

THE RELATIONSHIP OF SELF-COMPASSION WITH
THWARTED BELONGINGNESS AND PERCEIVED
BURDENSOMENESS IN AMERICAN
INDIAN/ALASKA NATIVE PEOPLE

By

SARAH TIELKE

Bachelor of Arts in Sociology
University of Oklahoma
Norman, OK

Master of Science in Community Counseling
Oklahoma State University
Stillwater, OK
2005

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Dissertation Approved:

Dr. Carrie Winterowd

Dissertation Adviser

Dr. John Romans

Dr. Hugh Crethar

Dr. Hangshim Lee

Dr. LaRicka Wingate

Name: SARAH TIELKE

Date of Degree: MAY, 2016

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Abstract: In this study, the relationships of self-compassion (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification) with suicide risk factors of perceived burdensomeness and thwarted belongingness were explored in a sample of 236 American Indian/Alaska Native adults. Results indicated that negative aspects of self-compassion (i.e., self-judgment, isolation, over-identification) were associated with increased feelings of perceived burdensomeness and thwarted belongingness; positive aspects of self-compassion (i.e., self-kindness, common humanity, mindfulness) were associated with less perceived burdensomeness and thwarted belongingness among American Indian/Alaska Native peoples. In addition, American Indian/Alaska Native men who over-identified with their negative feelings tended to feel that they were a burden to others and didn't belong. American Indian/Alaska Native women who felt more isolated in their experiences did not feel that they belonged to their community or society. American Indian/Alaska Native adults with a previous history of suicidal ideation who over-identified with their negative feelings were also at an increased risk of feeling as if they are a burden to others as well as feeling as if they do not have connections to others. Counselors and psychologists may be able to help American Indian/Alaska Native adults who present with feeling as if they are a burden to others or that they do not belong by focusing on teaching them self-compassionate and mindfulness-based skills to use as coping strategies, particularly noticing and acknowledging their feelings without judgment and engaging in more self-kindness. Allowing American Indian/Alaska Native adults to share the stories of their lives to express their feelings and experiences could help them feel more connected and less isolated as well as be more self-compassionate and embracing a non-judgmental awareness of their life experiences, realizing that they are connected and not a burden. Also, providing cognitive behavioral techniques, including mindfulness, can teach American Indian/Alaska Native adults meaningful coping skills (i.e., sitting with their negative thoughts and emotions without over-identifying with them). Acknowledging these experiences are important.

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CHAPTER I

INTRODUCTION

The Relationship of Self-Compassion with Thwarted Belongingness and Perceived Burdensomeness in American Indian/Alaska Native People

Since the push began for American Indian/Alaska Native people to assimilate into the Caucasian/European culture, their culture has changed. Some American Indian/Alaska Native people were forced from their homeland to a new land where they were stripped of their language, religion, and even families to live “a white man’s life”. American Indian/Alaska Native people were forced to live on small tracts of land known as reservations and given rations of food to survive. American Indian/Alaska Native children were removed from parents and forced to live in boarding schools, which were ran by European Settlers primarily Protestants (Evans-Campbell, 2008). In these schools, the children were stripped of their culture and were not allowed to leave the boarding schools until they reached age 18. Children were often sexually and physically abused in the boarding schools as well and had to survive in a whole new world (Cross, Earle, & Simmons, 2000). Many refer to this time as genocide of the American Indian/Alaska Native people including the loss of their ethnicity and culture (Smith, 2003).

American Indian/Alaska Native People and Suicidal Risk

As we look at today, the CDC (2013) has recorded suicide as the 2nd leading cause of death for the American Indian/Alaska Native population between the ages 10-34.

When looking at the American Indian/Alaska Native population as a whole, suicide remains in the top 10 leading causes of death, with it ranking #8 (CDC, 2013). Olson and Wahab (2006) noted that suicide risk for American Indian/Alaska Native people is similar as for other populations. Some of the risk factors that increase American Indian/Alaska Native people's suicide risk include a history of suicide attempts, mental illness, traumatic experiences, access to lethal means, violence within the family, impulsivity, hopelessness, and lack of support (Gray & McCullagh, 2014). Historical trauma is a specific risk factor for suicide among American Indian/Alaska Native population as the trauma is embedded in the families and passed down to future generations (Campbell, 2008; Gray & McCullagh, 2014).

Interpersonal Psychological Theory of Suicide

When examining a theoretical perspective to explain why the rates of suicide and depression are high in the American Indian/Alaska Native population, Dr. Joiner's Interpersonal Psychological Theory of Suicidal Behavior (IPTS) should be explored (Van Orden, et al., 2010). The IPTS draws on several components to explain why people are at risk for suicide and why people die by suicide, including thwarted belongingness, perceived burdensomeness, and acquired capability.

Thwarted belongingness refers to the mental suffering that occurs as a result from a lack of connectedness with others. Human beings are born in relationships and desire to feel connected with one another, and when this does not occur, it results in loneliness and increases thwarted belongingness.

Perceived burdensomeness is the extent to which a person believes they are a burden to those who play an important role in his/her life (i.e., parents, siblings, friends,

community, etc.). Therefore, the greater an individual's sense of being is a burden on others (regardless of whether or not others see the individual as a burden), the greater their suicide risk. The combination of perceived burdensomeness and thwarted belongingness are theorized to be risk factors for suicide risk and death by suicide for people in general.

Acquired capability refers to an individual's ability to follow through with the actual act of suicide. The actual act of suicide can be a fearful and painful event. Human beings are not innately made to follow through with such an atrocious act (Joiner, 2005). So, the way a person develops the acquired capability to carry out the act of suicide is through repeated exposure to painful events (i.e., witnessing traumatic events, previous suicide attempts, exposure to violence, etc.), thus making it easier for the person to consider committing suicide because s/he is not fearful of doing so.

Thwarted Belongingness and Perceived Burdensomeness and Suicide Risk for American Indian/Alaska Native People

When utilizing the IPTS to explain the high rates of suicidal behavior within the American Indian/Alaska Native population, each construct must be discussed and applied to this population. Thwarted belongingness appears to be a relevant construct for American Indian/Alaska Native people given the importance of sense of belonging is an important concept in the American Indian/Alaska Native cultures. American Indian/Alaska Native people often live a communal life and relationships with others and this is exemplified within tribes in relation to their clans and/or families. Gilligan (2002, p. 69) states, "Kinship and belonging are not only matters of biological relationships but of connections to others with whom persons have regular contact. Children, therefore,

belong both to their families and to their bands.” Often American Indian/Alaska Native people relate with one another through their clans and consider the clan members part of their family. Connectedness to family, including extended family, has been identified as a protective factor against suicidality for American Indian/Alaska Native adolescents (Goldston et al., 2008). American Indian/Alaska Native people often identify with their tribal community including participating in cultural events, spiritual guidance, and/or engaging with tribal leaders. Hill (2009) explored connection in relation to belongingness and provided support for the construct, thwarted belongingness; the more disconnected a person experiences, the greater their risk for suicidal ideation. Adding support for the IPTS includes the findings that American Indian/Alaska Native people who are separated from their tribal communities, either due to distance or lack of tribal involvement, have an increased risk for thwarted belongingness (Rhoades-Kerswill, 2012).

Other researchers have identified protective factors and risk factors related to suicidal thoughts, attempts, and completions in the American Indian/Alaska Native population, specifically noting connection to family members as well as the tribal community as a protective factor (Alcantara & Gone 2007; Borowsky et al., 1999; Dexheimer-Pharris et al., 1997; Howard-Pitney et al., 1992). Alcantara and Gone (2007) utilized a transactional-ecological model regarding culturally relevant suicidal intervention strategies to identify American Indian/Alaska Native people’s protective factors and risk factors for suicidality on a broad-based continuum. They recommended that preventative programs could be designed to increase support and connectedness by involving others from various levels (i.e., family, community, school, tribe) to reduce suicide risk.

As cited above, several research findings indicate that American Indian/Alaska Native people identify connections and social support with their families, extended families, tribal communities, and culture as important facets of life. Enculturation, social support, and the importance of American Indian/Alaska Native people connecting with their family, including extended family, have been recognized as important factors that impact their health and emotional well-being. Therefore, when these factors are strained, particularly with this population, this could increase one's susceptibility to thwarted belongingness.

Perceived burdensomeness is also important when discussing American Indian/Alaska Native people and their high rates of suicidal risk/behaviors. According to Joiner's theory, if an American Indian/Alaska Native individual feels that s/he is a burden to family (i.e., for various reasons), given connectedness and closeness of these family relationships in Native communities, it is possible that s/he may be at risk for depression and possibly suicidal risk in combination with other factors. Tingey et al. (2014) found evidence of perceived burdensomeness (i.e., theme of their deaths being more important than their lives) among Apache people who had recently attempted suicide. According to Rhoades-Kerswill (2012), perceived burdensomeness for American Indian/Alaska Native people might increase when they are not fulfilling their traditional role, which could create a sense of burden on their community and/or family.

There are scant research findings suggesting that American Indian/Alaska Native people have an increased risk for suicidal thoughts and behaviors when they feel like a burden to others (Rhoades-Kerswill, 2012; Olson et al., 2011). However, perceived burdensomeness is an important component identified in the IPTS that can enhance the

desire to commit suicide and therefore warrants further research within the American Indian/Alaska Native population.

Acquired capability refers to the capacity to follow through with the action of killing oneself once exposed to painful and fearful events (Joiner, 2005). Historical trauma as well as personal traumas and events may be risk factors for acquired capability among American Indian/Alaska Native people. To cope, some turned to other forms of bodily harm (i.e., alcoholism and drug addictions, domestic violence, and self-harm) to release the pain they were exposed to and were experiencing. This can create a vicious cycle of painful and fearful experiences that still continue to pass on within families. Some have not been able to learn effective coping skills to rid themselves of these traumatic experiences and the feelings they have suffered. Their bodies have to somehow the repeated exposure to hurt, which often has not been positive. For the purposes of the present study, this variable will not be explored due to the fact that this current study is interested in utilizing suicidal ideation as the primary component of suicide risk. Instead, thwarted belongingness and perceived burdensomeness will be the focus of the present study as the primary outcome variables representing suicide risk for American Indian/Alaska Native people in this present study.

Self-Compassion as a Potential Protective Factor for Suicide Risk for American Indian/Alaska Native People

Knowing that American Indian/Alaska Native people have an increased rate of suicidal risk and behaviors, including suicide itself, which can be explained by the history of trauma over many generations as well as by Dr. Joiner's IPTS theory, it is necessary to research positive constructs that can combat the plague of suicidality within American

Indian/Alaska Native cultures. By researching positive constructs, a preventative approach to resiliency within American Indian/Alaska Native people can be utilized to create and target these stricken communities. The positive construct that will be examined in relation to perceived burdensomeness and thwarted belongingness in this study is self-compassion.

Self-compassion has been known to increase positive emotional states while decreasing depression and anxiety (Neff & Vonk, 2009). Self-compassion refers to an individual's ability to have empathy toward oneself and one's suffering (Neff, 2003). Neff (2003) has identified six different aspects of Self-compassion. The first component is *Self-kindness*, which is how kind an individual is to oneself while refraining from judging oneself. On the opposite end of the continuum of beliefs about self is the second component called *Self-judgment*, wherein an individual is unable to refrain from judging and instead is self-critical. Neff and McGehee (2010) refer to the next two dimensions as one's beliefs about oneself in relation to the world. *Common Humanity* is an aspect of self-compassion wherein an individual embraces imperfection as a shared human experience. *Isolation* refers to an individual isolating oneself based upon perceptions of individual imperfections. The next two dimensions of self-compassion refer to one's relationship with thoughts and feelings. *Mindfulness of one's thoughts and feelings* is an individual's ability to equalize his or her experiences (i.e., to experience one's thoughts and feelings in the moment) instead of amplifying individual suffering. *Over-identification with one's thoughts and feelings* refers to an over-exaggeration of one's painful internal events (Akin & Akin, 2015).

When the three positive self-compassion components blend together (i.e., Self-kindness, Common Humanity, and Mindfulness) and reciprocally interact, a self-compassionate mindset is created (Neff & McGehee, 2010). This is important to consider when discussing a preventative approach to combat suicidality within American Indian/Alaska Native people, because as we know, suicide is a disease that plagues the mind. If self-compassion is linked with higher rates of connectedness, happiness, and optimism (Neff, 2010), then an increase in self-compassion could potentially decrease suicidal thoughts.

To date, there has been a paucity of research regarding self-compassion as a protective factor for suicidality in the general population. Only two such studies have been conducted, and only with adolescents. Tanaka et al. (2011) surveyed a random sample of adolescents (27.1% Caucasian, 31.3% African American, & 27.8% biracial or multiracial) from child protection services (in a Canada service area) to explore how childhood maltreatment relates to self-compassion as well as how self-compassion relates to suicide risk. Adolescents in this study with low self-compassion had higher rates of suicide attempts whereas those with higher self-compassion had lower suicidal attempts. In another study by Ali (2014), the relationship of self-compassion and suicidality was explored in a small sample of 12 students (i.e., 66.7 Caucasian, 25% Hispanic, and 8.3% Asian) at a suburban therapeutic day school. Students who endorsed having a suicide plan had lower self-compassion scores, particularly in the areas of Self-kindness and Common Humanity, which means that students who had suicidal plans were less kind to themselves and did not see how their problems/experiences were common or relatable to others' problems/experiences.

No studies to date have explored the relationship of self-compassion and suicide risk with American Indian/Alaska Native people and therefore the need for the present study. However, in one study conducted to date (Le & Gobert, 2015), self-compassionate and mindfulness-based interventions appear to reduce suicide risk for American Indian/Alaska Native people. They found that teaching mindfulness reduced suicidal ideation for Native American youth. All of the participants did not have any thoughts of hurting themselves after the mindfulness-based program; whereas, prior to the intervention, 44% of the youth acknowledged having suicidal thoughts.

The research studies mentioned above provide promise and optimism in the area of self-compassion as a potential protective factor for suicide risk with American Indian/Alaska Native people, yet more research needs to be conducted to explore this relationship and to increase evidence-based preventative and remediation programs for reducing suicidality among the American Indian/Alaska Native population.

Statement of the Problem

Researchers have examined suicidality in the American Indian/Alaska Native population as a significant mental health issue given the continuing high rates among the population. One theory that has been utilized to describe the continuously high rates of suicidality among American Indian/Alaska Native people is Dr. Joiner's Interpersonal Psychological Theory of Suicidal behavior.

Suicide is an atrocity that affects not only the individual that commits the act but also those that have relationships with him or her. The important step now is to find out how to combat such a tragedy that can be prevented. While self-compassion is linked with higher rates of happiness and optimism (Neff, 2010) and lower rates of depression

and anxiety, research is needed to determine if self-compassion is related to suicidality and more specifically to the constructs in the IPTS. Self-compassion among American Indian/Alaska Native people has yet to be researched in relation to perceived burdensome and thwarted belongingness, which are risk factors for suicidality. Knowing the nature of these relationships will help to develop culturally-relevant self-compassionate and mindfulness-based approaches for American Indian/Alaska Native people to combat against depression, hopelessness, and suicide.

Purpose of the Study

The purpose of this study is to explore the relationship of self-compassion dimensions with thwarted belongingness and perceived burdensomeness in American Indian/Alaska Native people.

Hypotheses

It was hypothesized that the positive dimensions of self-compassion (i.e., Self-kindness, Common Humanity, and Mindfulness) will be significantly and negatively correlated with and predictive of perceived burdensomeness. It was expected that the negative dimensions of self-compassion (i.e., Self-judgment, Isolation, and Over-identification) would be significantly and positively correlated with and predictive of perceived burdensomeness.

It was also hypothesized that the positive dimensions of self-compassion (i.e., Self-kindness, Common Humanity, and Mindfulness) were hypothesized to be significantly and negatively correlated with and predictive of thwarted belongingness. Finally, the negative dimensions of self-compassion (i.e., Self-judgment, Isolation, and

Over-identification) were expected to be significantly and positively correlated with and predictive of thwarted belongingness.

CHAPTER III

Method

The Relationship of Self-Compassion with Thwarted Belongingness and Perceived Burdensomeness in American Indian/Alaska Native People

Participants

Two hundred fifty-three American Indian/Alaska Native individuals originally participated in this study. Two participants were not included in this study because they identified they were not an adult by age, one participant was not included due to not reporting his/her age, and 14 participants were not included as a result of missing a significant amount of data. Participants that were missing less than 10% of data on an individual questionnaire were included in the sample. The mean score of the sample for a particular item was then inserted in place of the missing data for those individuals.

The final sample consisted of 236 American Indian/Alaska Native adults. They were, on average, 43.68 years old ($sd = 14.24$), with a range of 19 to 80 years of age. Approximately 65.7% of the participants were female ($n = 155$) and 34.3% were male ($n = 81$).

All participants were self-identified American Indian/Alaska Native people. The majority of the participants identified their race as only American Indian/Alaska Native (77.1%, $n = 182$); 20.8% ($n = 49$) identified themselves as bi-racial (American

Indian/Alaska Native + 1 other race); and 2.1% (n = 5) identified themselves as multiracial (American Indian/Alaska Native + 2 or more races).

In regards to marital status, 40.7% (n = 96) identified themselves as never been married, 31.8% (n = 75) identified themselves as married, 20.3 % (n = 48) identified themselves as divorced, and 7.2% (n = 17) identified themselves as widowed.

Regarding their highest level of education completed, 58.5% (n = 138) of the participants identified completion of education above and beyond a high school diploma including vocational-technological training, some college, undergraduate degrees, some graduate school, and graduate degrees; whereas, 40.7% (n = 96) of the participants reported high school graduation or GED and below (Junior High School and some High School) as their highest level of education. Two participants (.8%) identified other educational completion that did not fit in the categories previously mentioned.

In regards to participants' family income level, the majority of the participants (69.9 %, n = 165) identified their family income as less than 30,000 per year; 16.1 % (n = 38) identified their yearly family income as between 30,001 and 50,000; 11.4 % (n = 27) identified their yearly family income as 50,000 and above; and 6 (2.5%) participants failed to identify their yearly family income.

In terms of presenting concerns, the top 10 presenting concerns participants identified were depression (45.3%, n = 107), anxiety (41.9%, n = 99), financial stress (41.5%, n = 98), high blood pressure (30.5%, n = 72), relationship concerns (28.4%, n = 67), diabetes (25.8%, n = 61), unemployment (24.6%, n = 58), grief (22%, n = 52), panic attacks (20.8%, n = 49), and substance abuse (19.1%, n = 45). Finally, 36.9% (n = 87) of the participants identified a previous history of suicidal ideation; whereas, 62.3% (n =

147) of the participants identified they did not have a previous history of suicidal ideation. Two participants (.8%) failed to identify their previous suicidal ideation history. Even though the majority of the participants reported no previous history of suicidal attempts (80.9%, n = 191), 18.6% (n = 44) of the participants identified a previous history of attempting suicide. One participant (.8%) failed to report his/her previous history of suicide attempts. See Table 1 for the demographics of the sample.

Measures

Demographic page. On the first page of the survey, participants completed questions related to their age, gender, race, tribal membership, marital status, current living arrangements, past living arrangements, highest level of education completed, family annual income, spiritual preference, previous suicidal ideation and/or attempts, number of close friends, and type(s) of any presenting concerns.

Interpersonal Needs Questionnaire (INQ; Van Orden, Cukrowicz, Witte, & Joiner, 2012). The INQ is a 15-item self-report measure of thwarted belongingness and perceived burdensomeness, which are two of the three key constructs derived from Dr. Joiner's Interpersonal Psychological Theory of Suicidal Behavior. Dr. Joiner proposed that in order for an individual to develop the desire for suicidal intent, he or she must possess thwarted belongingness and perceived burdensomeness.

The original INQ contained 25 items. However, modifications were made to include only 15 of the original 25 items was found to be psychometrically sound (Joiner et al., 2012). The first 6 items on the INQ measure the construct of Perceived Burdensomeness. The final 9 questions on the INQ measure the Thwarted Belongingness construct. Participants read each item and respond using a 7-point Likert scale (1 = not at

all true for me to 7 = very true for me). An example of an item from the Thwarted Belongingness subscale is, “These days, I feel disconnected from other people.” An example item of an item from the Perceived Burdensomeness subscale is, “These days, the people in my life would be better off if I were gone.” Items 7, 8, 10, 13, 14, and 15 are reverse scored.

For the current sample, the internal consistency reliability estimates for the INQ subscales are as follows: .93 for Perceived Burdensomeness and .88 for Thwarted Belongingness.

An exploratory factor analysis resulted in a two-factor solution (SRMR=.052 and RMSEA=.080). Confirmatory factor analysis confirmed the two-factor structure of the INQ. The revised 15-item measure was used with three different samples (i.e., undergraduates, outpatient clinic patients, and older adults). The standardized root mean square residual (SRMR) and the root mean squared error of approximation (RMSEA) suggest adequate to good fit for each of the three samples respectively (Sample 3: SRMR=0.052 and RMSEA=0.055; Sample 4: SRMR=0.060 and RMSEA=0.075; and Sample 5: SRMR=0.072 and RMSEA=0.063).

In order to assess the convergent and divergent validity of the INQ, Pearson correlational analyses were conducted to explore the bivariate relationships of the Joiner constructs of Perceived Burdensomeness and Thwarted Belongingness with measures of loneliness, reasons to not die by suicide, self-liking and self-competence, basic needs (i.e., availability of various aspects of social support), and geriatric suicidal ideation. Results supported the convergent validity of the INQ. The four constructs (i.e., loneliness, social support, self-liking, and relatedness) posited to be similar to Thwarted

Belongingness and three of four constructs (i.e., autonomy, responsibility to family, and self-competence) posited to be similar to Perceived Burdensomeness were correlated in the directions hypothesized. Only one of the four hypothesized Thwarted Belongingness constructs (i.e., self-liking) was found to be related to Perceived Burdensomeness to be significantly related to Thwarted Belongingness.

Self-Compassion Scale (SCS; Neff, 2003). The SCS is a 26-item self-report measure of Self-compassion. The SCS is comprised of six subscales including Self-kindness, Self-judgment, Common Humanity, Isolation, Mindfulness, and Over-identification. Participants will read each item and rate each question using a 5-point Likert scale (1 = almost never to 5 = almost always). An example of an item from the Self-kindness subscale is “I try to be loving towards myself when I’m feeling emotional pain.” An example item from the Self-judgment subscale is “I’m disapproving and judgmental about my own flaws and inadequacies.” An example item from the Common Humanity subscale is “When things are going badly for me, I see the difficulties as part of life that everyone goes through.” An example item from the Isolation subscale is “When I’m feeling down, I tend to feel like most other people are probably happier than I am.” An example of an item from the Mindfulness subscale is “When something upsets me I try to keep my emotions in balance.” An example of an item from the over-identified subscale is “When I’m feeling down I tend to obsess and fixate on everything that’s wrong.”

In order to find probable items that could be utilized to measure the concept of self-compassion, including the 6 separate subscales, Neff (2003) conducted a pilot test involving 68 participants (i.e., 30 males and 38 females; average age of 21.7 years) who

were undergraduate students at a southwestern university. Open-ended questions were asked of participants in small focus groups to explore main aspects of the construct. The participants were also given a questionnaire designed by the researchers containing items found to be relevant. Upon completion of the focus groups, questionnaire, and follow-up questions, potential items were created and administered to a second group of 71 participants (i.e., 24 males and 47 females; median age of 21.3 years). Items were deleted if participants found them to be confusing or unclear and again refined.

A new sample of 391 undergraduate students completed the questionnaire items produced from the pilot testing. An exploratory factor analysis was conducted resulting in a three-factor solution. Based on confirmatory factor analysis results, ten items designed to measure Self-kindness versus Self-judgment were found to be adequate utilizing a two-factor model (NNFI=.88; CFI=.91). The Self-kindness and Self-judgment scales were internal consistent (Cronbach alphas were .78 and .77 respectively). A two-factor model was found for the 8-items measuring Common Humanity and Isolation. The 8 items were found to be a good fit (NNFI = .99; CFI = .99). The internal consistency reliability estimates for the Common Humanity and Isolation subscales were .80 and .79 respectively. A two-factor model was found for 8 items that measured Mindfulness and Over-identification and the 8 items fit well (NNFI = .94; CFI = .96). A confirmatory factor analysis suggested that the final 26 items were indicative of measuring self-compassion (NNFI=.90; CFI=.91).

For the current sample, the internal consistency reliability estimates for the self-compassion subscales are as follows: .82 for Self-Kindness, .70 for Common Humanity,

.76 for Mindfulness, .82 for Self-Judgment, .80 for Isolation, and .83 for Over-identification.

The convergent and divergent validity of the Self-Compassion Scale constructs was evident in that self-compassion was positively correlated with social connectedness and negatively correlated with self-criticism (Neff, 2003).

Procedure

I sought the participation of adult American Indian/Alaska Native individuals who visited the Ponca Tribal Centers of Nebraska (i.e., Omaha, Lincoln, Niobrara, and Norfolk). Participation was elicited through flyers that were posted at the various Ponca clinics. Behavioral health and substance abuse therapists and the front desk staff at the clinics were trained to recruit participants and told that clients' participation in the study is voluntary. Trained staff was informed that the participants' identities would be anonymous, and that their decision whether or not to participate would not influence any services they might receive through the Ponca Tribal Facilities.

Interested participants received information including the focus of the study, what participation would involve and that participation was anonymous, and the potential benefits and risks of participating in the study, as well as the fact that their decision whether to participate or not in the study would in no way impact any services they might receive at the Ponca Tribal Health facilities.

If participants stated interest in the research, they were given an envelope, which included the informed consent form, the demographic questionnaire, the Interpersonal Needs Questionnaire, the Self-Compassion Scale, and a resource page. The informed consent form explained the purpose of the study, the benefits and risks of participation,

that their survey responses would be confidential and anonymous, and that their names would not be included on any of the questionnaires. The participants were informed that their willingness to participate would not affect their access or denial of services at the clinic. Participants were informed that the measures would take approximately 15-20 minutes to complete and would be given \$5 upon completion to compensate for their time. In order to retain confidentiality of the participants, the informed consent form did not include participant names but instead the completion of the questionnaire served as the individual's consent for participation in the study. Participants were directed to put completed questionnaires into the original Manilla envelope and to seal it shut before putting it in a locked box provided by the front desk staff. Upon completion, the participant had the opportunity to receive \$5.

CHAPTER IV

Results

The Relationship of Self-Compassion with Thwarted Belongingness and Perceived Burdensomeness in American Indian/Alaska Native People

Preliminary Analyses

T-tests were conducted to explore demographic group differences (categorical) in perceived burdensomeness and thwarted belongingness. In addition, correlational analyses were conducted to explore the relationship of demographic variables (continuous) with the outcome variables, perceived burdensomeness, and thwarted belongingness.

Gender differences were found for perceived burdensomeness, $t(234) = 1.70, p < .01$, and thwarted belongingness, $t(234) = 2.52, p < .01$. Men ($m = 10.83, sd = 7.94$) reported more perceived burdensomeness than women ($m = 9.27, sd = 5.91$). Men ($m = 26.95, sd = 14.19$) also reported more thwarted belongingness compared to women ($m = 22.72, sd = 11.09$). See Table 2 for these gender t-test findings.

Age was not significantly correlated with perceived burdensomeness ($r = -.11, p > .05$) or thwarted belongingness ($r = -.09, p > .05$).

Educational level was not significantly correlated with perceived burdensomeness ($r = -.11, p > .05$) or thwarted belongingness ($r = -.10, p > .05$).

Annual family income was significantly and negatively related to perceived burdensomeness ($r = -.16, p < .05$) and thwarted belongingness ($r = -.18, p < .01$). Lower income levels were associated with a greater sense of perceived burdensomeness and thwarted belongingness. Higher levels of income were associated with lower levels of perceived burdensomeness and thwarted belongingness.

Based on these preliminary findings, gender and annual family income were the demographic variables that were statistically controlled for in the multiple regression analyses to follow. See Table 3 for the preliminary correlations matrix.

Correlation Analyses

Pearson correlational analyses were conducted to explore the bivariate relationships among the self-compassion subscales and the variables, perceived burdensomeness and thwarted belongingness. See Table 4 for the correlation matrix for the main study variables.

Perceived burdensomeness was significantly and positively related to the negative self-compassion constructs of: self-judgment ($r = .45, p < .001$), isolation ($r = .50, p < .001$), and over-identification ($r = .55, p < .001$). Perceived burdensomeness was associated with being judgmental of oneself, feeling isolated, and over-identifying with one's feelings. A significant negative relationship was found between perceived burdensomeness and two positive self-compassion constructs: self-kindness ($r = -.28, p < .001$) and mindfulness ($r = -.23, p < .001$). Perceived burdensomeness was associated with less self-kindness and less mindfulness of one's feelings. However, perceived burdensomeness was not found to have a significant relationship with common humanity ($r = -.12, p > .05$).

Thwarted belongingness was significantly and positively related to the three negative self-compassion subscales: self-judgment ($r = .36, p < .001$), isolation ($r = .54, p < .001$), and over-identification ($r = .51, p < .001$). Thwarted belongingness was significantly and negatively related to the three positive self-compassion subscales: self-kindness ($r = -.45, p < .001$), common humanity ($r = -.29, p < .001$), and mindfulness ($r = -.39, p < .001$). Thwarted belongingness was associated with more self-judgment, isolation, and over-identification of one's emotions as well as less self-kindness, less connection to others' experience, and less mindfulness of one's emotions.

A statistically and significantly positive relationship was found between perceived burdensomeness and thwarted belongingness ($r = .62, p < .001$). The more participants struggled with feeling like a burden, the more they felt like they did not belong. The more participants felt like they belong, the less likely they were to feel like a burden.

Regression Analyses

Two multiple regression analyses were conducted to explore the relationship of the self-compassion scales with perceived burdensomeness and thwarted belongingness, while statistically controlling for gender and income. In the first regression analyses for perceived burdensomeness, gender and family income were entered into the first block of the analysis and then the 6 self-compassion subscales were entered into the second block (Enter method). For the first model, gender and family income significantly entered the equation and together they accounted for 3.5% variance in perceived burdensomeness scores, $F(2, 227) = 4.11, p < .05$. For the second model, the six self-compassion subscales were added to the equation, accounting for an additional 32.1% of the variance in perceived burdensomeness scores, $F(8, 229) = 15.29, p < .00$. Examination of the

standardized beta weights (for model 2) revealed that family income, $\beta = -.13$, $t = -2.26$, $p < .05$; self-judgment, $\beta = .17$, $t = 2.07$, $p < .05$; and over-identification, $\beta = .32$, $t = 3.48$, $p = .001$, were significant individual predictors of perceived burdensomeness. Over-identification was the strongest individual predictor of perceived burdensomeness, followed by self-judgment and family income. See Table 5 for these regression results.

In the multiple regression analysis for thwarted belongingness, gender and family income were entered into the first block of the analysis and then the 6 self-compassion subscales were entered into the second block (Enter method). For the first model, gender and family income significantly entered the equation and together they accounted for 5.9% in thwarted belongingness, $F(2, 227) = 7.06$, $p < .01$. For the second model, the six self-compassion subscales were added to the equation, accounting for an additional 38.6% of the variance in thwarted belongingness scores, $F(8, 229) = 22.08$, $p < .001$. Examination of the standardized beta weights for model 2 revealed that gender, $\beta = .18$, $t = -3.50$, $p < .01$; family income, $\beta = -.14$, $t = -2.68$, $p < .01$; self-kindness, $\beta = -.22$, $t = -2.97$, $p < .01$; and isolation, $\beta = .28$, $t = 3.44$, $p < .01$ were significant individual predictors of thwarted belongingness. The self-compassion subscale, isolation, is the strongest predictor of thwarted belongingness followed by self-kindness, gender, and family income as the next strongest predictors. See Table 6 for the multiple regression results for thwarted belongingness.

Post-Hoc Analyses

Gender. Given the gender differences in perceived burdensomeness and thwarted belongingness in the preliminary analyses, post-hoc multiple regression analyses were conducted separately for American Indian/Alaska Native men and women

to explore the unique gender experiences regarding the relationship between self-compassion subscales (predictor variables) and the criterion variables of perceived burdensomeness and thwarted belongingness.

For men, the six self-compassion subscales significantly entered the equation and accounted for 55.2% in perceived burdensomeness, $F(6, 80) = 15.18, p < .001$.

Examination of the standardized beta weights revealed that over-identification, $\beta = .61, t = 4.05, p < .01$, was the only significant individual predictor of perceived burdensomeness. See Table 7 for the perceived burdensomeness regression findings for men.

In the next multiple regression for men, the six self-compassion subscales significantly entered the equation and accounted for 48.2% in thwarted belongingness, $F(6, 80) = 11.48, p < .001$. Examination of the standardized beta weights revealed that over-identification, $\beta = .47, t = 2.90, p < .01$, was the only significant individual predictor of thwarted belongingness for males. See Table 8 for thwarted belongingness regression findings for men. Therefore, for American Indian/Alaska Native men, being over-identified with their emotions predicts their feelings of being a burden to others and not feeling as though they belong.

For women, a multiple regression analysis was conducted for perceived burdensomeness. The six self-compassion subscales significantly entered the equation and accounted for 22.8% of the variance in perceived burdensomeness scores, $F(6, 154) = 7.30, p < .001$. Examination of the standardized beta weights revealed that none of the self-compassion subscales were individual predictors of perceived burdensomeness for females. Therefore, all of the aspects of self-compassion together predict perceived

burdensomeness for American Indian/Alaska Native women, but no one particular self-compassion subscale stands out as an individual predictor of perceived burdensomeness. See Table 9 for the perceived burdensomeness multiple regression findings for women.

In the next regression for women, the six self-compassion subscales significantly entered the equation and accounted for 39.5% in thwarted belongingness, $F(6, 154) = 16.08, p < .001$. Examination of the standardized beta weights revealed that isolation, $\beta = .40, t = 4.02, p < .01$, was the strongest individual predictor of thwarted belongingness for females, followed by self-kindness, $\beta = -.26, t = -2.54, p < .05$. American Indian/Alaska Native women who struggle to feel that they belong also tend to struggle with isolation and self-kindness. See Table 10 for thwarted belongingness regression findings for women.

History of Suicidal Ideation. A final set of post-hoc analyses was conducted to examine the self-compassion subscales in relation to perceived burdensomeness and thwarted belongingness for participants who reported a previous history of suicidal ideation ($n = 87$). The six self-compassion subscales significantly entered the equation and accounted for 39.8% in perceived burdensomeness scores for participants with a history of suicidal ideation, $F(6, 86) = 8.82, p < .001$. Examination of the standardized beta weights revealed that over-identification, $\beta = .42, t = 2.85, p < .01$, was the only significant individual predictor of perceived burdensomeness. See Table 11 for perceived burdensomeness regression findings for participants with a history of suicidal ideation. In the next regression, the six self-compassion subscales significantly entered the equation and accounted for 43.5% in thwarted belongingness scores for participants with a history of suicidal ideation, $F(6, 86) = 10.27, p < .001$. Examination of the standardized

Beta thwarted weights revealed that over-identification, $\beta = .29$, $t = 2.02$, $p < .05$, and common humanity $\beta = -.27$, $t = -2.00$, $p < .05$ were both significant individual predictors of thwarted belongingness for participants with a previous history of suicidal ideation. See Table 12 for thwarted belongingness regression findings for participants with a previous history of suicidal ideation. Therefore, over-identifying with one's emotions significantly predicts both thwarted belongingness and perceived burdensomeness for American Indian/Alaska Native people with a history of suicidal ideation. In addition, feeling as though your problems are unique and not common to others (i.e., common humanity) was predictive of feeling less belongingness in relationships with others.

CHAPTER V

Discussion

The Relationship of Self-Compassion with Thwarted Belongingness and Perceived Burdensomeness in American Indian/Alaska Native People

The purpose of this study was to explore the relationship between the six self-compassion subscales (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification) and two of the components of the Interpersonal Psychological Theory of Suicidal Behavior (i.e., perceived burdensomeness and thwarted belongingness) among American Indian/Alaska Native adults. Two hundred thirty-six American Indian/Alaska Native adults completed self-compassion and interpersonal needs measures while attending one of the Northern Ponca Health Tribal Centers (i.e., Omaha, Lincoln, Norfolk, and Niobrara) and were asked about their demographic information, including their suicidal ideation and intention histories.

Perceived Burdensomeness and Negative Self-Compassion Subscales

Perceived burdensomeness was significantly related to the three negative self-compassion subscales: self-judgment, isolation, and over-identification. American Indian/Alaska Native adults who were more self-critical, felt isolated or alone, and over-associated with their negative thoughts and emotions were more likely to feel like a burden to others and society. These results parallel the findings of Rhoades-Kerswill (2012) who theorized that perceived burdensomeness for American Indian/Alaska Native

people might increase when they are not fulfilling their traditional role, which could create a sense of burden on their community and/or family. These findings are also in line with Freedenthal and Stiffman (2007) who identified an added complexity of burdensomeness within the American Indian/Alaska Native youth population including the fact that they may not seek assistance when suicidal due to not wanting to burden others with their problems.

Self-judgment and over-identification with one's thoughts and emotions were significant predictors of perceived burdensomeness. Therefore, American Indian/Alaska Native adults who are judgmental of themselves and tend to over-identify with their negative thoughts and feelings tend to feel like a burden to others, which is a factor related to suicide risk. No research has been conducted on this topic with American Indian/Alaska Native adults. There is only one previous study exploring self-compassion and suicide risk among American Indian/Alaska Native adolescents. Tanaka et al. (2011) found that American Indian/Alaska Native adolescents with low self-compassion had higher rates of suicide attempts whereas those with higher self-compassion had lower suicidal attempts.

Perceived Burdensomeness and the Positive Self-Compassion Subscales

As hypothesized, American Indian/Alaska Native adults with decreased feelings of self-kindness and mindfulness tended to have increased feelings of being a burden to others, which is another risk factor for suicidality. Conversely, those who endorsed more self-kindness and mindfulness tended to feel like less of a burden to others. These findings are in line with the findings of Ali (2014) who found that students who endorsed

having a suicide plan had lower self-compassion scores in two areas, Self-kindness and Common Humanity.

Thwarted Belongingness and Negative Self-Compassion Subscales

In line with the hypotheses of this study, the negative self-compassion subscales were significantly and positively related with thwarted belongingness. American Indian/Alaska Native adults who endorsed higher levels of self-judgment, isolation, and over-identification tended to struggle with a sense of belongingness with others. Few researchers have specifically focused on thwarted belongingness, yet Hill (2009) recognized the unique dimensions of belongingness, which included the psychological, sociological, physical, and spiritual connections of individuals, families, and communities within the American Indian/Alaska Native population. Of interest, isolation was the only negative self-compassion subscale found to be a significant individual predictor of thwarted belongingness. So, those who felt isolated tended to struggle with belongingness.

This is in line with Neff and McGehee's research (2010) findings that self-compassion was a significant predictor of connectedness as well as fewer symptoms of depression and anxiety among adolescents. Therefore, individuals with increased self-compassion should feel more connected to others and, vice versa, decreased levels of self-compassion appear to relate to less of a connection to others.

Thwarted Belongingness and Positive Self-Compassion Subscales

In line with the hypotheses of this study, positive self-compassion subscales were significantly and negatively related with thwarted belongingness. The combination of the six-self-compassion subscales were also significantly predictive of feelings of thwarted

belongingness, with self-kindness identified as a significant negative predictor of thwarted belongingness. It appears that American Indian/Alaska Native adults who are less kind to themselves tend to feel that they do not belong or do not have others who care about them.

No research could be found regarding the relationships of self-compassion and thwarted belongingness. Vettese et al. (2011) conducted a study and determined that fourteen percent of the emotional regulation variance could be accounted for by self-compassion. Therefore, if self-compassion is found to help regulate emotions, this in turn could buffer against negative thoughts such as thwarted belongingness or other unwanted feelings.

Income Level and Gender Influence Suicidal Risk including Perceived Burdensomeness and Thwarted Belongingness

Annual family income and gender were found to be significant predictors and correlates of perceived burdensomeness and thwarted belongingness. American Indian/Alaska Native people who have less annual income tend to report a higher tendency to feel like a burden and to struggle with a sense of belongingness to others than those with higher income levels. In addition, American Indian/Alaska Native men reported more perceived burdensomeness and thwarted belongingness than women. While income level and gender together account for about 3-6% of the variance in suicidal risk factors, perceived burdensomeness and thwarted belongingness, income level and gender are still important variables to consider when helping American Indian/Alaska Native people. More research is needed to explore the factors that may put

American Indian/Alaska Native men at higher risk for perceived burdensomeness and thwarted belongingness compared to women.

The Relationship of Self-Compassion with Perceived Burdensomeness and Thwarted Belongingness for American Indian/Alaska Native People with a History of Suicidal Ideation

The six self-compassion subscales were significant predictors of perceived burdensomeness and thwarted belongingness for participants who endorsed a previous history of suicidal ideation. Over-identification with one's thoughts and emotions was found to be the only significant individual predictor of perceived burdensomeness. American Indian/Alaska Native adults who have endorsed thoughts of wanting to end their life who feel overwhelmed by their thoughts and emotions tend to feel a sense of burdensomeness; being overwhelmed by their thoughts and emotions may influence feelings of burdensomeness and vice versa.

Common humanity was also a significant negative predictor of thwarted belongingness for American Indian/Alaska Native people with a history of suicidal ideation. Feeling as though one's problems are unique and not common to others (i.e., common humanity) was predictive of feeling less belongingness in relationships with others. When an American Indian/Alaska Native adult with a history of suicidal ideation expresses negative thinking patterns including feeling they are alone in their suffering, they in turn may be at an increased risk of feeling disconnected from the world.

Implications for Practice

The results from this study indicate that self-compassion is significantly related to feelings of perceived burdensomeness and thwarted belongingness in American

Indian/Alaska Native adults. It is important for counselors and psychologists to explore American Indian/Alaska Native adults' feelings of burdensomeness and struggles with belongingness, given that these are risk factors for suicidality. In addition, it is important to explore American Indian/Alaska Native peoples' feelings about themselves, including their ability: to be kind toward themselves, to realize their common connections with others, and to experience their thoughts and emotions without judgment. American Indian/Alaska Native adults who seek mental health services should be assessed for their feelings of self-compassion as well as their perceived burdensomeness and thwarted belongingness.

Based on this author's previous qualitative experiences working with the American Indian/Alaska Native population for over 10 years, thoughts of burdening others often relates to an increased sense of burdensomeness in that families are often extended and connections to tribal communities can be as strong as the traditional immediate family. It would be important for counselors and psychologists to assess their clients' family and tribal/nation histories, along with creating family genograms to explore family relationships as well as dynamics to provide insight as to whom clients perceive are relevant family and tribal connections. Counselors and psychologists need to recognize that American Indian/Alaska Native adults may express that they feel like a burden and, in turn, may struggle with self-compassion such as self-judgment, isolation, and over-identification. It would be important for counselors and psychologists to quantitatively (using the SCS and INQ) as well as qualitatively assess for these thoughts and feelings, allowing for clients to explore the internal as well as external factors that may contribute to feelings of burdensomeness and/or struggles with belongingness.

Future research exploring how American Indian/Alaska Native traditional ways impact feelings of thwarted belongingness is warranted. This could provide knowledge to help counselors and psychologists better understand why American Indian/Alaska Native adults feel as if they do not belong and whether or not enculturation and/or acculturation might play a role. In order to gather qualitative information, American Indian/Alaska Native adults could use narrative storytelling to express their cultural experiences and traditions and how clients view themselves including their experiences of self-compassion. Being kind to oneself, feeling connected to others, and being aware of one's thoughts and feelings in a balanced way may be protective factors in combating aspects of suicidal risk including struggles with belongingness or feeling like a burden, which may have been passed down from the historical oppression of American Indian/Alaska Native people.

Counseling and psychotherapy services could be beneficial for American Indian/Alaska Native people in many ways—to enhance their self-compassionate ways and to find ways to feel more connected and less of a burden to others. Psycho-educational information regarding self-compassion and the six aspects, both positive and negative, of self-compassion could enhance clients' awareness of the extent to which they are kind and caring towards themselves while providing them with new coping skills (i.e., looking for common ground with others, self-aware of one's thoughts and feelings in a balance and non-judgmental way). Cognitive behavioral techniques and skills could be used to assist clients with their negative automatic thoughts/core beliefs and emotions, with the goal of establishing a different relationship with their thoughts and feelings, being more of an observer and investigator of their experience, rather than judging their

thoughts and feelings. Mindfulness is another important technique counselors and psychologists could incorporate into their sessions with American Indian/Alaska Native adults who have increased feelings of burdensomeness and/or feeling as if they do not belong. Teaching clients how to relate to their internal experience without judging or overanalyzing would also be important. They could assist clients in learning stress-reduction/ mindfulness techniques which would help clients focus on being in the moment instead of becoming overwhelmed in their negative thinking pattern that often spirals out of control.

The fact that self-compassion (positive subscales) was related to less perceived burdensomeness and/or thwarted belongingness within the American Indian/Alaska Native community is exciting news for those developing preventative programming in this community. Self-kindness, common humanity, and mindfulness could be utilized as skills to be taught at a young age to American Indian/Alaska Native children. Not only could the positive self-compassion components decrease their feelings of burdensomeness and feelings that they do not belong in the future, but it could also increase their ability to cope with other negative thoughts and emotions they might encounter.

As counselors and psychologists working with American Indian/Alaska Native adults, it would be important for family income to be assessed. Family income was a significant negative predictor of perceived burdensomeness; therefore, the less income reported the more feelings of increased burdensomeness. If a client expresses a loss of job, change in financial resources, or lack of financial funds, it would be important for a counselor or psychologist to assist the client in finding financial resources as well as

discuss feelings associated with lack of finances which in turn could create a greater sense of burden on others.

In regards to findings for perceived burdensomeness, it will be important for psychologists and counselors to identify clients who are over-identified with thoughts and emotions in general or if their thoughts and emotions overwhelm them; if they are self-critical; and if they have lower levels of income which would put them at a greater risk of perceived burdensomeness. The goal of therapy might be to help the client to not over-identify, not judge oneself, and challenge feelings of burdensomeness. It would be important to confirm that seeking support is ok foray American Indian/Alaska Native adults and that it does not necessarily mean that they are a burden to others.

Finally, results suggested that American Indian/Alaska Native men experience greater increased feelings of burdensomeness and struggles with belongingness than American Indian/Alaska Native woman. This implies that counselors and psychologists should assess for areas of burdensomeness and belongingness more so for American Indian/Alaska Native men. It would be important for counselors or psychologists to connect men to resources that could decrease these feelings such as connections to their tribal community or financial resources.

Limitations for Practice and Areas for Further Research

The results from this study need to be interpreted in light of the limitations. The majority of participants in this sample were American Indian/Alaska Native adult females from urban areas specifically in the central, Northern area and the results may not generalize to American Indian/Alaska Native adults from other areas or of other tribal memberships. Future research is needed with more culturally diverse samples in order to

confirm the findings of this study. Another limitation is collecting data from a specific research participant pool (American Indian/Alaska Native adults who accessed one of the four Northern Ponca Tribal Health Clinics). It is possible that the participants in this study may have responded in socially desirable ways or have completed the self-report measures in multiple settings.

Considering that the purpose of this study was to explore variables within the American Indian/Alaska Native population, other research designs could have been used to explore the current variables. Future researchers may want to explore self-compassion subscales with perceived burdensomeness and thwarted belongingness among American Indian/Alaska Native adults at one given time and then explore these variables again to detect possible differences as a function of time. Future researchers may need to include an enculturation and an acculturation scale to assess if enculturation or acculturation impacts the degree to which an American Indian/Alaska Native adult expressed perceived burdensomeness and/or thwarted belongingness as well as any impact on their expression of self-compassion. A qualitative method is one approach that could allow future researchers to gather further information to help understand personal factors that might influence perceived burdensomeness, thwarted belongingness, and self-compassion within the American Indian/Alaska Native population.

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APPENDICES

Appendix A: Tables

Table 1

Demographic Variables: Descriptive Statistics and Frequency Distributions

Descriptive Statistics

| Variable | n | m | sd |
|----------|-----|-------|-------|
| Age | 236 | 43.68 | 14.24 |

n = number of participants; m = median; sd = standard deviation

Frequency Distributions

| Group | Variable | Frequency | Percentage |
|-------------------|--------------------|-----------|------------|
| Gender | Male | 81 | 34.3 |
| | Female | 155 | 65.7 |
| Marital Status | Never Been Married | 96 | 40.7 |
| | Married | 75 | 31.8 |
| | Divorced | 48 | 20.3 |
| | Widowed | 17 | 7.2 |
| Highest Education | Jr. High | 9 | 3.8 |
| | Some High School | 28 | 11.9 |
| | High School/GED | 59 | 25.0 |
| | Vo-Tech | 10 | 4.2 |
| | Some College | 78 | 33.1 |
| | Undergrad Degree | 24 | 10.2 |
| | Some Grad College | 6 | 2.5 |
| | Grad Degree | 20 | 8.5 |
| Other | 2 | .8 | |
| Annual Income | < 10,000 | 74 | 31.4 |
| | 10,001 to 20,000 | 40 | 16.9 |
| | 20,001 to 30,000 | 51 | 21.6 |
| | 30,001 to 40,000 | 13 | 5.5 |
| | 40,001 to 50,000 | 25 | 10.6 |
| | 50,001 to 60,000 | 4 | 1.7 |
| | 60,001 to 70,000 | 9 | 3.8 |
| | 70,001 to 80,000 | 3 | 1.3 |
| | 80,001 to 90,000 | 5 | 2.1 |
| | > 90,001 | 6 | 2.5 |

Table 2

Preliminary T-Tests Findings for Gender with Outcome Variables,

Perceived Burdensomeness and Thwarted Belongingness

T test 1

| <u>Outcome Variable</u> | <u>Categorical Variable(s)</u> | <u>n</u> | <u>m</u> | <u>sd</u> | <u>T</u> | <u>df</u> |
|--------------------------|--------------------------------|----------|----------|-----------|----------|-----------|
| Perceived Burdensomeness | Gender | | | | 1.70** | 234 |
| | Male | 81 | 10.83 | 7.94 | | |
| | Female | 155 | 9.27 | 5.91 | | |

T test 2

| <u>Outcome Variable</u> | <u>Categorical Variable(s)</u> | <u>n</u> | <u>m</u> | <u>sd</u> | <u>T</u> | <u>df</u> |
|-------------------------|--------------------------------|----------|----------|-----------|----------|-----------|
| Thwarted Belongingness | Gender | | | | 2.52** | 234 |
| | Male | 81 | 26.95 | 14.19 | | |
| | Female | 155 | 22.72 | 11.09 | | |

* = $p < .05$; ** = $p < .01$; n = number of participants; m = mean; sd = standard deviation; t = t-value, size of variance; df = degrees of freedom

Table 3

Preliminary Bivariate Correlations Between and Among Perceived Burdensomeness, Thwarted Belongingness, Age, Educational Level, and Annual Income

| | <u>PB</u> | <u>TB</u> | <u>AGE</u> | <u>EL</u> | <u>IL</u> |
|-----|-----------|-----------|------------|-----------|-----------|
| PB | 1 | .62** | -.11 | -.11 | -.16* |
| TB | | 1 | -.09 | -.10 | -.18** |
| AGE | | | 1 | .05 | -.11 |
| EL | | | | 1 | .24** |
| IL | | | | | 1 |

* = $p < .05$; ** = $p < .01$; PB = Perceived Burdensomeness; TB = Thwarted Belongingness; AGE = Age; EL = Educational Level; IL = Income Level

Table 4

Correlation Matrix for Main Study Variables Including Perceived Burdensomeness, Thwarted Belongingness and the Six Self-Compassion Subscales: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification

| | PB | TB | SK | SJ | CH | I | M | O |
|----|----|-------|--------|-------|--------|--------|--------|--------|
| PB | 1 | .62** | -.28** | .45** | -.12 | .50** | -.23** | .55** |
| TB | | 1 | -.45** | .36** | -.29** | .54** | -.39** | .51** |
| SK | | | 1 | -.15* | .55** | -.33** | .71** | -.38** |
| SJ | | | | 1 | .22** | .65** | -.10 | .67** |
| CH | | | | | 1 | -.10 | .60** | -.10 |
| I | | | | | | 1 | -.31** | .76** |
| M | | | | | | | 1 | -.40** |
| O | | | | | | | | 1 |

* = $p < .05$; ** = $p < .01$; PB = Perceived Burdensomeness; TB = Thwarted Belongingness; SK = Self-Kindness; SJ = Self-Judgment; CH = Common Humanity; I = Isolation; M = Mindfulness; O = Over-Identification

Table 5

Multiple Regression Findings for Self-Compassion Subscales as Predictors of Perceived Burdensomeness While Controlling for Gender and Annual Income

Model 1

| <u>Criterion Variable</u> | <u>Predictor Variable(s)</u> | <u>R</u> | <u>R²</u> | <u>F</u> | <u>β</u> |
|---------------------------|------------------------------|----------|----------------------|----------|----------|
| Perceived Burdensomeness | Demographics | .187 | .035 | 4.11* | |
| | Gender | | | | -.10 |
| | Annual Income | | | | -.16* |

Model 2

| <u>Criterion Variable</u> | <u>Predictor Variable(s)</u> | <u>R</u> | <u>R²</u> | <u>F</u> | <u>β</u> |
|---------------------------|------------------------------|----------|----------------------|----------|----------|
| Perceived Burdensomeness | Gender | .597 | .356 | 15.29** | -.10 |
| | Annual Income | | | | -.13* |
| | Self-Compassion Subscales | | | | |
| | Self-kindness | | | | -.13 |
| | Self-judgment | | | | .17* |
| | Common Humanity | | | | -.11 |
| | Isolation | | | | .11 |
| | Mindfulness | | | | .11 |
| | Over-identification | | | | .32** |

* = $p < .05$; ** = $p < .01$; R^2 = R-Squared; β = Standardized Beta Weight

Table 6

Multiple Regression Findings for Self-Compassion Subscales as Predictors of Thwarted Belongingness While Controlling for Gender and Annual Income

Model 1

| Criterion Variable | Predictor Variable(s) | R | R ² | F | β |
|------------------------|-----------------------|------|----------------|--------|--------|
| Thwarted Belongingness | Demographics | .242 | .059 | 7.06** | |
| | Gender | | | | -.17* |
| | Annual Income | | | | -.17** |

Model 2

| Criterion Variable | Predictor Variable(s) | R | R ² | F | β |
|------------------------|---------------------------|------|----------------|---------|--------|
| Thwarted Belongingness | Gender | | | | -.18** |
| | Annual Income | | | | -.14** |
| | Self-Compassion Subscales | .666 | .444 | 22.08** | |
| | Self-kindness | | | | -.22** |
| | Self-judgment | | | | .08 |
| | Common Humanity | | | | -.14 |
| | Isolation | | | | .28** |
| | Mindfulness | | | | .03 |
| | Over-identification | | | | .17 |

* = $p < .05$; ** = $p < .01$; R² = R-Squared; β = Standardized Beta Weight

Table 7

Post-Hoc Multiple Regression Findings for Self-Compassion Subscales as Predictors of Perceived Burdensomeness for American Indian/Alaska Native Men (n = 81)

| Criterion Variable | Predictor Variable(s) | R | R ² | F | β |
|--------------------------|---------------------------|------|----------------|---------|-------|
| Perceived Burdensomeness | Self-Compassion Subscales | .743 | .552 | 15.18** | |
| | Self-kindness | | | | -.15 |
| | Self-judgment | | | | .22 |
| | Common Humanity | | | | -.05 |
| | Isolation | | | | -.07 |
| | Mindfulness | | | | .09 |
| | Over-identification | | | | .61** |

* = p < .05; ** = p < .01; R² = R-Squared; β = Standardized Beta Weight

Table 8

Post-Hoc Multiple Regression Findings for Self-Compassion Subscales as Predictors of Thwarted Belongingness for American Indian/Alaska Native Men (n = 81)

| Criterion Variable | Predictor Variable(s) | R | R ² | F | β |
|------------------------|---------------------------|------|----------------|---------|-------|
| Thwarted Belongingness | Self-Compassion Subscales | .694 | .482 | 11.48** | |
| | Self-kindness | | | | -.15 |
| | Self-judgment | | | | .08 |
| | Common Humanity | | | | -.19 |
| | Isolation | | | | -.01 |
| | Mindfulness | | | | -.04 |
| | Over-identification | | | | .47** |

* = p < .05; ** = p < .01; R² = R-Squared; β = Standardized Beta Weight

Table 9

Post-Hoc Multiple Regression Findings for Self-Compassion Subscales as Predictors of Perceived Burdensomeness for American Indian/Alaska Native Women (n= 155)

| Criterion Variable | Predictor Variable(s) | R | R ² | F | β |
|--------------------------|---------------------------|------|----------------|--------|-------|
| Perceived Burdensomeness | Self-Compassion Subscales | .478 | .228 | 7.30** | |
| | Self-kindness | | | | -.09 |
| | Self-judgment | | | | .08 |
| | Common Humanity | | | | -.08 |
| | Isolation | | | | .19 |
| | Mindfulness | | | | .04 |
| | Over-identification | | | | .17** |

* = p < .05; ** = p < .01; R² = R-Squared; β = Standardized Beta Weight

Table 10

Post-Hoc Multiple Regression Findings for Self-Compassion Subscales as Predictors of Thwarted Belongingness for American Indian/Alaska Native Women (n = 155)

| Criterion Variable | Predictor Variable(s) | R | R ² | F | β |
|------------------------|---------------------------|------|----------------|---------|-------|
| Thwarted Belongingness | Self-Compassion Subscales | .628 | .395 | 16.08** | |
| | Self-kindness | | | | -.26* |
| | Self-judgment | | | | .08 |
| | Common Humanity | | | | -.09 |
| | Isolation | | | | .40** |
| | Mindfulness | | | | -.00 |
| | Over-identification | | | | -.00 |

* = p < .05; ** = p < .01; R² = R-Squared; β = Standardized Beta Weight

Table 11

Post-Hoc Multiple Regression Findings for Self-Compassion Subscales as Predictors of Perceived Burdensomeness for Participants with a History of Suicidal Ideation (n = 87)

| Criterion Variable | Predictor Variable(s) | R | R ² | F | β |
|--------------------------|---------------------------|------|----------------|--------|-------|
| Perceived Burdensomeness | Self-Compassion Subscales | .631 | .398 | 8.82** | |
| | Self-kindness | | | | .03 |
| | Self-judgment | | | | .29 |
| | Common Humanity | | | | -.28 |
| | Isolation | | | | -.02 |
| | Mindfulness | | | | .11 |
| | Over-identification | | | | .42** |

* = p < .05; ** = p < .01; R² = R-Squared; β = Standardized Beta Weight

Table 12

Post-Hoc Multiple Regression Findings for Self-Compassion Subscales as Predictors of Thwarted Belongingness for Participants with a History of Suicidal Ideation (n =87)

| Criterion Variable | Predictor Variable(s) | R | R ² | F | β |
|------------------------|---------------------------|------|----------------|---------|-------|
| Thwarted Belongingness | Self-Compassion Subscales | .660 | .435 | 10.27** | |
| | Self-kindness | | | | -.09 |
| | Self-judgment | | | | .11 |
| | Common Humanity | | | | -.27* |
| | Isolation | | | | .13 |
| | Mindfulness | | | | -.08 |
| | Over-identification | | | | .29* |

* = p < .05; ** = p < .01; R² = R-Squared; β = Standardized Beta Weight

Appendix B: Literature Review

CHAPTER II

LITERATURE REVIEW

American Indian/Alaska Native People

Prior to European settlement in the United States, American Indians/Alaska Native People ruled the land with tribal laws, cultural traditions, religious customs, and kinship systems, such as clans and societies (<http://www.indianaffairs.gov/FAQs/index.htm>). Even though American Indian/Alaska Native people once ruled the land, they were forced to confined areas determined by the United States Government in 1830 when President Andrew Jackson signed the Indian Removal Act. Today, American Indians/Alaska Natives make up approximately 1.7 percent of the United States Population, totaling 5,220,579 people (Census, 2010). To add complexity, the federal government recognizes 565 tribes, with each tribe consisting of their own membership regulation. Some tribes identify tribal membership through blood quantum and only grant tribal membership if an individual has 1/8 blood quantum as identified through their Certificate of Degree of Indian Blood (CDIB) which is granted through the Bureau of Indian Affairs. Therefore, an individual can have a CDIB classifying the amount of blood quantum but still not be able to be a member of a tribe because his or her blood quantum is not great enough to be recognized by the particular tribe.

By 1970, many American Indian/Alaska Native people recognized the importance of self-governance and petitioned the United States to do so (2001). Each tribal government can consist of various governances. Therefore, some tribes might refer to their leaders as chiefs and some refer to their leaders as council members, with the head leader named the chairman. Each tribe can regulate what type of governance they will utilize as well as how many leaders they want in control, under what terms, and what roles. Most tribes in the United States will only allow for single enrollment which means an individual can have blood from two different tribes (i.e., ½ Iowa and ½ Osage) yet he or she would only be allowed to claim membership to one of the tribes and utilize that tribe's services. This only adds to the complexity of the American Indian/Alaska Native experience as well as to the restriction of services, which will be discussed further.

Not only do American Indian/Alaska Native people have unique experiences with tribal governances and various cultural traditions, they have suffered horrendous events to get where they are today. As mentioned previously, American Indian/Alaska Native people once roamed the Americas freely. Once the Americas were discovered by European settlers, the movement of foreign inhabitants could not be stopped. American Indian/Alaska Native people were now exposed to people of a completely different culture, people who considered themselves "civilized". European settlers came in such large numbers, American Indian/Alaska Native people did not have a choice but to try to get along or fight these foreigners. Since the movement of European settlers to the Americas, American Indian/Alaska Native people have experienced numerous traumatic events.

Not all events will be able to be discussed; however, a few will be included to give the reader a glimpse of the pain inflicted upon them. One event that should be included is the Indian Removal Act of 1830 which involved the general resettlement of American Indian/Alaska Native people from east of the Mississippi River to lands west (Indian Territory)

http://www.nrcprograms.org/site/PageServer?pagename=naa_hist_indianremovalact. The American Indian/Alaska Native people that once existed in the east of the Americas were now forced to move to the west to geographic areas where they have never lived. As new settlers were moving in and American Indian/Alaska Native people were being forced to relocate, many wars emerged as some of the American Indian/Alaska Native people were not ready to move. By 1860, the first boarding school was established through the Bureau of Indian Affairs as a way to assimilate American Indian/Alaska Native people into the “American way of life”, which was a Protestant theology

http://www.nrcprograms.org/site/PageServer?pagename=naa_hist_boardingschools.

American Indian/Alaska Native children were stripped from their parents and forced to the boarding schools where their hair was cut, clothing removed, language reversed, and religion changed to resemble the “white man”. These children were young, scared, and confused. They were beat if they tried to practice their own cultural beliefs or language. If that was not enough, they had to remain at the boarding schools until age of 18 and were not allowed to communicate with their parents. Parents were in shock as they did not know what happened to their children and were not allowed to communicate with them to ensure their safety or well-being. Mental anguish is a miniscule term to explain this traumatic era.

Since the removal of American Indian/Alaska Native people from their homeland and the forced assimilation, American Indian/Alaska Native people have struggled to regain their cultural heritage. What they were once beaten and killed for, they are now fighting to keep. An important term that encompasses what American Indians/Alaska Native people have endured is historical trauma. Teresa Evans-Campbell (2008) states that historical trauma is conceptualized as a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation. Therefore, the trauma that was inflicted on American Indians/Alaska Native people years ago when they were forced to relocate and forced to attend boarding schools is passed on to other generations. Not only is the historical trauma passed down generation to generation, it can impact an individual's mental health including an increase of depression, anxiety, grief and PTSD symptoms (Evans-Campbell, 2008). It can be thought of as a cycle of trauma that is passed down and difficult to escape. For example, the children that were removed from their parents and forced into boarding schools where they were beaten and assimilated to the "European culture" would pass down their symptomology to their children. The pain and suffering they endured for many years would impact their health and well-being. Then, those "damaged" children would become adults and get married and have children. Many of them passed along the violence they endured because that was what they had learned at the boarding schools and did not know how else to parent. What they once knew or what was once preserved through their culture was lost or they could not practice unless they wanted consequences from the government. It was a difficult battle for American Indian/Alaska Native people.

This leads us to today, which is the continuance of trauma in families, which affects American Indian/Alaska Native's mental health and well-being. For American Indian/Alaska Natives between ages of 10-34, suicide is the second cause of death in the United States (Centers for Disease Control and Prevent [CDC], 2013). Even though it is difficult to verify that the high rates of suicide in the American Indian/Alaska Native population is due to the historical trauma they experience, research has shown that mental and behavioral health problems, stressful life events, and substance abuse are strongly associated with heightened suicide risk (Goldston et al., 2008; Gone & Trimble, 2012). Gray and McCullagh (2014, p.81) state, "The historical trauma experienced by American Indian/Alaska Natives uniquely impacts the expression of suicide in American Indian/Alaska Native communities." What is known is that suicide risk for American Indian/Alaska Native people is similar to other populations in the United States. Suicide risk increases when an individual has a mental health disorder, exposure to trauma, past suicidal attempts, alcoholism, hopelessness, and a lack of social support. "Pervasive and extreme poverty, minimal access to mental and physical health services, increased prevalence rates of alcoholism and drug addiction, and high levels of crime and violence are characteristic of many American Indian/Alaska Native communities" state Gray and McCullagh, 2014, p. 81.

Not only do mental health and other factors increase an individual's risk for suicidality, but access to care can increase suicide risk. Gray and McCullagh (2014, p. 81) state, "The accessibility and availability of health care services are significant issues in Indian Country, which is particularly concerning giving the high prevalence of several chronic physical and mental health problems in many American Indian/Alaska Native

communities.” Many American Indian/Alaska Native people rely upon Indian Health Services (IHS) or tribal services for their mental and physical health care instead of private insurance or healthcare (Zuckerman et al., 2004); however, IHS is underfunded and due to shortage of qualified staff as well as other variables, it is often unable to meet the many health needs of its community (Gray and McCullagh, 2014). Combined with the increase of mental and physical health disabilities as well as the lack of resources, American Indian/Alaska Native people have an increased risk for suicidal behaviors compared to other cultural groups in the United States.

Interpersonal Psychological Theory of Suicidal Behavior

Due to the high rates of suicidality and depression in American Indian/Alaska Native people, scholars have utilized research and theories to explain their hypotheses. However, one theory proposed by Dr. Joiner appears to explain the high rate of suicide that continues to plague the American Indian/Alaska Native communities. Dr. Joiner’s theory proposes three independent constructs that an individual can possess. The first two components, which when combined, may create an individual’s desire to die by suicide. Thwarted belongingness refers to an individual feeling isolated from friends, family, and/or other social connections (Robeiro & Joiner, 2009). Perceived burdensomeness is the second component, which refers to an individual’s belief that by his/her existence, s/he is a burden on others. O’Keefe et al. (2014) states that tremendous feelings of social disconnectedness (thwarted belongingness) and feelings that one’s life burdens family, friends, and/or society (perceived burdensomeness) are essential components in the development of a desire to die by suicide.

When discussing Dr. Joiner's IPTS, research has been conducted to support the theoretical constructs with various populations. One of the first studies to test the IPTS constructs was conducted by Van Orden et al. (2008) in which the researchers utilized the Interpersonal Needs Questionnaire (INQ) combined with the Beck Scale for Suicide (BSS) with 309 undergraduate students. The research added a bridge to gaps in the literature where others had failed to look at the interaction between perceived burdensomeness and thwarted belongingness to predict an individual's desire to commit suicide. Thwarted belongingness and perceived burdensomeness were positively and significantly correlated with suicidal ideation which provides support to the IPTS (Van Orden et al., 2008).

To provide a greater depth of research to the IPTS theory, Joiner et al. (2009) conducted the first research in a community sample that examined the 3-way relationship between the IPTS constructs (perceived burdensomeness, thwarted belongingness, and acquired capability), primarily the interaction when perceived burdensomeness combined with thwarted belongingness interact with acquired capability to predict severe suicidality in a community sample. A total of 257 men and 56 women who were referred (from facilities affiliated with a major U.S. Army Medical Center) for severe suicidal behavior and were asked to participate in a study regarding the effectiveness of treatment for suicidal young adults were recruited for this study. Psychosocial history was collected including the request of the participants to report the number of previous suicide attempts as well as their suicidal behavior that prompted their participation in the research study, whether an actual suicidal attempt or suicidal ideation. To measure perceived burdensomeness and thwarted belongingness, items from the Suicide Probability Scale

(SPS) were utilized. Research found that the three-way interaction (SPS perceived burdensomeness, SPS thwarted belongingness, and number of suicide attempts) predicted the participants' present suicide attempt status (Joiner et al., 2009). This study provided a positive contribution to the IPTS literature as well as making way for future research to be conducted as it supported the IPTS theoretical constructs and interaction to predict suicidality.

Bryan (2011) conducted a study to explore perceived burdensomeness and thwarted belongingness as predictors of suicidal desire in a military sample of deployed service members. Bryan identified ten questions from the INQ to represent thwarted belongingness and perceived burdensomeness and utilized the brief measure to not only test the validity of the brief measure with each construct but also to examine the brief measure in relationship to current suicidality in a sample of 219 service members deployed in support of Operation Iraqi Freedom (OIF) who were treated at a mental health facility located at a military base in Iraq (2011). A moderate correlation was found between perceived burdensomeness and thwarted belongingness which indicates that they are related but separate constructs. The interaction between thwarted belongingness and perceived burdensomeness was found to significantly predict suicidal desire and was found to be a better predictor than the constructs separately. It appears that the brief measure provides support for the IPTS as well as a promising tool to identify current suicidality within the military population.

Dr. Joiner's theory (IPTS) was also found noteworthy in a study conducted by Batterham et al. (2015) who utilized an online sample of 1,352 Australian adults to examine the specificity of the constructs of the IPTS theory to predict suicidal ideation.

The study found support for the constructs, perceived burdensomeness and thwarted belongingness, when combined and their interaction with active suicidal ideation ($p < .001$).

The IPTS posits that the combination of an individual's perceived burdensomeness along with thwarted belongingness create hers or his desire to die by suicide. However, it is when the constructs are combined with Dr. Joiner's next component, acquired capability, which is the ability to enact lethal self-harm, that increases an individual's risk to die by suicide because a person must act on the suicidal desire with lethal intent (O'Keefe, et al., 2014). In the present study, I will examine the relationship of self-compassion with the variables of thwarted belongingness and perceived burdensomeness specifically due to the fact that IPTS posits the combination of thwarted belongingness and perceived burdensomeness is what increases an individual's desire to die by suicide. This present study is being conducted to explore protective factors associated with suicidality among American Indian/Alaska Native people in hopes of developing self-compassionate and mindfulness-based interventions with this population. Even though I will not be exploring acquired capability, which is one of the Joiner et al. (2009) constructs in the Interpersonal Psychological Theory of Suicidal Behavior model, it will be discussed briefly next.

Joiner et al. (2009) states that the human body is not created to end its own life; therefore, suicide involves a struggle with survival motives. Acquired capability must be present for an individual to enact death which the body would normally resist. Our bodies are not created to experience traumatic and painful events. Instead, human beings often resist events that test survival such as extreme mountain climbing, jumping from an

airplane at high altitude, or being on the frontline in a war. Instead, humans retreat to events where they feel safe and secure. In most instances where individuals take risks as mentioned above, they are often trained for weeks or months and given appropriate equipment to survive the event. However, once an individual participates in risky events, his or her resistance is often lowered because of the survival and fear is lowered.

Therefore, an individual who has experienced various life threatening or painful events and who has a higher acquired capability may not be fearful of death and may be able to follow through compared to someone who has not experienced life threatening events.

In one study, Bryan et al. (2010) found that active duty personnel had significantly higher levels of acquired capability versus the non-military outpatient clinical sample which is congruent with the construct. The study consisted of 88 junior enlisted active duty Airmen, largely consisting of 18 to 24-year-old Caucasian males and utilized the following measures: Suicidal Behaviors Questionnaire-Revised (SBQ-R), the Positive and Negative Affect Schedule-Short Form (PANAS), the Interpersonal Needs Questionnaire (INQ), and the Acquired Capability for Suicide Scale (ACSS). According to Joiner (2005), military personnel experience routine exposure to painful and provocative events repeatedly which can adapt them to pain and death hereby elevating their acquired capability. This research aligns with the acquired capability construct in that military members are often exposed to painful or traumatic events at a higher rate than non-military personnel, which military personnel had significantly higher scores on the acquired capability scale.

As suicide continues to plague our society, researchers will remain investigating theories to explain suicidality in human behavior. However, Dr. Joiner's Interpersonal

Psychological Theory of Suicidal Behavior has provided positive contributions to the literature to explain and predict suicidal desire as well as suicidal attempts. To provide support for the importance of utilizing the IPTS when examining suicidality within the American Indian/Alaska Native population, thwarted belongingness and perceived burdensomeness will be discussed in relation to the American Indian/Alaska Native population specifically.

American Indian/Alaska Native people and IPTS Constructs (Thwarted Belongingness and Perceived Burdensomeness)

Cultural Connection and Belongingness

When examining the American Indian/Alaska Native culture, belongingness is an important concept because American Indian/Alaska Native people often live a communal life and relationships with others is exemplified within tribes in relation to their clans and/or families. Gilligan (2002, p. 69) states, “Kinship and belonging are not only matters of biological relationships but of connections to others with whom persons have regular contact. Children, therefore, belong both to their families and to their bands”. Therefore, when a child is born, they already become a member of not only their family but of a clan (often an animal representation), which signifies belongingness in relation to others in the tribe. Often American Indian/Alaska Native people relate with one another through their clans and consider the clan members part of their family. Many tribal cultures believe extended family members are the same relation as immediate family members as well as various familial relationships within their community in excess of their immediate family members. For example, American Indian/Alaska Native people often refer to their aunts and uncles as grandparents because they believe their role is that of a grandparent,

nurturing and important. They do not have a word for cousin and instead call their cousins their brothers and sisters. Markstrom (2011) states the importance of connection in the formation of identity for American Indian/Alaska Native people, such that connection is expressed according to kinship/clan/tribe, genealogy/ancestors, and land/place. Her expression of connection corresponds to Fogelson's three interconnected basics of community, blood and descent, and land when defining American Indian/Alaska Native identity.

Because of these multi-faceted dimensions that create an American Indian/Alaska Native identity, it is important to note that the connection is distinct to their population. For example, the need to register and receive a Certificate Degree of Indian Blood (CDIB) in order for an American Indian/Alaska Native to be recognized as an American Indian/Alaska Native in our country is required. Other Americans do not have to "prove" their blood descent in our country. Not only does the CDIB verify American Indian/Alaska Native blood descent, but it also identifies the individual's degree of tribal blood. This can then be used to register as a member to the individual's tribe.

Membership to a tribe creates another connection an individual has specifically to that tribe including language, customs, and food. Hamill (2003) indicates that ethnic identity is not inherent, but is instead built from symbols that people utilize when they communicate with one another such as rituals, language and/or other materials and items. What increases the importance of connection to tribal entity is that each tribe has its own distinct symbols for communication with each other that can be separate from other Americans.

Belongingness can also be expressed in terms of one's connections to their culture. Enculturation is a term that has been used to define the degree to which an individual is embedded in his or her cultural traditions, which is evidenced by traditional practices, language, spirituality, and cultural identity (Whitbeck et al., 2004). American Indian/Alaska Native people have unique cultural practices that differ from tribe to tribe as well as the American cultural practices. Often tribal entities have their own language, government, dress, dance and other customs passed down from generations before they were forced to assimilate into the European world. Yet, what has been difficult for many American Indian/Alaska Native people is that our society operates from a Caucasian/European perspective. Therefore, American Indian/Alaska Native people often have difficulty belonging because they are required to adopt the Caucasian/European customs (language, dress, and other practices) to navigate and live from day to day. They might utilize their tribal customs specifically for tribal events or activities that only happen once a week. Often American Indian/Alaska Native people do not feel as if they belong in the Euro-American world nor do they feel as if they completely belong in their tribal world.

Belongingness/Connectedness and Suicide Risk in American Indian/Alaska Native People

There is some research evidence that belongingness/connectedness may be a protective factor for suicide risk for American Indian/Alaska Native people. However, few researchers have specifically focused on thwarted belongingness, which is the focus of the present study.

Hill (2009) examined the relationship between sense of belonging as connectedness and suicide within the American Indian/Alaska Native population. Hill (2009) recognized the unique dimensions of belongingness, which included the psychological, sociological, physical, and spiritual connections of individuals, families, and communities within this specific population. The researcher utilized archival data (Wellness Circles, An American Indian Approach; Felicia Hodge, principal investigator), which included a non-clinical sample of 453 American Indian/Alaska Native adults (336 women, 117 men) residing in California either in rural areas or on reservations (tribal membership was undisclosed) who accessed services at a rural Indian Health Clinic. In order to explore the relationship between suicide and connectedness within this specific population, a secondary analysis was performed. When combining men and women participants, 20 percent indicated they had previously had suicidal ideation in their lifetime; whereas, 7.8 percent of the sample specified a previous suicide attempt. A large number of participants reported feeling culturally connected (80%), and those who had a greater sense of belonging were less likely to have suicidal thoughts, which provides support for the idea that the more disconnected a person feels, the greater his/her risk for suicidal ideation. Hill (2009) noted the American Indian/Alaska Native experience is unique and findings suggest that an increased sense of belonging as well as participating in traditional practices could buffer against suicidal thoughts.

Rhoades-Kerswill (2012) noted that American Indian/Alaska Native people may experience an increase in thwarted belongingness if they are separated from their tribal communities which could be due to living in another city and/or state than their tribe or a lack of involvement in their tribal community. She examined the components of the IPTS

(i.e., thwarted belongingness, perceived burdensomeness, and acquired capability) with a sample of American Indian/Alaska Native people (i.e., 123 adults from 27 different tribes) utilizing the Interpersonal Needs Questionnaire, the Acquired Capability for Suicide Scale, the Depressive Symptom Index-Suicidality Subscale, the Center for Epidemiologic Studies Depression Scale, and the Zung Self-Rating Scale. Rhoades-Kerswill sought to add to the body of literature by researching adult American Indian/Alaska Native people from various tribal groups in order to distinguish similarities and differences among American Indian/Alaska Native people in regards to their suicidal behaviors as well as to utilize the IPTS to predict suicidal ideation when controlling for depression and anxiety. Thwarted belongingness was found to be a significant predictor of suicidal ideation in her American Indian/Alaska Native sample, but not perceived burdensomeness or acquired capability.

Other researchers have identified protective factors and risk factors for suicide risk in the American Indian/Alaska Native population. Researchers either theorized or found that connection to family members as well as the tribal community was a protective factor for suicide in American Indians/Alaska Native people (Alacantara & Gone 2007; Borowsky et al., 1999; Dexheimer-Pharris et al., 1997; Howard-Pitney et al., 1992). Each study will be discussed in more depth to allow for an examination of protective factors that could be negatively related to thwarted belongingness.

Research conducted by Howard-Pitney et al. (1992) sought to examine the psychological and social indicators of suicide ideation and suicide attempts in the specific tribal population of Zuni adolescents in order to identify specific risk factors that could be utilized in future preventative measures to decrease the vast amount of suicide attempts

and completion in the American Indian/Alaska Native communities. The leaders of the Zuni community recognized the need for implementation of preventative measures to target the growing number of suicides among adolescents. Therefore, they decided to implement a suicide prevention curriculum with their high school students attending the Zuni Public High School. Prior to the implementation of the curriculum, baseline data was collected including psychological, personal, social status, and cultural factors that the researchers believed were applicable to suicide intervention. The participants included 83 freshman students from the Zuni Public High School with approximately 58% of the participants identifying as female. The following data was collected including suicide attempt and ideation, depression (measured by a 5-item, 7-point Likert scale), hopelessness (20-item true-false Hopelessness Scale), 11 stressful life events, frequency of coping behavior (20-item, 5-point scale), psychological distress (SCL-90R), drug use, social support (Five 5-point scales measuring perceptions of social support), interpersonal communication abilities (Six 5-point scales), concern of parents' substance use (3 items), and the degree to which the students considered themselves to be "traditional" Zuni Indians (Five 5-point scales). Suicide attempt and current suicidal ideation were the two main indicators identified to measure suicide risk. Out of the 83 students, 30% documented a previous suicide attempt, with 70% of those having tried two or more times (2007). Significant correlations were found between suicidal ideation and the following variables: depression, hopelessness, stress, overall emotional distress (SCL-90R), social support, liking for school, and interpersonal communication. However, coping and traditionalism were not related to suicidal ideation. This research not only adds to the body of literature needed to identify risk factors associated with suicidality in

the American Indian/Alaska Native population, but also implies that future suicide prevention programming should include training on coping skills to decrease depressive and hopelessness symptomatology, increasing access to social support, enhance stress management, communication skills, and social skills that target refusal of peer pressure.

Dexheimer Pharris et al. (1997) explored protective factors to combat hopelessness and suicidality in sexually abused American Indian adolescents. Participants included 13,923 American Indian/Alaska Native youth (7th through 12th-grade) representing 53 tribes living near or on Indian reservations throughout the United States. They were surveyed during a regular scheduled class hour utilizing a modified version of the American Indian Adolescent Health Survey, including 162 questions regarding health risk behaviors, health status, health service utilization, substance use, nutrition and eating behaviors, sexual behavior and attitudes, delinquency and antisocial behaviors, mental health, and relationships with family and friends. The participants were also asked a series of questions in relation to the following constructs: sexual abuse (“Have you ever been sexually abused”), hopelessness (“During the past month, have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile”), suicide attempt (“Have you ever tried to kill yourself”), and suicidal ideation (“I would like to kill myself” or “I would kill myself if I had the chance”). Results indicated that family attention, parental expectations, parental caring, and positive feelings about school were protective factors against suicide attempts for females with a report of previous sexual abuse; whereas, feeling positively about school, family caring, involvement in traditional activities, and doing well in school were identified for males (who reported previous sexual abuse) as protective measures against suicide

attempts (1997). The absence of suicidal ideation with parental and adult caring, perceived caring from school officials, religious and tribal leaders, and other family caring and attention for females who reported previous sexual abuse. Therefore, for adolescent females, connectedness to their community, family, and extended family members was an important as a protective factor against suicidal ideation. The implications of these findings appear to indicate that if adolescent American Indian/Alaska Native females feel a lack of connection or belongingness with their family, extended family, or community, they may become at risk for suicidal ideation.

Borowsky et al. (1999) also examined the relationship between suicide risk and perceived connection or belongingness with family in American Indian/Alaska Native youth. The sample utilized consisted of 13,454 American Indian/Alaska Native adolescents (grades 7th through 12th) attending schools of reservation communities (Alaska, Arizona, California, Minnesota, Montana, New Mexico, South Dakota, and Tennessee) residing within Indian Health Services (IHS) service area. The participants completed the 1990 National American Indian Adolescent Health Survey (162-items) assessing adolescent risk behaviors and environments, resiliency factors, and health outcomes as well as a question assessing previous suicide attempt (“Have you ever tried to kill yourself”). They found that suicide attempts were negatively related to sense of connectedness with family for both male and female participants.

Alcantara and Gone (2007) conducted a review of the literature regarding suicide in the American Indian/Alaska Native population to identify the common suicide risk and protective factors within the American Indian/Alaska Native population. They utilized a transactional-ecological model for identification of culturally relevant suicidal

intervention strategies to identify American Indian/Alaska Native individual's risk and protective factors on a broad-based continuum including biological, psychological, and social facets on a variety of levels (individual, family, and environment). Prior to this model, many suicidal preventative efforts focused on intrinsic individual factors; whereas, this model recognizes the importance of targeting various levels (individual, family, community, and tribe) that ultimately impact an individual's emotional growth. The identified protective factors for suicide risk included perceived strong family connectedness, social support, and affective relationships with tribal leaders (Borowsky et al., 1999; Dexheimer-Pharris et al., 1997; Howard-Pitney et al., 1992). Using a transactional-ecological model would allow preventative efforts to recognize the importance of strong family connectedness and social support as buffers that protect against suicidal behaviors and target the individual's interactions with contexts such as stressors, environment, and sociocultural factors instead of treating pathology as residing only within the individual.

In summary, there is emerging research evidence that belongingness in relation to connectedness of culture, family, the tribe, and community is important for American Indian/Alaska Native people. The concept is parallel to thwarted belongingness in the IPTS in that the less an individual feels connected to his/her culture, family, tribe, or community, the greater their risk for suicidal ideation. Even though thwarted belongingness is an important concept of the IPTS, it is when thwarted belongingness is combined with perceived burdensomeness that the theorists suggest increases the risk for someone to have suicidal thoughts. However, few researchers have focused specifically on thwarted belongingness and suicide risk in American Indian/Alaska Native people.

Perceived Burdensomeness and Suicide Risk in American Indian/Alaska Native People

The next construct of perceived burdensomeness is also important when discussing American Indian/Alaska Native people and their high rates of suicidal risk/behaviors. As mentioned above, American Indian/Alaska Native people have a culture that believes extended family members are the same relation as immediate family members as well as various familial relationships within their community in excess of their immediate family members. For example, American Indian/Alaska Native people often refer to their aunts and uncles as grandparents for they believe their role is that of a grandparent, nurturing and important. They do not have a word for cousin and instead call their cousins their brothers and sisters. Also, extended family members are referred to as aunts and uncles, not second cousins or great relatives, etc. They consider these relationships as close as their immediate family members. This also applies to people who are not of blood relation but that play an important role in their lives. It is plausible that American Indian/Alaska Native people could be at an increased risk for perceived burdensomeness due to the increased amount of family and community relationships that American Indian/Alaska Native people often have. Increased burdensomeness could also play a part when they are not fulfilling their expected role within their community or familial relationships (Rhoades-Kerswill, 2012).

Tingey et al. (2014) explored perceived burdensome in their qualitative study of Apache people. Significant sadness, hopelessness, and anger were identified by Apaches (n = 97; 13 to 19-years-old) who had recently attempted suicide, along with the theme that their deaths were worth more than their lives. The reasons for this perceived

burdensomeness was not clear from the results of this study. More research is needed in this area. However, Rhoades-Kerswill (2012) theorized that perceived burdensomeness for American Indian/Alaska Native people might increase when they are not fulfilling their traditional role, which could create a sense of burden on their community and/or family.

In a study by Olson and colleagues (2011), burdensomeness was identified as a common dimension for reasons why people die by suicide based on analyzing suicide notes written among American Indian/Alaska Native, Hispanic, and Anglo adults. Individuals who had completed suicide between 1999 and 2001 and had records in the New Mexico Office of the Medical Investigator were included in the study. The researchers utilized an exploratory approach consistent with the constant comparison approach to identify key themes and their interrelationships. Leaving problems behind was one theme that emerged which included a number of people reporting feelings of being a burden on others in their suicide note. This is consistent with previous research (Joiner et al. 2002; Sanger & Veach, 2008) that identified a theme of burdensomeness in their examination of suicide notes.

Many suicide prevention programs are utilized in American Indian/Alaska Native communities to reduce the suicide plague; yet, previous research identifies a small portion (10 to 35%) of American Indian/Alaska Native adolescents and young people who actually utilize professional services when experiencing suicidal episodes (Freedenthal & Stiffman, 2007). Wanting to provide reasoning for the lack of utilization of services in this specific population, Freedenthal and Stiffman (2007) conducted a study including data from the third year (2003) of a larger data collection (American Indian

Multisector Help Inquiry). The original stratified random sample consisted of 401 American Indian/Alaska Native adolescents (ages 12-19 in 2001) was reduced to a subsample of 101 participants who had reported in 2003 that they had suicidal ideation or attempted suicide at any time in their life. Participants received follow-up questions when interviewed including questions about help-seeking behaviors as well as reasons for not seeking help when suicidal. Self-reliance was a theme that emerged as a reason for not seeking services when suicidal. American Indian/Alaska Native youth identified that they did not want to burden others by requesting their help when suicidal. Therefore, American Indian/Alaska Native youth might feel as if they should be able to solve problems on their own and do not turn to family or other professionals because they do not want to add increased burdensomeness.

There are some research findings to support that American Indian/Alaska Native people have an increased risk for suicidal thoughts and behaviors when they feel as if they are a burden to others (Rhoades-Kerswill, 2012; Olson et al., 2011). Freedenthal and Stiffman (2007) identified an added complexity of burdensomeness within the American Indian/Alaska Native youth population including the fact that they may not seek assistance when suicidal due to not wanting to burden others with their problems. Perceived burdensomeness is an important component identified in the IPTS as increasing the desire for suicide when present. Previous research noted above appears congruent within the American Indian/Alaska Native population as well.

So, according to Joiner's theory, if an American Indian/Alaska Native person feels that s/he is a burden to family (i.e., for various reasons), given connectedness and closeness of these family relationships in American Indian/Alaska Native communities, it

is possible that s/he may be at risk for depression and possibly suicidal risk in combination with other factors. To date, little is known about the experience of thwarted belongingness and perceived burdensomeness from the IPTS within the American Indian/Alaska Native population. One of the first studies to examine the IPTS with the American Indian/Alaska Native population was a study conducted by Rhoades-Kerswill (2012). She identified the pressing need for research to identify a theoretical construct useful in predicting suicidal behavior in the American Indian/Alaska Native population. Her research included 123 American Indian/Alaska Native adults encompassing 27 tribes (which were not specified to ensure the anonymity of tribal entities) including women (74.8%) as the bulk of the participants. The non-clinical sample was obtained through email as well as social media sites. The researcher utilized the theoretical constructs from the IPTS including thwarted belongingness, perceived burdensomeness, and acquired capability to predict suicidal ideation after controlling for depression and anxiety. The participants were requested to complete the Interpersonal Needs Questionnaire (INQ), the Zung Self-Rating Scale (SAS), the Acquired Capability for Suicide Scale (ACSS), the Depressive Symptom Index-Suicidality Subscale (DSI-SS), the Center for Epidemiologic Studies Depression Scale (CES-D), and a demographic form. The research findings were inconsistent with Joiner et al.'s theory. Thwarted belongingness, perceived burdensomeness, and acquired capability, when considered together, did not predict suicidal ideation in American Indian/Alaska Native people (Rhoades-Kerswill, 2012). The low (n = 17) number of participants who identified previous suicidal attempts might not be indicative of a true American Indian/Alaska

Native clinical sample, which could account for the lack of significant findings for this particular sample.

O’Keefe et al. (2014) conducted a study investigating thwarted belongingness and perceived burdensomeness within an American Indian/Alaska Native population. The research included 171 AI students (39 males, 132 females) ranging in age from 18 to 62 from three large Midwestern colleges representing 27 different tribes (data specific to individual tribes was not disclosed to protect the anonymity of each tribal entity). The measures used included: Interpersonal Needs Questionnaire (INQ), Hopelessness Depressive Symptoms Questionnaire-Suicidality Subscale (HDSQ-SS), and Center for Epidemiologic Studies-Depression Scale (CES-D). Perceived burdensomeness was found to significantly predict suicidal ideation, however, thwarted belongingness was not found to significantly predict suicidal ideation (O’Keefe et al., 2014). The researchers suggested that the lack of support for thwarted belongingness as a predictor of suicidal ideation may be due to cultural inaccuracy (O’Keefe et al., 2014). For example, the INQ questions that address belongingness ask broad questions such as, “These days, I feel like I belong”. The questions do not address belongingness in relation to their tribe or extended family which has been noted as important connections within the American Indian/Alaska Native community; therefore, the INQ does not address belongingness in relation to one’s tribe and/or tribal community.

The final construct is acquired capability which indicates that a person may have an increased capability to follow through with the action of killing him or herself if he or she has been exposed to painful and fearful events in their lifetime. Historical trauma as well as personal traumas and events may be risk factors for acquired capability among

American Indian/Alaska Native people. American Indian/Alaska Native people have been exposed to extreme trauma in their lives (as discussed in the first paragraph) which in turn has been passed down generation to generation because of the trauma that was experienced as well as their culture (which once protected American Indian/Alaska Native people from trauma and abuse) which is at risk for being lost due to acculturation and assimilation of their people to European ways. What once protected the people (i.e., religion, beliefs, dress, culture, traditions) was now removed from the American Indian/Alaska Native people and replaced with a foreign culture. This left the entire population confused, beaten, and exposed to traumatic experiences that their souls were not created to withstand. To cope, some turned to other forms of bodily harm (i.e., alcoholism and drug addictions, domestic violence, and self-harm) to release the pain they were exposed to and were experiencing. This created a vicious cycle of painful and fearful experiences that still continue to pass on within families. Some have not been able to learn effective coping skills to rid themselves of these traumatic experiences and the feelings they have suffered. Their bodies have to rid somehow the repeated exposure to hurt, which often has not been positive.

Dr. Joiner's Interpersonal Psychological Theory of Suicidal Behavior provides theoretical constructs (thwarted belongingness, perceived burdensomeness, and acquired capability) to explain the potential risk for suicidal ideation and suicide attempts based upon an individual's thoughts, feelings, and experiences. However, it does not explain what prevents individuals from contemplating and/or completing suicide. Knowing the vast numbers of American Indian/Alaska Native people who die by suicide each year creates an outcry for a positive approach to combat the destruction of suicide in this

particular population. Hope is one positive construct researchers have utilized to examine, hypothesizing that it will negatively predict suicidality, specifically the IPTS theoretical constructs. Davidson and Wingate (2013) conducted research with 62 adults in a clinical sample, hypothesizing that hope and optimism would negatively predict perceived burdensomeness and thwarted belongingness. Their findings suggest that those who are hopeful or optimistic will feel less burdensome on others and will be less likely to feel that they do not belong to a group (Davidson & Wingate, 2013). This leads to the next line of research with American Indian/Alaska Native participants, exploring positive approaches to combat suicide. O’Keefe and Wingate (2013) recognized the need to study the function of hope and optimism in American Indian/Alaska Native people through an IPTS lens. A total of 168 American Indian/Alaska Native participants enrolled in three separate mid-western universities were given the Revised Life Orientation Test (LOT-R), the Trait Hope Scale, the INQ, the ACSS, the HDSQ-SS, and a demographic questionnaire. Results indicated that hope and optimism were significant predictors of thwarted belongingness, perceived burdensomeness, and suicidal ideation. If further research emphasizes positive constructs suggesting reduced suicide risk, as mentioned above, preventative programs could adopt those constructs to build programs to reduce suicidality.

In summary, limited research has been conducted to date to explore how Joiner’s constructs of thwarted belonging and perceived burdensomeness relate to suicidality in American Indian/Alaska Native people (Rhoades-Kerswill, 2012, O’Keefe & Wingate, 2013; O’Keefe et al, 2014). More research is needed to explore the protective factors against suicidal ideation and intention among American Indian/Alaska Native people.

Certainly, having hope and optimism is important, but are there other psychological constructs in addition to hope and optimism that can help American Indian/Alaska Native people cope? One such construct might be self-compassion, which will be discussed next.

Self-Compassion

Dr. Joiner's theory provides a framework to utilize when exploring the suicide rate in the American Indian/Alaska Native population. The framework can help practitioners as a tool when identifying suicide risk with their patients. Even though identifying suicide risk in patients is highly needed, a preventative approach is needed to assist those who work with high suicidal risk populations such as American Indian/Alaska Native people to provide them with a combative approach to reduce the epidemic of suicide among their population. Knowing that American Indian/Alaska Native people have an increased rate of suicidal risk and behaviors, including suicide itself, which can be explained by the history of trauma over many generations as well as by Dr. Joiner's IPTS theory, it is necessary to research positive constructs that may combat the plague of suicidality within American Indian/Alaska Native cultures. By researching positive constructs, a preventative approach to resiliency within American Indian/Alaska Native people can be utilized to create and target those at risk in Native communities. The positive construct that will be examined in the present study is self-compassion.

Self-compassion has been known to increase positive emotional states while decreasing other mental ailments such as depression and anxiety (Neff & Vonk, 2009). Self-compassion refers to an individual's ability to have empathy toward oneself and

one's suffering (Neff, 2003). Neff (2003) has identified 6 different aspects of self-compassion. The first component is *Self-kindness*, which is how kind an individual is to oneself while refraining from judging oneself. On the opposite end of the continuum of beliefs about self is the second component called *Self-judgment*, wherein an individual is unable to refrain from judging and instead is self-critical. Neff and McGehee (2010) refer to the next two dimensions refer to one's beliefs about oneself in relation to the world. *Common Humanity* is an aspect of self-compassion wherein an individual embraces imperfection as a shared human experience. *Isolation* refers to an individual isolating oneself based upon perceptions of individual imperfections. The next two dimensions of self-compassion refer to one's relationship with thoughts and feelings. *Mindfulness of one's thoughts and feelings* is an individual's ability to equalize his or experiences (i.e., experience one's thoughts and feelings in the moment) instead of amplifying individual suffering. *Over-identification with one's thoughts and feelings* refers to an over-exaggeration of one's painful internal events (Akin & Akin, 2015). It is when the three positive components blend together and reciprocally interact that a self-compassionate mindset is created (Neff & McGehee, 2010).

There is some evidence that self-compassion helps with emotional regulation. Vettese et al. (2011) conducted a study to examine if self-compassion can buffer against maltreatment and later in life emotional regulation in 81 youth ages 16-24 who were admitted to substance treatment program in a hospital-based youth program. Measures used in the study included: Difficulties with Emotional Regulation Scale (DERS), Childhood Trauma Questionnaire Short Form (CTQSF), Self-Compassion Scale (SCS), Brief Symptom Inventory (BSI), Substance Misuse Scale (SMS), and the Timeline

Follow-back (TLFB). Vettese et al. (2011) utilized a stepwise multiple regression analysis to ascertain if the variance in emotional regulation consisted of self-compassion. It was determined that fourteen percent of the emotional regulation variance could be accounted for by self-compassion.

This research is important in regards to examining self-compassion as a preventative measure against suicidality because emotional regulation involves an individual's ability to respond to a range of emotions in certain situations in a way that is adapting for that individual. Therefore, if self-compassion is a mediator for emotional regulation then this could be helpful when approaching individuals in a preventative measure to combat against suicidal thoughts, which can be seen as a maladaptive emotional regulation to life's adversities.

Self-compassion has also been examined as a resiliency factor against personal life difficulties among adolescents and young adults (Neff & McGehee, 2010). Neff and McGehee's research (2010) examined self-compassion among adolescents including factors that influence the growth of self-compassion. The study included 235 adolescents ranging from 14 to 17-years-old who attended a private high school in a large southwestern city in the United States. Measures utilized included: Self-Compassion Scale (SCS), Beck Depression Inventory (BDI), Spielberger State-Trait Anxiety Inventory-Trait Form, the Social Connectedness Scale, the maternal subscale of the Family Messages Measure, Index of Family Relations, the Relationship Questionnaire, and the personal uniqueness subscale of the New Personal Fable Scale. They found that self-compassion was a significant predictor of greater feelings of connectedness as well

as fewer symptoms of depression and anxiety. Therefore, individuals with increased self-compassion should feel more connected to others.

If self-compassion is found to increase feelings of connectedness while decreasing symptoms of depression and anxiety, then self-compassion could be important to consider when discussing a preventative approach to combat suicidality within American Indian/Alaska Native people. Suicidality is linked to depression and as mentioned before, those who have an increase in thwarted belongingness and perceived burdensomeness may have higher rates of suicidal thoughts. If self-compassion is linked with higher rates of connectedness, happiness, and optimism (Neff, 2010) then an increase in self-compassion could potentially decrease suicidal thoughts.

To date there has been little research regarding self-compassion as a protective factor for suicide. One study important to note is Tanaka et al. (2011) and their MAP (Maltreatment and Adolescent Pathways) research team's longitudinal design wherein they utilized a random sample of adolescents from child protection services. Their results indicated that adolescents with low self-compassion had higher rates of suicide attempts whereas, those with higher self-compassion had lower suicidal attempts.

In another study (Ali, 2014), twelve students at a suburban therapeutic day school completed the national Youth Risk Behavior Survey combined with measuring self-compassion along with other measures. Students who endorsed having a suicide plan also had lower self-compassion scores in two areas, Self-kindness and Common Humanity.

These two studies show promise when exploring self-compassion as a potential protective factor against suicidality. To date, research could not be found examining self-

compassion as a predictor for suicide risk in an American Indian/Alaska Native population. Research was found utilizing mindfulness-based strategies in suicide preventative approaches with American Indian/Alaska Native populations. Mindfulness provides utility when considering self-compassion as a protective factor due to the fact that mindfulness is the ability of an individual to think clearly and objectively without the influence of the subjective past or other negative judgments (Le and Gobert, 2015). Mindfulness and Self-judgment are both important constructs included in defining self-compassion in individuals.

One study important to note is a mindfulness-based youth suicide prevention intervention in an American Indian/Alaska Native community. Le and Gobert (2015) identified the importance of implementing a mindfulness-based preventative program with American Indian/Alaska Native youth to assist youth to feel connected with their tribal culture. The researchers recognized that mindfulness could be an important preventative measure with American Indian/Alaska Native population in relation to their spirituality because it teaches compassion and openness. Eight youth who were members of the Confederated Salish and Kootenai Tribes (CSKT) and attendees of the CSKT Two Eagle River School were part of the pilot study. The participants were taught mindfulness skills utilizing an adapted mindfulness program for 55 minutes 4 days a week for 9 weeks. Le and Gobert (2015) stated that through teaching mindfulness with respect to suicidal ideation, 100% responded they did not have any thoughts of hurting themselves; whereas, prior to the intervention, 44% of the youth acknowledges suicidal thoughts (2015). In regards to suicidal thoughts, teaching mindfulness is thought to help

the participants be in the moment with their cognitions rather than focus on negative cognitions that might impact their thoughts and in turn lead to suicidal ideation.

The studies above provide optimism in the area of self-compassion as a protective factor, yet more research needs to be conducted to increase evidence-based preventative programs for reducing suicidality among the American Indian/Alaska Native population. Not only does more research need to be conducted to validate self-compassion as a protective factor, research in this area with American Indian/Alaska Native people would be viable considering the high suicidal rates and the need for promising preventative interventions to help reduce their deathly toll.

Knowing that self-compassion can be a positive buffer for those experiencing difficult adversities, it would be beneficial to explore self-compassion as a preventative factor when looking at suicidality within the American Indian/Alaska Native population. To this date, there are no studies to date with a focus on relationship between self-compassion and suicidality in the American Indian/Alaska Native population, which is the focus of the present study.

Appendix C: Assumptions, Limitations, and Definitions of Terms

Assumptions

1. The sample of American Indian/Alaska Native adults will represent the general population of American Indian/Alaska Native adults.
2. The participants will respond to the items on the questionnaires with how they honestly feel.
3. The measures will accurately assess the participants' self-compassion, perceived burdensomeness, and thwarted belongingness.

Limitations

1. Since the measurements are self-report, it is possible that participants may respond in socially desirable ways.
2. American Indian/Alaska Native adults attending the Northern Ponca Health Tribal clinics may not be representative of the general population of American Indian/Alaska Native adults.
3. The results may only be generalizable to American Indian/Alaska Native adults.

Definition of Terms

Perceived Burdensomeness- Robeiro and Joiner (2009) state, "Perceived burdensomeness refers to the potentially dangerous misperception that the self is so incompetent that one's existence is a burden on friends, family members, and/or society" (p. 1292).

Thwarted Belongingness-Thwarted belongingness is referred to as, "feeling alienated from friends, family, or other valued social circles" (Robeiro & Joiner, 2009, p. 1292).

Self-Compassion- Neff (2003) states, "Self-compassion involves being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and

failures, and recognizing that one's own experience is part of the common human experience" (p. 224).

Self-Kindness- Neff (2003) refers to self-kindness as, "extending kindness and understanding to oneself" (p. 224).

Self-Judgment- Self-judgment is stated as, "extending harsh self-criticism and judgment to oneself" states Neff (2003, p. 224).

Common Humanity- Common humanity is referred to as, "seeing one's experiences as part of the larger human experience" (Neff, 2003, p. 224).

Isolation- Neff (2003) states that isolation is when an individual sees his/hers experience as separate and isolated (p. 224).

Mindfulness- Neff (2003) refers to mindfulness as, "holding one's painful thoughts and feelings in balanced awareness" (p. 224).

Over-Identification- "Holding one's painful thoughts and feelings in an unbalanced way" is over-identification (Neff, 2003, p. 224).

Appendix D: Research Questions and Null Hypotheses

Research Questions

1. Are there gender differences in perceived burdensomeness and thwarted belongingness?
2. What are the relationships between and among perceived burdensomeness, thwarted belongingness, age, educational level, and income level?
3. What are the relationships between and among the six self-compassion subscales, perceived burdensomeness and thwarted belongingness?
4. What is the linear relationship of self-compassion (subscales) with perceived burdensomeness?
5. What is the relationship of self-compassion (subscales) with thwarted belongingness?
6. What is the relationship of self-compassion (subscales) with perceived burdensomeness and thwarted belongingness in the subsample of American Indian/Alaska Native people who have a history of suicidal ideation?

Null Hypotheses

1. There will be no statistically significant gender differences in perceived burdensomeness and thwarted belongingness.
2. There will be no statistically significant relationships between the demographic variables of age, educational level, and income level with the main variables of the study including the self-compassion subscales, thwarted belongingness, and perceived burdensomeness.
3. There will be no statistically significant bivariate relationships between and among the self-compassion subscales, perceived burdensomeness, and thwarted belongingness.

4. Self-compassion subscales will not be statistically significant predictors of perceived burdensomeness.
5. Self-compassion subscales will not be statistically significant predictors of thwarted belongingness.
6. Self-compassion subscales will not be statistically significant predictors of perceived burdensomeness or thwarted belongingness for American Indian/Alaska Native people who have a history of suicidal ideation.

Appendix E: Flyer, Informed Consent, and Thank You Page

Earn \$5 Cash!

Who: Any American Indian/Alaska Native adult

What: Completion of 3 questionnaires, which should take approximately 15-20 minutes to complete

When: now through March 31, 2016

Where: Any of the Ponca Tribal Health Centers (i.e., Omaha, Lincoln, Niobrara, or Norfolk)

Why: To understand experience of self-compassion and protective factors of suicide risk in the American Indian/Alaska Native Population

How: Ask the person at the front desk for a packet to complete

Informed Consent Form

You are invited to participate in a study exploring factors that might protect against suicide risk for American Indian/Alaska Native people, such as self-compassion and belonging. Participation in this study involves the completion of a survey with three questionnaires, which should take approximately 15-20 minutes to complete. Your decision to participate or not will not have an impact on any services you might receive at the Ponca Tribal Health facilities.

The potential benefit of participating is that there is limited research in the areas of self-compassion and protective factors regarding suicide risk within the American Indian/Alaska Native population and by participating we hope that you will add to the body of literature that is currently lacking in this area. There are no foreseeable risks in participating in this study. However, you may become more aware of what you are feeling and experiencing as a result of participating in this study, which you can certainly discuss with a professional of your choice (i.e., resources will be provided for whom you can contact) following participation in this study or with the primary researchers of this study.

Participation in this study is completely voluntary. If you choose to participate, please complete the questionnaires in this packet. No one will see your results and you will not write your name on any of the questionnaires. There is no penalty for not participating. You have the right to withdraw your consent to participate at any time.

To thank you for your time for participation in this study, you will be given \$5. All information collected in this study is strictly confidential. No individual participants will be identified. The primary investigator will have access to the data file, and the file

will be stored for 3 years on a computer hard-drive and jump drive. The data file will have no information that could identify you or other participants.

Your participation in this study is greatly appreciated. If you have questions about this study, you can contact Sarah Tielke, M.S., at sarah.tielke@okstate.edu or Carrie Winterowd, Ph.D. at carrie.winterowd@okstate.edu. If you have questions about your rights as a research volunteer, you may contact the Dr. Hugh Crethar, IRB Office, 223 Scott Hall, Stillwater, OK 74078, (405)744-3377 or irb@okstate.edu.

If you agree to participate, let the person at the front desk know and you will be given the packet including the surveys to complete and return in the clinic. If you choose to participate, returning your completed survey in the envelope provided indicates your willingness to participate in this research study.

Thank You Page to Follow the Completion of the Survey

We thank you for completing the questionnaires for this study. We are very interested in American Indian/Alaska Native people's experience of self-compassion and how this may be a protective factor related to suicide risk for American Indian/Alaska Native people. Sometimes, when people participate in research studies, they might become aware of their own feelings and experiences that they may wish to discuss with others, including counseling professionals. Please feel free to talk with a professional of your choice (i.e., resources provided at the end of this letter) about your experiences with participating in this study. You may also wish to contact the primary researchers of this study, Sarah Tielke, M.S., or Carrie Winterowd, Ph.D., 409 Willard Hall, Oklahoma State University, Stillwater, OK 74078 at (405)744-9446 or at carrie.winterowd@okstate.edu. We appreciate your participation in this study.

If you would like to receive \$5 compensation for your time, please return the questionnaires to the person at the front desk.

Please remember if you feel you need **immediate assistance**, go to the nearest **emergency room or call 911**. You may also **call 1-800-273-8255 (The Suicide Prevention Hotline)** where calls are accepted 24 hours, 7 days a week.

Here are some resources available to you.

Resource List

Fred Leroy Health and Wellness Center
Ponca Tribe of Nebraska
2602 J Street
Omaha, NE 68107
(402)734-5275

Lutheran Family Services
120 South 24th Street, Suite 100
Omaha, NE 68102
(402)342-7007

CHI Health Alegent Creighton
Psychiatric Associates (Dodge Street)
3528 Dodge Street
Omaha, NE 68131
(402)717-5550

Bryan West Campus Emergency Department
2300 S. 16th St.
Lincoln, NE 68502
(402)481-5142

Faith Regional Health Services
2700 W. Norfolk Ave.
Norfolk, NE 68701
(402)371-4880

Ponca Hills Health and Wellness Center
1800 Syracuse Ave.
Norfolk, NE 68701
(402)371-8780

Ponca Tribe of Nebraska, Lincoln Office
1701 E Street
Lincoln, NE 68508
(402)438-9222

Ponca Tribe of Nebraska, Niobrara Office
2523 Woodbine St.
Niobrara, NE 68760
(402)857-3391

Appendix F: Demographic Sheet

Directions:

Please answer each question by filling in the answer or select the appropriate response

How old are you? _____

| | |
|---------------------------------|-------------------------------|
| Sex: | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Other | |

| | |
|---|--|
| Race: (Check all that apply) | |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Asian/Asian American | <input type="checkbox"/> Hispanic/Latino(a) |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other: _____ |

| | |
|---|----------------|
| Tribe: | |
| Tribe of Membership: | Blood Quantum: |
| If you are less than 4/4 of the tribe where you are a member, please list any other tribe(s) and blood quantum: | |
| Tribe: | Blood Quantum: |
| Tribe: | Blood Quantum: |
| Tribe: | Blood Quantum: |

| | |
|---|-----------------------------------|
| Marital Status: | |
| <input type="checkbox"/> Never Been Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |

| | |
|--|---|
| Current Living Arrangements: (Please check all that apply) | |
| <input type="checkbox"/> On Reservation | <input type="checkbox"/> Rural Area |
| <input type="checkbox"/> Tribal Housing | <input type="checkbox"/> Other: (Please list below) |

| | |
|--|--|
| <input type="checkbox"/> Urban Area (Omaha, larger cities, etc...) | |
|--|--|

| | |
|--|---|
| Past Living Arrangements: (Please check all that apply) | |
| <input type="checkbox"/> On Reservation | <input type="checkbox"/> Rural Area |
| <input type="checkbox"/> Boarding School | <input type="checkbox"/> Other: (Please list below) |
| <input type="checkbox"/> Tribal Housing | |
| <input type="checkbox"/> Urban Area (Omaha, larger cities, etc...) | |

| | |
|---|---|
| Highest Level of Education Completed: | |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Junior High School |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> High School Diploma or GED |
| <input type="checkbox"/> Vo-tech Training | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Undergraduate Degree | <input type="checkbox"/> Some Graduate College |
| <input type="checkbox"/> Graduate Degree | <input type="checkbox"/> Other: Please list |

| | |
|---|---|
| What is your family annual income? | |
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$10,001 to \$20,000 |
| <input type="checkbox"/> \$20,001 to \$30,000 | <input type="checkbox"/> \$30,001 to \$40,000 |
| <input type="checkbox"/> \$40,001 to \$50,000 | <input type="checkbox"/> \$50,001 to \$60,000 |
| <input type="checkbox"/> \$60,001 to \$70,000 | <input type="checkbox"/> \$70,001 to \$80,000 |
| <input type="checkbox"/> \$80,001 to \$90,000 | <input type="checkbox"/> \$90,001 and above |
| How many people are supported on this income? _____ | |

| | |
|---|---|
| Spiritual Preference: | |
| <input type="checkbox"/> Native American Church | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Baptist |
| <input type="checkbox"/> Lutheran | <input type="checkbox"/> Other: Please list below |
| <input type="checkbox"/> None | |

Have you ever thought about killing yourself? Yes No

Have you ever tried to kill yourself? Yes No
If you answered yes, how many times: _____

| Types of presenting concerns: (Please choose all that apply to you) | | |
|---|-----------------------|---------------------------|
| Depression | Grief | Anxiety |
| Suicide | Substance Abuse | PTSD |
| Bipolar | Schizophrenia | Panic Attacks |
| Diabetes | High Cholesterol | High Blood Pressure |
| Relationship Issues | Parenting concerns | Legal Issues |
| Unemployment | Financial Stress | Caretaker |
| Homeless | Lack of adequate food | Lack of adequate clothing |
| Other concerns, please list. | | |

Number of close friends: _____

Appendix G: Instruments

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost Never

Almost Always

1

2

3

4

5

- _____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- _____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- _____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- _____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
- _____ 5. I try to be loving towards myself when I'm feeling emotional pain.
- _____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
- _____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
- _____ 8. When times are really difficult, I tend to be tough on myself.
- _____ 9. When something upsets me I try to keep my emotions in balance.
- _____ 10. When I feel inadequate in some way, I try to remind myself that feelings of Inadequacy are shared by most people.
- _____ 11. I'm intolerant and impatient towards those aspect of my personality I don't like.
- _____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- _____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

- _____ 14. When something painful happens I try to take a balanced view of the situation.
- _____ 15. I try to see my failings as part of the human condition.
- _____ 16. When I see aspects of myself that I don't like, I get down on myself.
- _____ 17. When I fail at something important to me I try to keep things in perspective.
- _____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- _____ 19. I'm kind to myself when I'm experiencing suffering.
- _____ 20. When something upsets me I get carried away with my feelings.
- _____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- _____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- _____ 23. I'm tolerant of my own flaws and inadequacies.
- _____ 24. When something painful happens I tend to blow the incident out of proportion.
- _____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
- _____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

INQ

The following questions ask you to think about yourself and other people. Please respond to each question by using your own current beliefs and experiences, NOT what you think is true in general, or what might be true for other people. Please base your responses on how you've been feeling recently. Use the rating scale to find the number that best matches how you feel and circle that number. There are no right or wrong answers: we are interested in what you think and feel.

| | Not at all true for me | | | Somewhat true for me | | | Very true for me |
|--|------------------------------|---|---|----------------------------|---|---|------------------------|
| 1. These days, the people in my life would be better off if I were gone. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. These days, the people in my life would be happier without me | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. These days, I think I am a burden on society. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. These days, I think my death would be a relief to the people in my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. These days, I think the people in my life wish they could be rid of me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. These days, I think I make things worse for the people in my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. These days, other people care about me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. These days, I feel like I belong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. These days, I rarely interact with people who care about me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. These days, I am fortunate to have many caring and supportive friends. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. These days, I feel disconnected from other people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. These days, I often feel like an outsider in social gatherings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. These days, I feel that there are people I can turn to in times of need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. These days, I am close to other people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. These days, I have at least one satisfying interaction every day. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Appendix H: Institutional Review Board Approval

Oklahoma State University Institutional Review Board

Date: Tuesday, March 15, 2016
IRB Application No ED1646
Proposal Title: The relationship between self-compassion and suicide risk within the American Indian/Alaska native population

Reviewed and Processed as: Exempt

Status Recommended by Reviewer(s): Approved Protocol Expires: 3/14/2019

Principal Investigator(s):

Sarah Tielke Carrie Winterowd
434 Willard
Stillwater, OK 74078 Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI advisor, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of the research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Dawnett Watkins 219 Scott Hall (phone: 405-744-6700, dawnett.watkins@okstate.edu).

Sincerely,



Hugh Crethar, Chair
Institutional Review Board

VITA

Sarah Louise Tielke

Candidate for the Degree of

Doctor of Philosophy

Thesis: THE RELATIONSHIP OF SELF-COMPASSION WITH THWARTED BELONGINGNESS AND PERCEIVED BURDENSOMENESS IN AMERICAN INDIAN/ALASKA NATIVE PEOPLE

Major Field: Educational Psychology, Specialization in Counseling Psychology

Biographical:

Education:

Completed the requirements for the Doctor of Philosophy in Educational Psychology, Specialization in Counseling Psychology at Oklahoma State University, Stillwater, Oklahoma in May, 2016.

Completed the requirements for the Master of Science in Community Counseling at Oklahoma State University, Stillwater, Oklahoma in 2005.

Completed the requirements for the Bachelor of Arts in Sociology at the University of Oklahoma, Norman, Oklahoma in 1999.

Experience: Northern Ponca Tribe, Behavioral Health, Omaha, Nebraska, August 2015-present

Boys Town, Outpatient Behavioral Health Clinic, APA Doctoral Internship, Grand Island, Nebraska, August 2014-July 2015

Otoe-Missouria Tribe, Behavioral Health, Red Rock, Oklahoma, January 2010-July 2014

Cimarron Correctional Facility, Doctoral Practicum, Cushing, Oklahoma, 2007-2008

Professional Memberships: American Psychological Association