



Research paper

Exploring cross-lagged associations between spiritual struggles and risk for suicidal behavior in a community sample of military veterans



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ARTICLE INFO

Keywords:

Military veteran
Spirituality
Spiritual struggle
Suicidal behavior

ABSTRACT

Background: There is consensus that struggles with religious faith and/or spirituality likely contribute to risk for suicidal behavior in military populations. However, a lack of longitudinal information has limited the ability to clarify the temporal associations between these variables.

Methods: This study examined cross-lagged associations between key types of spiritual struggles (divine, morality, ultimate meaning, interpersonal relations, and doubting) and indices of risk for suicidal behavior (suicidal ideation and probability of future attempt) in a community sample of veterans who completed assessments spaced apart by six months.

Results: Greater severity of all forms of spiritual struggles was generally concurrently associated with indices of suicidal behavior at both time points. Of the possible models for predicting suicide risk, structural equation modeling analyses revealed that a cross-lagged option with spiritual struggles predicting risk provided the best-fitting solution for veterans' responses on study measures. In addition to PTSD and MDD symptomatology, issues with ultimate meaning at Time 1 were uniquely predictive of veterans' perceived likelihood of making a suicide attempt beyond the second assessment, after accounting for autoregressive effects and other variables in this model.

Limitations: This sample was recruited from a single geographic region with disproportionate ties to Christian religious traditions. In addition, reliance on self-report instrumentation potentially limited the accuracy of gauging suicide risk in some cases.

Conclusions: Findings highlight the prognostic value of spiritually integrated models for assessing suicide risk in military veterans that account for mental health conditions along with possible expressions of suffering in the spiritual domain.

1. Introduction

Given changes in philosophy/strategy across the United States (US) Armed Forces since the start of operations in Iraq (i.e., Operation Iraqi Freedom, Operation New Dawn) and Afghanistan (i.e., Operation Enduring Freedom), approximately 200,000 persons will transition annually from military life to civilian communities until 2019 (National Center for Veterans Analysis and Statistics National Center for Veterans Analysis and Statistics (2016). In turn, over one million military veterans¹ have enrolled in colleges/universities to achieve post-military educational/vocational goals, and numbers of recipients of Veterans

Administration (VA) education benefits will steadily rise (US Governmental Accountability Office, 2014). In keeping with findings from other community samples (Elbogen et al., 2013; Tanielian and Jaycox, 2008), roughly one-third of veterans who pursue post-secondary education struggle with posttraumatic stress disorder (PTSD) and/or major depressive disorder (MDD; Borsari et al., 2017). Moreover, consistent with increased mortality rates in nationally-representative samples (Kang and Bullman, 2008; Kaplan et al., 2007), other studies indicate nearly one in five reported a history of serious suicidal ideation and/or other indices for determining risk for suicidal behavior (Bryan et al., 2015; Currier et al., 2017; Rudd et al., 2011). Focusing on veterans

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¹ The term "veteran" will be used broadly in this paper to denote men and women who have served in the US Armed Forces in some capacity (Active Duty, Guard, or Reserves) at some point in their lives (including the present).

enrolled at two universities on the Gulf Coast, this study examined temporal associations between spiritual struggles and risk for suicidal behavior.

Drawing on a stress and coping framework, Pargament et al. (2005) conceptualized spiritual struggles as “efforts to conserve or transform a spirituality that has been threatened or harmed” (p. 247). Whether in the form of dysphoric emotion (e.g., guilt) or an internal conflict that cannot be easily resolved, Exline (2013) stated that spiritual struggle “implies that something in a person’s current belief, practice, or experience is causing or perpetuating distress” (p. 459). In cases when spirituality² has been shaped by a theistic religious tradition, strugglers could experience tension with God or diminished sense of attachment with the divine in times of adversity. Others might experience interpersonal conflicts with religious people or institutions about teachings from their tradition or feel distressed from doubting sacred beliefs/values and practices. However, per Exline et al. (2014), spiritual struggles may also occur when identity has not been shaped from participating in conventionally religious groups. For example, people could struggle with personal morality in which they experience difficulties living congruently with perceived standards of perfection or feeling guilty for violating their moral beliefs/values. In addition, spiritual strugglers might wrestle with issues related to ultimate meaning in which they are troubled by a profound sense of absence of purpose in life.

When considering factors that might cause veterans to struggle along these lines, community-based surveys with civilians documented that spiritual struggles frequently co-occur with MDD and other mental health conditions (Raiya et al., 2015; Ellison and Lee, 2010; McConnell et al., 2006). In addition, serving in wartime can demand service members to cope with stressful/violent conditions that threaten death or injury. With the shift to guerrilla warfare and terrorist tactics, many personnel also confront morally challenging scenarios that might lead to forms of suffering that transcend and overlap with existing psychiatric categories (e.g., moral injury; Farnsworth et al., 2014; Kopacz et al., 2016a). However, even in cases that do not involve serious traumas or morally injurious events, veterans might encounter challenges with transitioning into a civilian context with varying cultural norms/values. For example, military service often provides close personal relationships, structure, and a clear sense of mission. In turn, due to loss of belonging, predictability, and purpose, student veterans in particular can feel disconnected and struggle to recognize how they are supporting the greater good (Borsari et al., 2017). Findings from a nationally representative sample also revealed that nearly 40% were religiously-affiliated and/or regularly engaged in spiritual activities/practices (e.g., service attendance; Sharma et al., 2017). As such, whether due to military-related stressors or post-military transitional concerns, distress will likely reverberate into the spiritual domain in a manner that could worsen suicide risk.

Research has consistently revealed that varying aspects of spirituality contribute to lower and higher degrees of risk (for reviews, see Park and Slattery, 2013; Toussaint et al., 2012). For instance, beyond the social support and connection that churches or spiritual communities may offer (Rasic et al., 2009), spirituality can engender well-being (Park and Slattery, 2013) and moral objections to suicide (Dervic et al., 2011). However, there is growing consensus about the multi-valent nature of religion/spirituality for coping with stress and trauma

² There are many varying definitions for religion and spirituality. In contrast to “religion,” which connotes specific behavioral, doctrinal, and institutional features, “spirituality” might be viewed as one’s subjective experiences in attempting to understand life’s ultimate questions and find meaning and purpose in life. When using terms like “spirituality” or “spiritual” in this paper, we are attempting to capture aspects of life when individuals search for sacredness or transcendence outside of a specific religious tradition or context. Aside from inherent conceptual overlap, religion captures instances in which one’s search for sacredness or transcendence is guided by teachings, doctrines, and institutions that have been developed over history to facilitate encounters and relationships with sacred objects/goals (Pargament, 2013).

(Park et al., 2016), and that struggles in this multicultural domain can exacerbate the risk for PTSD and other mental health issues in veterans (Harris et al., 2015; Koenig et al., 2017; Kopacz et al., 2016a; Sherman et al., 2015). For example, while spirituality can provide a frame of intelligibility to support constructive reappraisals of stress and trauma (e.g., accepting finite nature of human existence), Park et al.’s (2016) reciprocal meaning making model asserts that these experiences might undermine dimensions of veterans’ faith systems. Particularly if veterans lack sources of meaning and connection in civilian life, they might struggle to reconcile possible mental health concerns with sacred beliefs/values, relationships, and practices that had provided a sense of identity, belonging, and purpose in life (Park et al., 2016). In turn, they might be vulnerable to spiritual distress and lack recourse to relationships, practices, and other psychospiritual resources that were once part of their repertoire of strategies for healthy coping.

Consistent with research focusing on non-veteran samples (Exline et al., 2000; Rosmarin et al., 2013; Trevino et al., 2014), four cross-sectional studies documented that severity of spiritual struggles was positively associated with suicidal risk in the presence of PTSD, MDD, and other commonly assessed risk factors (Currier et al., 2017; Kopacz et al., 2016b; Mihaljević et al., 2012; Raines et al., 2017). Relying on Exline et al.’s (2014) Religious and Spiritual Struggles Scale with veterans seeking outpatient treatment for PTSD at a VA medical center, Raines et al. also found that struggles with the divine and ultimate meaning were uniquely linked with risk for suicidal behavior. However, whether focusing on veteran or non-veteran samples, a lack of longitudinal information has precluded the ability to illuminate the temporal ordering between spiritual struggles and suicide risk. As such, it is presently not clear whether knowledge about spiritual struggles could actually add prognostic value in predicting suicidal ideation and/or future attempts in veterans who could be struggling with religious faith and/or spirituality in some manner.

Several models could be offered to explain the nature of associations between these variables. For example, drawing on a Secondary Struggles Model, indices of suicidal behavior and prominent mental health conditions might be conceptualized as driving distress in the spiritual domain, such that attention should solely focus on reducing these risk factors. In such cases, PTSD, MDD, and/or serious thoughts about suicide may lead veterans to struggle with morality, question purpose in life, and/or feel alienated from God. Alternatively, in keeping with spiritually integrated models of mental health care (Saunders et al., 2010; Vieten et al., 2013), a Primary Struggles Model might view spiritual struggles as being more intrinsically intertwined with increasing suicide risk over time. Hence, inquiring about spiritual struggles could provide crucial information for gauging suicide risk and clarifying intervention targets that could necessitate collaboration with chaplaincy or pastoral professionals. However, when considering the complex issues that veterans can experience, a Reciprocal Struggles Model might also apply in which certain veterans experience a mutually-reinforcing interplay between spiritual struggles and indices of suicide risk that stifles their recovery along both fronts.

While research has not focused on suicide, longitudinal studies conducted to date have provided mixed support for these three models with other mental health outcomes. For example, when accounting for baseline levels of MDD or other forms of psychological distress, studies with Orthodox Jews (Pirutinsky et al., 2011), advanced heart failure patients (Park et al., 2011), survivors of Hurricane Katrina (Chan and Rhodes, 2013), and recently divorced persons (Krumrei et al., 2011) provided marginal or strong support for a Primary Struggles Model. However, focusing on three samples of non-veterans, Wilt et al. (2017) supported a Secondary Struggles Model in that severity of anxiety was predictive of increases in doubt-related struggles over a one-year period. In contrast, focusing on 47 treatment-seeking patients with current/past psychosis, Rosmarin et al. (2013) found that scores on a generalized measure of spiritual struggle were inversely linked with changes in MDD over an eight-month period. In contrast, when

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