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Shame and Guilt Proneness Pre-Diagnostic Scale for Depression, PTSD, and Suicidal Ideation in Active Duty Veterans

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Abstract

PTSD was discovered in 1980 (Friedman, J. M., 2007), since then an increasing number of veterans and active duty soldiers have been affected by it. Not only have our soldiers been affected by PTSD but depression and suicidal ideation, the repercussions of war, combat zones or any type of severe stress felt while they were active duty. There are two key emotions linked to the diagnosis of PTSD, depression or suicidal ideation; guilt and shame. It has been concluded that guilt and shame both have effects of the diagnosis of PTSD, depression and suicidal ideation. There have been multiple studies to determine which emotion has a greater impact for diagnosis as well as which emotion could trigger certain diagnosis. This review will look into the creation of pre-prediction, pre-diagnostic scales to be used to help track soldiers with more increased emotions of shame and guilt. The goal is to help address these emotions early, keep commanding officers in the loop and get soldiers help before they are diagnosed with PTSD, depression or suicidal ideation. These scales will hopefully also help to destigmatize the idea of "getting help" in soldiers minds because they are pre-diagnostic showing a pattern and not actual diagnosis of a mental health disorder potentially disqualifying them from service.

Executive Summary

On September 11th 2001 the United States of America was hit with the most catastrophic terrorist attack in U.S. history. This attack is what prompted the War on Terror. During the War on Terror, over 2.5 million American troops were deployed to Iraq and Afghanistan, with some troops re-deploying multiple times (Adams, Chris-McClatchy Newspapers, 2016; *Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans*, 2015). As of September 2012 more, than 1.5 million of the 2.5 million soldiers have moved to VA status. Of those 1.5 million, 670,000 of those veterans have been granted disability status with 100,000 more pending (Adams, Chris-McClatchy Newspapers, 2016). About half of the veterans who have been granted disability status have some form of mental health problem (*Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF)*, 2015). One of the most prominent mental health diagnosis for veterans is Post Traumatic Stress Disorder (PTSD) (Guilt, 2016). Guilt and shame have

been found to be major emotions felt among veterans returning home from war. Independently shame and guilt have been correlated with different mental health diagnoses like depression, PTSD, and suicidal ideation. In this study it has been found that shame and shame proneness were correlated or could help predict PTSD (Leskela, et al., 2002; Gaudet, C.M., Sowers, K.M., Nugent, W.R., & Boriskin, J.A., 2016), depression (Sangmoon, et al., 2011; Gaudet et al., 2016) and suicidal ideation (Bryan, et al., 2013). If the feelings of shame and guilt could be addressed earlier they could help lower the diagnoses of different mental health problems among veterans and troops as they return home.

As of now, there are a multitude of different scales available in the mental health world that measure things like combat exposure (Leskela, J., Dieperink, M., & Thuras, P., 2002), symptoms to diagnose PTSD (Leskela, et al., 2002; Henning, K.R. & Frueh, B.C., 1997), guilt (Henning, et al. 1997), and suicidal ideation (Bryan, C.J., Morrow, C.E., Etienne, N., & Ray-Sannerude, B., 2013). None of these scales work together while still defining shame and guilt separately. Majority of the time shame and guilt are defined together because they are both "self-conscious" emotions (Tangney & Fischer, 1995; Tracy et al., 2007 cited in Sangmoon, Thibodeau, & Jorgensen, 2011; Henning, et al., 1997) when in reality guilt and shame have been found to be two very distinct emotions with independent meanings (Henning, et al., 1997), so when they are evaluated they should be treated as such. Shame is focused in on the "self" (Henning, et al., 1997). The negative thoughts and emotions that come with shame are focused around "I", like "I am a terrible person" or "I am a horrible person" compared to only the behavior being evaluated (Leskela, et al., 2002). Guilt is outwardly directed and focused on the behavior that an individual is experiencing. This emotion arises from the "deleterious effects of behavior on others" (Sangmoon, et al., 2011), meaning it comes from the harmful effects

someone's behavior has on others. In this study it has been found that the number of guilt scales or measures outweigh the shame scales three to one, but this study has also found that shame and shame proneness were correlated or could help predict PTSD (Leskela, et al., 2002; Gaudet, C.M., Sowers, K.M., Nugent, W.R., & Boriskin, J.A., 2016), depression (Sangmoon, et al., 2011; Gaudet, et al., 2016) and suicidal ideation (Bryan, et al., 2013). Guilt is a major component to the diagnosis of PTSD, depression and suicidal ideation (Donahue, T. Tyson, M. Arboleda, I., 2015; Henning, et al., 1997), so this new pre-predicting scale would evaluate the levels of shame as well as guilt independently of each other.

This pre-predictive scale would be administered routinely in hostile, combat and deployed environments in order to help catch the strong emotions of shame and guilt early before the development of a mental disorder like depression, PTSD, or suicidal ideation. There would be four main criteria for administration of the scale: 1. If a unit member was exhibiting unusual behavior like hypervigilance, paranoia, confusion or isolative patterns; 2. if a unit returned from a mission where a unit member has died either at the hands of the unit, friendly fire, or at the hands of the enemy; 3. when a civilian bystander has been killed; and 4. when the enemy has been killed. There are many reasons behind the creation of the mental health disorder stigma in the military. The central focus; primarily being scared, to be taken out of "the fight" or labeled as weak. The utilization of this scale in hostile, combat and deployed environments would also help to rid the stigma of mental health disorders among the military. The scale could help prevent or catch and treat emotions early enough that the repercussions of having a mental disorder do not affect the individual publically or require them to leave "the fight". The scale would also help because with the majority of the criteria require the whole unit to take the scale. If the whole unit is being evaluated there is no room for individuals to be called weak based on the fact that

they, the individual, was taking the scale, because the scale will have been administered to everyone.

Table of Contents

Introduction

Historically the U.S. military personnel suicide rate trends below the U.S. civilian population's suicide rate, but since the Afghanistan and Iraq conflicts the U.S. military's suicide rate has been steadily climbing. In 2008 the U.S. military's suicide rate surpassed the civilian suicide rate (Schoenbaum, Kessler, Gilman, Colpe, Heeringa, Stein, Ursano, & Cox, 2014). Since then the U.S. military's rate continues to increase reaching an all time high in 2014 of 20.2 per 100,000 of all active duty military personnel, across all services, had commited suicide (Pruitt, Smolenski, Bush, Skopp, Hoyt, & Grady, 2015). According to the National Institute of Mental Health in 2014 the civilian suicide rate was 13.0 percent ("Suicide"), the civilian population's suicide rate was 7.2 percent lower than the U.S. military's. This is an alarming difference between the two populations. Most of the time suicide is accomplished based off of suicidal ideation, which are thoughts and plans about how to commit suicide, it is the pre-initiative step . Suicide rates are not the only statistic increasing within the past few years, both depression and PTSD threaten the mental well being of U.S. soldiers.

In 2012 a study done at Harvard University estimated the prevalence of depression among those currently deployed to be "12.0 percent, 13.1 percent among previously deployed and 5.7 percent among never deployed" (Gadermann, Engel, Naifeh, Nock, Petukhova, Santiago, Benjamin, Zaslavsky, & Kessler, 2012). In 2008 the RAND corporation did a population based study looking at the PTSD rates among military personnel returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), both a part of the Afghanistan and Iraq conflicts. Using the PTSD Checklist (PCL) they concluded that 13.8 percent of the 1,938 participants, currently had PTSD (Tanielian, & Jaycox, (Eds.) 2008). All of these conditions are horribly debilitating and can cost the men and women who serve this great country their jobs,

families, friends, and even their lives. People have tried to find the cause of these debilitating conditions or create a way to assess and treat them after being diagnosed. This has created a multitude of measures and scales like Combat Exposure Scale (CES), PTSD Checklist-Military (PCL), and Personal Feelings Questionnaire (PFQ). Over the past few years with the development of these scales, and a more indepth look at the psychological reasons behind PTSD, depression and suicidal ideation, two primary emotions have emerged to be the most prominent; shame and guilt.

Specific scales have even been created like the Combat Guilt Scale (CGS) and the Internalized Shame Scale (ISS). These scales are tied specifically to one emotion or the other, but the scales that have been created in the past normally do not distinguish between the two emotions, guilt and shame are consistently evaluated as the same emotion. This creates a problem because these emotions have been shown to produce different outcomes independently. Studies have found that shame and guilt have their own distinct emotions and can help determine the severity and or proneness to depression, suicidal ideation and PTSD (Leskela, Dieperink, & Thuras, 2002; Gaudet, Sowers, Nugent, & Boriskin, 2016). Majority of these scales are created to diagnose, to post-diagnosis, or for data collection purposes in research. If shame and guilt are to be used to help identify ailments like depression, PTSD and suicidal ideation they need to be defined independently and tracked before a diagnosis occurs. Maguen, Luxton, Skopp, Gahm, Reger, Metzler, & Marmar (2011), recommended that further investigation of shame and guilt could help understand the relationships between depression, PTSD, and self-harm. If these emotions could be tracked and monitored in military personnel throughout their time in the military, the Department of Defense would be able to track soldiers', airmen's, sailors' and marines' guilt and shame emotions to pre-predict and pre-diagnos their proneness to ailments

like depression, PTSD and suicidal ideation. These emotions would best be tracked independently because depending on which emotions the military member is tracking towards, we could predict which specific ailment they are more likely to endure. Creating these two pre-prediction scales would help to lower the number of military members affected by depression, PTSD and suicidal ideation. If these emotions were tracked help could be found and accessed earlier, rather than later resulting in a solid diagnostic of depression, PTSD and suicidal ideation. This fear of diagnosis is what intimidates military personnel from getting the help they need, they do not want to be told that they can no longer serve and a stigma is created. Creating these scales would help military members track their emotions and receive help or small treatments to battle the emotions of shame and guilt, then lowering their chances of having depression, PTSD and suicidal ideation. This can also be beneficial to the leaders within the chain of command. These scales would allow them a deeper and more psychological look at how each of their followers are feeling so that the leader can set the follower up for success based on these emotions. The creation on pre-predicting shame and guilt scales could help to eliminate the emotions of shame and guilt before they are so consuming to a soldier that they develop PTSD, depression, or PTSD.

Shame and Guilt

Many studies in the past have chunked shame and guilt together as one emotion. When shame and guilt are used synonymously measures that claim to measure levels of shame or guilt, majority of the time guilt-proneness, are not measuring the emotions accurately (Tangney, P. J., 1996) It is easy for shame and guilt to be undifferentiated because shame and guilt are both "self-conscious" emotions. "Self-conscious" emotions related to self-evaluation, society norms, how people think you should behave (Tangney & Fischer, 1995; Tracy et al., 2007 cited in

Sangmoon, Thibodeau, & Jorgensen, 2011). Social survival is also a major factor in "self-conscious" emotions because these emotions can determine your interactions with others. A person who is interacting with someone who has strong "self-conscious" emotions may not be able to physically see the emotion through facial expression or body language (Sangmoon, et al., 2011) but it is something that can be conveyed verbally and could affect the interpersonal relationship. If the interpersonal relationship is destroyed because of these actions it could be detrimental to the person conveying the actions based on being ostracized from the relationship. Even though shame and guilt are both "self-conscious" emotions they have different meaning and interpretations and should be treated independently.

In the study of shame and guilt, the conceptualization of shame and guilt independently has been called into question. It was previously thought that there would be certain distinctions in actions and transgressions that would bring on the emotion of shame or the emotion of guilt. In studies done by Tangney it has been found that there "are very few, if any, 'classic' shame-inducing or guilt-inducing situations" (Tangney, 1992; Tangney et al., 1994 cited in Tangney, 1996). It has been found that non-moral transgressions where more likely to elicit shame whereas violations of social norms was more likely to elicit guilt (Tangney, 1996). Even though there are no "classic" examples of behavior that can be assigned to shame or guilt, there is an overarching general understanding that can help to distinguish shame and guilt. The broad distinctions may lead people to chunk the two terms together, but when evaluated and defined independently a more specific distinction can be made.

Shame

The biggest differences between shame and guilt is the fact that shame is centered on the "self" (Sangmoon, et al., 2011, Lewis, B. H., 1971 cited inTangney, 1996). As the person looks

in on their actions and behaviors the "self" is being evaluated (Lewis, 1971 cited in Tangney, 1996) The negative thoughts and emotions that come with shame are focused around "I", like "I am a terrible person" or "I am a horrible person" compared to only the behavior being evaluated (Leskela, et al., 2002). Shame is focused around the person's identity and who they are, it is internally directed (Sangmoon, et al., 2011). It can cause the person to feel like they do not deserve to exist (Leskela, et al., 2002). Shame usually causes the individual to feel inferior and or helpless (Bryan, Morrow, Etienne, & Ray-Sannerude, 2013). Bryan et al., 2013 also described it as a "stable, uncontrollable psychological state that entails a global negative evaluation of the self." This emotion can cause humiliation or distress within an individual. The self-scrutiny brought on by shame can then cause the individuals self-perception to change in a negative way, causing them to feel worthless and powerless (Tangney, 1996). According to Leskela, et al., (2002), shame in a maladaptive emotion, meaning the person who is feeling shame would have a difficult time trying to change or adjust that emotion as needed. Shame is the more painful emotion, between shame and guilt (Sangmoon, et al., 2011; Tangney, 1996), this is probably due to its maladaptive quality. It is very difficult to return to a normal emotional state once in a state of shame. It is also an emotion that can be built upon, meaning that once you feel shameful it is easier to feel more and more shame, compared to being able to fix it. Shame induces and isolation mechanism in the individual, drawing them away from society, increasing social anxiety and decreasing their chances of recovery from the emotion. Overall, shame is identity based and individually focused.

Guilt

Guilt is different from shame in that it is not internally directed, not focused on the "self" instead it is outwardly directed and focused on the behavior. With guilt the "thing" that has been

done is being evaluated, and it is considered less painful of the two emotions because a person's self-concept or self-identity is not being scrutinized (Tangney, 1996). The emotion of guilt arises from the "deleterious effects of behavior on others" (Sangmoon, et al., 2011), meaning it comes from the harmful effects on others. A lot of the time guilt is based on relationships. No longer are the emotions focused on the person or the "self" but they are focused on the emotional pain of the people around them, brought on by the individual (Sangmoon, et al., 2011). This emotion involves the feeling of regret or remorse based on one's negative behaviors that affect others. According to Bryan, et al., (2013), guilt is a "controllable psychological state that is typically linked to a specific action or behavior." Since guilt is controllable, in that it is an outwardly focused emotion, it may be easier to treat that emotion. The "self" is no longer being evaluated, but the actions are, which can be altered once seeing their negative effects on others. All that is required may be an apology, alteration of behavior and confession (Sangmoon, et al., 2011). Guilt can reach a psychotic quality when there is "inappropriate responsibility" meaning that there are incidents that were accidental or random but affected others in a negative way with your involvement (Sangmoon, et al., 2011). This form of guilt can be overwhelming to treat since the behaviors or actions in those situations were not elicited or facilitated by the individual; there is no way to correct the behavior. The current measures available are meant to diagnose or monitor levels of the mental illness, some through behavior. Moving forward with more knowledge on shame and guilt as two independent identities, pre-predictive scales can be made in order to eliminate early signs of these emotions before a mental health diagnosis is force to be made.

Measures

This review study evaluated articles focused on shame, guilt, PTSD, depression, mental health, suicidal ideation and the different symptoms that may exist. Within these articles there were multiple scales evaluating shame, guilt, depression, suicide, PTSD, suicidal ideation, combat exposure, alcohol and personality. These are all scales that are given in order to diagnose a mental health disorder or evaluate the levels of the current disorder. They all have relatively good statistics for internal consistency and test-retest reliability, meaning they able to accurately evaluate what is needed for the current circumstance, but they are all after-the-fact measures. None of these scales are meant to pre-predict emotions. Their validity is important because these scales could be beneficial to use in order to make a pre-predictive for shame and guilt. Looking at the statistics there is a trend that shows that measures or scales with higher internal consistency and test-retest reliability tend to have more questions and are evaluated with a Likert scale reporting system. See table 1 for scale statistics. Their are a variation of scales, so grouping shame and guilt together in the same scale, and some looking at them independently. It is important to note that there is a relationship between shame and guilt but ultimately they are two separate and independent identities.

Relationships

When looking at how shame and guilt relate to PTSD, depression and suicidal ideation, shame seems to be the emotion with the strongest relationship. In this study, out of all the studies reviewed, only one study found a relationship between combat guilt and PTSD (Henning, & Frueh, 1997). Majority of the studies found that shame and shame proneness was correlated or could help predict PTSD (Leskela, et al., 2002; Gaudet, et al., 2016) depression (Sangmoon, et al., 2011; Gaudet, et al., 2016) and suicidal ideation (Bryan, et al., 2013). In the study *Shame*

and Posttraumatic Stress Disorder shame proneness was strongly correlated to PTSD symptom severity. Leskela, et al., (2002) found that the reactions to the traumatic events that resulted in PTSD were the reactions to the shame of the event. Leskela, et al., (2002) also found that guilt proneness was not correlated to PTSD symptom severity, and when shame proneness to PTSD symptoms was removed from the measure, guilt proneness and PTSD symptom severity were even negatively correlated. This negative correlation means that as the PTSD Checklist score went up, the guilt score went down, or vice versa. Gaudet, et al., (2016), found that when shame was involved the individual was more likely to experience avoidance or isolation which increased symptoms of PTSD as well as depression (Gaudet, et al., 2016). Gaudet, et al., (2016), also found that shame correlates with PTSD. Mason et al., 2001 cited in *A Review of PTSD and Shame in Military Veterans* found that the feelings of inadequacy that come with the emotion shame are also related to depression. Shame threatens the feelings of belonging, which brings on social rejection, which leads to depression (Sangmoon, et al., 2011). Dickerson, Kenmeny, Aziz, Kim and Fahey, 2004, cited in Sangmoon, et al., 2011, showed that there was biological reasoning behind shame and depression. Individuals who were feeling the emotion shame and individuals suffering from depression both had an activation of hypothalamic-pituitary-adrenal axis and proinflammatory immune processes, which is something that could potentially be tracked with the proper equipment. External shame may also show a stronger correlation with depression then internal shame based on the fact that with external shame there are outside individuals judging an individual's "self" (Sangmoon, et al., 2011), again increasing risk social rejection. Shame is related to suicidal ideation through the idea that shame increases the likelihood of being diagnosed with PTSD or depression. *Guilt Shame and SI a Military Outpatient Clinical Sample* found that if a member of the military has depression or PTSD their

Table 1

Statistics for found in this study

Note: CES=Combat Exposure Scale (PTSD: National Center for PTSD. 2007; Leskela, J., Dieperink, M., & Thuras, P., 2002); PCL-M=PTSD Checklist-Military (PTSD: National Center for PTSD., 2017; Leskela, J., Dieperink, M., & Thuras, P., 2002) TOSCA= Test of Self Conscious Affect (Brown, B., 2007; Leskela, J., Dieperink, M., & Thuras, P., 2002); M-PTSD= Mississippi Scale for Combat Related PTSD (PTSD: National Center for PTSD. 2007; Henning, K.R. & Frueh, B.C., 1997); TGI-TG= The Guilt Inventory: Trait Guilt (Jones, H. W., Schratter, K. A., Kugler, K. 2000; Henning, K.R. & Frueh, B.C., 1997); PHQ-8= Patient Health Questionnaire-8 (Self Management Resource Center. (n.p.); Maguen, S., Luxton, D.D., Skopp, N.A., Gahm, G.A., Reger, M.A., Metzler, T.J., & Marmar, C.R., 2011); AUDIT= Alcohol Use Disorder Identification Test (Babor, T. F. n.d.; Maguen, S., Luxton, D.D., Skopp, N.A., Gahm, G.A., Reger, M.A., Metzler, T.J., & Marmar, C.R., 2011); PHQ-9= Patient Health Questionnaire-9 (Pfizer Inc. Stable Resources Toolkit. 1999; Bryan, C.J., Morrow, C.E., Etienne, N., & Ray-Sannerude, B., 2013)

Scale	Article	Test-Retest Reliability	Internal Consistency	Sensitivity	Specificity	Number of Questions	Type of Measure
CES	Shame and Posttraumatic Stress Disorder	0.97	0.85			7	Self Report Likert
PCL-M (DSM-IV)	Shame and Posttraumatic Stress Disorder	0.96	0.97	0.82	0.83	20	Checklist
	Guilt, Shame, and Suicidal Ideation in a Military Outpatient Clinical Sample		0.97				
M-PTSD	Combat Guilt and its Relationship to PTSD Symptoms	0.97	0.94			35	Self Report Likert

PHQ-8	Killing in Combat, Mental Health Symptoms, and Suicidal Ideation in Iraq War Veterans		0.88			8	Self Report Likert
PHQ-9	Guilt, Shame, and Suicidal Ideation in a Military Outpatient Clinical Sample		.92			9	Self Report Likert
TOSCA	Shame and Posttraumatic Stress Disorder	.85 and .76 for shame and guilt	.76 and .66 for shame and guilt			11	Scenario Likert
TGI-TG	Combat Guilt and its Relationship to PTSD Symptoms		0.89			45	Likert
AUDIT	Killing in Combat, Mental Health Symptoms, and Suicidal Ideation in Iraq War Veterans		0.78			10	Interview or Self Report

likelihood of having suicidal ideation or attempting suicide increases (Bryan, et al., 2013). Shame has been identified as a self-conscious emotion, which are becoming increasingly related to suicide risk. Overall, as shame and guilt are evaluated independently, they have been found to relate to different behaviors or mental disorders (Tangney, 1996).

Discussion

Majority of the results show that the emotion shame can be the biggest predictor in developing depression, PTSD or suicidal ideation. Since there is still a correlation between guilt and PTSD found in *Combat Guilt and Its Relationship to PTSD Symptoms* (Henning, & Frueh, 1997), it would be beneficial to not only create a pre-predicting shame scale but a pre-predicting guilt scale as well. These scales would help military personnel within the chain of command monitor the emotional state of the individuals serving under them. This would bridge the gap between a commanding officer and their subordinates allowing the commanding officer to see a more psychological side to their followers. Using the scales the commanding officers would be able to monitor their subordinates emotional states. These results could then help commanding officers realize that someone within their unit may be on the path, to a mental health issue, like PTSD or depression, or suicide. Commanding officers would then also be able to notify treatment centers, if the scale scores were high enough, or find a more minimal form of help, for their subordinate.

At the end of *Combat Guilt and Its Relationship to PTSD Symptoms* Henning, & Frueh, (1997), recommend the use of a Likert scale because it would help increase the reliability of the scale as well as grasp a better understanding of the individual's emotions (Henning, & Frueh, 1997). This seems to match with the fact that five of the six scales/measures reviewed in this study were scored on a Likert scale. With this positive consistency, the pre-predicting shame and

guilt scales would be scored on a Likert scale to help insure that the individuals emotions are being fully accounted for. Gaudet, et al., (2016), recommends finding a standard scale for shame so that the emotion could be better understood, defined and clarified. Multiple studies have also found that shame and guilt are independent of each other and therefore need to be assessed as so, in order to collect the most accurate data (Gaudet, et al., 2016; Sangmoon, et al., 2011). These reasonings help show that if this type of scale were to be created that there would need to be independent scales. One scale would be guilt focused. The guilt focused scale would ask questions relevant to an individual's negative behaviors which affect others around the individual. This scale could also ask about relationships with others, determining where you fall in another's social hierarchy (Sangmoon, et al., 2011). Questions centered on remorse and regret should also be included, since guilt in relation to one's behaviors that affect others are associated with remorse and regret (Sangmoon, et al., 2011). The scale could finish with asking about current relationship status repairs. If someone is making headway in repairing a relationship with another individual this could show lower emotions of guilt (Sangmoon, et al., 2011). The other scale would be a shame focused scale. This scale would ask more questions related to the individuals internal self, their thoughts and feelings towards themselves. Many studies have used the words hopeless, helpless, worthlessness and unbelonging in association with shame (Leskela, et al., 2002; Gaudet, et al., 2016; Sangmoon, et al., 2011; Bryan, et al., 2013). Questions asking about if the individual feels hopeless, helpless, worthless or like they do not belong should be included. Gaudet, et al., (2016), associates isolation with shame, so the scale could either ask about the individual's social levels and social interactions or whether or not they are feel isolated or cut off from the world. Ideally the scales scoring mechanism would be setup so that higher scores meant more intense feelings of shame or guilt meaning they could be on a path to

developing depression, PTSD, and suicidal ideation. These scores could help commanding officers recognize when they need to contact an outside source immediately for help or if the individual is someone who needs to be checked in on. Maguen, et al., (2011), identified that individuals with depression or PTSD have a much higher likelihood of self-harm or increased suicide risk. These scales could track the emotions of shame and guilt, which are crucial in predicting the development of depression, suicidal ideation, or PTSD in the military population. Early identification is very important so that there is enough time to get the individual help before a career ending diagnosis is made or an individual ends their life.

Administration

There is a known stigma around mental health disorders and the military. The fear of speaking out and possibly being taken out of the "fight" or labeled as weak keeps service members from speaking up when there may be an underlying problem associated with their mental health. Administration of this scale would help to better the mental well-being of the service members, by helping to track potential mental health problems early. Early intervention is a major key to reduce the number of service members suffering from a mental disorder such as PTSD, suicidal ideation, and depression. To best utilize the scale it will be administered under certain criteria. These criteria are; if a service member is exhibiting unusual behavior notice by unit members or the unit commander and after every conflict where a unit member, civilian bystander or enemy has been killed. If a service member is exhibiting unusual behavior, see table 2 for unusual behaviors exhibited by individuals who may be suffering from emotions of shame or guilt, and a unit member notices it, the behavior is to be discussed with the unit commander. If the unit commander deems it necessary a scale may be administered to track for emotions of shame and guilt. The unit commander will be the final decision maker on whether

or not a scale may be administered based on behavioral results. The unit commanders will be required to go through a brief training in order to recognize signs of distress from their unit members. If a unit has just returned from a mission where one of the unit members has died the whole unit will be required to fill out the scale. By making the entire unit take the scale the stigma of being labeled as weak is decreased, because the entire unit is required to take the scale (Donahue, T. Tyson, M. Arboleda, I., 2015). Those trending positive for emotions of shame and guilt can then be treated in private without being taken completely out of the fight. If a civilian bystander has been killed on a mission the primary first degree unit, who may have had contact with the civilian bystander, will be required to fill out the scale upon returning back to the base. If the enemy is killed on a mission the primary first degree unit will be required to fill out the scale upon return to the base. This scale could easily be integrated into the post-mission debriefing. Requiring the scale to be administered during the post mission debriefing allows for early intervention, so that the emotions of shame and guilt can be caught early and addressed before there is enough time for a mental disorder such as depression, suicidal ideation or PTSD to develop. See table 2 for administration criteria.

Conclusion

As suicide and mental health rates continue to increase within the military population a preventative step needs to be taken in order for our military members to survive the war after the war. As we grow to understand mental health and the emotions behind it, the emotions of shame and guilt have proven to be prevalent predictors of depression, PTSD, and suicidal ideation. This study has found that shame and shame proneness were correlated or could help predict PTSD

(Leskela, et al., 2002; Gaudet, et al., 2016), depression (Sangmoon, et al., 2011; Gaudet, et al., 2016) and suicidal ideation (Bryan, et al., 2013). Using a pre-predictive scale for shame and guilt as two independent emotions, would allow us to track the emotions of soldiers and guilt as

Table 2

Explains what behaviors, that can be seen on the exterior, to help identify if an individual needs to have the scale administered to them. References; Donahue, T. Tyson, M. Arboleda, I., 2015. and Toone, A., 2016.

Criteria	Behaviors	Administration
Unusual behavior	Aggressive	Administration of scale
	Isolated	
	Fear	
	Pain	
	Insomnia	
	Hypervigilance	
	Anxiety	
	Paranoia	
	Nightmares	
	Confusion	
Unit member death in conflict	Inflicted by unit or enemy	Administer scale to whole unit
Civilian by standard death	Inflicted by unit	Administered scale to first degree unit
Enemy Death	Inflicted by unit	Administer to first degree unit

two independent emotions, it would allow us to track the emotions of soldiers and understand their non-verbal communication for help. This scale would then allow early intervention before a

full diagnosis of PTSD or depression could be given or the soldiers commits suicide. This scale would be administered if the soldier was demonstrating unusual behavior like aggression, isolation, anxiety, or hypervigilance. It could also be administered based on the repercussions of a mission, resulting in the death of a unit member, the death of a bystander, or the death of the enemy (Donahue, T. Tyson, M. Arboleda, I., 2015; Toone, A., 2016), see table 2 for specific administration criteria. The scale would be a self-report or interview style, with a Likert scale reporting system in order to best understand the emotions of the individual (Henning, & Frueh, 1997). With this scale depression, suicidal ideation, and PTSD could be stopped at the source and the well being of soldiers could remain intact.

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