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SENIOR THESIS APPROVAL

This Honors thesis entitled

Is there a Relationship between Hopelessness and Religious Problem-Solving Skills?

written by

Eroshini Goonesekera

and submitted in partial fulfillment of the
requirements for completion of the
Carl Goodson Honors Program
meets the criteria for acceptance
and has been approved by the undersigned readers.

Loretta McGregor, thesis director

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Running Head: HOPELESSNESS AND PROBLEM-SOLVING SKILLS.

Is there a Relationship between Hopelessness and Religious Problem-Solving Skills?

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Carl Goodson Honors Program Thesis

Thesis Advisor: Loretta Neal McGregor, Ph.D.

Abstract

Students from a small liberal arts college completed the Beck Hopelessness Scale (BHS) and the short form of the Religious Problem-Solving Scale. The Religious Problem-Solving Scale consists of three subscales: collaborative, self-directive and deferring. A Pearson Correlation was conducted between the BHS score and each subscale of the Religious Problem-Solving Scale. The BHS score and the self-directing score were positively correlated. However the correlation of the BHS score and the collaborative and deferring scales were non-significant.

Suicide is a leading cause of death among the age group 15-24 (Berman & Jobes, 1995; Centers for Disease Control, 2002). Suicidal ideation, behavior, and attempt history of one hundred adolescents ages seventeen to nineteen, were examined by Rutter and Behrendt (2004). They identified four psychosocial factors that were indicators for overall suicide risk. These factors were hopelessness, hostility, negative self-concept and isolation.

Hopelessness is a psychological construct that has been observed to underlie a variety of mental health disorders. Hostility has long been associated with suicide. More recently, hostility among adolescents has been associated with punitive self-injury aimed at an external person, such as a parent or peer (Meehan et al., 1992). Self-concept is a psychological factor that warrants inclusion because research indicates that adolescents incorporate personal, school, and social failures as elements of their self-concept (Berman & Jobes, 1995; Harter & Marold, 1994). Researchers exploring this variable have maintained that poor self-concept can lead to self-loathing and to an adolescent's consideration of suicide (Graholt et al., 2000; Harter & Marold, 1992). Social support is related to healthier adolescent functioning. Adolescents who lack social support and experience isolation may behave in self-injurious ways (Himmelman, 1993; Remafedi, Farrow, & Deisher, 1991; Spruijt & de Goede, 1997). Rutter and Behrendt (2004) suggested that focusing on these four psychosocial factors could enhance suicide assessment and prevention efforts with adolescents.

Osman, Gilpin, Panak, Kopper, Barrios, Gutierrez and Chiros (2000) examined the validity and psychometric properties of the Multi-Attitude Suicide Tendency Scale (MAST). The Multi-Attitude Suicide Tendency (MAST; Orbach et al., 1991) scale is a 30-item self-report measure of adolescent attitudes toward life and death. It is composed of four subscales. They are attraction to life (AL, 7 items), repulsion by life (RL, 7 items), attraction to death (AD, 7 items)

and repulsion by death (RD, 9 items). Results from Osman et al.'s (2000) work showed that high scores on the repulsion by life and the attraction to death subscales were useful in assessing the risk for suicide attempts. Further Osman et al. (2000) showed that high repulsion by life and low attraction to life subscale scores had contributed to the prediction of scores on the suicide probability scale. Furthermore, results indicated gender differences on the four subscales and the psychological correlates of each subscale. Although the patterns of psychological correlates of the MAST for girls were not different from those of boys, the general attitudes of girls regarding life and death had significantly associated with four general psychological distress symptoms. Those indicators were depression, family conflict, emotional alienation and negative treatment indicators as assessed by the MMPI-A Content scales. Girls who scored high on the Repulsion by Life scale were more likely to experience related symptoms of depression and interpersonal isolation, whereas boys who score high on this scale were more likely to experience negative attitudes concerning treatment. Results also indicated that low Repulsion by Life and high Attraction to Death scores might be considered genuine risk factors for suicide (Osman, et al., 2000).

Gibb, Alloy, Abramson, Rose, Whitehouse and Hogan (2001) had evaluated more risk factors for college students' current suicidal ideation. Results suggested that the participants' cognitive styles and average levels of hopelessness were related to average levels of suicidal ideation. This suggests that cognitive styles and hopelessness play a role in suicidal ideation.

Perez-Smith, Spirito and Boergers (2002) examined the role of neighborhood factors in predicting hopelessness among adolescent suicide attempters. Adolescents who lived in neighborhoods with weak social networks reported higher levels of hopelessness, even after controlling for socio-economic status and depression. Two factor-derived neighborhood context

indices were identified. The first index, called neighborhood impoverishment, is characterized by the ethnic and racial composition of the neighborhood, the rate of public assistance, female-headed households, vacant housing units, households below the poverty level and unemployment. The second index, called neighborhood social networks, is characterized by the male-to-female ratio and adult-to-child ratio. This index is based on the premise that neighborhood social networks are effective insofar as they serve to socialize youth, provide adequate adult role models, and meet childcare needs. Findings suggest that adolescent hopelessness was predicted by increase in the neighborhood support network index (more males/ more adults with fewer females/ fewer children in a neighborhood), even when depressive symptoms and family socioeconomic status were controlled. These findings suggest that adolescents who lived in neighborhoods with greater concentrations of males and adults and comparatively fewer females and children tended to report greater feelings of hopelessness. Neighborhood impoverishment, did not predict hopelessness.

Antikainen, Haatainen, Hintikka, Honkalampi, Koivumaa-Honkanen, Kylma, Tanskanen and Viinamaki (2003) conducted a study to investigate the stability of hopelessness and factors associated with stable hopelessness in a sample of Finnish participants. The correlation between hopelessness at baseline and on follow-up had been high. More than half of those who were hopeless at baseline had remained hopeless on follow-up. In previous studies (Abramson et al., 1989; Aguilar et al., 1997; Beck et al., 1990; Young et al., 1996) hopelessness was suggested to be dynamic, not static. However in this study, hopelessness had been found to be both dynamic and stable. When those with a mental disorder had been excluded, the relative risk for stable hopelessness in unemployed men was 7.2 (95% CI 2.6-19.9), in men with a poor financial situation it was 3.5 (95% CI 1.3-9.3), and in women with a poor financial situation it

was 3.8 (95% CI 1.5-9.4). An important fact is that the prevalence of those with stable hopelessness, comprising nearly 7% of the total sample, and 5% among those with no mental disorder. Furthermore the researchers suggested that the stability of hopelessness offers new possibilities in preventive and mental health work.

Hunter and O'Connor (2003) conducted a study about hopelessness and future thinking in parasuicide: the role of perfectionism. They found that parasuicides, when compared with controls, showed a deficit in positive future thinking but no increase in negative future thinking. Hunter and O'Connor (2003) also found that social perfectionism and positive future thinking differed significantly between parasuicides and controls beyond the effects of hopelessness, depression, and anxiety.

Boergers, Donaldson, Spirito and Valeri (2003) conducted a study that described adolescents who attempted suicide and their risk for ongoing suicidal behavior. Fifty-eight adolescents (53 females) who attempted suicide had received a baseline evaluation that had been analyzed to identify factors that were associated with continued suicidal ideation and reattempt. At a three-month follow-up assessment, 45% had reported continued suicidal ideation and 12% had reported a repeat attempt. Baseline measures of family functioning, feelings of hopelessness, and abilities to regulate affect had been associated with suicidal ideation at follow-up but not as strongly as depressed mood.

Marion and Range (2003) had conducted a study that demonstrates how the cognitive style in a group of people lowers the suicide rates. They found that African American women have lower suicide rates than other women and men in the United States. Three variables had accounted for a significant and unique portion of the variance in suicide ideation: family support, a view that suicide is unacceptable and a collaborative religious problem-solving style. Across

several different definitions, religiosity is associated with decreased suicide ideation in African Americans.

Jang and Johnson (2004) conducted a study that applied Smith's (2003a) theory of religious effects to account for the link between religiosity and distress. In terms of anger, depression, and anxiety, religiously committed African-Americans had exhibited lower levels of distress than their less religious or nonreligious counterparts. Highly religious African-Americans had reported higher levels of sense of control and social support, which consequently reduces distress. They also found that the indirect and salutary effect of religiosity via social support was due to support from family and friends as well as from other religious people. Furthermore, the study provided strong empirical evidence that religious effects on distress were at least partly explained by sense of control and social support: that is, religious African Americans tend to be less distressed because they have more of a sense of control and social support than their nonreligious or less religious counterparts.

In the research conducted by Fox, Blanton, and Morris (1998), they used a short form of the Religious Problem-Solving, which consisted of eighteen items. Results suggested that individuals engage in one of three problem-solving styles when faced with problems in their lives. One style depicts the individual in a partnership with God in coping (Collaborative). The second style is one in which the individual assumes total responsibility for problem solving (Self-Directing), and the final style is one in which the individual abandons responsibility for problem solving, leaving it up to God (Deferring). Since the current (Fox, Blanton & Morris, 1998) study used the short form of the original Religious Problem-Solving Scales, which consists of thirty-six items, I investigated and decided to use the eighteen-item questionnaire.

According to the above information suicidal ideation is related to hopelessness. Suicidal ideation is also correlated to religious problem solving. Considering this information the current study will examine whether hopelessness is related to religious problem solving skills.

Method

Participants

The participants were eighty-three undergraduate students at a small liberal arts college in the mid south. The participants ranged in age from 18-23 years old. The average age was 19 years old. There were thirty-two males, forty-nine females and three did not indicate a gender specification. The ethnicity distribution consisted of seventy Caucasian Americans, three African Americans, six other ethnicities and four did not indicate their ethnicity. The classification distribution was fifty-nine freshmen, fourteen sophomores, three juniors, two seniors and five students did not indicate their classification.

Measures

All participants volunteered to complete two questionnaires. One was the Beck Hopelessness Scale (BHS; Beck, Weissman, Lester, & Trexler, 1974), a twenty-item scale measuring the extent of negative attitudes about the future as perceived by adolescents and adults. The other was the short form of the Religious Problem-Solving Scale (Pargament, Kennell, Hathaway, Grevengood, Newman, & Jones, 1988). The Religious Problem-Solving Scale has three subscales: collaborative, self-directive and deferring and consists of eighteen items. All three subscales together explore the significant role that religion plays in the problem-solving process.

The self-directing scale was based on Fromm's (1960) notion of a humanistic religion, which places the responsibility of problem solving on people rather than on God. The

collaborative scale was based on a notion of persons acting as co-partners with God, working together to solve life's problems (Abelson, 1969; Hart, 1984). The deferring scale was derived from Fromm's (1960) concept of an authoritarian religion, which stresses the passive submission of persons to an omnipotent God when faced with problems.

Procedure

Participants were selected from three liberal arts classes. All questionnaires were distributed during a regularly scheduled class session. The consent form was distributed first for the participants to sign. Next the participants were given verbal instruction about how to answer the questionnaires followed by the questionnaires themselves. After completing the questionnaires the participants were given access to the contact information of the researcher to contact her if they had any questions.

Results

The data was analyzed using a Pearson Product-moment Correlation. A correlation was computed between each of the subscales: collaborative, self-directing and deferring scores and the BHS. A correlation $r(81) = .244, p < .05$ was found between the self-directing score and the BHS score. The correlation between the collaborative score and the BHS score was $r(81) = -.172, p < .10$. The correlation between the deferring score and the BHS score was also not statistically significant, $r(81) = -.063, p < .60$.

Discussion

The self-directing scale was based on Fromm's (1960) notion of a humanistic religion, which places the responsibility for problem solving on people rather than God. Results indicated a positive correlation between the self-directing scale and the BHS. A positive correlation may have been found between these two items because most Americans often teach their children that

they should be responsible for solving their own problems. Therefore, people believe that they should be able to solve every problem that arises in their lives. When problems become complicated and beyond the capacity of a certain person to solve alone, the person may develop a feeling of hopelessness. Persons, who do not believe in a higher being to assist them in solving their problems, may feel more responsible for each of their successes or failures in life.

Therefore we can conclude that the higher a person scores in a self-directing scale the greater the correlation between that score and the hopelessness scale. No statistical significance was found between the BHS and the collaborative and deferring scales. No significance may be due to the fact that these two styles of problem solving involve getting help from God. The people who use collaborative style work with God as co-partners and the people who use deferring style are passively submissive to God when faced with problems. Therefore, the people involved in these two styles may not feel totally responsible for solving their problems on their own and thus do not develop the feelings of hopelessness. They may not feel hopeless because they believe that they can depend on God, up to a certain extent, when dealing with problems. This will explain why there is no correlation between the BHS and the collaborative and deferring scales. Further research should be done to find out if there is a causal relationship between the self-directing problem solving method and the level of hopelessness.

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