Georgia State University
Digital Archive @ GSU

African-American Studies Theses | Department of African-American Studies

4-5-2012

Silence is Not Golden: Attitudes Towards Suicide in the African American Community

LaTrice Wright
Georgia State University, latricewright20@gmail.com

Follow this and additional works at: http://digitalarchive.gsu.edu/aas_theses

Recommended Citation
Wright, LaTrice, "Silence is Not Golden: Attitudes Towards Suicide in the African American Community" (2012). *African-American Studies Theses.* Paper 15.

This Thesis is brought to you for free and open access by the Department of African-American Studies at Digital Archive @ GSU. It has been accepted for inclusion in African-American Studies Theses by an authorized administrator of Digital Archive @ GSU. For more information, please contact digitalarchive@gsu.edu.

SILENCE IS NOT GOLDEN: ATTITUDES TOWARDS SUICIDE IN THE AFRICAN AMERICAN COMMUNITY

by

LATRICE WRIGHT

Under the Direction of Dr. Makungu Akinyela

ABSTRACT

The purpose of this study was to investigate the opinions of African American college students as they relate to suicide. A questionnaire was distributed to 92 individuals in a computer classroom setting. Their responses were then analyzed to investigate whether ethnic identity salience influenced the students' perspectives of suicide. Regression analysis revealed that ethnic identity salience did not influence acceptability and normality of suicide in the African American students. Analysis also demonstrated that ethnic identity salience did not effect whether the African American students viewed suicide as being related to mental or moral illness. Seventeen of those who took the questionnaire also participated in interviews. The interviews allowed the respondents to voice their opinions on suicide in the African American community. Nine key themes were discovered during the interviews. Suggestions for suicide prevention and interventions that are more effective, and the directions for future literature on the subject, are discussed.

INDEX WORDS: African American, Ethnic identity salience, Mental health, Psychology, Suicide

SILENCE IS NOT GOLDEN: OPINIONS OF SUICIDE IN THE AFRICAN AMERICAN COMMUNITY

by

LATRICE WRIGHT

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2012

Copyright by
LaTrice Nicole Wright
2012

SILENCE IS NOT GOLDEN: OPINIONS OF SUICIDE IN THE AFRICAN AMERICAN COMMUNITY

by

LATRICE WRIGHT

Committee Chair: Dr. Makungu Akinyela

Committee: Dr. Patricia Dixon

Dr. Jonathan Gayles

Electronic Version Approved:

Office of Graduate Studies

College of Arts and Sciences

Georgia State University

May 2012

DEDICATION

This work is dedicated to those who struggle with mental illness, especially suicide ideation, but don't know how to ask for help. You are not alone. This research is also dedicated to the students who were interested enough to participate in this research and share not only their perspectives regarding suicide, but also their personal experiences with suicide ideation.

ACKNOWLEDGEMENTS

I would like to extend my sincere gratitude to my thesis committee for their guidance while completing this project. Dr. Akinyela, I genuinely value the knowledge you have imparted regarding not only theory, but also African American mental health. Dr. Gayles, thank you for continuously challenging me to rise to the occasion throughout this entire process, while also helping me to understand the process of quantitative analysis. Dr. Dixon, your assistance and numerous recommendations have proven truly invaluable to the construction of this thesis.

To the entire faculty and staff of the African American Studies Department, all of your words of encouragement and suggestions are greatly appreciated and have led me to this point. Special thanks to Dr. Davis and Dr. Umoja for your constant support during my time in the Masters program. I would also like to acknowledge my family and friends who have been supportive throughout my college matriculation. You have motivated me in ways you will never understand.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS v

1 INTRODUCTION..... 10

1.1 Purpose of the Study 11

1.2 Research Questions and Hypotheses..... 13

1.3 Emancipatory Research Theories..... 14

2 LITERATURE REVIEW 18

2.1 Suicide in the African American Community..... 18

2.1.1 Brief History of African American Suicide 21

2.1.2 African American Suicide in the Present Day 25

2.1.3 Risk and Protective Factors of Suicide in African Americans..... 27

2.2 Attitudes Toward Suicide..... 28

2.3 Ethnic Identity and African American Mental Health 31

3 METHODOLOGY 35

3.1 Rationale..... 35

3.2 Participants 37

3.3 Instruments 43

3.3.1 Attitudes Toward Suicide Scale. 43

3.3.2 Multidimensional Inventory of Black Identity..... 44

3.3.3 Interview Guide..... 46

3.4 Procedures 47

3.5 Data Analyses..... 50

3.6 Chapter Summary 51

4 FINDINGS 52

4.1 Quantitative 53

4.1.1 Extent of Suicide as a Problem Among African Americans. 53

4.1.2 Process of Grouping Selected Scale Items. 55

4.1.3 Influence of Ethnic Identity on Attitudes Toward Suicide. 57

4.2 Qualitative 68

Theme 1: Not Discussed or Thought About; Non-Existent. 68

Theme 2: “There’s Always a Way Out.” 69

Theme 3: The Versatility, Strength, and Resiliency of Black Women. 70

Theme 4: Life is Harder for Black Men. 71

Theme 5: Religion & Spirituality as a Preventative Factor. 74

Theme 6: Controversial Church Politics. 75

Theme 7: Strength and Silence as a Hindrance. 78

Theme 8: Female vs. Male Methods of Suicide. 79

Theme 9: Women Use Suicide as a Cry For Help. 80

Other Findings. 82

5 DISCUSSION AND CONCLUSION 87

5.1 Quantitative 87

5.2 Qualitative 92

5.3 Conclusion 100

5.4 Strengths 102

5.5 Limitations 102

5.6 Future Research 103

REFERENCES 105

APPENDICES

A: Questionnaire 122

B: Interview Guide 126

C: Informed Consent……127

D: Multidimensional Inventory of Black Identity……..……...……...131

E: Attitudes Toward Suicide Scale 134

LIST OF TABLES

Table 3.1 Frequencies of Gender and Students' Reported Classification……..……...39

Table 3.2 Frequencies of Income, Religion, Religious Extent, & Caregivers' Educations.....40

Table 3.3 Description of Interview Participants……....42

Table 4.1 Summary of Suicide Ideation Questions on Questionnaire……..……54

Table 4.2 Potential Contributing Factors to Suicide……..……....55

Table 4.3 Potential Protective Factors Against Suicide…….55

Table 4.4 Predictions of Scales Based on Ethnic Identity Salience (EIS)…….....63

Table 4.5 Predictions of Scales Based on EIS when Religiosity Controlled……..….....64

Table 4.6 Predictions of Scales Based on EIS when Classification Controlled ……...65

Table 4.7 Predictions of Scales Based on EIS when Age Controlled……...…66

Table 4.8 Predictions of Scales Based on EIS when Caregiver's Education Controlled…….....67

Table 4.9 Primary Themes and Corresponding Statement……..…….....86

1 INTRODUCTION

Although previous research has indicated that African American suicide rates have increased since the 1980s, the tendency to avoid this topic, and the discussion of mental health in general, continues within some sectors of the African American population. The purpose of this study was to examine the attitudes of African American college students on suicide. I also explored the participants' awareness of suicide as a problem in the African American community and whether this topic had been discussed within their individual communities (among family, friends, church). The students' opinions regarding the potential contributing and preventative factors for suicide; the degree to which suicide is considered acceptable; and the influence, if any, of the importance of ethnic identity on attitudes towards suicide was also investigated. This research also examines suicide as a "taboo" subject in the African American community and recent publicized cases of African Americans who have taken their lives (2010 – 2011).

The literature on the trends in suicide (i.e. gender differences) during various points in African American history and theories that scholars have put forth to explain why suicide rates increase are examined. In addition, the preventative and potential risk factors that have been previously identified by scholars, and the various avenues that could be pursued in order to increase dialogue about suicide in the African American community, are examined. This chapter includes the purpose and significance of conducting this study, the research design, conceptual framework, and research questions.

The National Alliance on Mental Illness (NAMI) (2009) suggests that cultural biases prevent many African Americans from seeking treatment from mental healthcare professionals. Lack of discourse within the African American community has led to a stigmatization of anything having to do with mental health. Among the various categories of mental illness, the topic

of suicide is specifically avoided due to its taboo status among this population (Walker, Lester, & Joe, 2006). In the meantime, research has indicated that the rates of suicide have been steadily increasing among African Americans since 2004 (American Association of Suicidology, 2012a; Crosby & Molock, 2006; Joe, 2006).

Unfortunately, there are limited statistics available subsequent to 2009 regarding suicide amongst African Americans. In 2009, the rates of suicide completion were 2,084, with 1,684 of the victims being males (American Association of Suicidology, 2012a). According to the Centers for Disease Control and Prevention (2012), suicide was responsible for 76,675 years of potential life lost (YPLL) before the age of 75 among African Americans. Although it is understood that the compilation of this data may be a tedious process, there should be a priority to keep these statistics updated at least biannually for research purposes. Considering this data, there is a need for research that addresses not only the number of Africans Americans who commit suicide, but also the *voices* of African Americans regarding suicide as the statistics cannot fully explain this subject.

1.1 Purpose of the Study

The purpose of this study was to explore African American college students' opinions about suicide ideation and completion. This study also sought to identify whether ethnic identity salience influences the students' perceptions of suicide as an acceptable solution. Harris and Molock (2000) define suicide ideation as sincerely contemplating the participation in the act of suicide, while ethnic identity salience is being defined as the degree to which an individual considers his or her ethnicity important to whom they are as a person (Sellers et al., 1998).

The current study utilized both quantitative and qualitative methods to conduct research on a population of African American college students attending a Southeastern university in the

United States. The research consisted of two phases. The first phase of the research consisted of these volunteers completing questionnaires to assess not only their opinions concerning suicide, but also the effect of ethnic identity salience on perceptions of suicide. For example, did the degree to which African American students consider their identity as “Black” influence their perspectives of suicide? Only those who participated in Phase One of the study were eligible to be recruited for interviews during Phase Two. The interviews further explored the volunteers’ awareness of suicide as an issue in the African American community.

Being that suicide is rarely discussed within the African American community (Gibbs, 1997; Joe and Kaplan, 2001; Willis, Coombs, Drentea, & Cockerham, 2003), this research is significant because it can be used to facilitate a much needed dialogue concerning the statistics of this forbidden subject while also increasing awareness of suicide in African American communities. It is also imperative that the potential risk factors contributing to the increase of suicide rates are identified not only to encourage healing and prevention, but also to facilitate the development of interventions by mental health clinicians and psychiatrists in the near future. The current study also contributes to the limited amount of research concerning ethnic identity salience and suicide in general.

Both quantitative and qualitative methods were conducted. The goal was to present an all-encompassing view of student opinions of suicide. The quantitative component of the study permitted a larger amount of data to be collected, and the qualitative phase provided a means to collect more in-depth information from the students regarding this topic. The purpose of utilizing both methods was to not only contribute to the dearth of research on suicide, but provide a deeper understanding of African American mental health in general.

1.2 Research Questions and Hypotheses

There were five research questions that I sought to investigate:

1. Does ethnic identity salience influence whether suicide is viewed as a viable solution to life's stressors?
2. Is suicide considered an acceptable solution to life's stressors amongst African American college students?
3. Are the students aware of the trends of African American suicide (that suicide has been increasing in this population over the years, especially among Black males)?
4. What are the students' sentiments regarding the potential risk and protective factors of suicide?
5. Is there more of a willingness now to discuss suicide, or is it still considered a forbidden topic in this population?

The present study investigated the perspectives and awareness of suicide rates among African American college students. It was predicted that as levels of ethnic identity salience increase, the students' perception of suicide as a viable solution would decline. It was theorized that suicide as a solution would receive lower levels of acceptance in this population because it is religiously viewed as the "unforgivable sin." It was also proposed that the students would not be fully aware of the rates of African American suicide since mental health, especially suicide, is seldom mentioned in this community. Furthermore, I predicted that the students would identify religion and social support as factors that could prevent an individual from committing suicide. Finally, it was also posited that the sample would reveal that suicide is still a forbidden subject within their individual communities.

1.3 Emancipatory Research Theories

Throughout the years, research has marginalized the experiences and values of people of African descent. This has resulted in them being studied as objects and held to the Eurocentric standard of "norms," especially within the field of Psychology (Jamison, 2008). Naim Akbar (1984) notes that research conducted using a Eurocentric frame of reference often places "Africa and her people as inept, abnormal, and dysfunctional." According to Kershaw (2003), the assumptions that guide solely positivist research include the researcher remaining "logical" and objective, discovering natural laws with the purpose of predicting and controlling events, and using scientific facts to prove validity and reliability. Positivist research also relies on the ability to be replicated. Thus it is imperative that an alternative approach be employed in order to remedy these erroneous types of evaluation.

The field of Black Psychology contains various schools of thought that reflect diverse approaches and methodologies when investigating people of African descent. According to Nobles (1986), those who employ a deconstructionist approach seek to expose the myths of psychological inferiority among people of African descent, and use the traditional methods to demonstrate the counterfeit claims asserted in the standard journals (Cross, 1971; Hilliard, 1981). On the other hand, in addition to correcting the misinterpretations of the data, the reconstructionist scholars seek to transform these models into more culturally relevant forms (Nobles, 1986). Finally, those who utilize the constructionist approach question, and are cautious of, the use of empiricism when researching people of African descent. These advocates prefer to create new models and methods that "stem from an organic, authentically African epistemological and ontological base" (Akbar, 1984; Jamison, 2008).

One of the primary controversies within African American Psychology is over the appropriate method of research and the use of empiricism. The extent to which empirical methods can measure "the various manifestations and nuances of the experiences" of Africana people has been questioned (Jamison, 2008). Black psychology emphasizes the importance of producing evidence to back up claims and utilizing a variety of methods in order to produce research that is applicable to people of African descent.

1.4 Kershaw's Scholar Activist Model

Kershaw suggests a more emancipatory paradigm that empowers people of African descent, while also producing authentic knowledge. Rather than relying on solely objectivity, this manner of research begins with the scholar centering him or herself in the history and cultural images of Africana people while also reflecting the life experiences, traditions, and understandings of this specific population (Kershaw, 1992; Nobles, as cited by Hill). The process also involves the scholar being skilled at using qualitative research techniques in order to describe the group's reality according to the group. This concept was put into practice by discerning how people of African descent understand suicide and the importance of ethnic identity historically, and contemporarily. In addition, this ensured that the voices and opinions of African Americans were heard throughout the research (Kershaw, 2003).

The next step to producing research that is culturally relevant is critical analysis of the material, which describes and analyzes "relationships that can be empirically verified in order to allow for the testing of theoretical assumptions" (Kershaw, 2003). This includes verifying the extent that suicide is a valid obstacle that needs to be resolved within the Africana community. Prior research indicates that while ethnic identity has always been integral to the African American experience, the rates of suicide are increasing and becoming endemic to the population as

well. This reveals that ethnic identity salience and suicide are official variables worthy of study among people of African descent.

The last component of this paradigm is that it promotes community empowerment through emancipatory knowledge. This involves conducting research that is solution-oriented in order to improve the life chances and experiences of people across the African Diaspora (Kershaw, 1992; Kershaw, 2003). The final tenet was accomplished by utilizing the data from interviews to understand how people of African descent recognize and respond to suicide as a solution to problems in life. In the future, the current study could help scholars develop relevant interventions and prevention strategies for suicide in the African American community. This research is also significant because it could provide information to help educate the Africana community about the statistics (and risk and preventative factors) of suicide and the psychological effects correlated with levels of ethnic identity salience for the population.

1.5 Chapter Summary

In summary, mental illness is a taboo topic within the African American community. This is especially the case when it comes to suicide. While the literature is extensive on attitudes toward suicide and African American ethnic identity salience in general, there are very few studies that link these two variables together. It is also vital that the potential risk factors that contribute to suicide ideation are identified in order to promote healing and interventions. Additionally, most of the research conducted on this population has utilized quantitative measures, which is not viewed as research that is completely centered in the lives or history of African Americans (Kershaw, 2003, Jamison, 2008).

As previously discussed, African American Psychology utilizes various paradigms to study people of African descent. This has led to a major controversy being centered on the use of

empiricism in the field (Jamison, 2008). Most scholars agree that the scholar must produce culturally relevant research. Kershaw's paradigm is a synthesis of quantitative and qualitative research methods (Kershaw, 1992; 1999). This model allows for the integral foundation of theory and praxis within the discipline of Black Studies to continue to be executed. More importantly, it allows for such an approach to be used when examining African American suicide.

2 LITERATURE REVIEW

In order to complete the current study, a review of the existing literature was necessary. This chapter provides a historical overview of suicide amongst African Americans. The review also includes a discussion of suicide in the present day, including the established risk and protective factors for suicide among African Americans. A brief review of the literature concerning attitudes toward suicide, and the influence of ethnic identity on African American mental health, has also been incorporated into this chapter.

2.1 Suicide in the African American Community

As previously stated, mental health and suicide are topics that are rarely discussed in the African American community. This lack of dialogue stems from the fact that, historically, seeking help for mental problems has not been viewed as "culturally acceptable among many family and peers" (Walker et al., 2006). African Americans have been socialized to disregard the importance of their mental health because of the desire to appear strong and competent to their peers. This may contribute to members of this population suffering in silence (Joe, 2006).

An example of this silence regarding mental health issues can be observed with the moderately publicized death of NFL wide receiver Kenny McKinley, 23, who took his own life on September 20, 2010. Described by many as "jovial," having "a great smile and a big heart," " and "a love for life," Kenny's death came as a shock to his family, friends, and teammates (Bunch & Jones, 2010). However as the investigation into his death continued, three sources came forth to confirm that the player had, in fact, mentioned wanting to commit suicide but none of the threats were taken seriously.

Similar to a number of African Americans who have experienced the loss of a loved one at the hands of suicide, one of Kenny McKinley's friends stated "...that's not the type of thing

that you would take seriously coming from him. Because of his personality, because of who he is, nobody would have ever believed he would have done it...He showed no signs of depression, no signs of awkwardness" (Stapleton, 2010). Unfortunately, the inability to recognize and seriously respond to the onset of depression and suicide ideation symptoms have proven fatal for not only this young man, but a number of other African Americans whose friends and families stigmatize suicide.

After McKinley, there were a series of suicides among African Americans ages 19 to 26. On September 29, 2010, Raymond Chase, age 19, hung himself in his college dormitory room (Huffington Post, 2010). A few days later on October 4, 2010, Aiyisha Hassan, age 20, was found dead by her brother in their shared home (Najafi, 2010). Next on October 23, 2010, Joseph Jefferson, age 26 also committed suicide by allegedly hanging himself (Dominus, 2010). Although the exact cause of these suicides is unknown, it was suggested that these individuals may have taken their lives due to being bullied about their sexual orientation. While it has been noted that suicides among the Lesbian, Gay, Bisexual, and Transgendered (LGBT) community have currently been increasing, it has not been determined whether these individuals commit suicide more than those who consider themselves heterosexual since information regarding sexual and gender identity is not collected on death certificates (American Association of Suicidology, 2012b). Meanwhile, as a final message on a social media website, Jefferson posted, "I could not bear the burden of living as a gay man of color in a world grown cold and hateful towards those of us who live and love differently than the so-called 'social mainstream.' Belonging is one of the basic human needs, when people feel isolated and excluded from a sense of communion with others, they suffer…"(Dominus, 2010, para. 2).

Researchers are concerned that stigma towards mental illness has lead to a great number of suicide attempts and completions being misreported or not reported at all. These scholars assert that suicide completions and attempts are more likely to be misclassified as accidents or homicides among African Americans in comparison to any other ethnic groups (Kaslow, 2004; Kimbrough, 1996; Phillips & Ruth, 1993; Walker et al., 2006). The rates of misclassifications may also lend themselves to the general misconception that Blacks do not kill themselves.

Another factor that leads to the underestimation and misreporting of suicides among African Americans is a phenomenon identified as victim precipitated suicide. Research defines this as the victim being the first to provoke an incident, which leads to the death being labeled a homicide instead of suicide (Lester, 1998). Scholars have focused on understanding what has been labeled "suicide by cop." In their work, *Lay My Burden Down*, Poussaint and Alexander (2001) note that "the combination of some blacks' reluctance to admit mental distress out of fear of appearing 'weak' or 'crazy' and a machismo code of the street that emphasizes physical confrontation over verbal negotiation creates an environment in which a black man in severe emotional distress might view dying by a police officer's bullet as an 'honorable' way to go" (p. 119). Victim precipitated suicide includes the intentional provoking of arguments with family members or strangers and single driver death (intentionally initiating a car crash) as well (Ohberg, Pentilla, & Lonnqvist, 1997).

African-Americans may also be more likely to contribute the individual's death to a physical ailment rather than mental illness (Holding & Barraclough, 1978; Mohler, 2001; Shepard & Klein-Schwartz, 1998; Warshauer & Monk, 1978). For example, it has been suggested that cirrhosis, cardiovascular diseases, and other potentially fatal conditions could be the result of a slow or prolonged method of killing oneself. An individual deliberately refusing medications

essential to their well-being should also be included in this category. Poussaint and Alexander (2001) state "it is not far-fetched to argue that many of the pathologies currently bedeviling much of the black community- including high rates of drug and alcohol abuse, health threatening diets, and violence- are fatalistic life-threatening behaviors that can be viewed as long-term or slow-motion suicide" (p. 126). The authors conclude that an individual engaging in these behaviors while understanding the impending destructive consequences could be lacking the overall motivation to live in the long run.

2.1.1 Brief History of African American Suicide

There are divergent opinions concerning suicide not only amongst the African American population, but in general there has been no single perspective that has been able to efficiently explain the occurrence of suicide (Maris, Berman, & Silverman, 2000). Throughout history, many individuals have assumed that African Americans do not commit suicide because it is either considered "a White thing," or the population does not have mental health issues, period. In his early research on the "psychoses'' and psychological traits of African Americans, Bevis (1921) stated 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).

Subsequent to Bevis' research, more scholars expounded on the notion that African Americans have an eternally optimistic disposition. (Prange & Vitols, 1962; Prudhomme, 1938). Suicide has also been commonly viewed as an act of weakness and attached to the belief of a "lack of Blackness." B.E. Wright's (1985) text, entitled "Black Suicide: Lynching By Any Other Name," exclaims that African American suicide does not exist because the act is "a method of genocide [ultimately] controlled by Whites" (Crosby & Molock, 2006, p. 255).

Emile Durkheim has universally been viewed as a leading pioneer in the field of suicidology. According to Akers (1985), his research " became the standard reference for all subsequent sociological interest in suicide" (p. 287). Durkheim's *Le Suicide* explained that the act of suicide was a consequence of the extent of social integration and/or social regulation an individual experienced in relation to the mainstream society (Durkheim, 1951). The author suggested that incidences of suicide could be placed into four separate categories based on the degree of integration or regulation.

First, egoistic suicide occurs when individuals have weak or no social ties to the collective group. Altruistic suicide is a result of an individual being extremely integrated to the point of committing suicide for the good of the group. Third, anomic suicides occur when social regulation is low and society has no moral influence over the individual. Finally, fatalistic suicide results when social regulation is too high and the individual's future is "pitilessly blocked and passions violently choked by oppressive discipline" (Durkheim, 1951; Early, 1992). The scholar notes that suicides committed by those enslaved should be placed in this category, but fatalistic suicide "has so little contemporary importance and [many other] examples are so hard to find" (Durkheim, 1951).

Most individuals tend to discount the fact that suicide has occurred throughout African American experience since the era of slavery. A number of texts tell of the enslaved Africans jumping overboard on the ships during the voyage of the Trans-Atlantic Slave Trade. Lester (1998) notes that these enslaved people would commonly commit suicide when they were initially captured, during the long journey overseas, and immediately after arriving to their dreadful destinations. Those Africans in captivity viewed death as a superior alternative to slavery. The enslaved also envisioned suicide as a manner of not only resistance, but also returning to Africa.

To curb the enslaved's intention to commit suicide, the master's would label the act "an unforgivable sin," mutilate the corpses, and refuse to bury them due to their "Christian values" (Lester, 1998).

Although African Americans have, historically, maintained lower rates of suicide when compared to other ethnicities in the United States, this trend seemed to shift almost forty years ago when suicide completion and ideation rates began to increase among this population. Suicide ideation is defined as an individual having thoughts of possibly attempting suicide (O'Carroll et al., 1996). Research indicates that this rise in African American suicide related deaths was unlike any other ethnic group in America from the 1970s through the 1990s (Centers for Disease Control and Prevention [CDC], 1998; Joe and Marcus, 2003; National Center for Injury Prevention and Control, 1995; Willis et al., 2003).

During the mid 1970s, scholar Robert Davis sought to provide an answer to the paradox of suicide emerging in the African American community. Building on the external restraint theory, Davis (1978) proposed that de jure segregation allowed African Americans to organize around acquiring civil rights for people of color. The restraints placed on African Americans by the mainstream society, such as overt racism and discrimination, produced an undeniable solidarity within the population. These familial and communal ties contributed to the resiliency of Blacks during this era.

Davis noted that the eradication of de jure segregation led to an increase in occupational and educational opportunities and status for African Americans. As a result, this population was allowed to achieve their aspirations and demand higher expectations. The author suggested that, "this loosening of restraints has produced a false sense of freedom and security that has led to

individualism and utilitarianism, which have tended to loosen or weaken the communal and family ties previously serving as a buffer against suicide" (Davis, 1978, pp. 6-7).

To test his theory, Davis chose to examine the 1970 and 1975 data from the National Center for Health Statistics, U.S. Bureau of the Census, and Current Population Survey. Looking at the seventeen states with the largest population of African Americans during this period, Davis analyzed the number of Blacks who migrated to an urban area and the number of Blacks living alone in a one-person household. While inmigration was found to be strongly correlated with Black suicide rates, living alone was not. The results also indicated that suicide was more likely to occur among Blacks in the upper and middle classes. With these findings, the scholar asserted that the increase of African American suicide in the 1970s "can be attributed, at least in part, to young, upwardly mobile Blacks who are isolated from their families, communities, and social institutions" (Davis, 1978).

During the 1980s, the rates of suicide amongst Black males continued to close the gap in comparison to the rates of their White counterparts. Early (1992) reported "the suicide rate in 1986 amongst Black males ages twenty-five to thirty-four was 21.3 per 100,000, compared to 26.4 per 100,000 for white males in the same age group" (p. 9). Other scholars during this decade followed the Chicago School's explanation when attempting to explain the increase in suicide rates among Blacks. This group of researchers viewed growing urbanization as a catalyst for social disorder, personal disorganization, delinquency, crime, mental breakdown, and suicide (Early, 1992; Gold, 1982). Holinger and Offer (1982) asserted that the competition for the same resources and opportunities between Blacks and Whites resulted in the isolation of Blacks from the mainstream. This alienation led to an increase in suicide amongst Blacks.

2.1.2 African American Suicide in the Present Day

Currently, these rates are still on the rise as Crosby and Molock (2006) report that one African-American dies by suicide every 4.5 hours. What is even more astonishing is that African-American males continue to exceed attempts of suicide for both White males and White females in the United States (Walker et al., 2006). Other research demonstrates that suicide has the highest incidence among African American men ages 25 to 34 compared to Caucasian males age 65 and older (Joe and Kaplan, 2001; Kimbrough, 1996; Molock et al., 1994; Willis et al., 2003).

Rates of suicide between genders have also received attention from scholars. Biases exist in that suicides performed by males are viewed as a rational response to external factors. However, suicides conducted by females are attributed to internal, or emotional variables (Canetto, 1997; Stillion & Stillion, 1998-99). Although these theories have been put forth to explain the variance in causes of suicide amongst men and women in general, it is not clear whether these notions extend to motivations of suicide and suicide ideation in the African American community as well.

When comparing suicide rates between genders within the African American community, females of all ages are more likely to attempt suicide and experience suicide ideation while males are four to six times more likely to complete the act (American Association of Suicidology, 2012a; Bingham et al., 1994; Garrison et al., 1993; Gibbs and Hines, 1989; Moscicki, 1994; U.S. Public Health Service, 2001). In 1997, the suicide rate for Black women was almost one fifth the rate of Black men (Poussaint & Alexander, 2001). In fact, African American females have, consistently, been found to have the lowest suicide rate among all ethnic, sex, and age populations. In her article on the cultural paradox of African American suicide, scholar J.T.

Gibbs (1997) argues, “For older Black females, the suicide rate has been more stable, punctuated by moderate increases with no predictable pattern. The disparity between the rates for Black males and Black females increases with age, further exacerbating the preexisting imbalances in the male-female ratios and available marriage partners in the Black community” (p. 72). Out of the women that do attempt or complete suicide, there are fewer reports of alcohol and drug abuse over the lifespan when compared to Black men. When comparing methods of suicide among African Americans, men are traditionally more likely to use firearms while women predominately poison themselves (Lester, 1998).

Two additional groups that have received attention regarding suicide within the African American population are adolescents and young adults. Research has shown a dramatic increase in the number of completed suicides for adolescents. From 1980 – 1995, suicide rates among African American adolescents age 10 to 14 were increased by 233% (Harris and Molock, 2000; NAMI, 2009). Griffin-Fennell and Williams’ (2006) research indicates that there has also been a startling increase in the number of completed suicides for those between the ages of 15 to 24. Joe (2006) and the American Association of Suicidology (2012a) also name suicide as the third leading cause of death for this age group, behind homicide and accidental death.

African American college students, ages 18 – 29, have suicidal behavior patterns that are equivalent to Caucasian college students. Research has indicated that the early to late twenties are the median ages of onset for suicide ideation (American Association of Suicidology, 2012a; Joe, 2006; NAMI, 2009). However, African American college students have been found less likely to report these thoughts of suicide (ideation), or the use of drugs and alcohol during a suicide attempt, than their White counterparts (Harris & Molock, 2000; Molock et al., 1994; Kimbrough et al., 1996). Although the aforementioned statistics may shed a small amount of much

needed light on the topic, there are still many individuals who refuse to admit, or do not recognize, that suicide has become an increasing problem in the African American community.

2.1.3 Risk and Protective Factors of Suicide in African Americans

Previous research has identified several risk and protective factors for suicide among African Americans. The chief risk factors include depression and hopelessness, psychological disorders, substance abuse, social isolation, maladaptive coping skills, and avoidance of mental health professionals (Gibbs, 1997; Griffin-Fennell & Williams, 2006; Ialongo et al., 2002; Joe, 2006; Kaslow, 2004; Nisbet, 1996) Depression and hopelessness have been linked to suicide ideation and completion in numerous studies. Kaslow (2004; 2005) reported higher levels of depression and hopelessness among low-income suicide attempters when compared to low-income non-suicide attempters. The degree of hopelessness may be even more integral when assessing suicide as scholars have suggested that pessimism, and negative attitudes toward the future, has been a more important mediator of suicide ideation than depression (Beck et al., 1974; Beck & Steer, 1988; Pompili, 2010). The literature also implies that aggression may be a more valid indicator of suicide ideation than depression in African Americans, and other risk factors for suicide may also vary culturally (Brown et al., 1999; Kaslow, 2004).

Since many African Americans distance themselves from anything having to do with mental health, this may cause depressed persons to avoid seeking help, which may result in suicide ideation or completion (Ialongo et al., 2002). Most of the time, individuals who shun mental healthcare do not want to appear “weak or unstable” to their peers. The distrust of mental healthcare professionals in the African American community may contribute to substance abuse amongst some individuals as self-medication to reduce negative symptoms (Poussaint & Alexander, 2001). In the past, seeking perfectionism was also named as a potential risk factor for sui-

cide among college students, which also includes African American college students (Dean, 1996).

The key factors that scholars have identified as protective factors against suicide in the African American community are religion, family and social support (Ellis & Range, 1991; Griffin-Fennell & Williams, 2006; Harris & Molock, 2000; Kaslow, 2005; NAMI, 2009; Roy, 2003a). Most of the past literature cited religion as being the cornerstone of mental health among African Americans. Marion and Range (2003) found that African Americans strongly endorsed religiosity as a preventative factor to suicide ideation. Church affiliation and/or attendance is also negatively correlated with levels of suicide ideation and completion (Early, 1992; Nisbet, Duberstein, Conwell, & Seidlitz, 2000; Stack & Wasserman, 1995). Those who attempted suicide were found less likely to identify with, or attend, religious services (Sisask et al., 2010). Religious coping styles play a role in ameliorating suicide ideation and completion levels, as well as the extent to which suicide is deemed acceptable among individuals.

Social support is also a protective factor in suicide in the African American community (Gibbs, 1997; Kimbrough, 1996). If an individual perceives their level of social support among family and friends to be increased, then he or she will experience decreased levels of suicidal behaviors. Greening and Stopplebein (2002) revealed that African American students who felt less supported by their families were significantly more likely to report feelings of risk for suicide.

2.2 Attitudes Toward Suicide

The extent to which cultural differences influence attitudes toward suicide has been researched. Scholars have posited that suicidal behaviors may not only increase, or decrease, based on cultural or sociocultural norms, but these norms may also have an impact on whether suicide

is deemed a viable solution to life's stressors within certain groups (Canetto & Lester, 1995; Domino et al., 1982; Kaslow et al., 2004; Orbach, 1997). In addition, De Leo (2002) supported the idea that rates of suicide are influenced by sociocultural norms within various societies. This fluctuation of suicide rates amongst various populations "provide evidence that social and cultural variables amplify any biological and psychological predisposition a person might have" toward suicide (De Leo, 2002, p. 23).

For example, when comparing African students and African American students, research indicates that both groups hold negative attitudes toward suicide. However, the African students' perceptions of suicide were considerably more negative than the African American students (Eshun, 2003; Lester & Akande, 1994; Orley, 1970; Peltzer & Cherian, 1998). This view of taking one's life may also contribute to the decreased rates of suicide in countries that are less developed. It has been reported that countries in Asia, Africa, and Latin America have lower rates of suicide ideation in comparison to their Western counterparts (Lester & Wilson, 1988; Le Vecchia, Lucchini, & Levi, 1994; Peltzer, Cherian, & Cherian, 2000).

It has also been noted that acculturation into the United States influences individuals' perceptions of suicide. The longer those who emigrate from non-Western countries reside in the United States, the more likely they are to find suicide more acceptable (Eshun, 2006). One investigator also posited that individuals who subscribe to self-expressionism (cultural tolerance), versus survivalism, are also more likely to have increased rates of individual suicide acceptability. According to Stack & Kposowa (2011), "for each unit increase in Black self-expressionism, there was over 3.5% increase in suicide acceptability" (p. 1216).

Prior research has also suggested that there is a relationship between attitudes toward suicide and suicidal behavior. A number of scholars have found that individuals who have expe-

rienced suicide ideation, or are acquainted with someone who has, held more permissive attitudes toward suicide (Beautrais, Horwood, & Fergusson, 2004; Ingram & Ellis, 1992; McAuliffe, Corcoran, Keeley, & Perry, 2003; Renberg & Jacobsson, 2003). Furthermore, "attitudes toward suicide accounted for variance in suicidal ideation that was not explained by level of depressive symptoms or hopelessness, suggesting attitudes toward suicide are important in understanding suicidal ideation" (Gibb, Andover, & Beach, 2006, p. 15).

Other researchers have utilized attitudes toward suicide to establish more reliable suicide data and prevention strategies in the communities sampled (Diekstra, 1989; Domino, 1980; Domino, MacGregor, & Hannah, 1988 - 89; Jenner and Niesing, 2000; Neeleman, 2002). According to Anderson (2007), previous research indicates "a need to have a firm understanding of the community's attitude as well as the individual's attitude toward suicide in order to develop the most effective and culturally sensitive educational and preventative strategies" (p. 10). This data may also contribute to intervention plans created by therapists to effectively treat suicidal patients.

Overall, attitudes toward suicide may yield various results depending on the society being investigated. Cultural diversity, even within the United States, influences not only acceptance of suicide, but also rates of attempted and completed suicide among varied populations. Stillion & Stillion (1998-99) note that, "people respond differently to suicide based on the setting in which the suicide occurs...as well as based on the education, intelligence, age, and gender of the person responding. The more fine-grained the research gets, the more complexity is found in attitudes toward suicide." (p. 91).

2.3 Ethnic Identity and African American Mental Health

According to Roysircar-Sodowsky and Maestas (2000), a number of scientists agree that people of color living in the United States must deal with primarily four issues: "(a) Experiences of racism and discrimination owing to their immigrant and minority status, (b) Relationship with the dominant culture, (c) Retention of ethnic or cultural heritage, (d) Stress that results from the previously mentioned experiences" (p. 131). Having to contend with living in two separate worlds, the mainstream, versus the "minority" society, may leave nonwhites struggling with mental anguish.

W.E.B. DuBois (1903) referred to this psychological distress as double consciousness. DuBois argued that living in a society dominated and controlled by Whites could lead to:

> …the sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness-an American, a Negro, two souls two thoughts, two unreconciled strivings, two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder…The history of the American Negro is the history of this strife, - this longing…to merge his double self in to a better and truer self. (pp. 16 – 17)

Therefore, it is vital that studies regarding the importance of ethnic identity to African Americans are reviewed to further understand this variable's influence on psychological processes.

The literature concerning acculturation and ethnic identity amongst people of color often links these two terms. To be distinguished from acculturation, issues of ethnic identity primarily correspond to people of color born within the United States who feel a substantial connection to

their “original” cultural group, whereas acculturation usually refers to the process of immigrants adapting to the dominant culture of the United States (Roysircar-Sodowsky & Maestas, 2000). Further, “whereas first-generation immigrants who arrived in the United States at an older age must struggle with their acculturation to the mainstream society after having been socialized in their culture, second- and later generation individuals are likely to question what aspects of their ethnic cultures are most relevant to them, and thus to be retained” (Roysircar-Sodowsky & Maestas, 2000, p. 133).

Ghorpade, Lackritz, and Singh (2004) also investigated the method in which different ethnic groups in the United States become acculturated into the European-American culture. African-Americans, Filipinos, Pacific Islanders, and Middle Easterners supported the cultural inversion theory, which stated that an ethnic group might intentionally reject the majority culture in order to find psychological security. The data also illustrated that those least likely to acculturate had a more optimistic perception of themselves due to their ethnic identities (Ghorpade, Lackritz, Singh, 2004).

Over the years, a number of scholars have indicated that ethnic identity is related to an individual’s status of mental health. Internalizing a positive Black identity has not only been correlated with healthy psychological functioning (Helms, 1993; Kaslow, 2004), but also levels of self-esteem (Crocker, Luhtanen, Blaine, & Broadnax, 1994; Goodstein & Ponterotto, 1997; Hughes & Demo, 1989). Brook and Pahl (2005) assert, “the protective potential of aspects of ethnic and racial identity and related concepts may be particularly potent in interacting with risk and protective factors from the psychobehavioral domain” (p. 331).

There have only been a small number of previous studies that have related ethnic identity to suicide ideation, attempts, or completion. Investigating the potential risk factors for suicide in

African Americans, Kirk (1976) discovered that suicide attempts in urban Black males were correlated with the individual feeling greater social isolation and a decreased sense of positive African American identity. Those males who exhibited elevated levels of ethnic identity were less likely to attempt suicide. Kaslow (2004) also uncovered that those who attempted suicide had lower levels of ethnic identity.

Researchers generally follow two approaches when examining racial and ethnic identity. The underground approach "recognizes that African American cultural experience is not only a consequence of their stigmatized status…but also a function of their particular historical and cultural experiences in America and Africa" (Shelton & Sellers, 2000, p. 29). Its origins located in the work of W.E.B. Dubois, most scholars of this view claim that although racial identity attitudes and beliefs may fluctuate over an individual's lifespan, these beliefs and attitudes are stable during specific periods of time and situations (Baldwin, & Bell, 1985; Cross, 1971; Cross, 1991; Parham & Helms, 1985).

On the other hand, the mainstream approach is "concerned primarily with the processes resulting in group identities and the impact of group identities on individuals' attributions and behaviors at the situational level" (Shelton & Sellers, 2000, p. 30). Those who utilize this perspective often compare different ethnic groups and their identities using the same measure. Advocates of the mainstream approach investigate the importance of racial and ethnic identity to an individual depending on the situation.

Studies focusing on African Americans and the importance of ethnic identity have been revealing. African Americans appear to view one's personal identity as merely an extension of their collective identity (Azibo, 1998). It has also been noted that ethnic identity is multidimensional for African Americans. First, the concept of ethnic identity contains an emotional aspect

that relates to the individual's feelings of belonging, or attachment, to other African Americans (Phinney, 1992). Ethnic identity also has a behavioral aspect, which can be observed by the individual associating with other African Americans. Finally, cultural values and behaviors are dimensions of ethnic identity, which would include the individual having an Africentric perspective (Wallace & Muroff, 2002). Subscribing to Africentrism has been defined as placing significance on communalism, interdependence, spirituality, and collaboration (Morris, 2001; Randolph & Banks, 1993). Detachment from an Africentric view causes the individual to become more immersed into the mainstream culture of the United States.

Most of the aforementioned research relied solely on quantitative methods to analyze the Africana population. As previously noted, it has been suggested that both, quantitative and qualitative methods, or primarily qualitative data is the most culturally relevant method for the investigation of people of color (Kershaw, 2003). This research provides a synthesis of quantitative and qualitative methods.

Due to the dearth of research that links suicide to ethnic identity, the current study adds to the literature within Black psychology while also providing information about the perspectives of African American students regarding suicide among this population. This research is important because it could help mental health professionals tailor suicide interventions and prevention methods to African Americans, and, in the end, help diminish the increasing suicide rates among this population. The current study could also help educate students and scholars about the presence and mounting problem of suicide within the Black community.

3 METHODOLOGY

The purpose of this research was to investigate the opinions and awareness of African American suicide among African American college students. The current study also examined whether ethnic identity salience influenced the participants' attitudes toward suicide. This chapter elaborates on the methods, which includes participants, instruments, and procedures of each phase of the study.

3.1 Rationale

The current research was conducted using both quantitative and qualitative methods. This design provided a more encompassing view of the students' attitudes and awareness of suicide among the participants. The selection of these methods permitted me to investigate ethnic identity salience and whether it influenced acceptance or rejection of suicide as a solution to life's stressors. The quantitative component included an online questionnaire while the qualitative component consisted of semi-structured interviews. The questionnaire assessed levels of ethnic identity salience and the participants' overall attitudes toward suicide and suicide ideation. The interviews explored the participants' personal awareness of the prevalence of suicide ideation amongst African Americans and whether suicide has been discussed within their individual communities.

This design was optimal since it uses Terry Kershaw's (1992; 1999; 2003) theory of research that is appropriate, and an effective strategy, to further explore the sample's awareness of the occurrence of suicide amongst African Americans. Previous scholars note that combining quantitative and qualitative methods in a research study could end with a number of effects. First, the results could complement one another and demonstrate the relationship between variables and how they are instrumental in suicide ideation and attitudes. Next, the results could be

convergent and serve to validate one another. Finally, the results could be contradictory and indicate that there should be more research conducted on the topic (Flick, 2007; Hjelmeland & Knizek, 2010).

In addition, there has been a push for more qualitative research on suicide because it focuses on understanding the respondents' perspectives, whereas previous quantitative studies have been concerned with producing causal explanations. Qualitative studies "focus on the meaning suicidal behavior has for the individual...and how the individuals engaging in suicidal ideation and/or behavior interpret themselves, their actions, and their surroundings" (Hjelmeland & Knizek, 2010, p. 75). Rather than viewing the participants as objects, the current study took a "humanistic" approach and looked at the students as subjects who possessed agency in their own lives.

After examining Creswell's (2007) approaches to qualitative inquiry, it was decided that a phenomenological study would best examine the research question. This method focuses on understanding the nature of a shared experience, in this case African American college students within the average age range for the onset for suicide ideation. According to Fulford, Sallah, and Woodbridge (2007), phenomenological studies are integral to mental health being that "phenomenology and related disciplines…provide tools for more effective and inclusive ways of understanding differences not only between individuals but also between cultures in the way they experience the world" (p. 39).

A phenomenological study was also chosen in order to frame African American college students' personal lived experiences with, and understanding of, suicide. Gaining this understanding of the participants' attitudes toward suicide is considered to be the essence of conduct-

ing qualitative research (Fleischer, 2000). In addition, the current research relied on the interviews of several individuals with the purpose of understanding their awareness of suicide.

Recognizing and documenting the investigator's own opinion towards African American suicide is an integral aspect of this process (Creswell, 2007). It was vital that I bracket and set aside my perspective as to not affect the analysis of the data. Nonetheless, according to Groenewald (2004) and Hammersley (2000), phenomenologists believe that the researcher cannot be disconnected from his/her own preconceptions; nor should the scholar pretend otherwise. Therefore, although I may have specific beliefs about African American suicide and mental health, these personal views did not guide the research. These sentiments were bracketed in order to fully understand the lived experiences of the participants (Moustakas, 1994).

3.2 Participants

The participants included undergraduate students at an urban, Southeastern, and ethnically diverse university campus. In 2010, the undergraduate body was comprised of 38% White, 36% African American, 11% Asian, and 7% Hispanic students (GSU, 2010). Volunteers were recruited through introductory African-American Studies courses. These particular courses were chosen because of the likelihood of locating the target group for the current study, African American college students. This population was also more likely to contain those in their early to late twenties, which comprises the median ages of onset for suicide ideation (Joe, Stein, Seedat, Herman, & Williams, 2008).

The target sample number was determined by looking at the total enrollment of the Introduction to African American Studies courses during the two previous semesters. Out of 271 available spaces, there were 243 students enrolled in these courses during the Fall 2010 semester. For the Spring 2011 semester, 222 were enrolled in the courses out of a 245 limit (GSU – Go So-

lar, 2011). It was believed that slightly less than half of the students were enrolled in these courses and motivated to participate in the study.

Data was collected from approximately 92 (81.9%; 68 females; 18.1%, 15 males) individuals in all for the questionnaire. Nine of the students did not refer to themselves as African American. Out of these 9 individuals, 6 considered themselves Multiracial/Multiethnic, 1 student specified that they were Black Bahamian, 1 student identified as Asian, and another described that they were of Middle Eastern descent. Initially, only the data from those who indicated they were African American was analyzed, which left a final sample number of 83. The age range of the African American students recruited was 18 – 59 years old. This sample of 83 consisted of 16.9% Freshman (14), 14.5% Sophomores (12), 33.7% Juniors (28), 26.5% Seniors (22), and 8.4% Fifth Year and Above (7). Furthermore, a majority of these students (72.3%; 60) indicated an income level of $0 – $12,000.

The African American participants also primarily identified as being of the Christian faith (94%). When asked "how religious would you describe yourself," most of the sample revealed that they were Somewhat Religious (72.3%; 60), in comparison to those who were Extremely Religious (16.9%; 14), Neutral (6%; 5), or Not At All Religious (4.8%; 4). In addition, when questioned regarding the highest level of education their primary caregiver had completed, 59% (49) of the sample indicated that their caregiver had obtained a High School Diploma or the equivalent, whereas 22.9% (19) had received their Bachelors, 12% (10) had completed a Graduate or Professional Degree, and 6% (5) of caregivers had finished only some high school or less. Tables 3.1 and 3.2 provide a summary of the African American sample.

Table 3.1

Frequencies of Gender and Students' Reported Classification

	Number	*Percentage*
Gender		
Females	68	81.9
Males	15	18.1
Classification		
Freshmen	14	16.9
Sophomore	12	14.5
Junior	28	33.7
Senior	22	26.5
Fifth Year & Above	7	8.4

Table 3.2
Frequencies of Income, Religion, Religious Extent, and Primary Caregivers Education

	Number	***Percentage***
Income		
Below 12,000	60	72.3
13 – 24k	9	10.8
25 – 49k	12	14.5
50k & Above	2	2.4
Religious Denominations		
Buddhist	1	1.2
Catholic	2	2.4
Christian	78	94.0
Muslim	2	2.4
Religious Extent		
Extremely	14	16.9
Neutral	5	6.0
Not At All	4	4.8
Somewhat	60	72.3
Education of Primary Care-givers		
Some High School	5	6.0
High School Diploma	49	59.0
Bachelors Degree	19	22.9
Graduate or Professional Degree	10	12.0

Data was collected from 17 individuals (15 females; 2 males). All seventeen participants (100%) considered themselves African American. The median age for the participants is 21.5 years old, with the age range being 18 - 26. The sample is comprised of 5.9% Freshman (1), 23.5% Sophomores (4), 58.8% Juniors (10), and 11.8% Seniors (2). The majority (82.3%; 14) of the respondents considered themselves somewhat religious. Most (64.7%; 11) participants knew someone who had attempted suicide, while only a minority (35.3%; 6) knew someone who had completed suicide. Of the seventeen individuals, 8 (47.0%) felt that suicide was a significant issue in the African American community. Ten (58.8%) members of the sample believed suicide is an issue that primarily affects Caucasian Americans. Table 3.3 has been constructed to summarize the demographics of the interview participants; including a reminder of the answers each student provided to the questions regarding suicide as an issue among African Americans on the questionnaire.

Table 3.3

Description of Interview Participants

Name	*Age*	*Classification*	*Religious Extent*	*Know Someone Attempted Suicide*	*Know Someone Completed Suicide*	*African American Suicide Significant*	*Suicide Primarily Affects Whites*
Phelicia	20	Sophomore	Somewhat	Yes	No	No	Yes
Kim	19	Junior	Extremely	No	Yes	No	Yes
Olivia	20	Junior	Somewhat	No	No	No	Yes
Sophia	25	Junior	Somewhat	No	No	No	No
Briana	26	Junior	Somewhat	Yes; Family, Friends	Yes; Family, Friends	Yes	No
Zora	19	Sophomore	Somewhat	No	No	Yes	Yes
Sheena	19	Sophomore	Somewhat	No	No	Yes	No
Dawn	20	Junior	Somewhat	No	No	No	Yes
Mia	20	Junior	Somewhat	Yes; Best Friend	No	No	Yes
Tiffany	18	Freshman	Somewhat	Yes; Friend	Yes; Friend	No	Yes
Courtney	19	Sophomore	Somewhat	Yes; Close Friend	No	No	Yes
Alexis	24	Senior	Somewhat	Yes; Aunt	No	Yes	No
Jacob	24	Junior	Extremely	Yes	No	Yes	No
Erica	21	Junior	Somewhat	Yes; Cousin	Yes; Cousin	Yes	No
Shannon	26	Junior	Neutral	Yes; Associates	Yes	Yes	Yes
Lela	25	Senior	Somewhat	Yes; Best Friend	No	Yes	No
Alexander	20	Junior	Somewhat	Yes; Friend	Yes; Friend	No	Yes

3.3 Instruments

A 45-item questionnaire was developed to explore whether attitudes toward suicide was effected by ethnic identity salience among African-American college students. Demographic questions such as age, gender, classification, and ethnicity were determined by self-reporting at the beginning of the assessment. The questionnaire also utilized close-ended items to assess perspectives on suicide with questions such as "Do you feel suicide is a significant issue in the African American community?" and "Do you feel that suicide is an issue that primarily affects the White community?"

3.3.1 Attitudes Toward Suicide Scale.

Items from the Attitudes Toward Suicide (ATTS) were also administered to measure the students' opinions regarding various aspects of suicide (Renberg & Jacobsson, 2003). Influenced by the Suicide Opinion Questionnaire (Domino, Moore, Westlake, & Gibson, 1982) and the Suicide Attitude Questionnaire (Diekstra & Kerkhof, 1989), the researchers created this instrument to assess multidimensional aspects of attitudes toward suicide in large-scale populations. Renberg and Jacobsson also sought to describe changes in attitudes over time and the relationship between attitudes about suicide and suicidal behavior.

This self-report instrument consists of 37 items, which evaluate variables including suicide as a right, and the preventability, normality, and motivation for suicide. The scale also measures an individual's flexibility concerning these variables in certain situations. The responses are indicated on a five point Likert scale ranging from strongly agree to strongly disagree. The reliability coefficients vary from .38 to .86 for the scale (Renberg & Jacobsson, 2003).

Although internal consistency was described as low for the instrument overall, as well as for a number of the factors, the scholars acknowledge that the survey assesses a broad area of

attitudes toward suicide. The authors state "a critical issue is whether an instrument measuring different attitude domains really can yield a high total internal consistency since different attitudes toward suicide might be conflicting and unstable" (Renberg & Jacobsson, 2003, p. 61). The criterion validity is partially established by the survey's association with individual suicidal behavior, and face validity was deemed high since several scholars in the field of suicide were consulted during creation of the survey.

The Attitudes Toward Suicide scale has been reviewed and utilized in previous literature to assess the attitudes of various populations toward suicide (Hjelmeland & Knizek, 2004; Hjelmeland et al., 2006; Hjelmeland et al., 2008; Knizek et al., 2011; Kodaka, 2010). This particular scale is also used by the European Alliance Against Depression (EAAD), which focuses on providing community-based intervention programs for individuals with depression. The EAAD uses the Attitudes Toward Suicide scale to measure the effectiveness of the organization's methodologies (European Alliance Against Depression, 2011). In addition, the literature suggests that measuring attitudes toward suicide, especially acceptability, helps to predict rates of suicide ideation, suicide attempts, and completion in the future (Joe, Romer, & Jamieson, 2007; Stack & Kposowa, 2008).

3.3.2 Multidimensional Inventory of Black Identity.

The Multidimensional Model of Racial Identity (MMRI) focuses on African Americans and the significance of racial identity to the respondents' self-concept. Sellers et al. (1998) assert that there are four assumptions regarding the MMRI. First, identity is not only influenced by certain situations, but also contains stable properties. Next, an individual has various identities that are hierarchically ordered (i.e. gender, occupation), but the emphasis placed on one's racial identity indicates the importance of race to the individual in comparison to the other identities.

Third, the most authentic indicator of a person's identity is their perception of their racial identity, in this case, what it means to be Black.

Finally, rather than focusing on the development of an individual's racial identity, the MMRI assesses the significance and status of their identity (Sellers et al., 1998). Based on the aforementioned notions, the MMRI details four aspects that focus on the significance and meaning of African American racial identity and concept of self. According to Sellers et al. (1998), the dimensions of "racial *salience* and *centrality* refer to the significance that individuals attach to race in defining themselves, while racial *regard* and *ideology* refer to the individuals' perceptions of what it means to be Black" (p. 24).

The Multidimensional Identity Black Inventory (MIBI) was constructed to assess the three "stable" dimensions of the MMRI, which are centrality, ideology, and regard (Walsh, 2001). Items from the Centrality subscale from the MIBI will be utilized in the current study to assess whether race is relevant to the self-concept amongst the sample. Centrality refers to "the extent to which a person normatively defines her or himself with regard to race" (Sellers, 1997, p. 806). Indirectly, salience will also be measured as centrality and salience are positively correlated. As one's ethnic identity becomes more salient, the more likely it is to be central to the individual's self-concept.

The Centrality subscale of the MIBI consists of 8 items, which evaluate the degree to which being defined as African American is central to the participants' self-identity. The responses are indicated on a seven point Likert scale ranging from strongly disagree to strongly agree. The reliability coefficient indicates internal consistency of .77 for the Centrality subscale (Sellers, 1997). Interscale correlations demonstrate that those with elevated levels of Centrality were more likely to have positive private regard for African Americans, subscribe to Nationalist

ideologies, and enroll in African American Studies courses. Those with increased levels of Centrality were also less likely to support assimilationist and humanistic perspectives (Sellers, 1997). In addition to construct and criterion validity, the authors suggest that predictive validity is also established for the Centrality subscale of the MIBI. Predictive validity was demonstrated by whether or not a respondent's best friend was Black and the amount of time spent in the company of Blacks and Whites (Walsh, 2001).

The Multidimensional Inventory of Black Identity has been utilized in previous literature to measure the importance of racial identity to the self in various groups of people of African descent (Caldwell et al., 2004; Chavous et al., 2003; Rowley et al., 1998; Sellers et al., 1998; Sellers & Shelton, 2003; Walsh, 2001). The MIBI has been correlated not only with self-esteem, but also discrimination, academic achievement, and substance abuse. The centrality subscale was also found to positively correlate with psychological well-being (Sellers et al., 2003).

3.3.3 Interview Guide.

An interview guide consisting of six questions, with subsequent probes, was created. Items included:

1) What do you think about suicide in the African American community?
2) What is a situation in which suicide could be acceptable?
3) Have you ever discussed the topic of suicide with anyone?
4) Were you aware that since October 2010 there have been at least five suicides publicized in the media that were committed by African Americans?
5) Were you aware that studies have shown that Black men experienced a steady increase in rates of suicide beginning in the 1980s?

6) Were you aware that studies have shown that African American women have some of the lowest rates of suicide amongst all ethnicities and genders?

3.4 Procedures

The objective of the study was to explore the perceptions of college-aged African American students regarding suicide. The quantitative component assessed whether the students view suicide as an acceptable solution to life's problems, their perspectives regarding the potential risk and protective factors of suicide, and whether ethnic identity salience influenced their opinions concerning this topic. Flyers were posted around the university campus asking students to participate in the study. The flyer displayed a number of dates, times, and locations for the volunteers to choose from to complete the questionnaire.

Those students who responded to the recruitment ads were screened to make certain they fit the aforementioned criteria for participation in the research. The questionnaire consisted of demographic and open-ended questions, and items from the Multidimensional Inventory of Black Identity (Sellers et al., 1997) and Attitudes Toward Suicide scale (Renberg & Jacobsson, 2003). Towards the end of the questionnaire, the respondents were asked whether they agreed to be contacted via e-mail or phone to schedule a follow up interview within the next two weeks.

Flyers containing information pertaining to the research were also distributed within the Introduction to African American Studies courses. Those recruited from the introductory courses followed the same protocol as those recruited through the flyers posted around campus. These students had the option to select a date and time to complete the questionnaire as well. Compensation, in the form of extra credit, was given at the discretion of the course instructors to those students who volunteered for the research opportunity.

Neither the questionnaire nor semi-structured interviews took longer than sixty minutes to complete. Informed consent was obtained by making it mandatory for the participants to agree to the terms before completing the questionnaire and interview, if applicable. Their consent to be audio-recorded during the interviews was obtained during the second phase of the study.

Although African-American college students may experience suicide ideation, they are less likely to disclose this information (Walker et al., 2006). It is believed that an internet questionnaire constructed through SurveyMonkey resulted in more confidentiality, and less response bias, in comparison to a written questionnaire. The questionnaire was administered in a small computer classroom due to the nature of the study. This allowed the volunteers' responses to remain anonymous, but I was available to assist with questions or technical difficulties. After participating in the questionnaire, subjects were given the address and phone number of their local university's counseling center, the number to the national suicide hotline, and web addresses that encourage anonymity for those with questions or thoughts concerning suicide. Providing these resources assisted those who may have recently, or previously, experienced thoughts of suicide.

Interviews were conducted approximately two weeks after the conclusion of the questionnaire. These particular students were recruited from Phase One of the current study, which consisted of African American college students. Only those individuals who indicated an interest in discussing their responses on the questionnaire were contacted. The individual semi-structured interviews lasted approximately forty-five minutes, and the subjects' responses were audiotaped.

Students were scheduled to participate in an interview regarding their perceptions and awareness of suicide in the African American population. I provided each volunteer with a specific date and time to be interviewed in the graduate laboratory over the course of 3 weeks. Conducting interviews helped the investigator obtain information regarding the students' attitudes and perceptions of African American suicide and whether they were aware of the statistics throughout history. In order to gain a common understanding, I inquired what the participants have discussed in terms of suicide and the contexts, or situations, which may have influenced or affected their perceptions.

Prior to the interview, the participants were reminded that their information would remain confidential, and if any feelings of discomfort arose the interview could be discontinued immediately. After obtaining informed consent documents, I also monitored the volunteers for any change in temperament, onset of anxiety, sweating, shaking, or hesitancy to answer questions during the interview. If any student appeared to be distressed during the interview, I was prepared to personally escort the individual to the university's counseling center.

The individual semi-structured interviews lasted approximately 45 minutes, and the subjects' responses were audiotape recorded and transcribed verbatim. Compensation, in the form of extra credit, was distributed at the discretion of the instructors for those students in the introductory classes who decided to contribute to the study. After participating in the interviews, subjects were given the address and phone number of their local university's counseling center, the number to the national suicide hotline, and web addresses that encourage anonymity for those with questions or thoughts concerning suicide. Similar to Phase I, providing these resources assisted those who may have recently, or previously, experienced thoughts of suicide.

3.5 Data Analyses

The information provided by each participant who completed the questionnaire was coded and entered into SPSS for statistical analysis. Utilizing this software, I examined the descriptive statistics and frequency distributions regarding ethnic identity salience and attitudes toward suicide. Since this exploratory study evaluated the relative impact of ethnic identity salience on attitudes toward suicide, regression analyses were also performed. The purpose of conducting simple linear regression was to predict a normally distributed dependent variable (attitudes toward suicide) from the independent variable (ethnic identity salience).

Subsequent to becoming familiar with the participants responses, a combination of Moustakas's (1994) phenomenological and Saldana's coding methods (2009) were utilized for the qualitative analysis. The order of "phenomenological reduction," or analysis included bracketing; delineating units of meaning; the clustering of units of meaning to form themes; summarizing each interview; and extracting general and unique themes from all the interviews and making a composite summary (Groenewald, 2004; Hycner, 1999; Moustakas, 1994). The preliminary data was coded, and any significant statements, sentences, or quotes highlighted to further engage the subjects' perspectives and awareness regarding the topic of African American suicide and ideation. The statements and themes described whether suicide is a significant issue in the African American community, the context that influenced their perspectives, and awareness of past and recent statistics.

According to Saldaña (2009), the data could be sufficiently coded during two separate phases. An analysis utilizing a combination of In Vivo (Elemental) and Emotion (Affective) Coding was conducted in order to further describe the data in Cycle One. These two processes allow the audience to hear more of the participants' voices through direct quotes while also pri-

oritizing their emotions when discussing their perceptions of suicide. Cycle Two involved Pattern Coding, which identified the themes and explanations that emerged amongst the various participants' responses from the interviews (Saldaña, 2009). Pattern coding is a way of grouping large amounts of data into smaller, and more meaningful, components of analysis. Finally, the students were given pseudonyms to protect their identity and confidentiality.

3.6 Chapter Summary

In summary, both quantitative and qualitative methods were utilized for the current study. This included the administration of a questionnaire and conducting interviews afterwards. The questionnaire population consisted of students from across the campus and the Introduction to African American Studies courses at Georgia State University. An online questionnaire was selected instead of a written one to allow for more confidentiality (Walker et al., 2006). The questionnaire consisted of demographic, close-ended questions, the Multidimensional Inventory of Black Identity (MIBI), and the Attitudes Toward Suicide scale (ATTS), which have moderately high reliability and validity (Renberg & Jacobsson, 2003; Sellers et al., 1997). Based on their responses to the questionnaire, the respondents were interviewed for the qualitative study. Semi-structured interviews were conducted to further engage the students' attitudes and awareness of suicide in the African American community.

4 FINDINGS

The purpose of this study was to explore African American students opinions regarding suicide in the African American community. The study also sought to investigate whether ethnic identity salience manipulated students' perceptions of suicide. There were five research questions examined:

1. Is suicide considered an acceptable solution to life's stressors amongst college-aged African American students (18-35)?
2. Are the students aware of the trends of African American suicide (that suicide has been increasing in this population over the years, especially among Black males)?
3. What are the students' opinions on the potential risk and protective factors of suicide?
4. Is there more of a willingness now to discuss suicide, or is it still considered a forbidden topic in this population?
5. Does ethnic identity salience influence whether suicide is viewed as a viable solution to life's stressors?

A quantitative approach was used to find out whether ethnic identity salience impacted attitudes towards suicide ideation and completion. The qualitative portion of this study further investigated the students' opinions and awareness of suicide as a relevant problem in the African American community. The remainder of this chapter presents the detailed analyses of the quantitative and qualitative data collected from these African American college students.

4.1 Quantitative

The 92 participants were administered a questionnaire, which also consisted of items from the Multidimensional Inventory of Black Identity (Centrality Subscale) (Sellers, 1997) and the Attitudes Toward Suicide scale (Renberg & Jacobsson, 2003). Those students who indicated "African American" exclusively as their ethnicity were the target population for the purpose of this study. Therefore, 83 is the final sample size of African Americans included in the analysis. The beginning phase of analysis consisted of first compiling all the data into a spreadsheet for SPSS analysis. The data was subsequently utilized to obtain the frequencies and descriptives while also conducting factor and regression analyses.

4.1.1 Extent of Suicide as a Problem Among African Americans.

The African American students were asked if they knew anyone who had attempted suicide. Sixty-one percent of the sample admitted that they did know someone who had attempted suicide. Out of those who admitted to knowing someone who attempted, the majority indicated that the person was one of their friends or an extended relative such as a cousin or aunt. The participants were also probed as to whether they knew someone who had completed suicide. As shown in Table 4.1, in contrast to those who knew someone what had attempted suicide, only 34.1% of the sample revealed that they knew someone who had completed suicide. Out of those who stated that they knew someone who had completed suicide, over 50% identified the person they knew as a friend.

The participants were questioned as to whether they felt suicide is a significant issue in the African American community. Slightly over half (56.1%) of the sample did not believe that suicide is a problem within the African American population. In addition, the notion that suicide

is an issue that primarily affects the White community was examined. Results indicate that 65.9% of the students consider suicide a primarily White occurrence.

It was requested that the participants indicate the potential factors that could contribute to an individual committing suicide. As shown in Table 4.2, depression overwhelmingly received the most responses as 98.8% of the students believed that depression could lead someone to commit suicide. Drug use and lack of family/social support tied with the second highest number of responses as 90.4% chose each of these factors. Experiencing an economic hardship was designated as the third highest contributing factor with 89.2%.

The participants were also asked to specify which factors might prevent an individual from committing suicide. As demonstrated in Table 4.3, family/social support was selected as the number one preventative factor by 96.4% of the students. The volunteers chose Mental Health Counseling (89.2%) as the next factor most likely to help deter suicide. Finally, religion was also elected as an influence that could discourage suicide, receiving 85.5% of the students' responses.

Table 4.1
Summary of Suicide Ideation Questions on the Questionnaire

	Know Someone Who Attempted Suicide	***Know Someone Who Completed Suicide***	***Suicide Significant African American Issue***	***Suicide Primarily Affects Whites***
Yes	61.0% (50)	34.1% (28)	43.9% (36)	65.9% (54)
No	39.0% (32)	65.9% (54)	56.1% (46)	34.1% (28)

Table 4.2
Potential Contributing Factors to Suicide

Contributing Factors	***Number***	***Percentage***
Depression	82	98.8%
Drug Use	75	90.4%
Lack of Family/Social Support	75	90.4%
Economic Hardship	74	89.2%
Failure of Romantic Relationship	68	81.9%
Oppression (i.e. Racism, Sexism)	51	61.4%

Table 4.3
Potential Protective Factors Against Suicide

Preventative Factors	***Number***	***Percentage***
Family/Social Support	80	96.4%
Mental Health Counseling	74	89.2%
Religion	71	85.5%
Access to Medical Facili-ties	52	62.7%

4.1.2 Process of Grouping Selected Scale Items.

When creating the questionnaire for the present study, 26 items were selected from Renberg and Jacobsson's (2003) Attitudes Towards Suicide Scale (ATTS). Although constructed based on the Suicide Opinion Questionnaire (SOQ) (Domino, 1980 or 1982), the ATTS claims to measure the overall attitudes toward suicide rather than separate factors that can be labeled as subscales. Therefore, factor analysis was performed on the items taken from the ATTS to distinguish the relationship between the items and ensure the reliability of the current scale. Analysis loaded eight factors for the current study's scale. The selected items and factors loaded from the present study were checked against the factor analysis conducted by Domino et al. (1980 or 1982) during the construction of the Suicide Opinion Questionnaire (SOQ) and subsequent factor analysis conducted by ATTS authors Renberg and Jacobsson (2003).

Out of the eight factors, only two of these factors were found to have moderately high reliability. The first factor, labeled *Acceptability and Normality* based on the SOQ, revealed a Cronbach Alpha score of .758. The second factor, labeled *Mental and Moral Illness* and based on the SOQ as well, demonstrated a Cronbach Alpha score of .708. An elevated score on the A*cceptability and Normality* factor indicated that the participant was more accepting of suicide as solution to life's stressors and viewed the act as more of a normal occurrence. An increased score on the *Mental and Moral Illness* factor suggests that the student believes suicide can be attributed to mental or moral deficiencies in an individual. These two factors were utilized to measure the sample's overall attitudes toward suicide.

The items from the Multidimensional Inventory of Black Identity (MIBI) were not subjected to factor analysis since the authors specifically created the subscale as a separate entity. The Centrality subscale was calculated by adding the scores of the five selected questionnaire

items. Reversed items included 8 and 12. The range of this composite score was 5 to 35. A higher average score on the Centrality subscale indicated that ethnic identity was considered more important to the individual.

4.1.3 Influence of Ethnic Identity on Attitudes Toward Suicide.

Several simple regressions were conducted to determine whether ethnic identity salience influenced the participants' attitudes toward suicide. The purpose of a simple linear regression is to attempt to predict the value of a normally distributed dependent variable based on the value of an independent variable. This method was chosen because both importance of ethnic identity and attitudes toward suicide were measured, and I sought to explore the degree to which levels of ethnic identity salience manipulated the population's attitudes toward suicide.

A simple linear regression was calculated predicting the African American subjects' acceptance of suicide based on their ethnic identity salience. As shown in Table 4.4, there was no statistically significant relationship between these two variables ($F(1,75) = .542$, $p > .05$). In comparison, a simple linear regression was also calculated predicting the entire samples' (including those who did not consider themselves strictly African American) acceptance of suicide based on their ethnic identity salience. A significant association was found between these two variables. This relation is defined by the equation ($F(1,83) = 5.609$, $p < .05$), with an R^2 of .063. This indicates that ethnic identity salience explains 6.3% of the variance in the entire samples' acceptance of suicide. Subjects predicted acceptability of suicide is equal to 26.159+.286(ethnic identity salience). Subjects' average acceptability of suicide increased .286 for each increase in score of ethnic identity salience.

Another simple linear regression was conducted to predict the African American subjects' view of suicide as being attributed to a mental or moral illness based on their ethnic identi-

ty salience. As demonstrated in Table 4.4, this association was found not to be statistically significant. The relation is defined by the equation ($F(1,75) = .908$, $p > .05$). In comparison, a simple linear regression was conducted predicting the entire samples' scores on the mental and moral illness scale based on their ethnic identity salience. There was no significant relationship between these variables. This association is defined by the equation ($F(1,83) = 3.050$, $p > .05$). Results indicate ethnic identity salience cannot be utilized to predict whether suicide is viewed as an individual being mentally or morally corrupt in the entire sample.

Controlling for the degree to which the African American students considered themselves religious, a simple linear regression was computed to predict the African American subjects' acceptance of suicide based on their ethnic identity salience. As shown in Table 4.5, this correlation was not significant for those who grouped into the more religious category ($F(1,67) = .952$, $p > .05$). This relationship was not significant for those considered less religious either ($F(1,6) = .093$, $p > .05$). When compared to exclusively African Americans, this association for the entire sample was found to be statistically significant for those considered less religious. This relation is defined by the equation ($F(1,12) = 4.886$, $p < .05$), with an R^2 of .289. This indicates that ethnic identity salience explains 28.6% of the variance in the entire samples' acceptance of suicide when controlling for the degree to which the students considered themselves religious. Less religious subjects' predicted acceptance of suicide is equal to 15.819 + .749 (ethnic identity salience). Less religious students' average acceptance of suicide increased .749 for each increase in ethnic identity salience. This relationship was not significant for those considered more religious ($F(1,69) = .730$, $p > .05$).

Controlling for the degree to which the students' considered themselves religious, a simple linear regression was also calculated predicting the African American samples' view of sui-

cide as related to mental or moral illness based on ethnic identity salience. As demonstrated in Table 4.5, this association was found not to be statistically significant for those in the more religious category ($F(1,67) = .234$, $p > .05$). The relationship was not significant for the students labeled less religious either ($F(1,6) = 5.197$, $p > .05$). A simple linear regression was conducted for the entire sample, and the association between these variables was found to be significant for those less religious. The relation is defined by the equation ($F(1,12) = 10.404$, $p < .05$), with an R^2 of .464. This indicates that ethnic identity salience explains 46.4% of the variance in the less religious students' view of suicide as being linked to mental or moral illness. Less religious students' predicted opinion of suicide as associated with mental or moral illness is equal to 23.159 - .434(ethnic identity salience). Less religious students' view of suicide as related to mental or moral illness decreased .434 for each increase in ethnic identity salience. The relationship was not significant for those who considered themselves more religious. This relation is defined by the equation ($F(1,63) = .385$, $p > .05$).

Controlling for the students' reported college-level classification, another simple linear regression was completed to predict the African American participants' acceptance of suicide based on their ethnic identity salience. As shown in Table 4.6, the relationship was not significant for lower classmen ($F(1,24) = .265$, $p > .05$). This association was also not significant for upperclassmen ($F(1,42) = .280$, $p > .05$). When conducted for the entire sample, the association between these variables was found to be significant for upperclassmen. The relation is defined by the equation ($F(1,47) = 7.231$, $p < .05$), with an R^2 of .133. This indicates that ethnic identity salience explains 13.3% of the variance in upperclassmen's acceptance of suicide. Upperclassmen's predicted acceptance of suicide is equal to 22.212 + .445(ethnic identity salience). Upper-

classmen's acceptance of suicide increased .445 for each increase in ethnic identity salience. The relation was not significant for underclassmen ($F(1,27) = .017$, $p > .05$).

Simple linear regression was conducted predicting the African American students' view of suicide as linked to mental or moral illness based on ethnic identity salience while controlling for student classifications. As demonstrated in Table 4.6, the relationship was not significant for lower classmen ($F(1,24) = .022$, $p > .05$). The association was not significant for upperclassmen either. This relation is defined by the equation ($F(1,42) = .873$, $p > .05$). In comparison, a simple linear regression was calculated predicting the entire samples' scores on the mental and moral illness scale based on their ethnic identity salience while controlling for classification. This relationship for lower classmen was not significant ($F(1,27) = .078$, $p > .05$). In addition, the association between these variables for upperclassmen was not significant ($F(1,47) = 3.649$, $p > .05$). Ethnic identity salience cannot be utilized to predict whether suicide is viewed as an individual being mentally or morally corrupt when controlling for the students' classifications.

A simple linear regression was computed predicting African American students' acceptance of suicide based on ethnic identity salience while controlling for age. As shown in Table 4.7, the relationship was not significant for those volunteers under the age of 21 ($F(1,36) = 3.301$, $p > .05$). The relation between these variables was also not significant for participants ages 21 and above ($F(1,37) = .325$, $p > .05$). The results of the simple linear regression for the entire sample proved to be similar. The association between these variables for those age 20 and under was not found to be significant ($F(1,39) = 1.944$, $p > .05$). The relationship was also not significant for those 21 and above. This relation is defined the equation ($F(1,42) = 3.274$, $p > .05$). When controlling for age, ethnic identity salience cannot be used to predict acceptability and normality of suicide.

Another simple linear regression was calculated to predict the African American samples' view of suicide as connected to mental or moral illness based on ethnic identity salience when controlling for age. As demonstrated in Table 4.7, this relationship was not found to be statistically significant for those students aged 20 and under ($F(1,36) = .099$, $p > .05$). Additionally, the association was not significant for those 21 and above. This relation is defined by the following equation ($F(1,37) = 2.036$, $p > .05$). When compared to African Americans, the relation between these variables was found to be significant for the entire sample amongst those aged 21 and above ($F(1,42) = 4.856$, $p < .05$), with an R^2 of .104. This indicates that ethnic identity salience explains 10.4% of the variance in the age 21 and above samples' opinion of suicide being linked to mental or moral illness. The age twenty-one and above students' view of suicide as correlated with mental or moral illness is equal to 20.941 - .256(ethnic identity salience). The age twenty-one and above participants' view of suicide as related to mental or moral illness decreased .256 for each increase in ethnic identity salience. This association was not significant for those between the ages of 18 to 20 ($F(1,39) = .042$, $p > .05$).

Controlling for the highest level of education accomplished by their primary caregivers, a simple linear regression was conducted predicting the African American samples' acceptance of suicide based on ethnic identity salience. As shown in Table 4.8, the relationship was not significant for those whose caregivers had completed a high school diploma or less ($F(1,49) = .503$, $p > .05$). Furthermore, this association was not significant for those whose caregivers had received a bachelors or professional degree ($F(1,24) = .195$, $p > .05$). When calculated for the entire sample, the relationship was proven to be statistically significant for those whose caregivers had fulfilled the requirements for a bachelors or professional degree. The relation between these variables is defined by the equation ($F(1,30) = 7.409$, $p < .05$), with an R^2 of .198. This indicates

that ethnic identity salience explains 19.8% of the variance in the students whose primary caregivers had a bachelors or professional degree. The acceptance of suicide for the students who had caregivers who completed a bachelor degree or higher is equal to 19.359 + .602(ethnic identity salience). The suicide acceptability of those students with caregivers who had attained higher education increased .602 for each increase in ethnic identity salience. The relationship was not significant for those whose caregivers had completed a high school diploma or less ($F(1,51) = .280$, $p < .05$).

Finally, a simple linear regression was computed to predict the African American samples' view of suicide as linked to mental or moral illness based on ethnic identity salience when controlling for the highest level of education accomplished by their primary caregivers. As demonstrated in Table 4.8, the association between these variables was not significant for those whose caregivers had, at the most, completed a high school diploma ($F(1,49) = .504$, $p > .05$). In addition, the relationship was not significant for the students whose parents had attained a bachelors degree or higher ($F(1,24) = .128$, $p > .05$). Comparable to the results of the African American students, the relation between the variables of the entire sample was not significant when controlling for the participants whose primary caregivers had received a high school diploma or less ($F(1,51) = .695$, $p > .05$). The association between the variables when controlling for the students whose caregivers had achieved a bachelors degree or higher was not found to be significant ($F(1,30) = .429$, $p > .05$).

Table 4.4

Predictions of Acceptability & Normality and Mental & Moral Illness Scales based on the Ethnic Identity Salience

	Acceptability & Normality					***Mental & Moral Illness***				
	F	***p***	***df***	***R^2***	***Formula***	***F***	***p***	***df***	***R2***	***Formula***
Entire Sample	5.609	.020	(1,83)	.063	AN= 26.159 + .286 (EIS) p< .05	3.050	.084	(1,83)	.035	
African Americans	.542	.464	(1,75)	.007		.908	.344	(1,75)	.012	

Table 4.5

Predictions of Scales based on Ethnic Identity Salience and controlled Participants' Self-Reported Levels of Religiosity

	Acceptability & Normality					***Mental & Moral Illness***				
	F	***p***	***df***	***R^2***	***Formula***	***F***	***p***	***df***	***R2***	***Formula***
Entire Sample										
More Religious	.730	.396	(1,69)	.010		.385	.537	(1,63)	.006	
Less Religious	4.886	.047	(1,12)	.289	AN= 15.819 +.749(EIS) P< .05	10.404	.007	(1,12)	.464	MM= 23.159 -.434(EIS) p< .05
African Americans										
More Religious	.952	.333	(1,67)	.014		.234	.630	(1,67)	.003	
Less Religious	.093	.771	(1,6)	.015		5.197	.063	(1,6)	.464	

Table 4.6

Predictions of Scales based on Ethnic Identity Salience and controlled Participants' Classifications

	Acceptability & Normality					***Mental & Moral Illness***				
	F	***p***	***df***	***R^2***	***Formula***	***F***	***p***	***df***	***R2***	***Formula***
Entire Sample										
Freshmen/ Sophomores	.017	.897	(1,27)	.001		.078	.782	(1,27)	.003	
Juniors/ Seniors	7.231	.010	(1,47)	.133	AN= 22.212 + .445(EIS) P< .05	3.649	.062	(1,47)	.072	
African Americans										
Freshmen/ Sophomores	.265	.611	(1,24)	.011		.022	.884	(1,24)	.001	
Juniors/ Seniors	.280	.599	(1,42)	.007		.873	.355	(1,42)	.020	

Table 4.7

Predictions of Scales based on Ethnic Identity Salience and controlled Participants' Ages

	Acceptability & Normality					***Mental & Moral Illness***				
	F	***p***	***df***	***R^2***	***Formula***	***F***	***p***	***df***	***R2***	***Formula***
Entire Sample										
Ages 18 -20	1.944	.171	(1,39)	.047		.042	.838	(1,39)	.001	
21 & Above	3.274	.078	(1,42)	.072		4.856	.033	(1,42)	.104	MM = 20.941 -.256(EIS) P< .05
African Americans										
Ages 18-20	3.301	.078	(1,36)	.084		.099	.755	(1,36)	.003	
21 & Above	.325	.572	(1,37)	.009		2.036	.162	(1,37)	.052	

Table 4.8

Predictions of Scales based on Ethnic Identity Salience when Highest Level of Education Completed by Participants' Primary Caregiver is controlled

	Acceptability & Normality					***Mental & Moral Illness***				
	F	***p***	***df***	***R^2***	***Formula***	***F***	***p***	***df***	***R2***	***Formula***
Entire Sample										
HS Diploma or Less	.280	.599	(1,51)	.005		.695	.408	(1,51)	.013	
Bachelor Degree or Higher	7.409	.011	(1,30)	.198	AN= 19.359 + .602(EIS) P< .05	.429	.517	(1,30)	.014	
African Americans										
HS Diploma or Less	.503	.482	(1,49)	.010		.504	.481	(1,49)	.010	
Bachelor Degree or Higher	.195	.663	(1,24)	.008		.128	.724	(1,24)	.005	

4.2 Qualitative

In qualitative research, data analysis involves "preparing and organizing the data (i.e., text data as in transcripts, or image data as in photographs) for analysis, then reducing the data into themes through a process of coding and condensing the codes and finally representing the data in figures, tables, or a discussion" (Creswell, 2007, p. 148). Out of the seventeen transcripts, 104 significant statements were extracted. Arranging these statements into clusters resulted in nine prominent themes. These themes are outlined in Table 4.9.

Theme 1: Not Discussed or Thought About; Non-Existent.

An overwhelming majority of the participants suggested that suicide was rarely, if ever, discussed or thought about in the African American community. When asked what she thought about African American suicide, "Shannon," a 26-year-old junior female participant stated, "It's something that goes unaddressed. It's not really known or talked about if it is known. No attention is brought to it in the media at least. People know about in their families, if it happens." In response to why she thought suicide was never discussed, she continued:

> I think it's a lack of knowledge and people are ignorant to not knowing it can happen. People think when you think about suicide you think, ignorantly speaking, about a White person committing suicide. You don't think that Black people commit suicide cause, you know, Black people are really into church and they pray all the time and Black people don't get depressed and stuff like that. I think its just more ignorance where people are like its not going to happen in my family.

There were a number of students who appeared to support Shannon's argument that there's a lack of knowledge when it comes to African American suicide. "Tiffany," an 18-year-old freshman, noted "Well before the survey I didn't even really think that suicide in the African

American community was prevalent. I really didn't. I thought that it was mostly Caucasians and in the Caucasian community. I didn't know it was a big factor."

Moreover, some participants went as far to state how some individuals treat suicide as if it does not occur at all. For example, "Phelicia," a 20-year-old sophomore exclaimed, "It's not talked about. It's concealed. They act like it's non-existent in our community." In addition, "Lela," a 25-year-old senior, shook her head while summing up the others' statements with "Yea that's the joke. Black people don't kill themselves. White people do. But the thing is Black people really are killing themselves. It's not a joke."

Theme 2: "There's Always a Way Out."

The participants were asked to name a situation in which suicide would be acceptable. While a few of the students named illnesses (terminal or mental), most of them argued that suicide was unacceptable because "there is always a way out" of a situation. A 20-year-old junior, "Olivia," firmly stated:

> I think it's always a way out. I think [there are] always alternatives to suicide, but I think it's primarily based on the individual. And if somebody can get through to them and they know that that's not what they have to do, you know, they can seek counseling or they can do other things. So suicide is never just the only way out or what you have to do.

"Shannon" also expressed that suicide is unacceptable due to the vast number of alternatives available. When asked why she was so adamant in her response, she said:

> I feel like there are means to overcome it. Just because how I am based in my religion and in my faith I know that there are institutions and people you can talk to for help in dealing with problems. I feel like suicide shouldn't be an option. Its too many resources out there that are available but people just don't know about them. So that's where people

> come in like “well I don't have anything to do” or “I don't have anything to live for” and just commit suicide. Its people they can talk to who will tell them it’s a lot more than the surface that you’re dealing with.

Theme 3: The Versatility, Strength, and Resiliency of Black Women.

The participants were informed that African American women have some of the lowest rates of suicide among all ethnicities and genders. After hearing this, many individuals stated that although they were not aware of this, they were not surprised due to the “strength,” “resiliency,” and adaptability of Black women. A 19-year-old sophomore, “Courtney,” explained “To me, African American women have a history of strength and I don't think things have impacted them to the point of suicide. They also put up a strong front and it just hasn't impacted them like that.”

Similarly Dawn, a 20 year old junior, expressed how the resiliency of Black women has influenced rates of suicide:

> African American women come from some of the strongest human beings on the face of the earth in my opinion. If you go back to slavery and what women went through, you know, the beatings and getting burned, having a hole in the ground when they’re pregnant, the stomping, they've had some trials and tribulations. For them to overcome, its like my ancestors did such and such so I know I can handle what’s coming for me then.

In addition to strength and resiliency, the subjects also described versatility, or the ability to take on various roles, as a reason for the low suicide rates amongst African American women. Another 20-year-old junior, “Mia,” noted:

> [African American women] have always been looked at as the backbone. If stuff falls apart we are expected to step right in there. Even at a young age I was working two jobs and going to school full time. So we are kind of use to a certain amount of stress. So

> when the recession happened or we lose our job its like "Ok this happened. What's next?" Also as far as government assistance, it's easier for us to get assistance.

"Olivia" noted that the reluctance of Black women to commit suicide may be due to either the role they play in their families or levels of religiosity. She exclaimed:

> A lot of Black women are the centers of their families. So I think, hypothetically, it would be easier for a person to make that decision if you're only affecting yourself. But if you have children or family members that are depending on you, by killing yourself you're not only affecting yourself, but you're negatively impacting those people who are depending on you. So I think maybe they have a lot more to lose. And I also think women tend to be more religious. I think Black women are going to care more about how they are viewed after their death and how their families are going to be affected by it.

Sheena, another 19-year-old sophomore, stated:

> I don't want to say Black women have more willpower, but I kind of feel that in a sense that they do. They have more willpower, and they are tougher [than other women]. I think so. I have always thought so. I think the Black women are actually smart enough to think about it and not do it because they usually have kids. They usually have families. They [have children] to leave behind, and the woman nowadays is the head of the household. So that's why I think that she would think harder before she killed herself. I mean they do kill themselves, but not as many [mothers do].

Theme 4: Life is Harder for Black Men.

The students were informed that since the 1980's suicide has continued to increase amongst African American men. When I probed as to why they thought this increase has been occurring, a majority of the participants expressed their thoughts that, generally, life is harder for

Black men in America. According to Erica, a 21-year-old junior, “Life is a lot harder, especially for African American men. They come from families and environments where they started off with nothing. They have nothing, or they get into selling drugs. So they just feel like there’s no way out except for death.”

The notion that there is pressure for African American men to conform to traditional gender roles was a recurring theme when explaining the increase in suicide within this population throughout the years. Alexander, a 20-year-old male, voiced his opinion that:

> Some men just can’t handle not being able to provide for their women, and having someone else, maybe her father or another man, taking up his role. He doesn't feel like he’s a man. So not only does he not have a job, he can’t provide for his family. His woman may start stepping out on him. She’s looking for someone else to provide, so what’s his worth now? He doesn't have anything to come home to. He doesn't have a job to go to. He can’t provide for his home, for his wife and children because he doesn't have money and they’re getting it from somewhere else. So he has nothing left to do.

“Lela” also reflected on the potential affect of Black men not being able to be the breadwinner of the family and provide for their families. She said:

> [Men] are the head of the household. So you always expect them to provide for their family. They must always work, which is the “stereotypical Black man in America.” The women could not have a job but have a man taking care of us. As a matter of fact, that's “the way it’s supposed to be anyway.” Lets say you have a man taking care of you, but he loses his job. So [the woman] is looking at him like “We have children. We have a house. What are you going to do?” It’s so much pressure he could crack…Especially with the change in times where you have more women who are working and rising up the

> corporate ladder and through the glass ceiling. So when you have a man who's unemployed and he's married to someone who's constantly moving up in their job, the man is like 'well I guess I'll sit home and watch the kids." So it can definitely be an emotional battle.

Not only did a number of the students discuss the pressure to conform to gender roles as a motivation for African American male suicide, but also the inability to maintain a certain status, or live "the life" from the videos. "Alexis," a 24-year-old senior revealed:

> This society is so socially driven to where everybody knows how much money you make. Everybody knows what your status is, and that may have more of an effect on what people think of themselves through other people's eyes. So you're feeling like "well I'm not going to be making this amount of money," or "well I'm not going to be this type of status or that type of status and now I feel this depressive state."… So I think it's because of social status.

"Courtney" affirmed that the increase in African American male suicide could be related to expectations of status as well. She stated:

> I think what people expect from black men, [pause] I guess what's popular is changing. I guess some people feel that they can't meet the expectations. Whether they feel it's wrong, or they just can't meet it. People suffer just trying to meet the status quo. I guess like music trends, and I can't quite describe it, but people just try to meet the expectations of other people and try to follow what's popular whether its music, fashion, or what the opposite gender expects in dating and everything. I think that some people just can't meet it. The shallowness of the world is increasing, and I think [the status quo is] harder to meet than for some people.

Theme 5: Religion & Spirituality as a Preventative Factor.

When asked "what keeps you from seeing suicide as acceptable," religion was a theme that continuously surfaced in the participants' answers. "Kim," a 19-year-old junior, was adamant about her beliefs towards suicide. She declared:

> I'm not like the strongest Christian, but I am Christian and you know to me in the Bible, and to me as a Christian person, you wouldn't see suicide as an outlet. You would see faith or some other type of way to handle your problems. Now I understand that people do have problems where they do feel that they need to take those extreme measures, but I just think that first you should try to explore more healthier options like talking to someone or engaging in some other type of event that will help you get through that time of hardship.

A few of the subjects claimed that committing suicide was going against God's plan for their lives. When asked what keeps her from viewing suicide as an acceptable solution "Olivia" maintained that it was "probably only religion. In Sunday school and Bible study you are taught that the only person who has control over when you die, or how you die, is God. So that would be the only conflict in me. Like well maybe it is wrong because you're telling God "I'm ready to go now."

Dawn also believed that God, ultimately, has a plan for her life and vented, "It's hard to explain, but I feel I have too much going for me. If I wasn't supposed to be here, then I would be gone. I'm around for a reason so, you know, you can't interfere [with] what God has in store for you in life."

One of the students explained that individuals might commit suicide because they lose faith and falsely believe that suicide *is* God's plan for their life. Alexander noted:

> Yea sometimes people be waiting. I think people give up on God. It's possible they could have been real spiritual, but it got to the point in their life like "Well, what am I really believing in? Right now, in this situation, God is just watching me suffer, and the only way I can get close to God is to kill myself. Maybe he's there waiting for me. Maybe this is how my life is supposed to end. Maybe this is a sign." I think that's how it is most with suicides. I know a lot of people who feel like God has already determined when they're going to die, and if you're stuck in a situation and you have no way out I think some people believe that "maybe this is him telling me maybe I need to kill myself. This is it. This is as far as I can go, and its probably better for me to [commit suicide]."

Theme 6: Controversial Church Politics.

When approaching the topic of religion, the reluctance of the church to discuss or take preventative measures concerning the issue of suicide proved to be a major conundrum with a large percentage of the students. Many of the subjects stated that suicide has never been discussed within their churches since the topic is extremely controversial. "Kim" revealed:

> See I think that we kind of want to keep [suicide] separate from religion. Just because we're like we don't want to, I guess, say that it's a good thing to do. We don't want to praise it in any kind of way and church members may be like "oh that's an issue that we don't want to touch". So we don't expose people to it, but then again people are kind of exposed to it anyway.

"Shannon" agreed that suicide has been kept separate from the church, and there appears to be this sense of denial when discussing depression and suicide ideation amongst the pastor and congregation. She said:

> I don't think suicide has ever been discussed at my church, actually. I guess that's one of those places where you keep a discussion like that out of. When people think of suicide they think about depression, and people who are religious think that you can't be depressed. "You're too blessed to be stressed, or you too blessed to be depressed. You're just sad. You should pray about it, and it will go away." And it's not that easy. I think that's the reason why its not discussed in church. Just because it would like "okay we could discuss suicide, but we don't want to talk about being depressed."

Others acknowledged that the church continues to be so judgmental that it, ultimately, drives those away who may be experiencing suicide ideation and looking for help. For example when asked what role the church could play in educating others about suicide in the African American community, "Dawn" concluded:

> To be honest, I think the church is [pause]. Whew! Sometimes the church can be controversial. I don't know how well that topic will go over in the church because there are some people who focus on what the Bible says and what's written. So they don't take into consideration that everybody's faith isn't on the same level. The way they interpret the Bible is going to be different. You just have to be careful in that situation with the church. But they could have programs saying I'm here for you. I guess the church should be more of a shoulder to lean on since many people are hesitant of running to their church mainly because of fear of being judged and stuff like that. So I don't know if the church is the best to speak on the issue. It just depends on the church.

Although Jacob, a 24-year-old junior, considers himself extremely religious, he stated that the church should have an obligation to help those who are suicidal. "Jacob" confessed, "sometimes with the church, we shouldn't be so judgmental. People look at church folk and see

how judgmental some church folk could be sometimes, and it strays them away. We have to work on just being with a pure heart and mind, and just being willing to help somebody." "Courtney" believed that the focus should be on helping those in need as well. She asserted:

> I think the church could play a role by providing the help, and then the church should take away judgments because it should be a free place for people to discuss problems. I think sometimes the church has more power than it thinks it has. They judge people so I think that some people stay away from the help that they could get, but if it was more of a judgment free zone then the church could really reach out and help.

As someone who admitted to experiencing suicide ideation after the death of a parent, "Lela" felt particularly inclined to discuss how church politics can prove destructive to those individuals who need help with mental issues. Referring to a church that she was previously attending, She vividly proclaimed:

> My thing is I feel like maybe something is wrong with the Black church. You have a lot of people lose hope because there are not a lot of people willing to help them. You have a lot of black churches focusing on getting money versus helping people. An example is one of the churches that I went to in my past where it's like you have people in your congregation who are struggling, but you're not doing anything about it. You're just telling them to "go to God." Okay, God is giving you to these people for you to help them, but you're not. Even when I tried to commit suicide when I was in high school, my church wasn't there. They didn't even care. You know all churches say "Well we are trying to get our congregation closer to God." But there are some churches with different goals despite what is said. Like "our goal is to get more people in the congregation so we need to give them what they want to hear."

Theme 7: Strength and Silence as a Hindrance.

African Americans' desire to appear "strong" while suffering in silence proved to be a common theme among the subjects. "Alexander" stated:

> I believe in the African American community we feel more vulnerable with situations like this, and we don't want help from anyone else. We think that we can solve everything by ourselves. But sometimes we can't do that, and we are afraid to admit it. That's why some people commit suicide because they don't look for outside help. It has to do with pride, probably…I think a lot of people are just like they want to keep it secret since they know if they go to a counselor that counselors are obligated to tell someone. And they don't want to be ousted by their families or friends.

"Jacob" also discussed the notion of Blacks' silence towards suicide, and mental illness in general, as a hindrance. He shook his head while raising his voice:

> As Black people we don't really like to tell what's going on. We don't like to complain, and we like to hold stuff in too much. So I think we need to come collectively and say together that, "if there is anything you ever want to tell me, or if it's anything on your mind you can tell me." People have told me that. We just have to put forth more of an effort trying to help each other.

When probed about the reluctance of African Americans to seek therapy, many of the participants elaborated on the individual feeling afraid or embarrassed about needing help. When told that the rates of African American suicide have been increasing over the years, "Mia," who had previously attempted suicide stated:

> Umm of course the rates are going up, but I also think that it wouldn't be going up so much if we weren't afraid to go get counseling and seek help and accept the fact that

> [suicide] is an illness and not just a word. Going to counseling is looked at as a weakness. Its kind of like Alcoholics Anonymous, you have to admit that you have a problem first. You have to accept it in order to get over it. We need more examples. Instead of being ashamed of going through depression, and having been through it, it's almost like going through cancer. You're a survivor. So why not be willing to talk about it?

"Lela" also discussed the need for more discourse about the topic in order to remove the stigma surrounding suicide. Using her experience with suicide ideation, she emphasized:

> I didn't even want to talk about it around that time, but now I think its important because it's like why should I be ashamed about what was going on in my past? Why should I be embarrassed? Yeah, I tried to commit suicide. Didn't work since clearly I'm talking to you about it. So there's a way out of it. I just wish that it was talked about more in the African American community because so many of us are succumbing to this issue. We can at least talk about even if we aren't able to prevent it.

Theme 8: Female vs. Male Methods of Suicide.

The various methods utilized by women in comparison to men when attempting, and committing, suicide was discussed by a number of the students. Most indicated that women were more likely to use softer methods such as taking pills or slitting their wrists, while men were more likely to shoot themselves. "Tiffany" noted:

> Well another thing I heard, maybe it was on a TV show, is that women commit soft suicides with pills while men shoot themselves or jump off a building. The women, when they were in the act of committing suicide, realized "hey maybe this is not something that I want to go through with" versus if you had a gun and shot yourself you couldn't take it

> back. Or if you jumped off of a bridge you couldn't take it back. If you took pills you were able to call for help during the process, and you could be saved.

When I inquired why other participants felt women used softer methods as opposed to men, “Shannon” explained “You don't see a lot of men committing suicide by overdosing on pills or slitting their wrists. I don't know. I think a woman trying to shoot herself is a little gruesome if you think about it. It’s like ‘wow, she really committed suicide by shooting herself?’ “Alexis,” another student who previously experienced suicide ideation, expressed how she felt when thinking about using pills as her method:

> Would I ever have really tried to kill myself? I don't think so, even with the lack of belief in God. I think that's just a woman. We are more nurturing. And to go through with something like [shooting myself], umm, I don't think I could have ever done it. Where as opposed to men, it’s more of that masculine “well I’m just going to go.” Pow! Done. One shot. Done. Kill. Over.

“Alexander” blamed the choice of methods on men’s impatience and inability to control their feelings:

> Men just want to get it over with. We don't have as much patience as women. We’d rather get it over with quickly instead of feel the suffering and poison. I guess women can deal with that. Don't ask me how though. Men do a lot of stuff in anger too. A lot of us are hot headed so we do a lot of stupid stuff without thinking. So maybe women can control their feelings more, I suppose. They’re more reserved with it.

Theme 9: Women Use Suicide as a Cry For Help.

During various conversations regarding the low rates of suicide among African American women and the methods that women chose in comparison to men, numerous participants implied

that women do not really seek to kill themselves in most cases of suicide. Several of the students believed that a number of women utilize suicide as a cry for help, or to seek attention. While discussing the idea that men use harder methods, “Erica” looked unsurprised:

> I can see that because men, once they make a decision, they want to go through with it. They don't want anybody to feel any pity for them if they don't succeed at it. They just want to get it done. Women, not they want attention, but they need that help, and if they do this they will really get it. Their family and friends will see that she needs our help. They don't really want to end their lives. They want to live, but they just need some way to get help.

“Lela” also believed suicide in women could be linked to them seeking help as she declared:

> Sometimes women do just want attention. It’s not like we really *don't* want to kill ourselves [at times], but [in a lot of cases] we just want someone to care about the fact that we may kill ourselves. Someone who is interested enough to help save us. So I believe that's another reason women pick slower methods. Like people who slit their wrists the wrong way. It’s a nicer way to go, but also at some point you kind of still wish somebody would come in and save you.

On the other hand, “Alexander” questioned the use of suicide as a cry for help solely amongst women. He posited that there might be men who are merely seeking help and wanting someone to notice them as well. “Alexander” stated, “With a cry for help it’s usually the men who are there to save the women. If [the men] are at rock bottom, there’s usually nobody there to save them. Men are usually the saviors. So who is going to save the men?”

Other Findings.

Although not considered a major theme, the data also suggested that the students were unaware of the rates of African American suicide, even those that had been publicized in the media. When asked for their reaction to being informed of these statistics and various stories in the media, many of the participants expressed being surprised. Sheena stated, “It wasn’t worth it. [Hearing these stories] is news to me. It’s different to hear. I didn't know it so I’m learning something.” After hearing about the cases of suicide that were publicized in the media, Dawn exclaimed:

> It’s shocking to say the least. I don't know. You can’t really question someone’s thoughts. You can’t judge another person just because they felt that was the best way. You never want it to happen but I guess everyone has their length. And when enough is enough you know. [Pause] Maybe they didn't have that support that they needed, like that spiritual or emotional support. You can’t really say. Being in their shoes you wouldn't know how much you could take either, but my faith is stronger.

During the discussion, a number of students would also relay stories of either themselves having thoughts of suicide in the past or hearing about “someone from [their] hometown” committing suicide. When asked if she had ever discussed suicide with anyone, “Zora,” a 19-year-old sophomore confirmed that she had talked to her mother:

> When I was younger I started thinking about it, and I thought that maybe that wasn't normal. So I talked to her about it and she said everyone thinks about it, but that's different from actually doing it. It helped. It pretty much told me that its different if you are thinking about it and you’re actually planning it out. That would suggest that you really need help if you’re not just thinking about it.

The subjects also held similar views on how to get a dialogue initiated concerning the statistics and, ultimately, prevention of suicide. Many of the students suggested media sources, such as television commercials, websites, and documentaries, or holding forums, programs, or a health fair in either an academic or community environment. "Briana," a 26-year-old junior, believed that the type of event held for suicide prevention would have to be modified based on the location:

> I mean a forum would be something I would suggest for a college campus because then people would have an open panel to talk about it. And that's what people really don't do. We don't talk about suicide. With a forum you talk about it with other people, whereas in a church pastors are going to preach what they want to preach. They won't really let you talk about anything else. It would have to start with an open-minded pastor with a better understanding of biblical times versus now.

Other participants suggested that simply talking to someone could help reduce rates of suicide. When asked what could be utilized as a preventative strategy for suicide in the African American community, "Shannon" stressed the importance of sharing your thoughts and emotions:

> You can talk to counselors. They have hotlines. Just talking to somebody could help. I feel like sometimes a lot of the people who do commit suicide, if its not an actual like bipolar disorder or mental disorder, then they've just been bottling emotions and not having anyone to relay these emotions to. So they're talking to themselves. You can't really think on a clear mind if you're the only one that's listening and talking too.

Additionally, Olivia asserted that talking to someone could help decrease the stigma of suicide:

> I think the first thing is to make it where it's not so taboo. When it's talked about it's presented as a White issue. So I guess the biggest thing is just being more open and talking about it. I'm not sure how we could do this, but just take away some of the taboo nature around it. Instead of placing blame and saying "you're a bad person because you contemplated suicide," being more accepting and figuring out why it is that you have this attitude or are having these thoughts. Then go from there as far as figuring out what we can do to fix it or make it better for you.

Briana was adamant that the church could be apart of the solution, but initially a few changes would have to take place:

> We need to be able to leave the Bible in its context, especially with homosexuality. The same with suicide. Back then they probably weren't so understanding of the pressures put on people, but now it's important for the church to be more understanding of the reasons why people do commit suicide. Since religion is such a big part of the African American community, I think it's a good thing to start there because that will lead to talking about it at home, which will lead to you talking about it with your friends. It will really expand that way. I'm not saying religion is the only way, but I feel like it's a good starting point.

Finally, many students were thankful for the opportunity to participate in the current study as this was their first time hearing about African American suicide in detail. Tiffany elaborated on being unaware of suicide as an issue in the African American population:

> Wow I'm going to have to talk to my mom about this because I didn't know. When I was younger and in high school, you never really heard about Black people committing suicide. Honestly the first time I really ever heard that it was becoming prevalent or big in

> the African American community is when I talked to you, and I'm 25 years old. I just really didn't know.

Other reactions to the current study included speculation as to why African American suicide rates were increasing. While shaking his head in disbelief, "Jacob" declared:

> I know it sounds typical, but it seems like the village is not raising the child. It's not how it used to be. You still have people who trust in other people teaching their kids things and stuff like that, but it's becoming more isolated in how we are raising our kids. It was definitely more solidarity back then than it is now. People were more prone to help you out than they are nowadays. Now everybody is more concerned about themselves.

Results were integrated into an essential representation of the awareness and opinions of students regarding African American suicide. The lived experience of suicide ideation was present in certain participants, and this experience appeared to influence these students' perceptions of suicide as something that one should seek help for and discuss with others. In addition, once informed of the statistics, all of the participants claimed to believe that suicide was an issue that needs to be addressed in the African American community. Overall, the emotions expressed during the conversations about suicide ranged from spoken statements such as "ashamed," "crazy," embarrassed," "depressed," "despair," "dislike," "hopeful," "interested," "pressured," "rejected," "sad," "scared," "shocked," "stress," "suffer," "vulnerable," and "weak" to somewhat nonverbal reactions such as concern, disbelief, disapproval, empathy, pride, resiliency, superiority, and uncertainty.

Table 4.9
Primary Themes and Corresponding Statement

Theme	*Example of Corresponding Statement*
Not Discussed, Non-Existent, Not Thought About	Its like when Black people talk about it, it's out of the question. Like it's never a thought. Black people be like "I ain't about to do that." That's how Black people I know speak about it.
"There's Always a Way Out"	It just seems like you could get help eventually. You down so low that you have to kill yourself? I don't know. It just don't make sense to me.
Versatility, Strength, and Resiliency of Black Women	I guess given single motherhood and other hardship factors, I guess we are resilient to it. [Black women] go through a lot of hardships and whatnot. Single mother-hood is one of them. So maybe given all that, we put ourselves in a stronger light.
Life is Harder for Black Men	Life is a lot harder, especially for African American men. They come from families and environments where they started off with nothing. They have nothing, or they get into selling drugs. So they just feel like there's no way out except for death.
Religion & Spirituality as a Preventative Factor	It's hard to explain, but I feel I have too much going for me. If I wasn't supposed to be here, then I would be gone. I'm around for a reason so, you know, you can't interfere on what God has in store for you in life.
Controversial Church Politics	The church plays a role, but if you were thinking about committing suicide would you really go to your church? Because the first thing they would tell you is 'Committing suicide is a sin you cant take back.' So I don't know if that would really work in the church. Maybe with younger kids it might, but I don't know.
Strong And Silence as a Hindrance	I just wish that it was talked about more in the African American community because so many of us are suc-cumbing to this issue. It's like we can at least talk about even if we aren't able to prevent it.
Female vs. Male Methods	Men just want to get it over with. We don't have as much patience as women. We'd rather get it over with quickly instead of feel the suffering and poison. I guess women can deal with that. Don't ask me how though.
Women Use Suicide as a Cry for Help	Sometimes women do just want attention. Its not like we really don't want to kill ourselves. We just want someone to care about the fact that we may kill our-selves. Someone who is interested enough to help save us…

5 DISCUSSION AND CONCLUSION

The present study sought to explore African American students' opinions and awareness of suicide in the African American community. This study also investigated whether ethnic identity salience influenced students' perceptions of suicide. The potential contributing and preventative factors of suicide were also examined in this study. Factor analysis and simple linear regressions were used to investigate the extent to which ethnic identity salience influenced perspectives of suicide. Interviews were conducted to further examine the participants' opinions and awareness of suicide. This chapter will discuss the findings, conclusions, strengths, limitations, and recommendations for future research based on this study.

5.1 Quantitative

According to Kershaw (2003), "Truth, in terms of Black Studies theory, is a synthesis between precise observations and the group's understandings…Quantitative methods allow for the testing of empirical 'reality' and lend favorably to the purpose of critical analysis. It allows for problematization, which is necessary for empowerment" (p. 35). When asked whether they knew anyone who had attempted suicide in the past, a little over sixty percent of the African American sample indicated that they had. This was not expected since the increased number of those acquainted with someone who attempted suicide suggests a sense of somewhat familiarity with the subject. It seems like this "familiarity" would lead to a decrease in suicide being viewed as primarily existent in the Non-Black community. Yet, the results suggest that although a slight majority knew someone who had attempted suicide, overall the participants did not believe that suicide was an issue amongst African Americans.

The small percentage of the students that admitted to knowing someone who had actually completed suicide was anticipated. Less than thirty-five percent of the participants revealed

that they knew an individual who completed suicide during their lifetime. The lower rates of suicide among African Americans overall in comparison to other ethnicities may account for this finding, or it could be related to the notion that suicide completions among African Americans may be more likely classified as accidents or homicides (Toussaint & Alexander, 2001). Therefore, family and friends may not have been aware that the victim's death was a suicide.

The students were asked to identify whether they believed a number of factors could contribute to suicide. The selections of depression and lack of family/social support were expected to receive the highest number of responses. Scholars have continuously confirmed that these two factors influence suicide ideation in African Americans (Greening & Stoppelbein, 2002; Kaslow, 2004; Roy, 2003b). Furthermore, it was not surprising that drug use received an equal amount of responses to lack of family/social support for being a contributing factor to suicide. Previous studies suggest that up to ninety percent of those who have experienced suicide ideation or completion were influenced by a mental or substance abuse disorder (Moscicki, 2001).

Economic hardship being listed as the third most likely factor to increase suicide ideation was not surprising given the current state of the economy. Recent statistics indicate that slightly over thirteen percent of those individuals who committed suicide in 2008 were experiencing employment and financial setbacks (Gallucci, 2012). Moreover, a number of the students who were interviewed considered debt or financial hardships to be a potential factor that might contribute to a person considering suicide as a viable solution. Dennis and Kirk (1976) demonstrated that economic poverty proved to be one of the leading catalysts for why African Americans utilized crisis intervention centers, which suggests the importance of increasing financial literacy and stability within this population.

When asked to select the factor(s) that may prevent an individual from committing suicide, it was predicted that family/social support would receive a high number of responses. However, the sample's selection of mental health counseling as a deterrent to suicide ideation over religion was unexpected. This is because the church, traditionally, has been considered a major institution within the African American community. Religion has long been established as a protective factor for suicide ideation in this population as well (Molock et al., 1994; Sisask et al., 2010). Therefore, it was expected that religion would receive a greater number of responses. The large number of respondents who chose mental health counseling as a suicide inhibitor does not support previous research on African Americans' reluctance to seek therapy for mental health issues (Thompson, Bazile, and Akbar, 2004). On the other hand, the participants' level of education, or their primary caregivers' socioeconomic status, may have influenced whether mental health counseling was viewed as being accessible in this population (NAMI, 2009). Overall, the students' selections of the aforementioned risk and protective factors of suicide may indicate a need for mental health practitioners to integrate these elements into their preventative and intervention strategies when treating African Americans.

It was predicted that as levels of ethnic identity salience increase, the students' perception of suicide as a viable solution would decline. The analysis revealed that ethnic identity salience alone did not predict whether the African Americans students found suicide acceptable. This finding did not support the proposed hypothesis. Based on previous research, it was assumed that since suicide is such a taboo subject within the African American community, those who held their identity as African American as central to their being would be less accepting of suicide (Brook & Pahl, 2005; Kirk, 1976). However when the data from the entire sample was included in the analysis, a small positive association was found between ethnic identity salience

and acceptance of suicide. As ethnic identity salience increased, acceptability toward suicide increased when those nine students who did not consider themselves African American were included in the analysis.

While controlling for the degree of self reported religiosity, the importance of ethnic identity was used to predict the acceptance of suicide in African Americans. Neither the results for those who considered themselves more or less religious were significant. It was only when the data for the entire sample was included that acceptance of suicide was found to be impacted by ethnic identity salience when the degree of religiosity was controlled. Unpredictably, it was the less religious students' levels of ethnic identity salience that influenced whether suicide was more or less acceptable. Less religious participants' acceptance of suicide increased as their ethnic identity salience increased. Perhaps level of religiosity is a more valid indicator of acceptance of suicide rather than importance of ethnic identity.

Ethnic identity salience was not found to influence acceptance of suicide among neither lower nor upper classmen in the African American students when controlling for classification in college. Once the entire sample was included, the ethnic identity salience of the juniors and seniors was found to positively affect their acceptance of suicide. As the upperclassmen's importance of ethnic identity increased, their belief that suicide was a normal and acceptable act increased as well. On the other hand, ethnic identity salience was not found to influence acceptance and normality of suicide amongst African Americans or the sample in general while controlling for age. It was erroneously believed that the importance of ethnic identity for those over the age of twenty-one would more likely influence acceptance of suicide.

Controlling for the highest level of education accomplished by their primary caregivers, acceptance of suicide was not found to be affected by ethnic identity salience in either those

whose parents had completed a high school diploma or less nor the participants whose parents had received a bachelors or professional degree. Analysis of the entire sample revealed a positive influence of ethnic identity salience on those whose parents had attained a bachelor or professional degree and their assessment of suicide as acceptable and normal. As the extent to which these students' found ethnic identity essential to their being increased, their acceptability of suicide increased as well.

Importance of ethnic identity alone was also found not to manipulate whether the African American students felt suicide was a result of mental or moral illness. I expected individuals with elevated scores on the ethnic identity measure to view suicide as being linked to mental or moral illness. In addition, importance of ethnic identity was not able to predict scores on the mental or moral illness scale when controlling for the classification of the sample. While controlling for the highest level of education completed by the students' primary caregiver, ethnic identity salience did not influence scores on the mental or moral illness scale either.

However when analyzing the entire sample, the ethnic identity salience of those who considered themselves less religious was found to have an inverse effect on whether they viewed suicide as linked to mental or moral illness. As ethnic identity salience increased for those who considered themselves less religious, their belief that suicide was related to mental or moral illness decreased. When controlling for age, the importance of ethnic identity was found to influence the degree to which suicide was seen as related to mental or moral illness within the entire sample as well. The age twenty-one and above students' ethnic identity salience was found to have an inverse effect on whether they correlated suicide with mental or moral illness. As the age twenty-one and up participants' ethnic identity salience increased, their perception of suicide occurring as a result of mental or moral illness decreased.

Overall, the results of the regression analyses were unexpected. It was believed that as the students felt their African American identity was significant, their acceptance of suicide would decrease. It was also expected that ethnic identity salience would have an inverse effect with the degree to which the African American participants perceived suicide as related to mental or moral illness. The fact that the inclusion of merely nine individuals, who did not identify as African American, influenced the outcome of several regression analyses reveals the significance of ethnic identity when investigating attitudes toward suicide. These findings suggest that ethnic identity salience is a complex variable that deserves more exploration as related to its impact on not only African Americans' opinions regarding suicide, but other populations of color as well. Because the importance of ethnic identity to an individual may shift over time, Shelton and Sellers (2000) note that the extent to which ethnic identity is central "interacts with the situation to influence Blacks' perception of events" (p. 45). Moreover, the results may also suggest that factors other than ethnic identity, such as religion or age, are more accurate predictors of the acceptance of suicide or whether the act is viewed as being linked to mental or moral illness in African Americans.

5.2 Qualitative

According to Creswell (2007), "We conduct qualitative research when we want to empower individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in a study" (p. 40). The interviews not only allowed the respondents to contribute their opinions to the study, but also assessed their awareness of African American suicide. The research sought to understand how this African American sample responded to and recognized suicide within their communities.

It was hypothesized that suicide has continued to be a topic that has received little to no dialogue between African Americans. Similar to previous research, the data demonstrated that suicide is still rarely thought about or discussed in the African American community (Willis et al., 2003). A number of the subjects implied that they did not know that suicide was even a factor amongst African Americans. Out of those who did acknowledge that African American suicide was an issue, they revealed that the topic had only come up when the act occurred in either their families or community. The participants pointed out that, even then, there was no formal discussion about the topic; only whispers about how and why it happened with immediate family and close friends.

It was also predicted that there would be lower levels of acceptance of suicide due to the act being viewed as a sin. Although approximately 29.4% (5) of the students interviewed did admit to experiencing suicide ideation in their past, most of the participants suggested that suicide was not acceptable under any circumstances. A majority of the students continuously stated "there's always a way out" or alternatives to consider. According to approximately 17.6% (3) of the students, suicide was only acceptable if an individual was having a mental "episode" and could not control themselves, or if they were terminally ill. Research has indicated that African Americans who continue to be immersed in a culturally relevant atmosphere have lower rates of suicide than those who do not (Gibbs, 1997). Therefore, the decreased rate of suicide ideation and acceptance in this sample could be due to the fact that they are enrolled in African American Studies courses. The students may also be full of hope at this point in their lives, as research has indicated that hopelessness is also a predictor of suicide ideation and attempts (Dean et. al, 1996). However, the low number of individuals who reported experiencing suicide ideation might be due to response bias on the part of the volunteers. Response bias suggests that although

the subjects may have agreed to participate in the interview it does not necessarily mean that they felt comfortable enough to disclose the truth about personally experiencing suicide ideation. This is complicated since status of mental health, especially suicide ideation, is usually undisclosed information among African Americans (NAMI, 2009).

The initial focus was getting the volunteers to open up, but not having them revisit a time of extreme mental anguish, which is an intricate process when there are time constraints. Even if the subjects had thoughts of suicide, a number of them may not have been comfortable disclosing that type of information for fear of judgment, appearing "weak," or the fact that some Blacks consider suicide a "White thing" (Joe, 2006). The belief that there is a desire for African Americans to appear strong when suffering in silence was discussed during the interviews. A number of students exclaimed that African Americans are too secretive when it comes to personal mental health issues. We want to project the illusion of being, as one student declared, "too blessed to be stressed." This can prove to be more of a hindrance than a defense mechanism.

Many of the respondents acknowledged that African Americans' silence on suicide ideation stems from embarrassment or being afraid to seek counseling because they do not want to be viewed as crazy by their family members or peers. Research supports these claims and has also demonstrated that African Americans may distrust therapists (Thompson, Bazile, & Akbar, M., 2004). Establishing a transparent relationship with the participants is extremely vital to increase disclosure about such a taboo topic when conducting research in the future. On the other hand, the results may be accurate and have nothing to do with the volunteers' willingness to disclose information.

The fact that the students would identify religion and social support as potential preventative factors of suicide was projected. Similar to the questionnaire a number of the students did

discuss the effect of social support, but during the interviews it was the theme of religion and spirituality that the majority of the participants noted as the reason they would never personally attempt suicide. Although some of the students revealed that they could not explain why their religious beliefs kept them committing suicide, others attributed it to how they were "brought up" and raised by their parents. The idea that suicide was taking matters into their own hands while going against God's plan for their life proved to be popular amongst the respondents. As one of the students remarked, "Death isn't in anybody's hands…That's something man should not be able to control." This notion is consistent with suicide research in which African Americans "were more likely to attribute ownership of life to God" (Walker et al., 2006, p. 329). Many of those who confessed not being an avid "church goer" or "strong Christian" stated that suicide was not viewed as an option due to their faith or spirituality as well. In their opinions, suicide was not acceptable for them personally, but they would not judge anyone who committed suicide because they were not "in their shoes." These findings are parallel with previous research that asserts that highly religious groups agree less with all motivations for suicide than those who are less religious (Stillion & Stillion, 1998-99).

It was also proposed that the students would not be cognizant of the rates of suicide in the African American community. Results indicated that the participants were generally unaware of the occurrence and rates of African American suicide. When I inquired whether the students had heard about any of the publicized cases of African American suicide in the media, a majority of them had no knowledge of these incidents. A few of the students did recall hearing stories in the media about individuals being bullied to the point of suicide about their sexual orientation, but the participants admitted that none of the stories they heard involved African Americans.

Their reactions to hearing about these suicides also revealed the extent to which the volunteers were unaware of the occurrence of suicide in the African American population. Most of the sample expressed that hearing about these stories was “shocking,” “sad,” “crazy,” made them “want to watch the news more,” or discuss the current study with friends or family members. Others articulated their disapproval at the potential factors that made the individuals commit suicide since they “just [couldn't] see how someone could kill themself because of that.” Some students even pondered aloud over how things had gotten so bad in the community that African Americans felt the need to kill themselves. Similar to Davis’ (1979) research it was posited that a lack of solidarity in the community may have contributed to the increase in African American suicide.

Furthermore, the participants were asked if they were aware that suicide rates amongst African American men had been steadily increasing since the 1980s. Again, most of the sample did not know of these statistics. Although they were not cognizant of the increase in African American male suicide, a number of the students voiced that they were not surprised due to the pressures experienced by these men. Not only are Black men pressured to “be the breadwinner and provide for their families,” but they may also feel compelled to meet the “status quo.” Alternatively, one student stated that she could not “even begin to think of what a male would want to commit suicide for.” This line of thinking reflects prior studies in which respondents exclaimed that suicides involving males were “puzzling since they had everything to live for” (Stillion & Stillion, 1998-99; p. 90).

The respondents’ knowledge that African American women have continued to maintain the lowest rates of suicide amongst all ethnicities and genders was also investigated. Similar to their reaction to the male suicide numbers, the sample was not aware of the statistic, but they

were also not surprised. Most of the students referenced the strength and resiliency of Black women. They also referred to African American women's ability to take on "multiple roles and adapt when things start getting rough." The vital role that these women have in caring for their families, and the notion that African American women may tend to be "more religious," was discussed as well. A few of the students mentioned the strength that it took for Black women to survive slavery once in America. In particular, they suggested that if women could, historically, endure much worse and survive, then they felt obligated to do the same. This view of Black women being "stronger" than suicide negates the fact that, similar to all ethnicities, African American women are more likely to attempt suicide while men are likely to complete the act (American Association of Suicidology, 2012a).

The difference in the discussion about suicide amongst African American men compared to women was informative. Although initially stunned about the fact that these suicides were occurring at all, most of the sample rapidly declared that they could see why the statistics are accurate. When inquiring about the difference in methods based on gender, it was stated that men are more likely to shoot themselves while women were more likely to take pills. It was mentioned that committing suicide by firearm would be "gruesome," and too "final," for a woman who may be indecisive about taking her life in the first place. None of the students mentioned that the difference in methods could be because women may not own firearms quite as often as men. The students also attempted to justify this disparity by suggesting that men are more impatient and "just want to get it over with" in comparison to women who are merely "using suicide as a cry for help." They reasoned that once most men have made up their minds they do not want an intervention, but most women are, ultimately, seeking attention and looking for someone to come save them.

Additionally, it was unexpected that the participants would consider the inability to perform normative gender roles a potential risk factor for suicide in African American men. A number of studies have demonstrated the flexibility in the gender roles of Black women and men (Johnson & Staples, 2005; Lawrence-Webb, Littlefield, & Okundaye, 2004). Harris' (1994) work supported the notion that people of African descent were less likely to conform to dominant gender roles of masculinity and femininity. The study described a range of behavioral traits that whites regarded as "masculine" or "feminine," but African-Americans considered common to both sexes. These traits included, but are not limited to, aggressiveness, independence, self-confidence, non-conformity, sexual assertiveness, and emotional expressiveness (Harris, 1994). More research is needed to assess whether there is a relationship between the acceptance of normative gender roles and suicide ideation.

When interviewing the respondents regarding whether suicide had been discussed in their church and how the institution can be used to disseminate information regarding African American suicide, it became apparent that the students felt the church could be controversial in its treatment of the topic. Many felt that those in the church wanted to keep suicide separated from religion for fear of appearing to "promote" or "praise" it in any way. The majority of the sample also felt like the church was too judgmental when it comes to the topic of suicide. Instead of reaching out to help those who may be experiencing suicide ideation, the respondents felt that the church ignored and remained silent on the issue. This silence, and denial of suicide, within the African American church could prove detrimental to the community (Early & Akers, 1993). In their opinions, this only serves to ostracize certain members of the church, especially when the only instance suicide is mentioned is when it is being referred to as a sin. The focus should be helping individuals rather than remaining silent because of church politics, or beliefs of "eternal

damnation." The entire sample admitted that the church would be an excellent alternative for distributing information regarding African American suicide if it were to become a "judgment free zone" due to its overwhelming influence in the African American community.

The participants were asked to name the best avenues to start a discussion about African American suicide, whether in the community or at school. The goal was for the students to propose ideas that would help with the distribution of the current statistics and, ultimately, facilitate suicide prevention in the future. Taking advantage of media sources was the most prevalent idea. A number of the respondents asserted that television commercials, similar to those that target African Americans for HIV prevention, could help make people aware of suicide as a problem in the community. Creating documentaries or tailoring scripted television shows aimed at African Americans to include information on suicide was also put forth.

Educating the other students on campus about the rates of suicide appeared to be a primary goal of the sample as well. The participants suggested holding a forum or program on campus where the topic can be discussed in detail amongst others. To increase attendance, many recommended having celebrity guests come and either give their testimony or speak on the necessity of educating others about African American suicide. Receiving extra credit from the professors was put forth as a method to increase student attendance as well. Forming a group officiated by the school's respective African American Studies, or Cultural Studies, Department was another idea to increase student involvement and awareness regarding suicide on campus.

A number of respondents noted that simply holding a discussion with another person should not be underestimated as a solution to increasing awareness about African American suicide. Having conversations with various individuals about suicide could not only help decrease the stigma surrounding suicide ideation among African Americans, but also make others cogni-

zant of the fact that they are not alone in what they are experiencing. As previously mentioned, having discussions in the church could also be a medium. One student indicated that the minister speaking on the fact that suicide can be avoided appeared to have a positive affect at her family member's funeral. Counselors and suicide hotlines were also posited as solutions for those who may be personally experiencing suicide ideation.

5.3 Conclusion

This study investigated African American college students' opinions regarding suicide in the Black community. Utilizing mixed methods, the sample's awareness of African American suicide were also examined. During the quantitative phase, the students believed that some of the most poignant risk factors for suicide in African Americans included depression, drug use, lack of family/social support, and economic hardship. Family/Social support, mental health counseling, and religion were identified as the most essential preventative factors for suicide amongst this population. The findings support prior research that has investigated the potential contributing and protective factors of suicide in African Americans (Griffin-Fennell & Williams, 2006; Kaslow, 2005; NAMI, 2009). Regression analysis also revealed that ethnic identity salience did not influence acceptability and normality of suicide in the African American sample. Analysis also demonstrated that ethnic identity salience did not effect whether the African American students viewed suicide as being related to mental or moral illness.

The qualitative phase provided the respondents an opportunity to voice their opinions on suicide in the African American community. Analysis indicated that suicide was not considered an acceptable solution to life's stressors amongst this population of African American college students since there were always other alternatives. Suicide is also still thought to be a forbidden topic, or non-existent, amongst African Americans, especially in the church. Similar to prior re-

search, it is believed that this silence towards suicide has served as hindrance in the African American community (Joe, 2006).

Results suggest that the sample was overall unaware of the rates and trends on African American suicide. The students believe that African American women's strength and resiliency can be attributed to the low rates of suicide in this population. However, the pressures placed on Black men contribute to their higher rates of suicide, which have been noted as becoming comparable with the rates of Caucasian males (American Association of Suicidology, 2012a). The current findings suggest that it is imperative that a process of reeducation takes place, especially amongst African American men and boys, in order to reduce the notions of hegemonic masculinity and femininity within the Africana community.

Moreover, results demonstrate that although religion does function as a preventative factor for suicide, there is a tendency for the African American church to be controversial and exceedingly judgmental when addressing suicide. The students also believed this only served to relegate those seeking help to the sidelines within the congregation. Similar to previous research, the sample noted the importance of the church's participation in advocating for progressive mental health among African Americans (Molock, Matlin, Barksdale, Puri, & Lyles, 2008) It was indicated that if the church were to focus more on getting help for those with mental health issues, then the institution could tremendously facilitate suicide awareness and prevention within the African American community.

Finally, the subjects contributed their solutions to help increase awareness regarding the African American suicide. A number of students believed in using media sources such as television commercials, documentaries, or websites to distribute information within the community. Others focused on the need to educate other students about suicide by implementing programs or

groups on the college campus. Many from the sample implied that since a large number of African Americans keep their emotions hidden, simply talking to someone (family, friends, counselors, suicide hotline, etc.) could help curb rates of suicide. Increasing awareness would, in turn, initiate a much-needed dialogue regarding suicide amongst African Americans. Discussing suicide with others may also make individuals aware of other Blacks' experiences with suicide ideation and not only help decrease the stigma surrounding suicide, but also the reluctance to seek therapy (Poussaint & Alexander, 2001; Thompson, Bazile, & Akbar, 2004).

5.4 Strengths

One strength of the current study is that it focuses on the neglected group of African Americans when it comes to suicide. As previously stated, most research tends to be centered on European Americans and suicide since it is thought of as an act that does not affect people of color (Walker, 2006). This research may also help mental health professionals tailor their treatments to African Americans. If they are able to recognize how African Americans' think about suicide, then this may help them provide treatment that is more effective over time. The current study also increases the limited knowledge about the rising rates of suicide in the African American community. Finally, this study contributes to the dearth of qualitative research on suicide, in particular African American suicide (Hjelmeland & Knizek, 2010).

5.5 Limitations

Due to the study being cross-sectional, causality could not be established. Instead, the current research investigated whether importance of ethnic identity influenced attitudes toward suicide. External validity cannot be established due to the final sample number of African Americans in the study being only eighty-three. Because of time constraints, a greater number of students could not be interviewed. A larger amount of students participating in a replication of the

present study will increase the ability to generalize to the entire population of African American students on this campus. More than likely, national generalizability will not be established due to confounds such as too small a sample size, the region of the study's location, or recall bias. Also, in-group differences (levels of social support, religiosity, socioeconomic status, etc.), or the fact that a majority of the sample was enrolled in African American Studies courses (Sellers et al., 1997), may have skewed the data.

5.6 Future Research

Future research should not only include a larger sample size, but also compare the African Americans at the same school to other ethnicities on the same campus or other African Americans at an alternate school, such as a historically black college and university. African Americans are not one large homogenous group, and should not be treated as such when conducting research. An individual's past experiences constructs their present reality. Assuming that there is one "authentic" African American reality simply excludes the valid perspectives of countless others.

Studies in the future should also continue to examine the participants' opinions on the effect various factors have on their ability to view suicide as a sensible means. The relationship between the acceptance of normative gender roles and the acceptance of suicide as a solution to life's stressors should also be investigated in African Americans. In the end, this type of research may help assist with the education of African Americans about the prevalence of suicide within this community. It may also allow mental health professionals to construct adequate prevention, intervention, and treatment strategies for African Americans who display suicidal tendencies.

Furthermore, future research should focus on continuing to reduce the stigma regarding mental health and seeking therapy amongst this population. Continuous education concerning mental health could possibly allow African Americans to realize that they are not alone in their problems. It could also relay the fact that having an objective person available to disclose their frustrations to can be integral for the promotion of positive mental health.

REFERENCES

Akbar, Naim. (1984). Africentric social sciences for human liberation. *Journal of Black Studies, 14*, 395-414.

Akers, R. (1985). *Deviant behavior.* 3rd ed. Belmont, CA: Wadsworth.

American Association of Suicidology. (2012a). African American Suicide Fact Sheet. Retrieved fromhttp://www.suicidology.org/c/document_library/get_file?folderId=262&name=DLFE-528.pdf

American Association of Suicidology. (2012b). Suicidal Behavior Among Lesbian, Gay, Bisexual, and Transgender Youth Fact Sheet. Retrieved from http://www.suicidology.org/c/document_library/get_file?folderId=262&name=DLFE-534.pdf

Anderson, A. (2007). A Psychometric Exploration of the Suicide Opinion Questionnaire. Doctoral dissertation. Retrieved from ProQuest. (AAT 3280815).

Azibo, D.A. (1998). The distinction between African personality personologists and other African personality scholars: Implications and entreatment for reconceptualization of racial identity issues. In R.L. Jones (Ed.), *African American identity development* (pp. 207 - 215.) Hampton, VA: Cobb & Henry.

Baldwin, J.A., & Bell, Y.R. (1985). The African self-consciousness scale: An Africentric Personality Questionnaire. *Western Journal of Black Studies, 9(2)*, 61 - 68.

Beautrais, A.L., Horwood, J., & Fergusson, D.M. (2004). Knowledge and attitudes about suicide in 25-year-olds. *Australian and New Zealand Journal of Psychiatry, 38,* 260 - 265.

Beck, A.T., & Steer, R. A. (1988). Beck Hopelessness Scale - Manual. San Antonio: Harcourt Brace Javanovich.

Beck, A.T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The Hopelessness Scale. *Journal of Consulting and Clinical Psychology, 42*, 861 - 865.

Bevis, W.M. (1921). Psychological Traits of the Southern Negro with Observations as to Some of his Psychoses. *American Journal of Psychiatry, 78,* 69-78.

Bingham, C., Bennion, L., Openshaw, D., & Adams, G. (1994). An Analysis of Age, Gender, and Racial Differences in Recent National Trends of Youth Suicide. *Journal of Adolescence, 17,*53-72.

Brook, J.S., & Pahl, K. (2005). The Protective Role of Ethnic and Racial Identity and Aspects of an Africentric Orientation Against Drug Use Among African American Young Adults. *The Journal of Genetic Psychology, 166(3)*, 329 - 345.

Brown, T.N., Williams, David R., Jackson, James J., Neighbors, Harold W., Torres, M., Sellers, S.L. & Brown, K.T.. (1999). 'Being black and feeling blue": The mental health consequences of racial discrimination. *Race & Society, 2(2),*117-131.

Bunch, J. & Jones, L.H. (2010, September 20). Broncos WR Kenny McKinley found dead in apparent suicide. The Denver Post. Retrieved from http://www.denverpost.com/sports/ci_16127852?IADID=Search-www.denverpost.com-www.denverpost.com

Caldwell, C., Sellers, R., Bernat, D., Zimmerman, M. (2004). Racial Identity, Parental Support, and Alcohol Abuse in a Sample of Academically At-risk African American High School Students. *American Journal of Community Psychology, 34(1-2)*, 71 - 82

Canetto, S.S. (1997). Gender and suicidal behaviour: Theories and evidence. In R.W. Maris, M.M. Silverman, & S.S. Canetto (Eds.), *Review of Suicidology* (pp. 138 - 167). New York: Guilford Press.

Canetto, S.S., & Lester, D. (1995). Women and suicidal behavior: Issues and dilemmas. In S.S. Canetto & D. Lester (Eds.), *Women and suicidal behavior* (pp. 3-10). New York: Springer.

Centers for Disease Control and Prevention. (1998). Suicide among black youths - United States, 1980-1995. *Morbidity and Mortality Weekly Report,* 47.

Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control. (2012). Web-Based Injury Statistics Query and Reporting System (WISQARS). Retrieved from www.cdc.gov/ncipc/wisqars

Chavous, T., Bernat, D., Schmeelk-Cone, K., Caldwell, C., Kohn-Wood, L., Zimmerman, M. (2003). Racial Identity and Academic Attainment Among African American Adolescents. *Child Development, 74(4)*, 1076 - 1090

Creswell, John. (2007). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (2nd Edition). Thousand Oaks, CA: Sage.

Crocker, J., Luhtanen, R., Blaine, B., & Broadnax, S. (1994). Collective self-esteem and psychological well-being among White, Black, and Asian college students. *Personality and Social Psychology Bulletin, 20*, 503 - 513.

Crosby, Alex E., & Sherry D. Molock. (2006). Introduction: Suicidal behaviors in the African American community. *Journal of Black Psychology, 32(3),* 253-261.

Cross, W.E. (1971). The negro to black conversation experience: Toward a psychology of Black liberation. *Black World, 20 (5),* 13-27.

Cross, W.E. (1991). *Shades of Black: Diversity in African American Identity.* Philadelphia: Temple University Press.

Davis, Robert. (1978). Black suicide and the relational system: Theoretical and empirical implications of communal and familial ties. Institute for Research on Poverty, Discussion paper No. 481 – 79, University of Wisconsin-Madison.

Dean, Paul J., Range, M. Lillian Goggin, & William, C. (1996). The escape theory of suicide in college students: Testing a model that includes perfectionism. *Suicide and Life-Threatening Behavior, 26(2),* 181-186.

De Leo, D. (2002). Struggling against suicide: The need for an integrative approach. *Crisis, 23,* 23 - 31.

Dennis, R. & Kirk, A. (1976). Survey of the use of crisis intervention centers by the Black population. Suicide and Life Threatening Behavior, 6(Summer), 101 – 105.

Diekstra, R.F. W. (1989). Suicidal behavior in adolescents and young adults: The international picture. *Crisis, 10,* 16 - 35.

Diekstra, R.F.W., & Kerkhof, A.J.F.M. (1989). Attitudes Towards Suicide: The development of a suicide-attitude questionnaire (SUIATT). In R.F.W. Diekstra, R. Maris, S. Platt, A. Schmidtke, & G. Sonneck (Eds.), Suicide and its prevention: The role of attitude and imitation. *Advances in Suicidology, 1*, 91-107.

Domino, G. (1980). Altering attitudes toward suicide in an abnormal psychology course. *Teaching of Psychology, 7,* 239 - 240.

Domino, G., MacGregor, J.C., & Hannah, T. (1988 - 89). Collegiate attitudes toward suicide: New Zealand and United States. *Omega, 19*, 351 - 364.

Domino, G., Moore, D., Westlake, L., & Gibson, L. (1982). Attitudes toward suicide: A factor analytic approach. *Journal of Clinical Psychology, 38*, 257 - 262.

Dominus, S. (2010, November 5). A Suicide More Complex Than a Slogan. The New York Times. Retrieved from http://www.nytimes.com/2010/11/06/nyregion/06bigcity.html

DuBois, W.E.B. (1989). The souls of Black folk. New York: Bantam Books (Original work published in 1903)

Durkheim, E. (1951). *Le Suicide.* Ed. George Simpson. Glencoe,IL: The Free Press. (Originally published in 1897).

Early, K.E. (1992). *Religion and suicide in the African-American community.* Westport, CT: Greenwood Press.

Early, K.E. & Akers, R.L. (1993). "It's a White thing": An exploration of beliefs about suicide in the African American community. *Deviant Behavior: An Interdisciplinary Journal, 14,* 277–296.

Ellis, J.B., & Range, L.M. (1991). Differences between blacks and whites, women and men, in reasons for living. *Journal of Black Studies, 21(3),* 341-347.

Eshun, Sussie. (2003). Sociocultural Determinants of Suicide Ideation: A Comparison between American and Ghanaian College Samples. *Suicide and Life-Threatening Behaviors, 33(2),* 165 - 171.

Eshun, Sussie. (2006). Acculturation and Suicide Attitudes: A study of Perceptions About Suicide Among a Sample of Ghanaian Immigrants in the United States. *Psychological Reports, 99*, 295 - 304.

European Alliance Against Depression. (2011). Retrieved from: http://www.eaad.net/

Fleischer, E. (2000). *The speaking silence: Suicide and suicide attempt as speech act.* Odense: Odense Universitetsforlag

Flick, U. (2007). *Managing quality in qualitative research*. London: Sage

Fulford, K.W.M., Sallah, D., & Woodbridge, K. (2007). Philosophical tools for cultural psychiatry. In K. Bhui & D. Bhugra (Eds.), *Culture and mental health: A comprehensive textbook* (pp. 37 - 46). London: Edward Arnold.

Gallucci, A. (2012, February 28). Economic hardship causes suicide-rate increase, experts speculate. Medill Reports – Chicago. Retrieved from http://news.medill.northwestern.edu/chicago/news.aspx?id=201455

Garrison, C.Z., R.E. McKnowen, R.F. Valois, & M.L. Vincent. (1993). Aggression, substance abuse, and suicidal behavior in high school students. *American Journal of Public Health, 38,* 179-184.

Georgia State University Website. (2010). College Portraits-Georgia State University-Student Characteristics. Retrieved from http://www.collegeportraits.org/GA/GSU/characteristics.

Georgia State University Website (2011). GoSolar. Retrieved from http://www.gsu.edu/gosolar.

Ghorpade, J., Lackritz, J., Singh, G. (2004). Psychological Acculturation of Ethnic Minorities Into White Anglo American Culture: Consequences and Predictors. *Journal of Applied Social Psychology, 34 (6),* 1208 -1228.

Gibb, B.E., Andover, M.S., & Beach, S.R. H. (2006). Suicidal ideation and attitudes toward suicide. *Suicide and Life-Threatening Behavior, 36,* 12 - 18.

Gibbs, J.T. (1997). African American suicide: A cultural paradox. *Suicide and Life-Threatening Behavior, 27(1)*, 68-79.

Gibbs, J.T., & A.M. Hines. (1989). Factors related to sex differences in suicidal behavior among black youth: implications for intervention and research. *Journal of Adolescent Research, 4(2),* 152-172.

Gold, H. (1982). *The sociology of urban life.* Englewood Cliffs, NJ: Prentice Hall.

Goodstein, R., & Ponterotto, J.P. (1997). Racial and ethnic identity: Their relationship and their contribution to self-esteem. *Journal of Black Psychology, 23*, 275 - 292.

Greening, Leilani, & Laura Stoppelbein. (2002). Religiosity, attributional style, and social support as psychosocial buffers for african american and white adolescents' perceived risk for suicide. *Suicide and Life-Threatening Behavior, 32(4)*, 404-417.

Griffin-Fennell, F., & M. Williams. (2006). Examining the complexities of suicidal behavior in the African American community. *Journal of Black Psychology, 32(3),* 303-319.

Groenewald, Thomas. (2004). A phenomenological research design illustrated. International Journal of Qualitative Methods, *3(1),* no 4, http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/groenewald.pdf (Accessed March 25, 2010).

Hammersley, M. (2000). *Taking sides in social research*. London: Routledge.

Harris, Allen C. (1994) Ethnicity as a Determinant of Sex Role Identity: A Replication Study of Item Selection for the Bem Sex Role Inventory. Sex Roles, 31(3/4), 241- 273.

Harris, Treniece L., &. Molock, Sherry D. (2000). Cultural orientation, family cohesion, and family support in suicide ideation and depression among African American college students. *Suicide and Life-Threatening Behavior, 30(4),* 341-353.

Helms, J.E. (1993). An overview of Black ethnic identity. In J.E. Helms (Ed.), *Black and White racial identity: Theory, research, and practice* (pp. 9 - 32). Westport, CT: Praeger.

Hill, P. (1995). African Centered Paradigm. The Drum, 2, 4. Retrieved from http://www.ritesofpassage.com/ds95-1.htm.

Hilliard, A. (1981). I.Q. as cathecism: Ethnic and cultural bias or invalid science. *Black Books Bulletin, 7*, 2.

Hjelmeland, H., & Knizek, B.L. (2004). The General Public's Views on Suicide and Suicide Prevention, and their Perception of Participating in a Study on Attitudes towards Suicide. *Archives of Suicide Research, 8,* 345 - 358.

Hjelmeland, H., Kinyanda, E., Knizek, B.L., Owens, V., Nordvik, H., Svarva, K. (2006). A Discussion of the Value of Cross-Cultural Studies in Search of the Meaning(s) of Suicidal Behavior and Methodological Challenges of Such Studies. *Archives of Suicide Research, 10,* 15 - 27.

Hjelmeland, H., Akotia, C.S., Owens, V., Knizek, B.L., Nordvik, H., Schroeder, R., Kinyanda, E. (2008). Self-Reported Suicidal Behavior and Attitudes Toward Suicide and Suicide Prevention Among Psychology Students in Ghana, Uganda, and Norway. *Crisis, 29(1),* 20 - 31.

Hjelmeland, H., & Knizek, B.L. (2010). Why We Need Qualitative Research in Suicidology. *Suicide and Life-Threatening Behavior, 40(1)*, 74 - 80.

Holding T.A. & Barraclough, B.M. (1978). Undetermined deaths - suicide or accident? *British Journal of Psychiatry 133*, 542-549

Holinger, P. & Offer, D. (1982). Prediction of adolescent suicide: A population model. American *Journal of Psychiatry, 139 (3)*, 302 - 307.

Hughes, M., & Demo, D.H. (1989). Self perceptions of Black Americans: Self-esteem and personal efficacy. *American Journal of Sociology, 95,* 132 - 159.

Hycner, R. H. (1999). Some guidelines for the phenomenological analysis of interview data. In A. Bryman & R.G. Burgess (Eds.), *Qualitative research* (Vol. 3, 143-164). London: Sage.

Ialongo, Nicholas,. McCreary, B.K., Pearson, J.L., Koenig, A.L., Wagner, B.M., Schmidt, N.B., Poduska, J., & Kellam, S.G. (2002). Suicidal behavior among urban, African American young adults. *Suicide and Life – Threatening Behavior, 32(3),* 256-271.

Ingram, E., & Ellis, J.B. (1992). Attitudes towards suicidal behavior: A review of the literature. *Death Studies, 16,* 31 - 43.

Jamison, DeReef F. (2008). Through the Prism of Black Psychology: A critical review of conceptual and methodological issues in Africology as seen through the paradigmatic lens of Black Psychology. *The Journal of Pan African Studies, 2(2),* 96 - 117.

Jenner, J., & Niesing, J. (2000). The construction of the SEDAS: A new suicide-attitude questionnaire. *Acta Psychiatrica Scandinavica, 102,* 139 - 146.

Joe, Sean. (2006). Explaining changes in the patterns of black suicide in the united states from 1981-2002: An age, cohort, and period analysis. *Journal of Black Psychology, 32(3),* 262-284.

Joe, S., & M.S. Kaplan. (2001). Suicide among african american men. *Suicide and Life-Threatening Behavior, 31,* 106-121.

Joe, S., & S. Marcus. (2003). Datapoints: Trends by race and gender in suicide attempts among U.S. adolescents, 1991-2001. *Psychiatric Services, 54*, 454.

Joe, S., Romer, D., & Jamieson, P. (2007). Suicide Acceptability is Related to Suicide Planning in U.S. Adolescents and Young Adults. *Suicide and Life-Threatening Behavior, 37(2)*, 165 - 178.

Joe, S., Stein, D.J., Seedat, S., Herman, A., & Williams, D.R. (2008). Non-fatal suicidal behavior among South Africans. *Social Psychiatry and Epidemiology, 43,* 454-461.

Johnson, Leanor B., & Staples, Robert. (2005). Black Families at the Crossroads: Challenges and Prospects. San Fransisco: Jossey-Bass.

Kaslow, Nadine J., Price, A.W., Wyckoff, S., Grall, M.B., Sherry, A., Young, S., Scholl, L., Upshaw, V. M., Rashid, A., . Jackson, E.B., & Bethea, K. (2004). Person factors associated with suicidal behavior among African American women and men. *Cultural Diversity and Ethnic Psychology, 10(1),* 5-22.

Kaslow, Nadine J., Sherry, A., Bethea, K., Wyckoff, S., Compton, M. T., Grall, M.B., Scholl, Larry, Price, A.W., Kellermann, A., Thompson, N, & Parker, R. (2005). Social risk and protective factors for suicide attempts in low income African American men and women. *Suicide and Life-Threatening Behavior, 35(4)*, 400-412.

Kershaw, Terry. (1992). Towards a Black studies paradigm: An assessment and some directions. *Journal of Black Studies, 22 (4),* 477-493.

Kershaw, Terry. (1999). Research Methods in Black Studies. In L. L. Bethel (Ed.), *Africana* (pp. 3-12). Dubuque, IA: Kendall/Hunt Publishing Company.

Kershaw, Terry. (2003). The Black studies paradigm: The making of scholar activists. In J. James L. Conyers (Ed.), *Afrocentricity and the Academy* (pp. 27-36). Jefferson, NC: McFarland and Company, Inc.

Kimbrough, Regina M., Molock, Sherry D., Walton, Kimberly. (1996). Perception of social support, acculturation, depression, and suicidal ideation among African American college students at predominantly Black and predominantly White universities. *Journal of Negro Education, 65(3),* 295-307.

Kirk, A. (1976). Socio-psychological factors in attempted suicide among urban Black males. Unpublished Ph.D. Dissertation, Michigan State University.

Knizek, B.L., Kinyanda, E., Owens, V., Hjelmeland, H. (2011). Ugandan Men's Perceptions of What Causes and What Prevents Suicide. *Journal of Men, Masculinities, and Spirituality, 5(1)*, 4 - 21.

Kodaka, M., Postuvan, V., Inagaki, M., Yamada, M. (2010). A Systematic Review of Scales that Measure Attitudes Toward Suicide. *International Journal of Social Psychiatry,* 1 - 24.

Lawrence-Webb, C., Littlefield, M., Okundaye, Joshua N. (2004). African American Intergender Relationships: A Theoretical Exploration of Roles, Patriarchy, and Love. Journal of Black Studies, 34 (5), 623 – 639.

Lester, D. & Akande, A. (1994). Attitudes about suicide among the Yoruba of Nigeria. *The Journal of Social Psychology, 134(6)*, 851 - 854.

Lester, D. (1998). *Suicide in African Americans*. Commack, NY: Nova Science Publishers.

Lester, D., & Wilson, C. (1988). Suicide in Zimbabwe. *Central African Journal of Medicine, 34,* 147 - 149.

Le Vecchia, C., Lucchini, F., & Levi, F. (1994). Worldwide trends in suicide mortality, 1955 - 1989. *Acta Psychiatrica Scandinavica, 90(1)*, 53 - 64.

Marion, Michelle S., & Lillian M. Range. (2003). African American college women's suicide buffers. *Suicide and Life Threatening Behavior, 33(1),* 33-43.

Maris, R.W., Berman, A.L., & Silverman, M.M. (2000). *Comprehensive textbook of suicidology*. New York: Guilford Press.

McAuliffe, C., Corcoran, P., Keeley, H., & Perry, I.J. (2003). Risk of suicide ideation associated with problem-solving ability and attitudes toward suicidal behavior in university students. *Crisis, 24,* 160 - 167.

Mohler, B. and F. Earls. 2001. Trends in adolescent suicide: misclassification bias? *American Journal of Public Health, 91(1),* 150-153.

Molock, Sherry D., Kimbrough, R., Blanton-Lacy, M., McClure, Karla P., & Williams, Steven. (1994). Suicidal Behavior Among African-American College Students: A Preliminary Study. *Journal of Black Psychology, 20(2),* 234-251.

Molock, S. D., Matlin, S., Barksdale, C., Puri, R. & Lyles, J. (2008). Developing Suicide Prevention Programs for African American Youth in African American Churches. *Suicide and Life-Threatening Behavior, 38(3),* 323–333.

Morris, F.F. (2001). Clinical practices with African American juxtaposition of standard clinical practices and Africentrism. *Professional Psychology: Research and Practice, 32,* 563 - 572.

Moscicki, E.K. (1994). Gender differences in completed and attempted suicide. *Annuals of Epidemiology, 4,* 152-158.

Moscicki EK (2001). Epidemiology of completed and attempted suicide: Toward a framework for prevention. *Clinical Neuroscience Research, 1*, 310-323.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Najafi, Y. (2010, October 13). Mourning at Howard: Former student commits suicide, seemingly related to sexuality, though father says she was not bullied directly. Metroweekly. Retrieved from http://www.metroweekly.com/news/?ak=5654

National Alliance on Mental Illness. (2009). African American Community Mental Health Fact Sheet. Retrieved from http://www.nami.org/Content/ContentGroups/Multicultural_Support1/Fact_Sheets1/AfricanAmerican_MentalHealth_FactSheet_2009.pdf

National Center for Injury Prevention and Control. (1995). Suicide in the United States, 1980-1992: Vol. 1. Atlanta, GA: USDHHS.

Neeleman, J. (2002). Beyond risk theory: Suicidal behavior in its social and epidemiological context. *Crisis, 23*, 114 – 120.

Nisbet, Paul A. (1996). Protective Factors for Suicidal Black Females. *Suicide & Life – Threatening Behavior, 26(4),* 325 – 341.

Nisbet, P.A., Duberstein, P.R., Conwell, Y., & Seidlitz, L. (2000). The effect of participation in religious activities on suicide versus natural death in adults 50 and over. *The Journal of Nervous and Mental Disease, 188,* 543 - 546.

Nobles, W. (1986). *African psychology: Toward its reclamation, reascension, and revitalization.* Oakland, CA.: Black Family Institute.

O'Carroll, P.W., A.L. Berman, R.W. Maris, E.K. Moscicki, , B.L. Tanney, & M.M. Silverman. (1996). Beyond the Tower of Babel: A Nomenclature for Suicidology. *Suicide and Life-Threatening Behavior, 26,* 237-252.

Ohberg, A., A. Pentilla, & J. Lonnqvist. (1997). Driver suicides. *British Journal of Psychiatry, 171,* 468 -472.

Orbach, I. (1997). A taxonomy of factors related to suicidal behavior. *Clinical Psychology: Science & Practice , 4,* 208 - 224.

Orley, J.H. (1970). Culture and Mental Illness. Nairobi: East Africa Publishing House. Pg 24.

Parham, T.A. & Helms, J.E. (1985). The Relation of Racial Identity Attitudes to Self-Actualization and Affective States of Black Students. *Journal of Counseling Psychology, Vol. 32, 3*, 431-440.

Peltzer, K., Cherian, V.L. (1998). Attitudes toward suicide among South African secondary school pupils. *Psychological Bulletin, 108,* 499 - 514

Peltzer, K., Cherian, V.I., Cherian, L. (2000). Cross-cultural attitudes toward suicide among South African secondary school pupils. *East African Medical Journal, 77(3)*, 165 - 176.

Phillips, D.P., and T.E. Ruth. (1993). Adequacy of official suicide statistics for scientific research and public policy. *Suicide and Life-Threatening Behavior, 23*, 307 -319.

Phinney, J.S. (1992). The multigroup ethnic identity measure: A new scale for use with diverse groups. *Journal of Adolescent Research, 7*, 156 - 176.

Pompili, M. (2010). Exploring the Phenomenology of Suicide. *Suicide and Life-Threatening Behavior, 40(3)*, 234 - 244.

Poussaint, Alvin P., & Amy Alexander. (2001). *Lay my burden down: Unraveling suicide and the mental health crisis among African Americans.* Boston: Beacon Press.

Prange, A. J., & Vitols, M. M. (1962). Cultural aspects of the relatively low incidence of depression in southern Negroes. *International Journal of Social Psychiatry*, *8*, 104-112.

Prudhomme, C. (1938). The problem of suicide in the American Negro. *Psychoanalytic Review*, *25*, 187-204, 373-391.

Randolph, S.M., & Banks, D.H. (1993). Making a way out of no way: The promise of Africentric approaches to HIV prevention. *Journal of Black Psychology, 19,* 204 - 214.

Renberg, E.S., & Jacobsson, L. (2003). Development of a questionnaire on Attitudes Towards Suicide (ATTS) and its application in a Swedish population. *Suicide and Life-Threatening Behavior, 33*, 52 - 64.

Rowley, S., Sellers, R., Smith, M., Chavous, T. (1998). The Relationship between Racial Identity and Self Esteem in African American High School and College Students. *Journal of Personality and Social Psychology, 74(3)*, 715 - 724.

Roy, Alec. (2003a). African American and Caucasian attempters compared for suicide risk factors: A preliminary study. *Suicide and Life-Threatening Behavior, 33(4),* 443-447.

Roy, A. (2003b). Characteristics of drug addicts who attempt suicide. *Psychiatry Research 121(1)*, 99-103.

Roysircar-Sodowsky, G., & Maestas, M. V. (2000). Acculturation, Ethnic Identity, and Acculturative stress: Evidence and Measurement. In R. H. Dana (ed.), *Handbook of cross-cultural and multicultural assessment* (pp. 131-172). Mahwah, NJ: Lawernce Erlbaum.

Saldaña, Johnny. (2009). *The Coding Manual for Qualitative Researchers*. Thousand Oaks, CA: Sage.

Sellers, R., Rowley, S., Chavous, T., Shelton, J., Smith, M. (1997). Multidimensional Inventory of Black Identity: A Preliminary Investigation of Reliability and Construct Validity. *Journal of Personality and Social Psychology, 73(4)*, 805 - 815.

Sellers, Robert M., Smith, Mia A., Shelton, J. Nicole, Rowley, Stephanie., Chavous, Tabbye M. (1998). Multidimensional Model of Racial Identity: A Reconceptualization of African American Racial Identity. *Personality and Social Psychology Review, 2(1)*, 18 -39.

Sellers, R., Chavous, T., Cooke, D. (1998). Racial Ideology and Racial Centrality as Predictors of African American College Students' Academic Performance. *Journal of Black Psychology, 24(1)*, 8 - 27

Sellers, R. & Shelton, J. (2003). The Role of Racial Identity in Perceived Discrimination. *Journal of Psychology and Social Psychology, 84(5)*, 1079 - 1092.

Sellers, R.. Caldwell, C., Schmeelk-Cone, K., Zimmerman, M. (2003). Racial Identity, Racial Discrimination, Perceived Stress, and Psychological Distress among African American Young Adults. *Journal of Health and Social Behavior, 44(3)*, 302 – 317.

Shelton, J.N. & Sellers, R. (2000). Situational Stability and Variability in African American Racial Identity. *Journal of Black Psychology, 26(1)*, 27 - 50.

Shepard, G., & W. Klein-Schwartz. (1998). Accidental and suicidal adolescent poisoning deaths in the United States, 1979 – 1994. *Archives of Pediatric Adolescent Medicine, 152,* 1181-1185.

Sisask, M., Varnik, A., Kolves, K., Bertolote, J., Bolhari, J., Botega, N., Fleischmann, A., Vijayakumar, L., & Wasserman, D. (2010). Is religiosity a protective factor against suicide? *Archives of Suicide Research, 14(1)*, 44-55.

Stack, Steven & Ira Wasserman. (1995). The effect of marriage, family, and religious ties on African American suicide ideology. *Journal of Marriage and the Family, 57(1),* 215-222.

Stack, S., & Kposowa, A.J. (2008). The association of suicide rates individual-level suicide attitudes: a cross-national analysis. *Social Science Quarterly, 89(1)*, 39 - 59.

Stapleton, A. (2010, September 21). Police say Kenny McKinley was depressed before suicide. The National Football Post. Retrieved from http://sports.yahoo.com/nfl/news?slug=nfp-20100923_police_say_kenny_mckinley.html

Stillion, J., & Stillion, B. (1998-99). Attitudes Toward Suicide: Past, Present, and Future. *Omega, 38(2),* 77 - 97.

Thompson, V., Bazile, A., Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psychology: Research and Practice, 35,* 19 – 26.

U.S. Public Health Service. (2001). National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: USDHHS.

Walker, Rheeda L., David Lester & Sean Joe. (2006). Lay theories of suicide: An examination of culturally relevant suicide beliefs and attributions among African Americans and European Americans. *Journal of Black Psychology, 32(3),* 320-334.

Wallace, J.M., & Muroff, J.R. (2002). Preventing substance abuse among African American children and youth: Race differences in risk factor exposure and vulnerability. *Journal of Primary Prevention, 22,* 235 - 261.

Walsh, James J. (2001). The Multidimensional Inventory of Black Identity: A Validation Study in a British Sample. *Journal of Black Psychology, 27(2),* 172 – 189.

Warshauer, M.E. and M. Monk. (1978). Problems in suicide statistics for Whites and Blacks. *American Journal of Public Health, 68,* 383-388.

Willis, Leigh A., Coombs, D.W., Drentea, P., & Cockerham, W.C. (2003). Uncovering the mystery: Factors of African American suicide. *Suicide and Life-Threatening Behavior, 33(4),* 412 – 429.

Wright, B.E. (1985). Black suicide: Lynching By Any Other Name. In B.E. Wright (Ed.), *The Psychopathic Racial Personality and Other Essays* (1st ed.). Chicago: Third World Press.

APPENDICES

A: Questionnaire

Demographic

1. What is your Age? ____

2. What is your Gender? Male; Female

3. What is your Classification? Freshmen; Sophomore; Junior; Senior

4. What is your Race? African American; Native American; Asian American; White or Caucasian; Latin American

5. What is your annual income? 0-12k; 13-24k; 25-49k; 50k & above

6. What is the highest level of education your primary caregiver(s) completed? Some high school; High School Diploma; Bachelors; Graduate or Professional Degreee

7. Would you describe yourself as a religious person? Extremely Religious; Somewhat Religious; Not Religious
7a. What religion, religious denomination or body do you belong to? Christian; Muslim; Buddhist; Jewish; Catholic; Atheist; Agnostic; Other (please specify) _____

7. How did you hear about this questionnaire? _Flyer _Class

Identity

The following questions concern how important being identified as African American/Black is to you. Please indicate your response to the following statements with **1 = Strongly Disagree; 4 = Neutral; and 7 = Strongly Agree**

8. Overall, being Black has very little to do with how I feel about myself. **1 2 3 4 5 6 7**

9. In general, being Black is an important part of my self-image. **1 2 3 4 5 6 7**

10. I have a strong sense of belonging to Black people. **1 2 3 4 5 6 7**

11. Being Black is an important reflection of who I am. **1 2 3 4 5 6 7**

12. Being Black is not a major factor in my social relationships. **1 2 3 4 5 6 7**

Suicide Ideation

13. Do you know anyone who has ever attempted suicide? **Yes/No**
Relation to you (if applicable) _____

14. Do you know anyone who has ever completed suicide? **Yes/No**
Relation to you (if applicable) _____

15. Do you feel that suicide is a significant issue in the African American community? **Yes/No**

16. Do you feel that suicide is an issue that primarily affects the White community? **Yes/No**

Check Questions

17. Please check any factors may contribute to a person committing suicide? **Depression; Lack of Family/ Social support; Economic Hardship; Failure of a Romantic Relationship; Drug Use; Oppression (i.e. racism, sexism)**

18. Please check any factors that may prevent a person from attempting suicide? **Religion; Family/Social Support; Access to Medical Facilities; Mental Health Counseling**

Attitudes about Suicide

The following questions concern your opinion about suicide. Please indicate the response that most correctly corresponds to your answer with **1 = Strongly Agre**e, **2 = Agree**, **3 = Undecided**, **4 = Disagree**, and **5 = Strongly Disagree**

19. Suicide can never be justified. **1 2 3 4 5**

20. Suicide is an acceptable means to terminate an incurable disease. **1 2 3 4 5**

21. Many suicide attempts are made because of revenge or to punish someone else. **1 2 3 4 5**

22. People who take their own lives are usually mentally ill. **1 2 3 4 5**

23. There is a risk of evoking suicidal thoughts in a person's mind if you ask about it. **1 2 3 4 5**

24. Suicide is a subject that one should not talk about. **1 2 3 4 5**

25. Loneliness could, for me, be a reason to take my life. **1 2 3 4 5**

26. Almost everyone has at one time or another thought about suicide. **1 2 3 4 5**

27. There may be situations where the only reasonable resolution is suicide. **1 2 3 4 5**

28. Suicide can sometimes be a relief for those involved. **1 2 3 4 5**

29. Suicides among young people are particularly puzzling since they have everything to live for.
1 2 3 4 5

30. I would consider the possibility of taking my life if I were to suffer from a severe, incurable, disease. **1 2 3 4 5**

31. Most people avoid talking about suicide. **1 2 3 4 5**

32. If someone wants to commit suicide it is their business and we should not interfere.
1 2 3 4 5

33. It is mainly loneliness that drives people to suicide. **1 2 3 4 5**

34. A suicide attempt is essentially a cry for help. **1 2 3 4 5**

35. On the whole, I do not understand how people can take their lives. **1 2 3 4 5**

36. Usually relatives have no idea about what is going on when a person is thinking of suicide.
1 2 3 4 5

37. People do have the right to take their own lives. **1 2 3 4 5**

38. Most suicide attempts are caused by conflicts with a close person. **1 2 3 4 5**

39 People who commit suicide are less religious. **1 2 3 4 5**

40. Suicide is a normal behavior. **1 2 3 4 5**

41. Rates of suicide are higher for Blacks than Whites. **1 2 3 4 5**

42. If someone in my family committed suicide I would feel ashamed. **1 2 3 4 5**

43. Suicide is an immoral act. **1 2 3 4 5**

44. Anyone, including myself, could potentially be a victim of suicide. **1 2 3 4 5**

45. Would you be willing to discuss your responses to this questionnaire in a follow up interview, which would maintain your confidentiality? **Yes/No**

If yes, please provide your contact number and first initial/last name in the space provided:

Note: If you feel that you may be in danger of committing suicide, or if you know of someone who may be in danger, please do not hesitate to contact the following sources:

Georgia State University Counseling Center
106 Courtland Street, Atlanta, GA 30303
(404) 413-1640

Fulton County Department of Mental Health
1(404)730-1600
1(404)730-1608 TDD

Multi-County Crisis Center
1(800) 715-4225
(24 hour crisis hotline)

USA National Suicide Hotline
1(800)784-2433
1(888)273-8255

www.suicide.org

www.metanoia.org/suicide

B: Interview Guide

1. What do you think about suicide in the Black community?

2. What is a situation in which suicide could be acceptable? Can you think of any situation in which suicide would be acceptable? What would prevent you from seeing suicide as acceptable?

3. With whom have you ever discussed the topic of suicide? (i.e. family, friends, or even in church) What was the outcome?

4. Are you aware that since October 2010 there have been at least five suicides publicized in the media that were committed by African Americans ages 18-26? What is your reaction to this information?

5. Were you aware that studies have shown that Black men experienced a steady increase in rates of suicide beginning in the 1980s? Why do you believe that this increase occurred?

6. Were you aware that studies have shown that Black women have some of the lowest rates of suicide amongst all ethnicities and genders? In your opinion, why are suicide rates so low for this group?

C: Informed Consent

Georgia State University
Department of African American Studies
Quantitative Informed Consent

Title: Attitudes of African American College Students Towards Suicide

Principal Investigator: Dr. Jonathan Gayles
LaTrice Wright – Student P.I.
Sponsor: N/A

I. Purpose:

You are invited to take part in a research study. This study will explore the attitudes of African American college students toward suicide. You are being asked to participate because you are an African American student registered at Georgia State University. Students at this location were chosen because of the odds of finding the target population on such a diverse campus. One hundred students will take part in this study. Participation will involve at most one hour of your time.

II. Procedures:

If you choose to move forward, you will supply general information and answer questions related to suicide and from two scales. You may also be contacted for an interview in the future depending on whether you would like to continue the study. The survey will be completed on computers to help protect your identity. This will take place over one day up to an hour if you do not take part in the interview. There will be no reward given for your participation in this study.

III. Risks:

There are no known physical, social, legal, or financial consequences or risks for completing the survey. The psychological risk may include discomfort from the questions based on previous personal experiences. In order to avoid this, you will be debriefed after the survey and allowed to ask any questions that may have come up. You will be given resources, such as the Georgia State Counseling Center, USA National Suicide Hotline, and two suicide prevention websites to help you deal with any distress.

IV. Benefits:

The benefits of participating in this study may include a deeper understanding of your own attitudes or thoughts regarding suicide. This study may also help you start discussions on mental health, especially suicide, in the African American community. However, involvement in this study may not help you personally. Overall, we hope to gain information about the attitudes toward suicide among African American college students.

V. Voluntary Participation and Withdrawal:

Involvement in this research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop taking part in this study at any time. Whatever you decide, you will not lose any benefits or rights to which you are otherwise entitled.

VI. Confidentiality:

We will keep your records private to the degree allowed by law. Only Dr. Jonathan Gayles and LaTrice Wright will have access to the information you offer. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board and/or the Office for Human Research Protection (OHRP)). We will use a case number instead of your name on study records. The information you provide will be stored on Dr. Gayles' password- and firewall-protected computer and locked in his office. Your name and other facts that might point to you will not appear when we present this study or publish its results. The results will be summarized and reported in group form. You will not be identified personally. Even though the internet is never entirely private, or secure, we will not ask you to give any information that may point to your identity in the future (i.e. social security number, address).

VII. Georgia State University Disclaimer:

If you have any questions about this study, or think you have experienced any injury because of participation in the study, you may contact Dr. Gayles or Ms. Wright at (404) 413-5135. If you are experiencing symptoms of distress after taking part in this study, please call the USA National Suicide Hotline at 1(800)784-2433 or 1(888)273-8255 right away. The lines are available from anywhere in the US 24 hours a day/ 7 days a week. If living in Atlanta, Georgia, then call the Fulton County Department of Mental Health at 1(404)730-1600, or 1(404)730-1608 TDD. You may also visit www.suicide.org or www.metanoia.org/suicide for more information. The Georgia State University Counseling Center is also open during normal business hours at 1(404) 413-1640. However, Georgia State University has not set aside money to pay for this care if depression or attempted suicide should happen after your involvement.

VIII. Contact Persons:

Contact Dr. Gayles and Ms. Wright at (404) 413-5135 or gsu.suicideattitudes@gmail.com if there are any questions about this study. If you have questions or concerns about your rights as a participant in this study, you may speak to Susan Vogtner in the Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu.

VIV. Copy of Consent Form to Subject:

You may take a copy of this form to keep for your records. If you are a willing volunteer for this research, at least 18 years old, and currently registered as a student at Georgia State University, then please sign below.

_____ _____

Print Name Sign Name

Georgia State University
Department of African American Studies
Qualitative Informed Consent

Title: Attitudes of African American College Students Towards Suicide

Principal Investigator: Dr. Jonathan Gayles
LaTrice Wright – Student P.I.

Sponsor: N/A

I. Purpose:

You are invited to take part in a research study. This study will explore the attitudes of African American college students toward suicide. You are being asked to participate because you are an African American student registered at Georgia State University. Students at this location were chosen because of the odds of finding the target population on such a diverse campus. Seven students will take part in the interview portion of this study. Participation will involve at most one hour during a one day session.

II. Procedures:

You were chosen for an interview based on your responses to the previous survey and your approval to be contacted for this portion of the study. The interview will be carried out face to face, in a private setting, and will not last for more than one hour over a one-day period. The interviews will be tape-recorded. There will be no reward given for your participation in this study.

III. Risks:

There are no known physical, social, legal, or financial consequences or risks for completing this interview. The psychological risk may include discomfort from the questions based on previous personal experiences. In order to avoid this, you will be debriefed after the interview and allowed to ask any questions that may have come up. You will be given resources, such as the Georgia State Counseling Center, USA National Suicide Hotline, and two suicide prevention websites to help you manage any distress.

IV. Benefits:

The benefits to you for participating in this study may include a deeper understanding of your own attitudes or thoughts related to suicide. This study may also help you start discussions on mental health, especially suicide, in the African American community. However, participation in this study may not benefit you personally. Overall, we hope to gain information about the attitudes toward suicide among African American college students.

V. Voluntary Participation and Withdrawal:

Participation in this research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits or rights to which you are otherwise entitled.

VI. Confidentiality:

We will keep your records private to the degree allowed by law. Only Dr. Jonathan Gayles and LaTrice Wright will have access to the information you offer. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board and/or the Office for Human Research Protection (OHRP)). We will use a case number instead of your name on study records. The information you provide will be stored on Dr. Gayles' password- and firewall-protected computer and locked in his office. The audiotapes will be stored and locked in Dr. Gayles' office also. Any tapes will be destroyed immediately after the end of the study. Your name and other facts that might point to you will not appear when we present this study or publish its results. The results will be summarized and reported in group form. You will not be identified personally.

VII. Georgia State University Disclaimer:

If you have any questions about this study, or think you have experienced any injury because of participation in the study, you may contact Dr. Gayles or Ms. Wright at (404) 413-5135. If you are experiencing symptoms of distress after participating in this study, please contact the USA National Suicide Hotline at 1(800)784-2433 or 1(888)273-8255 right away. The lines are available from anywhere in the US 24 hours a day/ 7 days a week. If living in Atlanta, Georgia, then call the Fulton County Department of Mental Health at 1(404)730-1600, or 1(404)730-1608 TDD. You may also visit www.suicide.org or www.metanoia.org/suicide for more information. The Georgia State University Counseling Center is also available during normal business hours at 1(404) 413-1640. However, Georgia State University has not set aside money to pay for this care if depression or attempted suicide should happen after your participation.

VIII. Contact Persons:

Contact Dr. Gayles and Ms. Wright at (404) 413-5135 or gsu.suicideattitudes@gmail.com if there are any questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may speak to Susan Vogtner in the Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu.

VIV. Copy of Consent Form to Subject:

You may take a copy of this form to keep for your records. If you are a willing volunteer for this research, and agree to be tape-recorded when interviewed, then please sign below.

_____ _____

Print Name Sign Name

D: Multidimensional Inventory of Black Identity

Scales and Subscales of the Multidimensional Inventory of Black Identity (MIBI) (Sellers et al., 1997)

Please select the number that best describes your opinion. There are no 'right' or 'wrong' answers! 1= Strongly Disagree 3= Somewhat Disagree 4= Neutral 5= Somewhat Agree 7= Strongly Agree

Centrality Scale

1. Overall, being Black has very little to do with how I feel about myself. **(R)**
2. In general, being Black is an important part of my self-image.
3. My destiny is tied to the destiny of other Black people.
4. Being Black is unimportant to my sense of what kind of person I am. **(R)**
5. I have a strong sense of belonging to Black people.
6. I have a strong attachment to other Black people.
7. Being Black is an important reflection of who I am.
8. Being Black is not a major factor in my social relationships. **(R)**

Regard Scale

Private Regard Subscale

1. I feel good about Black people.
2. I am happy that I am Black.
3. I feel that Blacks have made major accomplishments and advancements.
4. I often regret that I am Black. **(R)**
5. I am proud to be Black.
6. I feel that the Black community has made valuable contributions to this society.

Public Regard Subscale

1. Overall, Blacks are considered good by others.
2. In general, others respect Black people.
3. Most people consider Blacks, on the average, to be more ineffective than other racial groups. **(R)**
4. Blacks are not respected by the broader society. **(R)**
5. In general, other groups view Blacks in a positive manner.
6. Society views Black people as an asset.

(R) *items should be reverse coded.*

Ideology Scale

Assimilation Subscale

1. Blacks who espouse separatism are as racist as White people who also espouse separatism.
2. A sign of progress is that Blacks are in the mainstream of America more than ever before.
3. Because America is predominantly white, it is important that Blacks go to White schools so that they can gain experience interacting with Whites.
4. Blacks should strive to be full members of the American political system.
5. Blacks should try to work within the system to achieve their political and economic goals.
6. Blacks should strive to integrate all institutions which are segregated.
7. Blacks should feel free to interact socially with White people.
8. Blacks should view themselves as being Americans first and foremost.
9. The plight of Blacks in America will improve only when Blacks are in important positions within the system.

Humanist Subscale

1. Black values should not be inconsistent with human values.
2. Blacks should have the choice to marry interracially.
3. Blacks and Whites have more commonalties than differences.
4. Black people should not consider race when buying art or selecting a book to read.
5. Blacks would be better off if they were more concerned with the problems facing all people than just focusing on Black issues.
6. Being an individual is more important than identifying oneself as Black.
7. We are all children of a higher being, therefore, we should love people of all races.
8. Blacks should judge Whites as individuals and not as members of the White race.
9. People regardless of their race have strengths and limitations.

Oppressed Minority Subscale

1. The same forces which have led to the oppression of Blacks have also led to the oppression of other groups.
2. The struggle for Black liberation in America should be closely related to the struggle of other oppressed groups.
3. Blacks should learn about the oppression of other groups.

4. Black people should treat other oppressed people as allies.
5. The racism Blacks have experienced is similar to that of other minority groups.
6. There are other people who experience racial injustice and indignities similar to Black Americans.
7. Blacks will be more successful in achieving their goals if they form coalitions with other oppressed groups.
8. Blacks should try to become friends with people from other oppressed groups.
9. The dominant society devalues anything not White male oriented.

Nationalist Subscale

1. It is important for Black people to surround their children with Black art, music and literature.
2. Black people should not marry interracially.
3. Blacks would be better off if they adopted Afrocentric values.
4. Black students are better off going to schools that are controlled and organized by Blacks.
5. Black people must organize themselves into a separate Black political force.
6. Whenever possible, Blacks should buy from other Black businesses.
7. A thorough knowledge of Black history is very important for Blacks today.
8. Blacks and Whites can never live in true harmony because of racial differences.
9. White people can never be trusted where Blacks are concerned.

E: Attitudes Towards Suicide Scale

Attitudes Towards Suicide (Renberg & Jacobsson, 2003)

The following questions concern your opinion about suicide. Please mark the alternative that you find is in best accordance with your opinion. There are no 'right' or 'wrong' answers! 1= Strongly Agree 2= Agree 3= Neutral 4= Disagree 5= Strongly Disagree

1. It is always possible to help a person with suicidal thoughts.
2. Suicide can never be justified.
3. Taking one's own life is among one of the worst things to do to one's relatives.
4. Most suicide attempts are impulsive actions (by nature).
5. Suicide is an acceptable means to terminate an incurable disease.
6. Once a person has made up his/her mind about taking his/her own life no one can stop him/her.
7. Many suicide attempts are made because of revenge or to punish someone else.
8. People who take their own lives are usually mentally ill.
9. It is a human duty to try to stop someone from dying by suicide.
10. When a person dies by suicide it is something that he/she has considered for a long time.
11. There is a risk of evoking suicidal thoughts in a person's mind if you ask about it.
12. People who make suicidal threats seldom complete suicide.
13. Suicide is a subject that one should not talk about.
14. Loneliness could for me be a reason to take my life.
15. Almost everyone has at one time or another thought about suicide.
16. There may be situations where the only reasonable resolution is suicide.
17. I could say that I would take my life without actually meaning it.
18. Suicide can sometimes be a relief for those involved.
19. Suicides among young people are particularly puzzling since they have everything to live for.
20. I would consider the possibility of taking my life if I were to suffer from a severe, incurable, disease.
21. A person once they have suicidal thoughts will never let them go.
22. Suicide happens without warning.
23. Most people avoid talking about suicide.
24. If someone wants to commit suicide it is their business and we should not interfere.

25. It is mainly loneliness that drives people to suicide.
26. A suicide attempt is essentially a cry for help.
27. On the whole, I do not understand how people can take their lives.
28. Usually relatives have no idea about what is going on when a person is thinking of suicide.
29. A person suffering from a severe, incurable, disease expressing wishes to die should get that help to do so.
30. I am prepared to help a person in a suicidal crisis by making contact.
31. Anybody can die by suicide.
32. I can understand that people suffering from a severe, incurable, disease die by suicide.
33. People who talk about suicide do not die by suicide.
34. People do have the right to take their own lives.
35. Most suicide attempts are caused by conflicts with a close person.
36. I would like to get help to take my own life if I were to suffer from a severe, incurable, disease.
37. Suicide can be prevented.