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Introduction: Suicidal Behaviors in the African American Community

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This article reviews the risk and protective factors associated with suicidal thoughts and behaviors in the African American community. The authors provide a brief review of the history of suicide research in African American communities and critique some of the paradigms and underlying assumptions that have made it difficult to address the problem of suicidal behaviors in the African American community. The article also summarizes the articles that are presented in this special edition of the Journal of Black Psychology on suicidality in the African American community.

Keywords: *suicide; African Americans; epidemiology; risk and protective factors*

Self-directed violence, which includes suicidal behavior, can be defined as threatened or actual use of physical force against oneself, which results in or has a high likelihood of resulting in injury or death (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Suicide or completed suicide is defined as a “death from injury, poisoning, or suffocation where it is explicitly or implicitly evident that the injury was self-inflicted and intended to be fatal. Suicidal ideation refers to self-reported thoughts of engaging in suicide-related behavior” (O’Carroll et al., 1996, pp. 247-248). Injury from

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suicidal behavior is a major public health problem in the United States (Goldsmith, Pellmar, Kleinman, & Bunney, 2002).

Despite the widespread impact of self-directed violence in the United States, the problem has frequently been viewed as one solely affecting European American males (Davis, 1979) and the affluent (Earls, Escobar, & Manson, 1990). Among non-European Americans, only the incidence of suicide among Native Americans has been widely noted (U.S. Department of Health and Human Services [USDHHS], 1986). There are several reasons for studying suicidal behavior among a variety of minority populations in the United States. It is a leading cause of premature death and injury within these populations. Also, because European American suicide deaths represent more than 90% of the U.S. national total (Kachur, Potter, James, & Powell, 1995), the national rates and many of the risk and protective factors studied reflect patterns among that population and not necessarily those of African Americans.

Suicide was the 16th leading cause of death overall in 2003 for African Americans. On an average day in the United States, 1 African American dies by suicide every 4.5 hours. There were 28,177 suicides recorded among African Americans from 1990 to 2003. The yearly number of suicides among African Americans (unless otherwise noted, figures cited for African Americans represent those for non-Hispanic African Americans) in the United States increased slightly by 2.1% from 1,879 in 1990 to 1,918 in 2003 (Centers for Disease Control and Prevention [CDC], 2005). However, the age-adjusted suicide rate for this population declined 25% during the same period. The age-adjusted suicide rate was 7.15 deaths per 100,000 population in 1990 (all rates are per 100,000 population), which fluctuated in the early 1990s, but it has been declining since 1993 to 5.36 in 2003. Another measure of the scope of the suicide problem is by the years of potential life lost (YPLL) because of premature death. In 2003, suicide was the 10th leading cause of YPLL before age 75 for African Americans, responsible for 73,065 YPLL (CDC, 2005). The overall statistics on suicide among African Americans obscures the disproportionate impact of this health problem on specific subgroups within the population, especially males and females in the adolescent and young-adult age groups (Reese, Crosby, Hasbrouck, & Willis, 2004).

African American adolescents and young adults have the highest number and the highest rate of suicide of any age group of African Americans. Suicide was the third leading cause of death among African American people aged 15 to 19 years, fourth among those aged 20 to 29 years, and eighth among those aged 30 to 39. Among African American adolescents and young adults, it is particularly the males that have the highest rates. During the early 1990s, the suicide rates among African American males aged 15 to 24 years were rising. The rates peaked in 1993 at 20.2, then began a steady decline to 11.6 (42.6% decrease) in 2002.

The number of completed suicides reflects only a small portion of the impact of suicidal behavior. Many more people are hospitalized because of nonfatal suicide attempts than are fatally injured, and an even greater number are treated in ambulatory settings or are not treated at all for injuries because of suicidal acts than those who are hospitalized (Rosenberg et al., 1987). The comparative descriptions of suicidal ideation and behavior show some important differences; for example, the rate of suicide in males is higher than that in females, but studies of suicidal thoughts and nonfatal suicidal behavior (suicide attempts) routinely show females with higher rates (U.S. Public Health Service, 2001). During 2004, the National Electronic Injury Surveillance System—All Injury Program estimated that 49,119 African Americans were treated in U.S. hospital emergency departments for nonfatal self-inflicted injuries. Among African American females, 23,821 were seen for these injuries; for males, 22,298 were seen (CDC, 2005). The Youth Risk Behavior Surveillance System is a school-based survey of health risk behaviors (including suicidal thoughts and behavior) among high school students. In 2003, African American high school students reported the following during the 12 months preceding the survey: For those who seriously considered suicide, the gender breakdown was males 10.3%, females 14.7%; and for those who attempted suicide, it was males 7.7%, females 9.0% (Grunbaum et al., 2004).

This special edition of the *Journal of Black Psychology* brought together a group of suicidologists—scientists who study suicide—to begin to look at the scope of the problem of suicidal thoughts and behaviors in the African American community. Historically, suicidal behaviors among African Americans received scant attention because of the belief that very few African Americans completed suicide; it was also assumed that they did not experience depression. Blacks were historically viewed as a psychologically unsophisticated race that were naturally high spirited and unburdened with a sense of responsibility (Prange & Vitols, 1962; Prudhomme, 1938). For example, in an early edition of the *American Journal of Psychiatry*, Bevis (1921) wrote that “most of the race are carefree, live in the here and now with limited capacity to recall or profit by experiences of the past. Sadness and depression have little part of his psychological makeup” (p. 11).

Some African American scholars also believed that suicide was not a problem in the African American community. Early and Akers (1993) did a qualitative study of African American ministers who felt that suicide was a “White thing” that was an anathema to a culture that was noted for its resiliency in the face of racial discrimination and oppression. Wright (1985) wrote a provocative essay entitled “Black Suicide: Lynching by Any Other Name,” in which he interpreted Black suicide as a method of genocide that was perpetuated and controlled by Whites and thus argued that there was no such thing as “Black suicide.”

Yet an examination of slave narratives and ship logs from the antebellum period quickly dispels the notion that Blacks rarely completed suicide or were too "happy" in their state of oppression to contemplate suicide. Lester (1998) noted that suicide was very common among slaves when they were captured in Africa, when they were being transported to the Americas, and immediately after their arrival. Many African tribes believed that their souls would return to Africa after death, so suicide was viewed as an attractive alternative. Lester speculated that slave owners often mutilated the bodies of those who completed suicide because the slaveholders knew that the slaves believed their dismembered bodies could not return home.

Another factor that contributed to the dearth of research in this area is the assumption of universal expression of behaviors across cultures, what Nobles (1989) referred to as "transubstantiative error." Hence, until 1979, ethnic differences in suicide rates were depicted as "White" and "non-White." It was common practice to make no mention of the racial composition of the sample or to use White, middle-class control groups as though African Americans and Whites experience the same cultural and social reality. The assumption of universality makes it difficult to explore cultural differences in suicidal behaviors.

Interestingly, there is some limited evidence that there may be cultural differences in suicidality. Politano, Nelson, Evans, Sorenson, and Zeman (1986) found the behavioral component of depression, especially as it pertains to oppositionality, to be more prominently expressed in African American children. Delinquency has also been associated with suicide attempts among African American adolescent females (King, Raskin, Gdowski, Butkus, & Opiari, 1989; Summerville, Abbate, Siegel, Serravezza, & Kaslow, 1992). Molock, Kimbrough, Blanton-Lacy, McClure and Williams (1994) found African American college students to be less likely to report suicide ideation and less likely to report using alcohol or illicit drugs during a suicide attempt, and they also found a weaker relationship between suicide ideation and hopelessness when compared to White college students from similar socioeconomic backgrounds. Others have noted that African American adolescents, when compared to other ethnic groups, may be less apt to report depressive symptoms or suicidal ideation (Forbes et al., 1999; Morrison & Downey, 2000) even in the midst of a suicide crisis (Summerville et al., 1992).

What has compounded the difficulty of studying suicides in African Americans is that their suicides are more likely to be misclassified than any other ethnic group (Phillips & Ruth, 1993; Warhauser & Monk, 1978). Others have wondered whether African American suicides may be "disguised" in the form of "victim-precipitated homicides" (Garrison, Addy, Jackson, McKeown, & Waller, 1991). Victim-precipitated homicide is viewed

essentially as an act of suicide because the victim intentionally engages in behavior in a life-threatening context that almost guarantees that another person (e.g., police officer) will kill the victim (Parent, 1999; Wolfgang, 1958). Although it has been estimated that nearly 30% of urban homicides are victim-precipitated (Van Zandt, 1993), it is not formally recognized as a form of suicide.

Some of the articles in this special edition are the first to present empirical findings on such important topics as cohort analyses on nationally representative samples of African Americans, African American suicide survivors, and African Americans who have made multiple suicide attempts. For example, Sean Joe uses age-period-cohort analyses to attempt to shed some light on the factors that are responsible for the precipitous increase in rates of completed suicides among African American youth and young adults from 1980 to 2002. This sophisticated analytic strategy allows researchers to separate out the effects of age, time period at the time of death, and a person's birth cohort. Joe found significant cohort effects in his sample, noting that both the youth and the elderly, particularly among African American males, are at risk for completed suicides and warns that if the younger cohorts continue to carry their increased suicide risk status into later life, the recent decline in suicide deaths among youth may be reversed. Joe further suggests that the deindustrialization of urban areas and its negative impact on the employability of young African American males, the disruptive onset of the crack cocaine epidemic in many urban cities, and the increased access to firearms may be responsible for the cohort effects we see in this data set.

Tonji Durant and her colleagues used a population case-control study to look at hopelessness as a risk factor for near-lethal suicide attempts in African American and European American adolescents and young adults. Although African Americans actually reported lower levels of hopelessness when compared to the European Americans in her sample, hopelessness proved to be a stronger predictor of near-fatal suicide attempts among African American youth than among European American youth.

Felicia Griffin-Fennell and Michelle Williams present an interesting conceptual paper that primarily examines the role of religiosity and spirituality in explaining the gender gap in completed suicides in African American males and females. They also discuss gender differences in the use of both community and family supports to help clarify why African American women are more likely to make suicide attempts, but African American men are more likely to complete suicide.

Walker and her colleagues tried to empirically address the often-cited belief that African Americans do not complete suicide by examining

African American lay beliefs about suicide. Most of the scholarship in this area has been based on anecdotal information or qualitative studies (Early & Akers, 1993). Walker and her colleagues were particularly interested in whether such lay beliefs (e.g., suicide is a sin) are culturally specific to African Americans (emic) or whether they represent a broader universal (etic) view of suicide beliefs regarding suicide. They examined lay beliefs, attitudes about suicide, and suicide ideation in African American and European American college students. Relative to European American students, African American students were significantly less likely to attribute suicide to an interpersonal problem and more likely to believe that God, and not the individual, controls life and is responsible for life. The authors note that these differences in belief systems may reflect philosophical differences in worldview that potentially underlie African Americans' seeming "protection" from suicide via religiosity and religious and spiritual well-being and may account for the discrepant stress-suicide mortality rate for African Americans.

Although most of the research has focused on individuals who experience suicide ideation or engage in suicidal behaviors, to date, no one has looked at what happens to African Americans who have lost a loved one to suicide, people who are called "suicide survivors." Donna Holland Barnes presents a first-of-its-kind qualitative study about what happens to African American suicide survivors who have lost a family member to suicide. One of the resounding themes from this study is that the stigma associated with suicide in the Black community makes it extremely difficult for suicide survivors to get the help and support they need during their time of bereavement. Ironically, although religiosity and church attendance has been documented to be a protective factor against suicide across many ethnic communities, many of the survivors in this study report that Black churches were uncomfortable with openly dealing with the suicide of their family member or friend. This study provides an important voice for those who are suffering from the loss of a loved one to suicide and are struggling to get the support they need so they can put the pieces of their lives back together.

Nadine Kaslow and her colleagues compared the risk factors associated with suicide attempts in low-income African American women who were either first-time or repeat attempters. This study adds an important contribution to the field because research suggests that first-time attempters probably are clinically very different from repeat suicide attempters (Rudd, Joiner, & Rajab, 2001). To date, there is no empirical study that has examined these differences in an African American sample. Kaslow and her colleagues found that repeat attempters had higher levels of suicide intent, created more detailed suicide plans, experienced more psychological distress, had more problems

with substance abuse, and experienced more childhood trauma. They discuss the importance of developing culturally sensitive interventions that not only address the psychosocial vulnerabilities of these women but also focus on their strengths.

Most of the research that examines suicidal behaviors in the African American community focuses on delineating risk factors that are associated with suicidality. Molock and her colleagues decided to examine some of the strengths in the African American community that might serve as protective factors against suicidal behaviors in the presence of factors that have been known to place youth at risk for suicidality. Thus, Molock and her colleagues looked at whether religiosity (i.e., religious behaviors) and religious coping buffered against suicide risk in a community-based sample of African American adolescents. Their findings that hopelessness and depression were risk factors for suicidal thoughts and behaviors corroborate the general literature on suicide in adolescents. However, they also found that African American adolescents who used collaborative religious coping (the individual and God work together to solve problems) were more likely to attend church, were more active in church, tended to feel less hopeless and reported more reasons for wanting to live than did African American adolescents who used other religious coping styles. In contrast, African American teens who used a self-directed religious coping style (God gives me the skills I need to solve my own problems) were less likely to attend church and were more likely to feel depressed or hopeless and to report fewer reasons for wanting to live. The authors suggest that the use of a self-directed coping style may place African American adolescents at greater risk for depression and suicidality because this coping style may be less culturally compatible for African American teens. The authors also note that this research suggests that adolescents who use a self-directed religious coping style not only may be more vulnerable to stress but also may have access to fewer sources of support.

The work that is presented in this special edition of the *Journal* is certainly not all inclusive of the myriad of issues that are faced in doing research in the area of suicide. However, it is hoped that the work presented here will encourage others to engage in research in this very important but often neglected area. Currently there is a small group of researchers—the Emerging Scholars Interdisciplinary Network Research Study Group on Suicide Among African Americans—that is an interdisciplinary group of early- and mid-career Black researchers interested in the scientific examination of African American suicide and nonfatal suicidal behavior. The group's interests encompass the life span (adolescent to late life) and focuses on the identification of risk and protective factors, sociocultural

factors, and the development of suicide and suicidal-behavior prevention and intervention programs. The primary goal of the group is to foster scientific and rigorous study of suicide and nonfatal suicidal behaviors. This group is committed to the study of suicide and nonfatal suicidal behavior of Black Americans and recognizes that further research on this population is crucial to a better understanding and eventual prevention of suicide among African Americans. It was this group that initiated the proposal for the current special edition, and we hope that the work presented here will stimulate others to join in this important research and clinical endeavor.

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