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Terreca Andriel Cato is a Psychology major with a minor in Biology from New Orleans, LA and anticipates graduating in 2013. After graduating from Xavier, Cato plans to work in the Psychology field and later pursue a graduate degree in counseling. Cato's research interests include the understanding of people's thoughts, feelings, and personality, and how interactions between people influence behavior. Recently, Cato completed a summer research opportunity with her mentor Dr. Elizabeth Y. Hammer which consisted of revamping and revising chapters of Dr. Hammer's co-authored textbook *Psychology Applied to Modern Life*.

The Relationship Among Suicide Ideation, Depression, and Optimism

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Abstract

It is important to research coping mechanisms to aid in the prevention of suicide ideation amongst college students. Although there has been past research on depression and optimism and how they relate to suicidal ideation, research on the combined factors is obsolete. This study analyzed both depression and optimism as it relates to suicidal ideation. The study consisted of 30 African American college students, ages ranging from 18-28. Students were assessed through a series of questionnaires including the Beck Depression Inventory II (BDI), Revised Life Orientation Test (LOT-R), Proactive Coping Inventory (PCI), and Suicide Risk Questionnaire. Results for depression and suicide ideation showed a non-significant relationship. Results for optimism and suicide showed a significant negative relationship. Understanding the risk factors of suicide ideation can enhance the quality of coping mechanisms in the future.

Key Terms:

- Suicide Ideation
- Coping
- Optimism
- Depression

Suicide is rarely discussed in communities; however, people continue to use suicide as a solution for problems in life. Consider the following scenario. A young college woman lost her companion to heart disease. This negative life event created a lot of stress, hopelessness, and loss of interest in activities she once enjoyed. As a result of these depressive feelings she experienced emptiness, her academics suffered severely, and she even used alcohol as a coping mechanism. After a period of time, this student became overwhelmed with her emotional state and began to wish she was no longer living. Luckily, being the religious, strong-willed, and persevering person she was, the student was able to overcome that negative life event. In this case, the woman's level of optimism and depression affected her decision not to use suicide as a coping mechanism. This scenario illustrates the complexity of coping with negative life events.

Suicide is problematic in society. As reported by the U.S. Census Bureau, there were 33,300 suicides in 2006 and 34,598 in 2007. Caucasians were the leading race in suicide in 2006, followed by African Americans, Asians, and Native Americans respectively. Suicides were reported for individuals as young as five years old in 2007 (US National Center for Health Statistics, 2009). In the United States, 1 in 12 college students make a suicide plan, although 1.5% of students actually attempt their suicide plans. Surprisingly, approximately 3,900 college students commit suicide yearly (Center for Disease Control and Prevention, 2010).

Suicide, like other important decisions in life, is typically premeditated. Suicide stems from thoughts one has to end their own life. These thoughts are referred to as suicidal ideations. Along with contemplating ending one's life, if you develop a plan, or express even non-fatal suicidal behavior to ending one's life, those actions are also considered to be suicidal ideation (Centers for Disease Control and Prevention, 2010).

The most prevalent negative factor associated with suicide ideation is depression. Depression is a factor that has great influence on whether or not people use suicide as a coping mechanism. Depression has been linked to the initiation of suicide ideation (De Man, 1999). Other determinants of depression include stress, self-concept, and support systems. Low family and social support increases the risk for low self-concept and low levels of optimism, which both lead to depression and possibly suicide ideation (Au, Lau, & Lee, 2009). High levels of family and social conflict also lead to an increase in suicide ideation (Arria et. al, 2009). Additionally, negative self-concept, stress, and substance abuse are also related to suicidal ideation (Kinnier, Metha, Keim, Okey, Adler-Tabia, Berry, & Mulvenon, 2001).

The most prevalent positive factor found that is related to reduction in suicide ideation is optimism. Surprisingly some indicators of depression are the same factors that can inversely affect optimism. Having a strong support system, sense of hope, and high self-confidence are characteristics of an optimistic person. People with higher levels of optimism, have lower levels of suicide ideation, even if they also have a sense of hopelessness and depression (Hirsch, Conner, & Duberstein, 2007). Negative life events also influence a person's self-concept and motivation level, which are likely to be in a negative way. However, it seems that people who are optimistic are not affected by negative life events to the same degree as someone who is pessimistic. However, for a person who is not optimistic, the lack of purpose in one's life can influence depression and possibly substance abuse (Harlow, Newcomb & Bentler, 1986). Therefore, optimism serves as a buffering effect to depression and ultimately suicide ideation. (Hirsch, Wolford, LaLonde, Brunk, & Morris, 2007).

As it seems, depression and optimism are of great importance when referring to suicidal ideation. Factors that affect both depression and

optimism include family, social support and self-esteem. These factors all contribute to a person's well-being and influence suicidal ideation (Heisel & Flett, 2004). In perspective, optimism and depression inversely affect each other as well as influence suicidal ideation.

The present study examines the relationship of depression and optimism to suicidal ideation. I hypothesize that among college students: optimism and depression are directly related to suicide ideation.; lower levels of optimism are related to increased suicidal ideation; and higher levels of depression are related to an increase in suicide ideation.

Methods

Participants

Thirty African American male and female participants were students from Xavier University's convenient sample of the Psychology Department's participant pool. Participants consisted of one male and 29 female, ages ranging from 18-28 years. Participants received course credit for completing the study.

Materials

The Beck Depression Inventory (BDI) is a scale composed of 21 items assessing symptoms of depression (Beck, Steer, & Brown, 1996). For each item the participant selected one of four statements that best describe how he/she has felt. In the present study, only 20 items were included in the scale because one item concerning suicide ideation was removed to meet ethical standards. That is, I did not directly ask students to report if that had attempted suicide because this question can psychologically disturb participants by creating stress or anxiety. A sample item is, "0=I do not feel sad, 1= I feel sad much of the time, 2 =I am sad all the time, 3= I am so sad or unhappy that I can't stand it." Higher scores indicate more severe depressive symptoms.

Optimism was measured with the Life Orientation Test—Revised (LOT-R; Scheier, Carver, & Bridges, 1994). It consists of 10 items and required participants to indicate how they feel about each statement using a five-point scale (0 Strongly Disagree to 4 Strongly Agree). A sample item includes, "It's easy for me to relax." Higher scores indicate higher levels of optimism.

To evaluate suicidal ideation the Suicide Risk Questionnaire was used (Baldessarini & Jamison, 2006). Three items were removed to meet ethical guidelines, including, "Have you ever observed signs of planning a suicide such as obtaining a weapon or writing a suicide note?" Again, such questions were removed to meet ethical standards. There was also an additional experiment related question added: "I have thought about suicide in the past." A five-point scale was used (0 Strongly Disagree to 4 Strongly Agree). Higher scores indicate greater risk of suicidal ideation.

Lastly, I included coping styles as an exploratory variable. A measurement of coping was taken from the Proactive Coping Inventory (PCI) (Greenglass, Schwarzer, & Taubert, 1999). A 10-item preventive coping subscale was included. A typical item is, "I'm a take charge person." Participants were asked to indicate if they agree or disagree with each item on a four-point scale (1=not at all true, 2=barely true, 3=somewhat true, and 4=completely true). Higher scores indicate greater proactive coping skills.

Procedure

Participants arrived in classrooms in groups. Participants received an informed consent describing the research purpose. Participants were told in the informed consent that they may leave at any time without penalty. Then participants completed a series of questionnaires that included items on optimism, depression, suicidal ideation, and coping. Upon completion of the correlational study, the participants were debriefed. All data

collected was anonymous. Only the researcher had access to the data collected.

Results

To test the hypotheses I used a Pearson's R Correlation Coefficient obtained through the Statistical Package for Social Sciences (SPSS). The relationship between depression and suicide ideation was not significant ($r= 0.050$, $p= 0.396$). Participants showed no high levels of depressive symptoms relating to suicidal ideation. However, a correlation between depression and proactive coping was significant ($r=-0.441$, $p= 0.009$). Participants' results showed that increased proactive coping related to decreased depression.

The second test of the relationship between optimism and suicide ideation was significant ($r=-0.441$, $p= 0.007$). Results upheld the hypothesis that increased optimism related to decreased suicidal ideation. A correlation between optimism and proactive coping was significant ($r= 0.425$, $p= 0.010$). Thus, as proactive coping increased so did optimism.

Discussion

The present study examined the relationship of depression and optimism, specifically how they relate to suicidal ideation. I hypothesized that among college students: optimism and depression are directly related to suicide ideation; low levels of optimism are related to an increase in suicide ideation; and high levels of depression are related to an increase in suicide ideation. Coping styles were also explored. The results from this study indicate there is not a significant relationship for the original hypothesis for depression. Participants showed no high levels of depressive symptoms relating to suicidal ideation. Perhaps my sample included participants who had anxiety as opposed to depression, thereby contributing to results that did not support my hypothesis. However, participants' results showed that increases in proactive coping relate to decreases in

depression. In contrast, the second hypothesis for optimism was supported showing that increased optimism related to decreased suicidal ideation. Also, proactive coping was related to increased optimism.

This study demonstrates the importance of examining suicide ideation because it is prevalent among college students. Future coping mechanisms for these students need to be developed. Coping mechanisms can be improved through increasing support systems and self-esteem. Furthermore self-esteem can be increased by building a student's confidence and hope when faced with negative life events.

This study was limited by only measuring the participant's perception of suicidal ideation. Due to ethical reasons, participants were only asked questions related to suicide ideation instead of direct questions on this particular topic. Also, participants were mostly female. The female dominant data collected was not truly representing the population in this study. For future research, studies can examine other colleges, ethnic groups and males, especially because this study consisted of a small population at a predominantly African American college. A wide spread of demographics would enhance the quality of the data, as well as assist in developing more effective coping mechanisms and support systems for students.

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