



## Original article

## Emotional regulation of mental pain as moderator of suicidal ideation in military settings

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## ABSTRACT

**Background:** In the Israel Defense Forces (IDF) as well as in most armies throughout the world, the leading cause of death during peace-time is suicide. This study examines emotional regulation of mental pain as a contributor to suicidal ideation in soldiers.

**Methods:** One hundred sixty-eight IDF soldiers (aged 18–21 years, 59% males) completed the following self-report questionnaires: Scale for Suicide Ideation (SSI); Orbach & Mikulincer Mental Pain Scale (OMMP); and Emotional Regulation of Mental Pain questionnaire. Participants were divided into 3 groups: soldiers who attempted suicide (AS group,  $n = 58$ ), soldiers under treatment by a mental health professional and reporting no suicidal behavior (PT group,  $n = 58$ ), and controls (C group,  $n = 50$ ).

**Results:** Suicide ideation, mental pain, and low emotional regulation were significantly higher in the suicidal group as compared to the two other groups ( $P < 0.001$ ). Mental pain was significantly related to more suicide ideation in soldiers with low ability to regulate mental pain ( $P < .001$  for the interaction). **Conclusion:** Emotional regulation of mental pain moderates the link between mental pain and suicide ideation. Soldiers with high mental pain and low regulation of mental pain exhibited higher suicidal ideation. These findings may assist in planning prevention programs in the army and similar settings.

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## 1. Introduction

Suicide is the leading cause of death in most armies during times of peace [7,16,19,23,28]. Although public attention usually focuses on completed suicides, rather than suicide ideation and suicide attempts, completed suicide is a relatively rare event. There is evidence of a wide range of suicidal ideations and behaviors that extend from suicidal ideas and thoughts, through preparation for a suicide attempt, to completed suicide [5,36].

The rate of suicide attempts and suicidal ideation is high in adolescents. A US survey found that 14.5% of students in the 9th to 12th grades report suicidal ideation and 6.9% have attempted suicide at least once in the previous year [13].

A number of risk factors have been identified for suicidal behavior in youth, among them: stressful events, subjective

phenomenological experiences, personality resources, and suicide-facilitating processes [5]. The current study examined several components of personality resources, including emotional regulation of mental pain, subjective phenomenological mental pain experience, and two suicide-facilitating processes: dissociation and habituation.

A unique objective stressor that Israeli youth have to deal with is the military service [2,7,15]. It is mandated by law and applies to all youngsters who have reached the age of 18. Males serve for 3 years and females for 2. Thus, the majority of Jewish-Israeli adolescents between the ages of 18 and 21 serve within the military framework [7,15]. The sharp transition from civilian to military life requires the individual to use his or her coping mechanisms in order to withstand this significant lifestyle change [7,15]. By Nock et al. [31], the US Military age at enlistment is significantly associated with post-enlistment onset of suicidal ideation. It should be noted that no significant association was found between enlistment age and either suicide plans or attempts [31].

Transition and the need to adapt to the unique demands of military service require a wide range of personality resources.

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A major one is the ability to regulate emotions [17], which refers to the wide range of biological, cognitive, behavioral and social processes that help the individual deal with feelings that flood him or her [4,10]. Emotional regulation strategies constitute emotional intelligence and emotional coping patterns, when faced with various changing situations [37]. Moreover, the ability to regulate emotions affects the individual's well being as well as his or her functioning. Thus people, who are unable to regulate their emotions effectively, tend to have negative feelings and maintain a negative mood [4]. Conversely, emotional regulation may raise positive feelings and influence an individual to the extent of changing his or her mood and perceiving various life problems more positively [37]. It is therefore possible to reduce suicidal behavior through emotional regulation [40].

Emotional regulation strategies include: interpreting a situation positively, hopes of solving the problem, belief in one's ability to deal with the difficulties, emotional relief, active coping with the problem, planning for the future, focusing on positive actions that promote a resolution and avoiding negative actions that hinder it, and asking for assistance [11].

Pathological emotional regulation may lead to irritability that is defined as "an emotional state characterized by having a low threshold for experiencing anger in response to negative emotional events" [24,25]. Joiner et al., in 2001, examined the correlation between mood, suicidal symptoms and effectiveness of treatment among suicidal individuals. They found that people in a positive mood arising from positive feelings had less suicidal symptoms and had a better response to treatment, when compared to patients having a negative mood [22]. Furthermore, there is evidence that inability to regulate emotions is strongly associated with suicide attempts [18] and suicidal ideation [35]. It has been shown that adolescents who attempted suicide have greater difficulties regulating their emotions when compared with adolescents who only experienced suicide ideation [43].

An additional element examined in this study is mental pain. This element has been shown in professional literature as having a strong relationship to suicidality [21,27]. Mental pain is caused by the basic psychological needs of the individual (love, closeness, appreciation, independence) not being sufficiently satisfied. The consent among investigators is that mental pain is much more than the sum of negative feelings and sensations, making it a uniquely intolerable experience [3,32,38]. It may be accompanied by the belief that it is impossible to change and therefore may lead the suffering individual to the conclusion that the only solution is self-destruction [27,32]. Studies have shown that mental pain alone will not lead to suicidal behavior, but will become critical when the individual has no means or ability to regulate and abate the emotional pain that he or she experiences [32]. Emotional regulation and mental pain, do not by themselves lead to suicidal behavior, but their presence increases the probability of such behavior [27,32,41].

The current study attempts to examine how mental pain and emotional regulation of mental pain contribute to suicide ideation. Additionally, it explores whether the participants' emotional regulations of mental pain moderates the relationships between mental pain and suicide ideation.

## 2. Methods

### 2.1. Participants and procedure

The study population included 168 soldiers (100 males: 59.5%) enlisted the Israel Defense Forces (IDF) for their compulsory service, aged 18–21 years (mean age = 19.7 ± 1 years). Participants were divided into three study groups (for full details on the sample see [42]):

- soldiers who had attempted suicide (AS group,  $n = 58$ , 60% males). "Suicide attempt" was defined according to the C-CASA definition [36];
- psychologically-treated control group consisting of soldiers ( $n = 58$ , 60% males) undergoing treatment by a mental health professional but without a history of suicide attempt (PT group);

Psychiatric diagnoses included: 26.3% had mood disorders, 13.8% suffered a personality disorder and 1.7% diagnosed as suffering from adjustment disorder. Half of the PT group had received psychological help prior to their army service, probably acquiring tools to deal with stressful life events, or being bettered help-seeking and thus gaining a potential protective effect against suicidal ideation and behavior (for details see [42]). In order to avoid a selection bias, these participants were selected by healthcare professionals who were not involved in the study, and were unaware of the study hypothesis. The psychiatric control group participants were from the same unit as those from the study group and matched for age and gender. All had undergone at least 4 treatment sessions by a mental health care professional in the course of their army service and had shown no indication of suicidal ideation or behavior prior to entering the study, according to their therapists and clinical records.

- control group (C group) consisted of 50 soldiers (58% males) also from the same unit, matched with the other two groups for age and gender. These soldiers had no history of suicide attempt and no mental-disorder diagnosis, and had not been treated by a mental health professional prior to entering the study. They were selected by the same healthcare professionals who selected the PTs.

Data collection took place between April 2008 and June 2009 (14 months in total), following approval of the study by the IDF Institutional Review Board (IRB). All participants gave a written informed consent after the nature of the study was explained to them [42].

### 2.2. Tools

All data collection were based on self-reporting questionnaires.

Data was collected via the self-report questionnaire described below.

#### 2.2.1. Orbach & Mikulincer's Mental Pain Scale (OMMP; [33])

This questionnaire was used to investigate mental pain experiences directly. The original questionnaire referred to the 8 factors, which create the mental pain experience: irreversibility of the pain (e.g. "The pain will never go away"), loss of control (e.g. I have no control over the situation), narcissist wounds (e.g. "I am rejected by everybody"), emotional flooding (e.g. "I feel an emotional turmoil inside me"), freezing (e.g. "I cannot do anything at all"), self-estrangement (e.g. "I am a stranger to myself"), confusion ("I have difficulties thinking"), and emptiness (e.g. "I have no future goals"). The questionnaire includes 41 items based on a 5-point Likert scale ranging from "very wrong" (1) to "very true" (5). Cronbach's alpha coefficients for the different factors range from  $\alpha = .75$  to  $\alpha = .95$ . Cronbach's coefficient alpha in our study is  $\alpha = .97$ .

#### 2.2.2. Affect Regulation of Mental Pain

This questionnaire [34] was used to examine individuals' levels of mental pain experience. Items, such as the following appear in the questionnaire: "When I feel mental pain, I believe that eventually the pain will pass", "When I feel mental pain I believe I cannot do anything to reduce the pain". The questionnaire is composed of 20 items on a 5-point Likert scale ranging from

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