



# Moral injury, suicide ideation, and behavior among combat veterans: The mediating roles of entrapment and depression

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## ABSTRACT

Combat veterans have been identified as a major at-risk group for suicide. *Moral injury* (MI) experiences have recently been acknowledged as significant stressful combat events that may lead to psychopathology, such as *suicidal ideation and behaviors* (SIB). In this study, we aimed to examine to what extent potential MI events may comprise risk factors for SIB and to explore the mediating role of the entrapment experience in this relationship. A sample of 191 Israeli combat veterans ( $M_{age} = 25.39$ ,  $SD = 2.37$ ) completed validated self-report questionnaires in a cross-sectional design study. All potential MI experiences were significantly related to SIB levels among veterans. Moreover, self- and betrayal-based MI experiences were significantly associated with sense of entrapment, which subsequently was associated with high levels of SIB. The integrative model indicated that entrapment and depression served as mediators in the association of MI-SIB. Even years after their release from military service, veterans exposed to potential MI experiences may still feel consumed by their painful memories and still have premonitions of a foreshortened future. Thus, they are more prone to SIB as well as to other mental health problems.

## 1. Introduction

Nearly one million people die by suicide, and more than twenty million attempt suicide annually (WHO, 2017; Turecki and Brent, 2016). Military service members, especially combat veterans, have become a major at-risk group for suicide in the last decade, with rates increasing steadily, having almost doubled since 2005 (Reger et al., 2015; Kang et al., 2015). Thus, the identification of risk and protective factors for suicidal ideation and behaviors (SIB) among veterans is undoubtedly an important and increasingly urgent priority.

Several conditions have been recognized as major risk factors for suicide, including diagnoses of depression, posttraumatic stress disorder (PTSD), substance use disorders, personal traits (e.g., impulsivity), and environment variables (e.g., imitation; Maguen et al., 2011; Jakupcak et al., 2009; Turecki and Brent, 2016). Military stressful life events have also been found to play a substantial role in SIB among military personnel (Shelef et al., 2014; Nock et al., 2013; Jakupcak et al., 2009) and veteran populations (Levi-Belz et al., 2015; Snir et al., 2017). Combat experiences, such as the severity of combat exposure (Pietrzak et al., 2010), including the killing of enemy combatants (Maguen et al., 2012), were found to increase SIB among veterans. Bryan et al. (2015)

found in their meta-analysis a 25% increased risk for suicide-related outcomes among those serving in combat units and up to 43% increased risk for SIB among those exposed to killing or atrocities. However, while these elements may help detect some veterans having engaged in SIB, more research is needed to identify specific risk factors and underlying psychological processes facilitating SIB among veterans.

Recent data have identified *moral injury* (MI) experiences as comparable to stressful combat events (Drescher et al., 2011; Litz et al., 2009; Maguen and Litz, 2012) and may comprise a risk factor for SIB among veterans. MI experiences have been defined as “events in which an individual perpetuates, fails to prevent, bears witness to, or learns about acts that transgress deeply held moral beliefs and experiences” (Drescher et al., 2011; Litz et al., 2009, pp. 1–3). Specifically, MI emerges following exposure to one or more potentially morally injurious events (PMIEs) perceived as violations of deep moral beliefs held by oneself or by trusted individuals. Three dimensions of PMIEs have been empirically derived: PMIEs committed by oneself, witnessing PMIEs committed by others, and perceived betrayal by others (Nash et al., 2013). These experiences may cause significant moral dissonance, which, if left unresolved, could lead to the development of intrapersonal (e.g., guilt, shame, demoralization, self-handicapping)

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and interpersonal problems, as well as psychopathologies (Drescher et al., 2011; Litz et al., 2009).

The prevalence of PMIEs varies according to war theaters, branches of military service, and the specific transgressive acts assessed (Frankfurt and Frazier, 2016). For example, Currier et al. (2014) noted that 16% of Vietnam War veterans reported having participated in atrocities, and 35% reported having witnessed atrocities. Reports from War Theaters Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) indicated that 12%–15% of OIF combat infantry soldiers and 28% of OIF combat infantry Marines reported killing a non-combatant (Hoge et al., 2004). Studies conducted among Israeli veterans having served in the West Bank and Gaza, including contact with the civilian Palestinian population, reported high exposure to civilian-related violent incidents (34.1% of male veterans and 16.9% of female veterans; Bleich et al., 2008; Ritov and Barnett, 2013).

Conceptually, it has been proposed that PMIEs could severely shake a veteran's moral code and challenge basic expectations of right and wrong (Litz et al., 2009). Veterans unable to reconcile the discomfort of their actions are prone to social condemnation or rejection, which may be followed by depressive symptoms and other negative experiences, such as shame and guilt. Together, these experiences comprise risk factors for SIB (Lester, 1998; Levi-Belz et al., 2008; Levi-Belz et al., 2014; Zalsman et al., 2016).

Data supporting the possibility that exposure to PMIEs may act as a facilitator of SIB in veterans are scarce. Some studies have directly examined the role of PMIEs in SIB among active duty military personnel, concluding that self and other transgression acts were associated with significantly more severe suicidal ideation and behavior (Bryan et al., 2014, 2018). Two additional studies examined the relationship between exposure to PMIEs and SIB among veterans. Currier et al. (2014) examined 131 US Army Iraq/Afghanistan veterans, finding that PMIEs were both directly and indirectly related to suicide ideation by a meaning-making processes—the extent to which veterans were able to adaptively make meaning of their identified stressors. In other words, the greater the ability to determine meaning of the MI experience, the lesser suicide ideation levels were reported. In the second study, Currier et al. (2015a), in their study of American Vietnam War veterans, found that exposure to acts of abusive violence in Vietnam was both directly and indirectly (via PTSD symptoms) associated to SIB. However, to the best of our knowledge, the wide range of PMIEs and their relationship with SIB among non-U.S. veterans have yet to be investigated. Neither have these relationships been examined in the context of non-war military experiences. Moreover, the psychological processes and the facilitators in the relationship between exposure to PMIEs and SIB among veterans have only rarely been explored. In the current study, we undertook the examination of the direct contribution of exposure to PMIEs on SIB among veterans of the Israeli Defense Forces (IDF), who had been exposed to traditional combat experiences as well as to military missions in close proximity to civilians in varied levels of conflict. We sought to better understand the mechanism that progresses to SIB following transgressive acts by examining entrapment and depression as mediators.

### 1.1. Entrapment as a facilitator of SIB

*Entrapment* has been described as the desire to escape, coupled with the awareness that all escape paths are blocked (Gilbert and Allan, 1998). It involves psychological processes relating to individuals' subjective perception of their circumstances as being uncontrollable, unremitting, and inescapable (Williams, 1997). Williams (1997) was the first who linked feelings of entrapment to suicide in his 'cry of pain' model (Williams, 2002). Entrapment was found as a transdiagnostic construct (Siddaway et al., 2015), comprising a factor of the basic facilitating mechanisms of several psychopathologies, such as depression, PTSD, and anxiety (Panagioti et al., 2013; Taylor et al., 2011).

The role of entrapment in SIB has been studied in diverse

populations and in the context of various disorders and research methodologies (Taylor et al., 2010; Taylor et al., 2011). A recent successor to the Williams 'cry of pain' model, the schematic appraisals model of suicide (SAMS; Johnson et al., 2008), also suggested that suicidal ideation and behavior are outcomes of feeling trapped in a stressful situation, from which there is neither escape nor rescue (see also Williams and Pollock, 2001). Some studies highlighted the role of entrapment in facilitating suicide ideation among military personnel (Shelef et al., 2016), with other studies indicating that entrapment is closely related to suicidal behavior as compared with non-suicidal self-injury (NSSI) and ideation (Dhingra et al., 2016).

Entrapment seems to facilitate SIB through various mechanisms, such as negative appraisals or problem-solving difficulty (Taylor et al., 2010; O'Connor and Portzky, 2018), which are reflected in depression (see review in Mehu and Scherer, 2015). Thus, it can be suggested that the role of the entrapment experience in SIB can be understood through the mediation of depression. In other words, a combination of stressful experience together with defeat and entrapment experiences as core psychosocial-cognitive processes, could facilitate depressive symptoms that eventually lead to the wish to die (Williams, 2002; Taylor et al., 2011). However, the contribution of entrapment to SIB among veterans, particularly within the context of transgressive acts, has yet to be investigated.

### 1.2. Suggested psychological process of the MI- SIB relationship

As suggested by the MI model (Litz et al., 2009), a severe act of transgression is, by definition, incongruent and disparate with the individual's fundamental beliefs and assumptions about how the world operates and how an individual or group should be treated. Thus, these discrepancies may facilitate dissonance as well as other negative psychological outcomes. Episodes of dissonance, then, may be facilitated by the generally stressful atmosphere of combat service (Shelef et al., 2014) and of the specific PMIEs context (Currier et al., 2015b). These are exacerbated by the lack of an option for withdrawal, due to factors such as the individual's commitment to comrades and to the army unit, as well as being cognizant of the mandatory nature of service in the IDF. In acute cases, in the absence of resources to deal with these experiences, veterans may suffer entrapment feelings, followed by depressive symptoms (Taylor et al., 2011). In turn, the prospect of SIB in these situations becomes substantially greater (Ursano et al., 2016).

The present study was designed to examine the MI model that may facilitate SIB following PMIEs among young Israeli combatant veterans (up to 10 years from their demobilization). Examining the MI processes among Israeli veterans poses a unique and interesting opportunity in light of the features of their service (a three-year mandatory military service, with most combatants remaining as reserve combat troops for annual mobilization), and more specifically, the two-track military assignments of the veterans: first, securing Israel's borders and participating in traditional armed conflict; secondly, carrying out security and policing assignments, such as operating checkpoints, patrols, arrests, and ambush missions in the West Bank—an urban environment with close proximity to civilians at varied levels of conflict.

Expanding the conceptual model of MI (Litz et al., 2009), we focused on the role of the entrapment experience and depression in the linkage between PMIEs and SIB. As entrapment has been found to facilitate depression symptomatology (Gilbert and Allen, 1998), we sought to examine whether PMIEs indirectly contribute to the SIB among veterans by means of their experiences of entrapment and depression.

Three hypotheses were tested: (H1) Veterans with more severe SIB levels will report significantly higher levels of PMIEs (MIES-Self and Others and Betrayal) than their cohorts with less severe SIB levels; (H2) PMIEs will be associated with severity of entrapment and depression, as well as with SIB; (H3) Entrapment experience and depression levels will mediate the relationship between PMIEs and SIB.

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