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Examining the Complexities of Suicidal Behavior in the African American Community

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Once considered a “White thing,” suicide is now the third leading cause of death for African Americans, behind only homicide and unintentional injury. Although the rates of suicide for African American women remain low and relatively unchanged, the rates for African American men have increased dramatically during the past 20 years. The changes in the suicide rates for African American youth have motivated researchers to investigate protective and risk factors associated with suicide. In light of some of the current findings that identify religious participation as a protective factor against suicide for African Americans, an alternative perspective is provided that examines the contribution of spirituality and specific religious practices on gender differences in suicide risk.

Keywords: *gender, spirituality, suicide, African American*

Suicide among African Americans has become a problem of growing concern. Since 1980, there has been a startling increase in the number of completed suicides for those between the ages of 15 and 24. Often considered to be a “White thing” (Early & Akers, 1993), an act that “Black people don’t commit,” suicide is now the third leading cause of death for African Americans, behind only homicide and unintentional injury (Centers for Disease Control and Prevention [CDC], 2005). Although the overall rates of completed suicide are among the lowest for African American women, the rates have increased dramatically for African American men and for specific populations of African American women. Taking into account the sociopolitical and religious legacy woven into African American history and culture, a number of scholars (e.g., Early, 1992; J. T. Gibbs, 1997;

Stack, 1998) have identified religious participation as a protective factor against suicide for this population. Although not specifically addressed in the literature, gender differences in religious participation may account for the lower risk of suicide among African American women as well as the increased risk among African American men.

Other researchers have begun to question the feasibility and the strength of organized religious practice as a buffer, looking instead toward more intrinsic aspects of religiosity and spirituality, such as self-perceptions of religion (Hovey, 1999) and religious well-being (Ellison, 1983; R. Walker, Utsey, Bolden, & Williams, 2005), as more protective against suicide among African Americans. Expanding on these perspectives, an alternative, theoretical explanation is provided that examines gender differences in church attendance as well as nonreligious mediators such as social support, affiliation, and communal orientation as significant contributors to the differential rates of suicide among African American men and women. In addition, factors such as intimate partner violence (IPV), incarceration, and family dynamics may contribute to gender-specific suicide risk for African Americans independent of, or in conjunction with, religious participation.

SUICIDE STATISTICS IN THE UNITED STATES

Between 1999 and 2002, suicide was the third-leading cause of death for young people between the ages 15 and 24, accounting for 15,876 deaths (CDC, 2005). The number of completed suicides reflects a small fraction of the constellation of behaviors that constitute suicidality (e.g., suicide attempts, suicidal ideation, deliberate self-harm). Although it is difficult to obtain data on attempted suicides, it is estimated that there may be anywhere from 8 to 25 attempted suicides for every completed suicide (Moscicki, 2001). In 1998, an estimated 671,000 visits to hospital emergency rooms in the United States were because of self-directed violence (CDC, 2005). There are some distinct demographic differences in suicidal risk. More than four times as many men as women die by suicide (Mimiño, Arias, Kockanek, Murphy, & Smith, 2002), although women report attempting suicide about three times more often than men (Weissman et al., 1999). Although older adults are disproportionately more likely to die by suicide than younger people are, among adolescent and young adult males, suicide is the third leading cause of death and the fourth leading cause among adolescent and young adult women (CDC, 2005).

Research has found that suicide completion among African Americans continues to be predominantly a male- and youth-oriented occurrence

(CDC, 1998; J. T. Gibbs, 1997; Reid, Lee, Jedlicka, & Shin, 1977); however, suicide attempts are generally higher among young African American women (Garrison, McKeown, Valois, & Vincent, 1993; Kaslow et al., 2002; Pastore, Fisher, & Friedman, 1996; Woods et al., 1997). Furthermore, African American suicide attempters are often younger than their European American counterparts (Bagley & Greer, 1972; Pederson, Awad, & Kindler, 1973; Stein, Levy, & Glasberg, 1974), more likely to be single, and more likely to be from lower socioeconomic backgrounds (Pederson et al., 1973).

RELIGION AND SPIRITUALITY

Because of differences in the rates of suicide completion for male and female African Americans, it is critical that we understand which factors increase risk for Black men and which factors decrease risk for Black women. Understanding these factors will help in the development of culturally specific suicide-prevention programs for African American youth. One area of investigation that is growing is the influence of religion on suicide, especially among African Americans.

In research and practice, the terms *spirituality* and *religion* are often used interchangeably, implying that they express the same beliefs and experiences. Although the two terms do overlap, there are essential differences in the two concepts (Mattis, 2000). Religion denotes a structure of behaviors, practices, and beliefs that are common to a group of people and associated with an identified deity (Fukuyama & Sevig, 1999; Mattis & Jagers, 2001; Rayburn & Richmond, 2002). Mattis (2000) and Zinnbauer, Pargament, and Cole (1997) have defined *religion* as “the degree to which individuals adhere to the prescribed beliefs and practices of an organized religion” (Mattis, 2002, p. 310). Organized religious involvement allows individuals to cultivate a relationship with God (or a higher being) through organized practices, such as church attendance, Bible reading, prayer, youth groups, church socials, volunteerism, political and community activism, and participation in other church-related activities (Rayburn & Richmond, 2002).

In contrast, spirituality has been described as an involvement with the transcendent (Rayburn & Richmond, 2002), in which those involved ponder life’s meaning and purpose. Mattis (2002) stated that *spirituality* is “belief in the sacred and transcendent nature of life, and the manifestation of these beliefs in a sense of connectedness with others, and in a quest for goodness” (p. 310). Thus, spirituality is conceptualized as an internalization of positivity as it relates to one’s relationship with God or a higher being (Mattis, 2000). Elkins, Hedstrom, Hughes, Leaf, and Saunders

(1988) identified nine components of spirituality including some of the following: life meaning and purpose, life sacredness, idealism, and an awareness of tragic and beneficial life conclusions. Mattis (2002) conducted a quantitative analysis on 23 African American women's narratives of religion and spirituality. She found that religion and spirituality helped the women cope by allowing them to question and accept reality, develop personal insight, confront their own limitations, identify and deal with life lessons, identify their unique purposes, define personal character, achieve individual growth, and trust in the transcendent (Mattis, 2002). The elements identified in Mattis's (2002) sample were more consistent with the construct of spirituality than with religiosity.

Chaffers (1994) distinguished between religiosity and spirituality in that one need not believe in a deity, God, or other Supreme Being to be spiritual. Protestantism states that spirituality is devotion to a higher being (Marshall-Green & Hinson, 1990), whereas spirituality can be comprised of Bible study, prayer, and forgiveness of transgressions through God's love (Rayburn & Richmond, 2002). Although it can be a substantial component of religion, spirituality may exist independent of religiosity (Chaffers, 1994; Rayburn & Richmond, 2002). Likewise, a person may engage in any practice of religious invocation, such as church attendance or participation in religious activities, without a meaningful connection to the spirit (Rayburn & Richmond, 2002). Finally, one can be spiritual and religious simultaneously. Although spirituality and religiosity are distinct, they do overlap in how people understand, experience, and express them. For some, spirituality remains separate from religion; for others, participation in religious practices affirms spiritual alliances with a higher spirit. Most of the research evaluating suicide risk has focused on religiosity, especially religious practice and doctrine, rather than spirituality.

EVALUATING RELIGION AS A POSSIBLE BUFFER AGAINST SUICIDE

As previously stated, religion has been identified as a protective factor in understanding African American suicide. African Americans have faced economic hardship, racial discrimination and brutality, sociocultural isolation, and the historical legacy of slavery, and yet, compared to European Americans, their rates of suicide completion are considerably lower, a paradox that has puzzled many social scientists (J. T. Gibbs, 1997). The protective influence of religions is assumed to be partly because of the historical and cultural connections between African Americans and the

church. In particular, many African Americans are affiliated with Protestant denominations, (e.g., Baptist and Methodist) that may view suicidal behaviors as sinful (Early, 1992). Neeleman, Wessely, and Lewis (1998) found that participation in organized religious practices, such as church attendance, have been linked to lower suicide risk in African Americans.

Religiosity has been shown to reduce suicide acceptance. For example, King, Hampton, Bernstein, and Schichor (1996) found that college students who were affiliated with an organized religion were less accepting of suicide than those without a religious affiliation. Examining suicide acceptability in a sample of European Americans and African Americans who participated in the U.S. General Social Surveys from 1974 to 1994, Stack (1998) found that church attendance lowered suicide acceptability for African American men and women. Interestingly, Stack posited that religion as an organized practice or belief system may not be the most important factor in understanding African American suicide risk, but rather, mediating factors such as social networks and group affiliation may be more influential.

Lin, Woelfel, and Light (1985) suggested that a shared connection among people with comparable experiences often provides greater psychological benefit than relationships formed by people with divergent circumstances. Early (1992) found that African American church members, who integrated themselves into their churches more than European Americans, tended to develop stronger social networks. Stack and Wasserman (1992) proposed that it is the social networks acquired through religious involvement that decrease suicidal behavior. Within these relationships, church members may be influenced by religious doctrine (e.g., suicide is a sin) but may also hold the view that suicide is discordant with African American culture and "what it means to be African American" (Anglin, Gabriel, & Kaslow, 2005, p. 142). That is, the belief that suicide reflects a personal weakness or violates cultural norms may be reinforced in religious social networks (Goldsmith, Pellmar, Kleinman, & Bunney, 2002).

Ellison, Burr, and McCall (1997) felt that exploring the feeling of connectedness that is created among the members of a given religious group might provide an additional explanation for the buffering effect of religion on suicide. The researchers proposed religious homogeneity as a possible protective factor against suicide. Although a large degree of religious homogeneity exists in the Northeast with Catholicism and in the South with more fundamentalist religions (e.g., "Bible belt," Baptists), there is less religious homogeneity in other regions of the country. Consequently, the authors found that the protective factors against suicide are strongest in metropolitan locales in the Northeast and in the South and weaker in areas of the United States with less religious homogeneity.

Interestingly, all the aforementioned studies have pointed to religion as a means to reduce suicidality or suicide acceptability; however, the findings and assumptions have been inconsistent across the studies. Although some studies (e.g., Early, 1992; King et al., 1996; Martin, 1984; Neeleman et al., 1998; Stack, 1998) have linked aspects of religiosity to lower suicide risk or suicide acceptability, other studies (e.g., Ellison et al., 1997; Stack & Wasserman, 1992) suggest that specific religious factors, such as social networking, may be a more important buffer against suicide. This inconsistency in the suicide literature signifies a need to evaluate additional beliefs and behaviors and their impact on African American suicide. It is also possible that the additive effects among multiple factors may prove to be the most protective against suicide.

CONSIDERING SPIRITUALITY AS A PROTECTIVE FACTOR

In light of the inconsistency found in the literature, which places emphasis on variants of religion as buffers against suicide, minimal consideration has been given to the influence of spirituality or nonreligious practice-oriented behaviors toward the prevention of suicidal behavior. Some psychologists (e.g., Anglin et al., 2005; Hovey, 1999; Washington & Teague, 2005) have started to move away from religious doctrines or practices to explore people's personal relationships with religion/spirituality and its influence on their acceptance of suicide. By focusing on less practice-oriented elements of religion, researchers are beginning to contemplate how people's interpretation and internalization of their relationships with God (or a higher being) relate to their feelings about suicide.

Very little research has concentrated on intrinsic aspects of spirituality or religious well-being as protective factors against suicide. Less dependent on practice, these more subjective beliefs may prove to be critical in studying suicidal behavior. Ellison (1983), Mattis (2000, 2002), Elkins et al. (1988), and Chaffers (1994) have attempted to define and quantify elements of spirituality as a means to tap into more internalized beliefs about and interpretations of God. This emphasis is becoming increasingly essential in the study of suicidality in the African American community, as Washington and Teague (2005) have proposed that "the absence of spirituality being displayed in one's life and social relationships [could] result in a condition of spiritual alienation that could contribute to unhealthy attitudes toward drug use and suicidal behavior" (p. 97). Similarly, a number of Afrocentric scholars have postulated that spirituality and a sense of interconnectedness

are critical to maintaining psychological well-being for African Americans (Myers, 1988).

Washington and Teague (2005) also have advocated for the study of spirituality as a protective factor against suicide for African Americans. The authors examined the relationship between substance abuse, which has been identified as a suicide risk factor for African Americans, and spirituality. They hypothesized that a lack of spirituality is associated with a sense of detachment from the self, others, or a higher being, and it is this detachment that places a person at risk for both suicide and substance abuse. The results of their study showed that spirituality was positively correlated with healthy drug attitudes. In other words, the stronger the level of spirituality, the greater the person's development of healthy attitudes about drug use; however, the results did not indicate a significant relationship between suicidality and spirituality or substance abuse.

Using Ellison's (1983) concept of *religious well-being*, which is defined as "a more inclusive aspect of religion that describes an individual's purpose and life satisfaction in terms of one's relationship with God" (pp. 142-143), Anglin et al. (2005) evaluated how suicide acceptability may relate to religious well-being for a group of African American suicide attempters and nonattempters. The results indicated that African American attempters endorsed less religious well-being than those who never attempted suicide. This suggests that the attempter population may be less likely to find comfort and support through religion (Anglin et al., 2005), leading the authors to speculate that "they may have difficulty accessing spiritual wellness in themselves through God" (p. 147). Hovey (1999) reported similar findings in a sample of adult Latin American immigrants.

These studies suggest the need to expand the study of protective factors against suicide by including aspects of spirituality in addition to religion. Although spirituality remains subjective and difficult to describe, researchers are developing measures that quantify those subjective interpretations of one's relationship with God (or a higher being), indicating a necessity to consider how more internal religious or spiritual beliefs may serve as suicidal buffers, rather than relying on religious affiliation or religious practices alone.

UNDERSTANDING THE GENDER GAP IN AFRICAN AMERICAN SUICIDE

In addition to understanding how aspects of religious practice may (or may not) protect African Americans from suicide, it is necessary to examine how gender-specific factors may differentially affect risk for African

American men and women. A number of factors related to gender have been linked to increased or decreased suicide risk for African Americans. Specifically, for African American men, marital disruption, living with occupational and income inequalities, and lack of church attendance have been associated with increased suicide risk (Joe & Kaplan, 2001). Psychological distress, posttraumatic stress disorder, low levels of social support, IPV, and marital discord have been associated with increased suicide risk for African American women (Compton, Thompson, & Kaslow, 2005). African American men are more likely to use more lethal means in their suicide attempts than are African American women (Joe & Kaplan, 2001).

Conversely, differences in protective factors against suicide have also been reported for African American women and men. Buffers that reduce suicide risk for African American women include social support from family and friends, cultural immersion, higher levels of religiosity, and higher levels of educational attainment (Kaslow, Thompson, Brooks, & Twomey, 2000). Correspondingly, factors such as Southern residence, social supports, and lower occupational and income inequalities between Whites and African Americans act as buffers against suicide for African American men (Burr, Hartman, & Matteson, 1999; Dunston, 1990; Nisbet, 1996; Shaffer, Gould, & Hicks, 1994).

For both African American women and men, forming and maintaining social connections, whether those networks are with friends or family members (Kaslow et al., 2000), has been found to reduce suicide risk. Nisbet (1996) suggested that networks of social support may safeguard against the effects of psychological distress, which may then reduce suicide risk. The church also provides a source of social networking (Early, 1992). Although most of the research on the relationship between African Americans and suicide has emphasized decreased suicide risk with increased church attendance, relatively little research has examined the relationships among suicide, church participation, and social support and networking. Examining gender differences in church attendance may help us to better understand the gender differences in suicide completions in African American men and women.

Traditionally, in the African American church, women are more inclined to occupy supportive roles, whereas the positions of preacher or pastor are typically reserved for men (Higginbotham, 1993; Lincoln & Mamiya, 1990). Women who become church officers often head women's groups, choirs, and Sunday schools rather than positions of authority such as pastors or preachers (Levin & Taylor, 1993). In general, African American women are more likely to be involved in church-related activities and engage in more frequent church attendance than are African American men. Compared to African American men, African American women report much higher levels of most

forms of religiosity (Levin & Taylor, 1993), greater religious affiliation (Taylor, 1988), greater attendance of religious services in adulthood (Taylor, 1988), and are more likely to believe that the church improves the social conditions of African Americans (Taylor, Thornton, & Chatters, 1987). Although they have historically been limited to a finite number of opportunities in the church, African American women's interpretation of those opportunities suggest that they express their spiritual philosophies in both tangible and intangible ways (Mattis, 2001). Consistent with the premise that women are socialized to nurture others, African American women's relationship with the church may reflect this communal nature (Cone, 1985).

As previously discussed, in addition to church attendance, religious denomination, and intrinsic elements of spirituality, both Stack and Wasserman (1992) and Ellison and colleagues (1997) have proposed that the sense of interconnectedness that church membership provides may be the primary buffer against suicide. Eshun (1999) posited that social support may foster a sense of optimism. Furthermore, Mattis, Fontenot, and Hatcher-Kay (2003) suggested that involvement in social networks may provide individuals with support, thus reducing the impact of life stressors and challenges. African American women tend to rely on their families and friends for support (Robinson-Brown & Gary, 1985), reducing the impact of psychological stress and suicidal risk for this group (Nisbet, 1996).

Beyond its teachings, which promote optimism, encourage resiliency (Stack, 1998), and sanction against suicide, the church may also provide a place of connectedness and support for its members, acting as either a separate protective factor against suicide or in conjunction with religious affiliation, church attendance, and church participation. Depicted as a form of kinship, church networks are often considered a family, with congregation members referring to each other as "brother" or "sister" (Lincoln & Mamiya, 1990). Taylor, Lincoln, and Chatters (2005) suggested that women's higher levels of interaction with both church members and family members is evidence of their more affiliative nature. The same affiliative nature has been found with African American men; however, it is unclear whether the church is meeting these affiliative needs in the same way that they appear to be met for African American women. Given the research on the gender differences in church attendance, it could be speculated that the church provides African American women with a social need and resource that young African American men are either not receiving or are unwilling to engage. Despite the numerous studies that have explored the impact of social networking on African American women's psychological health, it remains unclear how religious participation—in particular, social relationships formed through religious participation—may affect African American

men. Although no research has examined how these social-religious relationships might protect African Americans from suicide, we propose that it is, in fact, these relationships that account for some of the gender differences in African American suicide.

The importance of social networking in churches is especially interesting when we consider the increase in "mega-churches" in the African American community. Mega-churches are religious congregations with 3,000 or more members (Gilkes, 1998). Taylor et al. (2005) have taken the position that these large churches make it more difficult to form significant relationships, simply because of the sheer size of these churches. Although members may unite around the religious messages conveyed, these same members may not be able to form the kind of strong and intimate social networks typically associated with smaller congregations. Others argue, however, that these large congregations may increase a sense of community and spirituality by allowing members to identify with many others who share the same beliefs as well as providing opportunities for smaller networks to form within the larger congregation. Future research examining spirituality and suicidality should take into account the social networking in both small and large congregations.

ADDITIONAL FACTORS INFLUENCING THE RATES OF SUICIDE FOR AFRICAN AMERICANS

Although religious participation and spiritual beliefs are considered an essential element of African American culture, focus should be placed on other factors that might impact suicide risk for this group. Many researchers have found the presence of other factors, such as hopelessness (Beck, Brown, Berchick, Stewart, & Steer, 1990; Beck, Steer, Kovacs, & Garrison, 1985) and substance abuse (Jones, 1997; Kaslow et al., 2002; Lester, 1992; Marzuk et al., 1992; Woods et al., 1997), as strong predictors of suicidality. This suggests that psychological research on suicide in the African American community should include other aspects in addition to religion and spirituality.

Traditionally, social scientists have examined the plight of African American men as it relates to suicide (e.g., Allen-Meares & Burman, 1995). Although it remains important to examine those factors that motivate African American men to engage in suicidal behavior, it is also critical to understand what influences African American women's psychological health and behavior. They may complete suicide less frequently than men, but African American women do attempt suicide at a higher rate (Garrison

et al., 1993; Pastore et al., 1996; Woods et al., 1997) and, as a 1997 National Center for Health Statistics study found, are the least happy (or more depressed) of all racial demographics (Milloy, 1997). In particular, the literature on suicide needs to expand its focus to examine more gender-specific factors, such as IPV, incarceration, and familial issues.

An area of increasing interest for suicide researchers is the impact of IPV on African American women's suicidal ideation. For African American women, Crowell and Burgess (1996) noted that 6.0 out of every 100,000 women die from homicide by partners, compared to 1.4 per 100,000 for European American women. Stark and Flitcraft (1996) found that approximately 80% of female suicide attempters reported that experiencing an abusive relationship factored into their decisions to attempt suicide; they also found that abused women were more likely to have attempted suicide than nonabused women. Kaslow et al. (2002) found that risk factors, such as negative life events, child abuse history, psychological distress, hopelessness, and substance abuse, were found more frequently in abused African American women who attempted suicide than among those who had not attempted suicide. Because of their lack of personal control, social relationships, and economic sufficiency, abused women are often helpless, depressed, and powerless. Engaging in suicidal behavior provides these women with an opportunity to assert some dominance over their lives (Campbell, Sullivan, & Davidson, 1995; Kaslow et al., 2002; L. E. Walker, 1991) or perhaps escape situations that are perceived to be hopeless and unavoidable. It is important for psychologists to examine the plight of these women's experiences, especially in light of the increased suicide risk.

Suicide ideation and behavior among incarcerated African Americans is another area of concern. Suicide is a leading cause of death in United States jails, with more than 400 inmates completing suicide each year (Hayes, 1994). The rate of jail suicide is 8 to 14 times greater than that of the general population (DuRand, Burtka, Federman, Haycox, & Smith, 1995; Hayes, 1994; Hayes & Rowan, 1988; McKee, 1998). By 1998, African American women accounted for 11% of the national jail population (U.S. Department of Justice, 1998). By 2002, African American men constituted 28% of the prison population, and among men aged 20 to 30, 12% have been incarcerated (Beck & Harrison, 2004). A NAACP report uncovered that the incarceration rate of African American women increased by 828% during a 5-year period (Amnesty International, 2005). African American men and women are 8 times more likely than European American men and women to be imprisoned (Amnesty International, 2005). Although African Americans comprise a little more than 12% of the U.S. population, they constitute 44% of the nation's prison population (Amnesty International, 2005).

Research has found that female inmates have higher rates of suicide risk factors, which may place them at a higher risk for suicide than male inmates (Charles, Abram, McClelland, & Teplin, 2003). Suicidal inmates report more instances of sexual and physical abuse than those inmates who are not suicidal (Lester, 1991). Incarceration also aggravates psychological disorders (Gibbs, 1997). DuRand and colleagues (1995) noted that 95% of inmates who commit suicide have a psychiatric disorder. Very little research has examined the relationship between incarceration and suicidal ideation for African Americans. In their sample of incarcerated women, Charles and colleagues (2003) found that 53.4% of jailed women reported some suicidal ideation or behavior at some time in their lives. Of the African American women surveyed, 17.2% reported that they have attempted suicide. More research needs to be conducted with this population, as well as African American men, to understand in what ways incarceration affects psychological outcomes and suicidality for African Americans.

A final source of gender-specific research relates to the influence of the family on suicidal ideation for African American women. Research that focuses on the contribution of family dynamics on suicide risk for African Americans is quite limited (Nisbet, 1996). Summerville, Kaslow, Abbate, and Cronan (1994) found that the majority of the African American adolescent sample perceived their families to be disengaged or detached. Factors that influence the condition of the familial environment, like separation, contribute to suicidal risk (Brent, Perper, & Moritz, 1994). Conversely, the family aids in protection against racism and oppression, provides strong religious and spiritual traditions, and instills a sense of optimism and self determination (e.g., Boyd-Franklin, 1989). Concerning the experiences of incarcerated women, research has not examined the ways in which their separation from children, family, and friends affect their psychological health and suicide risk. It is conjectured that the physical separation from their families may increase their psychological distress, thus increasing their likelihood to contemplate and attempt suicide. Others have proposed that incarceration of African American men increases a sense of hopelessness and nihilistic tendencies that may also contribute to suicidality (West, 1993).

FUTURE CONSIDERATIONS

Although psychologists and other social scientists have worked to identify numerous suicide risk and protective factors, research has yet to explore how suicide affects the lives of African Americans. In other words,

in what ways do these factors work to prevent or increase the likelihood of suicidal behavior in African Americans? Of particular importance is identifying gender-specific factors, especially those that contribute to increased risk among African American men and decreased risk among African American women. This emphasis on risk, however, should not negate the importance of interactive factors. That is, although African American women are less likely to complete suicide, they are more likely to attempt suicide and, in certain populations, are at high risk of attempts and completions (e.g., abused and incarcerated women). Among protective factors, religiosity has been the most widely researched for African Americans. However, the bulk of this research has focused on religious doctrine and practice rather than spirituality and social networking. Although it is possible that religiosity as a general construct may reduce suicide risk, it is also possible that underlying mediators such as spirituality and group affiliation serve as the primary mechanisms by which suicide risk is reduced for African Americans. By identifying these primary mechanisms, gender- and culture-specific suicide-prevention programs can be developed.

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