



Empirical Research

Psychological flexibility as a dimension of resilience for posttraumatic stress, depression, and risk for suicidal ideation among Air Force personnel



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ABSTRACT

Rates of psychological disorders and suicide have increased dramatically among military personnel since the onset of combat operations in Iraq and Afghanistan. To date, few studies have identified psychological factors that insulate service members from emotional distress and suicide risk following combat. The current study investigates the protective effects of psychological flexibility on emotional distress and suicidal ideation in 168 active duty Air Force convoy operators. Self-report data were collected before deployment and at 1, 3, 6, and 12 months postdeployment. Robust generalized estimating equations with repeated measurements indicated that, over time, service members with greater psychological flexibility reported less severe posttraumatic stress ($B = -.039$, $SE = .011$, $p = .001$) and depression ($B = -.053$, $SE = .009$, $p < .001$) than subjects with less psychological flexibility. Greater psychological flexibility was also associated with decreased suicide risk ($B = -.035$, $SE = .010$, $p < .001$), significantly moderating the effects of depression on suicidal ideation over time ($B = .115$, $SE = .044$, $p = .008$). Results suggest that psychological flexibility guards against emotional distress among service members and buffers the effects of depression on suicide risk.

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1. Introduction

Since the onset of combat operations in Afghanistan (Operation Enduring Freedom, OEF) and Iraq (Operation Iraqi Freedom, OIF), much attention has been paid to the psychological well-being of the United States' Armed Forces. Of particular note is the steadily rising suicide rate; military suicides have doubled in the past decade and suicide is now the second leading cause of death among service members (Department of the Army, 2011). Accordingly, mental health promotion and resiliency enhancement have become major topics of both clinical and research interest. To date, however, most studies have focused primarily on identifying and confirming *risk factors* for suicide, typically seeking an answer to the question, "Why do some military personnel become suicidal?" In contrast, few studies have explored *protective factors* associated with resilience and low suicide risk; such studies are aimed at answering the question, "Why do most military personnel *not* become suicidal?" A greater understanding of factors

that increase resilience and lessen suicide risk could ultimately improve military suicide prevention and intervention programs.

Resilience has been described as "an ability, perception, or set of beliefs which buffer individuals from the development of suicidality in the face of risk factors or stressors" (Johnson, Wood, Gooding, Taylor, & Tarrier, 2011, p. 964). Cognitive style and behavioral response processes may partly explain why, given similar stressors and life experiences, some service members experience emotional distress and others do not. Beck's cognitive theory suggests that suicidal individuals become stuck in a "negative loop," rigidly viewing themselves, the world, and the future as unchangeable, unendurable, defective or hopeless (Beck, Kovacs, & Weissman, 1975). Rudd (2006) expanded upon Beck's cognitive theory by elaborating on the concept of the *suicidal mode*, which posits that certain cognitive styles and behavioral processes lend vulnerability to experiencing emotional distress whereas other cognitive styles and behavioral processes protect the individual against emotional distress. For example, whereas a generally pessimistic outlook has a negative effect on mental health and suicide risk (Beck, Brown, Berchick, Stewart, & Steer, 1990; Beck, Steer, Beck, & Newman, 1993; McMillan, Gilbody, Beresford, & Neilly, 2007; Petrie & Chamberlain, 1983), a generally optimistic

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and hopeful outlook has a positive effect (Carver & Gaines, 1987; Hirsch & Conner, 2006; Hirsch, Conner, & Duberstein, 2007; Hirsch, Wolford, Lalonde, Brunk, & Parker-Morris, 2009; Miller, Manne, Taylor, Keates, & Dougherty, 1996; Scheier & Carver, 1992). Consistent with the notion of resilience, a positive outlook in life has also been found to weaken the relationship of life stress, hopelessness, and emotional distress on suicidal ideation (Bryan, Ray-Sannerud, Morrow, & Etienne, 2013; Hirsch & Conner, 2006; Hirsch et al., 2009).

Another potential contributor to resilience is *psychological flexibility*, defined as the ability to accept one's emotional experience without avoidance and, depending on situational demands, continue to pursue one's goals despite a negative experience (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Psychological flexibility has been shown in numerous studies to protect against depression, anxiety, and generalized distress (Bond et al., 2011). Depression, for instance, is associated with inflexibility in psychological and behavioral response patterns. For instance, depressed individuals often engage in rumination, which is characterized by perseverative and habitual thinking about one's internal state that can lead to passive behavior response styles (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Depressed individuals also tend to employ automatic and stereotypic negative attributions to explain negative events and/or problems in life, such as self-blame and hopelessness, which can similarly lead to inaction in the pursuit of personally meaningful and valued outcomes (Abramson, Metalsky, & Alloy, 1989). Inflexible response styles such as rumination and automatic negative attributions have similarly been implicated in posttraumatic stress disorder (Ehring, Frank, & Ehlers, 2008; Michael, Halligan, Clark, & Ehlers, 2007), a condition strongly associated with an avoidant response style.

Avoidance strategies contribute to the full spectrum of psychological and behavioral disorders (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996) including posttraumatic stress disorder (PTSD; Beck, Gudmundsdottir, Palyo, Miller, & Grant, 2006) and depression (Wegner & Zanakos, 1994). Avoidance increases intensity of suicidal thoughts and is associated with elevated risk for suicide attempts (Cukrowicz, Ekblad, Cheavens, Rosenthal, & Lynch, 2008; Najmi, Wegner, & Nock, 2007; Pettit et al., 2009). In military personnel, avoidance of emotional distress is the most commonly-reported motivation for suicide attempts (Bryan, Rudd, & Wertenberger, 2013). Thus, psychological flexibility and acceptance may underlie military members' resilience to suicide ideation despite postdeployment emotional distress.

Although psychological flexibility is associated with a range of indicators of mental health, its association with suicide risk has not yet been thoroughly investigated. In addition, the role of psychological flexibility among military personnel remains largely unexamined. To address these knowledge gaps, the current study examined the longitudinal relationships among psychological flexibility and symptoms of emotional distress in a cohort of combat-exposed military personnel. We hypothesized that psychological flexibility would be positively associated with emotional resilience, as evidenced by negative relationships with depression, posttraumatic stress, and suicidal ideation. Consistent with the notion of resilience, we additionally hypothesized that psychological flexibility would moderate the effects of depression and posttraumatic stress on suicidal ideation.

2. Method

2.1. Participants

Participants were 168 active duty US Air Force combat convoy operators recruited from two Detachments attending the Basic

Table 1

Means, standard deviations, and intercorrelations of all variables at baseline ($n = 168$).

	1	2	3	4	5	6	7
1. Age	–						
2. Gender	–.10	–					
3. Combat	.28***	–.09	–				
4. Suicide risk	.10	.01	.06	–			
5. Depression	–.10	.25***	.14	.23**	–		
6. Posttraumatic stress	.09	.10	.41***	.21**	.56***	–	
7. Psychological flexibility	.02	–.14	–.03	–.34***	–.55***	–.40***	–
<i>M</i>	26.27	–	5.06	3.47	3.33	9.01	40.10
<i>SD</i>	5.83	–	5.52	1.06	3.53	10.53	7.03

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Combat Convoy Course (BC3) en route to a deployment in Iraq. The sample was predominantly married (53.5%), junior enlisted (55.9% E4 or below) men (87.1%) with a mean age of 26.27 ($SD = 5.84$) years. On average, participants had deployed at least once previously ($M = 1.18$, $SD = 1.26$), although this ranged widely from zero (39.9%) to six (0.6%) prior deployments. Subjects were deployed for 9 months, during which their unit drove over 1.6 million miles in 594 convoy missions. Participant demographics and descriptive statistics are displayed in Table 1. Because no differences were found between the two detachments on any demographic or symptom variable, they were combined into a single group for the purpose of analysis.

2.2. Procedures

Upon completion of BC3, participants immediately deployed to Iraq to support convoy supply missions. Data were collected from participants at the following time points: before the start of training (baseline), at the end of training (predeployment), and at 1, 3, 6, and 12 months following return from deployment (post-deployment). Self-report packets were administered at each assessment time point. The current study was reviewed and approved by the Wilford Hall Medical Center Institutional Review Board.

2.3. Instruments

2.3.1. Suicide Behaviors Questionnaire-Revised

The Suicidal Behaviors Questionnaire-Revised (SBQ-R; Osman et al., 2001) is a self-report measure of suicide risk that assesses four domains: lifetime suicidal ideation and/or suicide attempts, frequency of suicidal ideation during the past 12 months, communicating suicidal intent to others, and self-reported likelihood of suicidal behavior in the future. Items can be summed to obtain an overall metric of suicide risk: total scores range from 3 to 18, with higher scores indicating greater suicide risk. The total score has been found to reliably differentiate between suicidal and non-suicidal subgroups in both clinical and nonclinical settings, and has been used extensively in military populations. The SBQ-R was administered at baseline only. Internal consistency for the SBQ-R in the current sample was .66.

2.3.2. Patient Health Questionnaire-9

The 9-item Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001) is a self-report measure of depression based directly on *Diagnostic and Statistical Manual, Fourth Edition*

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