



Intimate partner relationship stress and suicidality in a psychiatrically hospitalized military sample[☆]



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ABSTRACT

Objective: Suicide among United States service members is a significant public health concern. Intimate partner relationship stress may contribute to suicide risk, as a failed or failing relationship is the most commonly documented stressor preceding military suicide attempts and deaths. However, little is known about the manner by which relationship stressors are associated with the experience of military suicidality.

Methods: A sample of 190 psychiatrically hospitalized military personnel and adult dependents enrolled in an ongoing randomized controlled trial evaluating the efficacy of an inpatient cognitive behavioral treatment for suicidality were included in this study. Analyses examined depression, hopelessness, and suicidality among participants with ($n = 105$) and without ($n = 85$) self-reported romantic relationship stress.

Results: Over half (55%) of the sample reported current romantic relationship stress. Compared to participants without current romantic relationship stress, results indicated that individuals reporting current romantic relationship stress were more hopeless ($AOR = 1.07$ (95% $CI: 1.01-1.12$), $p = 0.020$), more likely to endorse multiple suicide attempts ($AOR = 1.96$ (95% $CI: 1.01-3.79$), $p = 0.046$), had higher overall suicide risk ($AOR = 2.49$, (95% $CI: 1.03-6.06$), $p = 0.044$), and were more likely to report that the reason for their suicidality was at least in part to get a reaction from others.

Conclusions: Findings suggest romantic relationship stress is associated with greater suicide risk, and have clinical implications for suicide prevention and intervention. Future research may examine mechanisms and pathways between romantic relationship stress, suicidality, and prevention and intervention strategies.

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1. Introduction

Approximately 9.8 million people in the United States (U.S.) experienced suicidal thoughts and 1.4 million attempted suicide in 2014 [1]. In 2016, there were 44,965 suicide injury deaths reported in the U.S. [2]. Suicide is also a significant problem within the U.S. Department of Defense (DoD) and is the current leading cause of death for U.S. military service members [3]. Within the U.S. military, suicide deaths have surpassed deaths by transportation accidents and combat in recent years [3], and the latest DoD Suicide Event Report (DoDSER) indicated that the suicide rate across active duty branches was 20.2

per 100,000, and 24.7 and 27.1 per 100,000 for the Reserve and National Guard, respectively [4].

Given the toll of suicide, several influential theories have been developed to better understand this phenomenon and inform prevention and intervention efforts. While these theories differ in a number of ways, one commonality has been the emphasis on close relationships [5–11]. Specifically, many theories contend that as humans, we possess an innate need to form and maintain meaningful relationships with others, and when we are unable to connect with others—or if existing relationships fail or are perceived as not meeting our needs—suicide can emerge as a viable option.

Research supports the emphasis of interpersonal connection in psychological models of suicidal behavior. For instance, social support is a well-supported protective factor against suicidal ideation and attempts [12,13]. Among service members with deployment histories, unit cohesion and postdeployment social support are both associated with reduced suicidal ideation [14]. Similarly, Veterans of Operations Enduring

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Freedom and Iraqi Freedom (OEF/OIF) who endorse lower levels of social support also endorse suicidal ideation [15]. Further, a recent systematic review found that romantic relationship separation and poor-quality romantic relationships are important risk factors for suicidal thoughts, behaviors, and death, and are frequent triggers for suicide attempts [16].

In addition to suicide-related outcomes, relationship stress, severance of existing relationships, or a lack of social connections may lead to the onset or exacerbation of other conditions often associated with suicidality, such as depression [17–19] and hopelessness [16,20,21]. Research has shown that romantic relationship problems are associated with elevated risk for mood disorders, such as major depressive disorder [22]. Moreover, there is evidence that wives in couples experiencing marital discord have higher levels of hopelessness than wives in couples not experiencing marital discord [23].

U.S. military service members and their romantic partners are particularly vulnerable to relationship stress, given the unique stressors involved in military careers, such as relocations and deployments [24,25]. It is possible that such stress has been implicated in the epidemic of suicides that has plagued this group. According to the 2015 DoDSER, a failing or failed romantic relationship was the most commonly documented stressor preceding military suicide deaths and attempts [4]. A recent study implicated intimate partner problems as precipitating 54% of Army suicide deaths, versus 42% of civilian suicide deaths [26]. Relevant to the present study, depression [27–29], hopelessness [30], and interpersonal stressors [31,32] have been shown to be important risk factors for suicide-related ideation and behavior in military personnel.

While evidence supports a link between relationship stress and suicide, little is known about the manner in which relationship stressors relate to suicide risk and the experience of suicidal thoughts and behaviors among military personnel. Furthermore, the Army Study to Assess Risk and Resilience in Service Members (Army STARRS) [33] has indicated elevated suicide risk among U.S. soldiers within the 12-month period following psychiatric hospitalization. Given the demanding nature of a military career and the potential for relational strain, it is imperative that we better understand how relationship stress contributes to specific aspects of suicidality within this population. In the present study, we examined depression, hopelessness, and suicidality among psychiatrically hospitalized U.S. military service members with and without self-reported relationship stress. We hypothesized that those with relationship stress would report more severe depression, hopelessness, and suicidality than those without relationship stress.

2. Methods

2.1. Procedure and participants

Data for this study were collected from June 24, 2013 to September 18, 2017 from baseline assessments of an ongoing clinical trial evaluating the efficacy of Post Admission Cognitive Therapy (PACT) [34] for the treatment of suicidality among military personnel and adult dependents psychiatrically hospitalized following a suicide crisis. Written informed consent was obtained from all participants after procedures were fully explained. Institutional review board approvals were obtained prior to study commencement.

Participants consisted of 190 psychiatrically hospitalized military service members ($n = 171$; 90%) and adult dependents ($n = 19$; 10%). Participants were primarily male (64%), Caucasian (67%), and had completed at least some college education (77%). On average, participants were 30.28 years old ($SD = 9.47$). About one third had never been married (34%), 46% were currently married, and 19% were separated, divorced, or widowed. Participants had an average of 1.03 ($SD = 1.19$) children. Among military personnel, 42% were junior enlisted (E1–E4 paygrades), 43% were senior enlisted (E5–E9 paygrades), and 15% were officers. Branch of service breakdown was as follows: 43% Army, 11% Air Force, 26% Navy, 18% Marine Corps, and 1% Coast Guard.

2.2. Measures

2.2.1. Beck Depression Inventory (BDI)

The BDI [35] is a 21-item self-report measure of depressive symptomatology. Items are rated on a 4-point Likert scale, with higher scores indicating greater depressive symptom severity. The BDI has been shown to be internally consistent, has high test-retest reliability, and evidences validity in psychiatric populations [35].

2.2.2. Beck Hopelessness Scale (BHS)

The BHS [36] is a 17-item, true-false rated, self-report measure of hopelessness. Higher scores indicate greater hopelessness. The BHS has high internal consistency (coefficient $\alpha = 0.93$) as well as predictive and construct validity [36].

2.2.3. Columbia Suicide Severity Rating Scale (C-SSRS)

The C-SSRS [37] is a clinician-administered, semi-structured interview that assesses the severity of an individual's suicidal ideation and behavior. The C-SSRS measures lifetime number of actual, aborted, and interrupted suicide attempts and six facets of suicidal ideation with responses on a 5-point scale: Most severe ideation (responses range from "a wish to be dead" to "active suicidal ideation with specific plan and intent"); Frequency (responses range from "less than once a week" to "many times each day"); Duration (responses range from "fleeting – few seconds or minutes" to "more than 8 hours/persistent or continuous"); Controllability (responses range from "easily able to control thoughts" to "unable to control thoughts"); Deterrents (responses range from "deterrents definitely stopped you from attempting suicide" to "deterrents definitely did not stop you"); and Reasons (responses range from "completely to get attention, revenge, or a reaction from others" to "completely to end or stop the pain").

Given the clinical severity of the current sample, ideation responses tended to cluster on the most severe end of the scales and were dichotomized into "most severe" (i.e., frequency as "many times each day," duration as "more than 8 hours/persistent or continuous," controllability as "unable to control thoughts," deterrents as "definitely did not stop you," reasons as "completely to end or stop the pain") and "less severe" (all other possible responses). An additional dichotomous question from the military family member version of the C-SSRS was used to measure presence or absence of current intimate partner relationship stress ("Are you having any marital or relationship stress or problems?") [38]. The military family member version of the C-SSRS includes questions on risk factors specific to service members and is available online at <http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.military.english>. The C-SSRS has demonstrated excellent validity and good internal consistency when used with adult patients at risk for suicidal behavior.

2.2.4. Mini International Neuropsychiatric Interview (MINI)

The MINI [39] is a clinician-administered interview that includes several diagnostic modules. For this study, the suicidality module was used to assess suicide risk. This module assesses suicidal ideation, plans, and attempts within the past month, as well as lifetime suicide attempts. The suicidality module yields a total score categorized as either "low," "medium," or "high" risk. As with the C-SSRS, because the current sample was comprised of individuals psychiatrically hospitalized following a suicidal crisis (i.e., high risk individuals), categories were collapsed into "highest risk" (i.e., "high" risk) and "lower risk" (i.e., "low" or "medium" risk).

2.2.5. Scale for Suicide Ideation (SSI)

The SSI [40] is a well-established, clinician-rated, semi-structured interview designed to measure the characteristics, intensity, and pervasiveness of suicidal ideation in adults. The measure includes 19 items on a 3-point scale ranging from least severe to most severe. Total scores range from 0 to 38, with higher scores indicating more severe suicidal

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