Research paper

Exploring cross-lagged associations between spiritual struggles and risk for suicidal behavior in a community sample of military veterans

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ABSTRACT

Background: There is consensus that struggles with religious faith and/or spirituality likely contribute to risk for suicidal behavior in military populations. However, a lack of longitudinal information has limited the ability to clarify the temporal associations between these variables.

Methods: This study examined cross-lagged associations between key types of spiritual struggles (divine, morality, ultimate meaning, interpersonal relations, and doubting) and indices of risk for suicidal behavior (suicidal ideation and probability of future attempt) in a community sample of veterans who completed assessments spaced apart by six months.

Results: Greater severity of all forms of spiritual struggles was generally concurrently associated with indices of suicidal behavior at both time points. Of the possible models for predicting suicide risk, structural equation modeling analyses revealed that a cross-lagged option with spiritual struggles predicting risk provided the best-fitting solution for veterans’ responses on study measures. In addition to PTSD and MDD symptomatology, issues with ultimate meaning at Time 1 were uniquely predictive of veterans’ perceived likelihood of making a suicide attempt beyond the second assessment, after accounting for autoregressive effects and other variables in this model.

Limitations: This sample was recruited from a single geographic region with disproportionate ties to Christian religious traditions. In addition, reliance on self-report instrumentation potentially limited the accuracy of gauging suicide risk in some cases.

Conclusions: Findings highlight the prognostic value of spiritually integrated models for assessing suicide risk in military veterans that account for mental health conditions along with possible expressions of suffering in the spiritual domain.

1. Introduction

Given changes in philosophy/strategy across the United States (US) Armed Forces since the start of operations in Iraq (i.e., Operation Iraqi Freedom, Operation New Dawn) and Afghanistan (i.e., Operation Enduring Freedom), approximately 200,000 persons will transition annually from military life to civilian communities until 2019 (National Center for Veterans Analysis and Statistics National Center for Veterans Analysis and Statistics (2016). In turn, over one million military veterans have enrolled in colleges/universities to achieve post-military educational/vocational goals, and numbers of recipients of Veterans Administration (VA) education benefits will steadily rise (US Governmental Accountability Office, 2014). In keeping with findings from other community samples (Elbogen et al., 2013; Tanielian and Jaycox, 2008), roughly one-third of veterans who pursue post-secondary education struggle with posttraumatic stress disorder (PTSD) and/or major depressive disorder (MDD; Borsari et al., 2017). Moreover, consistent with increased mortality rates in nationally-representative samples (Kang and Bullman, 2008; Kaplan et al., 2007), other studies indicate nearly one in five reported a history of serious suicidal ideation and/or other indices for determining risk for suicidal behavior (Bryan et al., 2015; Currier et al., 2017; Rudd et al., 2011). Focusing on veterans

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1 The term “veteran” will be used broadly in this paper to denote men and women who have served in the US Armed Forces in some capacity (Active Duty, Guard, or Reserves) at some point in their lives (including the present).
enrolled at two universities on the Gulf Coast, this study examined temporal associations between spiritual struggles and risk for suicidal behavior.

Drawing on a stress and coping framework, Pargament et al. (2005) conceptualized spiritual struggles as “efforts to conserve or transform a spirituality that has been threatened or harmed” (p. 247). Whether in the form of dysphoric emotion (e.g., guilt) or an internal conflict that cannot be easily resolved, Exline (2013) stated that spiritual struggle implies that something in a person’s current belief, practice, or experience is causing or perpetuating distress (p. 459). In cases when spirituality has been shaped by a theistic religious tradition, strugglers could experience tension with God or diminished sense of attachment with the divine in times of adversity. Others might experience interpersonal conflicts with religious people or institutions about teachings from their tradition or feel distressed from doubting sacred beliefs/values and practices. However, per Exline et al. (2014), spiritual struggles may also occur when identity has not been shaped from participating in conventionally religious groups. For example, people could struggle with personal morality in which they experience difficulties living congruently with perceived standards of perfection or feeling guilty for violating their moral beliefs/values. In addition, spiritual strugglers might wrestle with issues related to ultimate meaning in which they are troubled by a profound sense of absence of purpose in life.

When considering factors that might cause veterans to struggle along these lines, community-based surveys with civilians documented that spiritual struggles frequently co-occur with MDD and other mental health conditions (Raia et al., 2015; Ellison and Lee, 2010; McConnell et al., 2006). In addition, serving in wartime can demand service members to cope with stressful/violent conditions that threaten death or injury. With the shift to guerilla warfare and terrorist tactics, many personnel also confront morally challenging scenarios that might lead to forms of suffering that transcend and overlap with existing psychiatric categories (e.g., moral injury; Farnsworth et al., 2014, Kopacz et al., 2016b; Mihaljević et al., 2012; Raines et al., 2017). Relying on Exline et al.’s (2014) Religious and Spiritual Struggles Scale with veterans seeking outpatient treatment for PTSD at a VA medical center, Raines et al. also found that struggles with the divine and ultimate meaning were uniquely linked with risk for suicidal behavior. However, whether focusing on veteran or non-veteran samples, a lack of longitudinal information has precluded the ability to illuminate the temporal ordering between spiritual struggles and suicide risk. As such, it is presently not clear whether knowledge about spiritual struggles could actually add prognostic value in predicting suicidal ideation and/or future attempts in veterans who could be struggling with religious faith and/or spirituality in some manner.

Several models could be offered to explain the nature of associations between these variables. For example, drawing on a Secondary Struggles Model, indices of suicidal behavior and prominent mental health conditions might be conceptualized as driving distress in the spiritual domain, such that attention should solely focus on reducing these risk factors. In such cases, PTSD, MDD, and/or serious thoughts about suicide may lead veterans to struggle with morality, question purpose in life, and/or feel alienated from God. Alternatively, in keeping with spiritually integrated models of mental health care (Saunders et al., 2010; Vieten et al., 2013), a Primary Struggles Model might view spiritual struggles as being more intrinsically intertwined with increasing suicide risk over time. Hence, inquiring about spiritual struggles could provide crucial information for gauging suicide risk and clarifying intervention targets that could necessitate collaboration with chaplaincy or pastoral professionals. However, when considering the complex issues that veterans can experience, a Reciprocal Struggles Model might also apply in which certain veterans experience a mutually-reinforcing interplay between spiritual struggles and indices of suicide risk that stifles their recovery along both fronts.

While research has not focused on suicide, longitudinal studies conducted to date have provided mixed support for these three models with other mental health outcomes. For example, when accounting for baseline levels of MDD or other forms of psychological distress, studies with Orthodox Jews (Pirutinskiy et al., 2011), advanced heart failure patients (Park et al., 2011), survivors of Hurricane Katrina (Chan and Rhodes, 2013), and recently divorced persons (Krumrei et al., 2011) provided marginal or strong support for a Primary Struggles Model. However, focusing on three samples of non-veterans, Witt et al. (2017) supported a Secondary Struggles Model in that severity of anxiety was predictive of increases in doubt-related struggles over a one-year period. In contrast, focusing 47 treatment-seeking patients with current/past psychosis, Rosmarin et al. (2013) found that scores on a generalized measure of spiritual struggle were inversely linked with changes in MDD over an eight-month period. In contrast, when...
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