

Moderating Role of Self-esteem between Traumatic Events and Internalized Shame among Retired Army Officers

Gulyana Shehzad¹, Sadaf Ahsan²

¹PhD Scholar, National Institute of Psychology, Quaid e Azam University, Islamabad, Pakistan

²Associate Professor, Department of Psychology, Foundation University, Islamabad (Rawalpindi Campus), Pakistan

Correspondence: gulyanashehzad@yahoo.com¹

ABSTRACT

Aim of the Study: The present study aims to investigate the moderating role of self-esteem on the association between traumatic events and internalized shame among male retired army officers aged 45-75 ($M=54.9$, $SD=5.56$) in the cities of Rawalpindi and Islamabad. The study focuses on individuals with a BA/BSc degree or higher. The main objective is to understand the relationship between traumatic events, internalized shame, and self-esteem in this group.

Methodology: The study employed a purposive sampling technique to gather a sample of 198 retired army officers from the target age group and region. Data collection involved the administration of self-reported questionnaires, including the Trauma History Questionnaire (Green, 2011) and Internalized Shame Scale (Cook, 1991). These instruments were used to assess the participants' experiences with traumatic events and their internalized shame and self-esteem levels.

Findings: Results revealed a positive association between traumatic events, internalized shame, and self-esteem. Findings also yielded traumatic events as a significant positive predictor of internalized shame. Self-esteem was a significant moderator of traumatic events and internalized shame among retired army officers. The current study helped us identify information about diverse kinds of traumatic events experienced by retired army officers, and this exposure leads to a higher prevalence of internalized shame.

Conclusion: The research findings provide insight into the importance of self-esteem and the need to develop interventions to elevate the self-esteem of retired army officers to minimize a traumatic event's adverse outcomes further. In turn, it would help maintain the good mental health of serving and retired army officers.

Keywords: Traumatic Events, Internalized Shame, Retired Army Officers.

Introduction

Diagnostic and Statistical Manual of Mental Disorders (DSM) well-defined traumatic events/ traumas as a person's response to different dreadful/hostile events (APA, 2013). Definition of traumatic events is also provided several research studies (e.g., Kim et al., 2022). Shame is defined as a sentiment or feeling that

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fallouts due to a revelation of embarrassment, repulsion, disgrace, discredit, dishonor, or an individual's shortcomings (Elison, 2005; Elison et al., 2014; Gross & Hansen, 2000; Morrison, 1983; Plante et al., 2022; Will, 1987). Whereas internalized shame outcomes from one's misapprehension about one's character, behavior, and self. Shame is a mixture of feelings like irritation, fury, guilt, antipathy, and nervousness (Gilbert, 2007; Van der Kolk, 2013). Rosenberg (1995) categorized self-esteem as an aptitude for appraising oneself positively or negatively. Nowadays, self-esteem is more frequently designated as how an individual intuitively assesses oneself's value (Sowislo & Orth, 2013; Swann & Bosson, 2010).

Janoff-Bulman (1992) and Edmondson and Lei (2014) anticipated exposure to a traumatic event could shake deeply held essential views or norms about individuality. And the perception of the world is consequential in developing thoughts and feelings of hopelessness and helplessness; ultimately, these feelings and thoughts would become fear and shame. Therefore, shame is one of the conceivable adverse emotional comebacks to a distressing event (DeCou et al., 2023; Lewis, 1971). The experiential evidence recommended that the traumatic/painful event manifestation evocatively affects the likelihood of shame. Papazoglou (2017) attempted to investigate the causes and reasons of traumatization in the police. Moral injury and personality of the police factors that the study's researchers investigated. Individuals persisting in sexual suffering or trauma were reported to have a superior level of feelings of shame in comparison to persons with nonsexual relational violence/ferocity (La Bash & Papa, 2014).

After retirement, army officers are even supplementary to stress-provoking events, as they experience traumatic events throughout their military service and afterward. After retirement from service, they most probably find it problematic to get accustomed to a new atmosphere, i.e., non-military settings, have amplified issues related to health, diminished sensory aptitude, reduced social sustenance, and decrease of salary, etc., as indicated by researches on retired adults (Kaiser & Wachen, 2017), thus retired army officers were selected as sample for the present study. An attempt was also made to detect whether exposure to traumatic events would result in the expansion of internalized shame among retired army officers. Self-esteem being an imperative moderator amid associations of traumatic events and psychological problems (Bradley et al., 2005; Hersherberger & D'Augelli, 1995), was evaluated as a vital intrusion for the handling of complications stirring in response to disturbing events in the midst of retired army officers.

Literature Review

In PTSD, individuals with contact with more than a single upsetting occurrence or traumatizing event and in incidents where emotive exploitation is necessitated due to violence by an intimate partner (Greene et al., 2023; Stotz et al., 2015). Consequently, it is significant to be mindful enough about assessing, categorizing, organizing, and treating fundamental veterans' demonstrative condition of shame (Andrews et al., 2009; Seal et al., 2009; Smith et al., 2020). Investigations also exhibited shame as a significant countersigning feature in suicidal feelings and hazards among armed employees (Bloomfield, 2019; Bryan et al., 2013). It is also projected that penalization of incompleteness, dishonesty, and shame came across in interpersonal traumas. It further has the opportunity to harvest all-pervading powerful feelings of shame instead of the state of fear (Drozdek et al., 2006).

Shame-provoking issues often lead to avoidance of exposure to combat-related tasks and missions of militaries. With hostile echoes, the writ punishes oneself and prevents armed forces from connecting and linking to members still serving, family, and support groups for nourishment (Forbes et al., 2003; Guse et al., 2020). For a reason, self-blame befell of experience to different categories of combat ordeals or traumatic events, and this acquaintance had been linked to ideations of suicide (Bryan et al., 2013; Sareen et al., 2017).

Research showed that individuals with more exposure to traumatic events stated self-esteem lower than those with less exposure to traumas (Barnum & Perrone-McGovern, 2017; Ma et al., 2019; Nelson Goff et al., 2007). Prevailing literature showed that experiencing trauma during childhood more frequently

results in lower self-esteem in adolescence and adulthood (Bryant-Davis, 2005; Fortier et al., 2009; Finkelhor, 2009;). Moreover, individuals with more exposure to aggravating anxiety events stated difficulties in trusting others, reduced satisfaction in relationships, and thus intensified the likelihood of indications of despair and inferior level of self-esteem (Goff et al., 2007, Kim et al., 2020).

Experiential evidence also demonstrates that self-perception plays a significant role in how adults perceive and respond to pressure-provoking incidents, as well as in how individuals with inadequate self-views exhibit behavioral, social, and inadequate health outcomes, both physical and mental. This is evidenced by lower levels of self-esteem (Markus & Herzog, 1992). Undergoing a traumatic event in the existence of an inferior level of self-esteem frequently leads to expanding psychological well-being problems. Increasing literature demonstrates that individuals with more exposure to traumas, such as juvenile upsetting, accounted for decreased self-esteem (Finkelhor, 2009; Maël, & Daniel, 2022; Valerio & Lepper, 2009).

More frequent exposure to events that provoke shame aggravates the emotional state of powerlessness, subservience, desperateness, helplessness, and a penetrating longing to hide self-flaws (Andrews et al., 2002; Westerman et al., 2020). Shame is hypothesized to be closely related to low self-esteem, and persistent exposure to shameful experiences often results in a diminished level of self-esteem (Elison et al., 2014; Wu et al., 2021). While the specific directional association between the emotional states of self-esteem and shame is not entirely clear, extensive research has consistently demonstrated significant relationships between negative feelings, particularly low self-esteem, and shame (Marshall et al., 2009; Velotti et al., 2017).

Individuals with high levels of self-esteem possess the ability to recognize the positive aspects of a situation, serving as a protective mechanism to reduce undesirable and stressful outcomes. Empirical evidence indicates that having a satisfactory level of self-esteem is negatively correlated with psychological issues (Hershberger & D'Augelli, 1995; Mamun et al., 2020). Thus, Individuals with adequate interpersonal self-esteem are less susceptible to experiencing social issues to a significant extent (DeWall et al., 2011; Leary et al., 1995; Orth, & Robins, 2022; Sommer et al., 2001). People with an acceptable level of self-esteem are emotionally healthy and stable.

Furthermore, they also own a sophisticated level of welfare. It also plays an integral part in motivation for achievement (Kumari et al., 2022; Peng et al., 2013; Shim et al., 2013; Tian et al., 2013). It also increases the strength and courage to accomplish life goals and the aptitude to deal with health issues. Mounting experiential evidence also showed that persons with more exposure to traumatic events might report positive and inspiring psychological differences due to an adverse event (Andrews et al., 2022; Sleijpen et al., 2016). For example, in their private and communal levels, psychological progress, comfort, security, the wisdom of reasonableness, and flexible amendment/modification (Veronese & Pepe, 2015).

The study's findings by Shehzad et al. (2020) indicated that internalized shame tends to mediate the association between PTSD symptomatology and social anxiety. Dorevitch and colleagues (2020) studied the mediating effect of self-esteem and internalized shame on Australian and Asian international students. Findings indicated a significant mediation effect of self-esteem in the relationship of Asian international students. Furthermore, a satisfactory level of self-esteem moderates the association between different psychological difficulties and exposure to traumatic events (Bradley et al., 2005; Hershberger & D'Augelli, 1995). A higher level of self-esteem inclines to deteriorate the association and reduces the likelihood of undesirable consequences because of exposure to adverse events. At the same time, a lower level of self-esteem upsurges the higher occurrence of psychological complications. Being active and resilient towards traumatic actions tends to develop hopefulness and higher self-worth.

In a study, Johnson (2020) attempted to examine the relationship between internalized shame, self-esteem, and racism. The study's findings showed a negative association between self-esteem and internalized shame. In addition, outcomes indicated that self-esteem could help reduce racism against African Americans. In the same way, mounting literature demonstrates that self-esteem deteriorates the

contact of internalized shame with traumatic events exposure. Experiential findings show that those more resilient to adverse events are more prone to high self-esteem (Xia et al., 2014; Mao et al., 2020; Stratta et al., 2015).

Khalily et al. (2011) emphasized that in the current state of the nation, stress-provoking events such as explosions, suicide attacks, natural disasters, curfews, and assaults are prevalent, resulting in significant mental and physical distress. Reviewing and managing these issues in healthier and better ways is necessary. Prevailing literature indicated that residents of the stressful atmosphere would tend to experience additional difficulties associated with those who are living in a nonviolent atmosphere (Colby et al., 1994; Hepp et al., 2006; Herbert et al., 2011; Ogle et al., 2014; Roberts et al., 2011; Smith et al., 2022; Storr et al., 2009). The Pakistan Army is frequently exposed to a wide range of traumatic events due to their active involvement in various activities, such as rescuing people during disasters, participating in missions to combat terrorism within the nation, and facing high-pressure situations on the borders with India and Afghanistan. As a result, they experience a multitude of distressing situations throughout their lives (Hoge et al., 2002; Shah et al., 2023). Nazaro Van's colleagues (2018) studied the deployed Canadian armed forces and stated a greater prevalence of depression and post-traumatic stress disorder. The cause stated by the study's authors is continuous exposure to traumas. Born and Zamorski (2019) also conducted a study on the Canadian armed forces and stated that exposure to traumatic events results in mental issues in the personnel.

Hypotheses

H 1: Traumatic events are positively related to internalized shame among retired army officers.

H 2: Traumatic events are negatively related to self-esteem among retired army officers.

H 3: Traumatic events are a positive predictor of internalized shame.

H 4: Traumatic events are a negative predictor of self-esteem.

H 5: Self-esteem weakens the effect of traumatic events on internalized shame among retired army officers.

Methodology

Research Paradigm

This quantitative study is based on the positivism paradigm and aims to determine how internalized guilt and traumatic events are influenced by self-esteem. An empirical study is what makes science unique; all phenomena may be reduced to empirical indicators that reflect reality. The quantitative paradigm takes the position that there is only one truth, an objective reality, which exists apart from human perception (Park et al., 2020).

Theoretical Perspective

This current study utilized terror management theory as it suggests that self-esteem acts as an anxiety buffer for people during their post-trauma adaptation. The dual-defense model of TMT (Terror Management Theory) explains how people defend themselves against worries about dying (mortality salience). TMT contends that whether people's concerns are conscious or unconscious affects how they react in a particular way.

Research Design

A quantitative research design was opted for this current study.

Sample

Through a purposive convenient sampling technique, 198 Retired Army Officers were designated as a sample for the current study. The sample was selected by approaching retired army officers living in

Rawalpindi and Islamabad. 45 to 75 years was the age range for participants ($M=54.94$, $SD= 5.56$). Persons with an education of 14 to 21 years ($M=17.6$, $SD=7.2$) were involved in this study. Officers included in the study were Major ($f =53$, $\%=26.8$), Lt. Col ($f=74$, $\%=43.9$), Col ($f=34$, $\%= 14.1$) and Brigadier ($f = 37$, $\%= 15.2$). Persons living in nuclear ($f=100$ $\%= 50.5$) and joint ($f = 98$, $\%= 49.5$) family systems mutually comprised the sample.

Instruments

Trauma History Questionnaire. THQ (Green, 1996) scrutinizes experiences with hypothetical traumas. This scale contains 24 statements with yes or no choices. For incident/event documented, members of the research are interrogated to express the frequency/rate of the event manifestation, in accumulation, and also indicate the time of life at which the event happened. It is grounded in DSM. The trauma History Questionnaire comprises 3 subscales, i.e., crime-related events (CRE), general disasters and trauma (GDT), and sexual and physical experiences (SPE). Crime-related events (CRE) comprise statements number 1 to 4. General disaster and trauma (GDT) consist of statements 5 to 17. Sexual and physical experiences (SPE) contain items number 18 to 24. The reliability/internal consistency of the instrument measured for this research was .67.

Internalized Shame Scale. ISS (Cook, 1987, 1994, Cook & Coccimiglio, 2001). The instrument entails 30 statements, out of which 24 are negatively phrased items, and these are used to measure internalized shame. In contrast, the other six statements are positively phrased, i.e., 4, 9, 14, 18, 21 & 28, and are used to measure self-esteem. These six self-esteem statements are occupied from the self-esteem scale of Rosenberg (RSES; 1965). All the statements are evaluated on Likert's five-point scale, preparatory from "never=1" to "almost always= 5". 5th version of the internalized shame scale is the most current version and is being used in the current study. Sum-total for internalized shame is completed by excluding the self-esteem statements. The score range for the scale is 24 to 120. Scores over 50 will display the prevalence of internalized shame at a clinically significant level. And over 60 score designates an extreme/risky level. While self-esteem scores ranging from 0 to 15 will indicate low self-esteem, 15 to 25 scores will indicate average self-esteem and 25 to 30 scores displayed a high level of self-esteem. Cook (1996) assessed test-retest correlations as .84 and .69, respectively. The reliability/ internal consistency of the instrument assessed for this research was .86 for 24 statements of internalized shame. And .76 reliability was assessed for self-esteem. It was attained utilizing analysis, i.e., Cronbach's Alpha coefficient.

Data Analysis

SPSS was used for data analysis. Correlation, regression, and moderation analysis were carried out.

Procedure

Data was gathered from retired army officers living in Rawalpindi and Islamabad. To conduct a survey, the sample was chosen through the purposive/convenient sampling method.

Ethical Considerations

A summary of the contemporary study was narrated to every participant. And participants were assured that their personal information would remain confidential. All members of the research completed the Informed Consent Form. Self-reported questionnaires for traumatic events (TE), internalized shame (IS), and self-esteem (SE) were applied to gather information from the sample. Analysis, i.e., correlation, regression, and moderation, was utilized to examine the collected information. This study was allowed by the Ethical Evaluation Board of Foundation University.

Findings/Analysis

Psychometric Properties of the Study Variables

Table 1: *Psychometric properties of the study variables (N=198).*

S. No.	Variables	k	M	SD	α	Actual	Potential	Skew	Kurtosis
1	Traumatic Events	24	5.01	2.99	.67	0-15	0-24	.67	.59
2	Crime Related Events	4	.34	.63	.61	0-3	0-4	1.04	2.28
3	General Disasters and Traumas	13	4.30	2.43	.69	0-12	0-13	.38	.13
4	Physical and Sexual Experiences	7	.37	.68	.63	0-4	0-7	1.27	2.36
5	Internalized Shame	24	39.03	10.9	.89	24-75	24-120	1.14	1.06
6	Self-esteem	6	21.7	5.27	.76	6-30	6-30	.73	.71

Table 1 shows the psychometric properties of study variables, i.e., traumatic events, internalized shame, and self-esteem. The reliability analysis indicated that alpha coefficients of traumatic events and its subscales, i.e., crime-related events, general disasters and trauma and physical and sexual experiences, internalized shame, and self-esteem, were high, showing high internal consistency of the scales. The table also indicated that all scales, i.e., the trauma history questionnaire and its internalized shame and self-esteem subscales were moderately skewed and had appropriate descriptive properties for the current study. The mean and standard deviation of the sample for the trauma history questionnaire and its subscales of internalized shame and self-esteem were reported as statistically usual.

The Relationship between Traumatic Events, Internalized Shame, and Self-esteem

The correlation analysis assessed the association between traumatic events and their sub-scales, internalized shame, and self-esteem (Table 2).

Table 2: *Correlation between Traumatic Events (Crime Related Events, General Disasters, Traumas, Physical and Sexual Experiences), Internalized Shame, and Self-esteem among Retired Army Officers (N=198).*

S. No.	Variables	1	2	3	4	5	6	M	SD
1	Traumatic Events		.95**	.63**	.22**	.20**	.25**	5.01	2.99
2	Crime Related Events			.17**	.21**	.23**	0.03	0.34	0.23
3	General Disasters and Traumas				.45**	0.13	.28**	4.3	2.4
4	Physical and Sexual Experiences					.21**	.14*	0.37	0.23
5	Internalized Shame						0.02	39	10.9
6	Self-esteem							21.7	5.27

Note. * $p < .05$, ** $p < .01$.

The correlation analysis outcomes revealed that a significant positive correlation prevails among traumatic events and their sub-scales and internalized shame. These findings agree with the predominant literature (Browne & Winkelman, 2007; Browne, 2007; Oswald et al., 2010; Zahradnik et al., 2010). A significant positive correlation was observed between self-esteem and traumatic events, and a non-significant positive association between self-esteem and internalized shame. These discoveries are interesting as previous literature showed a negative relationship between self-esteem with traumatic

events exposure and internalized shame. A recent study on serving army personnel showed higher self-esteem despite experiencing traumas (Zubair et al., 2017).

Moderating Effect of Self-esteem

Analysis of regression was administered to discover the consequence of self-esteem as a moderator on the relationship amid traumatic events and internalized shame.

Traumatic Events and Internalized Shame

The effect of self-esteem as a moderator on the association between traumatic events and internalized shame was measured by regression analysis for the retired army officers. Results showed self-esteem is a significant moderator of a relationship between traumatic events and internalized shame. Table 3 displays the outcomes of regression analysis for moderation. The value of β for the interaction term (Traumatic events X self-esteem) seemed significant. The variation illustrated by the interaction term is 7%. This displays that the moderator has a mild effect on the association among the other two variables.

Table 3: *Moderating effect of Self-esteem on Traumatic Events on Internalized Shame among Retired Army Officers (N=198).*

Model	Predictor	R^2	Adjusted R^2	B	β	p	t
1	Constant			33.02		.00	22.5
	Traumatic Events	.03	.02	.56	.16	.03	2.24
2	Constant			37.7		.00	11.6
	Traumatic Events			.67	.19	.01	2.58
3	Self-esteem	.04	.03	-.24	-.12	.11	-1.61
	Constant			40.61		.00	11.99
	Traumatic Events			.68	.19	.01	2.68
	Self-esteem			-.36	-.18	.02	-2.32
	TE*SE	.07	.05	-1.8	-1.8	.02	-2.39

Note. TE= Traumatic Events, SE= Self-Esteem

$p < .001^{***}$, $p < .01^{**}$, $p < .05^{*}$

Outcomes of Table 3 indicated that the value of β harms the interaction term (Traumatic Events x Self-esteem), demonstrating that the relationship discloses prediction in the negative path. The outcomes of Table 3 were thus discovered to be constant with a modified theoretical prototypical of this study utilizing traumatic events as a predictor, internalized shame as an outcome, and self-esteem as a moderator.

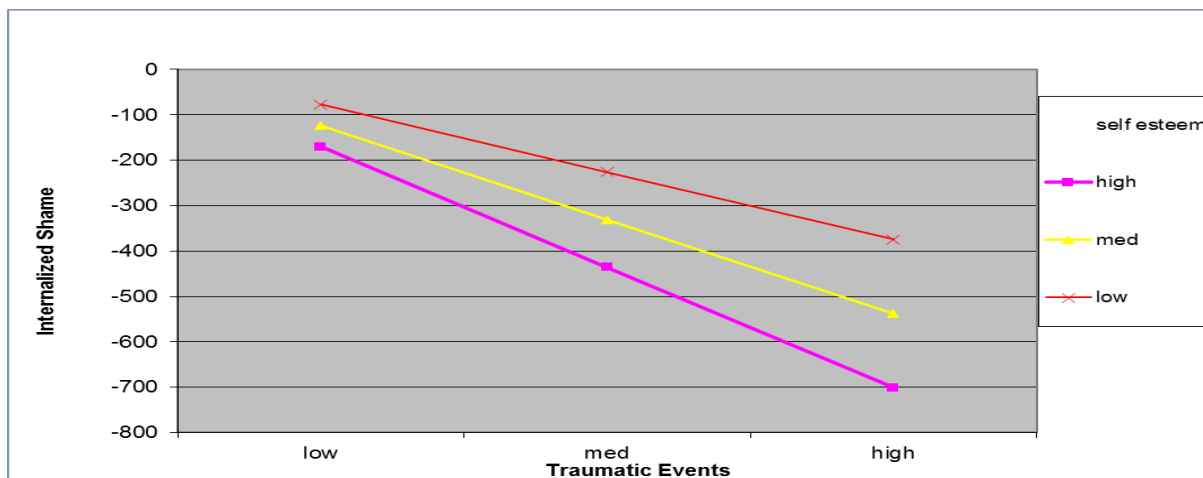


Figure 1. Moderation of the Effect of Traumatic Events on Internalized Shame by Self-esteem among Retired Army Officers.

A significant slope in Figure 1 showed that retired army officers with low self-esteem were prone to have higher internalized shame due to exposure to traumatic events. On the other hand, retired army officers with higher self-esteem were more inclined to have lower internalized shame in response to exposure to traumatic events. It indicated that high self-esteem moderates the relationship between internalized shame and traumatic events.

Discussion

This research is aimed to analyze and investigate the moderating role of self-esteem in the relationship between traumatic events and internalized shame. The current chaotic conditions worldwide have increased the need for such investigations to study the underlying mechanisms behind these circumstances and minimize the crisis. Multiple studies reported that exposure to traumatic events leads to several psychological problems (Colby et al., 1994; Hepp et al., 2006; Herbert et al., 2011; Mark et al., 2018; Ogle et al., 2014; Roberts et al., 2011; Storr et al., 2009).

Officers of the armed forces are even more exposed to several kinds of stress-provoking situations (Hoge et al., 2002; Kaiser & Wachen, 2017; Leightley et al., 2019). Santiago, Oravec, and Ursano (2018) stated that war could impact soldiers' sleep. The findings of the study also indicated symptoms of Post-Traumatic Stress Disorder. The study's authors labeled this war trauma as a combat-related stress disorder. In addition to that, officers who retire from the service are might even more inclined to problems and difficulties, as they are bound to come across problems after retirement, which was the study's focus.

Experiential evidence also displayed a relationship between self-esteem and internalized shame, traumatic events exposure to be inverse in the direction (Bryant-Davis, 2005; Fortier et al., 2009; Finkelhor et al., 2009). A meta-analysis by Budiarto and Helmi (2021) stated that a negative association between self-esteem and shame prevails.

Yet, the moderating role of self-esteem is not studied about the relationship between traumatic events and internalized shame in army officers. Therefore, an attempt was made to determine self-esteem as a vital intervention for handling difficulties in traumatic events exposure among retired army officers. Therefore, self-esteem was assessed as a substantial moderator in the association of traumatic events and internalized shame.

The current research's first and most important aim was to notice whether self-esteem will have a moderating impact on the association of traumatic events and internalized shame. Another motive of the study was to analyze the association between traumatic events and internalized shame and to examine whether the traumatic events will positively predict internalized shame. Another aim of the research was to analyze the association of self-esteem with internalized shame and traumatic events and to investigate whether the traumatic events predicted self-esteem in a negative direction or not.

The subsequent hypothesis was delineated for this study to analyze the aims mentioned above. The first hypothesis stated that traumatic events would be positively related to internalized shame. Outcomes generated that there was a significant and positive association between traumatic events and internalized shame. The prevailing literature highly supports this finding. The subsequent hypothesis specified that exposure to traumatic events and internalized shame would negatively affect self-esteem. The association between self-esteem and internalized shame in the negative direction is supported by Johnson's study findings (2020) on African Americans.

Fascinatingly, the outcome showed that exposure to traumatic events was positively and significantly associated with self-esteem. This indicates that with an increase in experiencing traumatic events, retired army officers would experience amplified self-esteem. This finding was contradictory to the hypothesis of the study. But growing literature has focused on positive outcomes in response to traumatization. Recent

studies stated that individuals account for optimistic emotional variations in response to trauma in their communal and private lives. These positive aspects include psychological growth, well-being, adaptive adjustment, and a sense of rationality (Sleijpen et al., 2016; Veronese & Pepe, 2015). Williamson et al. (2019) conducted a study to investigate the issues concerning the provision of care to military personnel and perceived stigma among United Kingdom armed forces and perceived that the stigma sometimes plays its role as a barrier. Findings also show that the inadequate treatment of traumatic impacts leads to mental disorders.

Whereas general disasters and traumas and physical and sexual experiences had a significant and positive association with self-esteem, increasing general physical and sexual disasters will also indicate an upsurge in self-image. Even though they must face more stress-provoking situations, the Pakistan army possesses a satisfactory level of self-esteem, and it is higher than other countries armed forces. The prevalence of an upright level of self-esteem among retired military officers is somewhat uniform with the recent study on active military members of the Pakistan army currently serving on high altitudes (i.e., Siachin). This study reported a 71.8 percent prevalence of satisfactory self-esteem among the sample (Zubair et al., 2017). A study by Maqbool et al. (2020) on the doctors of CMH and MH of Rawalpindi, Pakistan, indicated the prevalence of high levels of job satisfaction and self-esteem in the study participants.

An additional hypothesis specified that self-esteem will be a moderator in the association between exposure to traumatic events and internalized shame. Outcomes designated significant and negative restraining parts of self-esteem for the association of experiencing traumas and its outcome, i.e., internalized shame. This designated that internalized shame developed in response to exposure to traumas will decrease with increased self-esteem. The purpose of this restraining consequence of higher self-esteem might be that a high level of self-esteem among retired army officers will lead to having developed the aptitude to preserve the average level of symmetry in threatening circumstances and maintaining equilibrium will decrease feelings of shame.

Self-esteem is a buffer in contradiction to the emotional state of embarrassment about oneself. This outcome validates the discoveries of preceding investigations that accounted for parallel consequences (Hershberger & D'Augelli, 1995; Bradley et al., 2005). Chen and Qin (2020) attempted to determine the role of self-esteem and resilience in childhood physical maltreatment and aggression. The study's findings emphasized that young adults can be affected by childhood aggression and maltreatment, and self-esteem can play a vital role in its control or minimization. Empirical evidence indicates that Pakistan army personnel possess a higher level of self-esteem, which shields adverse events' negative effects (Maqbool et al., 2020; Zubair et al., 2017). A study also revealed self-esteem and optimism that he would feel flexibility among military personnel with selected research duties in current military camps (Reyes et al., 2020).

Outcomes in orientation to sub-scales of the Traumatic History Questionnaire exhibited that internalized shame was negatively and non-significantly predicted by the interaction term (i.e., crime-related events and self-esteem). Therefore, discoveries designated that self-esteem was non-significant and negatively moderated the association between internalized shame and crime-related events. Furthermore, conclusions specified that self-esteem significantly negatively moderated the association amid internalized shame and general disaster and traumas. This presented that increased self-esteem would decrease internalized shame, dominant in retort to experience trauma like crime-related and general disasters.

Additionally, discoveries showed that self-esteem is non-significant and positively moderated the association amid physical and sexual experiences and internalized shame. This portrayed that increased self-esteem could increase internalized shame in response to exposure to traumas. The cause for this might be thoughts stirring in retort to physical and sexual experiences are stiff to overcome effortlessly even though a high level of self-esteem might prevail.

Implications

- 1) Current research will be obliging to classify diverse kinds of distressing events that retired army officers encounter during their lives. The research findings could help military employees lessen their acquaintance with traumatic events that result in expanding emotional problems.
- 2) The existing study correspondingly intended to distinguish what kinds of psychosomatic and emotional complications these disturbing events acquaintances could cause. Consequently, in circumstances where acquaintance to adverse events couldn't be evaded, current research offers few likely adverse outcomes of these involvements. This information could help progress an appropriate treatment strategy for the experience.
- 3) Discoveries of research are similarly supportive of analyzing how demographic variables can be crucial in exposure to distressing events and emotional difficulties. This information could help the establishments notice that post-trauma and pre-trauma features could also influence mental complications.
- 4) Present research presented an energetic technique to manage the consequences of traumas in a healthier method and to evade the manifestation of mental complications that is a more significant level of self-esteem.

Limitations

Limitations of the present research are as follows;

- 1) 1) The participants in this research were mainly recruited from Islamabad and Rawalpindi, which means that the study sample does not represent the entire population of Pakistan. This limitation reduces the possibility of generalizing the findings to the entire country.
- 2) The current research did not focus on officers in service right now and on retired and serving civilians but only on retired army officers, thus once more restraining the possibility of generalizing the findings.
- 3) The likelihood of biases was increased as scales used for the study were self-reported.
- 4) Contributors to the study were just males. No female members were included in the research.
- 5) As it was a cross-sectional study, it could not give any evidence on the effect of numerous risk aspects on persons' psychological well-being.

Recommendations

1. Based on the findings of the study, it is recommended that authoritative figures within the military develop a comprehensive plan to address the psychological problems of retired military personnel.
2. For future researchers, it is recommended to study this domain in a more diverse way for better understanding and use.

Conclusion

Traumatic incidents are upsetting, sometimes destructive events that exceed a person's capacity for adjustment. Self-esteem has an impact on how individuals view and interpret their environment. A more upbeat view and higher self-esteem may lessen the perceived danger of a traumatic occurrence, making it simpler to absorb and move on. Furthermore, the findings of the current study showed that exposure to traumatic events positively and significantly predicted internalized shame. One interesting finding of the current study was that traumas significantly and positively foretold self-esteem. The stiff military physical activity of army officers throughout their service might be possible reasons for this. This could help avoid the development of emotional difficulties because of an experience of traumas, and personnel might also

acquire ways to manage the traumatic events more healthily, with the help of high self-esteem. The greater level of self-worth/esteem appeared to be a moderator in an association of traumatic events and internalized shame, thus minimizing the prevalence or existence of feelings of shame due to exposure to traumatic events. Therefore, this research indicates one possible intervention designed for dealing with emotional problems could be a more significant level of self-worth or self-esteem.

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Conflict of Interest


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ORCID iDs

Gulyana Shehzad ¹  <https://orcid.org/0009-0005-8353-1273>

Sadaf Ahsan ²  <https://orcid.org/0009-0009-4325-3634>

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