a multidimensional and interdisciplinary avenue is examined. The primer argues that without an interdisciplinary approach to suicide awareness it will be most difficult to educate military leaders in the subject and, as a consequence, even more challenging to prevent suicides from occurring within the profession of arms. Finally, the paper makes some observations on how commanders might use an understanding of suicide causation to seek to integrate programs of suicide awareness and prevention into broader resilience education inside ADF units and to do so in a way which conforms to the imperatives of military culture.

## A Snapshot of Western Suicide: Historical, Sociological, Philosophical, Cultural and Psychiatric Perspectives

While the word suicide only dates from the eighteenth century, the practice of wilful self-murder, or voluntary death, is as old as humanity. In Western civilisation, individual suicide has progressed historically from the status of a sin and a crime to a disease – moving in the process from religious pulpit and legal courtroom to the realm of medical literature. As a generalisation, we might say that suicide was tolerated but seldom approved during the ancient world; the practice was condemned outright in the Europe of the Middle Ages and the Reformation as sinful; during the Enlightenment and the Romantic eras it was again tolerated as secularism began to evolve in the modern West.<sup>5</sup> In the post-modern era since the 1990s, as secularism has continued its onward march, the act of suicide has lost its religious connotations and become firmly established both as a major social problem and an issue of public health.

In the classical world of Greece and Rome most suicides were usually about honour – as in the cases of Cassius and Brutus, Cleopatra and Mark Antony – all of whom committed suicide rather than be captured by their enemies. Some prominent Greek-Roman suicides were committed by individuals who were commanded to die by political authority or face execution. The philosophers Socrates and Seneca fall into this category. However, most ancient philosophers from Socrates through Plato to Aristotle tended to oppose suicide as an injustice to society – a permanent solution to a temporary problem. For example, most followers of the Stoic school of philosophy preferred to emphasise human resilience and fortitude with a concentration on developing courage to bear pain and overcome personal suffering. As the Stoic philosopher, Epictetus puts it, life is like military service and it is not for any soldier to decide how it must end.<sup>6</sup>

In the Abrahamic religions of Christianity and Judaism the act of suicide is seen as sinful. The only suicide to occur in the New Testament is that

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<sup>5</sup> See George Minois, *History of Suicide: Voluntary Death in Western Culture*, trans. by Lydia G Cochrane, The Johns Hopkins University Press, Baltimore, MD, 1999, 42-278.

<sup>6</sup> Ibid, 54 and chapter 3. For a discussion of the Stoic view of suicide see Malin Grahn, 'Free Philosophers and Tragic Women: Stoic Perspectives on Suicide', in Marja-Liisa Honkasalo and Miira Tuominen, eds, *Culture, Suicide, and the Human Condition*, Berghahn Books, New York, 2014, chapter 4.



of Judas Iscariot. In the Middle Ages those who committed suicide in the Christian West often had their corpses impaled or buried at a crossroads with a stake through the heart. Christian theology from Aquinas through to Luther and Calvin during the Reformation to the weight of age-old Catholic spiritual teaching condemns suicide as a mortal sin and a social crime. As George Minois writes, 'refusing God's gift and the company of our fellows at the banquet of life is a dual offense that the agents of religion, who dispense divine largesse, and those of politics, who organize the social banquet find intolerable'.<sup>7</sup>

Yet suicide endures as a Western cultural phenomenon and stalks much of literature particularly after the Renaissance. The writer, Al Alvarez – himself a suicide survivor – notes that self-murder permeates Western secular culture 'like a dye that cannot be washed out'.<sup>8</sup> Today, the act of voluntary death is neither a noble Roman alternative nor a medieval mortal sin but rather a social phenomenon. 'It seems to me', writes Alvarez pondering his own failed attempt at self-extinction, 'that even the most elegant and convincing of sociological theories are somehow short-circuited by the simple observation that suicide is a human characteristic, like sex, which not even the most perfect human society will erase'.<sup>9</sup> So it is that, in Shakespeare's works there are no fewer than 52 suicides, most famously those of the doomed lovers, Romeo and Juliet. In the 19th century two of Western literature's greatest heroines die by their own hands: Tolstoy's Anna Karenina and Flaubert's Madame Bovary. In the 20th century, prominent suicides include writers Virginia Woolf, Sylvia Plath and Ernest Hemingway, the artist Vincent van Gogh and entertainers such as Marilyn Monroe, George Sanders and Kurt Cobain. In the 21st century, suicide has claimed the lives of such public figures as writer David Foster Wallace and the Hollywood celebrities Tony Scott and Robin Williams.<sup>10</sup>

In the 20th century West the two towering figures in thinking about suicide were the French sociologist, Émile Durkheim and the French writer, Nobel

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<sup>7</sup> Minois, *History of Suicide*, 3. See also Virpi Mäkinen, 'Moral and Philosophical Arguments against Suicide in the Middle Ages', in Honkasalo and Tuominen, *Culture, Suicide, and the Human Condition*, chapter 5.

<sup>8</sup> Al Alvarez, *The Savage God: A Study of Suicide*, Bloomsbury, London, 1990, Kindle e book edition, 2731.

<sup>9</sup> *Ibid*, 1228.

<sup>10</sup> Hecht, *Stay: A History of Suicide and the Arguments Against It*, 12-13; 147-153; Minois, *History of Suicide*, 107-10

laureate and philosopher, Albert Camus.<sup>11</sup> Durkheim's 1897 work, *Suicide: A Study in Sociology*, is the foundation text of modern sociology and remains highly relevant today. For Durkheim, suicide was not a sin or a crime, but a fact of society like the birth rate or unemployment; it is an act with social causes and a sociology which can be identified. Durkheim believed that modern suicide was closely related to the rise of industrial cities and the disappearance of small rural towns which eroded traditional bonds of community life for individuals and replaced them with the new imperatives of an impersonal government.<sup>12</sup> As pre-industrial community life disappeared and state power grew, personal alienation followed and with it the rise of suicide ideation. Durkheim suggested that suicide increased whenever members of a particular group or subculture could no longer find solutions for distress in familiar institutions and value systems. In other words, social crises and cultural disintegration create private tragedies. Suicide acts as a barometer of a society's moral health: the higher the suicide rate the more it reflects a lack of social cohesion.<sup>13</sup>

Durkheim went on to establish a fourfold classification framework for studying suicide based on the degree of social integration and regulation in society. Low individual integration creates what Durkheim calls *egoistic* and *anomic suicide* (such as despairing soldiers and veterans killing themselves today); over-regulation of individuals leads to *altruistic* suicide (Captain Oates sacrificing himself for his British comrades in the Antarctic in 1912; French Resistance fighters swallowing cyanide pills on capture by the Gestapo); and *fatalistic* suicide (such as the 68 German Nazi generals and admirals who killed themselves in 1945, following the suicide of Hitler).<sup>14</sup> Egoistic and altruistic suicides are symptomatic of the way an individual is structured into society – in the first case inadequately, in the second case over-adequately. Individuals dissociated from their primary groups tend to be more prone to egoistic suicides. Communities with inadequate belief systems to meet social realities are susceptible to cases of anomic suicide, for instance, when

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<sup>11</sup> Émile Durkheim, *Suicide; A Study in Sociology*, ed. George Simpson. trans John A Spaulding and George Simpson, Free Press, New York, 1979, Kindle e book edition; Albert Camus, *The Myth of Sisyphus and Other Essays*, Vintage International, New York, 1983 edition.

<sup>12</sup> Durkheim, *Suicide*, Book Two, chap 1.

<sup>13</sup> Ibid, 277-78. and Book Two, chaps 2-3.

<sup>14</sup> German *Wehrmacht* suicide statistics are from Norman Ohler, *Blitzed: Drugs in Nazi Germany*, trans by Shaun Whiteside Penguin Books, London, 2017, 280.

an individual is unable to cope with rapid change in personal circumstances and prevailing social norms are unable to restrain emotional disturbance. For Durkheim, the difference between anomic and egoistic suicide is that the social force lacking in the former represents *deficient collective activity*, and the force missing in the latter is the absence of *society's restraining influence on individual emotions*. On the other hand, too much personal integration into any collective belief system can so weaken an individual's sense of self as to lead to forms of altruistic suicide (Tamil Tiger and Islamist suicide bombers) or fatalistic suicide (German and Japanese officers killing themselves rather than surrender in 1945).<sup>15</sup>

Put simply: suicide increases when levels of social integration and regulation are either too low or too high. 'What is common to all four types of suicide', write two American behavioural scientists, 'is the importance of the relative levels of 'integration' and 'regulation' – low levels result in 'egoistic' and 'anomic' suicides respectively, while high levels produce 'altruistic' and 'fatalistic' suicides'.<sup>16</sup> Durkheim believed that suicide in the West arises from a moral crisis caused by insufficient community which causes lack of social connection and individual disorientation. Strong integration of individuals into a community tends to inhibit voluntary death whereas alienation of individuals from any social community helps to facilitate suicide ideation. As he put it, 'it can be said that, as collective force is one of the obstacles best calculated to restrain suicide, its weakening involves the development of suicide'.<sup>17</sup>

An interesting illustration of Durkheim's theory may come from the relative absence of suicides in Japanese prisoner of war camps, Nazi concentration camps and the Soviet gulags in the 20th century. In these confined prisons, social integration of inmates was high and as the philosopher, Hannah Arendt, once noted, in the concentration camps there was, 'an astonishing rarity of suicides'.<sup>18</sup> Indeed, camp survivors have written of how a constant closeness to death actually led to a quest for life. The writer, Primo Levi (who eventually took his own life in 1987), once wrote that in Auschwitz, 'precisely because of the imminence of death, there was no time to concentrate on the

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<sup>15</sup> Durkheim, *Suicide*, 3192; 4918; 5044.

<sup>16</sup> George R Mastroianni and Wilbur J Scott, 'Reframing Suicide in the Military', *Parameters: The US Army War College Quarterly*, Summer 2011, 10; 6-21.

<sup>17</sup> Durkheim, *Suicide*, 3668.

<sup>18</sup> Hannah Arendt, *The Origins of Totalitarianism*, Harcourt, New York, 1951, 455.

idea of death'.<sup>19</sup> Durkheim's pioneering work endures today because he was the first to construct a modern sociological explanation of suicide ideation—even if its two main features of social integration and over-regulation – are now accompanied by medical insights into individual behaviour that are derived from modern psychiatry and pharmacology.<sup>20</sup>

Yet if Durkheim's theory of suicide explains the key social factors surrounding suicide, it does not explain why some individuals who are exposed to distress, kill themselves, while others do not. This asymmetry in individual motivation represents the central mystery in suicide studies. An interesting extension of Durkheim's sociological approach can be found in Thomas Joiner's motivation theory of suicide based on an analysis of interpersonal factors.<sup>21</sup> Joiner emphasises three factors that contribute to individual suicide ideation: a sense of failed belongingness; perceived burdensomeness from personal existence; and a habituation to self-injury. Failed belongingness corresponds to Durkheim's category of low social integration which can contribute to egoistic-anomic forms of suicide. Perceived burdensomeness resembles the excessively high integration or over-regulation Durkheim associated with altruistic and fatalistic suicide.<sup>22</sup> Joiner postulates that suicide often occurs when an individual's desire for death combines with a capacity for self-injury that may be expressed in habitual behaviour forming a pattern of self-harm which eventually overcomes the natural human instinct for self-preservation.<sup>23</sup>

Like Durkheim, the Nobel laureate and existentialist philosopher, Albert Camus saw suicide as a social problem in which the individual must confront the meaninglessness of secular existence. Camus writes on suicide in a way that reaches well beyond the confines of philosophy into the very bloodstream of Western culture itself. In his *The Myth of Sisyphus* he begins by observing:

*There is but one truly serious philosophical problem and that is suicide. Judging whether life is or is not worth living amounts to*

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<sup>19</sup> Primo Levi, *The Drowned and the Saved*, trans by Raymond Rosenthal, Einaudi, Turin, 2003 edition, 79-80.

<sup>20</sup> Barbagli, *Farewell to the World*, 463.

<sup>21</sup> Thomas E Joiner, *Why People Die by Suicide*, Harvard University Press, Cambridge, MA, 2005.

<sup>22</sup> *Ibid*, passim. 40-41.

<sup>23</sup> *Ibid*, 40-41.

*answering the fundamental question of philosophy. All the rest – whether the world has three dimensions, whether the mind has nine or twelve categories – comes afterwards.*<sup>24</sup>

'Suicide', Camus writes, 'is prepared within the silence of the heart, as is a great work of art'. He cautions that for some human beings it is often more difficult to live than to die. Yet while life may sometimes appear absurd, painful and full of sorrow, suicide is 'an insult to existence'.<sup>25</sup> Humanity's sense of freedom and value come from a sum of human experiences and suicide is a repudiation of this gift.

In a famous metaphor, Camus compares human life to the suffering of Sisyphus in Greek mythology. Having scorned the gods and mocked death, Sisyphus is condemned to the underworld. Here he must roll a boulder up a hill and when it reaches the summit it rolls down again, forcing Sisyphus to begin his task again in an endless labour in which he will accomplish nothing.<sup>26</sup> Yet Camus finds heroism in Sisyphus in his absurd toil. As he moves down the hill to retrieve his boulder, Sisyphus Camus tells us he 'is superior to his fate. He is stronger than his rock'.<sup>27</sup> So it is with human life: we too must be stronger than the rock of life on which we are so often dashed. Every day must be borne and the reward is life itself. As Camus puts it, life is meant to teach self-knowledge not self-extinction and, if it contains many nights of doubt in the garden of Gethsemane, yet 'crushing truths perish from being acknowledged'.<sup>28</sup> A person who understands that the human condition contains good and bad, joy and suffering, success and failure, is strengthened not weakened. We must contemplate our actions and seek meaning in a type of Stoic endurance. As Camus puts it:

*I leave Sisyphus at the foot of the mountain! One always finds one's burden again. But Sisyphus teaches the higher fidelity that negates the gods and raises rocks. He too concludes that all is well. This universe henceforth without a master seems to him neither sterile nor futile . . . The struggle itself towards the heights is enough to fill a man's heart. One must imagine Sisyphus happy.*<sup>29</sup>

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<sup>24</sup> Camus, *The Myth of Sisyphus*, 3.

<sup>25</sup> *Ibid*, 4; 8

<sup>26</sup> *Ibid*, 119-21.

<sup>27</sup> *Ibid*, 121.

<sup>28</sup> *Ibid*, 122.

<sup>29</sup> *Ibid*, 123.

Despite the influence of Durkheim's sociological approach and Camus' philosophical reflections on suicide their ideas have never stood on their own. During the 20th century, studies of Western suicide were strongly affected by the rise of psychoanalysis pioneered by Austrian neurologist, Sigmund Freud and by the biological theory of voluntary death advanced by German psychiatrist, Emil Kraepelin. Freud identified intrapsychic conflict as a major cause of suicide while Kraepelin developed the somatic school of psychiatry that argues that suicide emanates from individual manic depression. Indeed, Kraepelin challenged both Durkheim's theory of cultural disintegration and Freud's focus on intrapsychic conflict by arguing that the causes of suicide are to be found in biology and disease not in culture or psychology.<sup>30</sup>

Complicating the divisions between Durkheim's sociology, Freud's psychoanalysis and Kraepelin's neuroscience was the arrival of the pharmacological revolution of the mid-20th century. The latter saw the introduction of psychotropic drugs with a focus on serotonin and antidepressants to treat mental illness in general and suicidal personalities in particular. In the late 20th century, given rapid pharmacological advances, many Western mental health professionals came to believe it was now possible to view suicide less as a cultural or sociological phenomenon with a long history – and still less as a multidimensional affliction – but as a post-modern disease of individuals.<sup>31</sup> By the early years of the 21st century, a combination of pharmacology, psychotherapy and post-modern secular society succeeded in overturning most of the religious and cultural taboos against suicide that had existed in previous historical eras. This has led to a curious situation in which Western secular societies while well equipped with pharmacology now lack a pervasive cultural and philosophical argument to persuade people against suicide. Jennifer Michael Hecht notes that, 'in our [Western] culture, it is widely believed that secular philosophy is without exception open to suicide, and that the more decidedly nonreligious a philosophy is, the more decidedly affirming it is of suicide'.<sup>32</sup> She sums up the West's post-modern dilemma in the following way:

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<sup>30</sup> Howard I Kushner, *American Suicide: A Psychocultural Exploration*, Rutgers University Press, New Brunswick, 1991, 166-67. Originally published in 1989 as *Self-Destruction in the Promised Land: A Psychocultural Biology of American Suicide*.

<sup>31</sup> *Ibid*, 170-77.

<sup>32</sup> Hecht, *Stay: A History of Suicide and the Arguments Against It*, 232.

*Today millions of people have no religion, and there are millions more whose religious views do not completely rule out suicide. Yet our culture's only systematic argument against suicide is about God. This limitation is untenable because even among believers, some believe that God will forgive the act. . . We have no secular, logical antisuicide consensus.*<sup>33</sup>

Hecht's viewpoint is borne out by today's demand for voluntary euthanasia to deal with terminal illness and by the rise of the right-to-die movement – both prominent features of contemporary public debate. The right-to-die organisation, Exit International, advocates pain-free death through its online manual, *Peaceful Pill Handbook*, which includes instruction on how to commit suicide by asphyxiation using nitrogen gas or by taking barbiturates such as Nembutal.<sup>34</sup> It is true that post-modern Western secular society with its increased reliance on medical science and state services rather than traditional institutions such as family, church and community now provides fewer cultural barriers to voluntary death than in the past. As Barbagli observes, historically the factors that have most influenced the frequency of different types of suicide are linked to culture as opposed to medicine.<sup>35</sup> Thus, while medical science has undoubtedly made great inroads into treating suicidal individuals, it has failed to explain why such attempts continue to occur and, above all, how suicidal individuals come to decide on the dramatic course of self-extinction over self-preservation. In short, the reason why 'there is no secular, logical, anti-suicide consensus' today – to employ Hecht's striking phrase – is because Western societies increasingly lack an interdisciplinary understanding of the subject of suicide and it is to this vexing challenge that we must now turn.

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<sup>33</sup> Ibid, 10.

<sup>34</sup> Jessica Berens, 'At Death's Door', *The Spectator Australia*, 8 July 2017, 12-13.

<sup>35</sup> Barbagli, *Farewell to the World*, 629. See also the essays on culture in Eminia Colucci and David Lester, eds, with Heidi Hjelmeland and BC Ben Park, *Suicide and Culture: Understanding the Context*, Hogrefe Publishing, Cambridge, MA, 2013.

## The Need for an Interdisciplinary Understanding of Suicide: What Military Commanders Must Learn

If suicide is to be understood and its causes mitigated it must be seen in holistic and interdisciplinary terms. The relationship between history, sociology, culture, psychology and psychiatry must all be explored. On their own each of these subjects are inadequate in explaining the aetiology of suicide but examined together they shed considerable light on the subject and provide deeper understanding for non-experts. By far the most important study of suicide as an interdisciplinary subject is by the American social historian, Howard I Kushner and his work repays close attention by military commanders.<sup>36</sup> Kushner argues that the sociological work of Durkheim, the psychiatric work of Freud and the biological analysis of Kraepelin remain non-integrated so making a comprehensive understanding of suicide elusive for lay persons. Kushner believes that the specialisation on voluntary death that has occurred since the late 20th century tells us little about the most fundamental question about suicide: *'Why, when faced with a similar set of circumstances – whether cultural, psychological or biological – does one commit suicide while another does not?'* Western society lacks what he describes as a psychocultural analysis of the aetiology of suicide.<sup>37</sup>

While it is true that specialised research into voluntary death has deepened our knowledge of specifics it has also created deep silos of unrelated knowledge that have hindered the evolution of a comprehensive theory of suicide. Indeed, before the time of Durkheim, Freud and Kraepelin, most Western societies tended to see suicide as a result of the interaction of emotional, constitutional and habitual imbalances.<sup>38</sup> The way a person lived and their social circumstances were seen as inseparable and moral issues were not separated from medical symptoms. As a result, until the 19th century, suicidal behaviour was treated by a combination of available pharmacology combined with social and psychological intervention and was often regarded as 'moral treatment'. However, by the onset of the 20th century, medical specialisation and bacteriological advances combined to make 'moral treatment' appear scientifically suspect. The emergence of

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<sup>36</sup> Kushner, *American Suicide: A Psychocultural Exploration*, especially chapters 6-7.

<sup>37</sup> *Ibid*, 4-6; 8

<sup>38</sup> For Australia see Riaz Hassan, *Suicide in Australia: A Sociological Study*, Adelaide, Flinders University of South Australia, 1992.



modern psychiatry – both somatic and psychoanalytic followed by advances in neuroscience – began the process of confining diagnosis and treatment of suicide not to multi-causal factors but to a single ‘disease model’ governed by specific causation.<sup>39</sup>

A growing belief in specific causation in suicide served only to separate medical, psychological, sociological and cultural explanations into competing and mutually contradictory paradigms. For example, in the wake of Durkheim, many sociologists saw the incidence of suicide as an index for measuring the general health of a society. In contrast, post-Freudian psychoanalysts began to see suicide as a symptom of individual dysfunction rather than social pathology. Moreover, the rapid development of biochemical pharmacology employing antidepressant medication alongside investigations into brain plasticity and the role of serotonin only served to separate still further sociological, psychoanalytic and neuropsychiatric models of specialist inquiry into suicidal behaviour.<sup>40</sup> Kushner notes:

*Sociologists have claimed that suicide is a social disease; psychoanalysts have assumed it results from intrapsychic conflict; while neuropsychiatrists have insisted that suicide is an organic disorder . . . The demands of professional orthodoxy have made it difficult for a true synthesis to emerge from the ranks of any of the three specialities. Yet without such a synthesis we will have moved no closer to the answers we seek than Durkheim, Freud and Kraepelin had almost a century ago.*<sup>41</sup>

The uncomfortable truth is that specific causation is inadequate because suicide is a protean and multidimensional event that we can only begin to hope to understand if we integrate social, psychological and biological factors. In this endeavour, only an interdisciplinary approach can help us to grasp the complex interplay of factors involved in acts of voluntary death.<sup>42</sup> In the 21st century, the need is to expand research away from specific causation and suicide completion toward a rediscovery of the multidimensional aspects of suicidal behaviour – along with investigation into the broader question of why certain people engage in acts of compulsive

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<sup>39</sup> Kushner, *American Suicide: A Psychocultural Exploration*, 8; 63-68.

<sup>40</sup> *Ibid*, 61; 73; 88-89.

<sup>41</sup> *Ibid*, 90.

<sup>42</sup> *Ibid*, 59; 93; 167-79.

risk-taking and of self-harm that may, over time, result in attempts at voluntary death. Such a unified approach towards the study of suicide requires an understanding of both group and individual dynamics as they play out at what Kushner calls the 'intersection of intrapsychic distress and cultural conflict'.<sup>43</sup> Kushner's work on the need for a broad psychocultural theory of suicide is one of the most insightful on the subject because it integrates knowledge from multiple disciplines and tries to make the subject accessible to the non-expert who may be confronted by suicidal individuals in an organisational context.

In the 21st century, several important studies have reinforced Kushner's call for a cross-disciplinary approach to understanding the aetiology of suicide. In 2013, a leading Norwegian health scientist, Heidi Hjelmeland, questioned the value of a single-factor physiological model of psychiatric disorder to explain suicide causation. She called instead for an integration of multi-disciplinary perspectives noting that, 'biological research in isolation can contribute relatively little to suicide prevention unless the sociocultural issues are properly dealt with'.<sup>44</sup> Another analysis penned in 2014 by the Harvard University medical anthropologist, Arthur Kleinman, called for the subject of suicide to be 'liberated' from domination by pathological models.<sup>45</sup> He suggested that the medical trend towards the narrowing of knowledge to the arena of biological interventions had led suicide research into a cul-de-sac insofar as building effective prevention strategies were concerned. The need is for a 'biosocial approach' to research and analysis in a manner that draws on all the relevant disciplines in a concerted effort to construct holistic intervention programs aimed at reducing suicide deaths. 'Suicide', Kleinman reminds us, 'like health and social problems more generally, cannot be left to medicine and public health alone but must be examined in the broadest and deepest context of human experience'.<sup>46</sup> Similarly, a 2015 American clinical psychological analysis underlines the inadequacy of adhering to a specific 'disease model' in seeking to understand the phenomenon of voluntary death. The authors warn, 'countless clinicians from the fields of psychology,

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<sup>43</sup> Ibid, 150; 118; 164-65.

<sup>44</sup> Heidi Hjelmeland, 'Suicide Research and Prevention: The Importance of Culture in "Biological Times"', in Colucci and Lester, *Suicide and Culture: Understanding the Context*, 16.

<sup>45</sup> Arthur Kleinman, 'Afterword', in Honkasalo and Tuominen, *Culture, Suicide, and the Human Condition*, 199.

<sup>46</sup> Ibid, 204-05.

counseling, social work, and psychiatry are in need of greater awareness of the [interdisciplinary] theory behind why people die by suicide and evidence-based interventions for effectively managing those most at risk in a variety of settings'.<sup>47</sup> Finally, in 2017 Saxby Pridmore, professor of psychiatry at the University of Tasmania, has suggested that the Western medical profession's conviction that suicide is mostly caused by some form of mental disorder has been proven to be an 'incorrect' belief – and one that now only serves to hinder deeper cross-disciplinary understanding of the subject. He urges researchers to remember the work of Durkheim and to expand professional knowledge of suicide by closely examining the roles that society and culture may play in influencing acts of voluntary death.<sup>48</sup> Pridmore goes on to caution:

*Our current approach to suicide is to see it as an illness or the result of an illness, and provide 'treatment'. We call on health professionals, when what most individuals need are friends, family, elders, warmth, encouragement and common sense. Of course, those who do have mental disorders need specialist care. If we want to prevent suicide we need to acknowledge its ubiquity, improve the circumstances of our people, encourage them, teach them alternative, adaptive responses, and have the topic ventilated rather than suffocated.*<sup>49</sup>

It is significant that Kushner's seminal call for a multidisciplinary approach to understanding suicide has been echoed by those confronting the crisis of military suicide.<sup>50</sup> In 2011, two United States Air Force behavioural scientists, George R Mastroianni and Wilbur J Scott, wrote in favour of a new synthesis of understanding based on integrating the sociology of Durkheim and the interpersonal psychology model posited by the American psychologist, Thomas Joiner. Mastroianni and Scott posit that Durkheim's sociology of suicide can be reinforced by Joiner's work which, as we have seen, highlights how failed belongingness, perceived burdensomeness and a habituation to self-injury become major features leading to individual suicide

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<sup>47</sup> Michael D Anestis and Lauren R Khazem, 'The Problem of Suicide' in Craig J Bryan, ed, *Cognitive Behavior Therapy for Preventing Suicide Attempts: A Guide to Brief Treatments across Clinical Settings*, Routledge, New York, 2015, 112.

<sup>48</sup> Saxby Pridmore, 'Erroneous Beliefs about Suicide', *Quadrant*, November 2017, 58-59.

<sup>49</sup> *Ibid*, 59.

<sup>50</sup> Mastroianni and Scott, 'Reframing Suicide in the Military', 6-21

in the West.<sup>51</sup> 'If we wish to understand suicide in the military more clearly', they observe, 'one possible approach is to look for factors identified by the theoretical perspectives of Durkheim and Joiner . . . Durkheim's framework points to disruptions in integration and regulation, and Joiner's to failed belongingness and perceived burdensomeness'.<sup>52</sup>

The two authors go on to recommend that military commanders place far greater emphasis on reinforcing social integration in military units and address any loss of personal connectedness to community in garrison situations. In the latter, a positive command climate is an important factor in detecting suicidal behaviour because the phenomenon of garrison suicide is seldom explained by repetitive deployments or by combat experience. Instead, deaths of military personnel in garrison situations are far more likely to conform to factors found in the works of Durkheim and Joiner – that is in a failure in social integration and personal belonging combined with perceived burdensomeness which may also be accompanied by a possible history of self-harm.<sup>53</sup>

For Mastroianni and Scott, the correct framing of military suicide as an interdisciplinary phenomenon facing military command is an essential first step toward the formulation of effective mitigation strategies. The military must come to understand voluntary death in a socio-cultural context as well as medical terms. The authors conclude that the ethos of military culture is itself a critical factor in shaping the behaviour and beliefs of individual soldiers:

*We think that understanding suicide [in the military] requires more than the measurement of stress-related suffering, more than a focus on resilience, training and preparation. **Rather it should encompass consideration of the capacity of soldiers to meaningfully interpret their experiences in military service.***<sup>54</sup>

Similarly, Antoon Leenaars in his major 2013 study, *Suicide among the Armed Forces: Understanding the Cost of Service*, echoes many ideas

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<sup>51</sup> Ibid, 10.

<sup>52</sup> Ibid, 12

<sup>53</sup> Ibid, 13

<sup>54</sup> Ibid, 18. Emphasis added.

that are reminiscent of the work of Kushner, Mastroianni and Scott.<sup>55</sup> Like many others who have examined military suicide in the ranks, Leenaars firmly rejects the notion of suicide as a one-dimensional 'disease model' or a biological anomaly. He describes the act of voluntary death as a multidimensional occurrence with an ecology that encompasses many cross-cutting elements.<sup>56</sup> Leenaars goes on to highlight the usefulness of the definition of suicide advanced by the leading American psychiatrist, Edwin Shneidman that, 'suicide is a multifaceted event [and] biological, cultural, sociological, interpersonal, intrapsychic, logical, conscious and unconscious and philosophical elements are present, in various degrees, in each suicidal event.'<sup>57</sup>

Collectively, the writings of Kushner, Hjelmeland, Kleinman, Mastroianni and Scott, Leenaars, Shneidman and Pridmore, are valuable illustrations of the multidimensional character of the act of suicide. Their interpretation has an obvious relevance for leaders grappling with the challenge of voluntary death in the profession of arms. An interdisciplinary interpretation by military hierarchies is a vital first step in developing counter-strategies to deal effectively with suicide ideation. This challenge is the subject of the next section.

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<sup>55</sup> Antoon A Leenaars, *Suicide among the Armed Forces: Understanding the Cost of Service*, Routledge, London, 2013, Kindle e book edition.

<sup>56</sup> Ibid, 109; 256; 542; 1187; 1789;

<sup>57</sup> Edwin Shneidman, *Definition of Suicide*, John Wiley & Sons, New York, 1985, 202.

## Confronting the Multidimensional Character of Suicide: Some Guidelines for ADF Commanders

There are four overarching guidelines for ADF military commanders who may be confronted by the challenge of suicide ideation. First, suicide in the military remains primarily a command and leadership challenge which requires that leaders at all levels of the profession of arms possess a basic understanding of the subject. Second, because suicide is a multidimensional phenomenon, ADF commanders must seek mitigation strategies that are based on holistic awareness not just on single factors taken in isolation. Third, the ADF's hierarchy must clearly differentiate between the imperatives of an effective military culture focused on the use of collective force and those of the mental health professions focused on the primacy of individual welfare because they are not, and can never be, one and the same. Fourth, the ADF should investigate the introduction a general program of resilience education that complements specific suicide awareness skills. Such a general program of resilience should have central authority but be decentralised in execution for command discretion. It should be composed of several interdisciplinary 'pillars of resilience' involving key areas such as psychology, philosophy and religion.

### 1. Military Suicide as a Command and Leadership Challenge

Military suicide and its prevention and mitigation are, in essence, leadership responsibilities from the most senior level of officership down to all non-commissioned officers. In 2010, a US Department of Defense publication noted the importance of leadership skills in dealing with suicide prevention and risk-mitigation. The document stated:

***Ordinary good leadership skills were likely to be a far more potent suicide prevention tool than specific suicide prevention skills. This general principle applies when it comes to organizational policies: Those that effectively mitigate work stress are likely to be more powerful tools than suicide prevention policies per se.***<sup>58</sup>

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<sup>58</sup> Department of Defense, *The Challenge and Promise: Strengthening the Force, Preventing Suicide and Saving Lives*, Department of Defense, Washington DC, 2010, Emphasis added.

The above evidence suggests that a general emphasis upon cultivating high morale inside a military unit will go far in assisting specific suicide prevention efforts. In an Australian context, there can be little doubt that a positive military mateship culture will assist commanders in identifying individual personnel who may be at risk from emotional disturbances that, if unnoticed or neglected, may escalate to suicide ideation. This is a proactive leadership approach that does not await the finality of medical intervention but which attempts to use the positive psychological ethos inherent in military culture itself to deal with a personnel problem. Indeed, Australian psychiatrist, Saxby Pridmore's recommendation – mentioned earlier in this primer – that what may often be of most value when confronting an individual's emotional difficulties are not health professionals but rather 'friends, family, elders, warmth, encouragement and common sense' has much to commend it in military life.<sup>59</sup> With proper leadership, a personnel problem can be owned inside the culture not outside of it and soldiers may assist other soldiers to overcome what may be temporary personal difficulties. Commanders must build a communal architecture that not only encompasses barracks life but which stretches beyond the front gates into families and the surrounding civilian community.<sup>60</sup>

In a military setting, suicide prevention is, in the first instance, a communal endeavour that must be owned and led by commanders who must seek to develop a 'command interest profile' for identifying soldiers at risk from self-harm. Dealing with suicide ideation inside any military organisation is a daunting task. Preventive measures may not always succeed but commanders must seize the initiative for as Carl Andrew Castro and Sara Kintzle remind us, 'within the military, the prevention of suicides is too important to wait for medical science to provide a solution'.<sup>61</sup> Prevention strategies must begin from the day service members enter the military and be part of a general focus on resilience training and education. If the imperatives of military culture can be employed to address suicide ideation then these will help temper the challenge to unit cohesion and, at the very

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<sup>59</sup> Pridmore, 'Erroneous Beliefs about Suicide', 59.

<sup>60</sup> See David E Jones, Laurel L Hourani, Mathew B Rariden, Patricia J Hammond and Aaron D Werbel, 'Suicide Prevention in the Military', in Carrie H Kennedy and Eric A Zillmer, eds, *Military Psychology: Clinical and Operational Applications*, 2nd edition, The Guildford Press, New York, 2012, Kindle e book edition, chapter 9.

<sup>61</sup> Carl Andrew Castro, and Sara Kintzle, 'Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect', *Military Mental Health*, published online 17 June 2014, 460.

least, may decisively shape the terrain of subsequent treatment by mental health professionals.<sup>62</sup>

Unfortunately, dealing with military suicide ideation remains an area of endeavour that is poorly researched in military sociology. As Leenaars notes, the literature on suicide prevention programs reveals that out of 3,406 titles and 261 articles in the early 21st century, only seven studies involve military personnel. Similarly, historical case studies into the sociology of military suicide are rare.<sup>63</sup> Poor research means that modes of understanding and conceptual models of risk factor identification that might be applied to military culture are not well developed. For example, there appears to be no military research counterpart of a valuable Finnish analysis of nearly 400 male suicide notes – notes which highlight the role of personal agency in self-willed death – a personal agency reflected by expressions of social failure, attitudes of shame and repeated sentiments of individual worthlessness.<sup>64</sup> Collectively, these male suicide notes reveal a pervasive sense of defeat and alienation in life – a sense that can only be ameliorated by resorting to an individual act of voluntary death – by which a suicidal man ‘displays his agency by *mastering* the world’.<sup>65</sup>

Despite a paucity of military literature on suicide ideation, two military approaches that do stand out are the United States Air Force’s (USAF) ‘multifactorial suicide prevention program’ and the US joint services PRESS model. In the former, USAF squadron commanders are educated in the use of multidisciplinary guidelines for creating a positive socio-cultural climate of command. Mental health referral, staff support and community based preventive services are highlighted and there is an emphasis upon

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<sup>62</sup> Ibid.

<sup>63</sup> Leenaars, *Suicide among the Armed Forces*, 5272. For case studies see Janet Padiak, ‘Death by Suicide in the British Army, 1830-1900’ and Patricia E Prestwick, ‘Suicide and French Soldiers of the First World War: Differing Perspectives, 1914-1939’ in John Weaver and David Wright, eds, *Histories of Suicide: International Perspectives on Self Destruction in the Modern World*, University of Toronto Press, Toronto, 2009, Kindle e book edition, chaps 5 and 6 respectively. For an attempt to create a unified research perspective see Rajeev Ramchand, et al, *Developing a Research Strategy for Suicide Prevention in the Department of Defense: Status of Current Research, Prioritizing Areas of Need, and Recommendations for Moving Forward*, RAND Corporation, Santa Monica, CA, 2014.

<sup>64</sup> Marja-Liisa Honkasalo, ‘When We Stop Living, We Also Stop Dying’: Men, Suicide and Moral Agency’, in Honkasalo and Tuominen, *Culture, Suicide, and the Human Condition*, chapter 7.

<sup>65</sup> Ibid, 190. Emphasis in original.



philosophical life-skills education to enhance individual protection.<sup>66</sup> Similarly, the PRESS model concentrates on the building of inter-personal support mechanisms through collaborative skills. PRESS involves *prepare* (knowing subordinates); *recognise* (signs of distress among service personnel); *engage* (find out the problem); *send* (for help as required); and finally, *sustain* (stay involved with the afflicted service member).<sup>67</sup>

Military commanders are not expected to be medical clinicians but they are, or should try to be, psychologists of the art of leadership. This is what Marshal de Saxe meant about command when he wrote, 'in a knowledge of the human heart must be sought the secrets of the success and failures of armies'.<sup>68</sup> A military commander worthy of the name will surely know their personnel system better than any outside clinician. In this sense, commanders and their staff are the point of the spear in dealing with any crisis of suicidal ideation among serving military personnel. As General Colin Powell notes, 'the day soldiers stop bringing you their problems is the day you have stopped leading them. They have either lost confidence that you can help them or concluded that you do not care. Either case is a failure of leadership'.<sup>69</sup> While commanders may not be able to prevent an individual soldier from committing suicide, through their ability to shape a positive military environment they can do much to ensure the success of overall mitigation strategies.

## **2. Suicide is a multidimensional phenomenon and commanders must seek holistic awareness and mitigation strategies**

As we have seen throughout this primer, it is too simplistic to view suicide completion and suicidal behaviour in reductionist terms as a purely a medical affliction. As the leading Canadian psychiatrist, Laurence J Kirmayer notes, 'suicide is fundamentally a social act, suffused with personal and

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<sup>66</sup> K Knox, D Litts, G Talcott, J Feig and E Caine, 'Risk of Suicide and Related Adverse Outcomes after Exposure to Suicide Prevention Programme in the US Air Force: Cohort Study', *British Medical Journal*, vol. 327, 2003, 261.

<sup>67</sup> Jones, et al, 'Suicide Prevention in the Military', in Kennedy and Zillmer, eds, *Military Psychology: Clinical and Operational Applications*, 4672-4684

<sup>68</sup> Marshal Maurice de Saxe, 'My Reveries Upon the Art of War', in Brigadier General Thomas R Phillips, ed, *Roots of Strategy: The Five Greatest Military Classics of All Time*, Stackpole Books, Harrisburg, PA, 1985, 190.

<sup>69</sup> Cited in Leenaars, *Suicide among the Armed Forces*, 5028.

collective meaning'.<sup>70</sup> Unlike infectious diseases caused by organisms such as bacteria or viruses, suicidal ideation is not a condition that lends itself to the analytical purity of scientific laboratory investigation. There is too much complexity in socio-cultural and psychological causation and this means that any understanding of suicide ideation requires a broad understanding of multidisciplinary perspectives. This situation is not an easy one for military leaders to address for as Leenaars observes, 'the military must be educated about suicide [yet] such education – given that suicide is a multidimensional event – is enormously complicated'.<sup>71</sup>

In April 2010, Colonel Elspeth Ritchie, Director of the Proponency of Behavioral Health in the Office of US Army Surgeon General noted that part of the challenge is the reality that it is not soldiers with major psychiatric disorders who are at greatest risk to die by suicide, but those with what she calls 'undetermined adjustment problems'.<sup>72</sup> The phenomenon of 'suicide clusters' based on imitative behaviour in a place in which a suicide has occurred may be connected to such a situation. This is why a healthy military culture itself is so important in addressing individual adjustment issues and why it may provide lifesaving agents from within – ranging from empathetic fellow soldiers to sharp-eyed non-commissioned officers who can act as champions and mentors.

There is much the armed services can do from within to shape the processes of prevention, intervention and postvention in dealing with incidents of trauma that may escalate to suicide. Yet, at the same time we must recognise that there are no panaceas and no guarantees of success. It is important not to exaggerate what commanders may be able to achieve in prevention strategies for it is clear suicide ideation is difficult to assess simply because intense trauma may have several causes and at the same time may not be seen. One 2007 study on suicide completion points out that 'no changes in army duty functioning were reported in the majority of the individuals who committed suicide'.<sup>73</sup> In other words, in many cases, there

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<sup>70</sup> Cited in Colucci and Lester, *Suicide and Culture: Understanding the Context*, preface.

<sup>71</sup> Leenaars, *Suicide among the Armed Forces*, 1769.

<sup>72</sup> Colonel Elspeth Ritchie, 'Suicide Prevention: Valuable Information learned from Army Surveillance and Research', Presentation to the American Association of Suicidology, April 2010 cited in Leenaars, *Suicide among Armed Forces*, 3430.

<sup>73</sup> I Orbach and E Gilboa-Schechtman, et al, 'A Chronological Perspective on Suicide – the Last Days of Life', *Death Studies*, 31, 2007, 919.

may be no correlation between a disturbed emotional soldier and effective military functioning.

The study goes on to note, 'the analysis of emotional state, when juxtaposed with the analysis of military functioning, suggests that although most of the suicide completers exhibited clear signs of emotional distress their duty functioning was hardly affected: 83% continued to function with no change and some even improved'.<sup>74</sup> For military leaders, beyond the dynamics of the battlefield, there are few more complex problems than dealing with suicidal behaviour in the ranks. While solutions may be elusive, an understanding of voluntary death based on multiple causes and interacting socio-cultural as well as psychiatric factors is an essential starting point in developing any counter-strategies.

### **3. The ADF must understand the difference between military culture and mental health culture**

The profession of arms is by definition a risky calling and psychiatric injury is likely to remain an inescapable operational challenge. It is well-known that in military establishments, mental health issues carry great fear of stigma for service personnel. This is because military culture in order to be effective must be able to prosecute military force.

Military culture is a collective entity in which interpersonal relations are mediated and controlled by hierarchy and rank. The self is subordinate to the unit and to moral traditions of martial life derived from tried and tested service in war. Militaries must highlight the qualities required for operations – such as self-sacrifice, comradeship, strength of character, personal resilience and fearlessness – if they are to fulfil a sworn duty to defend society and state. As General Sir John Hackett puts it:

*The essential basis of the military life is the ordered application of force under an unlimited liability. It is the unlimited liability what sets the man who embraces this life somewhat apart. He will be (or should be) always a citizen. So long as he serves, he will never be a civilian.*<sup>75</sup>

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<sup>74</sup> Ibid, 927.

<sup>75</sup> General Sir John Hackett, *The Profession of Arms*, Sidgwick & Jackson, London, 1984, 202.

Those members of the profession who falter in pursuit of the 'ordered application of force' are inevitably seen as unreliable in operational conditions in which lives may be at stake. Commanders need to be conscious that the culture of mental health is in many key respects the antithesis of that of Hackett's profession of arms. Two examples serve to highlight this reality. Mental health culture focuses on the individual not the primary group; mental health professionals are trained to look for signs and symptoms of weakness and emotional vulnerability; military culture seeks to inculcate the need for strength of purpose, emotional stability and resilience in adversity.<sup>76</sup>

Several analysts in the fields of military psychiatry and suicide studies have urged mental health professionals to adapt themselves to the cultural norms of the military.<sup>77</sup> Two British specialists have warned that military psychiatry remains an ambiguous field 'because, of necessity, it operates along the border between stress that enhances performance and stress that can cause long-term psychological injury'.<sup>78</sup> This dialectic between enhancement and vulnerability demands that stress-management must be properly understood by both military professionals and mental health professionals. A 2011 RAND report warns that raising suicide awareness is not the same as creating military-centred programmes that lead to behaviour change based on increased resilience. This is a key distinction for military commanders to grasp. 'Few programs', the report notes, 'teach strategies to help service members build skills that would help them care for themselves, including the ability to self-refer when needed.'<sup>79</sup> As Craig J Bryan and David Rudd point out, in order to succeed with military personnel who may exhibit suicidal ideation, mental health specialists require a military-specific approach and a military-friendly language in which strategies such as cognitive behavioural therapies are used to incorporate positive psychology as a means of

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<sup>76</sup> Leenars, *Suicide among the Armed Forces, 2557-2562*.

<sup>77</sup> See Craig J Bryan and M David Rudd, 'Preventing Suicide Attempts in Military Settings', in Craig J Bryan, ed, *Cognitive Behavior Therapy for Preventing Suicide Attempts: A Guide to Brief Treatments across Clinical Settings*, Routledge, New York, 2015, Kindle e book edition, chapter 7.

<sup>78</sup> Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, Maudsley Monograph 47, Psychology Press, New York, 2005, Kindle e book edition, 4750.

<sup>79</sup> Rajeev Ramjand, Joie Acosta, Rachel M Burns, Lisa H Jaycox and Christopher G Pernin, *The War Within: Preventing Suicide in the US Military*, RAND Corporation, Santa Monica, CA, 2011, xxii.

empowerment and self-improvement.<sup>80</sup> Adversity and stress need to be reframed as crucibles of soldier-centred learning for the development of robust character. ‘Interventions designed to enhance emotion regulation skills and distress tolerance’, note Bryan and Rudd, ‘[need to be] presented as methods for refining mental toughness’.<sup>81</sup>

It is also useful for therapists to distinguish between the concept of self-sacrifice in war and the concept of perceived burdensomeness in suicidal ideation – on the crucial difference between ‘giving’ one’s life in the pursuit of duty and of ‘taking’ one’s life in pursuit of voluntary death.<sup>82</sup> Again research in this area is weak with one authority noting, ‘to date there exists no body of literature identifying areas in which suicide risk management differs between garrison and combat settings to guide mental health professionals’.<sup>83</sup> Some psychologists have called for the creation of ‘a science of human strengths’ based on the notion of positive psychology and a sense of transcendence (serving a cause beyond the self).<sup>84</sup> From this perspective, the ‘disease model of human nature’ and the humanistic psychology edifice from which it is derived is rejected. As two leading psychologists have written in words that recommend themselves to defenders of military culture:

*We disavow the disease model [in psychology] as we approach character, and we are adamant that human strengths are not secondary, derivative, illusory, epiphenomenal, parasitic upon the negative or otherwise suspect. Said in a positive way, we believe that character is the bedrock of the human condition and that strength-congruent activity represents an important route to the psychological good life.*<sup>85</sup>

The differences between mental health culture and military culture and the need for a positive psychology approach towards suicide ideation are closely linked to the need for more general programs dealing with resilience. It is to this area that this primer now turns.

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<sup>80</sup> Bryan and Rudd, ‘Preventing Suicide Attempts in Military Settings’, 2570

<sup>81</sup> Ibid, 2580.

<sup>82</sup> Ibid, 2818-2824.

<sup>83</sup> Craig J Bryan, et al, ‘Challenges and Considerations for Managing Suicide Risk in Combat Zones’, *Military Medicine*, 175, 2010, 713-718.

<sup>84</sup> Christopher Peterson and Martin EP Seligman, eds, *Character Strengths and Virtues: A Handbook and Classification*, Oxford University Press and the American Psychological Association, New York, 2004, Kindle e book edition, 24; 131-133.

<sup>85</sup> Ibid, 161.

#### 4. The ADF needs a general system of resilience education to complement specific suicide prevention skills

Over the past three decades there has been a major change in Western liberal democratic society away from collective values and community obligation towards individual ideals and beliefs in personal autonomy. It is true that many of yesterday's cultural ideals based on group psychology and emotional restraint have fallen into disuse. As American historian Alan Brinkley writes, 'where once society organized itself around a cluster of powerful and widely shared values, many of the emphasizing restraint, self-discipline and personal responsibility, now it is dominated by a new and more permissive ethos that emphasizes personal fulfilment, desire and identity'.<sup>86</sup> In today's post-modern liberal democracies – including Australia – there is in existence a fragmented culture in which individual choice, personal identity and self-realisation are often the most important values.

Many of these individual-personal values tend to run counter to those required by military culture and there has been considerable debate about what this means for the profession of arms. In the late 1990s, a former British Chief of the Defence Staff, Field Marshal Lord Carver complained that the military service ethos was being undermined because counselling and compensation had begun to replace courage and conviction. Similarly, the British psychiatrist David Alun Jones speculated that the concept of masculinity has now changed so much that it is almost a form of 'male autism'. He observes, 'men today are incapable of fighting war without psychological damage . . . Masculinity, within society, has changed too much. Men today are too vulnerable'.<sup>87</sup> Surveying the way changing beliefs towards masculinity and military endurance now operate in Western society, two specialists in the history of military psychiatry, Edgar Jones and Simon Wessely, conclude bluntly: 'We cannot accept that Roman soldiers reacted to 'trauma' in the same way as modern soldiers'.<sup>88</sup>

Reflecting the above concerns there is a large and growing interdisciplinary literature on the reasons for the rise of what has been identified variously

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<sup>86</sup> Alan Brinkley quoted in the *London Times Literary Supplement*, 21 January 2000.

<sup>87</sup> Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists, 1914-1994*, Jonathan Cape, London, 2000, 397.

<sup>88</sup> Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, 3898.

as a 'culture of narcissism', the 'risk society', the 'culture of trauma' 'therapeutic governance' or a 'therapeutic culture' in Western liberal democracies.<sup>89</sup> The main thrust of this literature is an emphasis on explaining why the 21st century has witnessed a change in moral grammar involving the fragmentation of social cohesion and the rise of greater individuality emphasising emotions and feelings. The British sociologist, Frank Furedi, suggests we have seen the 'psychologisation' of post-modern civilian life throughout the West which has helped create what he describes as 'an age of traumas, syndromes, disorders, and addictions'.<sup>90</sup> He notes, 'the expansion of therapeutic intervention into all areas of society has been remarkable. Even institutions which explicitly depend on the spirit of stoicism and sacrifice, such as the military, police and emergency services are now plagued with problems of emotion'.<sup>91</sup>

Most analysts of post-modernity trace the transformation of Western society away from collective norms toward far more individual values to such influences as the decline of cultural tradition, the erosion of religious belief and the rise of managerial politics. In addition, greater individualism has been encouraged by the reality that the material struggle of life that marked much of the 20th century has been replaced by general affluence, a much greater sensitivity towards the role of emotionalism and a desire for personal narratives. These factors, it is argued, tend to weaken ideals of social unity in favour of a rights-oriented individualism which, in some cases creates a sense of victimology at the centre of selfhood.<sup>92</sup> These trends are reflected in education where the West's cultural history is seldom taught as part of a preparation for the rigours of modern living. Few students today learn from literature to appreciate Shakespeare's King Lear lamenting his torment in life as 'ripeness is all'; John Keats' describing the challenges of living as representing a 'vale of soul-making'; and poet Robert Frost's teaching that if

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<sup>89</sup> Christopher Lasch, *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*, Warner Books, New York, 1979; Thomas Szasz, *The Therapeutic State: Psychiatry in the Mirror of Current Events*, Prometheus Books, Buffalo, 1984; Ulrick Beck, *Risk Society: Toward a New Modernity*, Sage, London, 1992; Shephard, *A War of Nerves*, chapter 27; Philip Bracken, *Trauma: Culture, Meaning and Philosophy*, Whurr Publishers, London, 2002; Frank Furedi, *Therapy Culture: Cultivating Vulnerability in an Uncertain Age*, Routledge, London, 2004. Kindle e book edition.

<sup>90</sup> Furedi, *Therapy Culture*, 2862.

<sup>91</sup> *Ibid*, 272-77.

<sup>92</sup> See for example Szasz, *The Therapeutic State*; Bracken, *Trauma: Culture, Meaning and Philosophy* and Furedi, *Therapy Culture*, *passim*.

human beings are to succeed they must undergo the rites of experience for ‘the only way around is through’.<sup>93</sup>

In the 21st century, Frost’s dictum of ‘going through’ is hardly welcome in today’s lexicon of moral grammar and suicide not only continues to occur – but in countries such as Australia – is actually increasing among the younger age groups.<sup>94</sup> The Peruvian Nobel laureate, Mario Vargas Llosa has written of the growing paradox between material progress and moral confusion that he now believes exists at the heart of post-modern culture:

*Never before have we lived in an age so rich in scientific knowledge and technological discoveries; never have we been better equipped to defeat illness, ignorance and poverty, and yet perhaps we have never been so confused about certain basic questions such as what are we doing on this lightless planet of ours, [and whether] concepts such as spirit, ideals, pleasure, love, solidarity, art, creation, beauty, soul, transcendence still have meaning and, if so, what these meanings might be?*<sup>95</sup>

It is not necessary for military commanders to agree with all of the views expressed by the above body of literature on cultural and social change. But it is surely important that they recognise one aspect of contemporary life that seems indisputable – namely that there are significant implications from a more individualistic society for professional militaries who remain reliant for their effectiveness upon a collectivist ethos. It is important for commanders to understand the influence that contemporary cultural norms based on greater individualism and self-realisation may have in shaping beliefs about trauma in general and suicide ideation in particular. For those born towards the end of the 20th century, rights are increasingly favoured over duties as a means of defining contemporary citizenship. Moreover, as Jones and Wessely point out, for many in the 18-34 age group, ‘the importance of reticence and restraint in handling private emotions [have given] way to overt emotional expression’.<sup>96</sup>

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<sup>93</sup> See Hecht’s discussion of cultural education for resilience, in *Stay: A History of Suicide and the Arguments Against It*, 211; 213

<sup>94</sup> Jessica Longbottom, ‘Suicide Rates for Young Australians Highest in 10 Years, Researchers Call for New Prevention Strategies’, *ABC News*, 30 November 2016.

<sup>95</sup> Mario Vargas Llosa, *Notes on the Death of Culture: Essays on Spectacle and Society*, Faber and Faber, London, 2015 trans by John King, 198.

<sup>96</sup> Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, 4721.



Militaries inevitably inherit and reflect social influences that are current in their parent societies. As General Hackett puts it:

*What a society gets in its armed services is exactly what it asks for, no more and no less. What it asks for tends to be a reflection of what it is. When a country looks at its fighting forces it is looking in a mirror; the mirror is a true one, and the face that it sees will be its own.*<sup>97</sup>

Yet while a Western professional military establishment cannot be divergent from a parent society it must, as Hackett also warns us, remain *different* precisely because its serving members are *not* civilians. If it is the case that some of today's military recruits are more prone to emotional vulnerability and suicide ideation than in past generations, then the profession of arms must invest in its own resilience efforts. The need is not simply to create suicide awareness initiatives but to surround these with resilience programs inside a 'living community' – a community aimed at preparing men and women for the challenges of military life as a special calling and not as a mere 'lifestyle choice'.<sup>98</sup> If the ADF embraces this approach it needs to investigate the content of such resilience programs carefully and construct them as multidisciplinary initiatives that draw from the pillars of positive psychology, moral philosophy and the heritage of religious teaching that define so much of Western civilisation.

Resilience programs using such a multidisciplinary 'pillared system' need to emphasise the power and pride of military service, a service that can enhance personal meaning through membership of a culture of supportive relationships embedded in a professional ethos. As philosopher Immanuel Kant reminds us, the highest reason for living is to seek to act from a sense of righteous duty – to follow something greater than oneself and to discover how to serve.<sup>99</sup> Resilience based on a positive 'science of life strengths' and an avoidance of a 'disease' or 'victimology' model are likely to be of far greater value in any military context. As two psychiatrists warn:

*Any [resilience] initiative must recognize and respect the ambivalence that the military feel about psychological disorders, and accept that*

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<sup>97</sup> Hackett, *The Profession of Arms*, 158.

<sup>98</sup> See HR McMaster, 'Moral, Ethical, and Psychological Preparation of Soldiers and Units for Combat', *Naval War College Review*, 64:1, Winter 2011, 7-19.

<sup>99</sup> Hecht: *Stay: A History of Suicide and the Arguments Against It*, 215.

*there are legitimate arguments surrounding an embracing of the trauma/victim culture currently on the increase in civilian society. The military may with justification argue this is a genuine threat to operational efficiency and the need for resilience.*<sup>100</sup>

Fostering life-skills and resilience-building programs are an important corollary to specific suicide prevention efforts. In a direct reference to the philosopher, Albert Camus, Antoon Leenaars writes that '*resilience is all about Sisyphean perseverance*' – rolling the boulder up the mountain of life and being prepared to summon up the Stoic courage to retrieve it when it slips backwards confronting us with the challenge of endurance.<sup>101</sup> Such a spirit of perseverance requires an investment by the ADF's senior leaders in carefully crafted resilience education at many levels. Such education should have central authority even if its execution is decentralised to subordinate commanders in order to meet unit requirements.

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<sup>100</sup> Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, 4799.

<sup>101</sup> Leenaars, *Suicide among the Armed Forces*, 204. Emphasis in original.

## Conclusion

The central contention of this primer is that in order to understand why and how a member of the armed services becomes suicidal, the military must first understand the multidimensional character of the subject of voluntary death. Without such a comprehensive understanding it may well be impossible for military leaders to frame the parameters of the challenge. As a result, military suicide education will risk being fragmented into silos of unrelated specialisations – each of which is likely to be incapable of finding long-term solutions that serve the best interests of the Australian profession of arms. The ethos needs to be one of ‘ownership through understanding’ for it is the responsibility of every ADF officer and non-commissioned officer to invest in knowledge of suicide ideation as a command and leadership imperative.

Given the sobering statistic that the combined suicide rate of ADF service members and veterans in the community is seven times that of deaths on operations, knowledge of the subject should be mandatory not optional. Yet this is not an easy undertaking, for the subject of voluntary death is both confronting and mysterious in its multidimensional complexity – situated as it is at the crossroads of the religious and the secular, the sociological and the psychological, and the philosophical and the medical. Further complication arises from the reality that today’s Western secular society lacks a meaningful anti-suicide consensus. This reality means that social and cultural factors will always accompany psychological and medical factors when individuals reject what Albert Camus describes as ‘the uselessness of suffering’ and pursue a longing for death.

For these reasons, suicide education in the military needs to be accompanied by a broader focus on soldier-centred resilience initiatives that enhance positive thinking, cultivate life-skills and foster the development of strong character as a life-long journey toward self-mastery. In the end, the ADF must confront suicide ideation in Australian inside its own culture by ensuring that the profession of arms reflects the highest moral values in human nature. ADF leaders must never forget that embracing high moral values confers a strong spirit of self-protection. The best single defence against suicide ideation in the ranks is for the ADF to uphold the natural grace of the military profession – a grace that upholds personal strength and steadfastness of spirit – and which embeds these virtues in a community of comrades committed to the pursuit of private excellence and public duty.

## **The Author**

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