



# Examining the relationship between coping strategies and suicidal desire in a sample of United States military personnel

Lauren R. Khazem\*, Keyne C. Law, Bradley A. Green, Michael D. Anestis

*University of Southern Mississippi*

## Abstract

Suicidal desire in the military has been previously examined through the lens of the Interpersonal–Psychological Theory of Suicide (IPTs). However, no research has examined the impact of specific coping strategies on perceived burdensomeness, thwarted belongingness, and suicidal ideation in a large population of individuals serving in the US military. Furthermore, the factor structure of previously utilized coping clusters did not apply to our sample of military personnel. Therefore, we found a three-factor solution to be tested in this sample. We hypothesized that specific types of coping behavior clusters (Adaptive and Maladaptive) would predict both IPTs constructs and suicidal ideation. Results indicated that Adaptive and Maladaptive coping clusters predicted the IPTs constructs in the hypothesized directions. However, only the Maladaptive cluster predicted suicidal ideation. These findings implicate the need for further research and suicide prevention efforts focusing on coping strategies, specifically those that are maladaptive in nature, in relation to suicidal ideation in military members.

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Suicide in the Armed Forces is a serious concern, as research has indicated that veterans are twice as likely as the general population to die by suicide [1]. Recent statistics further indicate cause for concern, as suicides in members of the Active duty component have increased from 18 to 22.7 out of 100,000 from 2011 to 2012 [2]. In a promising shift, preliminary data released to the Associated Press indicate that active duty military suicides decreased by 18% in 2013 [3]. Although this represents a positive development, the National Guard and Reserves have seen a continued increase in suicides during this timeframe, rising from 140 in 2012 to 150 in 2013 [4]. This increase indicates a need for further research in these understudied branches of the military.

Prior research has considered military suicide through the Interpersonal–Psychological Theory of Suicide (IPTs; [5,6]). The IPTs posits that two mental states are necessary

for suicidal ideation to occur. The first state, perceived burdensomeness, refers to an individual's feelings of being a burden to others and beliefs that others would benefit more from their death than life. Veterans returning from Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) have previously reported feelings of burdensomeness, specifically relating to reintegrating into society post-deployment [7]. Furthermore, associations between perceived burdensomeness and suicidal ideation have been observed in military populations, particularly when jointly present with elevated levels of the acquired capability for suicide [8,9].

The second mental state necessary for suicidal ideation to occur is thwarted belongingness, an individual's lack of reciprocal, caring relationships and feelings of isolation and loneliness ([5,6]). Brenner et al. [7] reported that military members felt a sense of disconnect with those not involved in the military, indicating the possibility of heightened levels of thwarted belongingness when reintegrating into civilian life after deployment. Recent research has supported this finding, as thwarted belongingness was found to be a predictor of suicidal ideation in an inpatient veteran sample [10]. However, camaraderie with other military members may heighten feelings of belongingness, serving as a protective factor against suicide. Supporting this idea, Brenner et al. [7] observed that those returning from deployment felt connected with other

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\* Corresponding author at: 118 College Drive #5025, Hattiesburg, MS 39406.

*E-mail address:* [lauren.khazem@eagles.usm.edu](mailto:lauren.khazem@eagles.usm.edu) (L.R. Khazem).

military personnel, which was partly due to shared combat experiences. Furthermore, Scoville, Gubata, Potter, White, & Pearse [11] found that suicide rates for those undergoing basic military training are lower than those of the same age in the general population. These results indicate the need to examine predictors of thwarted belongingness in military members while taking into account the time since last deployment and the degree to which individuals remain connected with fellow soldiers.

The relationship between coping behaviors and the IPTS in this population has yet to be examined. Across a broad range of populations, the relationship between coping and suicide has been examined with mixed results [12–15]. Some coping strategies, such as seeking emotional support and attempting to think about solutions to a specific problem, have been shown to be inversely associated with suicidal ideation and behavior (e.g., [13,14]). Other coping strategies such as self-blame, denial that a stressor exists, and behavioral disengagement with problems, on the other hand, have been shown to predict increased risk for suicidal thoughts and behavior (e.g., [16,17]). It is thus apparent that coping strategies represent a broad construct without a single valence and in need of meaningful subdivisions. Wilson, Pritchard, & Revalee [18] organized coping strategies and behaviors as assessed by the Brief COPE [19] into three broad clusters: problem-focused coping, emotion-focused coping, and avoidant coping. However, to our knowledge no prior research has examined the factor structure of coping as assessed by this measure within a military sample.

This research ultimately aims to examine the factor structure of the Brief COPE in a large sample of US military personnel and then utilize those empirically derived clusters to test the relationships between coping styles, perceived burdensomeness, thwarted belongingness, and suicidal ideation. We sought to utilize a previously supported factor structure [18]. However, as this factor structure has not been tested in a sample of military personnel, the possibility exists that it is not applicable to this population of individuals. Military personnel may use different coping strategies and behaviors or these strategies and behaviors may serve a different purpose than when used by general population. Therefore, in order to determine the best factor structure for our analyses, we aimed to examine whether the Wilson et al. [18] 3-factor structure applied to our sample and use the best factored solution in our analyses if it was not applicable. Although our analyses are largely exploratory in nature, we anticipated that overtly maladaptive empirically derived coping clusters that emerge from our factor analysis will positively predict perceived burdensomeness, thwarted belongingness, and suicidal ideation. Similarly, we further hypothesized that empirically derived coping clusters that are overtly adaptive would negatively predict the same outcomes. Should coping clusters emerge that are not overtly adaptive or maladaptive, we will run purely exploratory analyses examining their relationships with the same series of outcomes. Lastly, we aimed to conduct exploratory analyses of

the 14 specific coping behaviors included in the Brief COPE [19] in order to examine the relationships between specific coping behaviors within each cluster and the aforementioned outcome variables. If results support our hypotheses, they would indicate that types of coping in response to negative events may heighten suicidal ideation, and consequently, the risk of suicide in those who have served in the military, a population already at risk for death by suicide.

## 1. Methods

### 1.1. Participants and recruitment

Participants in this study were 903 soldiers (82.1% male; 59.1% Caucasian, 25.1% African-American, 4.2% Hispanic, 1.9% Asian/Pacific Islander, 1% Native American, 3.8% Other) between the ages of 18 and 61 ( $M_{\text{age}} = 27.06$ ,  $SD = 8.11$ ) recruited from a military base in the southern US (86.9% Army National Guard, .4% Air National Guard, 4.1% US Army, 2.8% Reserves, .5% Other). Of the participants, 35.8% were most recently deployed less than one month ago, 6.7% between one month and one year ago, 9% between one year and three years ago, and 10.7% more than three years ago. 32.2% reported never having been deployed. This study was approved by both the University of Southern Mississippi and Department of Defense Institutional Review Boards, and all participants were provided with informed consent before participation.

## 2. Materials

### 2.1. Predictor variables and covariates

#### 2.1.1. Coping reactions

The 28-item Brief COPE [19] was used to measure the use of fourteen subscales representing various types of coping behaviors (2 items per behavior). Participants are asked to rate 28 items on a scale of 1 (I haven't been doing this at all) to 4 (I've been doing this a lot). In addition to examining the 14 types of coping reactions, we also examined coping behaviors more broadly by classifying the types of coping behaviors based upon results of an exploratory factor analysis (see Table 1). In past studies with community samples, the Brief COPE has performed with adequate internal consistency. To our knowledge, this measure has not previously been administered in military samples. In the present study, the subscales of the Brief COPE ( $\alpha = .54-.88$ ) demonstrated adequate to good internal consistency.

#### 2.1.2. Depression

The Depression subscale of the Patient Health Questionnaire (PHQ-9; [20]) contains 9 items assessing depressive symptoms measured on a 4-point scale ranging from 1 (Not at all) to 4 (Nearly every day). This measure has shown good predictive validity in clinical samples [21]. THE PHQ-9 has previously been utilized in military

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