



Shame, Stigma and Suicide

M. David Rudd, Ph.D., ABPP
University of Memphis

CAREERS • EDITORS' PICK

47% Of Americans Believe Seeking Therapy Is A Sign Of Weakness

Bryan Robinson, Ph.D. Contributor ⓘ

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“It’s a Sign of Weakness”: Masculinity and Help-Seeking Behaviors Among Male Veterans Accessing Posttraumatic Stress Disorder Care

Molly Silvestrini¹ and Jessica A. Chen^{1,2}

¹ VA Puget Sound HCS Seattle Division: Puget Sound Health Care System, Seattle, Washington

² Department of Psychiatry & Behavioral Sciences, University of Washington

shame

1 of 2 noun

'shām ◀▶

Synonyms of *shame* >

- 1 a** : a painful emotion caused by consciousness of guilt, shortcoming, or impropriety
b : the susceptibility to such emotion
| have you no *shame*?
- 2** : a condition of humiliating disgrace or disrepute : **IGNOMINY**

shame



n. a highly unpleasant **self-conscious emotion** arising from the sense of there being something dishonorable, immodest, or indecorous in one's own conduct or circumstances. It is typically characterized by withdrawal from social intercourse—for example, by hiding or distracting the attention of another from one's shameful action—which can have a profound effect on psychological adjustment and interpersonal relationships. Shame may motivate not only avoidant behavior but also defensive, retaliative anger. Psychological research consistently reports a relationship between proneness to shame and a host of psychological symptoms, including depression, anxiety, eating disorders, subclinical sociopathy, and low self-esteem. Shame is also theorized to play a more positive adaptive function by regulating experiences of excessive and inappropriate interest and excitement and by diffusing potentially threatening social behavior. Compare **guilt**. —**shameful** *adj.*

Differentiating Shame and Guilt

- ▶ **Shame is about who we are.....**
 - **Inherently flawed, damaged, worthless, defective**
 - **The foundation of unlovability**
- ▶ **Guilt is about what we've done.....**
 - **Inaccurate vs accurate**
- ▶ **Learning vs earning.....**
- ▶ **Both help drive suicidal ambivalence**

Understanding Ambivalence and Hope in the Clinical Environment

Suicide is the result of individual pain and suffering
Much of that pain is identity-related

How we define and understand emotional pain has historically created challenges, fueled stigma, **reinforced shame** and undermined suicide prevention efforts

Shame/Guilt in Clinical Context

The hate that rages within me, rages not for those I love so dearly or those who have crossed my path.

This hate rages full force towards me and only me.

I have long forgiven those who've hurt me, but I have not and cannot come to terms to forgive myself for the things I have done to myself, and the things I've done to hurt those in my life.

You have all touched my life in one way or another, especially those whom I call family.

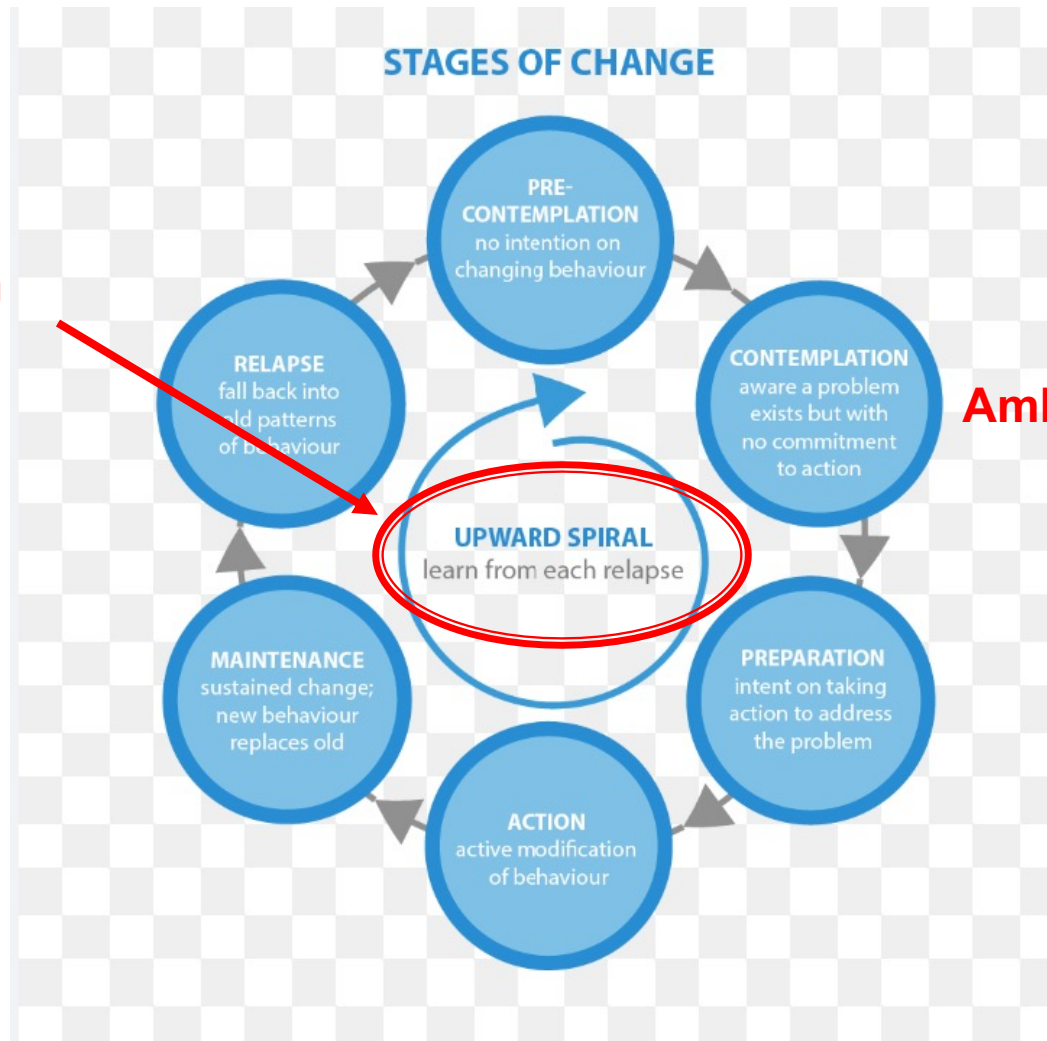
I cannot tell you how sorry I am for ending my life the way I did. I hope that you can all find it in your heart to see it as way for me not suffering anymore and that I am finally at rest with myself, for being at rest with the guilt that constantly ate at me for so long.

Critical Issues in Clinical Care

- ▶ Suicidal ambivalence
 - *Coexistence of will to live and desire to die*
 - *How do we define it, operationalize it, target it clinically*
 - *ALWAYS moving toward living or dying*
 - *Thought-action continuum critical*
 - *The idea of “resolved wish to die” versus ambivalence*

Ambivalence, Behavior, Learning

Learning from each episode



Ambivalence as an Intervention



Asking for Help is Complicated

- ▶ Requires a wide-ranging skill set that is most likely very limited.....
 - Emotional awareness of own risk/motivation
 - Acknowledgement of vulnerability—
 - ----that you're having difficulty
 - Acknowledgement it can't be managed alone
 - Willingness to engaged in emotional intimacy and share private information
 - **(with a stranger?)**

- Ability to verbalize/communicate emotional distress
- Acceptance that others can provide emotional support when you're struggling
- Ability to trust and depend on others
 - Despite previous attachment challenges
- Ability to overcome tough lessons previous individual experience/history has taught
- All in the midst of profound ambivalence about living and dying—but likely weighted toward dying

There's a Reason These Aren't Used



Ambivalence and Resolved Wish to Die



Chronicle / John Storey

On the bridge, Baldwin counted to ten and stayed frozen. He counted to ten again, then vaulted over. “I still see my hands coming off the railing,” he said. As he crossed the chord in flight, Baldwin recalls, “I instantly realized that everything in my life that I’d thought was **unfixable was totally fixable**—except for having just jumped.”

Tad Friend. Jumpers. The New Yorker (2003)

Physical vs Emotional Pain

**The daily contradictions
that drive ambivalence**

Common Approach to Physical Pain

Feeling pain in response to an injury is a signal that your body has been hurt in some way. Or, if you have an illness, headache, or other type of pain, it's a signal to your brain that something is not right.

It's a **NORMAL** part of physical/physiological functioning

What Are We Taught About Physical Pain?



Some types of physical pain
are essential to build
strength, stamina, resilience

“No pain, No Gain”

Pain tolerance = toughness

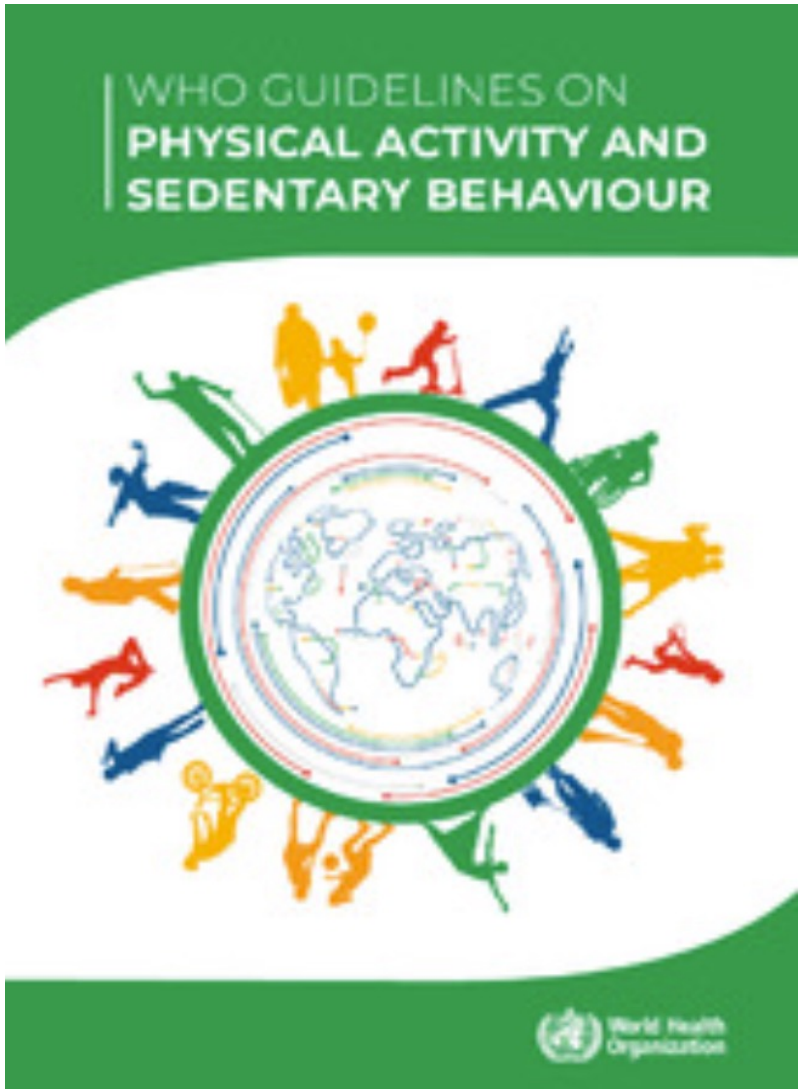
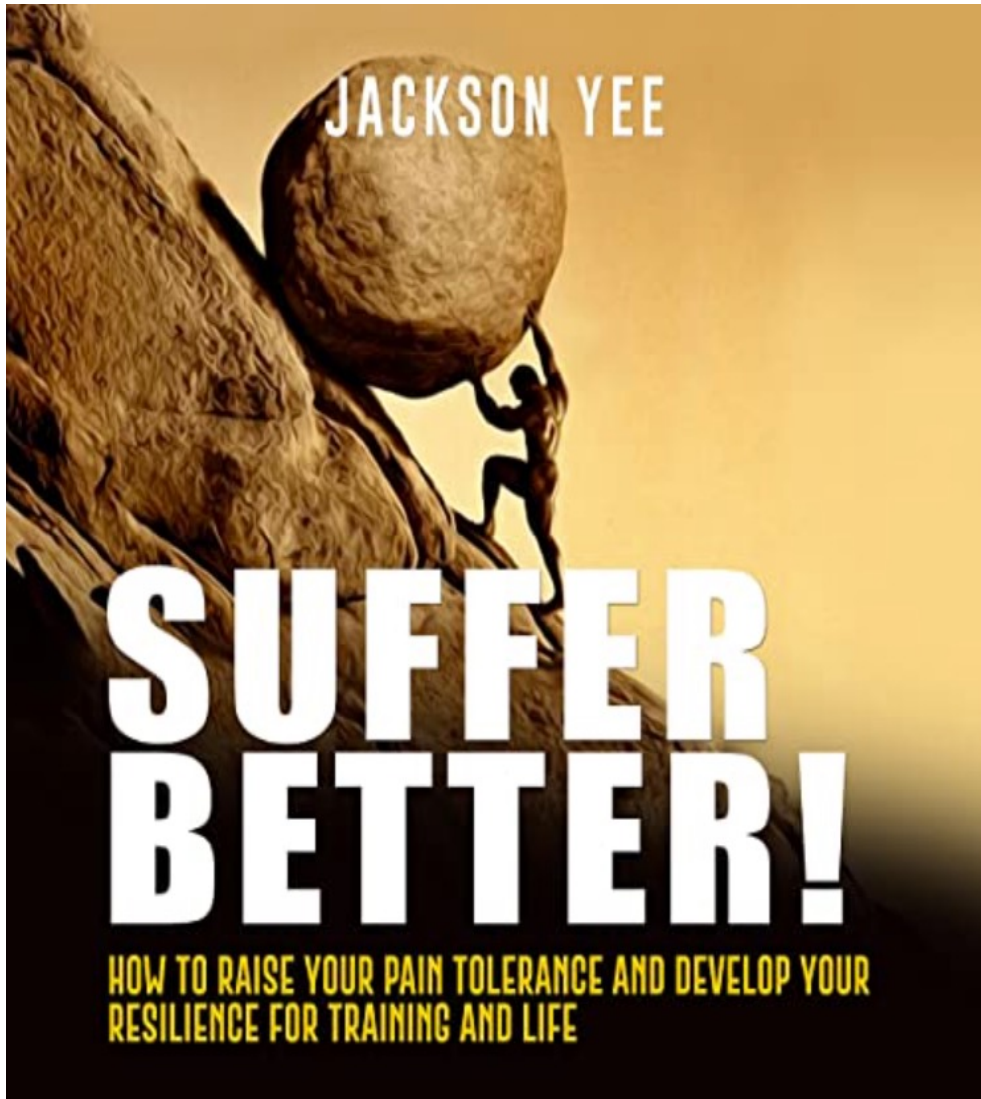
Physical/Emotional Differences

The Foundation of Stigma and Ambivalence

For the most part, we learn to differentiate pain related to strength/stamina/resilience from pain secondary to serious injury/illness that limit functional capacity and can worsen an injury or limit recovery from an illness

For the most part, we learn healthy physical limits/goals/activity

Sharp contrast with respect to what we learn about emotional pain



Tame the Pain: How Cyclists Can Increase Their Pain Tolerance

September 12, 2020

In the sport of cycling, suffering paves the path to victory. But everyone's tolerance for pain is different. While physical fitness represents the ceiling of your physical limits, how close you get to that limit is dictated by your



How Do We Define Emotional Pain?

- ▶ Psychological pain, mental pain, or emotional pain is an unpleasant feeling of a psychological, non-physical origin. Hurt from non-physical source.
- ▶ **Vague, general, and fails to recognize broader emotional functioning, “normal” emotional functioning continuum**
- ▶ Grief, guilt, anger, sadness, jealousy, fear, anxiety, frustration etc., are all natural/normal but not identified as emotional pain?. What is important is context!

What Do We Learn About Emotional Pain?

In contrast to physical pain, it's not clearly defined as a function of "normal" emotional functioning

It's been pathologized

it as a sign of feelings of inadequacy, being psychologically broken

Baumeister, Shneidman, Sandler. Bolger, Orbach

A Powerful Implicit Message

Emotional pain pathologized,
not part of *normal human
functioning*

Emotional pain has unique
implications for individual
identity, self-image, esteem,
efficacy particularly with
respect to suicide

The Evidence is Everywhere

Synonyms for strong

- Tough tenacious capable steady secure powerful tough rugged vigorous sturdy


Synonyms for sensitive

- Careful delicate thoughtful emotional nervous unstable susceptible



sensitive

adjective

sen·si·tive | \ 'sen(t)-sə-tiv , 'sen(t)s-təv \

: highly responsive or susceptible: such as

a (1) : easily hurt or damaged

especially : easily hurt emotionally

(2) : delicately aware of the attitudes and feelings of others

b : excessively or abnormally susceptible : [HYPERSENSITIVE](#)

// *sensitive* to egg protein

trauma noun

trau·ma 'trò-mə also 'traü-

plural **traumas** also **traumata** 'trò-mə-tə, also 'traü-

- a** : an injury (such as a wound) to living tissue caused by an extrinsic agent

b : a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury

c : an emotional upset

the personal *trauma* of an executive who is not living up to his own expectations
— Karen W. Arenson
- : an agent, force, or mechanism that causes trauma

violence noun

vi·o·lence 'vī-lən(t)s » 'vī-ə-

[Synonyms of violence >](#)

- 1 a** : the use of physical force so as to injure, abuse, damage, or destroy
b : an instance of **violent** treatment or procedure
- 2** : injury by or as if by distortion, infringement, or profanation : **OUTRAGE**
- 3 a** : intense, turbulent, or furious and often destructive action or force

Consequences of Exposure to Violence

- ▶ Physical and emotional consequences are ordinary and occur in everyone
 - Autonomic arousal and hyperarousal is normal
 - How we interpret it and understand it is critical
- ▶ Compounded by exposure to violence during childhood
- ▶ Accumulates with successive exposure
- ▶ Everyone has isolated symptoms after exposure to violence
 - Some persist and need to be specifically targeted
 - Sleep problems, intrusive thoughts, hyperarousal, threat perception

The net result of this national narrative?

The median delay between onset of symptoms and treatment is 11 years.

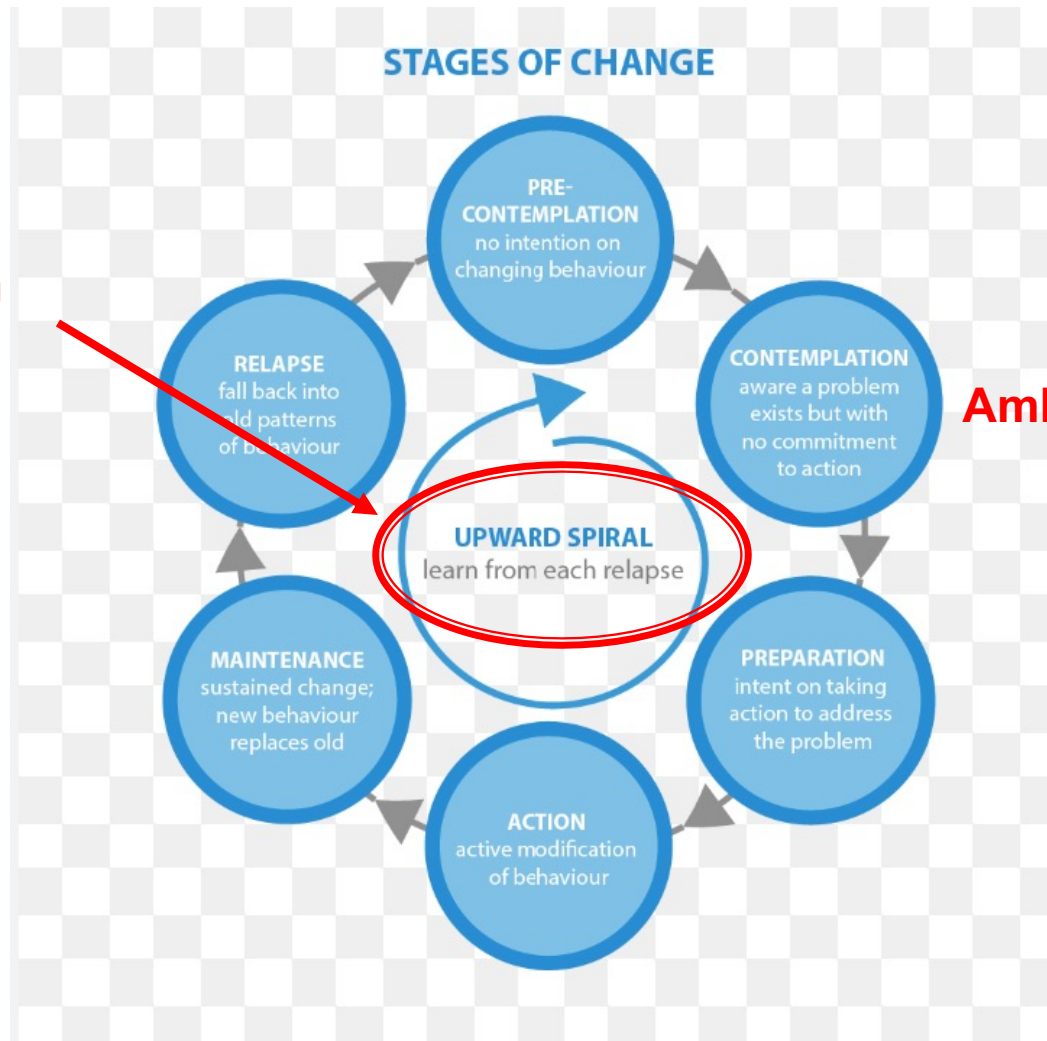
Table 1

Cumulative Lifetime Probabilities and Median Number of Years until First Contacting Professionals for Mental Disorders

	Cumulative Lifetime Probability %	Median Years from Onset to Probability Years
General medical doctors [†]	46.1	10
Psychiatrists	27.3	11
Mental health specialists [‡]	51.2	9
Religious professionals [§]	34.1	11
Human services professionals	19.4	12
Alternative treatment professionals [¶]	41.1	12
Any treatment provider (of above 6)	80.1	11

Ambivalence, Behavior, Learning

Learning from each episode



Ambivalence

Ambivalence as a Clinical Intervention

- ▶ Across all aspects of care
- ▶ Define it
- ▶ Integrate it into an understandable model of suicide risk that reduces stigma and shame
- ▶ Operationalize it
 - Wish to live/die question
 - Motivation to die continuum
 - “resolved motivation to die”
 - Recognizing/responding to discrepancies
- ▶ Assess it, target it, track it

Critical to Define Ambivalence About Living and Dying

- ▶ *A part of you wants to die and a part of you wants to live. Right now, let's focus on the part of you that wants to live and steps we can take to strengthen your wish to live.*

Wish to Live

- ▶ *Can you rate your current wish to live on a scale of 1-10, 1 being no wish to live and 10 be a very strong wish to live? Let's talk about your reasons for living. What are your reasons for living?*

Wish to Die

- ▶ *Can you rate your wish to die on a scale of 1-10, 1 being no wish to die and 10 being a very strong wish to die? Let's talk about your reasons for dying. What are some of your reasons for dying?*

Common Elements of Effective Treatments and Ambivalence?

- ▶ Specific models that reduce shame/guilt
 - Reduces resistance, improves attachment, generates wish to live
- ▶ Provide psychoeducational model to enhance self-awareness/understanding
- ▶ Simple, specific, detailed and accessible (memorable/recoverable)
- ▶ Understandable model facilitates personal control/accountability
- ▶ All facilitate emotional regulation skill development
- ▶ All impact identity, esteem, efficacy

BCBT Interventions Targeting Ambivalence

- ▶ Commitment to treatment
 - Commitment to living -Ambivalence/attachment
- ▶ Explanatory model and shame reduction
- ▶ Reasons for living/dying
 - Targeting ambivalence
- ▶ Crisis response plan/lethal mean/survival kit
 - Self-management targeting ambivalence
- ▶ Self-management skill development
- ▶ Identity change and shame reduction
 - Unlovability, unbearability, unsolvability