CORRELATION OF PSYCHOSPIRITUAL FACTORS AND SUICIDE IN THE MILITARY

by

Michael Ugbor

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

Military is a profession that requires stable mental state as a prerequisite for active military life. However, suicide rate among active members and veterans has significantly increased despite traditional measures such as psychotherapies, medications and government sponsored incentives. The purpose of this quantitative study was to examine the correlation of psychospiritual factors (spiritual, religious factors and psychological beliefs) and suicide risks among military members. Participants were 18 years or older and members of the United States military base stationed in Kentucky. Data collection involved the used a paper-based survey to measure spiritual and religious affiliations and activities, church attendance, prayer and suicide risk. Spiritual and religious factors were measured using the *Duke University Religious Index* (DURI) and suicide risk was measured using *Suicide Risk Questionnaire Screening for Military Mental Health*. Pearson's r correlation design was used to analyze the data from participants (n=126). The Pearson's r correlation revealed a significant relationship between psychospiritual factors and suicide risk $r(124) = -.550$, $p < 0.001$. Since the "sig" value 0.001 was below the alpha level 0.05, this is indicated a negative correlation between psychospiritual factors and suicide risk and the null hypothesis was rejected. Therefore, psychospiritual factors such as the support of religious and spiritual activities were shown to be protective factors for suicide. This study's findings provide valuable insight for the national association of suicidal intervention, paramilitary institutions, chaplains, and practitioners by highlighting the need to consider psychospiritual factors when assessing and treating members of the military.

Keywords: suicide, military, psychospiritual, religiosity, hope, despair.

Copyright Page

Dedication

Michael J. Hardiman (Msgr.)

Acknowledgments

I thank all who contributed to the success of this scholarly work. First, to God, the sources of inspiration, without whom, I labor in vain - for helping me navigate various stages and providing me with people to assist whenever I'm in quandary. To my parents, Michael and Christiana, for your prayers and best wishes. My appreciation goes to Michael J. Hardiman (Msgr.) for the unalloyed flexibility that allowed me to navigate the rigors of my doctoral studies.

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I remember with a deep sentiment of gratitude those who contributed to making this work real and to whom I cannot mention here for want of space. I recognize my classmates whom we all started this race. I owe everyone a million debts of thanks. Gratia mille!

Michael O. Ugbor

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

One of the challenges in the military is the frequent cases of suicide, and various research operations have found correlation between psychospiritual factors and suicide risks (Koenig et al., 2018; Kopacz et al., 2018). The prevalence of suicide among serving members and veterans pose increasing challenges within the department and researchers are exploring the reasons behind the phenomenon (Myers, 2019). In fact, study showed that suicide rate among service members have increased since after 9/11 and have escalated over the past five years, placing military suicide four time higher than death in military combat (Hernandez, 2021). The 2021 NBC report found that 30,177 active-duty members and veterans who served after 9/11 have succumbed to suicide compared to 7,057 members killed in combat within the twenty years (NBC News, 2021).

Research has revealed that the link between spiritual manipulations and suicide has received less attention in the modern time (Bonelli et al., 2012). Therefore, the current study in psychospiritual factors hypothesized that in many ways, spiritual and religious factors influence human psychology and actions.

The aim of the current research was to explore the relationship between suicide and psychospiritual factors. Experts have found the rise in neurological disorders among service members as precipitating factor to high suicide cases (Curtin et al., 2016; Parikh et al., 2015; Walker et al., 2017). Reports revealed that contrary to expectations, the military lose more members to neurologically related disorders such as addictions and suicide than in combat means (Amy, 2021). The implication is that military suicide may have been underreported as study found that suicide in the military have been underreported due to

factors relating to stigmas toward members, families, and relatives (Held & Owens, 2013; Sheehan et al., 2018). The research from the department of defense showed that about 14% of military suicide have been underreported; and that military suicide has occurred more than reported (DOD, 2021).

The rationale behind the current research and the population of interest in the United States military came as the backdrop of the rise in suicide rate in the department. In 2019, the annual suicide report of the department showed that more members succumbed to suicide, estimating to nearly 500 members who fell to suicide on annual basis (DOD Report, 2019). In addition, a report from the Veterans Affairs revealed that military suicide has increased by 26.5 % per 100,000 between 2014 and 2019 and more veterans have died by suicide between 2008 and 2020 (VA National Suicide Report, 2020).

In 2020, an exclusive inquiry on military suicide was conducted on the United States military and various reasons were presented behind frequent indices of suicide cases among members. In that survey, about 33 soldiers provided reasons for frequent suicide among them. When asked, "why would you kill yourself," a particular response was frequent, "the desire to end intense emotional distress," (DOD Suicide Research, 2020). Further inquiry into this finding revealed additional factors including the desire to end chronic sadness, means of escape, desperation, and urge to end chronic pain (DOD Suicide Research, 2020). This result revealed significant scientific finding on the increasing risk of suicide in the United States military in the modern time. However, among these responses 'intense emotional distress' stands out as a factor relating to psychospiritual phenomenon.

Research in spiritual neuroscience revealed that intense emotional distress originates from the limbic system, the brain region comprising the nucleus accumbens and

right amygdala which coordinate out of body experiences such as emotional, spiritual, and religious experiences (Joseph, 2020). The intense emotional distress that leads to suicide develops from the limbic system brain region, which is the seat of emotional activities that helps with the knowledge of abstract realities, memories, meditation, and the formation of long-term imageries (Jastrzebski, 2018; Joseph, 2020). However, involvement in social religious and spiritual activities has been found to nurture the limbic system and positively moderate behaviors leading to suicidal thoughts (Lauer, 2011; Osafo et al., 2013). Stanley et al. (2021) found that social spiritual relationships including religious affiliation among service members mitigated despair and cognitive lapse that led to suicide risks. The implication is that social religious participation nurtures psychological ideas and influence both motor and reflexive behaviors in a positive way (Beauregard & O'Leary 2008).

However, ideas have consequences (Sproul, 2000), and suicide is just one of the consequences. Thus, the current experiment was designed to determine if religious affiliation including spiritual participations nurture ideas on matters of life and meaning. Dervic et al. (2004) revealed a significant relationship between religious affiliation and suicide risk and found that service members with frequent religious activities were less likely to be involved in suicide attempts.

According to the World Health Organization, globally, more than a million people succumb to suicide every year, and 14 per 100,000 persons in the United States (WHO, 2021). This global suicide rate has been traced to dissatisfaction with life or with the world (Sakinofsky, 2001). Thus, within the law enforcement and the general population, suicide is often associated with ideological concern and dissatisfaction with life and the world (Langhinrichsen-Rohling et al., 2011; Sakinofsky, 2001; Walker et al., 2018). Satisfaction

is a factor often traced to sense of meaning and values that govern one's life (Kulik et al., 2015; Lavy & Bocker, 2018). What one holds to high value is likely to satisfy oneself. According to Loffredo, (2017), values can be intrinsic or extrinsic depending on their essences and motivations. Intrinsic values such empathy, altruism, philanthropy, or the desire to give back to the society are often eternal and intangible and are driven by the desire to bond with the supreme being by performing selfless acts (Kulik et al., 2015). As a result, the current study hypothesized that involvement in selfless activities enhance intrinsic satisfaction and psychological wellbeing. However, extrinsic or ephemeral values such as financial benefits, recognition, and other material benefits are short-lived, and their intermittent nature leads to psychological despair (Culliford, 2011). Extrinsic values are motivated by profit and laws of demand and supply that govern self-interest which in turn plunge people into competition (Culliford, 2011).

Furthermore, the Bible revealed that the path to true satisfaction is in eternal values (Matthew 5: 1-12). Christ revealed that placing hope in ephemeral values can lead to intense despair and sadness (Matthew 6:19-20). A study found that military members who were religiously affiliated or who were active in spiritual and corporal works were more likely to be satisfied with their life and job, and more likely to abhor suicide when compared to their counterparts without spiritual or religious factors (Chon, 2017).

Background

Historical Context

Military is a profession that requires stable mental state as prerequisite for active military life (Inoue et al., 2022; Military Mental Health, 2022). The rigors of active military life include near-death experiences and exacerbated neurological disorders which in turn

increase suicide risks (Linden et al., 2012). Due to these stressors, military suicide has rapidly increased in recent years (Brook, 2020) and over 6000 veterans succumbed to suicide on annual basis between 2008 and 2016 (VA National Suicide Report, 2020). The frequency of social spiritual participation and social religious activities such as prayers, meetings, meditation, and participations in religious activities have been found to mitigate suicide risks among serving members (Kopacz, 2018).

Social Context

Social spiritual activities provide both social and spiritual benefits (Goodman, 2022). Spirituality and religiosity have impact on social stability (Fagan, 1996). Research shows that suicide occur in complex combination of social, psychological, and cultural factors, and is particularly likely to occur during the periods of family and socioeconomic crises associated with shame and loss (Pompili & Goldblatt, 2012).

A study showed that social isolation and loneliness are stressors that increase depression, cognitive lapse, and suicide ideation (Prati & Mancini, 2021; CDC report, 2020); and involvement in social religious group serve as reliable means of coping against emotional isolation, cognitive despair, and suicide risks (Zalsman, 2020). As a result, experts have showed increased benefits in the integration of scientific medicine and psychospiritual remedies (Raines et al. 2017; Rosmarin, 2011). Social religious association is found to be a significant measure in fostering social psychological bonds against social isolation that lead to suicide risks (Ghazzawi & Smith, 2016; Rosmarin, 2020). Thus, the present research hypothesized that social spiritual participation and religious activities play significant roles in suicide prevention as they influence views and sense of values that foster psychological satisfaction.

Furthermore, research has shown that suicidal thoughts originate in the brain regions implicated in social religious activities, mood, and depressive tendencies (Lauer et al., 2001). Social religious activities were found to nurture the limbic structures of the forebrain region and coordinate nucleus accumbens and prefrontal cortex regions (Lauer et al., 2001). These areas are the seats of out-of-body experience, emotion, and ideological inculcation (Garrett et al., 2018; Lauer et al., 2001). Evidently, religious experience designates out of body experience, and therefore, social religious interactions, including activities, and involvements inculcate attitudes and nurture emotions in a way that significantly reduce suicide (Rosmarin, 2020).

Theoretical Context

Neurologically, suicide ideation is a problem of ideas (Harmer et al., 2022; Stack & Wasserman, 1992), and the present research was designed to determine how spiritual ideas impact actions. As an ideological problem, the factors that lead to suicide such as intense emotional distress (Levi-Belz & Gilo, 2020; SAMSHA, 2021; Taliaferro et al., 2020), and despair was traced to brain regions (Lauer et al., 2001). Therefore, understanding the neural basis of suicide is a critical aspect of effective therapies (Nishanth & Jha, 2021). Similarly, medication as an approach to suicide prevention operates by effecting the chemicals in the neurological regions that contribute to depressive conditions that lead to suicide ideations (Mann & Currier, 2012; Pompili & Goldblatt, 2012). Thus, suicide as a global factor (WHO, 2022), and as a consequence of idea, is associated with neurological and ideological factors (Harmer et al., 2022; Stack & Wasserman, 1992).

Suicide is also a complex factor in that for one to turn against one's own survival instinct is a concern to ponder (Nishanth & Jha, 2021). Almost all living things have an

innate instinct to live and survive, and thus, survival is one of the greatest human instincts, but when this instinct is compromised, then it is a concern (Kean, 2011). Therefore, in that light, psychospiritual factors endeavor to nurture human instinct from foundational basis against suicidal ideation among military members.

According to the National Institute of Mental Health, suicide prevention often comes in various forms and have been examined from different approaches depending on the diagnostic and pathological history (NIMH, 2022). The evidence from ideological and psychological modifications shows that cognitive behavioral therapy (CBT) reduces suicide ideation, suicide attempts, and despair compared to treatment as usual (TAU) (D'Anci et al., 2019). The implication is that suicide as a problem can be approached either through treatment or prevention. As suicide treatment seeks to impede existing impact by utilizing approaches of medications and therapies, prevention seeks to alter suicidal risk factors before they occur (D'Anci et al., 2019).

Evidently, suicide medications have been in use for suicide treatment for decades despite the increasing effect of suicide (WHO, 2021), thus suggesting the need for re-evaluation of a medication treatment approach. Hence, the current study recommends an integrative and psychospiritual approach that incorporates intrinsic behavioral modification through religious interaction and psychospiritual factors.

Therefore, the concept of 'suicide prevention' proposes a lasting approach to suicide before it occurs (Lisa, 2013). According to Mental Health America (MHA), prevention is an early intervention and thus, preventive intervention is often preferred to treatment (MHA, 2022). Therefore, the present research addressed the risk of suicide from preventive and ideological perceptive (Evans et al., 2005). Thus, in keeping with the preventive

intervention perspective, the present study seeks for integration of social, and psychospiritual integration.

Problem Statement

The problem of the present research is the increasing rate of suicide in the United States military amid all possible treatment measures. Suicide rate among active members and veterans has significantly increased despite traditional measures such as psychotherapies and medications (Myers, 2019; Purtle & Lewis, 2017; VA, 2021). In 2015, the military reported an annual suicide rate of 20 per 100, 000 increase in serving members, 25 per 100, 000 cases among the reserves, and 27 per 100, 000 among the National Guard (DOD, 2021) in comparison to the general population. In fact, a report showed that in 2019 the annual suicide rate of the United States military department increased with margins: 79 Navy, 89 National Guards, 178 Soldiers, 56 Marine Corps, and 96 Airforce (DOD, 2020). This data increased by 25.9 per 100,000 each year from 2014 to 2019 (CDC, 2020). In 2012, over 7, 500 veterans took their lives, and in the same year over 177 serving members died by suicide estimating to 53% of service members who died by suicide in one year (Amy, 2021).

In addition, reports from the veteran's affairs department revealed at least 23 veteran's suicide cases on daily basis, 17% higher than civilian's comparison (VA, 2021). The World Health Organization (WHO) reported that over 700,000 people die by suicide every year, and more people attempted suicide in the general population. Globally, suicide is the fourth cause of death among 15-19 years age group and 77% of global suicide occurred among low- and middle-income nations (WHO, 2022). In 2019, the Centers for Disease Control and Prevention (CDC) reported over 12 million suicide thoughts in the

United States, 3.5 million suicide plans, and 1.4 million attempts (CDC, 2020). The CDC found that Suicide as the 10thleading cause of death in the United States has increased 33% since 1999 to 2019, and is responsible for over 47, 500 deaths annually (CDC, 2020).

Also, military and veterans' suicide has significantly increased despite government sponsored incentives (VA, 2021). In 2015, the United States senate passed the Clay Hunt veterans suicide prevention act aimed at improving the healthcare and reducing suicide rate among veterans and active members (VA, 2021). However, statistics showed that despite these measures, the frequency at which military suicide persisted has continued to draw experts' attention (Myers, 2019). The concern is that suicide has continued to pose persisting challenges to the department despite measures already on ground (Myers, 2019; Purtle & Lewis, 2017). The implication is that regular treatments has failed, and thus, the rationale behind the current study. Therefore, the current study hypothesized that psychospiritual factors including religious affiliation and involvement in its socio-spiritual activities reduce suicide attempts and ideation among other mental health challenges (Rosmarin, 2020).

According to research, suicide ideation has been linked to loss of meaning and dissatisfaction with life (Rosmarin, 2020; Sakinofsky, 2001). Therefore, in keeping with Rosmarin (2020) and Sakinofsky (2001), the present research hypothesized that involvements in psychospiritual factors significantly enhance intrinsic satisfaction, foster sense of meaning, and reduce suicide risks. The present study evaluated correlation research analysis on the influence of participating in psychospiritual factor including religious affiliation. The aim was to determine whether psychospiritual factors buffers

psychological despair and loss of meaning that lead to suicide risks among service members.

Purpose of the Study

The purpose of this quantitative research was to examine the correlation of spiritual and religious factors' influence on psychological beliefs and suicide risks among military members. The aim of the current research was to find the correlational factor behind the rise in suicide rate in the U.S. military. The goal was to examine whether psychospiritual factors are implicated in this rise in suicide. The current study was designed to help professionals and chaplains understand and manage suicide risks beyond the physical stressors that trigger them and to provide quality services to members and their families. Beyond the military population, the present research provides tremendous insight no suicide management to the general public.

Research Question(s) and Hypotheses

Research Questions

RQ 1: Are higher levels of positive religious coping associated with lower suicidal ideation among military members?

RQ 2: Are higher levels of intrinsic religiosity associated with lower suicidal ideation among military members?

RQ 3: Are higher levels of non-organizational religiosity associated with lower suicidal ideation among military members?

RQ 4: Which religious/spiritual variables are most correlated with reducing suicidal ideation among military members?

Null Hypotheses (Ho: $\mu o \geq \mu 1$)

Four corresponding null hypotheses being tested:

HO1: Higher levels of positive religious coping is not associated with lower suicide ideation among military members.

HO2: Higher levels of intrinsic religiosity is not associated with lower suicide ideation among military members.

HO3: Higher levels of non-organizational religiosity is not associated with lower suicide ideation among military members.

HO4: Positive psychospiritual variables are not most correlated with reducing suicide ideation among military members.

Alternative Hypotheses (Ha: $\mu o < \mu 1$)

Four corresponding alternative hypotheses being supported:

Ha1: Higher levels of positive religious coping is associated with lower suicidal ideation among military members.

Ha2: Higher levels of intrinsic religiosity is associated with lower suicidal ideation among military members.

Ha3: Higher levels of non-organizational religiosity is associated with lower suicidal ideation among military members.

Ha4: Positive psychospiritual variables are most correlated with reducing suicidal ideation among military members.

Assumptions and Limitations of the Study

The current experiment is not left without potential challenges and limitations. This experiment examined the United States service members and examining a particular circle of people would not guarantee the generalizability of the effects of psychospiritual factors

on suicide risks of a different circle of people. Therefore, research on the global ethnic data may reveal a different finding. Research has found growing rate of adolescent suicide which suggested that additional research may be required to ascertain factors that are likely to mitigate adolescence suicide.

In addition, data collection posed some challenges to the research activities. Thus, creativity was utilized in designing the survey as an important aspect of successful data collection and patient was implored in the waiting and collection of completed copies. The current study recruited participants of mostly Judeo-Christian faith, and hence, service members of other religious beliefs were possibly missed. Future research can be conducted for an inclusive or extended population of people. The current experiment was conducted in the United States military base, and thus suggested a nationally based study. It is not known whether the effect of religious affiliation on suicide has ethnic, racial, or national inclinations.

Theoretical Foundations of the Study

The current research was guided by the theoretical framework that spiritual and religious activities, participations, and involvements reduce suicide risk (Gallagher, 2020; Rosmarin, 2020). Psychospiritual factors including levels of religious affiliation and participations were manipulated to determine influence on suicide risks. These factors are considered psychospiritual in that they influence the psyche and mold principles into actions (Beauregard & O'Leary, 2008).

In keeping with the theories of Rosmarin, (2020) and Gallagher, (2020), the present research hypothesized that spiritual and religious factors including involvement in social spiritual activities have clinical and psychological benefits in buffering suicide risks. The

theoretical framework developed by Rosmarin (2020), and Gallagher (2020) revealed that suicidal patients whose treatments incorporated their spiritual and religious beliefs showed evidence of enhanced improvement. A recent theory showed that patients tend to be more aware of their clinical spiritual need as they are the most affected by the absence of psychospiritual provisions (Timmins & Caldeira, 2017). This theory showed that nurses and practitioners are oriented to be aware of limits of their competence in undertaking spiritual assessment and to refer patients to spiritual support personnel or chaplain whenever necessary (Timmins & Caldeira, 2017).

The implication of these theories relates to the critical role of psychospiritual needs in human survival and further redress how spiritual and religious factors are indispensable in healthcare and suicide management. Research revealed that psychospiritual needs are among patients' essential needs of all times and places (Yousefi & Abedi, 2011). This theory buttressed the mutual effect of physical and spiritual integration of patient's mental health as intrinsic need throughout lifetime (Yousefi & Abedi, 2011). In a recent work, Rosmarin (2020) argued that psychiatry needs to get right with God while drawing his evidence from the COVID 19 experience. This evidence showed that google search for the word 'prayer' in 95 countries hit an all-time high during the COVID 19 lockdown, and 55% of Americans prayed to end the spread while nearly one quarter reported increase in faith despite limited access to houses of prayer. In all, the only groups that saw improvements during these times were those who attended religious services at least weekly, either virtually or in-person (Rosmarin, 2021).

Jesus said that He came that we may have life, more abundant life (*New American Standard Bible*, 2003, John 10:10). Thus, intrinsic psychological peace, healing, or

satisfaction have link to psychospiritual factors such as expressed in the scriptural sermon on the mount (*New American Standard Bible*, 2003, Matthew 5: 1-12). Therefore, human relations with God and spiritual life impart psychological peace in a profound way and enhance reason for living. It is in keeping with these theories that the existing research hypothesizes that high level of positive religious coping reduces the rate of suicide risks among service members, and thus, that psychospiritual activity fosters therapeutic benefits.

Definition of Terms

Despair: Hope, the lack thereof (Huen et al., 2015). Intense loss of hope and loss of meaning (Rosmarin, 2020).

Emotional distress: A mental state of pain, uneasy, anger, or loss of meaning (Levi-Belz & Gilo, 2020), could be as result of someone's action (Taliaferro et al., 2020) or by natural cause such as accidents or natural occurrence or disaster (SAMSHA, 2021).

Factors: Are variables such as values, thoughts, attitudes, feelings, etc. that affect outcomes (Psychofactor, 2021; Wampold, 2015).

Hope: A belief that future conditions will be better (Edmonds, 2021), a positive emotional feeling of expectation or desire of something to come (Huen et al., 2015), an unsure optimism. Biblically, it is a strong and confident expectation (*New American Standard Bible*, 2003, Romans 8:24-25). Hope is often accompanied with high motivation, optimism, and general elevated mood (Hope, n.d.). Hope is found to have strong role in buffering hopelessness that leads to suicide ideation (Huen et al., 2015).

Psychosocial treatment: Treatment practices that focused on social and cultural factors such as family and psychological influences on cognitive, behavioral, and interpersonal methods (Durand & Barlow, 2006).

Psychospiritual: An integration of the psychological and the spiritual, connoting supplementation, identification, and integration of the two fields; implored in range of therapeutic systems that embrace human spiritual dimension as essential to psychic health and well-being (Gleig, 2010; Maloney, 2007; Mijares & Khalsa, 2005; Parsons, 2007, Rosmarin, 2020).

Psychospiritual factors: Factors that are likely to correlate with human spiritual dimension including spiritual group affiliation and participation in religious activities such as prayers, meetings, meditations, and corporal works (Dervic et al., 2004; Hollingsworth et al., 2016; Kearney et al., 2013; Loureiro et al., 2018; Rosmarin, 2020). Studies show that these factors mitigate propensity for suicide ideation when compared to members without these factors (Stack et al., 2018; Raines et al., 2017) and are important in the prognosis of psychiatric conditions (Verghese, 2008).

These factors are considered 'psychospiritual' in that they influence and nurture psyche and ideas in a subtle way about life and meaning and impact view and action (Alton, 2020; Beauregard & O'Leary, 2008; Ilsa, 2021). Therefore, frequent involvement in these psychospiritual factors have shown to have strong therapeutic impact against depression, emotional distress, and loss of hope that led to suicide risks (Verghese, 2008). Rosmarin (2021) found that these factors are not just sociological trend, but they are clinically significant. Evidence has showed that spiritual need of patients often pose challenge to practitioners (Timmins & Caldeira, 2017) but new research by the pilot program at McLean Hospital in Massachusetts showed that attention to patient's psychospiritual needs is a critical aspect of mental health care (Rosmarin, 2021).

Psychospiritual integration: A process of utilizing both spiritual and psychological dynamics for healing to occur (Mayo, 2021, Plyler, 2019).

Psychospiritual therapy: Therapy that helps individuals to locate their stories into a deeper whole that takes into account the integrated unit of who they are, body, mind, and soul (Ilsa, 2021; Jose & Angelina, 2020). Spirituality-integrated psychotherapies are shown to be promising strategies to improve recovery and prevention of mood disorders (Rosmarin, 2020).

Psychotherapy: According to American Psychiatric Association, is a talk therapy to help people with varieties of mental illnesses and emotional difficulties, to help eliminate or control troubling symptoms to function better and enhance healing and well-being (APA, 2019; Mayo, 2021). It is a process of exploring what is wrong in a person's troubled life, why it is troublesome and how to do something about it (Welch, 1998). Traditional psychotherapy helps to discover oneself including one's personality, influence, family history, persistent thoughts, belief patterns, and origin of one's struggles while psychospiritual therapy takes it even further by acknowledging the spiritual aspect of human psyche (Botchway et al., 2021; Ilsa, 2021; Koenig, 2012).

Religion: is the entire collection of beliefs and a state of life bound by creed, action or conduct indicating a belief in a high (divine) power, reverence, and desire to please it (Gloss, 2011; Harper, n.d).

Religiosity: Quality or measurement of involvements in religious activities such as practices, ritual, ceremonies, attendance, or presence (Zimmer et al., 2016); while spirituality is measured in a more indirect and personal terms such as search for meaning,

contemplation on meaning of life, peace, personal fulfillment, and feeling of personal relationship with higher power (Zimmer et al., 2016; Zinnabauer et al., 1999).

Religious activity: Are exhibitions and actions in response to one's religious beliefs, including private and communal activities, can involve prayers, chants, listening, supports, participations, and other forms of involvement such as works of mercy (Botchway et al., 2021; Michaelson et al., 2015; Zimmer et al., 2016). Religious activities help to assess the general level of persons' religious life, determine nature of religious experiences, the direction of motivation, the peculiarity of worldview, and involvement level in religious practice (Koteneva et al., 2021).

Religious affiliation: The act of belonging to a religious group (Campbell, 2005; Smith & Crosby, 2017), while religious group was defined as circle a of adherents to a divine being and who by that fact follow the path and sharing sustainable spiritual, emotional, and psychological benefits among individual members (Periss & Bjorklund, 2016; Austine, 2019).

Religious group: A group of people who feels and thinks similar about their relationships with the high power, nature, or supernatural being (Stibich, 2021).

Spirituality: Spirituality implies the quality of sense of transcendence, high powers, mysteries, and forms of out of body experience (Cvetek et al., 2018; De Brito et al., 2015; Zimmer et al., 2016). In religious affiliation, both spirituality and religiosity are integrated (McNamara et al., 2020). Although spirituality and religiosity are different constructs, they apparently have a lot in common (Mbiti, 1990). Research found that spirituality and religiosity are deeply engrossed since both involve spiritual activities (Stack, 2018; Zimmer et al., 2016). According to McNamara et al. (2020), both spirituality and religiosity

are so grafted such that religiosity is an extension of spirituality. Mbiti (1990) hold that it will be difficult in many cultures to differentiate both constructs due to concomitant affinity in which one implies the other.

Religion emerged as a social and communal offshoot of spirituality, and thus, spirituality without this communal dimension may soon compromise into self-ideology. Similarly, religious group without spiritual nourishments would soon metamorphosize into mere social class. The current research measures the frequency of religiosity while utilizing the works of Idler et al. (2003) and Koenig and Büssing, (2010), and the Duke University Religion Index (DURI) for the following variables:

1. *Non-religious nor spiritual affiliation:* Not belonging to spiritual nor religious affiliation (Idler et al., 2003; Koenig & Büssing, 2010),
2. *Personalized spirituality*: Self-belief or having sense of mystery, known as spiritual but not religious (Saunders, 2020; Zimmer et al., 2016).
3. *Non-organizational religiosity*: Time spent in private religious activities such as prayer, Bible study, meditation, etc. and not belonging to specific religious organization.
4. *Organizational religiosity*: Belonging and attending a known religious organization.
5. *Intrinsic religiosity*, Extent to which one feels God's presence and include God in all aspects of life (Idler et al., 2003; Koenig & Büssing, 2010).
6. *Positive religious coping:* Partnering with God in times of difficulties. (Idler et al., 2003; Koenig & Büssing, 2010).

Suicide: The act of taking of one's own life, a death that occurs when one harms oneself with intent to end one's own life, while suicide attempt is the effort or acts, (often incomplete) in trying to end one's own life (CDC, 2021; Durand & Barlow, 2006, Mayo, 2021; Medlineplus, 2022). Depression is strongly related to both suicide ideation and attempts (Brådvik, 2018).

Suicide Ideation: Serious thoughts about committing suicide, including the wide range of wishes, contemplations, and preoccupations (Durand & Barlow, 2006; Harmer et al., 2022).

Suicide risks: Multiple factors that precipitate suicide, including mental illness, access to firearms, poison, substance abuse, diathesis, environmental factors, etc. (Brådvik, 2018).

Significance of the Study

Affiliation to spiritual groups including its religious and social dimensions is deeply integral to social, psychological, and spiritual benefits (Verghese, 2008). The benefits of this affiliation include the nurturing of the bonds between transcendence and individual members and fostering sense of meaning (Kulik, et al., 2015). These bonds in turn muster psychological benefits against psychosocial isolation, despair, and loss of meaning that lead to suicide. Lawrence et at. (2016) found that religious affiliation has positive correlation with suicide attempts but negative correlation with suicide ideation. This showed that suicide ideation occurred irrespective of one's religious affiliation but not suicide attempts.

Psychologists and therapists are continually faced with the challenges of diversity and integration, and experts have found that believing patients respond to therapies better than unbelieving patients (Gallagher, 2021; Rosmarin, 2021). Experts also found that the

more religious a community, the more likely to abhor suicidal behaviors (Mugisha et al., 2013). Therefore, the challenges of despair and loss of meaning that precipitate suicide risks require spiritual integration with scientific medication for a wholistic healing. The current research is designed to shed light into this reality.

Human beings by nature are ontologically integrated of corporeal and spiritual elements and therefore, human being as "imago die" shares in God's spiritual essence (Churchouse, 2021; *New American Standard Bible*, 2003, Genesis 1: 26-27; Peters, 2018; Psalm 139:13-14). Etymologically the term "human being" is an ambiguation of 'human' and 'being,' traced to Latin word 'humus' which means 'earth', and which suggests human corporeal element (*New American Standard Bible*, 2003, Genesis 2:7; Rabie-Boshoff & Buitendag, 2021). The second is 'being' which suggests spiritual element and a share in God's ontological essence. The significance of the present research is rooted in the study that human healing may never occur until these two components of human nature are put into consideration.

The current study expounded the relevance of religious and spiritual factors on suicide risks and further stated that scientific medications alone may be inadequate with the increasing rate of suicide both in the military and the general public. Traditional medication of suicidal treatment has shown to have evidence-based limitations (Crome, 1993), while psychospiritual factors take it further (Ilsa, 2021).

Haffner (1995) defined human being as substantial, spiritual, individual, unique, and immortal. Thus, the integration of faith into therapies has significant therapeutic benefits in mitigating despair that precipitate suicidal risks. Because suicide risk is often traced to lack of answers to existential questions, the integration of social spiritual factors

becomes extremely indispensable in understanding the relationship, skepticism, and theological questions that surround human existence. This study expounded the concept of 'psychospiritual factors' to include non-physical factors that influence human psychology, wellness, emotions, beliefs, and which have deep spiritual import (D'Anci et al., 2019; Psychospiritual medicine, 2022).

The current study examined negative religious coping as a potential factor for suicide risks. Previous research (Dervic et al, 2004) utilized depressed inpatient participants and which affected the external validity of that study since suicide was also observed among people without symptoms of previous depressive disorders. The current study will bridge these gaps by utilizing regular members and using survey to extract relevant data for suicide risks. The existing study provides significant insight to the national association of suicidal intervention, paramilitary institutions, chaplains, and practitioners so that when assessing suicidal risks, it is also important to consider psychospiritual factors (Roberto & Roberto, 2019; Schellenberg, 2015).

Summary

The great error of our day is that physicians separate the body and soul when they treat the body (Plato, 1999). In keeping with Plato's theory, the current study hypothesized greater benefits when scientific medications and procedures integrate with psychospiritual remedies against suicide. Thus, participation in social religious activities nurtures and enhances emotional stability in fostering positive psychological disposition against the odds of suicide (Kearney et al., 2013).

It is easy for human beings to recognize and accept beauty in the world, however, it is another thing when it comes to accepting uglies and difficulties. It is not easy accepting

abuse, heartbreak, pain, violence, death, poverty, grief, stigma, or trauma in the world, but what happens if circumstances of life present them to us? It is tendered that the spiritual themes of hope, acceptance, serenity, forgiveness, and surrender can be utilized in psychotherapies to address challenging conditions of life. Psychosomatics is a branch of psychology that studies the relationship of the mind and the body (Fava & Sonino, 2010). The 'mind' is a spiritual construct and thus the integration of psychospiritual dynamics is utmost indispensable in wholistic psychological healing. The current study examined psychospiritual factors that predispose the mind for positive insight in managing challenging conditions of life. Psychospiritual integration is the process of utilizing both spiritual and psychological dynamics for healing to occur (Mayo, 2021, Plyler, 2019). Therefore, the current study recommends that when assessing suicidal behaviors of patients, it is necessary to also assess the patient's religious and spiritual dispositions.

CHAPTER 2: LITERATURE REVIEW

Overview

This chapter presented the literature review of the current research on the relationship between psychospiritual factors and military suicide. This chapter provided the overview of previous works on military suicide and psychospiritual intervention, and further recapitulated how pervious works that have been published in this area relate to the present time and how the current study could be utilized to manage future challenges. This chapter explored literatures in areas of spiritual and religious factors that correlated with suicide risks both in the military and the general population. It presented the overview of the past research, the present status, and potential future of the study.

The description of the search strategy of the study was also presented. The search strategy implored plan of actions designed to achieve the major purpose of this work. The current chapter also presented the biblical foundation of the study which explored the scriptural basis of the hypothesis with supported bible references. The biblical basis seeks to substantiate the insight and spiritual implication of the study. The summary of this section provided a brief synopsis of the main points addressed in this chapter.

Description of Search Strategy

The current quantitative research implored the list of six key words that are pivotal to the goal of this study: suicide, military, psychospiritual, religiosity, hope, and despair. Various digital search areas were utilized. The general article database was the first search area as it contained both scholarly and popular journal articles of vast areas of discipline. Google search engine were utilized for scholarly article in areas of spiritual and religious factors that influenced human psyche on suicide risks.

Scholarly journals were also collected using PsycInfo, ProQuest, and MEDLINE using the six key words. The key terms were plugged-in for peer-reviewed articles while utilizing other webpages including the Liberty University library catalog. Books and eBooks were also utilized. The United States military websites were utilized for statistical data on suicide records and psychospiritual factors. Magazines and newspaper archives were also utilized for past records. The six search words of suicide, military, psychospiritual, religiosity, hope, and despair represented the sequence of factors that are likely to influence military suicide rate. These factors form the premises that led to the hypothesis. The United States websites of the veterans' affairs were also utilized for statistical data of suicide records as well as spiritual and religious factors that influenced psychological dispositions.

Review of Literature

Body and Mind Perspective

Research on the factors that increase or reduce suicide risks is a trending endeavor in modern studies (Chon, 2017; Harmer et al., 2022; Holmes et al., 2013; Lee et al., 2018). Research on spiritual and religious factors that influence human psyche have been reported across the decades (Hsieh et al., 2017; Ineichen, 1998). Studies showed that spiritual factors have contributed in many ways in fostering psychological well-being (Rasic et al., 2009; Stefa-Missagli et al., 2020; Thimmaiah et al., 2016). Studies have also traced this healing to spiritual nature of human mind, in which the mind is naturally designed to find true satisfaction only in God, its maker, and the ultimate spiritual being (Augustine et al., 2017; Haffner 1995). Augustine of Hippo, in his book *'The Confession'* confessed that the soul is restless until it finds rest in God (Augustine et al., 2017; Augustine, 2021; Kreeft, 2016).

Augustine drew this inspiration from the personal experiences of his youth and adult life of luxury and pleasures, which could not bring him peace. He theorized that human psyche naturally desires God for psychological and spiritual well-being, and its absence thereof creates a void in the heart. However, when the void is filled by something necessarily less than God such as wealth, power, pleasure, and honor, the mind would gradually get frustrated (Augustine et al., 2017; Augustine, 2021). At the end, Augustine arrived at the conclusion that the mind is restlessly in need for God. According to Augustine, this includes all human minds, including atheists' minds. However, true peace breaks out when God is central in the hierarchy of meaning, but psychological crisis when God's status is compromised. Spiritual and religious factors have been studied to determine the benefits of integrating spiritual and psychological factors with aim to enhancing emotional healing and finding reasons to live (Pearce et al., 2015).

Psychology as a discipline studies human beings as an integration of both body and mind (Wade & Tavris, 2011), thus, by nature, human beings are both a psychological, spiritual, and corporeal being (Haffner, 1995). As a psychological being, human is considered 'homo sapiens' the thinking man of mind and psyche (Harari, 2015), while as a 'spiritual being' he shares in God's 'beingness,' image, and likeness as *imago die* (*New American Standard Bible*, 2003, Genesis 1:26-27, 2:7). As a physical being, he is made of 'humus,' the material earthly substance from where he earned his name as Adamus, earthly, and human (*New American Standard Bible*, 2003, Gen. 2:7; Haffner, 1995). Man is a spirit, he possesses a soul and lives in a body (Oluchi, 2020). And so, research has traced human wholistic healing to psychospiritual integration therapy that is mindful of corporeal and incorporeal nature of human being (Pearce et al., 2015).

Spiritual and Religious Factors Perspectives

In 2017, Currier et al. conducted research on the unique roles of religious and spiritual coping on suicidal and depressive behaviors among veterans and active serving members and found that participants who identified as religious received high scores in positive religious coping scale. And thus, negative religious coping was related to high exposure to moral injury stressor. This study represented other works in psychology of religion and spirituality and was aimed at minimizing suicide risk in the U.S. military population. In Currier et al. (2017), over 125 Iraqi and Afghanistan war veterans were recruited for experiment and the demographic comprised Caucasians, African Americans, Asian Americans, Hispanics, and other backgrounds spreading across the three arms of the U.S. military: Marine Corps, Army, and Navy. Positive and negative religious coping were examined using Likert based assessments and participants were instructed to indicate how frequent they engaged in religious coping method. A suicide behavior questionnaire was utilized in assessing suicide risks while subjects also completed combat related assessment, PTSD checklist, and moral injury survey. Results showed that negative religious coping was associated with PTSD, depression, and suicide risks (Currier et al., 2017). Currier et al. (2017) indicated that veterans with increased negative religious coping significantly showed greater probability for suicide attempts. This finding revealed the appreciation of psychospiritual factors in addressing military related trauma and suicide, and further created awareness of role of spirituality-coping-process in PTSD and suicidal patients.

This finding supported the existing research hypothesis on the correlation of psychospiritual factors and suicide risk by addressing the key roles of religious and spiritual factors in curbing suicide related issues in the United States military and providing insight

in attending to psychospiritual needs of members. However, the finding by Currier et al. (2017) did not incorporate female veterans or personnel with noncombatant roles as these groups were underrepresented.

Similarly, Kopacz et al. (2018) explored the correlation of religious coping and suicide risk among recently returned veterans and found negative religious coping to be significant to suicide risks when controlled statistically for depressive variables. In Kopacz et al. (2018), over 772 returnee veterans were sampled, and the study supported the view that negative religious coping significantly increased suicide risk factors. However, no gender interaction was found, but female veterans were found to be more at risk. The study by Kopacz et al. (2017) utilized multivariate regression analysis in examining the correlation between military history, demographic, depressive symptomology, and scores for suicide risks were collected using continuum of survey questions to find correlation of negative and positive religious copings with suicidal thoughts.

A recent study on national religious affiliation and integrated model of homicide and suicide rates found that nations with high level of religious heterogeneity were susceptible to high suicide rate (Chon, 2017). The purpose of that study was to explore the relationship between religious heterogeneity and lethal violence of suicide and homicide, while the theoretical framework showed that religious affiliation has psychological influence in one's view on suicide attempts (Chon, 2017). The methodology showed that over 124 nations were sampled through the World Health Organization website and information about religious affiliation were obtained. Regression analysis was utilized in predicting and identifying correlation between religious affiliation, suicide, and homicide rates of the national population (Chon, 2017). The implication of the finding indicated

increased suicide rate in countries with high rate of religious heterogeneity due to religious aggravation and fractionalization. High level of suicide was also predicted in Buddhist and Hinduist countries due to belief in rebirth and reincarnation after death (Chon, 2017). Although Chon (2017) utilized strong demographics such as age, gender, marital status, and ethnicity to strengthen the external validity, the experiment did not control the effect of economic consequences on suicide, and thus, additional research on suicide and spiritual factors may be required for wider areas of human population.

Stack (2018) examined psychospiritual factors and suicide risks on gender specificity analysis with aim to determine whether it is gender correlated. In Stack (2018), over 16,975 deaths including 1,385 suicide deaths were collected from the United States public health services utilizing the national mortality follow-back survey. Stack (2018) incorporated demographic measures of age, gender, marital status, national regions, and the independent variable of religious activities was manipulated on the dependent variable of death by suicide. Specific measures implored questions asked to partner of the deceased such as 'how often did the deceased participate in religious activities.' Stack (2018) utilized multivariate logistic regression design to determine correlation of suicide and the result showed that psychospiritual activities reduce suicide ideation, and furthermore, that suicide ideation is a significant predictor of death by suicide. Multivariate logistic regression found that religious activities reduced suicide death rate to 15% in females and 17% in males (Stack, 2018).

Stack (2018) measured religiousness of subjects at the time of death and utilized control experiment of confounds to monitor external factors. The work of Stack (2018) did not utilize wider ecological validity as protective factor of religion against suicide varied

according to different regions of the world (Chon, 2017; Gearing & Lizardi, 2009). Thus, only variables of religiousness and gender were examined with suicide risks. However, Stack (2018) helped to understand that religious and spiritual factors play significant roles in suicide moderation and related depressive disorders.

A recent review on religion and mental healthcare examined religiousness and mental health, with aim to systemically evaluate psychological literatures on the roles of religion and spirituality in mental health (AbdAleati et al., 2016). The purpose of the study was to evaluate spiritual factors and mental health such as suicide, depression, substance abuse, anxiety, and the effect on age group. Seventy-four articles were reviewed, 13 reviews on the youths, 20 on the adults, 10 on the elderly, and the rest on multi-samples. A comprehensive literature search on PsyINFO and ProQuest were done in assessing medical and psychological database on the relationship between religious and spiritual factors and mental health. Various religious sects (Christian, Jewish, Buddhist, and Druze) were examined and religious variables such as prayer and private religious practices were also examined.

AbdAleati et al. (2016) found that spirituality and religious factors serve as effective psychotherapy for suicide, depression, substance abuse, and anxiety; and thus, psychospiritual factors were found to improve the ability to cope with stress. In AbdAleati et al. (2016), major findings showed that increased religiousness is associated with less suicide behaviors or substance use. AbdAleati et al. (2016) supported the theory that religious and spiritual factors foster sense of direction and meaning; and that psychospiritual awareness provides therapeutic benefits in suicide risks, anxiety, depression, and substance abuse. However, as a review article, AbdAleati et al. (2016)

lacked privilege of originality but supported the existing experiment on the role of psychospiritual factors on suicide risks.

Evidence-based research on spiritual factors and suicide was conducted by Gearing and Lizardi (2009) to evaluate how psychospiritual factors impact suicide, and the role of religious beliefs in coping with psychological disorders. Gearing and Lizardi (2009) sampled four religions within the United States: Christianity, Judaism, Hinduism, and Islam with aim to finding correlation of various religions to suicide rates. Epistemological data across the four religions were presented and practical guides were also provided to incorporate religiosity into suicide risk prevention. The research was designed to correlate age, gender, ethnicity, and culture, which revealed that several factors correlate with one's religiosity.

Gearing and Lizardi (2009) showed that understanding a person's religious ideas can predict potential suicide risks and therefore, religious evaluation is an important aspect of individual's psychological assessment. Results by Gearing and Lizardi (2009) found that suicide rate in religious nations were lower than suicide rate in secular nations, and therefore, psychospiritual factors were associated with reduced suicide risks. The implication of Gearing and Lizardi (2009) revealed that one's level of spiritual and religious factors potentially serve as protective factors against suicide risks. Gearing and Lizardi (2009) further explained that life-saving beliefs and values of spiritual and religious groups serve as protective factors against suicidal behaviors. The protective roles of spiritual and religious factors were found to be associated with specific religious values such as strong sanction against suicide, reincarnation, and strong supports for religious members' welfare.

The belief in reincarnation was found to support ideas about extinguishing one's own life due to its teaching on rebirth after birth (Chon, 2017). Chon found that nations with religions of high belief in rebirth and reincarnation witness high suicide rate. Gearing and Lizardi (2009) found that Hindu philosophies of karma and reincarnation which hold that life does not end in one's death but leads to rebirth is a critical factor to high rate of suicide in the region. The article by Gearing and Lizardi (2009) reviewed major world religions in the United States; although, minor religions and those without religion were unexplored. Gearing and Lizardi (2009) supported the hypothesis of religion and spiritual factors on suicide reduction and showed that how suicide is viewed in various religions and spiritualities provide insight in understanding suicide risks among service members of various religious sects.

Ginges et al. (2009) examined religion and support for suicide attack with aim to ascertain whether religion provides evidence of support to those seeking healing from suicide attacks. Result showed that the relationship between religion and suicide attack is real but is orthogonal to devotion to religious belief (Ginges et al., 2009). The work of Ginges at al. (2009) provided strong support for coalitional commitment hypothesis which explains the role religion plays in binding people together in cooperation and further explored economic and political conditions as factors that support suicide attacks (Ginges et al., 2010). The article provided a unique insight into the world of extremist ideology on views about one's own life and other's lives and further supported the present study about how suicide is linked to military endeavor as well as religious extremist groups.

Bonelli and Koenig (2013) conducted a systematic evidence-based review on mental disorders, religion, and spirituality within twenty years range from 1990 to 2010 to

find correlations between religious beliefs, spirituality, and mental disorders by comparing previous findings. In that study, Bonelli and Koenig (2013) identified 43 studies, 26 focused on aspects of religion, 5 examined both spirituality and religion, and 2 emphasized spirituality. Bonelli and Koenig (2013) utilized over 66 original research journals using electronic database. Pearson's *r* correlation design was implored in evaluating relationship between variables of psychospiritual factors, and result showed that psychospiritual therapy was evidence-based clinical treatment measure (Bonelli & Koenig, 2013). Bonelli and Koenig (2013) found correlation between psychospiritual involvement and mental health in major divisions of psychiatry such as depression, substance abuse, and suicide. However, the importance of spiritual and religious orientation of members and potential impact in psychological disorders made this finding noteworthy. The research by Bonelli and Koenig (2013) supports the present study and provided insight about whether faith is a factor that ought to be recognized as a coincidence or be integrated clinically in psychological intervention.

In 2004, the American Journal of Psychiatry published research on religious affiliation and suicide attempts with purpose of evaluating if religious activities moderate suicide related challenges (Dervic et al., 2004). The research utilized over 370 depressed inpatient participants, and each participant reported belonging to specific religion or no religion and were compared in terms of their clinical characteristics. Dervic et al. (2004) sampled subjects from psychiatric clinics within the United States extracting lifetime suicide attempts histories. Subjects were diagnosed with major depressive disorders, bipolar disorder, with lifetime history of suicide attempts while suicide was defined as self-destructive act with intent to end one's life (Dervic et al., 2004). Pearson's *r* correlation

and t-test were utilized in the study in finding correlated variables and demographics. Clinical variables were compared on psychospiritual basis, and religiously affiliated participants were revealed to be less susceptible to suicide attempts, which showed that religious and spiritual activities are neglected practices with psychotherapeutic benefits.

The results showed that subjects without religious affiliation significantly had more lifetime suicide attempts and more first-relatives who committed suicide than subjects with religious affiliation (Dervic et al., 2004). Furthermore, the results revealed that subjects without religious affiliation less often married, had less contacts with family members, less often had children, showed more lifetime aggression, exhibited impulsivity, and engaged in substance use (Dervic et al., 2004). The research showed that the reason for reduced suicide risks among religiously affiliated was due to high moral objection, while subjects without religious affiliation perceived fewer reasons for living and fewer moral objection to suicide (Dervic et al., 2004). The finding also showed that religious affiliation and non-affiliation did not differ in race, gender, income, or education level. Although the study has strong external validity considering the wide range of sampling methodology, it did not show whether there are casualties involved in the relationship between religiosity and suicidal ideation. Dervic et al. (2004) provided strong support to the current study in fostering insight on the effects of spiritual and religious factors on suicide risks in general and the United States military in particular.

A research work in psychological trauma examined struggles with suicide among veterans seeking treatment for PTSD to investigate the role of religious and spiritual struggles in gauging suicide risks in veterans, and if spiritual struggles and religiousness influence suicide risks among veterans (Raines et al., 2017). The purpose of the study was

to explore the concept of awareness of spiritual and religious roles in suicide ideation, to evaluate whether trauma can instigate loss of hope, faith, and spiritual struggles which can exacerbate suicide risks. Raines et al., examined the impact of transcendent ideas on the physical body by exploring the bond between corporeal and incorporeal human realms. Thus, the levels of participants' religiosity and spirituality as well as religious activities were manipulated to determine influence on suicide ideation. Suicide ideation was measured as tendency to inflict harm on self with intent to take one's life, and results found that spiritual struggles with ultimate meaning reduced suicide risks among veterans seeking treatment for PTSD (Raines et al., 2017). The article provided clarification on the role of spiritual and religious factors in neurological coping and supported the current research operation on the place of religion and spirituality in psychological healing and suicide-related behaviors.

In 2009, a journal on effective disorders was published exploring spirituality, religious and suicidal behaviors in a nationally representative sample (Rasic et al., 2009). The purpose of the study was to show how spirituality and religion are associated with reduced rates of mental disorders in a nationally representative dimension. The research addressed if reduced rate of mental health and suicide rate are associated with religious population. The expectation was that increased rate of mental illness and suicide is exacerbated with decreased spiritual and religious factors (Rasic et al., 2009). The theoretical framework of the study addressed the influence of spirituality factors on suicide ideation. Rasic et al. (2009) manipulated the independent variable of religious association, including attending one of the major world religions, involving in prayer services and other religious activities. The dependent variables were mental illness and suicide measured as

thoughts of self-harm ideation, while mental illness was assessed as one of the categories of neurologically related disorders.

Rasic et al. (2009) addressed spirituality as one's sense of high power, transcendence, or supreme being. Logistic analysis was utilized to determine the correlation between religious worship, participation, and spiritual values with 12 months suicidal ideation, and result showed that identifying oneself as spiritual was associated with reduced attempt and ideation (Rasic et al., 2009). The finding further showed that decreased or increased suicide risks were not associated with adjusting for social support; instead, religious attendance was associated with reduced rate of suicide ideation and attempts (Rasic et al., 2009). The finding contributed to various other findings relating to psychospiritual factors and the influence of supports to mental illness and suicide risks. The scholarly work of Rasic et al. (2009) evidently contributed to the present study and illumined the general influence of spiritual and religious factors on suicide. Thus, the study supported the current hypothesis by providing insight on how to understand the integration of psychospiritual views, religious affiliation, and social supports in relation to mental illness and suicide risks.

Ethnic Regional Perspective

In 2017, research on health and social behaviors was conducted to examine global perspective of religious participation and suicide, and the study found that suicide is religiously and regionally influenced (Hsieh, 2017). The regional global perspectives showed that the religions of Latin America, Northern Europe, Eastern Europe, and English-speaking countries were likely to reduce suicide while religions of eastern Asia, southern Europe, and western Europe were likely to aggravate suicide (Hsieh, 2017).

The purpose of the study was to examine the influence of religious participation on a global perspective and to explore the generalizability and external validity of the hypothesis of religious influence on suicide. The study explored the hypothesis that religious involvement protects against suicide. The theoretical proposition of the effect of religious and spiritual factors on suicide mirrored from global perspective were examined and found that religion played central role in the theoretical discussion of suicide and social cohesion (Hsieh, 2017). The independent variable was religious involvement measured on the degree of regulation and integration in religious communities.

The dependent variable was suicide risks measured on self-harm intents to extinguish life. The result also found that due to religious integration and regulations, Catholics have lower suicide rate than protestants (Hsieh, 2017). Because religious individualism was found to weaken protestants cohesion and thus exposed them to high suicide risks. The research showed global regional influences on suicide and provided light on the demographic influence of suicide in the United States military and beyond. Thus, Hsieh (2017) suggested that death by suicide could be explained from the perspective of behaviors toward suicide, economic status, religious and spiritual views.

Furthermore, a recent journal published on religion and health examined the influence of religion on attitude towards suicide in a regional perspective to determine whether attitude towards suicide differs between Hindus and Muslim populations, and further, to determine if there are religious differences to suicidal thoughts among different religions (Thimmaiah et al., 2016). The purpose of the study was to compare attitudes towards suicide among Muslims, Hindu followers, and the general population; and to further determine religious differences in suicide thoughts among community members,

relatives, and the self. Thimmaiah et al. (2016) investigated the theoretical proposition that religiousness and spirituality influence individual's attitudes and actions. The study showed that religion permeates all aspects of one's life and will be difficult to isolate it (Thimmaiah et al., 2016), and thus, the understanding of attitudes toward suicide in the general population is crucial in planning military induction and other possible induction processes.

Thimmaiah et al. (2016) examined suicide as a deliberate action with life-threatening consequences, which was found to be influenced by religious view, cultural way of life, socio-economic status, legal system, philosophical ideology, and other traditional factors. The results found that Hindus differed from Muslims with respect to suicide attempts among families and communities. Results further showed that suicidal behaviors were relatively low among Muslims and Hindus. However, Muslims hold more negative attitude to suicide than Hindus (Thimmaiah et al., 2016). These comparative results were traced from the religious perspectives that Islamic tenets consider suicide a crime, while in Hinduism, life is viewed as a cycle of incarnation which allows loops for suicide. Data were collected through face-to-face narratives and a cross sectional survey was aimed to compare suicidal behaviors among random population of Hindus and Muslims. The findings of Thimmaiah et al. (2016) were consistent with the current study and provided insight on planning programs for suicide intervention for various demographics and populations. This finding also provided approaches to understanding religious and ethnic influences on suicide with respect to national institutions such as United States military.

Related research on mental health, religion, and culture compared the influence of religion on suicide rate in Islam and Hinduism to find the differences between Muslim and

Hindus religions with respect to culture, health, and suicide (Ineichen, 1998). The aim of the study was to examine attitudes that account for differences that are susceptible to suicide within Islam and Hindu. Ineichen (1998) examined if attitude differences in Islam and Hindu differ with respect to suicide in regional Asian communities. This research explored the theory of religious attitudes as important factor in the context of suicide. The work of Ineichen (1998) raised the question of attitude differences in religion toward suicide and utilized as participants the adherents of religions by belief and practices. The rate of suicide by comparison was measured across adherents to determine increase or decrease in ideation. Results showed that among Indian immigrants in Singapore, Hindus were underrepresented when compared to Muslim counterparts in suicide records (Ineichen, 1998). Further findings showed high rate of suicide among Hindus than Muslims, and high rate among women than men. High rate among women was associated with parental restrictions they suffered, including marital problems, lack of support, and loneliness (Ineichen, 1998).

Ineichen (1998) utilized a comparative study of suicide and a phenomenological analysis of influence, essence and religion. The aim was to find phenomenological comparison of religious cults across diverse regions of the world. The research by Ineichen (1998) was credited for wider search in its inquiry which included five continents. Beside suicide rates in Hinduism and Islam, Ineichen (1998) also explored other regions and religions such as Christianity. This article supported the current research inquiry on suicide risk and provided insight on global remedies on the problems of suicide. It also fostered as search lens to understand ethnic tendencies in understanding the United States military members.

A recent study from the archives of suicide research examined the influence of spiritual dimension on suicide risk, and the role of regional differences (Stefa-Missagli et al., 2020). The purpose of the study was to investigate the possible relationship between spirituality and suicide in regional Austria and Italy. The aim was to examine the complex nature of the relationship between suicide risks and psychospiritual variables from ethnic perspectives.

Stefa-Missagli et al. (2020) examined a theoretical framework from the ethnic dimension which showed that religious commitment is linked to reduced incidences of depression and quick recovery from depression. Further perspective found that having religious beliefs decreases frequent reoccurrence of depressive disorder (Stefa-Missagli et al., 2020). In the result, the variables examined the possible relationship between suicide and spirituality. The multifactorial relationship between spiritual religious dimensions and suicide risks were also examined, including psychospiritual wellbeing and hope effect. Results showed that the factors between spiritual and religious dimensions and suicide risk include hope effect and psychospiritual wellbeing (Stefa-Missagli et al., 2020). The result further found that regional differences mediated the relationship between suicide risks and spiritual religious dimensions in both clinical and non-clinical samples. The finding confirmed the complex nature of the relationship between spiritual religious variable and suicidality, and hence suggested that the most significant factor influencing suicide is the existential wellbeing aspect of spirituality such as the creation of meaning and the purpose of life viewed from hope perspective (Stefa-Missagli et al., 2020). The research by (Stefa-Missagli et al., 2020) was one of the few with exploration of regional differences on the relationship between psychospiritual factors and suicidality with strong external validity.

The research explored various peoples of the world regions and provided insight to psychiatrists and mental health professionals in understanding and working with varied world ethnicities.

Research showed that regional and cultural views on suicide may have been motivated by religious view of the people (Mugisha et al., 2013). Mugisha et al. (2013) explored the regional Africa as a rare area for research on suicide and religions. In 2013, Mugisha et al. examined the religious views on suicide among the Baganda of Uganda, to determine the unique area of religious view on suicide in a unique African setting. The study raised the question of unique international setting about religious views on suicide and aimed at proffering prevention by determining the extent of divergent views on suicide. Mugisha et al. (2013) explored the theoretical proposition of suicide as a breach of God's doctrine about sacredness of life. The study also examined the theory of God's order and agape love and found that religion influences attitudes toward suicide since it offers possible explanation of what happens after life (Mugisha et al. 2013).

The study by Mugisha et al. (2013) explored the question of the meaning of life, God, love of God, breach of doctrine of 'thou shall not kill,' and punishment from God and church. The independent variables were the Baganda communities, comprising 17% of Bantu community of Uganda (Okello, 2006), while the dependent variable was the religious view structured as the meaning of God to the participants.

Mugisha et al. (2013) utilized grounded theory and discourse analysis on key participants and informants. Grounded theory studied people in their natural setting and by extension allowed researchers to inquire how people view events, beliefs, and realities that determine communal actions (Tavakol, 2006). Beside grounded theory, Mugisha et al.

(2013) also utilized discourse analysis to explore the positioning of informants during interview based on values, expectations, and norms. The result revealed that the more religious the community, the less acceptable to suicide (Mugisha et al., 2013). The religious views on suicide among the Baganda was found to depend on the meaning of God, God's order, and life. The implication was that suicide prevention ought to implore divergent views on religious beliefs.

Thus, Mugisha et al. (2013) hold that the aim of suicide prevention should be to gain deeper insight of existing values, norms, and values of a given people. The study was among few research conducted on religion and suicide in regional Africa and probably the only formal scholarly work on religion and suicide among the Baganda of Uganda. However, due to limited research in this area, and because of unrealistic statistical comparison, the burden of suicide as a public mental health issue in this region may never be fully understood. The work of Mugisha et al. (2013) supported the current dissertation by providing wider insight in unique global settings. The United States military is comprised of varied ethnicities, and the current study provided greater light to experts in mediating across members of various background.

However, other journals have been published on religion, health, and suicide in African communities (Osafo et al., 2013; Mugisha et al., 2013). Osafo et al. (2013) examined the influence of religious factors on attitudes towards suicidal behaviors in Ghana. The study investigated how religions influence lay persons attitudes towards suicide in Ghana. The aim was to explore the influence of religious factors on attitudes of the participants towards suicidal behaviors. The study raised the question of whether religious factors influence attitudes toward suicide among the participants. The aim was to

ascertain if religious doctrines foster negative attitudes toward suicide by their teachings on the preservation of life (Osafo et al., 2013). The theoretical framework addressed in the work of Osafo et al. (2013) evaluated religious theories such as concepts of God, commandment, sin, and after life. The research also explored the theory of suicide as a public health problem.

Osafo et al. (2013) explored the constructs of religious attitude, gender, settlement, and age on suicide. However, participants were mostly Christians and comprised rural and urban settlers. The major criteria for recruitment and sampling were the interest in sharing views and experiences about suicide behaviors. Qualitative methodological study was used for an in-depth study of the influence of religion on suicide, while interpretative phenomenological analysis was utilized in analyzing data. Osafo et al. (2013) also implored hermeneutical phenomenology to determine how people make sense of their world and experiences. The research also utilized a semi structured interview designed to allow for modification of responses and probing of important areas. In all, the results found that participants were committed to core normative religious practices and perceived their beliefs as life preserving (Osafo et al., 2013). The results found that suicidal behaviors are condemned by major religious beliefs: Christianity, Judaism, Hinduism, and Islam. Thus, commitment to spiritual and religious practices implied endorsing survival and coping norms. This journal was one of the studies that highlighted the understanding of suicide factors from global perspective.

Several other factors such as ethnicities have been found to influence the views toward suicide among youths that participate in military induction (Foo et al., 2014). A journal on religion and health explored commitment and attitudes toward suicide and

suicidal behaviors among college student of different ethnicities and religious groups in Asia (Foo et al., 2014; Ineichen, 1998). Foo et al. (2014) explored the influence of religious commitment toward suicide within the demography of college students of varied ethnic and religious groups in Asia. The aim of the study was to understand the influence of attitudes and religion in a multi-demographic setting. The study addressed if there are discrepancies on the influence of suicide attempts based on age, ethnicity, educational orientation, and religion.

Foo et al. (2013) further addressed the topic of whether regional worldview impact suicide ideation, behaviors, and attempts. The theoretical framework of attitude assessment was examined since attitude could determine high suicide risks; and individual's theories, values, and beliefs across ethnic groups could be necessary indicators for suicide risks (Foo et al., 2014). The results found that worrying number of college students in Asia were at risk of suicide due to beliefs and ethnic tolerance to suicide (Foo et al 2014). Results further showed that attitudes toward suicide among college students varied significantly based on ethnicity. For instance, Chinese and Buddhist college students were found to have high tolerance for suicide than Malay and Muslim college students due to beliefs in rebirth. Foo et al. (2014) defined religious commitment as the extent to which one adheres to religious practices and values, while attitudes towards suicide were measured based on the experiences of suicidal problems, self-report life satisfaction, and suicide expressions. High number of participants were recorded, which increased reliability and generalizability.

Foo et al. (2014) utilized interpretive phenomenology to address how people's worldview influence their actions, while grounded theory was used to study participants in

their natural environment, which provided the researchers the additional valid qualitative information on how people's beliefs and norms impact their action towards suicide. However, the research by Foo et al. (2014) was conducted in a costly urban environment, thus, caution must be taken in applying the findings in a rural setting. Again, the pretest records of initial psychological status of participants were not recorded and which may have affected the overall results. The scholarly work of Foo et al. (2014) contributed to the present study in the area of demographic and ethnic perspectives with respect to views on suicide. The article provided guides in understanding potential clients that cut across ethnicities, age, religions, and cultural views and created the opportunity for global exploration of regional influence of religions on suicide.

Lizardi and Gearing (2010) examined religion and suicide from a multi-ethnic and multi-religious perspective by comparing suicidality across the following beliefs and religions: African Religions, Buddhism, Agnosticism, Native American, and Atheism. The research explored whether there are varying suicide rates based on the aforementioned religious views, including agnosticism and Atheism. The aim was to ascertain whether client's religious views mediated in suicide ideation and attempts. Lizardi and Gearing (2010) examined suicide as an existential topic relating to finding of meaning in life and traced the protective role of religion against suicide to reduced hostility, reduced aggression, and increased reason for living. Different religious beliefs including agnosticism and atheism were manipulated and each religion was defined within the context of their doctrines, including atheism and agnosticism. However, distinct narrative approach of each religion was implored in a cross-sectional comparison on the influence on suicidality.

In all, the act of suicide was found to be condemned across religions, but in varying degrees (Lizardi & Gearing, 2010). Results revealed that when assessing suicide risks of client, it is necessary to also assess levels of commitment to the person's religion, including beliefs regarding life and life after death (Lizardi & Gearing, 2010). Further result showed that each religion has unique conceptualization of suicide and death (Lizardi & Gearing, 2010). Although, four major world religions, in addition to agnosticism and atheism were explored and thus provided relatively accurate assessment of religiosity with regard to suicide in varying populations, these findings did not investigate minor religions and beliefs of the world religions such as Taoism, Shintoism, African traditional religion, and more. The research by Lizardi and Gearing (2010) provided a generalizable insight on the world religious views on suicide as well the role of religious commitment on suicide, irrespective of religious denomination.

In the *International Journal of Geriatric Psychiatry*, Lee et al. (2018) evaluated whether sex and age-related differences in socio-demographic factors impact suicide ideation and attempts. The study addressed whether there are age and gender differences with respect to suicide risks (Lee et al., 2018). The theoretical framework addressed the influence of high rate of suicide among elderly Asians and found that urban area environment is a likely suicide risk factor for both and male and female elderly (Lee et al., 2018). Thus, age and sex differences were manipulated as factors that influence suicide risks. Other factors that were examined which influence suicide risks were marital status and negative perceptions about one's own self (Lee et al., 2018).

Narrative research design and phenomenology of perception of gender and age essence were utilized, and results revealed that suicide risk factors among elderly females

included urban residence, failed relationship, marital factors, and negative perceptions about one's own health (Lee et al., 2018). The results further showed that no factor significantly influenced suicide attempts among elderly males. The scholarly work of Lee et al. (2018) provided insight to the current dissertation with regards to influences and psychospiritual factors related to suicide risks.

Hope Factor, Religious Practices and Suicide Risks Perspective

Capps and Capps (2016) examined the spiritual factor of 'hope' to determine whether healing, coping, and adjustment were possible without hope. The purpose of the study was to examine the spiritual aspect of the mind that makes hope possible. The result showed that among the 'selves' that comprised the composite autonomous self, the hopeful self is indispensable for life itself (Capps & Capps, 2016). Capps and Capps research supported the existing study that psychospiritual factor of hope fosters the healing of body and psyche among servicemembers and non-servicemembers alike.

Hollingworth et al. (2016) found hope as a strong spiritual factor and moderator of the relationship between interpersonal predictors of suicide and suicidal thinking in African Americans. The purpose of Hollingworth et al. was to examine the unique role of hope in suicide risk among African Americans in comparison to the general population. In Hollingworth et al. (2016), nearly 107 African American participants were recruited from various institutions with more females than males, and with average age of 20 years. Results showed that symptoms of depression were significantly associated with suicide ideation, while hope as spiritual factor significantly moderated the relationship between burdensomeness and suicide ideation (Hollingworth et al., 2016). Participants were recruited at a leadership conference and demographic questionnaires including ethnicity,

gender, and sex were utilized; and an inclusion on raffle of various prizes was provided as compensation.

Hollingworth et al. (2016) utilized the Trait Hope Scale for self-reported measures of level of hope, and items were recorded on an 8-point Likert based scale. Interpersonal need survey was also used for self-report measure of perceived belongingness or burdensomeness and scored on a 7-point Likert scale. The independent variable of hope level was manipulated to determine moderation of belongingness, burdensomeness, and suicide ideation; and result found that hope mitigated burdensomeness of suicide risk among African Americans (Hollingworth et al., 2016). The finding showed that African Americans who exhibited increased level of spiritual factors of hope had reduced suicide desires even in the midst of apparent suicidal stressors (Hollingworth et al., 2016). Thus, increased level of spiritual factor of hope weakened depression and burdensomeness of suicidal thoughts; and participants who were naturally hopeful buffered against suicide risks. The goal of Hollingworth et al. (2016) was to evaluate conditions of establishing the relationship between hope and suicide desire in African American population in general and African American service members in particular. However, the findings of Hollingworth et al. (2016) were limited to range of African American population and participants were college students, thus implied that younger and older African Americans were not generalized. The results of Hollingworth et al. (2016) were reliable within the ethnic specificity of African American population.

Kearney et al. (2013) examined the impact of spiritual act of loving-kindness meditation among members with posttraumatic stress disorder. The purpose of the research was to find the positive impact of practicing the meditation of loving-kindness as effective

practice against posttraumatic stress disorder and suicide risks within the military population, civilians, and veterans. Kearney et al. (2013) utilized 42 veterans with posttraumatic stress disorder across races and genders. The independent variable was the participation in loving-kindness intervention while the dependent variable was the changes in posttraumatic stress disorder and suicide ideation. The research was designed as a longitudinal follow-up of veterans after baseline assessment and was followed by a twelve-week course of loving-kindness meditation exercise in a veteran hospital. The longitudinal design of veterans including posttest data and written questionnaires were utilized in recording demographic characteristics.

In that research, Kearney et al. (2013) utilized a 4-point Likert scale in recording the nature of posttraumatic stress disorder. The contact information of instructors was made available to the participants to report escalation of symptoms. The study was approved by the research committee of the veterans affairs' hospital and the Institution Review Board respectively but did not implore structured psychiatric assessment. The theoretical framework was measured by the self-compassion scale and which significantly mediated change in self-compassion, posttraumatic stress disorder, and suicide ideation (Kearney et al., 2013).

In Kearney et al. (2013), the spiritual discipline of meditation activity was conducted to determine whether self-compassion mediate changes in suicide ideation and posttraumatic stress disorder. The study hypothesized the positive psychological effect of spiritual exercise of loving-kindness and the result was found to be significant.

Correlation analysis was utilized with large effect size and showed reliable changes in posttest mediation among veterans with posttraumatic stress disorder (Kearney et al.,

2013). Results found significant change in depression at posttest records and change in depression after 3 months. The implication was that spiritual exercise of loving-kindness meditation impacted psychological wellness and enhanced feelings of kindness and compassion for the self and others (Kearney et al., 2013). Kearney et al. (2013) provided insight on new strategy of suicide prevention, and the practice of meditation on loving-kindness revealed the benefits of self-mantra practice. The research supported the effects of psychospiritual factors in suicide management and further provided insight on the role of spiritual religious practices in eschewing suicide risks and managing traumatic symptoms.

Active Members and Veterans Perspective

A recent study examined the impact of spiritual wellbeing of veterans with psychological disorders such as posttraumatic stress disorders, among others, to determine if spiritual wellbeing mediated posttraumatic stress disorders in veterans with military-related PTSD (Bormann et al., 2012). The purpose of the study was to investigate the impact of spiritual wellbeing in PTSD among veterans with military related PTSD. The research by Bormann et al. (2012) utilized random trials of 66 veterans out of 300,000 returning troops with posttraumatic stress disorder and related symptoms. Veteran participants who were diagnosed with posttraumatic stress disorder from military related traumas completed a six-week case management exercise and a random trial of group mantram intervention. Additional survey included PTSD checklist with functional examination of chronic illness therapy for spiritual well-being. Path analysis was conducted to examine existential spiritual wellbeing as possible mediator for the changes in PTSD (Bormann et al. 2012).

Bormann et al. (2012) used Barron and Kenny method to study the effect of existential spiritual wellbeing while utilizing PTSD checklist assessment. Linear regression models were also utilized in assessing association treatment and changes, while the theoretical framework explored spirituality and its relationship with health and wellbeing in attempt to understand how to reduce suicide and PTSD in veterans (Bormann et al. 2012). The results showed that increased existential spiritual wellbeing reduced and mediated self-report PTSD symptom in group mantram intervention. Furthermore, spiritual wellbeing alleviated PTSD in veterans with spiritual and religious factors more than those without religious or spiritual factors (Bormann et al., 2012). The implication showed that religious and spiritual factors were significant in coping with stressful conditions such as mTBI and PTSD. There was also a correlation between human immune system and spiritual wellbeing (Bormann et al., 2012).

The spiritual practice of repeated mantram utilized sacred words and phrases to reduce PTSD as a new clinical finding (Bormann et al. 2012). The findings revealed that attending to one's spirituality in military related traumatic stressor have significant impact in coping, and thus provided necessary insight to professionals who work with veterans and service members with military related traumatic disorders.

In all, it must be noted that religion and spirituality also play social and communal roles and strengthen bonds and relationships between members and beyond; and serve against social isolation and suicide stressor (Mitchell, 2019). Research from the American Journal of Community Psychology found that cohesiveness among relatives of members of the military reduce suicide risks among members (O'Neal et al., 2016). The study contextualized the psychological well-being of military members and their partners in

exploring the importance of community and relationship provision. The purpose of the study was to explain the role of psychosocial cohesiveness and wellness of military members and partners and aimed at connectedness of military family and the broader military community. O'Neal et al. (2016) addressed the social organizational theory of action and change which informed community intervention strategy in civilian and military circle. The relational provisions theory was also addressed, which informs people's relationship needs which are met in various ways as well as the importance of community connectedness. Results found that comprehensive perspective of military community influence military personnel and their partner's psychosocial well-being (O'Neal et al., 2016). O'Neal et al. (2016) provided a thorough analytic survey that uncovered nuances of interpersonal relations beyond provision and satisfaction, and by extension revealed that military perspective influence partner's well-being as well.

Research showed that prosocial behavior increases perceptions of meaning in life (Klein, 2017). A cognitive therapy research explored the concept of 'reasons for living' among U.S. Army personnel with suicide ideations to examine whether reasons for living were also associated with reduced suicide risks among U.S. Army personnel (Bryan et al., 2018). The validity of reasons for living among treatment seeking servicemembers and veterans was found to positively correlate with suicide, in which survival and coping beliefs increased overtime (Bryan et al., 2018). These findings were consistent with the present study by addressing fundamental concerns within the branches of the U.S. military such as hope, suicide, and spirituality.

Biblical Foundations of the Study

The current research is designed toward saving life. The Bible has mentions of individuals who took their own lives (*New American Standard Bible*, 2003, Judges 9; 1 Sam. 31; 2 Sam. 16: 17). However, the Bible also offered hope of Christ as panacea for life more abundantly (John 10:10). God is love and manifests himself as evident of life (Lk. 7:11-17; Mt. 9:18-26). Jesus came with signs and works over nature dedicated to restoration of life and healing (John. 46; Mk. 1:30, 1:40; Mt. 8: 5, 9:1). He also raised his friend Lazarus and others from the dead (Lk. 7:11-17; Mt. 9:18-26) and thus set the stage for need for life. Therefore, the current study is designed in accordance with God's plan for life.

In many ways, the Bible is a book of battles, warfare, and military endeavor (*New American Standard Bible*, 2003, I Samuel, 17:45; Joshua 6:2-3) and in many ways provided spiritual insight on military challenges of modern times. In ancient Israel, kings were primarily warriors (I Samuel 8:1-22), and all attained victory through spiritual means (I Samuel, 17:45; Joshua 6:2-3). Paul the Apostle, wrote to the Ephesians that we wrestle not with flesh and blood, but against principalities and powers in high places (Ephesians 6:12-14). These principalities are chains of command that operates both in the physical and spiritual realms, interfering in human affairs by inducing crisis of meaning which ultimately exacerbate depression, suicide, and maladaptive activities (1Timothy 4:1; Towns, 2020).

As a result, the psyche suffers a unique crisis of meaning, which means a misplaced hierarchy of values where created things are placed over 'eternal good.' The result is the increased number of addictions, suicide, and homicide (Towns, 2020). The implication is that human mind may not have peace outside its relationship with the transcendent good.

God is the transcendence good, the highest good, the *summum bonum*, and when His status is misplaced by something else, it is likely to induce psychological crisis of meaning, a change of reaction of misplaced priority, often with a devastating end. Statistics showed that nations who place high values in created things such as wealth and capital tend to find happiness outside the transcendence good, and which exacerbated sense of drift, depression, and suicide (Alexander, 2011). In keeping with this insight, the current research addressed the essential role of psychospiritual factors in suicide risks in the military.

The present research is a crucial aspect of evangelization on God's plan for life. The examination of factors that reduce suicide supports the natural inclination to preserve life since life is sacred. The sacredness of life took its originality from the book of Genesis. 'The Lord God formed man from the dust and breathed into his nostrils the breath of life; and man became a living being' (*New American Standard Bible*, 2003, Genesis 7: 22). Humans do not give life, and by that fact do not possess the right to exit it. Although, existential condition may make life tough and decisive, the Bible continually provides insight into the reality of life, its sacredness, and guides to contend with existential challenges that may lead to suicidal thoughts.

Although, the word 'suicide' was not specifically mentioned in the scriptures, but the Bible has various evidence of suicide. The Bible associated suicide as evidence of natural human struggle as a result of humankind's fallen nature (*New American Standard Bible*, 2003, Genesis 3:22). Through one man's sin, death enters the world (Romans 5:12). Therefore, when humans distant themselves from God, they are doomed, and thus death becomes the evidence of human depravity due to the Fall of Man.

The concept of psychospiritual factors in the present study suggests that the more frequent humans engage in activities that nurture God and human relationship is the more humans are likely to thrive with the insight on reasons to live which reduce suicide risks to the barest minimum. Thus, the concept of psychospiritual suggests that distancing oneself from God can alter one's psychological composure and possible bizarre behaviors.

In the Gospel of John, the Bible teaches that Satan, the father of lies, comes to steal, kill, and destroy (*New American Standard Bible*, 2003, John 10:10). Thus, Satan possess humans by planting destructive thought in them which induce them to lie, destroy and kill. The Bible also teaches that Satan is a murderer from the beginning (John 8: 44) but God gives and sanctifies life (Isaiah 42:5, Ezkiel 37:6). The Bible presented some number of individuals who fell out of God's relationship and exhibited bizarre and suicidal behaviors.

King Saul: Saul was anointed by Samuel as the first king of Israel. After the war with the Amalekites, Saul lost God's relationship because he chose to sacrifice than to obey God's word (*New American Standard Bible*, 2003, I Samuel 31: 4). Soon after losing God's relationship, Saul also lost psychological composure and eventually ended up taking his own life (I Samuel 31: 4; 22: 5-23; 28). This loss of relationship with God also affected Saul's armor bearer who also took his own life (1 Samuel 31: 5).

Ahithophel: David was the man after God's own heart (*New American Standard Bible*, 2003, I Samuel 13: 14, Acts 13: 22). When David had issues with his own son Absalom, a man named Ahithophel displeased God by counseling Absalom to pursue and kill David, but Ahithophel ended up taking his own life (2 Samuel 17: 15-24).

Jonah: Although Jonah did not take his life, but it is believed that he attempted suicide while he was attempting to run away from God (*New American Standard Bible,* 2003, Jonah 1:11-15) by requesting that his life be exited.

Zimri of Judah: He was the servant of king Asa, but he killed king Asa and reigned in his stead. However, he was soon terrorized by a neighboring king and for fear of being captured, Zimri took his own life (*New American Standard Bible*, 2003, 1 Kings 16: 15–19).

Judas Iscariot: An apostle of Jesus Christ, after the betrayal of his master immediately exhibited some loss of psychological composure and soon took his own life (*New American Standard Bible,* 2003, Matthew 27:3-11).

Suicide prevention at Philippian Jail: Paul and Silas, the servants of God had been imprisoned, when God delivered his servants from the prison, the jailer drew his sword to take his own life, but Paul prevented the suicide, and the jailer requested to be saved (*New American Standard Bible*, 2003, Acts 16: 27-30).

However, God emphasizes the sacredness of life as Jesus came to give more abundant life (*New American Standard Bible,* 2003, John 10:10). Christ is the resurrection and life, and so, we can trust in the Lord, and He can take care of our needs, psychological and bodily (John 11: 25; Psalm 34: 18-20; Isaiah 41: 10). The scripture says, ‘cast you care unto the Lord, and He will not condemn you’ (Romans 8: 1-2, Psalm 55: 22). Being made in God’s own image (Genesis 1:26-27), we are not allowed to take life, even one’s own life (Genesis 9:6-7). The commandment that ‘thou shall not kill’ also extends to the self as only God can give or take life (Exodus 20:13).

In summary, suicide contradicts human's natural propensity to preserve life. It contradicts self-care, and cuts one off from the loving relationships of the creator, friends, and family. In the Bible, God wants His people to choose life, not death (*New American Standard Bible*, 2003, Deuteronomy 30:19). Thus, as Job says 'it is the right of our sovereign God to give and take life (Job 1: 21), humans are therefore expected to be loyal stewards of life that God has given. 'Thus, saith God the Lord, he that created the heavens, and stretched them out; he that spread forth the earth, and that which cometh out of it; he that giveth breath unto the people upon it, and spirit to them that walk therein' (Isaiah 42:5), 'I will put my breath in you, and you will come to life, then you will know that I am the LORD' (Ezekiel 37:6).

Summary

This section concludes chapter two. It explored the overview of the literatures. Journals and scholarly articles presented previous works on the results of spiritual and religious factors on suicide risks. These literatures explored the roles of psychospiritual factors on depressive and suicidal conditions and how religious and spiritual factors moderated the psyche amidst existential challenges. This chapter also described the search strategy, presenting the databases utilized for the research, as well as the search terms. Literatures were evaluated, and results significantly showed the relationship of psychospiritual factors with suicide risk. The literatures also showed the relationship between previous findings and the current study. The essential role of hope as suicide mitigating factor was reviewed and which leads to the biblical foundation of the study. The biblical foundation examined the scriptural basis of suicide, military endeavors, and crisis of meaning. The current research provided insight to military chaplains, mental health

counselors, and psychiatrists in their efforts in providing quality services to members, families, and patients.

CHAPTER 3: RESEARCH METHOD

Overview

This chapter presented the methodology of this study. The research questions and hypotheses were reexamined and re-stated. The specific design implored were presented, and justifications for the choice of design were explained. The current study examines scale variables (Gravetter & Wallnau, 2017; Jackson, 2016), with independent variables of six levels. Pearson *r* correlation analysis was utilized (Jackson, 2016; Martin & Bridgmon, 2012; White & Mcburney, 2013).

Furthermore, participants of the study were described, the demographics with inclusion and exclusion criteria. The processes of recruitment of subjects were properly described, with relevant recruitment apparatuses such as computer devices and software such as Microsoft and SPSS. The criteria placed the minimum age at 18 years as this is the approximate age of maturity for most states in the United Stated (University of Nevada, (n.d.); U.S. Census Bureau, 2022; US Legal, 2019). Permission for recruitment was also presented and restated in Appendix. The sample size was justified using G*Power software.

The current study also presented the study procedures with protocols involved in the recruitment processes, including the supporting materials for easy replications. The instrumentation and measurement were all presented under materials and apparatuses, comprising the questionnaires, surveys, observations, and tests. In addition, operational definitions of variables were provided, variable one presented the dependent variable (suicide risk) and variable two the independent variable (Psychospiritual factors). The two variables were scale variables as defined by statistics and experts (Ghasemi, et al., 2015;

Jackson; 2016; White & Mcburney, 2013). Data analyses were presented detailing the procedures implored including data collection strategies, the exact statistical test, and justifications.

Finally, this chapter presented the delimitations, assumptions, and limitations of the study. Delimitation specified the population of interest and reasons for the study. The current study is designed to shed light into natural psychospiritual human factors that influence psyche and actions. Specific population (military) were utilized; however, it is assumed that the result will be consistent with other populations, including law enforcement and more.

Research Questions and Hypotheses (if applicable)

Research Questions

RQ 1: Are higher levels of positive religious coping associated with lower suicidal ideation among military members?

RQ 2: Are higher levels of intrinsic religiosity associated with lower suicidal ideation among military members?

RQ 3: Are higher levels of non-organizational religiosity associated with lower suicidal ideation among military members?

RQ 4: Which religious/spiritual variables are most correlated with reducing suicidal ideation among military members?

Null Hypotheses (Ho: $\mu o \geq \mu 1$)

Four corresponding null hypotheses tested:

HO1: Higher levels of positive religious coping is not associated with lower suicide ideation among military members.

HO2: Higher levels of intrinsic religiosity is not associated with lower suicide ideation among military members.

HO3: Higher levels of non-organizational religiosity is not associated with lower suicide ideation among military members.

HO4: Positive psychospiritual variables are not most correlated with reducing suicide ideation among military members.

Alternative Hypotheses (Ha: $\mu o < \mu 1$)

Four corresponding alternative hypotheses supported:

Ha1: Higher levels of positive religious coping is associated with lower suicidal ideation among military members.

Ha2: Higher levels of intrinsic religiosity is associated with lower suicidal ideation among military members.

Ha3: Higher levels of non-organizational religiosity is associated with lower suicidal ideation among military members.

Ha4: Positive psychospiritual variables are most correlated with reducing suicidal ideation among military members.

Research Design

The current study examined two variables: one independent variable and one dependent variable. Dependent variable was suicide risks. The independent variable was psychospiritual factors measured on the frequency of religious/spiritual involvements. The study utilized paper-based survey with adjustable variables of Koenig and Büssing (2010), Idler et al. (2003), and Duke University Religious Index (DURI). The questionnaire measured the preceding condition with 6 levels: 1. *Non-religious nor spiritual affiliation:*

defined as not belonging to spiritual nor religious affiliation (Idler et al., 2003; Koenig & Büssing, 2010), 2. *Personalized spirituality*: defined as self-belief or having sense of mystery, also known as spiritual but not religious (Saunders, 2020; Zimmer et al., 2016). 3. *Non-organizational religiosity*: defined as time spent in private religious activities such as prayer, Bible study, meditation, etc. and not belonging to specific religious organization. 4. *Organizational religiosity*: defined as belonging or attending a known religious organization. 5. *Intrinsic religiosity*, defined as the extent to which one feels God's presence and include God in all aspects of life (Idler et al., 2003; Koenig & Büssing, 2010). 6. *Positive religious coping:* defined as partnering with God in times of difficulties. (Idler et al., 2003; Koenig & Büssing, 2010). The survey on psychospiritual factors utilized basic answers based on how frequent participant attended or participated in religious or spiritual activities.

The dependent variable was suicide risk, operationally measured based on intent to self-harm (Mayo, 2021) estimated on 5 scale Likert based assessment ranging from 1 = strongly disagree to 5 = strongly agree. Low numbers suggested low suicide risks while high numbers suggested high suicide risks. Suicide risks data were collected under the auspices of Suicide Risk Questionnaire (SRQ). The Suicide Risk Questionnaire is an anonymous military mental health self-assessment provided by the Screening for Mental health, Inc. (SMH) with funding from the Department of Defense Office of Health Affairs. Screening for Mental Health has the headquarter at Wellesley Hills, Massachusetts, and has been providing specialized mental health services since 1991 with large scale mental health screenings both online and in-person modes (Anonymous Mental Health Screening. (n.d.). Besides suicide risk screening, SMH also provides assessments for depression,

posttraumatic stress disorders, alcohol problems, bipolar disorder, eating, and anxiety disorders. In addition to military departments, Screening for Mental Health also conducts Signs of Suicide (SOS) for schools, universities, social agencies, and workplaces. By extension, the organization offers specialty and primary care programs, including community-response, healthcare-response, workplace-response, and disaster-response mental health services.

The current study examined the correlation between suicide risks and psychospiritual factors with condition of six levels of psychospiritual factors. Pearsons *r* correlations design (Jackson, 2016) was used to determine the relationship of psychospiritual factors (conditions) on suicide risks. The independent and the dependent variables (psychospiritual factors and suicide risks) respectively were estimated on scale of measurement and presented on graphs depicting psychospiritual conditions and suicide risks.

Participants

The current research recruited members of the United States military were contacted in person and group to complete a survey with a brief explanation of the rationale behind the study. Emails were not used for anonymity reasons. Potential participants were requested to complete a survey for research purposes. Paper-based surveys were used (sample in the Appendix). Contained within the survey were the disclosure statement, an explanation, and a request for corporation. Potential subjects met the preliminary requirements of minimum 18 years among members of the United States military currently stationed in a military base. Approximately 100 – 150 sample size was expected, but 126 completed the survey. Calculating the sample size for Pearson's *r* correlation utilized

G*Power with confidence level of 95% and margin of error of 5% confidence interval (Jackson, 2016; Qualtrics, 2018). A standard deviation of 0.5 was used to be sure that the sample size is significant to the population of interest (Qualtrics, 2018; Zach, 2018). The p-value of less than .05 rejects the null hypothesis (Jackson, 2016; Zach, 2018).

The age range was approximately between 18 to 65 years. The demographic included male and female members. This is a within group study of which from the group, six conditions or subgroups of psychospiritual factors emerged. Every member participated in each within-group category. Only the answer provided by each participant in the questionnaire, and which would in turn suggest the frequency of that participant's psychospiritual involvement, distinguished that participant from other groups. Group one defined subjects who do not have spiritual nor religious affiliation (Idler et al., 2003; Koenig & Büssing, 2010). Group two were subjects who practice personal spirituality without religious affiliation (Saunders, 2020; Zimmer et al., 2016). Group three were subjects who spent time in private religious activities such as prayers and meditations, but do not belong to specific religious organization. Group four were subjects who belong and attend religious organization. Group five were subjects who feel God's presence and include God in all aspects of life (Idler et al., 2003; Koenig & Büssing, 2010). The final group were subjects who partner with God in times of difficulties and include God in all aspects of life. According to experts, partnering with God and including God in all aspects of life is considered a as positive religious coping (Idler et al., 2003; Koenig & Büssing, 2010). This is an ascending order (from 1-6) of psychospiritual coping of which the final groups (5 and 6) revealed the least susceptible to suicide risk, while the first groups revealed the most susceptible to suicide risk. Thus, the hypothesis states that higher level

of positive religious coping is associated with lower suicidal ideation among military members.

A request for common group assembly was granted and after preliminary instruction, paper-based questionnaires were administered to potential participants. A prior email information was sent to the command in request for permission and with anticipated benefits of the current research. Appendix A contains the permission for recruitment and survey questions. This email contained within it the assurance of anonymity and protection of personal information according to the Institutional Review Board agreement on privacy statement and inform consent 21 CFR 56.111 (a)(7) and 45 CFR 46.111 (a)(7). There was no personal identifiable information (Appendix A). The demographics comprised the Caucasians, African Americans, Hispanics, and others. Approximately half of the participants were expected to have high school diploma, one quarter with college degree, and the rest with masters and advanced degrees. This survey was randomly administered among members and no compensation was provided.

Study Procedures

Survey was administered to potential participants who were members of the United States military, stationed at a military base within the United States. Each participant was fully consented. The questionnaire contained the institutional instruction with a brief rationale, benefits, and guidelines that were further explained by the researcher upon administration. Participants were expected to fulfil preliminary recruitment criteria to respond independently according to each's own volition, which was designed to control emotional and extraneous variables. This further determined that participants have the psychological, emotional, and mental stability to provide questionnaire responses. A

sample of the questionnaire was provided in the Appendix A. Upon completion, the researcher collected the questionnaires for statistical analysis.

The present study ensured that the Belmont Report on ethical principles and guidelines on human subject's research were carefully followed. Appendix B and the Institutional Review Board permission further attested to the agreements of respect for persons, beneficence, and justice. There were measures to ensure that participants' identities were protected according to section 4 of the APA Ethical Principles and Code of Conducts. More measures aligned with the principles of Belmont Report were further presented on the section of ethical considerations, including the assessment of benefits and risks, informed consent, inclusion and exclusion criteria.

The survey included participants' age requests without further identifiable criteria. In addition, the survey contained the disclosure statement that reflected section 45 CFR 46.111 (a)(7) and 21 CFR 56.111 (a)(7). Participants' freewill was protected, and no compensation was provided. Upon completion of the survey, the researcher collected, processed, and analyzed the data. The researcher utilized SPSS in determining the significance and validity of the relationship between the variables of psychospiritual factors and suicide risks. The current process utilized anonymous data collection and, thus, contact information (e.g., emails) that were likely to shield participant's personal information were highly encouraged. Appendices contained the Institutional Review Board permission forms comprising the consent form, materials, considerations, descriptions of participants, location, possible funding, and waiver. However, no personal identities of the participants such as address, phone number, date of birth, SSN, or medical reports reflected on the survey

Instrumentation and Measurement

Materials

Over 300 paper-based questionnaires were printed ready for the survey for immediate response. Hard copies of the survey and a portable printer were used. The scale values for the independent variable revealed high test-retest reliability (Intra-class correlation = 0.91), high internal consistency (Cronbach's alpha's = 0.78-0.91), high convergent validity with other spiritual religious measurements (r's = 0.71-0.86). The structure of the factors also has been demonstrated and validated by independent investigations (Koenig & Büssing, 2010). This assessment is available in over 10 languages and has been used in over 100 published studies across the world (Koenig & Büssing, 2010). The scale for the independent variable measures the psychospiritual or religious factors. The assessment scale was developed utilizing the works of Koenig and Büssing, (2010), the Duke University Religion Index (DURI), and Koenig et al. (2012). The original assessment index was developed by the center for spirituality, theology, and health of Duke University medical center and was designed to measure quality of life, integrative medicine, spirituality, religiosity, and coping. The aim of the tool was to examine the relationship between religiosity, spirituality, and health outcomes. It was designed to be used in both within groups and cross-sectional studies assessing major areas of religiosity and spirituality, including organizational religious activities, non-organizational religious activities, spirituality, intrinsic religiosity, and more.

On the dependent variable, the data were collected under the auspices of Suicide Risk Questionnaire (SRQ). The Suicide Risk Questionnaire is an anonymous military mental health self-assessment provided by the Screening for Mental health, Inc. (SMH)

with funding from the Department of Defense Office of Health Affairs. Screening for Mental Health has the headquarter at Wellesley Hills, Massachusetts. Screening for mental health has been providing specialized mental health services since 1991 and provides large scale mental health screenings both online and in-person modes. Besides suicide risk screening, SMH also provides assessments for depression, posttraumatic stress disorders, alcohol problems, bipolar disorder, eating, and anxiety disorders (*Anonymous Mental Health Screening*, n.d.; *Home – MindWise*, 2018). In addition to military departments, Screening for Mental Health also conducts Signs of Suicide (SOS) for schools, universities, social agencies, and workplaces. By extension, the organization offers specialty and primary care programs, including community-response (Community-Response - Suicide Risk Questionnaire, n.d.), healthcare-response, workplace-response, and disaster-response mental health services *(Suicide Risk Questionnaire, n.d.).*

Apparatus

A Lenovo laptop device with 110.1x70 inch dimension was utilized. Microsoft word was used in designing the survey questionnaires. Survey copies contained the institution's identity, age request with limit of 18 years. Data were analyzed using IBM version 27 SPSS statistics with Excel spreadsheet for the estimation of variables such as the standard error of the mean (SEM), counts, standard deviation, and the mean average. The p-level of .05 was used (Jackson, 2016).

Operationalization of Variables

Variable One – Suicide risks: This is a scale variable designed to measure identity, magnitude, frequency, and equal intervals (Jackson, 2016). The scale of measurement for dependent variable is a crucial factor in determining the choice of statistical test.

Extraneous variables such as psychological influences including reactivities were monitored. As such the questionnaires were designed such that participants respond freely without influences of the extraneous variables. Therefore, the raw data did not contain influencing variables such as identifiable information and the responses were not linked to specific participants by name, codes, or other pseudonyms. The current research utilized Likert based responses in measuring suicide risk, thus, experts considered Likert based questions to be scale in nature as these questions tend to measure the frequency and magnitude of variables (Ghasemi, et al., 2015; Jackson; 2016). The survey consisted of 6 questions on psychospiritual factors and 10 questions on suicide risks (Appendix C). Each of the six questions on psychospiritual factors automatically categorizes each participant to one of the six groups. The 10 questions utilized five-point Likert scale that ranged from 1 to 5 as strongly disagree to strongly agree, where the highest number = 5 indicates high suicide risk, and lowest number = 1 indicates low suicide risk. Upon the collection of data, the 6 questions on psychospiritual factors were statistically correlated with the 10 questions with five-point Likert based responses to find the result of the research.

Operationally, suicide was defined as the act of taking one's own life in response to stressful life conditions, often manifested in risk factors such as feelings of worthlessness (CDC, 2021; Mayo, 2021). However, suicide risks are multiple factors that precipitate suicide, including mental illness, access to firearms, poison, substance abuse, diathesis, environmental factors, etc. (Brådvik, 2018; Harmer et al., 2022). Similarly, suicide attempt is the effort, often incomplete, in trying to end one's own life (Durand & Barlow, 2006; Medlineplus, 2022). Depression was considered a strong factor for both suicide ideation and attempts (Brådvik, 2018). Globally, suicide was considered a challenging public health

dilemma as approximately 1 million people succumb to suicide each year, according to study (Ghasemi, et al., 2015; WHO, 2021).

Variable Two – ***Psychospiritual Factors:*** are scale variables as they utilized magnitude and frequency in measuring spiritual and religious involvements, participations, and activities; and met the underlying assumptions for Pearsons *r* correlation test (Jackson, 2016; Martin & Bridgmon, 2012). Like suicide risks, estimation of psychospiritual factors also utilized assessments which are scale in nature (Ghasemi et al., 2015; Jackson, 2016). The current research measured the correlation of religiosity/spirituality while utilizing the works of Idler et al. (2003), Koenig and Büssing, (2010), and the Duke University Religion Index (DURI) for the following variables:

1. ***Non-religious nor spiritual affiliation:*** Not belonging to spiritual nor religious affiliation (Idler et al., 2003; Koenig & Büssing, 2010),

2. ***Personalized spirituality*****:** Self-belief or having sense of mystery, also known as spiritual but not religious (Saunders, 2020; Zimmer et al., 2016).

3. ***Non-organizational religiosity*****:** Time spent in private religious activities such as prayer, Bible study, meditation, etc. and not belonging to specific religious organization.

4. ***Organizational religiosity*****:** Belonging and attending a known religious organization.

5. ***Intrinsic religiosity/spirituality*****:** Extent to which one feels God's presence and includes God in all aspects of life (Idler et al., 2003; Koenig & Büssing, 2010).

6. ***Positive spiritual/religious coping:*** Partnering with God in times of difficulties (Idler et al., 2003; Koenig & Büssing, 2010).

Data Analysis

There are two groups of variables examined in the current study, the independent variable (psychospiritual factor) and dependent variable (suicide risks). The independent variable has the proceeding condition with 6 levels: 1. Non-religious nor spiritual affiliation: Not belonging to spiritual nor religious affiliation (Idler et al., 2003; Koenig & Büssing, 2010), 2. Personalized spirituality: Self-belief or having sense of mystery, known as spiritual but not religious (Saunders, 2020; Zimmer et al., 2016). 3. Non-organizational religiosity: Time spent in private religious activities such as prayer, Bible study, meditation, etc. and not belonging to specific religious organization. 4. Organizational religiosity: Belonging and attending a known religious organization. 5. Intrinsic religiosity: Extent to which one feels God's presence and include God in all aspects of life (Idler et al., 2003; Koenig & Büssing, 2010). 6. Positive religious coping: Partnering with God in times of difficulties. (Idler et al., 2003; Koenig & Büssing, 2010).

The current research examined the correlation of the variables of interest, and as such, all participants were presented with all the levels of independent variable (Gravetter & Wallnau, 2017; Jackson, 2016; Martin & Bridgmon, 2012; White & Mcburney, 2013). Data were analyzed using version 27 SPSS statistics within subject design, with alpha level 0.05 to find the correlation of two variables: one dependent variable (suicide risks) and one independent variable (psychospiritual factor) with 6 levels; and using Pearson's *r* correlation design to evaluate the research question whether higher level of positive religious spiritual coping is associated with lower suicidal ideation among military

members. The variables (IV and DV) as scale variables also fulfilled all the statistical assumptions for Pearson's *r* correlation test.

Assumption #1: *The two variables should be measured at the scale (interval or ratio level)* and are continuous variables. This assumption was met**.** Psychospiritual factor and suicide risks are continuous variables (not categorical). They are variables which could be measured on continuous dimension but could not be counted on categorical level (Ghasemi, et al., 2015; Jackson, 2016). As scaled variables, the current data fulfilled the properties of (a) *identity, (b) magnitude, and (c) equal interval* (Gravetter & Wallnau, 2017). By identity, it implied that the measure has different levels under one head (IV has 6 levels under one head of psychospiritual factor). By magnitude, it implied that the ordering of levels reflects 'ranking' (Jackson, 2016; Martin & Bridgmon, 2012). This means that levels range in terms of better or worse, more or less, or 1^{st}, 2^{nd}, 3^{rd}, 4^{th}, etc. In the current study, the categories of the IV ranges from (1-6) *Non-religious/spiritual affiliation (worse)* to *Positive religious coping (better)* and suggesting negative psychospiritual coping to positive psychospiritual coping respectively. Similarly, the DV ranks from 1-5 (strongly disagree to strongly agree). By equal interval, it implied that the variables have both identity and magnitude (see above), and levels are separated by at least equal difference (White & Mcburney, 2013). The current IV ranks from 1-6 and is separated by an equal difference of 1(one), starting from 1-2-3-4-5, and 6.

Assumption #2: *There is a linear relationship between the two variables.* This assumption was met. Linear relationship exists between the variables as they as correlated and were presented in scatter plot which further and visually showed the track of linearity

and correlativity of the variables (DV and IV) (Gravetter & Wallnau, 2017). This linearity aligns with the hypothesis that suicide risk decreases with increased psychospiritual factor.

Assumption #3: *There should be no significant outliers*. This assumption was met. This implied that scores were not expected to be extremely too large than the general mean score, or too wide that it does not follow the usual mean pattern (Martin & Bridgmon, 2012). This was further and visibly presented in the scatter plot.

Assumption #4: *Variables should be approximately normally distributed*. This means that the Underlying distribution is normal, and the sample size are large and proportional enough, often placed at bigger than 30 (Jackson, 2016; Ady, (n.d.) thus, is considered mesokurtic (in kurtosis). The current sample data was estimated to be between 100-150, thus more than 30, and the demographics that make up the population such as age etc. are normally distributed.

The dependent variable was suicide risks measured on 5-point Likert based scale on 10 items, where high number suggested high suicide risks, while low number suggested low suicide risks. Pearson's *r* correlation statistics was used, and data was analyzed in SPSS statistics. In the Variable View, variables were named in the format that further helps to remember the variables' identities (examples: PsySp = psychospiritual factor, SuiRisks = suicide risk). Then, SuiTOTAL was created from the suicide risks cumulative using the SPSS. This is simultaneously computed in the Data View or manually by summing all suicide risks variables and multiply by 2 (Jackson, 2016). In the Data View, each survey is in one row depending on the sample size or the number of participants. Using the SPSS, the measurement was kept at scale variable, and the variables of interest that need to be

evaluated (PsySp variable and SuiTOTAL) were moved to the selected variable window using the right arrow key and selecting *'Pearson.'*

The output displayed the results indicating whether the correlation is significant or not. The obtained r value calculates the p value for Pearson's correlation test (Jackson, 2016). The p value for the current study is 0.05; and if the obtained significant value is below the p value 0.05, then there is significant relationship between the variables of psychospiritual factors and suicide risks, thus reject the null (Jackson, 2016; Zach, 2018). The degree of freedom (N-2) is used in reporting the result, and since the result is significant, the coefficient of determination was calculated as r squared.

Ethical Considerations

There are some ethical issues being considered in the current study. Participants are protected under the section 4 of APA Ethical Principles and Codes of Conducts. This study used anonymous data collection method, thus no personal identifiers such as name, date of birth, phone number, social security number, or other forms of pseudonyms of the participants reflected according to privacy statement and inform consent 21 CFR 56.111 (a)(7) and 45 CFR 46.111 (a)(7). In addition, there was no recorded audios, videos, or photographs. Data security was ensured and secured. Filling cabinet was used until data is transferred to computer software for analysis, then password-locked computer was utilized. As required by the federal regulations, data will be destroyed and deleted after three years of retention.

Participants are expected to have reached the age of reason and maturity, which is placed at 18 years for most states in the United States (University of Nevada, (n.d.); U.S. Census Bureau, 2022; US Legal, 2019). This age thus guarantees that participants can make

informed decision in providing responses to questionnaires without potential claims of coercion and be responsible for decisions provided.

The current study excluded dependent groups such as children and mentally challenged who may be lacking in the criteria of independent decisions-making. Incorporating this groups may pose threat to the informed consent agreement measures. Thus, mentally challenged and minors fall within the exclusion criteria of the present research. The informed consent is inscribed in each survey copy and consented by agreeing to complete survey. However, this informed consent may be irrelevant as this is completely an anonymous survey. Therefore, using completely anonymous data collection method qualifies this study for waiver of informed consent. Also, the waiver will not adversely affect participants rights and welfare.

The current study does not pose greater than minimal risks of everyday activities. Furthermore, deception was not used in the present study procedures. The full purpose of the study is to find whether participants spirituality and religiosity influence their views on reasons to live, self-harm and possible suicide. However, although this is completely an anonymous survey, revealing this purpose may induce reactivity on the respondents, and thus, was left neutral. However, precautions were placed for potential suicide risks. Should participants report potential suicide risk or life-threatening problem, the Screening for *MilitaryMentalHealth.org* provides the National Suicide Prevention Lifeline 1-800-273-TALK (8255), dial 911 or go immediately to the nearest hospital emergency room for evaluation. If for any reason you are unsure, uncomfortable, or unable to take action, find

a healthcare professional with whom to share your concerns or contact Military OneSource: Stateside 1-800-342-9647 or Overseas 1-800-3429-6477.

Delimitations, Assumptions, and Limitations

Delimitations

The current study is designed to shed light into the reality of human condition in general and the military in particular. Human beings by nature are ontologically integrated of corporeal and spiritual elements. The military in particular are often faced with realities such as near-death experiences that are likely to alter this integrated human nature. The implication is that wholistic healing occurs when integration of human nature is put into consideration in therapeutic processes.

Human being has been defined as substantial, spiritual, individual, unique, and immortal (Haffner, 1995). Thus, the integration of faith into therapies has significant therapeutic benefits in mitigating despair that precipitate suicidal risks. Because suicide risk is often traced to lack of answers to existential questions, the integration of social spiritual factors becomes extremely indispensable in understanding the relationship, skepticism, and theological questions that surround human existence.

Assumptions

The present study recruited a particular circle of people - members of the military. It however assumes that the result would be consistent with other members of the law enforcement, and perhaps the general public. Besides, the current population of interest, suicide has also been reported among other groups including the adolescent and elderly populations (Conejero et al., 2018; Shain, 2016; Stewart et al., 2019).

Although the current study examined spiritual religious factors that are likely to affect human emotional and psychological perspectives on suicide, it indicated negative religious coping as potential factor for suicide risks. The present study recruited healthy participants with the assumption that emotional and psychological state of depressed participants would alter the validity of the results. A previous study recruited depressed inpatients (Dervic et al., 2004) which possibly affected the reliability of that study since suicide has frequently occurred among individuals without previous symptoms of depression. The present study bridges this gap by recruiting regular members of the military and utilizing relevant questionnaires to extract data on suicide risks.

Although online survey is easy and convenient, research showed that it has its own limitations with concerns about automatic extraction of personal information, including location and cookies (Andrade, 2020; Howard, 2019). Again, online population cannot be guaranteed as meaningful population since the identity of the respondents may not be warranted. In addition, there are ethical issues and concerns with privacy of data and information with digital survey (Singh & Sagar, 2021). Thus, the current study utilized paper-based survey as research showed that respondents seem to be more comfortable and sincere with this mode (Colson Steber, 2016; Sincero, 2019).

Limitations

The current study was not left without potential challenges and limitations. This research explored the United States service members; therefore, examining a particular circle of people may not guarantee the external validity of a study as different circle of people may pose different results. Research on the ethnic global data may be recommended. For instance, adolescents and elderly suicide risks are also global challenges

(Conejero et al., 2018; Shain, 2016) thus, data exclusively of military population may not guarantee generalizability of study on suicide risk. Furthermore, data collection can pose challenges in quantitative study. Thus, common sense creativity was implored in the designing of the survey questionnaires since complicated questionnaires can be discouraging to potential respondents.

The current study recruited participants of mostly Judeo-Christian faith; hence, members of other beliefs may be underreported. Future research can be conducted for an inclusive population of faith and beliefs. The current study was conducted in the United States, and it is not known if the effect of psychospiritual factors on suicide has implications on other nationalities, races, or ethnicities.

Summary

This section concludes chapter three. The overview of the chapter presented the comprehensive description of the procedures. The research questions and hypotheses were restated in a formatted form as was in chapter one. This chapter described the specific research design utilized to fulfil the purpose of the study and the justifications using the works of other experts. The participants and demographics were presented in addition to the inclusion and exclusion criteria. Participants' recruitment processes and procedures were described. The permission for recruitment was stated and was further presented in the Appendix. The justification for the sample size was presented utilizing G*Power analysis. The study procedures provided the overview of the employed procedures.

The protocols for recruitment and points of contacts with the participants, the institution, and hierarchy were all presented. Measurement and instrumentation were presented including material and apparatuses used, the questionnaires, tests, observations,

surveys, and other measures employed. Apparatuses and materials were presented in level two subheadings. The operational definitions of variables of interest were reported. Variables one and variable two were appended with extended operationalization drawn from experts' perspectives. Data analysis and the utilized statistical test were succinctly described, and their justifications explained.

Delimitations, assumptions, and limitations were properly presented. The current study explored a specific population of interest, the military population in the U.S.A, hence, future study would be required to provide an extended inclusive global population that would justify the external validity of the present study. However, the current study assumes that the results will be consistent with other populations in many ways on the relationship between psychospiritual factors and suicide risks. The psychospiritual factors were hypothesized to provide positive dispositions against the odds of depression, emotional distress, and consequent suicide risks (Kearney et al., 2013). Thus, the current study proffers greater mental health benefits with the integration of psychospiritual therapies and scientific medications.

CHAPTER 4: RESULTS

Overview

This chapter examined the processes of data collection and analysis in the correlation of spiritual religious factors and suicide risk among military population. The chapter presents the descriptive results and the findings of this study showing that involvement in religious and spiritual activities ultimately influence once psychological disposition about suicide. The current study hypothesized that as spiritual and religious life ultimately influence one's level of hope, the absence thereof is likely to exacerbate conditions of despair of suicide risk.

The current study took place at a U.S. military base in Kentucky in summer of 2022. After the preliminary permissions have been obtained, a call meeting was requested, and verbal request was presented to potential participants who were present. The researcher presented the verbal instruction and appealed for cooperation. Paper based survey copies were randomly administered to those who agreed to participate, and more copies were made available to those who may later agree to participate. An anonymous data collection method was used, and for anonymity reasons, emails were not used, and researcher did not link participants to their responses.

Participants were 18 years or older and have military occupation. In all, 126 participants participated. There were flexible procedures for their returning of completed copies. An anonymous filing cabinet has been made available for the collection of completed copies. Participants return the completed survey copies immediately or later into this anonymous collection locking box stationed at a common place at the integrated religious support building which also couples as chaplains building and office for spiritual

resilience at Fort Campbell military base. This integrated religious support office is in building 3108, also the chaplain's building at Fort Campbell base. The filling cabinet is designed similar to a post box where individuals can only put but cannot retrieve. Only the researcher has access to the content of this box. People were not observed. This filling cabinet was used until data were transferred to the computer software for analysis, then password-locked computer was used. The raw data responses do not contain identifying information and cannot be linked to specific participant by means of name, codes, or other pseudonyms. The hard copy is currently with the researcher, safely kept and will be recycle-destroyed after minimum of 3 years as required by the federal regulations.

The survey copies contained the IRB agreement on informed consent disclosure and privacy statement in accordance with 45 CFR 46.111(a)(7) and 21 CFR 56.111 (a)(7). The identities of participants were protected according to section 4 of APA Ethical Principles and Code of Conduct. No personal identities of the participants reflected on the survey such as name, address, phone number, SSN, medical report, or date of birth.

Descriptive Results

Suicide risk is presented in Table 1. The mean relationship of psychospiritual factors and total suicide risk were (M =3.23, SD = 0.86) and (M = 37.84, SD = 15.37) respectively. The Pearson's *r* correlation revealed a significant relationship between psychospiritual factors and suicide risk $r(124) = -.550$, $p < 0.001$ (one tailed) (see Table 2). The "Sig" value 0.001 is below the alpha level 0.05. Thus, there is a statistical significance between psychospiritual factors and suicide risk. The null hypothesis is rejected. The alpha level is also the p-value, which means *probability value* – indicating the probability of making Type I error in which the null hypothesis is rejected when it is true.

Therefore, the present finding revealed a statistical relationship between psychospiritual factors and suicide risk. The current result was analyzed using Pearson's *r* correlation analysis and the degree of freedom (N-2) (126-2) was found to be 124. Because there was significant relationship, we also calculated the coefficient of determination r^2 (. -550 x.-550) = 30.25%. The 30.25% of the variation in psychospiritual factors is accounted for suicide risk. Participants correlation in terms of belonging to religious organization, attending activities, and partnering with God in times of difficulties revealed a statistical significance in which suicide risk is correlated with psychospiritual factors.

Table 1

Means and Standard Deviation for Suicide Riks

Rating Received on Psychospiritual Factors and Suicide Risk					
Variable	n	M	SD	r	p
Suicide Risk				-.550	<0.05
PsySp	126	3.23	0.86		
SuiRiskTOTAL	126	37.84	15.37		

Table 2

Correlations Analysis for Psychospiritual Factors and Suicide Risk

		PsySp	SuiRiskTOTAL
PsySp	Pearson Correlation	1	-.550**
	Sig. (1-tailed)		<.001
	N	126	126
SuiRiskTOTAL	Pearson Correlation	-.550**	1
	Sig. (1-tailed)	<.001	
	N	126	126

**. Correlation is significant at the 0.01 level (1-tailed).

Study Findings

The mean relationship for total suicide risk and psychospiritual factors revealed statistical significance in which increased involvement in psychospiritual activities revealed decreased suicide risk compared to participants who are not involved in psychospiritual activities. The obtained one-tailed probability value ($p < .001$) is less than the alpha value (.05) with high margin, which is highly significant. The correlation being significant at the .01 level means they are far more significant at .05 level because an alpha level of .01 is lower than a level of .05.

The research question evaluated whether psychospiritual factors correlate with suicide risks with the assumption that increased level of psychospiritual factors reduce suicide risks. This assumption supported the alternative hypothesis that positive psychospiritual factors are most correlated with reducing suicidal ideation among military members against the corresponding null hypothesis that psychospiritual factors are not correlated with reducing suicidal ideation.

The data showed that service members who participated frequently in religious and spiritual related activities were less susceptible to suicide. Members who reported that they do not believe in God and who do not involve selves in other forms of spiritual or religious activities were more likely to succumb to suicide. According to the responses, this population were mostly younger participants who are between the ages of 18 and 22. Military members who believe in God but do not adhere to specific religious group were found to be less likely to suicide risks when compared to unaffiliated members. Members who prayed, read, and meditated on the holy books but do not adhere to religious group

indicated increased hope when compared to unaffiliated members. However, members who belong to religious group and involve in activities showed strong abhorrence toward suicide, whereas members without other forms of psychospiritual involvement revealed high susceptibility to suicide risk. Also, participants who demonstrated active involvement in their spiritual or religious community reported that they partnered with God in times of despair.

The statistical mean of suicide risk and psychospiritual factors were (M = 37.84) and M = 3.23) respectively, with the standard deviation (SD = 15.37) and (SD = 0.86) respectively. The Pearson's *r* statistical test on the correlation of psychospiritual and suicide variables revealed *r* (124) =. -550, with p -value ($p < .001$) (see Table 2). This is a significant correlation and supported the alternative hypothesis. The Pearson's *r* correlation (r = -.550) revealed a negative correlation which shows that as psychospiritual factors increased, suicide risks decrease (Jackson, 2016). The Alpha level of the data analysis was set at 0.05 and the result was significant when the obtained significant value ('Sig' = 0.001) is less than 0.05. The p value ($p < 0.001$) is the significant value and one tailed as the direction of the difference has been established.

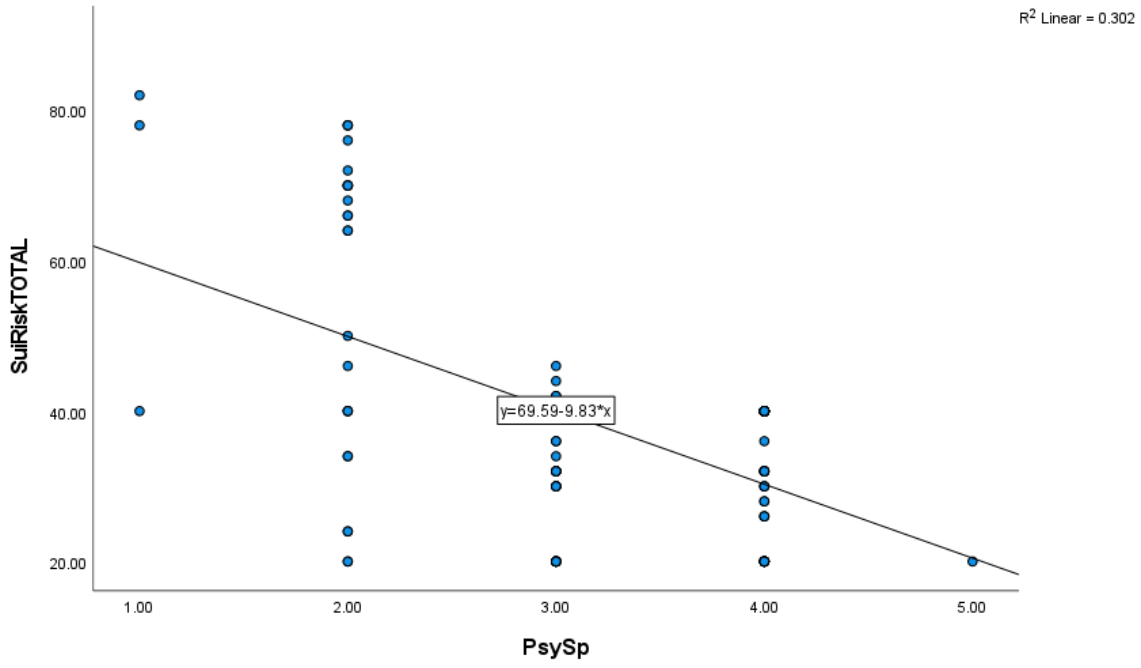
This is a significant correlation, and thus, the coefficient of determination is calculated. The coefficient of correlation squared provides the coefficient of determination and was also expressed in percentage r^2 (-.550 x -.550) = 30.25%. This shows that 30.25% of the variation in psychospiritual factors was accounted for suicide risks. Correlation Coefficient measures the differences between group of variables while effect size measured the magnitude of the differences between group of variables (Sullivan & Feinn, 2012; Bhandari, 2020). The higher the coefficient of determination (r^2) is more likely the data

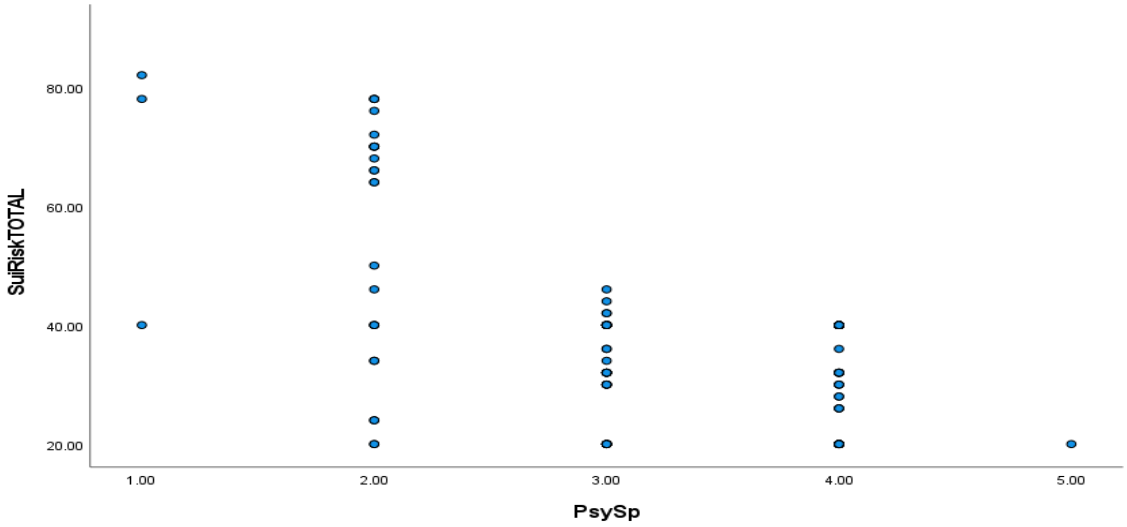
points are less scattered and thus a good model, whereas the lesser the coefficient of determination (r^2) is more likely the data points are more scattered (Jackson, 2016; Premal, 2020). Thus, the scatter plot presented a significant relationship between psychospiritual factors and suicide risk in the U.S. military.

Figure 1 (see below) represents a negative correlation between two variables. Note also how in the scatter plot the data extends from the upper left to the lower right. This is a negative correlation and an indication that an increase in one variable is due to a decrease in the other variable (Jackson, 2016, p. 152). This is an inverse correlation that the more of variable X (psychospiritual factors) the less of variable Y (suicide risk).

Figure 1

Scatterplot Depicting the Correlation Between Psychospiritual Factors and Suicide Risk





Additional Analysis

In the survey questionnaire, Question 4 (Life is too hard) correlated higher with suicide risk than other questions with a mean average of 1.95, whereas question 10 (I feel there is no way out) correlated less with suicide risk with a mean average of 1.81 when compared to other questions (Table 4). This suggested that although life is generally hard, lack of hope thereof is likely to make life seem harder and no way out as hope is an indispensable spiritual factor.

Table 4

Mean Average on Suicide Risk Questionnaire

	Suicide Risk Questionnaire	Mean average
1	Life isn't worth living:	1.93
2	My family would be better off without me	1.92
3	I just can't deal with everything	1.90
4	life's too hard	1.95
5	Nobody understands me	1.86
6	Nobody feels the way I do:	1.84
7	I won't be on the way much longer -I think I'm a burden to others:	1.89
8	There's nothing I can do to make life better:	1.90
9	I wish I was never born	1.92
10	I feel there is no way out	1.81

However, a Pearson correlation analysis was computed to determine the relationship between age and suicide risk, the result indicated a non-significant negative relationship between age and suicide risk $r(124) = -.114$, $p = .203$ (see Table 5). Therefore, we failed to reject the null hypothesis that the correlation between age and suicide risk is zero.

Table 5

Correlation Analysis for Age and Suicide Risk

		Age	SuiRiskTotal
Age	Pearson Correlation	1	-.114
	Sig. (1-tailed)		.203
	N	126	126
SuiRiskTotal	Pearson Correlation	-.114	1
	Sig. (1-tailed)	.203	
	N	126	126

Another unexpected finding in the analysis is that although age was not a variable of interest in this study, it was found that age also correlated with suicide risks. The data

showed that mostly younger participants within the ages of 18 and 22 were more susceptible to suicide risks when compared to other age range. However, this finding is only valid within the age range of participants utilized in this study (18 to 65 years) as a different study revealed that older age range is likely to succumb to suicide in a different culture (O'Connell et al., 2004; Pritchard & Baldwin, 2002; Suh & Gega, 2017). In this study, data analysis showed that participants within the age range of 18 and 32 participated with mean average of 26 years.

As shown in Table 3, the correlation of age factor and psychospiritual factor was determined. The mean correlation of psychospiritual and age factors were (M = 26.48, SD = 4.35) and (M = 3.23, SD = 0.86) respectively. Pearson's *r* correlation revealed a significant correlation between age and psychospiritual factors $r(124) = .326$, $p < 0.001$ (one tailed). The 'Sig' value 0.01 is below the alpha level 0.05. The null hypothesis is rejected.

Table 3

Correlation Analysis for Spiritual Religious Factors and Age

		PsySp	Age
PsySp	Pearson Correlation	1	.326**
	Sig. (1-tailed)		<.001
	N	126	126
Age	Pearson Correlation	.326**	1
	Sig. (1-tailed)	<.001	
	N	126	126

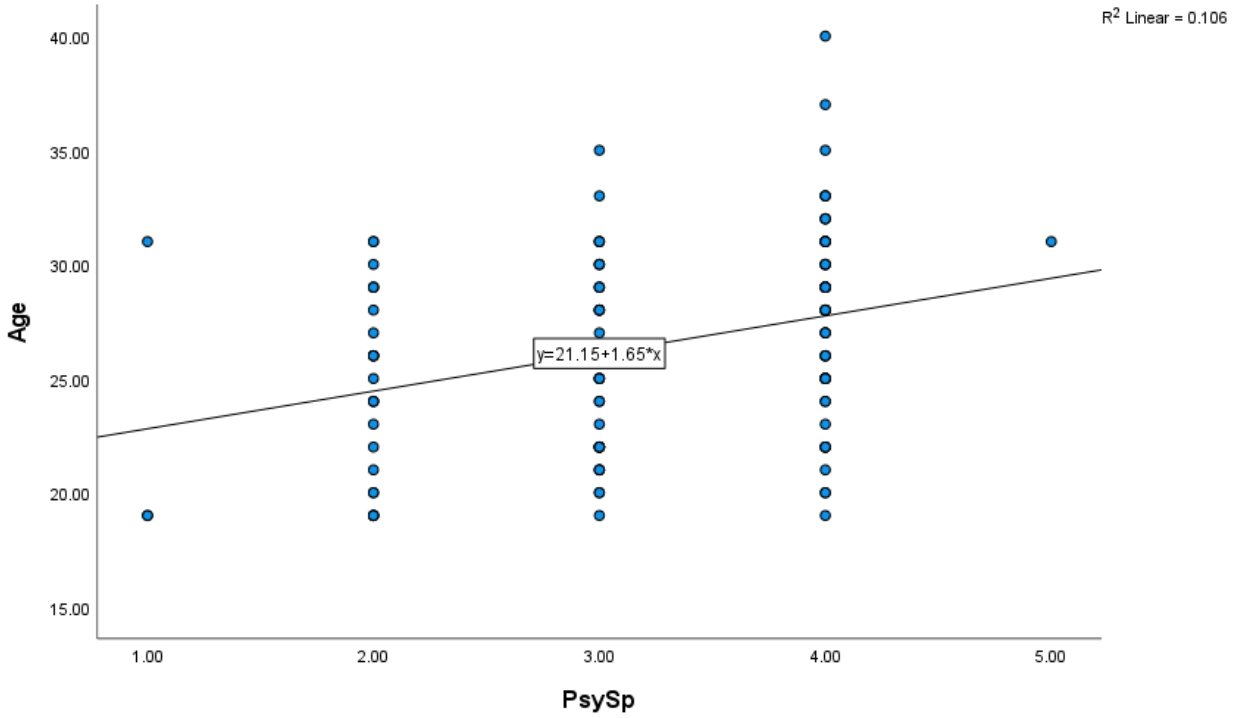
**. Correlation is significant at the 0.01 level (1-tailed).

As shown in Figure 2, the scatterplot revealed a positive correlation, an indication that religious and spiritual maturity tend to increase with age. The coefficient of

determination r^2 was calculated (.326 x .326) = 10.63% of the variation in psychospiritual factor is accounted for age factor.

Figure 2

Scatterplot Depicting the Correlation Between Age Factor and Psychospiritual Factors



Summary

The current section presented the overview of the chapter, the descriptive results, and the study findings. The study findings explained the results using figures and tables. The main finding of the present research showed that there is a statistical significance in the relationship between psychospiritual factors and suicide risks in which suicide risks decreased with increased involvement in psychospiritual activities. Data were analyzed utilizing descriptive statistics and Pearson's *r* correlation design.

The present finding revealed that intrinsic values fostered in psychospiritual activities as well as the interactive aspects of spiritual and religious activities have effects in sustaining the optimism that keeps hope alive, makes life possible, and reduces suicide risks. Hope is a strong psychospiritual factor that gives individual the reasons to keep living, and the lack thereof is tantamount to despair and suicide risk.

CHAPTER 5: DISCUSSION

Overview

This chapter presented the discussion of the study findings. The summary presented a brief section of the purpose of the study and the findings. It explained how participants who frequently participated in religious and spiritual activities were found to be less susceptible to suicide risks. The discussion section evaluated what the findings mean and how they are compared to other findings in the literature review. Further discussion examined how the current study contributed to the understanding of the theories and constructs already in the study. Biblical foundation of the study was reevaluated with a focus on the integration of the findings in daily life.

The implications of the findings were also presented showing how the finding could impact daily lives. The impact the findings have in the scientific community, the secular world, spiritual, and religious organizations were all presented. Finally, the limitations were also restated in addition to the strengths of this study.

Summary of Findings

Psychospiritual factors and suicide risk were correlated, and the findings were shown to be significant. Military members who frequently participated in religious and spiritual activities were found to be less likely to succumb to suicide risks with mean average of 1.95 on ‘life is too hard’ suggesting loss of hope when compared to other members. This further suggested that although life is generally hard, individual’s specific conditions become the lens through which the general hardship of life is seen. The 2. 4% of participants who indicated that they do not believe in God and do not involve in any form of spiritual religious activities demonstrated ability to deal with their own challenges

but showed loss of hope in the face of existential factors and vulnerable ability in dealing with disappointment, shattered dreams, or illness, and in their responses demonstrated propensity to suicide risks. This population was also found to be younger in age, ranging from 18 – 22 with average age of 20 years. Percentage of members who indicated that they believe in God but do not belong to religious organization comprised 19.8% of 126 participants. Participants who indicated that they pray, meditate, and read Holy Book, but do not belong to religious organizations comprised 38.9% of the population and showed increased hope in their responses. However, members who indicated that they belong to religious organization and attend activities revealed strong reasons to live against despair of suicide risks and comprised 46% of the participants. Participants (2.4%) without religious nor spiritual involvement were found to be most likely to succumb to suicidal behavior while participants (46%) who were active in religious and spiritual community demonstrated hope, indicated that they feel God's presence in aspects of their lives, and partnered with God is difficult times.

Discussion of Findings

The current study revealed that participant's involvement in spiritual and religious activities influence their worldviews and perhaps orders their minds and fosters sense of hope which buffers despairing behaviors. In contrary, participants with neutral beliefs including those associated with atheism, agnosticism, paganism, self-belief, or self-worship demonstrated the willingness to be in control of their world, yet they were the most likely to despair with failures and disappointments. The implication is that religious spiritual factors foster values such as hope, sacrifice, and loving kindness which are more likely to foster intrinsic happiness over material values such as power, money, fame, and

recognition. In a related study, Kearney et al. (2013) examined the effect of loving-kindness meditation for posttraumatic stress disorders and found that veterans who practiced meditation of lovingkindness demonstrated positive signs against PTSD and suicide. This practice was also found to be significant among service-members and civilians alike (Currier et al., 2017; Dervic et al., 2004; Hollingsworth et al., 2016).

Although corporeal values provide certain amount of happiness, however, trusting only on corporeal values or on the self would be devastating when failure strikes. The scripture mentioned Uzziah who was marvelously helped till he was strong and came to success, but when he was strong, he grew proud to his own destruction (*New American Standard Bible*, 2003, 2 Chron 26: 15-16). Thus, seeking happiness only in material things, according to Francis (2019), is a sure way of being unhappy. However, spiritual happiness is not the rejection of corporeal values, but the attainment of enlightenment despite of material desires or material considerations or material failures (Carson, 2021). It is a state of inner peace that has been attained by freeing oneself from the dangers of success or failure (Carson, 2021). Experts showed that success, power, money, fame, and recognition also cause self-destruction, overinflated view of oneself and ability, sense of entitlement, addictions, and other psychological harms (Michael, 2019; Rhodes, 2014).

In the current study, participants were randomly sampled from military members 18 years and older from various racial demographics and gender inclusion which showed strong external validity. Similarly, Stack (2018) examined whether gender is correlated on the effect of psychospiritual factors and suicide risk and found that although spiritual religious factors are often protective against suicide, they are not gender correlated.

In the Bible, suicide had often occurred at the disconnection of individuals from divine order. The Bible mentioned specific individuals who took their own lives: Zimri (*New American Standard Bible*, 2003, 1 Kings 16:18), Abimelech (Judges 9: 54), King Saul (1 Sam. 31:4), King Sauls' armor-bearer (1Sam. 31: 5-6), Ahithophel (2 Sam. 17:23), and Judas Iscariot (Mat. 27:5). The common factor among these individuals includes isolating oneself or repudiating divine injunctions in some forms or another. Samson's death was considered suicide as he knew his action would result in his death (Judges 16 :25-30), although his intent was to subdue the Philistines, not himself.

The Bible views suicide as an act of self-murder since God is the only one who decides how and when a person should die or be born (*New American Standard Bible*, 2003, Jer. 1:5). No one chooses for oneself when and where to be born, gender, parents, siblings, as these are all divine providence, not a coincidence as existentialists often assume. One's relationship with God helps to foster insight into this reality, and so, like the Psalmist say 'our time is in Your hands (Psalm 31: 15). In the Bible, Job said to his friends 'God is the giver of life, He gives, and He takes away' (Job 1: 21).

Because life is complicated, it could come with despairs and regrets. However, many individuals in the Bible testified to this reality, deeply despaired but did not take their own lives. King Solomon in his pursuit of pleasure reached a point where he despaired his own life (*New American Standard Bible*, 2003, Ecclesiastes 2: 17). Elijah, so distressed, asked for his own death (I Kings 19:4). Jonah, so angry, wished for his own death (Jonah 4: 8). Apostle Paul also despaired his life (2 Cor. 1:8). However, none of these individuals succumbed to suicide as they were later vindicated by divine providence. Paul learned that

he could bear all things through Christ, “so that he might rely not on himself, but on God who raises the dead” (2 Cor. 1:9).

Beside the implications of suicide on the self, suicide also has devastating effects on those left behind (relatives, friends, family members), and leaves psychological pain on the living which may never be healed. One may be ‘okay” to take one’s own life, but the lack of consideration of the impact on those left behind amounts to a form of self-absorption. In general, life comes with its trials and tribulations (*New American Standard Bible*, 2003, Psalm 67: 1), but God’s grace can be sufficient (2 Cor 12:9). In all conditions, one must find hope in the promise that “everyone who call on the name of the Lord will be saved” (Rom. 10:13). Although the Bible acknowledged intermittent forms of existential happiness, the only source of true happiness is the Lord (Psalms 144:15). Thus, true happiness is found in God as well as the peace that accompanies the goodness of life which is not affected by despair of the corporeal realm.

Empirical and Theoretical Discussion and Diversion from Previous Studies

The present study is built on the theoretical perspective that spiritual and religious factors are ultimately implicated and correlated in suicide risk (Gallagher, 2020; Rosmarin, 2020), and therefore, ultimately ought to be integrated in suicide intervention. Although the current study did not proffer suicide intervention, it did shed tremendous insight on suicide management among persons and institutions entrusted with the welfare of service members. The current study manipulated questions designed to extract members’ spiritual levels correlated with questions designed to extract members’ suicide levels. The questions on psychospiritual factors were designed to explain how participants’ spiritual levels influence their psychological dispositions on existential survival. These factors are

considered psychospiritual in that they influence the psyche and mold principles into actions (Beauregard & O'Leary, 2008). Thus, in line with the theories by Rosmarin (2020) and Gallagher (2020), the current study hypothesized that psychospiritual factors and suicide risks are ultimately correlated. The implication is that individuals' spiritual level and social spiritual activities ultimately have psychological and clinical benefits in suicide management, intervention, or prevention.

Although the theoretical framework developed by Rosmarin (2020), and Gallagher (2020) revealed that suicidal patients whose treatments incorporated their spiritual and religious beliefs showed evidence of enhanced improvement, no study has mirrored this finding to the military population. Military population tends to be the most challenged by suicide and near-death experiences (Walker et al., 2017). Although healthcare institutions, hospitals, and mental health providers tend to bypass client's spiritual need, studies revealed that patients are most aware of the indispensability of their own spiritual needs since they are the most affected by the absence of psychospiritual provisions (Timmins & Caldeira, 2017).

A second study revealed that psychospiritual needs are among patients' essential needs of all times and places (Yousefi & Abedi, 2011); however, in the United States, patient's spiritual need remains within the request of the individual patient. Psychological health providers are trained to be aware of their limits and to refer patients to a spiritual care provider, when necessary, upon request (Timmins & Caldeira, 2017). These findings revealed the critical role of psychospiritual needs and the indispensability of spiritual religious factors in mental healthcare and suicide management. One study showed that during the COVID 19 lockdown, the only group that found improvement in psychiatric

coping were those who attended religious spiritual services at least weekly, either virtually or in-person (Rosmarin, 2021). This implies that human relationship with the transcendent ultimately imparts psychological peace in a way that enhances reasons to live. It is in keeping with these theories that the current study hypothesized that spiritual factors correlate with psychological factors that precipitate suicide risks among military members, and possibly among other populations. Thus, psychospiritual activity fosters therapeutic benefits among service members.

Beyond previous research, the current study is designed to specifically shed light on the military population in particular and perhaps to the reality of human conditions. The current study holds that because human being is spiritual and material in nature, the integration of spirituality and faith into therapy becomes ultimately crucial due to its therapeutic benefits. Again, because suicide risk is often traced to lack of answers to existential questions, psychospiritual factors help to understand the relationship and theological questions of human existence.

This study was the first to utilize healthy participants of military members to evaluate the role of spiritual and religious factors in suicide management. Previous studies often utilized depressed patients or suicidal clients and thus examining those who are already victims of suicide risk (Dervic et al., 2004). However, beyond depression, different factors precipitate suicide risks and suicide has occurred without previous symptoms of illnesses (CDC, 2021).

Implications

The current study implies that frequent activities in psychospiritual factors enhance interaction and mood functionality while less psychospiritual activities exacerbate mood

disorders and possible suicide risks. Although, individuals have varying views about what brings them hope and fulfillment, values promoted by spiritual and religious factors have been found to foster hope, fulfilment, and satisfaction among adherents (Selwin & Saseendran, 2016). Incidentally, secular institutions also utilize these values among associates in running and sustaining of communities, companies, and projects (Brayfield & Crockett, 1955).

The current study showed that although individual views on religiosity and spirituality vary, the warmth of the interactive aspect of religious and spiritual communities remains indispensable in buffering isolation and despair of human survival. Although the underlying factor that lessens suicide risk with psychospiritual factors remains unknown, self-absorption is a critical implication of distancing oneself from God. This study showed that it is possible that human *ego* indoctrinates itself into self-absorption - a condition whereby the ego relies only on the *self*. But the reliance on the self-ego can be devastating since the collapse of ego-trust thereof could be traced to the root cause of suicide. Human weakness creates the need for God and growth while clinging to one's own strength distances oneself from God.

The current assumption could be associated with other areas of life endeavors such as job satisfaction (Stroppa & Moreira-Almeida, 2013). In 2016, Ghazzawi et al. examined spiritual religious factors and job satisfaction, and found that job satisfaction increased with employee's involvement in spiritual religious values. That study showed that employees who attended religious spiritual activities more frequently scored high in job satisfaction while employees who were unaffiliated showed low scores in job satisfaction. The study found that although hope and satisfaction could be attained based on material acquisitions,

a lasting satisfaction is attained on spiritual and eternal values such as unconditional kindness (Macdonald & Maclntyre, 1997).

Although participants of the current study tend to have varying levels of psychospiritual values, those who were frequently involved in its activities scored high on reason to live. The current study thus identifies how frequent psychospiritual activities relate to mood functionality and how infrequent spiritual religious interaction relate to mood and functionality. Participants indicated differing views about what brings them satisfaction, but satisfaction is a spiritually motivated psychological disposition (Cruz et al., 2016).

Limitations

The current study is not left without limitations and the need for further inquiry. The major limitations are associated with psychospiritual factors such as spiritual and religious affiliations. The study examined mostly Judeo-Christian faith, thus not all the religions of the world were represented as members of other faiths were underreported. This research examined only members of the United Stated Armed Forces; however, examining a specific circle of people may not guarantee the generalizability of the study since different circle of people can present different results. Thus, an exclusive military population may not guarantee the external validity of psychospiritual factors on suicide risks. Therefore, research on global ethnic data may be recommended, for example, adolescent and elderly suicide rates are also global concerns (Conejero et al., 2018; Shain, 2016). This study was conducted within the United States, and it is not known if the effect of psychospiritual factor on suicide is racially motivated when compared to other nationalities. The present study utilized paper-based survey, however, a study showed that

online survey can be more convenient where anonymity is not a problem (Andrade, 2020; Howard, 2019).

Beside the limitations, the current study also demonstrated major strengths. Although some studies have examined religious spiritual factors on suicide risks (Dervic et al., 2004; Gallagher, 2020; Ghazzawi et al., 2016; Rosmarin, 2020), no study has mirrored this finding to the military population. The concept of 'hope in despair' was found to buffer against suicide rates among the general population and the military in particular. Although data collection posed some challenges including recruiting a large number of participants within a short time, a commonsense creativity was implored in designing the survey copy for easy completion since complicated questionnaires could be discouraging to potential respondents.

Recommendations for Future Research

The current study recruited members of the military; future research can utilize a broader circle of people as only military population may not guarantee the external validity of psychospiritual factors on suicide. Beside military population, suicide cases have also been reported among other populations such as the elderly population, adolescent population, and veteran population (Conejero et al., 2018; Shain, 2016; Stewart et al., 2019). Future research can extend to these populations who also grapple with the rising rates of suicide cases. Research on adolescent suicide showed increasing cases of suicide among adolescents and children in the United States (Trigylidas et al., 2016). Adolescents and children are often assumed to have hopes and aspirations of future ahead of them; thus, it is incomprehensible and devastating when adolescents suicide occurs.

Although the present research examined religious spiritual factors as most likely to impact psychological disposition on suicide, it is possible that these factors are not the only factors that correlated with suicide risks. Further research can explore other factors that are likely to correlate with suicide risks such as family ideology, peer influence, genetic composition, and environmental factors. A previous study on religious spiritual factors on suicide recruited depressed participants (Dervic et al., 2004); a future study can utilize regular healthy participants as suicide also occurs among individuals without previous symptoms of disorders.

Furthermore, this research utilized paper-based survey. While online survey is easier and more convenient, online mode may not guarantee the privacy of participants in anonymous data collection due to automatic extraction of personal information such as emails, location, etc. (Andrade, 2020; Howard, 2019). Besides, online population can be fictitious and may not guarantee a meaningful population. Moreover, digital survey is also liable to ethical concerns with regard to privacy of information (Singh & Sagar, 2021). The present study utilized paper-based survey as respondents of previous research reported to be more comfortable with paper-based mode (Colson Steber, 2016; Sincero, 2019).

Summary

This summary concludes this chapter and the dissertation. In this chapter, the overview, summary finding, and the discussion of results were presented. The overview examined the general review of the research result. The summary finding evaluated the outcome of the result already presented in descriptive analysis. This chapter also presented the discussion of the findings, the implication as well as the limitations. The limitations unveiled the extent of weakness and strength of the study and possible conditions that could

undermine the generalizability of the results. The chapter also presented the recommendations for future research. The recommendation is a crucial aspect of this research as it presents possible guidelines for replications of future studies.

In general, the present study was designed to kindle insight on the reality of military life and general human conditions, showing that humans are ontologically imbued to bond with the creator, and the attempts to sunder this bond often have serious consequences. By nature, human is a spiritual and corporeal being (Haffner, 1995), and thus, relationship with God becomes ultimately indispensable in human psychological wellbeing. Thus, a wholistic wellbeing occurs at the point of integration of corporeal and spiritual human components as a crucial consideration in therapeutic process. The spiritual component points to that aspect of human which extends to the creator, and which is not restricted by petrification of material body. In particular, the military consistently face circumstances such as near-death experiences that are most likely to alter the human ontological composition. Hence, an integration of faith and hope into therapies becomes extremely necessary among military population and beyond. As suicide is often traced to lack of answers to existential questions, human relationship with the creator helps to foster insight into existential curiosity that is likely to affect psychological composure.

In all, grief is an unavoidable part of living and the deep sorrows that come with grief, death of a loved one, disappointments, separation from home, failures, end of marriage, etc. are real. But while grief is inevitable, everyone grieves and copes differently; and by offering compassion to the one who grieves whether families, friends, or strangers, one is likely to experience peace and psychological serenity in all the interactions.

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Appendix A: Permission Request
Liberty University
Research Project

EM Adolf
Chaplain (CPT), USA
[redacted]

Dear Chaplain (CPT) Adolf,

Permission Request

As a graduate student in the School of Psychology at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my project is the correlation of psychospiritual factors and suicide risks in the military and the purpose is to evaluate the correlation whether psychospiritual factor is associated with suicide risks.

I am writing to request your permission to conduct my research at your division, to contact and recruit potential participants at an information meeting. Participants will be asked to complete a survey copy by marking word and numbers and will take approximately two minutes. The data will be used to examine the correlation of psychospiritual factors and suicide risks. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant my permission, please provide a signed statement on official letterhead indicating your approval.

Sincerely,

Michael Ugbor
Student, Liberty University
Phone: [redacted]

Recruitment Template: Verbal Script (Phone or In Person)

Hello Potential Participants,

As a graduate student in the School of Behavioral Sciences and Psychology at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to evaluate the correlation of psychospiritual factors and suicide risks, and if you meet my participant criteria and are interested, I would like to invite you to join my study.

Participants must be 18 years of age or older and must have military occupation. Participants, if willing, will be asked to mark or encircle some words and numbers. It should take approximately 2-3 minutes to complete the survey. Participation will be completely anonymous, and no personal identifying information will be collected. Completed copies will be returned to an anonymous box stationed at a place immediately or later if participant decides to take copy home.

To participate, please complete the survey and place it in the provided box. As already stated above, participants would return the completed copies to an anonymous box stationed at a place immediately or later if participant decides to take copy home.

A consent document is provided at the first page of the survey. The consent document contains additional information about my research. After you have read the consent information, please proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the study.

Thank you for your time. Do you have any questions?

Appendix C: Survey Copy
Liberty University

Disclosure: I am asking you to complete this survey as part of the requirement for my research project in a graduate level psychology course at Liberty University. Your answers will remain completely anonymous. No personal information about you will be linked to this survey. Please do not put your name or any identifying information on the survey. You must be 18 years and older in order and have military occupation to complete this survey.

Age_____

Direction: Please circle only One number that best reflects your answer for each question.
(Developed from Koenig and Büssing, (2010), The Duke University Religion Index (DURI).

A. ***How often do you involve in religious/spiritual activities?***

1=Never, I do not believe in God
2= I believe in God, but I do not belong to religious organization
3= I pray, meditate, and read Holy Book, but I do not belong to religious organizations
4= I belong to religious organization and attend activities
5= I feel God's presence and include God in all aspect of my life
6= I partner with God in all times of difficulties

B. General Questions – 5-points Likert Scale on 10 items (Developed from Suicide Risk Questionnaire©, Screening for Military Mental Health, Inc.)
1. Strongly disagree. 2. Disagree. 3. Don't know. 4. Agree. 5. Strongly agree.
1. Life isn't worth living: *1 – 2 - 3 – 4 - 5.*
2. My family would be better off without me: *1 – 2 - 3 – 4 - 5.*
3. I just can't deal with everything: *1 – 2 - 3 – 4 - 5.*
4. life's too hard: *1 – 2 - 3 – 4 - 5.*
5. Nobody understands me: *1 – 2 - 3 – 4 - 5.*
6. Nobody feels the way I do: *1 – 2 - 3 – 4 - 5.*
7. I won't be on the way much longer -I think I'm a burden to others: *1 – 2 - 3 – 4 - 5.*
8. There's nothing I can do to make life better: *1 – 2 - 3 – 4 - 5.*
9. I wish I was never born: *1 – 2 - 3 – 4 - 5.*
10. I feel there is no way out: *1 – 2 - 3 – 4 - 5.*

Appendix D
Consent Template: General

Title of the Project: Correlation of Psychospiritual Factors and Suicide Risks in the Military

Principal Investigator: Michael Ugbor, Student, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years and older and have military occupation. Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to examine the correlation of psychospiritual factors and suicide risks in the military. The aim is to evaluate the correlation whether psychospiritual factor is associated with suicide risks.

What will happen if you take part in this study?

1. **If you agree to participate, you will be asked to:** mark or encircle words and numbers.
2. **Time required for participation:** Approximately, 2 minutes.
3. **Potential Risks of Study:** No Risk

How could you or others benefit from this study?

[Option 2: No Direct Benefits] Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include: The present research provides tremendous insight and serves as strong support to the agenda and initiatives of the National Action Alliance for Suicide Prevention in mitigating the prevalence of suicide. This research is targeting the goal towards suicide prevention in the military in particular and the general public. This study serves as a roadmap towards a strong suicide prevention program that would last for centuries and, would provide insight to those untrusted to the welfare of military mental healthcare. Thus, this study will have long-term benefits to the general population and the military in particular. This result will also provide tremendous amount of insight to essential workers working with the military. The result will provide greater insight to military chaplains who are specifically entrusted with the soul-care and pastoral welfare of servicemembers.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

There will be anonymity of participants, and anonymous data collection method. No personal information of participants will be required. The records of this study will be kept private. Participants' responses will be anonymous. Filling cabinet will be used until data is transferred to the computer software for analysis, then password-locked computer will be used.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

[Option 1: Anonymous Survey Research] If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Michael Ugbor. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at [redacted]. You may also contact the researcher's faculty sponsor, Dr. Margaret Gopaul, Ph.D.; MSCP at [redacted]

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [redacted]

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

[Option 1: Anonymous Survey Research] Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of this document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

However, should participants report potential suicide risk or life-threatening problem, the Screening for *MilitaryMentalHealth.org* provides the National Suicide Prevention Lifeline [redacted] dial [redacted] or go immediately to the nearest hospital emergency room for evaluation.

If for any reason you are unsure, uncomfortable, or unable to take action, find a healthcare professional with whom to share your concerns or contact Military OneSource: Stateside [redacted] or Overseas [redacted].