Assessing Self-Reported Hopefulness and its Influence on Aggression, Depression, and Suicide Behavior

Nicole Fitzpatrick, Csenge Bodi, Phillip Drucker, Carolyn Vigorito

St. John's University

Introduction

A recent study investigated a diathesis-stress model in which hope and trauma serve as predictors for depressive and anxious symptoms. The results indicated that hope and trauma were both unique predictors of depression and anxiety, hope and trauma had a significant interaction for predicting both depression and anxiety, and individuals with the least hope who experienced trauma reported the highest levels of symptoms (Chang, C. Edward, Olivia, TinaYu, Chang, D., Olivia, Hirsch, K. Jameson, 2016). Another study exploring the spiritual and religious changes in university students who experienced recent trauma in comparison to students who did not experience trauma, found that group differences in altered religiosity in relation to distress could be accounted for by coping efforts in the potentially traumatic event (PTE) group. Additionally, increases in reported meaning in life were related to decreases in distress in both trauma exposed and non-trauma exposed students (Perera, Sulani, Frazier, Patricia, 2013). In a different study examining the relationship of religiosity and spirituality with better mental health and positive functioning, it was found that religiousness was a protective factor for depression and anxiety, and contributed to better self-esteem and meaning in life for college students at three different universities.

The present study examined the influence of religious affiliation in college students who have experienced self-reported trauma and participants' scores on measures of hopefulness, depression, aggression, alertness, and health. It was hypothesized that individuals with an atheist religious type who had experienced recent trauma would score the lowest on measures of hopefulness, alertness, and health, and the highest on measures of depression and aggression. It was also predicted that individuals with a Catholic religious affiliation who had not experienced recent trauma would score the highest on measures of hopefulness, alertness, and health, and the lowest on measures of depression and aggression.

Method

Participants

A total of 173 undergraduate students in psychology courses at St. John's University participated in the study. There were 144 (83%) females and 28 (16%) males. One participant chose not to identify their gender. The average age of the participants was 18.99 (SD= 1.30) years old and the participants' ages ranged from 17 to 27 years old.

Materials & Procedure

Qualtrics Research Software and St. John's University's SONA system was used to design and distribute the material and to collect and download the data.

The Post-Traumatic Stress Disorder Checklist for DSM-5 (PCL-5; Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L., 2015). This 20-item screening instrument is used for making a preliminary diagnosis of PTSD.

The Buss Perry Aggression Questionnaire (BPAQ; Buss, A.H. & Perry, M., 1992) which ask questions relating to the four dimensions of aggression: physical aggression, verbal aggression, anger, and hostility. Participants are asked to respond to 29-items.

The Patient Health Questionnaire (PHQ; Kroenke, K., Spitzer, R. L., & Williams, J. B., 2001), is a brief screening instrument for depression. It uses 9 questions to assess depressive symptoms.

The Suicide Behaviors Questionnaire-Revised (SBQR; Osman, A., Bagge, C.L., Gutierrez, P.M., Konick, L.C., Kopper, B.A. & Barrios, F.X. 2001). This is a four question screening instrument to determine suicidal ideation and attempts.

The Adult Hope Scale (Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., & Harney, P., 1991) will be used to determine positive emotional states among participants. Participants are asked to rate their agreement with 12 statements relating to present goals and their future outlook.

The Maas Robbins Alertness Questionnaire (Maas, J.B. & Robbins, R.S., 2011) will be used to assess quality of sleep and evaluate participants for sleep deprivation

Results and Discussion

Students responded to a demographic question as to whether they believe they were hopeful. Eight percent said "No", 13.4% were "Unsure" and 78.6% said "Yes". For the responses to the questionnaires, means for each of the questionnaires were split by degree of hopefulness. For those who were not hopeful or unsure, 50% endorsed a religious affiliation while 80% who said they were hopeful endorsed a religious affiliation. A series of one-way ANOVAs were performed. Significance was found for the Hope Scale ($F(2,159)= 23.43$, $p=.000$), Buss-Perry scales for Physical Aggression ($F(2,146)=4.64$, $p=.011$), Anger ($F(2,155)=3.93$, $p=.022$) and Hostility ($F(2,150)=5.13$, $p=.007$), The Patient Health Questionnaire ($F(2,163)=5.60$, $p=.004$), and the Suicide Behavior Questionnaire ($F(2,164)=9.60$, $p=.000$). A series of Person product moment correlation coefficients were performed on the Hope Scale and the other questionnaires. Table 2 shows that significant correlations were found for Physical Aggression ($r=-.184$, $p=.028$), Anger ($r= -.207$, $p=.011$), Hostility ($r=-.390$, $p=.000$), Suicidal Behavior ($r=-.410$, $p=.000$), and Maas-Robbins Alertness Questionnaire ($r=-.290$, $p=.000$), and the Patient Health Questionnaire ($r=-.454$, $p=.000$).

In the study, it was found that the majority of students responded that they were hopeful. It was also found that being hopeful was protective of a number of different negative beliefs, including aggressive behavior, depression, and suicidal thinking. One limitation of the study was the unequal number of males and females which will be addressed in future research.

One-Way Analysis of Variance for Scores on Hope Scale

		df	*F*	*p*
Hopetot	*Between Groups*	*2*	*23.43*	*.000*
	Within Groups	*159*		
	Total	*161*		

References

Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The Posttraumatic Stress

Buss, A. H., & Perry, M. (1992). The Aggression Questionnaire. Journal of Personality and Social Psychology, 63(3), 452-459.

Chang, E. C., Yu, T., Chang, O. D., & Hirsch, J. K. (2016). Hope and trauma: Examining a diathesis-stress model in predicting depressive and anxious symptoms in college students. Personality and Individual Differences, 96, 52–54. https://doi.org/10.1016/j.paid.2016.02.060

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. Journal of General Internal Medicine, 16(9), 606-13.

Maas, J.B. & Robbins, R.S. (2011). Sleep for Success! Everything You Must Know About Sleep But Are Too Tired to Ask. Bloomington, IN: AuthorHouse.

Osman, A., Bagge, C. L., Gutierrez, P. M., Konick, L. C., Kopper, B. A., & Barrios, F. X. (2001). The Suicidal Behaviors Questionnaire-Revised (SBQ-R): validation with clinical and nonclinical samples. Assessment, 8(4), 443–454.

Perera, S., & Frazier, P. (2013). Changes in religiosity and spirituality following potentially traumatic events. Counselling Psychology Quarterly, 26(1), 26–38. https://doi.org/10.1080/09515070.2012.728883

Sanders, P. W., Allen, G. E. K., Fischer, L., Richards, P. S., Morgan, D. T., & Potts, R. W. (2015). Intrinsic religiousness and spirituality as predictors of mental health and positive psychological functioning in Latter-day Saint adolescents and young adults. Journal of Religion and Health, 54(3), 871–887. https://doi.org/10.1007/s10943-015-0043-4

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. Journal of Personality and Social Psychology, 60, 570-585.