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American Indian Hope: A Potential Protective Factor Against Suicidal Ideation

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Suicide among American Indians/Alaska Natives (AI/AN) is a major public health concern. In a recent article, United States Senator Byron L. Dorgan (2010) stated, "Federal policymakers and health care providers urgently need to develop an effective response to repair the broken health care system that allows this epidemic [AI/AN suicide] to persist year after year." Although legislative and health care efforts have been put in place, there has been no observable decrease in suicide deaths within AI/AN communities (Dorgan, 2010). According to the Indian Health Service (2011), AI/AN have suicide death rates that are 82% higher than non-AI/AN. For AI/AN across all ages, suicide is the eighth leading cause of death. For AI/AN ages 10-24 years old, suicide is the second leading cause of death (Indian Health Service, 2011). This age group of 10-24 year olds is a particularly high-risk group and needs to be a focus in suicide research.

Although the statistics regarding deaths by suicide among AI/AN continue to be concerning, there has been relatively little research investigating the underlying factors associated with AI/AN suicidal behavior. In particular, there has been very little research examining protective factors against suicidal behavior among AI/AN. Contemporary definitions of suicidal behavior include near-lethal and lethal suicide attempts, as well as the desire to die by suicide, referred to as suicidal ideation (Van Orden et al., 2010). Native researchers have stressed the importance of dedicating more time to identifying and investigating protective factors against suicidal ideation and suicide attempts among AI/AN (Alcántara & Gone, 2008). That is, the importance of studying those factors that contribute to *decreased* risk of suicidal behavior, as opposed to the more normative approach of studying those factors that *increase* suicide risk.

A new approach to the study of protective factors against suicidal behavior for AI/AN is through research designs using a positive psychology framework. Positive psychology is defined as the study of thoughts and behaviors that lead to an ideal lifestyle (Gable & Haidt, 2005). The positive psychology approach can be used to investigate how factors such as hope, optimism, and self-determination protect against pathological behaviors, including suicide. There have been studies showing that hope is a useful and relevant concept to American Indians (AI) in Oklahoma/Kansas and Arizona (Hammond, Watson, O'Leary, & Cothran, 2009; Mashunkashey-Shadlow, 2008). However, there has been no research investigating whether positive psychology concepts, such as hope and optimism, are related to suicidal behavior for AI/AN. If positive psychological concepts such as hope and optimism are protective against suicidal behavior for AI/AN, these are factors that can be included in community suicide prevention and intervention programs. This preliminary study was carried out to examine whether there is a relationship between hope, optimism, and suicidal ideation (i.e. the desire for suicide) amongst AI college students in Oklahoma.

Methods

A total of 38 AI college students from a large Midwestern university, ages 18-24, participated in the study to earn class credit. A large majority of the AI students were between the ages of 18-20 (84.6%), and were freshmen or sophomores in college (66.7%). Of the AI students who participated in the study, 63% were female and 36% were male. Each student completed an online survey that included questions about demographics (e.g. age, gender, marital status, parental education) and questions about their levels of suicidal ideation in the past two weeks by way of a questionnaire called the Hopelessness Depressive Symptom Questionnaire-Suicidality Subscale (HDSQ-SS; Metalsky & Joiner, 1997). The survey also included questions about their levels of hope and optimism using the questionnaires called the Hope Scale (Snyder, et al. 1991) and the Revised Life Orientation Test (LOT-R; Scheier, et al. 1994).

Results and Discussion

Independent samples t-tests indicated there were no significant differences in levels of hope comparing males ($M = 53.57$, $SE = 2.28$) to females ($M = 52.34$, $SE = 1.94$), $t(36) = 0.39$, *ns*. There were also no significant differences in levels of optimism comparing males ($M = 14.43$, $SE = 1.37$) to females ($M = 15.44$, $SE = 0.83$), $t(36) = -0.67$, *ns*. Two statistical tests, regression analyses, were carried out to see if hope and optimism were related to the AI college students' levels of suicidal ideation. Results of the statistical tests indicated that hope was significantly related to AI college students' suicidal ideation ($R^2 = .112$, $F(1, 36) = 4.31$, $p = .04$). However, optimism was not significantly related to AI college students' suicidal ideation ($R^2 = .09$, $F(1, 36) = 3.44$, $p = .07$). In other words, hope was found to be a protective factor in this sample, such that those AI college students with more hope had less symptoms of suicidal ideation. However, this relationship was not found for optimism.

Results of this preliminary study suggest that the positive psychology concept, hope, is relevant to the study of suicidal behavior of AI college students. These findings point to the importance of continued research on positive psychology constructs as protective factors against suicidal ideation for AI/AN. Future research should include a larger number of AI/AN participants. It would be beneficial to include AI/AN participants of all ages and see if there are any differences in hope and optimism related to suicidal ideation for AI/AN ages 10-24, as this age group is described as a high-risk group. If there are any differences based on age group, prevention and intervention programs can target those groups that are most at risk. For example, if hope continues to be a significant protective factor against suicidal ideation for AI college students, prevention programs can

incorporate teaching AI/AN college students about hope and ways to increase hopefulness. Also, future research in this area should include AI/AN from other geographic regions to see if there are any regional tribal differences in levels of hope, optimism, and suicidal ideation. In taking this new and positive approach to suicidal behavior, additional protective factors for suicide can be identified to inform the development of culturally appropriate suicide prevention and intervention programs for AI/AN communities.

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