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Shaunna Tynice Evans
Protective Factors for African
American Suicide: A Theoretical
Intersection of Social Integration and
Religious Coping

ABSTRACT

This theoretical investigation discusses how religion and spirituality protects African Americans from committing suicide. Because of the seemingly low rates within the community, suicide has not been afforded the attention it deserves in research. In addition, existing literature attributes this protection to religious and spiritual behaviors but often resorts to global indices (e.g., church attendance and prayer) as determinants. What is lacking in current research is an explanation of how African Americans use their faith to discourage suicidal behavior. Due to a steady increase in Black male suicides, it is imperative that those in academia and clinicians alike begin to pay closer attention to this relationship in order to design interventions to address this growing epidemic.

This analysis examines suicide in African Americans through the complementary perspectives of social integration and religious coping. Social integration discusses the importance of religious cohesion in suicide protection, with an emphasis on the Black church and its role in the African American community. Religious coping explores how individuals interpret their relationship with God and use it to moderate stressful situations. As many African Americans are wary of mental health treatment, it is important for clinicians to be able to discuss issues of faith and suicide with cultural competence in order to build the therapeutic alliance necessary to make treatment effective for the client. This thesis aims to present a comprehensive framework to understand this phenomenon that is both socially, psychologically, and culturally relevant to the African American experience.

**PROTECTIVE FACTORS FOR AFRICAN AMERICAN SUICIDE: A THEORETICAL
INTERSECTION OF SOCIAL INTEGRATION AND RELIGIOUS COPING**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree Master of Social Work.

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2014

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CHAPTER I

Introduction

During the third summer of my MSW program at Smith, I woke to a disturbing text from an acquaintance regarding one of my undergraduate classmates. The message read, “Sorry to hear about your friend. I don’t know how close you were to him but my condolences all the same.” Confusion and worry overcame me as I was clueless about the individual the text was referencing. I immediately logged on to Facebook and began reading my wall searching for answers. After sifting through many exchanges between other alumni, I finally stumbled upon a news feed that reported the suicide of 29-year-old Lee Thompson Young, an accomplished African American actor, and for me, a memorable spirit. I say this because in reality Lee and I were not close. We did not socialize in the same circles nor did we have any classes together at USC. Yet, when our paths crossed during his freshman year, his face and unforgettable brown eyes resonated in my memory. In our brief exchange, we realized that we were not only South Carolina natives but we also attended the same middle school. We were not close even then but in that moment I remembered having seen him there and he me. We chatted a little more, sharing middle school stories and commenting on the likelihood of our paths crossing again across the country. Beyond his attractiveness he seemed genuine and gentle, and like everyone else, I could tell there was something special about him. In the years to follow, I would watch him on various projects, happy that he seemed to have successfully transitioned from child to adult actor. Never would I have imagined that this talented young man would take his own life, but he had and his

death unearthed a dark moment in my own youth that I had buried deep in the far recesses of my heart and spirit.

When I was 12 years old, a heart attack took the life of my father and the most important person in my life. As daddy's girl and a budding teenager, I suddenly found myself without my best friend. Sadness and loneliness quickly filled the void left by his absence and there was nothing anyone could do to console my broken heart. My pain intensified as I got older and the normal adolescent discord between my mother and myself further fractured my wounded spirit. I was left a hollow shell of my former self and I felt unloved, unwanted, and expendable in the eyes of my family. These emotions, boiling up within me, erupted uncontrollably in a heated argument with my mother the summer before my junior year in high school. As I think back on that day, I cannot recall the nature of our disagreement. However, what I felt in that moment, the complete and total emptiness, is so vivid it almost seems tangible some 16 years later. I remember being so frustrated with my mother for not validating my futile attempts to be acknowledged. I walked away from her, tears pouring down my face, into the closest bedroom. I locked the door and fell to the floor. There I lay in the fetal position unable to control my tears. In that moment, my pain had elevated beyond my emotions. I felt wrapped in it and suffocated by it, and powerless to stop its ascending in my soul. I desperately wanted to escape myself as it hurt to exist in my own skin. I reached for the closest bottle of pills I could find. I did not even know what they were. All I knew is that I wanted relief from my pain. I wanted out of my life.

I lay there for what seemed like forever and began to consider the gravity of the act I was contemplating. If I took my own life, my family would no longer have to be burdened by me but, more importantly, I would no longer experience the unrelenting anguish. I would not have to be tortured by my loneliness and I would not have to suffer through each agonizing day alone and

unprotected. What came to my mind next were thoughts of my father. As I imagined him up in heaven looking down upon me, I could not help but wonder what would he think of me right now? Would he be angry with me or would he understand? Has he seen how hard life has been for me since he left? What about God? If God were omniscient, why would he allow this to happen to me? Had I done something to deserve this? Was this experience a test of my faith? With so many unanswered questions and nowhere to turn, I did the only thing I knew left to do. I closed my eyes and began to pray. I begged God to eliminate the despair I was feeling and replace it with understanding. I asked him to fill my emptiness with his presence so that I would no longer feel completely alone. I pleaded with him to show me the purpose of this moment so that my struggle would not be in vain. I then began to think of my lineage and the trials of my people and their strength and their will to survive. I also recalled my Biblical teachings and the ultimate sacrifice made by Jesus Christ. I knew that my situation, as powerful it felt to me, paled in comparison to ways in which he was made to suffer for our sins. I anchored myself in these thoughts as I climbed from the depths of my psychological and emotional abyss. I held on to the belief that if those before me could weather the storms in their lives, then I could as well. With that, I drifted off to sleep with hope in my heart that tomorrow would be different, better, and with that bring forth opportunities to redirect myself on a different trajectory.

As my attention returned to the present, my heart began to ache for Lee. It ached because although I did not know him well personally, my own experience provided a glimpse into the depths of his suffering. I later learned that he had been living with a bipolar diagnosis and bouts of depression for many years. This only intensified my sorrow as my clinical experiences afforded me the privilege of working with individuals with similar diagnosis and witnessing their heroic efforts to manage an unpredictable condition. Throughout the day I prayed for his loved

ones but my mind often returned to Lee and I wondered if there were opportunities for intervention. Was there anyone in his life that he trusted with his pain? Did he have any tools to help him cope? Knowing that he was a man of faith, I questioned if could Lee have utilized his spiritual resources to help him manage his feelings. Did his relationship with his Higher Power allow for such an opportunity as my relationship with my God did for me, or was his sorrow simply too much to bear? Unfortunately, all of these answers will remain a mystery, as Lee did not warn anyone, nor leave any evidence of his psychological state at the time of death.

Lee's suicide, coupled with the recollection of my own experience, reaffirmed my decision to pursue clinical social work and build a career of service. It also became the inspiration behind this current thesis, which investigates the components within religion and spirituality that serve as protective factors against suicide in African Americans. The importance of understanding this relationship is paramount to the social work profession, particularly in light of the tumultuous history and current existence of many African Americans in this country. As a future social worker, I embrace my ethical obligation to deliver assistance to those most vulnerable and encourage empowerment through the utilization of resources. This current thesis is a presentation of one the African American community's most valuable and most sacred resources, the faith so many embrace.

Throughout the health and human services, religiously and spiritually-based interventions are quickly gaining credibility as effective treatment options because of their often documented buffering effects as they pertain to the development, mediating, and moderating of adversities within physical and mental health (Lee, 2007; Bell et al., 2005; Fabricatore, Handal, Rubio, & Gilner, 2004; Larson & Larson, 2003). However, some academic and professional scholars approach the concepts of religion and spirituality with ambivalence and skepticism because they

are multidimensional, often overlap, and can be subjective by their very nature. “Generally speaking, spirituality has often been used interchangeably with religion in much of social science and health research and there is a failure to consistently, clearly, and conceptually define the two constructs” (Lewis, 2008, p. 459). Other terminology used in research includes but is not limited to “faith, religiosity, spiritual and religious well-being, and religiousness” (Fabricatore et al., 2004; Stein, 1971; Anglin, Gabriel, & Kaslow, 2005; West, Davis, Thompson, & Kaslow, 2011). In addition, its powerful yet obscure presence within the human experience has disturbed the very foundation upon which scientists define reality and, in retaliation, religion and spirituality have been labeled “escapist, illogical and pathological responses to adversity and existential angst (Mattis, 2002, p. 310).” Because of this, those who study religion and spirituality have struggled to gain credibility in their efforts to present these ideas as valid, reliable, and worthy of further exploration. It has only been in the past three decades that significant strides have been made in this area of study and even with those strides, researchers have only scratched the surface in their understanding the myriad of ways in which a person experiences and expresses religion and spirituality throughout the life course.

When engaging in discourse about African American or Black spirituality and religion, it is important to recognize the generality in the terms “African American” and “Black.” Although a unifying relationship exists that connects those identified as Black and African American to the African diaspora, these constructs encompass a multitude of diverse populations and cultural variations. The same argument can be made for the ideas of “spirituality” and “religion” as they are also varied in their understanding and expression within the African American community. In consideration of the scope of this current thesis, African American and Black will be used interchangeably and the ideas of spirituality and religion will be most associated the

interpretations and traditions identified within the Black Protestant denominations, which are practiced by the majority of African Americans today.

Religion and spirituality as experienced by African Americans has become a particularly intriguing area of study for health and social science researchers. As a population whose historical and current existence is significantly plagued with oppression, discrimination, economic hardship, violence, and sociocultural estrangement, African Americans have drawn strength, hope, and inspiration from their spiritual and religious beliefs (Day-Vines, 2007; Washington, Moxley, Garriott, & Weinberger, 2008; Griffin-Fennell & Williams, 2006). Their faith has served as a protective mechanism in that it encourages the use of coping skills along with external supports such as friends, family, and the church to manage a host of sociocultural issues (Ellison & Taylor, 1996). “Moreover, spirituality, or the religious practice in which it is expressed, has been shown to distinctly influence African American health beliefs, practices, and outcomes” (Newlin et al., 2002, p. 58). Past research has revealed positive relationships between spirituality and/or religion and African-American well-being in areas such as stress, illness, poverty, bereavement, substance abuse, and interpersonal conflict (Washington & Moxley, 2001; Potts, 1996; Brown, 2000; Blank, Mahmood, Fox, & Guterbock, 2002; Newlin et al., 2002; Neighbors, Jackson, Bowman, & Gurin, 1983). Data have also shown that African Americans are more inclined to employ religious and spiritual behaviors than European Americans but cultural-specific elements of those experiences are rarely discussed in research. However, when addressed, the literature has concluded that African American religion and spirituality are conceptually different but interrelated. (Newlin et al., 2002; Griffin-Fennell & Williams, 2006; Lewis, 2008). This development is a small but profound step towards a better understanding of spirituality and religion from the African American perspective.

Gaps in the Literature

Most of the published research on African American religion and spirituality has revolved around a person's ability to confront, accept, and manage adversity throughout the life course. Studies have determined that even among the terminally ill, those who sought comfort in religion and spirituality altered the quality of their remaining years (Larson & Larson, 2003). As natural death can be interpreted as an opportunity to unite with God or evidence of his abandonment, death acceptance or rejection is also negotiated through a spiritual lens (Cicirelli, 2011; Larson & Larson, 2003). However, as it pertains to death by one's own hand, the deficit in literature is significant. Much of this is attributed to the protective aspects of spirituality and religion coupled with a lack of empirical evidence to challenge its legitimacy. As a result, research has seemingly minimized suicide as a viable coping option in the African American community. When compared to European Americans, spirituality and religious attitudes and coping expressions such as prayer have been credited to lower suicide rates among African American adults (Ellison & Taylor, 1996; Walker, Lester, & Joe, 2006). This finding is also true among adolescent populations, although some data have suggested an increase in suicide attempts among African American male adolescents (Molock, Kimbrough, Lacy, McClure, & Williams, 1994; Molock, Puri, Matlin, & Barksdale, 2006; Greening & Stoppelbein, 2002; Joe & Neidermeir, 2008). In 2011, African American women were reported to have the lowest percentage of suicide completions (1.85 per 100,000) among all racial and gender groups, but to have a higher suicide attempt rate than their male counterparts (American Association of Suicidology, 2011). This collection of data speaks to the degree of influence that religion and spirituality holds within the African American community but fails to contextualize the

relationship for its idiosyncratic and salient features that may be important to address in the clinical setting.

Social Work Connection

The examination of African American faith and suicide within this framework remains an untapped wealth of knowledge that is ripe for the taking. As most research thus far has directed its perspective towards a single aspect of the phenomenon, social work is the ideal profession to pioneer a multidisciplinary frame of reference that allows for endless investigative opportunities and enriching discourse. Unlike other areas, social work seeks to identify and address the social, psychological, historical, economic, and cultural influences that may impact a community's ability to self-mobilize and prosper in our society. Armed with this approach, social workers value their clients as unique and complex individuals who are just as much a product of their environment as they are of their disposition. This "person-in-environment" concept is one of the cornerstones of social work practice and pertinent to the understanding of the religious and spiritual coping of African Americans, particularly in the therapeutic environment (Hare, 2004). According to the National Institute of Mental Health, African Americans are severely underserved in the mental health system and encounter numerous barriers that make obtaining access a challenge. Culturally competent services are among the most importance barriers and such services are often in very limited supply (American Psychiatric Association, n.d.). Social workers are in an ideal position to reverse this dynamic, as they are required to develop the tools and the language to deliver culturally sensitive services to underprivileged populations. As religion, spirituality, and suicide are sensitive subjects within the African American community, social workers are obligated to explore these issues in such a way that honors all individuals' beliefs, and creates a space for safety and trust within the clinical setting.

Religion, Spirituality, and Suicide in African American Males

Beyond its importance in therapeutic interventions, the necessity of this current thesis addresses a more pressing issue in the African American community. The state of the African American male's well-being and even existence in this country is dire to the extent that even the protective powers of religion and spirituality are in danger of losing their grip on the stability of this population. In 2007, 16% of African American men were more likely to be unaffiliated with any religion. This is significantly more than females who were at nine percent. African American females are also more religiously committed than any other racial or ethnic group. (Pew Research Center's Forum on Religion & Public Life, 2007). Assessing these figures alongside the latest suicide statistics creates a serious picture. According to the Centers for Disease Control and Prevention (CDC), in 2010, suicide was the 16th leading cause of death for African Americans in general but the 3rd leading for African American males ages 15-24. In addition, African American males ages 25-34 accounted for 16.43 suicides per 100,000 which is drastically more than their female counterparts who were measured at 2.43 (Suicide Prevention Resource Center, 2013). The state of this situation is compounded by ideas asserted by theorists that traditional and victim-precipitated homicide are two additional forms of self destruction deployed by African American males to end their lives without the disgrace of classic suicide.

Dr. Poussaint of Harvard Medical School made the following comments:

The most classic example would be suicide by cop, which you read about in the newspaper from time to time, where people want to be shot; to be killed because they were suicidal, but they didn't want to do it themselves. And sometimes they don't want to do it themselves, because there's still a stigma attached to committing suicide, so they'd

rather have someone else kill them or have it seem like an accident, that they really didn't want to do it, but yet they were suicidal (Hill-Wagner, 2010).

If there is any truth to those claims, the data would increase significantly and the implications would completely undermine the perceived strength that is often associated with this community. As religion and spirituality are recognized coping mechanisms among African Americans, more aggressive efforts need to be made address its deficiencies among males. African American men desperately need a safe space to explore their issues in the context of their life experiences as well as their relationship with their Creator.

Theoretical Frameworks

This current thesis is designed to expand upon the existing literature within the study of African American religion and spirituality in the context of suicide. In order to create a more comprehensive understanding of this phenomenon, spirituality and religion are defined individually and an incorporation of social and psychological perspectives is employed. The following chapters will investigate how the practice of religion and spirituality can influence one's decision not to commit suicide using the theories of social integration and religious coping.

Social integration theory is one that has been frequently referenced in African American suicide discourse. It continues to hold validity because of the strong influence of religion as a social vehicle within this community. Initially developed in 1897 by Emile Durkheim in his book entitled *Suicide*, social integration asserts that religion defends against suicide because it promotes a space defined by shared values, a common expression of beliefs and practices, and a sense of collectivism among its members (Durkheim, 1951). When individuals are securely integrated in their religion, they are less likely to experience the alienation, loss of support, and loss of purpose that may fuel suicidal thoughts and actions. This theoretical lens can offer insight

into the unifying intricacies of African American religion that extend beyond the church walls and into the greater community.

Kenneth Pargament's religious coping theory involves the process of eliciting religious beliefs and practices to interpret and weather through life stressors. This theory is a compatible framework for understanding African American spirituality as a subjective experience that employs intrapsychic processes to moderate and mediate life situations. It emphasizes an individual's relationship with God and the individual's level of involvement during the problem solving process. Because Blacks have a higher incidence of stressful exposures at multiple levels than Whites, they are more at risk for developing mental health issues to include suicide (Archibald, Sydor, Daniels, & Bronner, 2013). However, because the use of suicide is not reflective of the chronic levels of psychological distress that African Americans of encounter, it is vital that the spiritual relationship be examined for its protective and nurturing elements.

The subsequent chapters will present a theoretical inquiry and evaluation of the relationship between suicide and African American religion and spirituality. Chapter II will concentrate on the methodology of this project. It will expound on the theoretical concepts to include the main ideas and an outline of the analysis to come. Chapter III will introduce Black religion and spirituality and suicide as the phenomena of study. It will offer a historical overview, key features, and an inclusive summary of empirical evidence promoting and denouncing its legitimacy. Chapter IV will examine the social integration perspective, focusing on how the Black church provides the moral foundation, social support, and applicable services that foster a sense of community among parishioners and non-worshippers alike. This experience can counteract feelings detachment and isolation that can increase suicidal vulnerability. Chapter V will offer discourse around Black spirituality and its influence on stress management through a

religious coping perspective. It will concentrate on the nature of the spiritual relationship with God and how that influences the type of problem solving style an individual employs during a crisis. Chapter VI will present a synthesis of the Chapter IV and V through an analysis and discussion of a case study. Lastly it will conclude with suggestions for interventions. The purpose of this current thesis is to propose a more complete theoretical understanding of the ways that religion and spirituality operate in the lives of African Americans and buffers them from choosing self-destruction in the face of chronic or extreme distress. Through the social integration and religious coping frameworks, a more accurate interpretation of this relationship is presented along with effective treatment options to identify and assist those who are at risk in the community.

CHAPTER II

Methodology

Introduction

It is of no mystery that African Americans are exposed to and suffer from higher rates of social and psychological distress than their European counterparts. Comprised of 13% of the total population (U.S. Census Bureau, 2014), Blacks represented 10% of the high school dropout rate (U.S. Department of Education, 2014), 11% of the unemployment rate (U.S. Department of Labor, 2014), 27% of those in poverty (DeNavas-Walt & Proctor, 2014), and 37% and 22% of the male and female prison populations (U.S. Department of Justice, 2014). The disproportionate overrepresentation of African Americans' involvement in this nation's most dire systems speaks to a high probability of trauma and chronic suffering that would increase the likelihood of suicide. However, with the suicide rate for Whites (15%) significantly higher than that of Blacks (5.5%) (Drapeau & McIntosh, 2014), the study of suicide protective factors becomes very important to mental health of African Americans as well as the larger society.

This thesis chapter will present an outline of the methodological approach applied to the exploration of African American spirituality and religion and its influence on suicide. It will commence with a brief summary of social integration and religious coping -- the theoretical concepts selected for analysis. Within each theory, the key concepts will be discussed along with an explanation of the appropriateness of their selection for understanding the phenomenon. The chapter will then address how each theory will be analyzed and synthesized to explain the

relationship between Black religion and spirituality and suicide. Upon its close, this chapter will present dialogue around my own assumptions and biases as writer, along with organizational strengths and weaknesses.

Theoretical Contexts

Social integration theory will be the first component of the theoretical framework to be explored. Constructed by Emile Durkheim, “Social integration prevails in a group if bonds of attraction unite its members” (Blau, 1960, p. 545). Durkheim believed religion to be one of the societal institutions that had the power to unite members under a common purpose and moral code. He argued that the more individuals began to feel disconnected from their religious group, the more inclined they were to develop feelings of loneliness, hopelessness and worthlessness which could ultimately lead to thoughts and acts of suicide (Jones, 1986). Although social integration is the primary focus of this thesis, the history of its inception will be reviewed within the greater Social Integration Regulation framework. This model examined suicide as a social phenomenon with a four-point classification system derived from behaviors that integrated and regulated a society’s members. Egoistic and altruistic suicides occur as a result of insufficient and excessive integration. Anomic and fatalistic suicides happen when a society is under and over regulated. In regards to religion, Durkheim’s primary focus was that of social integration. This thesis will review his research with Catholic and Protestant congregations and the subsequent studies that have been performed that both support and refute his hypothesis. Finally, a summary of empirical investigations will show the evolution of social integration. In particular, Hartwell and Benson’s integrated framework (2007) incorporates the ideas of social network, support, engagements, and capital to explain how the Black church participated in buffering its community from suicide. The heart of many African American communities, the Black church,

established social cohesion and support, value systems that regulate behavior, and fostered identity and purpose in an invalidating society.

Kenneth Pargament's religious coping theory is the second theoretical framework employed to address suicide in connection to African American religion and spirituality. Pargament has researched religious coping as means of gaining a better understanding of the features with spirituality that assist individuals in managing issues of mental and physical health. Although not directly related to suicide, it remains a complementary framework to social integration because it highlights the psychological effects of social cohesion or a lack thereof, which could promote suicidal ideation and/or behaviors. This framework begins by defining religious coping as "ways of understanding and dealing with negative life events that are related to the sacred" (Pargament & Raiya, 2007, p. 743). It also summarizes the primary assumptions in understanding the theory. Religious coping then is classified into two main types: positive and negative. Positive religious coping is composed of thoughts and behaviors that reflect a secure relationship with God that allows one to connect one's own life with others in a meaningful way. Negative religious coping reflects an insecure relationship that leaves an individual with a pessimistic worldview and without purpose. Within religious coping are religious problem-solving styles that are exercised to address stressful situations. Collaborative, self-directed, and passive/deferred styles were created by Pargament to recognize the degree of God's and one's personal involvement in the coping process (Pargament, Smith, Koenig, & Perez, 1998). In addition, a fourth style, surrender, was created to describe the release of control completely over to God (Gall et al., 2005). Empirical evidence, in general and particularly among African Americans, reports more positive outcomes when faith is incorporated in coping. However, the possibility of negative coping must also be recognized as a concern when considering suicide.

Overall, religious coping has proven very beneficial in protecting African Americans from suicide because of its ability to allow a loving relationship with God and others that is uplifting and inspires hope. It also promotes distress management in ways that foster personal control but also encourages spiritual connection and support.

Interpretation of Phenomenon

Chapter VI will introduce a new perspective for understanding the relationship between African American faith and suicide. It will begin by offering a case vignette as a foundation for identifying the features of religion, spirituality within an individual and how these are utilized when confronted with thoughts of suicide as first presented in Chapter III. Next, an analysis of both theoretical frameworks will commence using points extracted from the case illustration as reinforcement of the ideas presented in Chapters IV and V. Following this analysis, a new theoretical framework will be presented that is comprised of a synthesis of social integration and religious coping. This new concept will take into account traditional perspectives regarding the phenomenon as well as new considerations for future reference. This chapter will conclude with recommendations for clinicians who work with African American clients in individual therapy. As this population is one that is hesitant to pursue clinical services, the suggestions provided speak to the importance of cultural competence when approaching issues of religion, spirituality, and suicide in the clinical setting.

Bias and Assumptions

Although more than a decade has passed, the memory of that moment when I contemplated taking my life remains vivid in my mind. I wonder what life would be like for my family and I think about all the wonderful experiences I would have missed had I been successful in an attempt. I am appreciative for having been raised by parents who encouraged faith in my

life because had I not had that to access, I don't know if I would have had a reason to live. For many years thereafter, I kept that incident a secret because of the stigma associated with suicide in my family. However, it also increased my awareness of the reality that there are many in the African American community who are suffering in silence, just like I had done. I recognize that there are some who have a spiritual relationship that they can access in times of distress, but I also know that there are those that do not or may not have a relationship with the Divine of this nature. This has inspired me to learn more about religion and spirituality beyond my personal faith and motivates me to establish dialogue with religious leaders in an effort to normalize suicide and mental health in the Black community.

My identity as an African American Christian woman is the source of my greatest bias that religion and spirituality will protect African Americans from suicide. Beyond the empirical evidence that speaks to this relationship, my own experience as a member of the Christian faith has allowed me to witness and experience religion and spirituality's many powers such as its ability to calm, heal, and inspire individuals as well as the masses. I can attest to its power to heal the sick, calm the inconsolable, and bring understanding to situations that cannot be visibly explained. As a church member, I have experienced the warm and welcoming feeling of being a part of a spiritual family that shows concern for my sociopsychological well-being and spiritual growth. However, I have also witnessed those who have felt abandoned by God as a result of life situations, felt persecuted by a belief system that penalized their humanity, and were rejected by their congregations for various reasons. I know that Christianity is not the only belief system to buffer suicide in African Americans. I also know that religious and spiritual interventions are not the only and may not always be the most successful in treating suicide. As research has proven that there are deficits in multiple areas within clinical practice with African Americans, one can

also assume that other interventions are being utilized and are effective in addressing suicide. This purpose of this thesis is to expose other ways of understanding how faith is utilized as a buffer to prevent African Americans from committing suicide. It is with great hope that mental health professionals will begin to pay closer attention to this community and approach treatment with interventions that are sensitive to their experience and their needs.

Strengths and Weaknesses

One of the greatest strengths of this methodology is that it has incorporated two well-known and reputable perspectives (social integration and religious coping) into an area of research that is severely lacking in exploration and is in dire need of understanding. The synthesis of these concepts offers a comprehensive perspective addresses the rich social and psychological processes that take place within the frameworks. This approach has yet to be considered in African American religious, spiritual, or suicide research. Because suicide statistics among Blacks are astonishing considering this community's socioeconomic outlook, an accurate framework is needed not only to address populations of concern within the community but to also explore the application of other at risk groups. Another strength of this thesis is its use of a case vignette to demonstrate an individual's ability to operate within the theoretical frameworks to address that person's mental health concerns in the midst of a crisis. As suicide remains a grim issue in mental health, clinicians are encouraged to grow in their cultural competence and their use of religious and spiritual interventions to tailor their psychological interventions to each client's individual biopsychosocial picture.

This methodology is also not without its limitations. Being that this is a graduate school thesis project, its scope is limited and has not afforded the opportunity to explore all potential theoretical possibilities to assess for the most applicable to the phenomenon. In addition, my

biases contributed significantly to my framework selection and in doing so also overlooked alternative viewpoints that could better describe the faith and suicide relationship. Along with its benefits, the use of a case study also has its limitations. Under certain circumstances they are not a reliable source because they reflect the experience of a single subject and it is impossible to make generalizations to a larger population about the phenomenon. Further empirical research would need to be performed in order to affirm or contest the theory's hypothesis. Lastly, in identifying religion and spirituality as a primary buffer against suicide, other potential contributing factors such as socioeconomic status, education, and geographic location, were not considered. In empirical research they would need to be controlled to reveal the true impact of faith on suicide.

Chapter III will provide an in-depth overview of the phenomenon of religion and spirituality and suicide. This chapter will establish the theoretical foundation by first reviewing religion and spirituality from an African American perspective. It will then deliver an historical account of the religions and spiritual interpretations of suicide since slavery to the present, focusing on the ideas around the act and its evolution as a result of Christianity. Empirical research addressing African American faith as a suicide buffer is also reviewed in support of the phenomenon.

CHAPTER III

Suicide and African American Religion and Spirituality

Overview of African American Spirituality and Religion

Any discourse regarding the condition of African Americans, in both past and present, would be incomplete without an examination of religion and spirituality and its influence in the shaping of this community. In the 2007 U.S. Religious Landscape Survey conducted by the Pew Research Center's Forum on Religion & Public Life, 87% of African Americans, in comparison to 83% of Americans, reported an affiliation to a religious group. More African Americans (79%) also expressed that "religion is very important in their lives" which is more than the total population (56%). Even most African Americans (72%) who were unaffiliated with a specific faith attributed some level of importance to religion in their lives (Pew Research Center's Forum on Religion & Public Life, 2007). What makes spirituality and religion so unique to the African American experience is the context under which these relationships were established. Forged out of a unique history that began in slavery, persists in racism, and is reinforced in socioeconomic oppression, these conditions continue to underscore a position of social stratification that many would say practically requires a reliance on a connection to the divine to navigate the psychological and environmental challenges of everyday existence. More than a series of beliefs and behaviors performed in a ritualistic fashion, African American spirituality and religion is the story of an amalgamation of cultures, African and American. It was designed in the spirit of resistance and freedom not only from the bondages of slavery but also from any entity or force

that aspires to keep this community of people bound and broken. Diana L. Hays (2012) describes African American spirituality in the following:

The African American spiritual story is one of hope in the face of despair, of quiet determination in the face of myriad obstacles, of a quiet yet fierce dignity over against the denial of their very humanity... It is the story of their encounter with Jesus Christ who enabled them to find a “way out of no way,” who justified their self-understanding as children of God, and who enabled them to persist in the belief that one day they would be free. (p. 3)

It is from this cultural perspective that spirituality and religion should be examined to understand the depth of its influence on the African American experience, particularly in face of extreme adversity and feelings of despair.

Cultural Definitions

African American faith-based research is filled with definitions and descriptions for spirituality and religion, many influenced by the professional discipline of the concept’s originator. Although it is seemingly easier to understand religion, the very subjective nature of the spiritual experience allows for the consideration of a number of perspectives and makes the process of creating manageable, measurable elements a daunting challenge for researchers. Although there are some points of intersection, spirituality and religion within the African American cultural context are two distinct ideas. Those who have sought to collect data in regards to this are few (Lewis, Hankin, Reynolds, & Ogedegbe, 2007; Banks-Wallace & Parks, 2004; Mattis, 2000); such a lack of actual data ultimately equates to a lack of published cultural conceptualizations that are comprehensive in their presentation.

Spirituality definition. Lisa M. Lewis has performed extensive research in the area of African American spirituality and religion as it relates to various health issues. In the article, “Spiritual Assessment in African-Americans: A Review of Measures of Spirituality Used in Health Research,” Lewis (2008) identified the cultural dimensions of African American spirituality. She references the work of Koenig et al. and Levin who argue, “spirituality [within the African-American culture] is viewed as individualistic, less visible, more subjective, less formal, and emotionally oriented (as cited in Lewis, 2008, p. 459). With that she lists three aspects which are, “(a) faith in a transcendent force; (b) empowering transformation of and liberating consolation from adversity; and (c) personal relationships with God, others, and self” (Lewis, 2008, p. 459). The following text will examine these attributes individually using other empirical studies to strengthen their validity.

Faith in a transcendent force. Hayes (2012) explains African Americans’ faith as, “their response to God’s action in their history in ways that revealed to them the meaning of God and that provided them with an understanding of themselves as beings created by God” (p. 2). The existence of a divine being is one of the primary elements of African American spirituality (Lewis, 2008; Lewis et al., 2007; Banks-Wallace & Parks, 2004; Newlin et al., 2002). Beliefs in regards to the extent of God’s influence in one’s life are also important to note. Studies have revealed that mattering (Schieman, Bierman, & Ellison, 2010), comfort and coping (Lawson, 2010), finding purpose (Mattis, 2002), and the mediation of stress (Neighbors et al., 1983; Brown, Ndubuisi, & Gary, 1990), are only some of the situations where African Americans have used faith-based practices as a part of their intervention strategies. Issues around physical health such as managing chronic illness (Ferraro & Koch, 1994); hypertension (Bell, Bowie, & Thorpe Jr., 2012); and cancer (Gaston-Johansson, Haisfield-Wolfe, Reddick, Goldstein, & Lawal, 2013),

have also been addressed in research with participants accessing their higher power to minimize psychological distress and promote greater physical and spiritual well-being.

Empowering transformation and liberating consolation. Lewis (2008) states, “The transformative and consoling dimensions of African-American spirituality serve as a foundation of strength, healing, protection, peace, and coping, consistent with empowering change (Banks-Wallace & Parks, 2004; Mattis, 2000; Newlin et al., 2002)” (p. 460). Studies in optimism (Mattis, Fontenot, & Hatcher-Kay, 2003), transitioning out of homelessness (Washington et al., 2008), coping strategies of intimate partner violence survivors (Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009), and the experiences of African American female college students (Patton & McClure, 2009), are examples of empirical research that highlight the transformative, coping, and empowering qualities of spirituality. In these studies, the participants were able to use their faith as a means to motivate themselves out of difficult situations or reframe their outlook in the midst of chronic obstacles.

Mattis (2002) discusses the protective powers of spirituality:

I prayed a lot for my sister, and I meditated...And so, at night in my meditation, I would send white light of strength to her because she needed it and she was so vulnerable, and I was very frightened...I talked to God and I said, ‘Please, you know, watch over her. Don’t let this knock her down. Let her pick herself up.’...I do believe the voice goes out. The universe hears it, and something will happen. I may not see it...It will come. We don’t have to see it. (p. 316)

Personal relationships with God, others, and self. The survival of African American religious culture is greatly due to strong relationships to the divine, to one another, and to the self. Carlyle Fielding Stewart (1999) explains, “The practice of black spirituality within African-

American communities underscores the importance of bonding and kinship, of sharing and caring, of relating to the other as the created of God” (p.73). This kinship is not limited to group members but extends to those outside of the community regardless of their racial/ethnic, economic, sexual or gender identity (Lewis et al., 2007, p. 18). What has resulted from these various connections are social support systems that promote mental, emotional, and physical well-being. (Banks-Wallace & Parks, 2004; Debnam, Holt, Clark, Roth, & Southward, 2012; Holt, Wang, Clark, Williams, & Schulz, 2012). Past research indicates that African American spiritual support positively impacts one’s coping mechanisms and adaptations in the event of trauma and other stress-related conditions (Miller, 1995). Another study explored the ways in which kinship caregivers viewed their relationships to God as the foundation upon which they received strength, exercised self-care, and extended services to those in need both in and outside the home (Lawrence-Webb & Okundaye, 2007). Spiritual connections also serve as the foundation upon which many secular groups were formed that engaged in civic activities as a part of different social change movements (Skocpol & Oser, 2004). However, the African American community’s most prominent organization, the Black church, remains the heart of spiritual and religious support. From its inception during slavery, this institution has served as the physical manifestation of God’s acknowledgment of those in bondage as truly free beings. This belief united Africans from many cultures and encouraged a spirit of community that has stood the test of time. It is from this place that the establishment of standard African American beliefs and religious practices were created, expressed, and implemented into the larger context of the African American experience.

Religion definition. Unlike the subjectivity of spirituality, African American religion is the externalization of one’s spirituality into behaviors that express individuals’ and/or

communities' devotion to their divine entity. Lewis (2008) briefly discusses religion and states, "...religion is generally viewed as more community focused, formal, observable, and objective" (p. 459). How this is portrayed can vary depending on a community's location, social, and economic status but the vast majority of Black congregations engage in worship practices that are animated with interpretations of scripture are delivered through various mediums such as singing, dancing, praying and preaching. Flora Wilson Bridges offers a different perspective, explaining, "Religion essentially involves the institutionalization of rites, rituals, dogmas [making it] possible for human beings to be religious without experiencing God and responding to God's call to participate in community..." (as cited in Hayes, 2012, p. 50). Even though spirituality and religion may have some overlap, studies suggest that a person can engage in religious activities without the divine connection that comes from the spiritual experience and vice versa (Pew Research Center's Forum on Religion and Public Life, 2012). However, the significant influence that faith commands in the African American community is attributed to the combination of both spiritual and religious expressions.

The role of the Black church. The merging of spirituality and religion rests at creation of the Black church. As African American faith was birthed in the spirit of resistance, the Black church became an embodiment of these beliefs as well as a mobilizing force in the fight for freedom and equality. Like spirituality and religion, the Black church has multiple descriptors. Each attempts to capture the relationship between African American spiritual development in the face of profound physical, psychological, and emotional experiences and its impact on the shaping of a community. Hays (2012) explores some of these variations and presents her own understanding of the Black church as, "...a nearly unbroken line of resistance to slavery and dehumanization back to the first Africans brought to the Americas and grudgingly, often

cynically, introduced to a form of Christianity that sought to demonstrate their fitness for slavery” (p. 94). Although some interpretations focus primarily on predominately Black Protestant congregations, others are more expansive and include predominately White denominations that may have members of African descent.

The Black Catholic Bishops articulated this in the following statement:

There exists what is called ‘The Black church.’ It crosses denominational boundaries and is without a formal structure. Yet it is a reality cherished by many Black Christians, who feel at ease in joining in prayer and in Christian action with one another. This Black Church is a result of our common experience and history – it has made it possible for many Blacks to understand and appreciate each other. (as cited in Hays, 2012, p. 96)

In contrast to predominately European American assemblies, the mission of the Black church is not exclusive to its role as a source of spiritual nourishment for its members. Just as with slavery, African Americans today often perceive their secular and spiritual existence as being intertwined; hence, many seek the spiritual guidance as well as the practical assistance of the church to address their biopsychosocial concerns. The Black church has played an active role in ongoing struggle for liberation and the legitimization of African Americans as a relevant and essential demographic in society. Not only has the church been an institution upon which community ideologies, cultural norms, and Black identity development have formed, it has also created a haven for opportunities otherwise not readily available to African Americans by society at large. For example, Black churches confronted the exclusion of African Americans in higher education by establishing many of the historically Black colleges and universities that are in operation today. Within their walls, Black churches often form ministries aimed at simultaneously providing social support as well as addressing community concerns such as

unemployment, incarceration, homelessness, physical health, and fragmented families. The majority of the African American participants reported receiving assistance from the church at least once and many felt the church improved social conditions (Moore, 1991, p. 159). Through the Black church, African Americans are demonstrating their resistance to the oppressive forces that continue to threaten their way of life. Guided by the confirmation of freedom as affirmed by God, they continue to exercise their faith and empower themselves and one another for the overall social, economic, and political advancement of the group.

History of African American Spirituality and Religion

The seeds of African American spirituality and religion were planted and cultivated in the harsh and unforgiving climate of the African slave trade. During this time, Africans, predominantly from West and Central Africa, were kidnapped from their homeland, bound in chains, transported like inanimate cargo, and made to suffer unspeakable horrors in the name of American economic prosperity. Over time, generations of men, women, and children were almost completely stripped of their native cultures as they were forced to adapt to life in America. However, unbeknownst to slave owners, many Africans were able to retain much of their spiritual perspective, or worldview, which, once merged with Christianity, created the foundation of the African American spirituality and religion that is recognized today. Jacon Olupona speaks on this process in the following:

...A similar domesticating process affected African religions that were transported to the New World mainly by Africans who left against their own will as slaves to labor on the plantations...There, in their new environment, the slaves adapted their master's religion but still kept on praying to their African deities and dancing to their music in the new land. (as cited in Hays, 2012, Chapter 1 "African Religious Systems," long quote)

The African worldview comes from an amalgamation of many cultures, each with contributions of language, history, and unique spiritual perspectives. To create this concept, researchers have identified a few salient themes that are similar among the various African groups. Janice Hamlet (1994) discussed the African worldview as consisting of five basic elements. The first was a belief in a merciful Supreme God who provided moral guidance and lesser spirits, to include ancestors, who acted as intermediaries. The second and third elements recognized a belief in the unity between the sacred and secular and the importance of maintaining a harmonious relationship between God, humans, and nature. The fourth worldview emphasized the significance of community as a part of individual development and the fifth stressed the significance of the spoken word as a means to transform figurative ideas into literal situations. When practiced together, believers would be able to achieve greatness (Hamlet, 1994). Millions of Africans survived the voyage to America and although removed from their homeland, carried with them a worldview similar to the one described. Over the course of slavery, the various African spiritual cultures began to merge, forming a unified perspective that helped to sustain the psychological and emotional fortitude of this community as its members assimilated into American society and beyond.

The Conversion Experience

The synthesis of the African worldview and the European-American Christian faith was a gradual process that began in secret slave gatherings, journeyed through the conversion experience, and ended in the flourishing of the Black church. Most African slaves resided on Protestant plantations in the south and therefore were subjected to Protestant conversion experiences. However, it is important to note that a significant percentage of slaves were also owned by Roman Catholics and therefore converted under their influence. Unlike the Roman

Catholics who more readily supported the conversion of Africans into Christianity, Protestant slave owners were resistant to this introduction for many reasons to include the fear that conversion would illegalize their authority to keep slaves in bondage as was written in English law (Hayes, 2012, Chapter 2, “Protestant Influences,” para. 3). They also dreaded the possibility of an increase in slave revolts. Similarly, most Africans were not initially interested in adopting Christian philosophy. Yet, this did not discourage them from creating their own spiritual outlets or “invisible institutions” in secret, remote locations on the plantation. During these meetings, often held at night, slaves exercised spirituality derived from their native African cultures. The delay in their conversion process allowed for the retention, integration and perpetuation of authentic African customs within Christian worship to include shouting, dancing, and singing (Hayes, 2012, p. 53).

The Second Great Awakening, which began around 1790, brought about an opinion shift as it pertained to slave conversion. Some White religious leaders began to endorse the introduction of Christianity to slaves for the purposes of justifying their subservience through Biblical indoctrination. They did so under the premise that slaves would cease resistance efforts if they believed that God ordained their station. Evangelist Georgian Charles Colcock Jones made the following statement:

The duty of obedience will never be performed to the extent that we desire it, unless we can bottom it on religious principle. That was the key. For if the Blacks would come to believe that obedience to white owners was a religious duty, that submission to their masters was an obligation owed to God, then the authority of the planters would be built upon a solid rock (as cited in Hayes, 2012, Chapter 2, “Protestant Influences,” long quote 3).

Pastors who sought to convince slaves of their need to convert often tailored their sermons to emphasize Bible stories and passages that encouraged obedience and servility as the will of God. Many emphasized such passages like, “Teach slaves to be subject to their masters in everything, to try to please them, not to talk back to them” (Titus 2:9). Another, Ephesians 6:5-7 states:

Slaves, obey your earthly masters with respect and fear, and with sincerity of heart, just as you would obey Christ. Obey them not only to win their favor when their eye is on you, but as slaves of Christ, doing the will of God from your heart. Serve wholeheartedly, as if you were serving the Lord, not people.

The incentive behind slave conversion was primarily economic, although some proponents attempted to market the idea as an act toward improving the emotional and psychological health of slaves. However, many slaves dismissed conversion under this scripture interpretation as they recognized it for its true message of “political, social, and cultural containment” (Gomez, 1998, p. 258). Some even opted to reject the faith in its entirety. For those who did adopt some aspects of “the white man’s religion,” they did so with the hopes of gaining other benefits such as better treatment and even freedom as was the case in the North before and after the Revolutionary War (Gomez, 1998, p. 258; Hayes, 2012, Chapter 2, “Protestant Influences,” para. 7). In the South, slaves were not allowed to petition for their freedom after they converted, but that did not prohibit them from embracing the Biblical message that they were a part of those to whom salvation was granted when Jesus died on the cross. With this belief, slaves continued to develop their own Christian perspective that contextualized Jesus as an ally in their struggle for freedom and also identified parallel relationships in both the Christian

and African construct of God. What ultimately manifested for slaves was a message of hope, solidarity and steadfastness in the face of an intense array of oppressive forces.

Spirituality and Religion in Slave Resistance

The conversion experience not only affirmed the belief in slave liberation, but it also served as the platform upon which they organized and intensified their resistance efforts. Some slaves were allowed to study the Bible and were afforded the opportunity to learn how to read. For those that could not, the stories of the Bible were delivered orally, which allowed for a reinterpretation of scripture that was interwoven with rich African ideologies and traditions.

Allen Dwight Callahan explains this in the following:

The characters and events of the Bible became the functional equivalent of the ancestors and heroes long celebrated in West Africa. The many ancestral spirits were subsumed in the Holy Spirit, and the mighty acts of God supplanted ancient tales of martial valor.

Biblical patriarchs and heroes now sat at the stools of the esteemed ancestors of ages past.

(as cited in Hayes, 2012, Chapter 2, “Enslaved Understanding,” long quote 1)

Slaves readily embraced the stories, in both Testaments, that epitomized God’s love for the unjustly persecuted, His command of everything in His creation, and His promise of salvation. At the secret gatherings, enslaved preachers utilized these parables to create a spiritual doctrine for their worshipers that explored the gospel in the context of the slave experience. Biblical characters such as Jonah inside the belly of the whale, Daniel in the den of lions, and Shadrach, Meshach, and Abednego in the fiery furnace served as examples of the unwavering faith necessary to overcome the impossible. Congregations particularly identified with the story of the Israelites, who were also enslaved but freed by God through Moses (Hamlet, 1994, p. 13).

In Bible verses such as Exodus 3:7-9 (New International Version), the Lord says:

I have indeed seen the misery of my people in Egypt. I have heard them crying out because of their slave drivers, and I am concerned about their suffering. So I have come down to rescue them from the hand of the Egyptians...And now the cry of the Israelites has reached me, and I have seen the way the Egyptians are oppressing them.

Slaves also armed themselves with individual verses such as, “It is for freedom that Christ has set us free. Stand firm, then, and do not let yourselves be burdened again by a yoke of slavery” (Gal 5:1). The emphasis on these passages shored up their faith against the oppressive forces they encountered daily as well as against those who attempted to impose counter-interpretations of Christianity.

Slaves that opted to convert after the Second Great Awakening did so armed with their truth as revealed to them by their understanding of Christian scripture. As slaves they did not have formal structures of worship, but conversions could happen anywhere and at any time. Most occurred at night during the secret meetings where they would have church. The African worldview remained at the core of worship and the Christian conversion experience evolved into one in which slaves bore witness to the spirit and the somatic infiltration of God into their lives. Hayes (2012) explains this phenomenon as “active rather than passive, in which the Holy Spirit invaded the physical being of the slaves, leading them to shout; speak of visions of God, heaven, or freedom; and engage in often frenzied behavior that manifested the Spirit’s presence” (Chapter 3, "Conversion Experience: Protestant," para. 3). This transformation solidified the true identity of slaves as children of God, which entitled them not only to their humanity but also to their freedom and autonomy. Thus slave resistance, which occurred throughout the course of slavery, adopted a more powerful purpose that could not be diminished by physical brutality and

suffering. Their defiance was now spirit-driven and those who believed felt an obligation to pursue God's promise of freedom from the oppressive forces under which they were subjugated.

Other resistance strategies. The rejection of white Christian religious ideologies was only one of many slave resistance strategies. Hays (2012) explains, "Resistance in other forms included absconding, singly or in groups; acting counter to the master's commands; sabotaging tools, farm equipment, crops, and other property; and 'going slow' as often and as much as possible;" (Chapter 3, "Slave Resistance," para 1). The more overt acts against slavery came in the form of strikes and revolts. Although rebellions were minimized by slave owners and severely neglected in American historiography, Herbert Aptheker (1937), unearths the rampant and violent past of slave rebellions his work, *American Negro Slave Revolts*. He states that in Virginia "There was no evidence of Negro slave revolts until well into the seventeenth century... Moreover, it was not until the second decade of the next century that the outbreaks... became organized revolts" (p. 513). This is because slavery was legalized in 1660 but the area did not see a large influx of slaves until the introduction rice, indigo and the plantation system around 1730. An examination of the laws and customs regulating slave behavior expressed a genuine fear of revolts over the entire period. Aptheker suggests a minimum of 137 incidents of slave revolts occurred between 1670 and 1865 (p. 513). In some accounts of slave uprisings, indications of African-American spiritual and religious motivations are present. In 1822, Denmark Vesey organized an uprising in Charleston, South Carolina citing the story of Moses and his delivering the people of Israel out of bondage in Egypt. In 1831 Nat Turner of Virginia lead a revolt inspired by a message he received from a Spirit who came to him and directed him to, "lay down the yoke he [Christ] had born for the sins of men, and that I take it on and fight against the Serpent" (Aptheker, 1937, p. 529). Both efforts were unsuccessful and

both Vesey and Turner were put to death along with several others. Outraged over the use of the use of Christianity to incite rebellion, the South implemented swift measures to suppress Black religious life. They were no longer allowed to gather without supervision and White pastors took control over Black congregations (Gomez, 1998, p. 257). However, their attempts were futile, as slaves had unequivocally aligned their purpose with the Christian scripture and were now determined to seek freedom, as it was God's will.

Suicide as an act of resistance. The most profound act of resistance committed by slaves was that of their own self-destruction. Similar to revolts, slave suicide is another area of historical discourse that is severely lacking statistical research, as the documentation accounting for these incidents at any particular period is most likely a rough estimate and not an accurate account. Snyder (2010) reports that, "one study of surgeons' logs for the period 1792-1796 reveals that 7.2 percent of captive Africans killed themselves at some point during capture, embarkation, or along the middle passage" (p. 40). In addition to the international transport process, domestic dispersion, trading, and reselling made it impossible to ascertain the precise number of deaths by suicide that occurred over the course of slavery. The Christian values of early European-Americans also contributed to the information gap as suicide, even amongst slaves, was deemed an unforgivable offence against God that held considerable punishments. Those who took their life could be refused a Christian burial, be subjected to post-mortem desecration, and their survivors could face financial as well as social repercussions. These regulations were not intended for slaves, who were considered chattel, but their deaths did reflect poorly on their masters, hence the efforts to conceal their demise (Snyder, 2010). The bodies of slaves who took their lives were often publically disgraced in an effort to discourage further attempts.

Though the Civil war era, the corpses of suicidal slaves were decapitated, dismembered, and displayed to punish the victim and to deter like-minded slaves...indeed, corpses were sometimes dragged through the streets and were often buried profanely (facedown, naked, outside the churchyard, beneath gallows, at a crossroads, or in a river) [Snyder, 2010, p. 50].

Much of the substantiating evidence of slave self destruction can be found in various sources such as legal and political documents, anti-slavery literature, and slave narratives. Documents from mariner, merchant, and master communications as well as the invention of instrumental deterrents suggests that suicide was rather commonplace as early as the beginning of the transatlantic voyage. To thwart any attempts for captives to jump overboard, nets were strategically positioned onboard the ships. A device called a *speculum oris* was also used to force feed those who threatened suicide by their refusal to eat. (Snyder, 2010) Interestingly, a significant amount of corroborating evidence of slave suicide can be found in the recollection of African folktales, specifically those derived from areas in Georgia, South Carolina, and North Carolina. One African group in particular, the Igbo, seemed to have a proclivity towards suicidal behavior unlike that of other groups. Their overall disposition as, “weak and slothful; but cruel and bloody in their temper” forged a reputation that often preceded their arrival and deemed them undesirable in certain areas (p. 116). Snyder (2010) discusses a series of ex-slave interviews conducted by the Federal’s Writers’ Project. Her examination of the material revealed a well-known African folktale that describes an act of collective suicide.

Details of the account of Ebo Landing are as follows:

A group of Igbo (variously Ebo or Igbo) captives who had survived the middle passage were sold near Savannah, Georgia, and reloaded onto a small ship bound for St. Simon’s

Island. Off the coast of the island, the enslaved cargo, who had ‘suffered much by mismanagement,’ ‘rose’ from their confinement in the small vessel, and revolted against the crew, forcing them into the water where they drowned. After the ship ran aground, the Igbos ‘took to the marsh’ and ‘drowned themselves’ (p. 39).

However, when recalled by ex-slaves, their version of the same event sometimes differed:

According to Wallace Quarterman of Darien, a group of Igbo workers had just received a beating from an overseer: ‘Anyways, he whip um good and dey gits tuhgedduh and stik duh hoe in duh fiel and den say ‘quack, quack, quack,’ and dey riz up in duh sky and tun hesef intuh buzzards and fly right back tuh Africa’...Priscilla McCullough...related the following: ‘Duh slabs wuz out in duh fiel wukin. All ub a sudden dey git tuhgedduh an staht tuh moob roun in a ring. Roun dey go fastuhfastuh. Den one by one dey riz up and take wing and fly lak a bud’(Gomez, 1998, p. 118).

It is important to note that many native African societies, including the Igbo, strongly discouraged suicide. Parallel to Christianity, suicide in native Igboland was considered the ultimate act of disgrace and with it carried heavy penalties such as a denial of a respectful burial and the possibility of spiritual limbo (Gomez, 1998). Yet, faced with a deplorable existence that rivaled and often surpassed death, “self-destruction became a plausible solution to many transplanted into the hostile world of White ‘spirits’” (p. 117). References to Africans “taking flight” were related only to native-born Africans, as they were believed to have supernatural powers (p. 118). This reconceptualization of suicide also speaks to a common belief among African religions that upon death, one would return to one’s place of birth. Fugitive slave and author Charles Ball stated, “that after death they shall return to their region, in which they will be provided with plenty of food, and beautiful women, from the lovely daughters of their own

native land” (as referenced in Gomez, 1998, p. 120). The fear of spiritual retribution was mitigated by the atrocities of their unique circumstances. As the ultimate act of resistance, many Africans were willing to risk the fate of their very soul for the opportunity to escape the horrors of slavery and reunite with their ancestors on their native soil.

As self-destruction was primarily associated with African born slaves at this time, many politicians assumed that this would cease with the end of the transatlantic slave trade in 1808. They claimed that with domestic reproduction versus importation, slaves would be able to establish familial connections, which would lessen their suicide risk. Unfortunately, such a theory was never validated as inter- and intrastate trading disrupted any opportunities for stability. The brutality of slavery also did not cease, which sustained suicide as a viable option of escape. Similar to Ebos Landing, many acts of slave suicide were performed in the wake of other acts of resistance. Many slaves took to taking their own lives in order to avoid punishment or after failed revolts. Others did so after committing violent acts against their master, his family, and his property. Those sentenced to death by the state were also known to take their lives in advance of their execution. Drowning and hanging were the pre-dominant methods for both African and African American slaves but others were used depending on one’s class and available resources (Snyder, 2010).

It is unlikely that the idea of transmigration via suicide persisted for American-born slaves. However, with the Great Awakenings underway, the conversion process for some slaves had begun and the merging of Christianity and the African Worldview created a mindset of resistance that circumstantially included that of suicide. The spiritual rebellions of Turner and Vesey as well as the impassionate writings of fugitive slaves such as Frederick Douglass and preacher Henry Highland Garnet inspired a desire to seek freedom at all costs within the

abolitionist movement. In a speech “to the Slave of the United States of America,” Garnet passionately states:

Brethren, arise, arise! Strike for your lives and liberties. Now is the day and the hour. Let every slave throughout the land do this, and the days of slavery are numbered. You cannot be more oppressed than you have been – you cannot suffer greater cruelties than you have already. Rather die freemen than live to be slaves (Bell, 2012 p. 540).

Garret did not designate a specific act of defiance but said, “What kind of resistance you had better make, you must decide by he circumstances that surround you” (540). This message persisted and slaves continued to exercise various forms of resistance, to include suicide, until the end of the Civil War and the subsequent release of all African American slaves.

The emancipation of African Americans from servitude did not mean the end of their suffering as a people. In his plan for reconstruction, Abraham Lincoln stated, “My paramount objective in this struggle is to save the Union, and is not either to save or to destroy slavery. If I could save the Union without freeing any slave I would do it” (as cited in Worth, 2006, p. 18). His successor, Andrew Johnson, also shared his sentiments: “White men must manage the South,” he said. Johnson believed that African Americans had “less capacity for government than another other race of people...” (as cited Worth, 2006, p. 34). The passing of the Thirteenth and Fourteenth Amendments and the Civil Rights Act of 1866 guaranteed African Americans their right to freedom as well as the authority to exercise their civil rights. However, some Whites, particularly in the South, wanted a restoration of the social and political norms of the antebellum. The manifestation of this came in the form of de jure and de facto practices designed to restrict Blacks to a status of second-class citizenship. For the next century, under the Black Codes and Jim Crow, Blacks were either denied or provided access to inferior economic,

educational, and social resources. Even more treacherous, they were unceasingly terrorized by Whites such as the Klu Klux Klan and local militias and were often tortured and lynched for little to no cause. In contrast, northern states did not experience this degree of overt racial segregation but discriminatory practices in the areas of housing, bank lending, and unionizing persisted for decades. Although the Civil Rights Act of 1964 and the Voting Rights act of 1965 formally ended the era legalized racial segregation, African Americans remain the victims of systemic discrimination to this day. As a community they are forced to carry the physical, psychological, and emotional burden of centuries of oppression, often in a society that is invalidating of their past and present suffering.

In the face of such chronic maltreatment it would be understandable if suicide had remained a significant coping mechanism in the African American community. Surprisingly, the research suggests the exact opposite. In order to understand the shift in thought as it pertains to African American self-destruction from the post antebellum years forward, one must examine changes in the social and religious experiences from then to now. The research on Black suicides is already a scantily existing topic and there is an even greater deficit in regards to Black suicides immediately post Civil War and through the early to mid 1900s. As previously stated, suicide was viewed as a reprehensible act according to Christianity and some African belief systems. For many African and African American slaves, only under the conditions of subjugation did they feel justified in exercising such extreme measures. With the end of slavery, suicides diminished as the threat of infinite physical bondage was eradicated and African Americans felt a sense of hope as they began to establish themselves as free citizens. Many left the plantations and moved to cities or up north where race relations were significantly less tense while others remained in the south. Some were able to reunite with their families and many pursued educational

opportunities. Blacks were also able to publically participate in their faith and began to build churches, which also met the community's social and educational needs. Worth (2006) states, "African-American churches established self-help societies... They held dances and fairs to raise money to provide financial aid to the poor. The societies provided food, clothing, wood to heat homes, and help to former slaves who were looking for jobs" (p. 31). Simultaneously, Black Christianity had evolved into a unique fusion of rich African tradition covered in Christian language and representations. As this form of worship became more appealing, Blacks began to join the church in significant numbers. The condemnation of suicide was once again reinstated as worshipers found comfort and strength in the sacrifices of their ancestors and relied on their faith to help them through difficult times. "During the services, African Americans recalled their lack of freedom during slavery, the importance of emancipation, and their desire to remain free in the future" (Worth, 2006, p. 30). It is here that the spirit of resistance once expressed in suicide transitioned to a deep and profound faith that fostered a will to live and overcome life's challenges. The formation of the Black church and the development of African American Christianity began to unite its members as a community. While remaining richly heterogeneous, the churches have also sculpted a unified identity that has provided emotional, psychological, and spiritual sustainment.

Empirical Research

In light of the harsh socioeconomic picture and contrasting low suicide rates of African Americans, surprisingly, little research has been published that seeks to explain the cultural attributes of spirituality and religion and its buffering qualities. Griffin-Fennell and Williams (2006) and Stack (1998) are two of a small number of researchers that explicitly acknowledge the need to examine the intrinsic qualities of Black spirituality/religion and its impact on suicide.

However, there is evidence of a significantly different relationship between faith and suicide in the African American community that prompts the need for a deeper analysis. Ellison used the term *religious well-being*, which he defined as “a more inclusive aspect of religion that describes and individual’s purpose and life satisfaction in terms of one’s relationship with God” (as cited in Griffin-Fennell & Williams, 2006, p. 309). Anglin, Gabriel, & Kaslow (2005) used this concept to compare its impact on suicide acceptability in African American attempters and non-attempters. They discovered an inverse relationship between the level of satisfaction in their relationship with God and their acceptability of suicide as a plausible solution to life’s challenges. In a similar study conducted by Kaslow et al. (2004) researchers found that in contrast to non-attempters, suicide attempters reported lower levels of spiritual-well-being and religious involvement. West, Davis, Thompson, & Kaslow (2011) measured the strength of some established suicide protective factors to predict reasons for living among low-income Black Women with histories of suicidal ideation and attempts.. Their research found that greater than the other protective factors such as optimism/hope, social support, coping, and material resources, spiritual well-being was associated with more reasons for living. Within the same scope, Molock, Puri, Matlin, and Barksdale (2006) studied religious coping and suicidal behavior in African American adolescents. They determined that collaborative religious coping, as defined by one’s working with God to solve challenges, served as a protective factor against suicide and promoted more reasons for living. Marion and Range (2003) also found that collaborative religious coping and the view that suicide was unacceptable were buffers against suicide ideation in Black college women. Banks-Wallace and Parks (2004) and Mattis (2002) do not specifically explore these concepts in the context of suicide, but their work provides a more culture-specific understanding from the perspective of African American women. Each conducted qualitative

studies to examine how Black women define spirituality and religion and how it influences the interpretation and managing of adverse experiences. They reported that as a coping mechanism, religion and spirituality have the power to neutralize many of the risk factors that make African Americans susceptible to suicide.

Research on religion in the Black community has been better documented due to its more externalized and observable qualities. Stack and Wasserman (1995) investigated the influences of marriage, family, and religion on suicide ideology. They concluded that religiosity, as determined by church attendance, lowered rates more than being married. In another study, Early and Akers (1993) interviewed 30 African American, southern pastors to gain a better understanding of the low suicide rates in the community. Their findings suggest that African Americans view suicide as an extremely sinful act and in contradiction of their racial and cultural identity. These results were later challenged by Stack (1998) who, in a data sample extracted from the US General Social Surveys from 1974 to 1994, concluded that church attendance, not religious beliefs, lowered suicide acceptability. Kimbrough, Molock, and Walton (1996) and Greening and Stoppelbein (2002) discovered similar outcomes to Early and Akers in their research. Kimbrough, Molock, and Walton addressed the relationship between social support, acculturation, depression, and suicidal ideation in Black students attending either predominantly Black and White universities. They reported that Afrocentric religious beliefs, primarily the belief that killing oneself is a sin, inversely impacted suicide ideation. Greening and Stoppelbein concluded that orthodox beliefs were strongest determining factors in predicting African and White adolescents' perceived risk for suicide. Chatters, Taylor, Lincoln, Nguyen, and Joe (2011) examined the relationship between church-based social support and suicide ideation and attempts in a national sample of African American and Black Caribbean adults. They reported an inverse

correlation between subjective closeness to church members and suicide ideation. However, they found no relationship between suicide ideation and attempts and emotional support, service attendance, and negative interaction with church members. In assessing the role of religion in suicide acceptability, Neeleman, Wesely, and Lewis (1998) determined high levels of orthodox beliefs and personal devotion contributed to low levels of African American suicide acceptability. However, this was not true when compared to public aspects of religion such as church attendance.

The evidence supporting a detrimental relationship between religion/spirituality and suicide in African Americans is practically non-existent. However, more direct associations have been discussed among other populations. Rickgarn (1990) explored the negative consequences of losing or having to live up to the standards of one's faith and Zhang and Jin's work (1996) established a positive relationship between suicide ideology and religiosity in Chinese students in comparison to that of American students. In research with African Americans, there are studies that expose an indirect vulnerability between faith and empirically established suicide risk factors. Ellison and Gay (1990) reported that church involvement did not have a positive impact on the life satisfaction of southern, young African Americans although it did for such young people in other geographic regions. Brown, Gary, Greene, and Milburn (1992) analyzed the impact of social affiliation and its effectiveness at minimizing depressive symptoms in the wake of chronic economic strain. Surprisingly, they found that at high levels of religious involvement, significant depressive symptoms persisted for those under economic strain. In their study examining mental health services and the Black church, Blank, Mahmood, Fox, and Guterbock (2002) discovered a lack of functional relationships between church and formal mental health

providers. Derived from a history of segregation and mistrust, community members, particularly those in rural areas, sought informal mental health services through the church only.

The dilemma with understanding the relationship between religion/spirituality and suicidality lies in the intricacies of their associations, as they are inconsistent across disciplines. In the above research, various aspects of spirituality (religious and spiritual well-being and collaborative coping) and religion (church attendance, orthodox beliefs, socialization) have established a connection to suicide. Yet, within those same data, some of those relationships are unsupported. Given the inconsistencies, it is also plausible that if analyzed, the various suicidal stages (suicidal ideation, acceptability, attempt) would yield results that expose other discrepancies in our comprehension of these relationships. For example, Marion and Range's (2003) results also noted that, "Attitudes toward suicide and religiosity (though related to each other) are not accounting for the same variance in suicide ideation among African American women, and therefore appear to be two distinctive factors relating to suicide ideation" (p. 40). These discrepancies indicate a need for more exploration in defining and establishing the most salient aspects of Black religion and spirituality as it pertains to the stages of suicide. It is also important to consider the circumstances where a combination of factors may provide a stronger buffer against suicide than one.

The research examining the connection between religion, spirituality, and suicide is quite extensive. However, much of the current literature fails to isolate and explore the cultural distinctions that impact way in which believers of different racial and ethnic groups perceive the role of their higher power in their lives and utilize that relationship to navigate adversities throughout the life course. African American religion and spirituality is such an important area of exploration because even as it remains conceptually vague and even mysterious, research

shows that, when exercised sincerely, its mitigating and restorative powers are evident even in the most extreme circumstances. Since their arrival in the Americas, native Africans and their descendants have remained faithful to their beliefs to affirm their humanity and reject the oppressive forces that have sought to invalidate their existence. This faith-inspired resistance has taken many forms, with suicide being one of the most profound because of its evolution in the African American experience. Slavery forced native Africans, many who deemed suicide unacceptable, to renegotiate their fate with their higher power as they exercised self-destruction not only as a means of freedom but also to migrate back to Africa and reunite with their ancestors. The conversion experience afforded many slaves the opportunity to participate in the creation of a version of Christianity heavily infused with the African worldview and God's promises of freedom. This, coupled with the turbulence of their station, sustained the spirit of rebellion and African American slaves continued to use suicide as a means of escape until their emancipation. As free citizens, Blacks created religious institutions that addressed the social, economic and spiritual needs of the community. They also restored the opposition of suicide according to Christian doctrine and directed their worship towards creating unified a spiritual fortitude that could resist any and all efforts of future bondage, physical or otherwise. Although racism and its by-products continue to threaten the social and psychological health of African American community, spirituality and religion connects the struggles of the past to God's promises for the future and continues to provide a safeguard against suicide as a response to human suffering.

CHAPTER IV

Religion and Suicide: A Social Integration Perspective

Introduction

With research having long since validated a negative correlation between African American religion and suicidal behavior, the current discourse is often directed towards testing, analyzing and challenging the many theoretical frameworks proposed to explain this relationship. Although a consensus has yet to be established, scholars have contributed volumes of valuable information thus inciting more innovative and thought provoking discussion. Stack (1983) asserted a religious commitment perspective that lowers suicide risk by a belief in a few core religious beliefs. Neelman and colleagues (1998) proposed something similar in a cognitive dissonance framework that reports that high levels of orthodox religious beliefs and personal devotion were related to the negative attitudes Blacks possessed toward suicide. Pescosolido and Georgianna (1989) introduced the network theory that states that the features within religious organizations encourage networking and social support among their congregations, thus minimizing suicide risk. Stack and Wasserman (1992) expand on this theory by including the importance of the proper attitudinal stance to strengthen the buffering effects of the religious social networks, thereby promoting suicide resiliency. However, Emile Durkheim's theory of social integration-regulation remains one of the fundamental arguments used to explain the power of African American religion as a deterrent toward suicidal attitudes and behaviors. While aspects of his work have been critiqued as biased, inaccurate, and superficial, subsequent

research exploring this relationship has found relevance in the association between social integration and regulation manifested through religion as significant because of its ability to promote and strengthen shared belief systems and religious practices among its members (Stark, Doyle, & Rushing, 1983; Stack 1983; Dervic et al., 2004).

This chapter will present an in-depth analysis of Durkheim's social integration-regulation theory and how it is an appropriate lens for assessing the influence of African American religion on suicide. It will begin with a brief overview of Durkheim's monographic work, *Suicide* and his defense of self-destruction as a social phenomenon. Next, it will dissect social integration and regulation, which theorizes that excessive or insufficient assimilation and governance in a community can produce a fourfold typology of egoistic and altruistic suicide signaling instability in integration and anomic and fatalistic suicide denoting the same in regulation. Lastly, this chapter will review Durkheim's controversial research on social integration, which evaluated suicide probability among Catholics and Protestants in 19th century Europe. He proposed that Protestants promoted a degree of individualism in their beliefs and practices as opposed to Catholics who were more integrated and thereby better protected from the social detachment that would make one liable to suicidal ideation and behavior. Subsequent research on the topic will also be addressed, with evidence that both supports and refutes his hypothesis. Regardless of its critics, social integration and regulation continues to be regarded as an appropriate framework from which to view Black religion as a suicide buffer. An essential entity in the community, the Black Church has unified and guided an entire population through its ability to support and nurture its members through the most dire of circumstances, in turn instilling the emotional and psychological fortitude against suicide susceptibility.

Durkheim's *Suicide*

Emile Durkheim's most groundbreaking work, *Suicide: A Study in Sociology* (1897) permanently legitimized his status as one of the most seminal figures in the recognition of sociology as an academic discipline. The first of its kind, *Suicide* is a methodological study of self-destruction as a social fact, which facts he described as "realities external to the individual" (Durkheim, 1951, Preface, para. 6). With that understanding, he expressed the following:

At each moment of its history, each society has a 'definite aptitude' for suicide. The relative intensity of this aptitude is measure by taking the proportion between the total number of voluntary deaths and the population of every age and sex. We will call this numerical datum the rate of mortality through suicide, characteristic of the society under construction. (Durkheim, 1951, Introduction, "II," para. 4)

This rate is permanent and is described by its "group of distinct characteristics, solidarity with one another, and simultaneous effectiveness in spite of different attendant circumstances." Yet it is also variable because of its "concrete and individual quality of these same characteristics, since they vary with the individual character of society itself" (Durkheim, 1951, Introduction, "II," para. 7). Statistically, it proved that within each society there is a percentage of the population that is prone to suicidal tendencies. It is this predisposition that became the sociological element of suicide and the focus of his research.

In his hypothesis, Durkheim argued that suicide could be assessed as more than a phenomenon linked to an individual's genetics, life circumstances, psychological disposition, or physical environment. Instead, suicide susceptibility was a result of a disintegration or an over-identification of a person with his or her social environment. It could also be attributed to an over- and under-regulated society, in which social systems undergo dramatic changes, both

positive and negative, that prove problematic in an individual's ability to adequately adjust. The intensity of these two influences is the premise of Durkheim's social integration and regulation theory.

Key Concepts of Social Integration and Regulation

Although he spoke of them at length, Durkheim did not propose explicit definitions of integration and regulation in *Suicide*. Instead he opted to examine the "states of the various social environments (religious confessions, family, political society, occupational groups, etc.), in terms of which of the variations of suicide occur" (Durkheim, 1951, Book Two, Chap. 1, "II," para. 8). Using the deductive method to analyze possible theories, Durkheim concluded that suicide was the result of fluctuations in integration, which is "a targeted sense of social belonging and inclusion...that can flow (or not flow) from social ties. Well-integrated groups, he argued, enjoy stable, durable, and cohesive social ties...particularly during times of personal crisis, thereby reducing their vulnerability to suicide" (Wray, Colen, & Pescosolido, 2011, p. 507). He also believed that individuals required moral guidance and external restraint in order to control their desires, which could lead to frustration and despair if left unchecked. The monitoring and guidance needed to control these impulses is what Durkheim described as regulation, and instability in these areas could also prompt suicidal behavior (Wray, Colen, & Pescosolido, 2011, p. 508). These social forces, in their extremes, create a fourfold classification system identifying suicides as egoistic, altruistic, anomic, and fatalistic.

Egoistic suicide. Durkheim gave the most attention to this concept because he felt it presented the most accurate portrayal of the impact of modernization on Europe during the 19th century. Egoistic suicide is the result of a collapse in the social bonds that foster a sense of belonging in communities such organized religions, families, and more mature societies.

Individuals become increasingly detached from the others and become more self-reliant. They lack the strong connections developed through values, traditions, rituals, and goals and instead are resigned to navigating life with little support. With this detachment, individuals also risk losing their sense of purpose as it is directly related to the relationships that develop through their social exchanges. Durkheim (1951) states, “If we agree to call this state egoism, in which the individual ego asserts itself to excess in the face of the social ego and at its expense, we may call egoistic the special type of suicide springing from excessive individualism.” (Book Two, Chap 3, “VI,” para. 2). Suicide victims in this state suffer from a prolonged sense of isolation that can give rise to feelings of hopelessness, worthlessness, melancholy, and depression. As Durkheim (1951) eloquently states,

For the only life to which we could cling no longer corresponds to anything actual; the only existence still based upon reality no longer meets our needs...So there is nothing more for our efforts to lay hold of, and we feel them lose themselves in the emptiness. (Book Two, Chap. 3, “VI,” para 9)

Altruistic suicide. Durkheim believed that altruist suicides were indicative of more primitive societies that were limited in the amount of egocentric members; thus, he devoted little attention to this concept in his work. The antithesis of egoistic suicide, this form of self-destruction occurs as a result of excessive integration within one’s social circle. These individuals see themselves as having little individual value, but instead focus their energies on the greater good of the community in which they serve. In altruism, “the ego is not its own property, where it is blended with something not itself, where the goal of conduct is exterior to itself in one of the groups in which it participates” (Durkheim, 1951, Chap 4, “I,” para. 8).

Altruistic suicides categorized. In *Suicide*, Durkheim lists three types of altruistic suicides: obligatory, optional, and acute. Obligatory altruistic suicides are executed as an act of honor and duty towards the group in which the suicide completers served. Examples of this include “men on threshold of old age or stricken with sickness, suicides of women on their husbands’ death, and followers or servants on the death of their chiefs” (Durkheim, 1951, Chap 4, “I,” para. 5). Embedded in these relationships is an interdependence that binds the fates of all members together and makes separation, even in death, unimaginable. Optional altruistic suicide occurs under circumstances in which a person is not necessarily required to take his or her own life but committing such an act is seen as praiseworthy as a result of preceding questionable circumstances. In such cases suicide is seen as prestigious because it expresses an inherent selflessness and moral superiority in the individual. The Japanese ritual of seppuku is a form of this type of suicide as well the infamous kamikaze attacks that took place during World War II. Durkheim also considered the military fertile territory for optional altruistic suicide because of its continued emphasis on morality. “Influenced by this predisposition, the soldier kills himself at the least disappointment...an unjust punishment, a delay in promotion, a question of honor...or even simply because other suicides have occurred before his eyes or to his knowledge” (Durkheim, 1951, Chap. 4, “II,” para 23). Lastly, acute altruistic suicide is an act of self-destruction performed in sacrifice for a higher power. This is considered the most altruistic of all of the suicides as the individual actively seeks to remove his personal identity in efforts to access his true essence, which lies beyond his physical existence. Death is welcomed, even celebrated because of a strong belief in the promise of a more beautiful, fulfilling life that rests beyond this world. Suicide bombings executed by Islamic extremist groups are an appropriate example of acute altruistic suicides. Under the auspices of jihad, attacks of this nature have been executed as

acts of martyrdom. Farmer (2008) explains, “To end one’s own life as a martyr while killing the enemies of God makes rational sense if...through death in Holy War one will be quickly admitted to Paradise and avoid hell’s fire” (p. 53).

Anomic suicide. Unlike egoistic and altruistic suicides, which are derived from an imbalance in integration, anomic suicide occurs in societies that are poorly regulated. A phenomenon linked to modern societies, Durkheim surmised that human beings were incapable of controlling their own desires and therefore it became necessary for a society to impose restraints on its members in order to assure that their needs were sufficiently proportioned to their resources. Social regulation is the ability for a society to manage this relationship, primarily through its government systems, religion, and occupational groups (Jones, 1986, “Anomic Suicide,” para 1-3). During times of crisis, significant disturbances to this balance, be they positive or negative, make a society, “incapable of exercising its regulative function, and the lack of constraints...makes happiness impossible. This is why periods of economic disaster, like those of sudden prosperity, are accompanied by an increase in the number of suicides” (Jones, 1986, “Anomic Suicide,” para. 5). With any significant regulatory disruption, time is required in order to reestablish stability and order. However, during that period, individuals have no solid moral footing upon which to anchor their desires and as a result are unable to make the necessary personal adjustments to maintain expectations that are in alignment with their possessions. They live in a chronic state of frustration and dissatisfaction because of their unquenched ambition and may resort to suicide as an escape. Durkheim (1951) proposed that suicidal behavior was more likely to be exhibited by the wealthy rather than the poor because poverty creates its own restraint and limits access to resources that can entice one’s longings. In contrast, wealth

heightens one's access to possessions, which only intensifies one's greed and profoundly frustrates any acceptance of limitations one may encounter (Chap 5, "II," para. 18).

Fatalistic suicide. Durkheim dedicated minimal attention to the concept of fatalistic suicides in his book because he believed it held little contemporary relevance during that time. He also believed it to be primarily attributed to pre-modern societies, similar to that of altruistic suicides. However, fatalistic suicides have created a reputation for themselves in the discourse and are addressed extensively in suicide research. In his own words, Durkheim (1951) defined fatalistic suicide as, "suicide deriving from excessive regulation, that of persons with futures pitilessly blocked and passions violently checked by oppressive discipline" (Chap 5, "Notes," last note). Individuals who commit fatalistic suicide do so because they would rather die than to continue living under such conditions. Individuals who may fall prey to this form of self-destruction may be enslaved or under very strict control, such as prisoners. Fatalistic suicide would also account for those who take their life in order to escape prison or any type of severe persecution. Contrary to Durkheim's belief, evidence of fatalistic suicide can also be argued within modern societies. Assisted suicides such as those of performed by Jack Kevorkian (Gupta, 2010) and more recently, terminally ill patient Brittany Maynard's decision to 'Die With Dignity' (Maynard, 2014) are also worth exploring as incidents of fatalistic suicide.

Suicide and Durkheim's Religious Integration Research

Prior to Durkheim's contributions, suicide was widely perceived as an individual act, primarily driven by a combination of psychological and biological influences. However, variations in suicide rates among different groups within the same society and the stability of these rates prompted investigation of the sociological causes of suicide and their impact on

different communities. Durkheim's (1951) decision to examine religion in relation to suicide was based on the following:

It [religion] is a society. What constitutes this society is the existence of a certain number of beliefs and practices common to all the faithful...the more numerous and strong these collective starts of mind are, the stronger the integration of the religious community, and also the greater its preservative value (Chap. 2, "IV," para. 3).

To perform this feat, Durkheim (1951) analyzed the suicide data of German-speaking Protestant and Catholic congregations from the early research of Adolph Wagner and Henry Morselli. Their information suggested that suicide among Protestant congregations was higher than that of Catholics. Through the process of argument by elimination, Durkheim concluded that it was not the intensity of moral discipline that curtailed suicide in Catholicism but the limitations on free inquiry permitted by the church. These limitations allowed for the existence of a core set of dogmas and rituals that were shared among all those who believed. He describes the culture of the Catholic Church in the following:

The only essential difference between Catholicism and Protestantism is the second permits free inquiry to a far greater degree than the first...the Catholic accepts his faith readymade, without scrutiny. He may not even submit it to historical examination since the original texts that serve as its basis are proscribed...all variation is abhorrent to Catholic thought. (Durkheim, 1951, Chap. 2, "II," para 5).

In contrast, Durkheim understood that free inquiry "develops only if its development becomes imperative, that is if certain ideas and instinctive sentiments which have hitherto adequately guided conduct are found to have lost their efficacy" (Jones, 1986, "Egoistic Suicide," para. 4). In other words, Protestantism does not have as many commonly accepted

beliefs and practices and therefore is more willing to accept the contributions of freethinking. However, this also makes it more susceptible to the woes of suicide because in lacking a strong, collective credo; Protestants do not have a unifying presence upon which to make concessions, thus creating cohesion and vitality. Weak solidarity leaves them vulnerable in times of crisis and therefore its members are more inclined to commit egoistic suicide.

Since its publication, *Suicide* and social integration theory in particular, have been met with both praise and criticism from fellow researchers and academics. As Durkheim did not believe that the dynamics of regulation were applicable to contemporary societies, he did not elaborate on them in his later works and neither have many of his successors. Merton (1967) and LaCapra (1972) recognized his work as the closest to scientific law of all theories in sociology and a host of others reference his work in related disciplines (Hage 1972; Cole 1976; Loether & McTavish 1974). In contrast, many also question the validity of his claims regarding the impact of religion on suicide (Pope, 1976; Pope & Danigelis, 1981; Stark et al., 1983); the historical accuracy of his assertions regarding differences between the Protestant and Catholic faiths and suicide statistics (Stack, 1983; Stark et al., 1983; Day, 1987); and his commitment to delivering sound arguments based on facts rather than forceful generalizations (Halbwachs, 1978; Gibbs & Martin, 1958; Maris, 1969). However, regardless of its shortcomings, Durkheim's social integration remains one of the most employed frameworks to explain the impact of religion on suicide.

In subsequent research, empirical investigations have presented evidence that supports this framework. With modifications to include controlling for population, income, urbanity, unemployment, and female labor-force participation, Breault (1986) recreated Durkheim's religious and family integration research using U.S. church membership and divorce rates. His

findings confirm Durkheim's thesis that church membership and divorce are strong determinants of suicide. Breault's data also found there to be denominational differences in suicide rates with support for the argument that Catholics commit suicide less than non-Catholics. Pescosolido and Georgianna (1989) also tested the basic premise of Durkheim's social integration theory regarding Catholicism and Protestantism. Their conclusions showed mild support for the hypothesis that Catholics and Evangelical Protestants had lower suicide rates than Institutional Protestants. Simpson and Conklin (1989) confirmed Durkheim's theory using another religion with high social integration, Islam. Using three case studies to establish validity and a 71 nation cross-national analysis, they concluded that Islam does have an impact in decreasing suicide in its members. Religious affiliation and suicide attempters have also been tested under Durkheim's hypothesis. Dervic and her colleagues (2004) examined depressed inpatients for their clinical characteristics and their religious affiliation. Their results produced a negative relationship between religious affiliation and suicidal behavior in part due to greater moral objections. Shifting away from religious affiliation, social integration has proven its relevance when assessed using different parameters.

With the same enthusiasm, many in academia have also presented studies that dispute the validity of Durkheim's research. Day (1987) recreated the investigation using statistics dated similar to Durkheim's from Prussia, Switzerland and the Netherlands. He found no support for classic social integration. Instead, he surmised that the differential data could be attributed to classifying of suicides as accidental, sudden, or cause unknown deaths. A decade later, Van Poppel and Day (1996) led a similar examination with similar results. Faupel and his colleagues (1987) conducted a study in which they tested Durkheim's "one law" in an urban context. Using 3, 108 U.S. counties, their results reported only a modest negative relationship between Catholic

affiliation and suicide in the most urban areas and in contrast, a positive relationship in the least urbanized. Pope and Danigelis (1981) analyzed twentieth-century data of 12 nations to confirm their position that Catholics do not have lower suicide rates than Protestants. As a result, they offer a modified interpretation in which social integration to include both egoism and altruism provide justification for theirs and Durkheim's results and not social integration based solely on egoism. Stark, Doyle and Rushing (1983) used suicide rates from the Standard Metropolitan Statistical Areas (SMASs) from 1971 to recreate Durkheim's experiment. They found no support for Catholicism as a buffer against suicide but did find evidence to support Durkheim's claim that a lack of social integration as defined by the "the density and intensity of interpersonal attachments among members of a group" does increase suicide (p. 127). With reference to African Americans specifically, the vast majority of worshipers identify as mainstream Protestants (Pew Research Center's Forum on Religion & Public Life, 2007). However, the research conducted over the course of this study did not reveal any literature that has examined African American suicides through the context of religious affiliation. Because of this we are unable to conclude with any accuracy that social integration via religious affiliation alone accounts for any variation in suicide rates in the community and must seek inquiry into alternative explanations.

Although social integration via religious affiliation and suicide has undergone extensive scrutiny, the investigations noted above prove that there is some validity to the concept's basic hypothesis. In turn, researchers have sought to modify and revitalize it utilizing alternative perspectives and variables. Stack (1983) employed a social integration/regulation perspective to test the effect of the decline of institutional religion on suicide. Using church attendance as a measurement, his data suggest a strong negative relationship, particularly in young adults who

reported the sharpest decline in attendance. Davis and Short (1978) advanced Durkheim's theory and explored the concept of external restraints in African American suicides. External restraints defined are "the social structures, relationships, and groups to which the individuals belong" (p.162). In their frustration-aggression model, they surmised that the higher an individual's social and economic status, the less integrated and regulated that person might be, and would, thus, be more inclined to take her/his own life. Kuramoto and associates (2013) followed suit in their study assessing social integration and suicide ideation from a social networks perspective. Operationally, they measured the network density of a population sample of inner city African Americans annually for three years and found that those with low density were significantly more likely to report suicide ideation and plan. Lastly, Fernquist (2004) investigated social integration through social networks. He assessed for suicide in Black single mothers and discovered a strong inverse relationship. His findings support the work of Nisbit (1996) who argued that "being a single mother increases the need for Black mothers to rely on social networks for support and increases their sense of responsibility" (p. 167).

Social Networks, African American Religion and Suicide

As the classic Durkheimian perspective has dominated the sociological discourse in regards to religion and suicide, the above studies suggest a migration towards a contemporary conceptualization of social integration. Pescosolido and Georgianna (1989) formally recommended this shift in their research as their findings suggested a more complex relationship between social integration and suicide. They argued that "the nature of social relations (or the social structure) influences individuals' attitudes, beliefs, and behavior" (p.39). In addition, Bearman (1991) developed a social network-centered recreation of Durkheim's theory that allows for its application in contemporary social theory and not simply as a historical reference.

Presented by Hartwell and Benson (2007) as a concept related to positive mental health outcomes, their social integration framework is highly compatible with many complex social relationships, one in particular being the socially cohesive African American religion and the Black Church. Social integration in this environment is multidimensional and comprehensive in that it is a simultaneous, overlapping expression of various types of social bonds interwoven throughout the institution. W.E.B. echoes this in the following passage:

The Negro church ... provides social intercourse, it provides amusement of various kinds, it serves as a newspaper and intelligence bureau, it supplants the theater, it directs the picnic and excursion, it furnishes the music, it introduces the stranger to the community, it serves as a lyceum, library, and lecture bureau—it is, in fine, the central organ of organized life of the American Negro. (Du Bois, 2000)

Hartwell and Benson's (2007) integrated framework consists of four distinct dimensions that are interrelated. They are social networks, social supports, social engagements, and social capital. Social networks are the ties that connect individuals and other social entities to one another and establish the foundation of this model. Next are social supports, which are the resources, both perceived and received, that are exchanged between people and among groups. Social engagement refers to the level of involvement that group members exercise via their participation in various activities, roles, and relationships. Lastly, social capital refers to the extent of macro-social resources, such as interpersonal trust and reciprocity, which social groups can contribute to their members to assist in their personal and familial growth (p.331). Hayes (2012) delivers a detailed example of these relationships in action in the following passage:

The Black church was a refuge, a spiritual haven and oasis, a place of education and inspiration, a source of hope and a site of dignity for many. It answered their needs in

countless ways...St. Luke's AME Zion in Buffalo, New York, had a gym, a banquet hall, a library, and a bowling alley. It was where I, and countless Black young people, participating in the Scouting program, gave our first musical recitals, and learned how to recite before an audience of proud parents and church members. In the haven of St. Luke's we were able to indulge our youthful mischievousness under the watchful eyes of stern but loving elders who acted as "moms and dads" to any and every Black child that crossed their paths. They taught us how to pray and taught us about Jesus, who loved us as we were. They nurtured our budding talents and provided a respite from the demands of life in a world where, even in the North, Black children were seen as "less than" and "less capable" than white children (Chap. 6, "A Change is Gonna Come," para. 10).

In accordance with the social integration model, St Luke's AME Zion served as the umbrella for many of the activities that created countless opportunities for the development of social relationships. These networks were often birthed in the engagement process as families participated in athletic, academic, and musical programs. The areas of social support were also plentiful as those same outlets within the church created an environment for the mutual exchange of emotional, instrumental, informational, companionship, and social validation (Hartwell & Benson 2007). The social capital within this church was also visible in the interpersonal trust established within the community, which allowed for the communal nurturing and protecting of all the youth by the church adults and elders. These are some, but by far not the only, examples of the social integration features present in this excerpt. In addition, many elements overlap in their contribution to the model, reinforcing the premise that social integration in African American religion is more complex than religious affiliation.

The Black Church's integrative forces propelled its social capital beyond the halls of the sanctuary and in solidarity with other community organizations to address many of the social ills plaguing its community. During the Civil Rights Movement, Black churches were often engaged in social activism as they served as meeting places, trained their community leaders, and mobilized citizens to participate in the fight against US apartheid. As Hayes (2012) states, "New generations of Black preachers supported by waves of church-goers, students and teachers from every walk of life in the Black community began to put their bodies on the line for freedom..."(Chap. 6, "A Movement of the Spirit," para. 7). They organized rallies, demonstrations, and boycotts to address issues in employment and housing practices, to support various civil rights organizations, and to promote political participation (Barnes, 2004, p. 206). In addition to its political advocacy efforts, religious organizations also have a long history of distributing services to both member and nonmember recipients (Barnes, 2004; Barnes, 2011; Brashears & Roberts, 2001).

As African Americans have experienced some economic and social mobility, many congregations have shifted from a protest to a progress stance as they actively engage in their communities' growth and development (Tucker-Worgs, 2011, p.103). This shift is largely due to the emergence of the mega church within the Black religious community. Mega churches on average have a weekly attendance of more than 2,000 worshipers but have been known to accommodate thousands more (Hinton, 2011, p. 42). This large influx of believers generates the manpower and financial support to create a substantial presence in the socioeconomic realms of their respective neighborhoods. As a part of their outreach efforts, churches have built community service organizations (CSOs) to host their programs designed to help alleviate existing disparities (Tucker-Worgs, 2011). These services include but are not limited to real

estate and small business development, housing, primary education as well as the more traditional social assistances. CSOs, “make it easier for these churches to collaborate with government, foundations, and other organizations of civil society to provide social services and engage in community development projects” (Tucker-Worgs, 2011, p. 105). Through this approach, Black mega churches are aiming to counteract the corrosive effects of oppression that plague their communities and reshape the Black experience. Efforts such as these have expanded the church’s influence as a source of support to active and passive believers as well as nonmembers. This inclusivity has allowed African Americans, regardless of their membership status, to feel connected to a larger social network.

Conclusion

The social integration framework is essential to understanding how African Americans have used religion to resist suicide as a viable option of relief in the face of powerful forces that continue to threaten the physical, psychological and spiritual stability of their community. This concept’s centralizing component, the Black Church, continues to play a pivotal role in the fortification of a people with strong bonds rooted in a shared history, interpretation of God, and similar life experiences. In his research, Durkheim emphasized the strength of a person’s religious affiliation as the key in determining how susceptible he or she would be to committing egoistic suicide. However, contemporary discourse has evolved to validate social integration via the quality and strength of one’s social relationships and networks as a deterrent against suicide. These connections can derive from various memberships to include religion. The cohesive and inclusive nature of the Black Church provides opportunities for the development of extensive social networks, supports, engagement and capital. Political and social movements birthed out of these institutions have united religious and secular organizations under common goals. In turn,

these relationships have fostered a sense of belonging in both the immediate and surrounding church community. In more recent years, mega churches have promoted the establishment of CSOs designed to address the economic needs of its populace. These groups allow churches to extend their resources and assistance to the greater community and carry out the social objectives embedded in their faith-based mission. Through their service-oriented ministries, mega churches help to promote the Biblical message found in Deuteronomy 4:31 which reads, “For the LORD your God is a merciful God; he will not abandon or destroy you or forget the covenant with your ancestors, which he confirmed to them by oath.” Their outreach is symbolic of God’s love to those who have long felt marginalized by society as this outreach validates their existence as essential to the community’s life. This sense of mattering counteracts the isolation and hopelessness that creates the vulnerability that may lead to self-destruction.

CHAPTER V

Spirituality and Suicide: A Religious Coping Perspective

Introduction

It is not enough to only explore a population's religious integration strategies as a means of determining their susceptibility to suicide. As suicide is a multidimensional phenomenon, research demands that it be assessed for both its psychological and social motivations. In fact, Durkheim (1951) acknowledges the following, "Since suicide is an individual action affecting the individual only, it must seemingly depend exclusively on individual factors, thus belonging to psychology alone. Is not the suicide's resolve usually explained by his temperament, character, antecedents and private history?" (Introduction, "II" para. 1) The argument against this very premise is the thesis upon which Durkheim explored suicide as a social phenomenon. However, one cannot dismiss the fact that suicide is indeed an assault on the self, which demands that its psychological provocations and discouragements be explored.

The correlation between suicide and mental health is well documented in psychological research (Rosmarin, Bigda-Peyton, Ongur, Pargament & Bjorgvinsson, 2013; Assari, Lankarani, & Moazen, 2012). With that, equally strong connections between the global indicators of religion/spirituality (i.e. congregational attendance, religious affiliation, prayer, etc.) and physical and mental health have been established (Bergin, Masters, & Richards, 1987; Koenig, 1997; Harris et al., 1995). Despite the close proximity of these concepts, there appears to be a deficit in the literature surrounding the relationship between the psychosocial processes within

religion/spirituality and suicidal state of mind. The reasons for this are unclear but one could surmise that because many professionals consider suicide as a part of the mental health spectrum, treatment of mental health issues would also equate to the minimizing of suicide vulnerability. A leading researcher in the psychology of religion, Kenneth Pargament, has deviated from traditional methods of evaluating an individual's religiousness to create a functional model that explores *how* a person utilizes religion to manage negative life experiences (Pargament, Koenig, & Perez, 2000, p. 521). This process is known as religious coping. The vast majority of his work has not examined this framework in the context of suicide, but his innovative approach to understanding the more subjective aspects of the spiritual experience, particularly in the face of life's challenges, is a positive step towards bridging the gap between the intricacies of the religious experience and its impact on suicide.

This chapter will explore the research on religious coping and its potential to influence suicide through the management of negative experiences. It will establish a conceptual correlation to spirituality as described in the current thesis through its examination of the theory and supporting empirical evidence. It will commence with a summary of the key features of religious coping theory, which “emphasizes the active role individuals play in interpreting and responding to major life stressors” (Pargament, Feuille, & Burdzy, 2011, p. 52). Next, this chapter will delve into the two most prominent patterns of coping, positive and negative (Pargament, Smith, Koenig, & Perez, 1998), as well as the four major types of coping styles: self-directed, collaborative, deferring / passive (Pargament, Kennell, Hathaway, Grevengeod, Newman, & Jones, 1988), and surrender (Wong-McDonald & Gorsuch, 2000). Woven throughout the chapter will be empirical studies, some of which affirm and others contradict religious coping as an effective strategy for addressing various obstacles over the life course.

Evidence of African American coping experiences will also be included, providing further validation of this community's psychological resilience in the face of debilitating physical, mental and emotional circumstances.

Religious Coping: Theoretical Foundations

In *The Psychology of Religion and Coping: Theory, Research, and Practice*, psychology scholar Kenneth Pargament defines religion as “a search for significance in ways related to the sacred (Pargament & Raiya, 2007, p. 743). “Sacred” in this context not only refers to the indication of a higher power in the traditional sense but also to other experiences, behaviors, and attitudes in which an essence of the divine are evident in its expression (Pargament et al., 2011, p. 52). Pargament and Raiya (2007) also touch upon the concept of coping, which is “an attempt to make sense of, deal with and manage stressful life circumstances in a specific time and place” (P. 746). Based on these descriptions, religious coping can be defined as “...ways of understanding and dealing with negative life events that are related to the sacred” (Pargament & Raiya, 2007, p. 743). Pargament (2007) proposed that this theory operates on the following conjectures:

Religious coping is versatile in its expression. The past perception of religion was primarily associated with negative coping behaviors such as avoidance, denial, and anxiety. While there is some empirical truth to these assumptions that some coping behaviors are negative, ample evidence of religion's empowering and motivating effects are not in short supply. In fact, much of the contemporary research suggests that religiousness has a positive impact on an individual's ability to manage difficult situations.

Religious coping is sought to address a multitude of experiences. For a person of faith, religion can permeate the life experience. Traditional believers regularly utilize spiritually based

perceptions, approaches, beliefs, and value systems to address daily problems. Situational coping is also sought, particularly under circumstances that exceed the boundaries of an individual's abilities, understanding, and resources. For example, Lawson (2010) conducted a qualitative study on the religious coping practices of African American Katrina survivors. Her findings concluded that older community members coped with the tragedy by seeking guidance and comfort from a divine power. It also revealed that, for many, their faith did not equate to a specific church affiliation. However, religious coping is not exclusive to life-threatening situations. Krumrei, Mahoney, and Pargament (2009) examined the influence of spiritual coping on psychological adjustment of the divorced. They concluded that most participants viewed their divorce as a spiritual struggle and practiced religious coping to aid in their adjustment. This resulted in higher levels of posttraumatic growth. In contrast, "... those who viewed divorce as a sacred loss experienced more profound disillusionment and despair" and were more likely to become depressed (Krumrei, Mahoney, & Pargament, 2009, p. 379). These individuals were also more inclined to have more negative thoughts related to divorce which to include those of a spiritual nature.

Religious coping can be both beneficial and detrimental. Although unique, religious coping is another form of coping and therefore can be helpful and harmful. As it is such a subjective process, standard research approaches fail to accurately draw any reliable conclusions in its regard. Unconventional methods of inquiry and interpretation are needed to offer a more comprehensive assessment of the depth of religious coping in a person's life.

Situational outcomes drawn from religious coping are more accurate than religious attitudes or behaviors. Religiosity in research is often defined using global measures such as frequency of church attendance, prayer, and church involvement. The shortcoming in this

particular way of assessing faith is that it fails to acknowledge the more intimate aspects of these expressions. For example, the most profound part of a service for a person and why, the benefits derived from prayer, and the psychological gains of church participation cannot be explored by the simply monitoring one's faith-related activities or external behaviors. On the contrary, religious coping speaks directly to the internal processes that people deploy in specific instances. These include but are not limited to seeking spiritual support (Maton, 1989), religious problem-solving techniques (Pargament et al., 1988), and assessing a situation as an affirming or abandoning reflection of God's love (Phillips III, Pargament, Lynn, & Crossley, 2004). In fact, some research has confirmed that spiritual coping is more instrumental in specific outcomes than the standard religious appraisal measurements (Nooney & Woodrum, 2002; Poindexter, Linsk, & Warner, 1999). Bowie, Curbow, Laveist, Fitzgerald, and Pargament (2001) conducted a study that assessed the relationship between religious coping and anxiety related to breast cancer in African American women. Their analysis determined that unlike attending church and group membership, religious coping and the acceptance of certain doctrines were linked to breast cancer anxiety and the use of mammography. The respondents reported using a deferral-oriented coping style along with embracing the church's teaching of divine healing. These coping mechanisms offered "a benevolent source of control for people faced with an uncontrollable stressor or disease" (Bowie et al., 2001, p. 413).

Proper religious study requires the use of a variety of research methods and instruments. Religion is a complex phenomenon with an essence that cannot be fully comprehended by any one investigative approach. "To develop a clearer picture of the various manifestations of religious expression, many research tools (e.g., experiments, surveys, correlational analyses, naturalistic observations, case studies, qualitative methods) are needed"

(Pargament & Raiya, 2007, p. 745). In addition, scholars must also be willing to become fully engaged in lives of those they study in order to obtain unfiltered access into the core of their spiritual experiences. They must talk to their subjects, develop professional but trusting relationships, remain objective, and commit to learning about their lives and faiths over time.

Religious coping is a multidisciplinary phenomenon. No one area of study can claim religion as its own as it operates in the physical, social, psychological, and spiritual spheres of a believer's life. As explored in this thesis project, religion has been linked to social ends via the Black Church. It has also been known to influence those plagued with physical illness (Bulman & Wortman, 1977) and to address a host of psychological entities such as PTSD (Bryant-Davis & Wong, 2013), stress (Brown et al., 1990), and beliefs about suffering (Hale-Smith, Park, & Edmondson, 2012). Most importantly, religion, as described by Pargament and Raiya (2007) "...serves ultimate spiritual ends, such as transcendence and knowing God" (p. 744). In accordance with Lewis's (2008) spirituality perspective, religious coping emphasizes some of the most powerful aspects of the spiritual experience: the acknowledgment of a higher power, a belief in a personal relationship that influences one's ability to connect with others and the self, and a confidence in the divine's ability to impact many avenues of the human experience. Therefore, those who study the effects of religious coping must be mindful of its many capabilities.

Religion and spirituality can be a valuable tool in the therapeutic process. Although everyone does not identify with a specific affiliation, spiritual behaviors, beliefs, and perspectives are an essential part of the daily lives of many individuals. They are prone to seek out faith-based resources in times of distress to assist with their coping efforts. Clinicians are sometimes hesitant to explore issues of spirituality in therapy for numerous reasons. However, it

is important for professionals to possess a willingness to explore religious and spiritual issues in treatment because of the irrefutable evidence that confirms the link between religion and mental health. In order to maximize the benefits of religion and spirituality when working with clients, mental health providers should learn culturally sensitive techniques to present and address issues in their therapeutic interactions. Some of these include but are not limited to allowing clients to self-define religion and spirituality, providers being self-aware of their own beliefs and biases, and making use of religious/spiritual interventions (Mengesha & Ward, 2012).

RECOPE: Positive and Negative Religious Coping

The complexity of religious coping is amplified by fact that its methods are interconnected and utilized in combination with one another (Pargament et al., 1998, p. 712). Because of this, researchers are challenged by the feat of creating a comprehensive instrument to measure the various religious coping approaches. Pargament, Koenig, and Perez (2000) developed and substantiated the reliability of their religious coping measure, the RECOPE (p.522-524) through an exploration of college students as well as hospitalized elderly patients. The RECOPE was administered to both groups, with the sample of college students yielding 17 factors and the hospital sample yielding 14 that encompassed a myriad of religious coping behaviors. These aspects include but are not limited to spiritual connection, religious helping, religious discontent, and punishing God reappraisal (p. 529-532). This prompted the classification of religious coping into two distinct coping strategies: positive and negative religious coping, discussed in further detail below.

Positive religious coping. Pargament, Koenig, and Perez (1998) described positive religious coping as "...an expression of a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life and a sense of spiritual connectedness with others"

(as cited in Aflakseir & Coleman, 2011, p. 45). Some of the positive coping strategies include benevolent religious appraisal, collaborative religious coping, religious purification, and seeking spiritual support. Validating the relationship between positive religious coping and mental health is an extensive body of research, which persistently reports desirable outcomes. Meisenhelder and Marcum (2004) studied the posttraumatic stress, religious, and nonreligious coping behaviors of 814 ordained ministers in the Presbyterian Church following 9/11. Approximately 75% of respondents experienced some posttraumatic symptoms and some felt their safety threatened. Seeking God's support and prayer were the two most frequently used strategies. In addition, more positive religious coping was related to less severe stress symptoms. In a study of 151 female domestic violence survivors, 97% identified God or spirituality as a source of comfort and strength and 76% of those reported that they relied on their faith a "great deal" (Gillum, Sullivan, & Bybee, 2006). Tarakeshwar and Pargament (2001) surveyed 45 parents of children with autism for their stressors and religious coping mechanisms. The findings reported that positive coping was related to better religious outcomes and greater stress-related growth and negative religious coping was associated with greater depressive symptoms. Lastly, Mattis, Fonteb and Hatcher-Kay (2002) researched positive religious coping as it pertains to social support, everyday racism, faith, and dispositional optimism of 149 African Americans. They concluded that a positive connection exists between subjective spirituality, a relationship with God, and optimism. In addition, the only religiousness variable that produced any results was the perception of a supportive and loving relationship with God.

Negative religious coping. In contrast, Pargament and his colleagues (1998) explained negative religious coping as "...an expression of a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle in search for significance" (as cited in

Aflakseir & Coleman, 2011, p. 45). Negative religious coping strategies consist of spiritual disconnection, demonic religious reappraisals, and self-directed religious coping to name a few. Although not explored as much as positive religious coping, the effects of negative religious coping has also been supported with empirical evidence. Richards and Folkman (1997) interviewed 125 HIV-positive and HIV-negative partners of men who died from AIDS for their spiritual coping methods. Of those subjects, 68 reported to experience some element of spirituality in their bereavement, but also had higher levels of depression and anxiety, less optimism, and more physical symptoms than those who did not. Another study was conducted that investigated the effectiveness of spiritually focused therapy for people diagnosed with cancer in comparison to a no-treatment control condition. Cole (2005) assessed physical and psychological well-being at pre, post, and two-month follow-up treatments. Patients who exercised negative religious coping were more likely to exhibit greater depression, anxiety, frequent and severe pain, and poorer overall physical well-being. Rogers, Malony, Coleman, and Tepper (2002) administered religious coping and symptom surveys to 406 patients diagnosed with a persistent mental health condition. Of the respondents, over 54% reported a change in the strength of their faith as a result in their religious beliefs; 33% of that group perceived those changes to be negative which also lead to more severe symptomatology, and less religious coping. In examining religious coping in the Islamic tradition, a Psychological Measure of Islamic Religiousness (PMIR) was developed to assess the importance of Islam to the well-being of Muslims (Raiya, Pargament, Mahoney, & Stein, 2008). Of seven factors, the PMIR yielded religious struggle as one of two types of negative religiousness. Increased levels of religious struggle were consistently associated with anger, alcohol use, and depressed mood and less positive results.

Religious Problem-Solving Styles

Within positive and negative coping patterns, Pargament along with other scholars (1988) proposed “Religious beliefs and practices may guide the individual in the process of selecting solutions to problems” (Pargament et al., 1988, p. 91). This has led to the introduction of three distinct styles of religious problem-solving: self-directing, deferring, and collaborative. A self-directed problem-solving style is one that operates on the belief that God equips individuals with the necessary skills and abilities to address their own problems. This approach places the responsibility primarily on the person. In contrast, a deferred strategy suggests that God will take the more active role in finding a solution to issues while the person is more passive in his/her participation. A collaborative coping style implies that both God and the individual engage in mutual conflict resolution as if in a partnership. Finally, a fourth coping style, surrender, was proposed by Wong-McDonald and Gorsuch (2000). This approach operates under a belief that the believer will make a conscious decision to release personal control over to God, particularly in circumstances that are outside of one’s control. Cole and Pargament (1999) assert “The act of surrendering control provides emotionally overwhelmed individuals some relief, comfort, and sense of security in that God is in charge of the situation” (as cited in Gall et al., 2005, p. 92).

Religious problem-solving has produced style-specific consistencies within empirical evidence. Pargament and Park (1995) assert that collaborative coping consistently provides the most favorable results, as it encourages empowerment in the midst of trying circumstances (as cited in Gall et al., 2005, p. 92). However, self-directed and deferred coping styles have generated mixed results. Although spiritual surrender is fairly early in its tenure, it has exhibited positive results which has led researchers to conclude that it has the potential to be an effective

strategy in addressing mental health issues. For example, Andrews, Stefurak, & Mehta (2011) surveyed a group of college-educated women, largely African American, for their willingness to seek psychological help. Their analysis concluded that participants who expressed self-directing and deferring religious problem-solving styles had a negative relationship with help seeking. In contrast, those who practiced collaborative coping were more in favor of using therapeutic resources. Another research team conducted an investigation of Black cancer patients and their coping strategies. Their findings indicated that the collaborative religious coping style was the most important in helping them to manage their psychological and emotional outlook, which affected their overall health (Holt et al., 2009). Another study, involving breast cancer survivors, assessed the relationship between spiritual surrender and overall well-being. Similar to collaborative coping, spiritual surrender positively impacted the psychological health of the participants within the parameters of Psycho-Spiritual Integrative Therapy (Rosequist, Wall, Corwin, Achterberg, & Koopman (2012). Webb and Whitmer (2001) administered surveys to 167 participants at a Christian university in an effort to learn more about world assumptions, religious problem solving, and personal recollections of abuse. Among their conclusions, individuals who believed themselves to be emotionally and physically abused were more likely to engage in self-directive over collaborative and deferring coping. Self-directed coping was also negatively associated with self-worth and collaborative coping was positively associated with self-worth and self-controllability. Fabricatore and associates (2004) sampled a group of undergraduate students for the mediating and moderating effects of religiousness on mental health while under distress. They presented two sets of analyses. The first reported that collaborative religious created favorable health outcomes in the midst of stress. The second stated that higher use of deferred religious coping appeared to be detrimental to one's life

satisfaction and positive outlook.

Empirical Evidence Against Religious Coping

Although most studies suggest a positive association between religious coping and health, a few studies challenge the validity of those results. Dunn and O'Brien (2009) studied the psychological health of 179 Central American immigrants from El Salvador and Guatemala. Their findings revealed that perceived stress was an indicator of psychological health; but, interestingly, social support and religious coping was not. In a study measuring how religion incites a sense of personal control in a high stress situations, 150 family members completed a survey about their coping methods as they waited for a relative to be released from surgery. The findings affirmed that collaborative religious coping was associated with more use of control and adjustment behaviors. However, religious coping was also associated with levels of depression and anxiety (Pargament et al., 1999). Pargament, Lynn, and Crossley (2004) explored the core construct of self-directing religious coping as it has produced mixed results in previous research. The authors surveyed 262 undergraduate students for their understanding of two specific aspects of coping: a deistic and supportive unobtrusive God and an abandoning God. Interestingly, their findings determined that the abandoning God scale was more closely associated with self-directed-coping, which also led to consistently poorer outcomes. Lastly, Szymanski and Obiri (2011) performed research on the positive and negative religious coping styles and their association with racism and African American psychological distress. Their results coincide with the notion of increased stress as a result of exposure to racist events and subsequent internalization. However, internalized racism produced negative, and not positive, religious coping and even those with low internalized racism were not more inclined to utilize positive religious coping as one would expect. These findings suggest that regardless of the coping style,

the mental health of African Americans is negatively impacted by external and internal racism.

African American Spirituality: Positive and Negative Religious Coping

There is no denying that spirituality is the anchor upon which African Americans have secured their physical, emotional, and psychological well-being. Some could argue that spirituality rivals, if not surpasses, the influence of the Black Church because it reveals the specific nature of one's relationship with one's higher power and not one's affiliation. Statistically speaking, 88% of Blacks are "absolutely certain" that God exists. Even more interesting, among those that are unaffiliated with any religious group, 70% continue to believe in God with the same level of devotion (Pew Research Center's Forum on Religion & Public Life, 2007). Spirituality, as explored in this thesis project, emphasizes faith in the Divine, the strength of that relationship, and the authority of that Being to operate in a multitude of mediums, primarily for the purposes of overcoming life's obstacles. In a parallel fashion, Pargament's religious coping theory possesses similar elements within its construct but he advances the framework and transitions it to one of application in order to obtain a better understanding of how spirituality operates in an individual's various experiences. This concept has produced a plethora of information addressing the impact of positive religious coping and collaborative problem solving. For example, Lewis-Coles and Constantine (2006) evaluated the level of racism-related stress needed to utilize Africultural coping mechanisms and religious problem-solving styles in research with 284 African Americans. The authors found that among women, high racism-related stress resulted in lower self-directed and higher collaborative problem solving. In another study, 3570 African Americans were administered evaluations that examined the role of spirituality-coping, sense of control, and stress as predictors of depression. The analysis of the findings suggest that the higher the level of spirituality and sense of control,

the lower the depressive symptoms (Archibald, Sydor, Daniels, & Bronner, 2013).

Unfortunately, the religious coping and problem solving experiences in the face of Black suicide are investigative paths that have received little attention. In fact, only two studies addressed suicide as it relates to religious coping and problem solving. They both determined that in African American adolescents and female college students, collaborative religious coping were related to increased reasons for living and a decrease in suicidal ideation (Marion & Range 2003; Molock et al., 2006).

More closely linked to suicide behaviors, Black negative religious coping is a very important topic within suicide discourse. However, it is often overlooked to the overwhelming positive outcomes associated with spirituality and religion. For example, in situations of complicated grief experienced by African American homicide survivors, negative religious coping was more associated with higher levels of spiritual distress (Burke, Neimyer, McDevitt-Murphy, Ippolito, & Roberts, 2011). In another study, 269 African Americans were surveyed to measure the impact of positive and negative religious coping on external and internalized racism and psychological distress. The results revealed that negative religious coping partially mediated the connection between racist events and distress (Szymanski & Obiri, 2011). Hickman, Glass, Arnkoff & Fallot (2013) researched how spiritual coping impacted psychological distress and adjustment in HIV-positive Black women. They measured the results from a series of surveys from 141 participants and found that an association existed between negative religious coping and poor mental health and functioning. They also reported a greater perception of stigma and discrimination. As this research has confirmed a link between oppression, psychological distress and mental and physical health decline, it also argues the need for continued research in order to create interventions that address these issues and ultimately decrease suicide probability.

Conclusion

To a great extent, faith-based psychological processes continue to remain a mystery to those in academia. This is because of the very intimate and subjective nature of the spiritual experience and the difficulties researchers often experience when attempting to categorize a seemingly infinite amount of experiences. Pargament's religious coping framework is an exemplary resource for understanding the relationship between faith and turmoil because it is comprehensive in its understanding of the diverse, subjective nature of religion as it is accessed in various life experiences. It also addresses the core of one's faith, which exists in the connection between oneself and one's higher power. This bond translates into the exercising of positive religious coping, which suggests a secure attachment with God. Positive coping delivers a source of emotional support and comfort as well as influences the management of life's challenges for the better. Within coping, collaborative religious problem solving presents as the most utilized and the most effective management tool. According to Pargament and Park "A collaborative relationship with God appears to provide the individual with a sense of empowerment in the face of a difficult life situation" (as cited in Gall et. al., 2005). As it pertains to African Americans, their unique relationship to God encourages the use of both positive coping and collaborative problem solving to mitigate difficult circumstances. Although navigating life remains challenging for most African Americans, their experiences have also fostered an unyielding faith in the power of God and his promise in Hebrews 13:5 which states, "I will never leave you nor forsake you." As the most religious group in the United States, African Americans possess a powerful connection to God that equates to their ability to resist oppression and defeat be it internal, external, subtle or overt. Instead, African Americans are encouraged to endure and persevere through their trials according to Psalm 30:5 which reads,

“Weeping may endure for a night, but joy comes in the morning.” It is this sense of expectation that counteracts the psychological hopelessness that leads many down the path towards suicide.

CHAPTER VI

Theoretical Synthesis and Professional Implications

Chapter III-V Overview

This theoretical investigation examines the ways in which social integration and religious coping operate in Black religion and spirituality to curtail the use of suicide as a means of unburdening oneself of profoundly negative emotions. Chapter III presented the phenomenon of Black religion and spirituality. Identified as two overlapping yet distinct concepts, both are a reflection of the believers' relationships with God and their community as impacted by a history of slavery, racism, and cultural oppression in the United States. This chapter also established a historical context in which to understand the role of suicide within the Black religious and spiritual experience. Initially exercised as a spiritually authorized method of evading bondage and a life of servitude, suicide for African Americans has adopted the mainstream perspective as an indicator of deteriorating mental health. Regardless of its evolution, the utilization of self-destruction or lack thereof remains rooted in a spirit of resistance against societal forces that threaten to dismantle the stability of Blacks in this country.

Chapter IV delivered an examination of the connection between Black religion and suicide as understood through social integration theory. The chapter referenced Durkheim's *Suicide* in its discussion of the history of suicide as sociological phenomena and emphasized how a society's efforts to integrate and regulate its citizens was the primary factor in an individual's decision to commit suicide. According to Durkheim, an overabundance of or lack of adequate

integration leads to altruistic and egoistic suicide. The same applied to regulation, which produced fatalistic and anomic suicide respectively. The next part of the chapter covered social integration theory at length and summarized the empirical literature to date. In his description, Durkheim argued religion to be one of the most important systems in a society because of its ability to both integrate and regulate its followers through its values, beliefs, and rituals. To support this he presented his work on suicide within the Catholic and Protestant congregations. The chapter concluded with a discussion on the functionality of the Black Church in the African American community as a fitting example of a system of social integration. It also discussed more contemporary ideas around social integration to include social networks, social support, and social capital.

Chapter IV introduced Kenneth Pargament's theory of religious coping and how individuals' perceptions of their relationships with God support or hinder their capacity to effectively manage stressful life challenges. This concept presents as the proper theoretical framework for the understanding of spirituality as it is in alignment with the ways in which spirituality is understood and exercised by African Americans. It is also applicable because as a psychological experience directly related to mental health, religious coping efforts are able to deter or facilitate suicidal behaviors depending on the individual. The chapter began by establishing the foundational assumptions behind religious coping. Next, validating through empirical evidence, key features within the framework were reviewed to include positive and negative religious coping as well as the four types of religious problem solving styles. The application of religious coping and problem solving to Black spirituality completed the discussion with literature to support associations between positive coping and collaborative and surrender problem solving and negative coping and self-directed and passive problem solving.

This purpose of this chapter is to demonstrate the protective functions of Black spirituality and religion as it pertains to suicide using the social integration and religious coping contexts. This will take place through a theoretical investigation of case material derived from a past client with whom I have worked. The details of this case are a collection of parallel, salient features that I witnessed and addressed during my work with this individual. Following this illustration, a synthesis of the phenomena and theories discussed in the previous sections will be offered to explain my theoretical position for understanding how faith serves as a buffer against suicide in African Americans. This chapter will then address the significance of this subject to social work practice and in its close propose suggestions for spiritually integrated psychotherapy.

Case Study: “Deborah Johnson”

Client information and mental assessment. I became acquainted with Ms. Deborah Johnson [client name changed to protect confidentiality] while working at the VA Hospital in an outpatient group treatment program for military veterans diagnosed with a severe and chronic mental health conditions. Deborah was a female veteran who had been enrolled in this program for approximately four months. Since the beginning, Deborah’s participation in the program had been minimal. She was documented as having attended a few groups in the beginning, but was reportedly offended by a comment referencing religion made by another veteran during a session and since then had not returned. When asked if she wanted to continue with the program, Deborah maintained that she was interested and would make more effort to come to come. Her psychiatric provider and recovery coordinator became concerned about her seemingly growing isolation, as they were unaware of any of family or friends with whom she communicated regularly. In an attempt to reengage Deborah, her recovery coordinator asked if she would be interested in working with me in individual therapy; my aims were to assess her mental status,

explore her resistance to attending groups, and help facilitate her reengagement into the program. She was informed at the onset of my temporary position with the program and was encouraged to participate in groups to maintain some continuity in her treatment. Deborah did not commit to attending groups but expressed that she was willing to meet with me individually and would reconsider groups in the future. Although I offered weekly sessions, she stated that she was more comfortable meeting biweekly.

Deborah was a 56 year-old, self-identified, African American veteran woman. She appeared to be of average height and build as well as appeared her stated age. She looked neat and appropriate in her dress and overall grooming. Her attitude was consistently pleasant and cooperative. However, Deborah also presented with a mildly depressed mood and affect. When asked how she was doing, Deborah often looked away before muttering the word “fine.” She also sometimes described herself as feeling “tired” or having “no energy.” Her speech was of normal rate, rhythm, and volume and her thinking was linear. Deborah expressed that she had experienced both auditory and visual hallucinations in the past but not in the recent months. She had a history of suicide ideation but denied any attempts and had had no hospitalizations in the preceding year. She was alert and oriented to time, person, situation, and location. Her thought processes were coherent. Her overall reliability, judgment and insight were fair.

Assessment

Deborah resided in an apartment in a southern Texas suburban community alone. In the past, she lived in other locations both abroad and domestically as a member of the United States Army for 23 years. She retired as a Sergeant in Texas, which was her last duty station. Deborah expressed that over the course of her career, she participated in various operations as a combat medic, with the most memorable one being the first Gulf War in the early 1990s. Although she is

proud of her career and her participation in serving her country, Deborah stated that horrors she witnessed while at war are unmentionable. In honor of her fallen comrades and their sacrifices, she refused to speak of her experiences. However, I also believed that her refusal to discuss her combat experiences were for her own mental and emotional protection. Deborah is the mother of one adult son who was also in the Army and stationed in Colorado with his wife and child. Deborah had been married but divorced as a result of her husband's infidelity.

Initially, Deborah seemed guarded and was hesitant to disclose personal information. This began to change at the beginning of one of our sessions. Surprisingly, she inquired about my faith and my church attendance. When I told her I was a Christian and that I attended church, I noticed a look of relief on her face. Deborah talked about her faith and her church-related activities more openly from that moment on and I realized then that she was reluctant to discuss her religious beliefs because she was unsure how receptive I would be if she were to speak candidly about her spiritual experiences. It was then that realized how important Deborah's religion was to her. She described herself as a very devoted Christian. She was a member of one of the local Protestant, mega churches with very important roles in the choir as well as Sunday School. She shared that prayed twice daily in conjunction with her personal Bible study. Coming from a middle class background, Deborah was unemployed and had not worked in approximately five years. After her retirement from the Army in 2000, she worked for a federal agency as an administrative assistant for nine years before earning a second retirement. She was deemed 100% service-connected disabled within the VA Hospital, and was issued a monthly allotment of approximately \$3,000.00. In addition to disability, Deborah also received her retirement income. However, she maintained that she struggled to stay afloat financially and regularly had difficulty paying her bills. Deborah's health was fair. She was a diabetic but managed her condition

through daily insulin injections and a reasonable diet. However, her fibromyalgia was a separate battle. The debilitating nature of the condition made it hard for her to be active and she often complained about how the pain left her bedridden and feeling very sad and unmotivated. Patient records indicated that she attended all scheduled appointments and was compliant with her medications. This was interesting to note because many of her appointments were in the same building as the outpatient program, and yet she did not attend any groups. Clearly, there was something about the group environment that Deborah found uninviting.

Overtime Deborah became more comfortable and shared more about herself each session. When I asked Deborah to explain her concerns and how she was feeling, she simply stated, “I don’t know. I just don’t feel like myself.” She reported that she was tired often. Although she expressed a desire to do so, it was difficult to gather the energy to do the things she liked such as shopping, singing, and socializing with her friends. Deborah attended church faithfully because, as she revealed, often her faith was her only source of her strength. She also went because the church community was her primary social outlet. However, when she returned home she said that she was often left feeling depleted and crawled right into bed. I inquired about her home environment and Deborah mentioned that she kept her home in pristine condition in the event she might have guests. However, when asked about visitors, she admitted that no one had been to her home in months. She expressed that she was not in the mood to entertain and she did not trust others to care for her home in a manner similar to her way. She expressed difficulty concentrating on tasks and no longer ventured out as often as she was accustomed to in the past. When she was able to gather herself, she stated that she did not remain out for long, and left many of her errands incomplete. Deborah disclosed that at times when her mood felt remarkably low, the spirits of her ancestors visited her. Concerned that what she might be experiencing were

hallucinations, I inquired about these moments further. Deborah sensed my shift and became defensive. She said that she was hesitant to tell me because she was afraid of how I would respond. She assured me that she was not “crazy” but as a woman of strong faith, spirits would come to her and offer her comfort and reassurance. Hallucinations, on the other hand, often left her feeling very frightened as they presented as negative forces sometimes encouraging her to harm others or self. She said that she could see the spirits as faint images but was more inclined to feel their presence. She expressed that she felt at peace when they were around and were a reminder of God’s love for her. Deborah comprehended her experiences to mean that although she was going through a difficult time, God had not abandoned her and that “trouble don’t last always.”

Through our sessions, I learned that Deborah’s emotional decline coincided with a series of events that had taken place in her life. First, she was struggling financially as a result of her lending her son large sums of money over the course of a few months. This caused her to become behind in her bills and other responsibilities. In addition, Deborah was the victim of sexual advances by one of the ministers at her church, which made her fearful of her reputation as well as her membership should she report him. As church was her primary source of support, she was extremely terrified of its loss. This feeling was further intensified by an argument with a friend that left her feeling disconnected and lonely. Deborah expressed that, recently, she started having thoughts of suicide. However, she also expressed that suicide was a sin against God and she did not want to condemn her soul to Hell. She clung to the belief that she would eventually feel better. She was unsure how that process would unfold, as her traditional coping methods had allowed her to maintain but had failed to address the core of her suffering. I became concerned

that Deborah's suicidal ideation would return and advance into gestures and attempts if she were unable to receive some relief.

History

Deborah's personal and family history was largely unknown to the treatment team. Her recovery coordinator administered an assessment upon her entering the program, but after I reviewed her records, it was evident that Deborah did not care to talk about her past. She spoke about her life in snippets, so it took some time to develop a comprehensive picture. Even when we moved forward in our sessions and her comfort grew, she only made a few statements about her parents to shed light on her life in the earlier years. When asked to discuss her childhood, Deborah stated, 'There's not much to tell.' Deborah disclosed that she was the youngest of four children. She had one brother and two sisters but rarely mentioned them in individual therapy. Her records also documented her as having approximately two years of college while serving, but no other developmental or vocational history was listed and she did not speak of any additional schooling.

Deborah described her childhood as insecure and unpredictable. Coming from a lower-middle class background, she explained that her mother was originally from Jamaica but her father was African American. At the time she was conceived her father was but a tourist visiting Jamaica and although she knew of him, she never experienced a true relationship. Her brothers and sisters all had a different father who was native Jamaican. This made her feel like an outsider at times. She explained that she was born in Jamaica but moved to the United States at seven years old with her mother and siblings. Deborah described the transition to the U.S. as very difficult. Her mother migrated to New York City and they lived in a small apartment in Brooklyn. She was extremely close to her grandmother in Jamaica so that when she moved,

Deborah shared that she was devastated and missed her grandmother terribly over the years. Although she visited her grandmother as often as she could, Deborah expressed that her life was never the same and she recalled often times feeling very lonely.

In our conversations about her family, it became evident to me that Deborah's relationships with them were close but not ideal. She had a loving relationship with two of her three siblings but knew they did not understand the woman she had become as a result of her military service. She spoke with them regularly but had not been to New York to visit in years. She also described the relationship with her mother as bittersweet because it seemed to create resentment in her oldest sister. This sister resided in Texas as well and at that time Deborah described their relationship as practically nonexistent. She appeared sad as she talked about how they had not spoken in a long time and how she could not ask her sister for assistance with anything. She stated that she was certain that her sister would not help her and furthermore would criticize her for being irresponsible. She did not want to feel the pain of rejection so she opted not to reach out to her.

Grade school for Deborah seemed lonely and uneventful. She expressed that she never thought of herself as a very attractive female and was an introvert. She had a few friends but did not consider herself close with any of them. She stated that she was never bullied but that other students often ignored her, which made her feel unaccepted and inadequate. She was an average student academically, but never cared much for school because of the social isolation.

Upon graduation, Deborah entered into the military because she could not afford college and she wanted obtain her citizenship. When asked about her experience, she said that she enjoyed serving in the Army. She appreciated the professional security, growth, and overall camaraderie of being a soldier. She talked about the friendships she developed and how the

military helped her to become more confident as she excelled in her field and was picked for special assignments and leadership roles. She also mentioned that the personal and professional experiences in the military strengthened her relationship with God, particularly as she got older. When I asked her to explain, she shared that when she entered the military, at times she struggled with her anger. She said that she was not easily provoked but there were things that she felt were triggering to her such as criticisms, belittling, or any acts she perceived to feel like betrayal. Given the strict military culture, I asked her did this behavior have a professional impact. She admitted that it did at first and she was almost discharged from the Army for insubordination when she engaged in a shouting match with her superior during her first year of service. In addition to her reprimand, Deborah said that she was advised to begin seeing a therapist. However, she declined because at the time she felt that, “only crazy people go to therapy.” Because she was in fear of being discharged, Deborah learned to control her temper, especially around leadership. Yet, around her peers or strangers, she said she would become enraged to the extent of using excessive foul language and on occasion attacking another individual. Fortunately for Deborah, she was never arrested, but admitted that she probably should have been. As she spoke of that time in her life, Deborah attributed this to God’s protection in her life.

Deborah revealed that she began making drastic changes in her life when she met her son’s father who later became her husband. At that time she had been in the military for approximately eight years and was assigned to a base in Virginia. They met when she arrived at the unit and took an immediate liking to him. As he was very active in the church, she began to attend the gospel service on the base with him. Prior to this, Deborah rarely went to church, but maintained that her faith in God was strong because of the ways in which he helped to see her through many situations that she felt she would have not been able to handle alone. Deborah

described her life during this time as undergoing a transformation. She shared that she began to develop a deeper relationship with God and it changed how she thought and how she behaved towards herself and others. She changed her social environment, ceased drinking alcohol socially, minimized her use of profanity, and was delivered from the rage that lived within her spirit. Deborah shared that her faith forced her to become more accountable for her actions and she changed her life for the better. She was married for about eight years during which she gave birth to her son.

Shortly after giving birth, Deborah was deployed to Kuwait during the Gulf War conflict. Upon her return, she discovered her that her husband was involved with another woman. After the initial shock and devastation, Deborah attempted to reconcile the marriage but the pain of the rejection ran too deep for her to overcome. She filed for divorce and he requested a reassignment to another duty station. She admitted that was it was one of the most difficult times of her life because it triggered many of the emotions and feelings of abandonment she felt as a child. However, Deborah leaned on the support of her church members who not only provided a healthy social outlet but also volunteered to assist in the caretaking of her son, as she suddenly found herself a single mother.

Deborah admitted that upon returning from war she was never quite the same. Although she did not excuse her ex-husband's infidelity and still fostered some resentment towards him, she acknowledged that life seemed bleaker mostly as a result of her war experiences and the images of the injured or fallen soldiers she treated haunted her for years. Deborah confessed that shortly after her return she experienced frequent nightmares, anxiety and insomnia. She also felt significant irritability, but tried her best to control her emotions. Fortunately, many of those symptoms had improved significantly over time and she said that her primary concern now was

her mood, which she felt was chronically low. I asked her what, if anything, did she do to help her cope and she said that she prayed often and stayed close contact with her church family. When asked about her feelings around seeking treatment from a mental health provider, Deborah shared that she was hesitant to do so while in the military for fear of being discharged. She asserted that regardless of what had happened to her, she loved serving her country and did not want to be forced out. She had given over 20 years to the military and was not prepared to leave one of the most stable and reliable aspects of her life.

During the years following her retirement, Deborah stated that she was fearful of getting help because of the stigma surrounding mental health in the African American and military communities. From childhood and into the Army, she talked about being in environments where any issue of mental health came with the label of “crazy” and acts of alienation by others. She also believed this to be true if she sought help at the VA. As a Black woman and a soldier, she was perceived as being “too strong” to suffer from mental illness so she kept her pain a secret. She reported that, until recently, her faith had been a sufficient resource in her efforts to maintain some level of normalcy in her life. However, in light of her recent stressors, Deborah’s standard coping mechanisms were unable to contain her sorrow and she acknowledged that she needed more help. In addition, Deborah also acknowledged that the birth of her grandchild convinced her that she no longer wanted to simply “get by” but to thrive and become an active part of his life. After consulting with her pastor whom she described as an advocate for mental health treatment in conjunction with spirituality, she sought help through the VA. However, given her unfamiliarity with the environment, she expressed that she is not yet ready for group and preferred individual therapy instead.

Diagnosis

As addressed in the case illustration, Deborah had never been assessed by a mental health professional prior to her receiving medical services at the VA Hospital. As she feared for the security of her career, she kept her mental health a secret and as a result suffered in silence. From the information she provided in treatment, I suspected that Deborah not only suffered from post-traumatic stress disorder (PTSD) upon returning from combat, I also believe it is highly possible that she may have also enlisted into the military with an untreated diagnosis. If this were true, Deborah's scenario is not be uncommon as thousands of soldiers, to this day, operate under similar circumstances. According to a 2011 Department of Defense Health Related Behaviors Survey of Active Duty Military Personnel, more than one-third reported that they felt that seeking mental health treatment would tarnish their careers. Of those that sought treatment, 21.3 percent reported that their actions did have a negative effect on their careers (RAND Corporation, 2014, p. 21). In addition, the National Institute of Mental Health in conjunction with the U.S. Army conducted the largest mental health study of the military to date; it revealed that a significant percentage of active-duty, non-deployed soldiers tested positive for a mental health diagnosis, with many having one before they enlisted (Willingham, 2014). Prior to her referral to the outpatient program, Deborah was administered a thorough biopsychosocial assessment by her psychiatrist. Upon its conclusion, Deborah was diagnosed with Major Depressive Disorder (MDD) with psychotic features. According to the DSM IV-TR (2000), the criterion for a diagnosis of MDD with psychotic features can consists of delusions and hallucinations in addition to the following depressive symptoms: (1) depressed mood, (2) loss of interest or pleasure, (3) significant weight loss or gain, (4) insomnia or hypersomnia, (5) psychomotor agitation or retardation, (6) fatigue (7) feelings of worthlessness, (8) difficulty

concentrating and (9) suicide ideation, plan, or attempt (American Psychiatric Association [APA], 2000).

Deborah's clinical picture and diagnosis were also in alignment with current research that explores the mental health trends among African American woman. In 2011, the Center for Disease Control and Prevention (CDC) published a study reporting that Black woman were diagnosed with depression at higher rates than Black men (4 percent versus 2.7 percent) and Blacks are diagnosed with depression more than Whites (4 percent versus 3.1 percent). This means that Black women are more likely to experience higher rates of depression compared to that of the general population (Hamm, 2014). However, research also shows that they are one of the most undertreated groups in this country. The reasons for this are imbedded in the history of African Americans and include: a lack of adequate health care due to poor resource access, the stigma of mental health in the Black community, unhealthy coping mechanisms (avoiding emotions, etc.), lack of knowledge about depression, the strong Black woman ideal, and cultural mistrust of the American health care system due to victimization (Hamm 2014). Although all of these barriers did not apply to Deborah's case, her aversion was powerful enough to restrain her from seeking treatment for decades. However, it also left her at high risk for committing suicide. Deborah's faith was a remarkable contributor in the coping and management of her diagnosis and therefore worthy of further exploration.

Social Integration Perspective

In Chapter IV, Emilie Durkheim theorized egoistic suicide as a social phenomenon that resulted from individuals feeling isolated and alienated from their desired group or community, particularly in times of crisis. He emphasized the importance of social integration as a means of deterring individuals from suicide and promoted it as a means of behavior regulation, identity

development, and overall purpose. Deborah's case illustration is an ideal example of this dynamic, particularly as it pertains to the way in which she utilized her church community, culturally African American in its ideology, as her primary supportive system.

As assessed in her case history, Deborah existed in various degrees of crisis for years prior to her enrolling in the outpatient program. She most likely suffered from symptoms of PTSD following her tour in the First Gulf War. She also appeared to have lived with undiagnosed depression for many years. The recent financial challenges she faced only seemed to intensify her distress and exacerbate her symptoms. The distance and the dysfunction in Deborah's nuclear family prevented her from being able to rely on them as a stable support system. As a result, she utilized her church as a surrogate family for the one she lacked. Deborah was a very active member of one of the largest churches in area where she resided. Regularly hosting 1,500 to 2,000 people per service, the availability of duties that would position one closest to the pastor were extremely limited. However, Deborah's choir membership and role as Sunday School Superintendent placed her in the core of the pastor's staff, which helped her to become more fully integrated into the church community. Because of the level of responsibility attached to her roles, her desire to meet her church obligations, and her resistance to disclosing her personal struggles, Deborah was forced to remain actively involved, even when she lacked the personal motivation. This had a positive effect as it kept her connected to her support and presented a healthy distraction from her depression. Deborah's need to maintain this relationship was also evident by the level of distress she presented when she discussed being forced to resign her post and her connection with the church as a result of the harassment she received. Although she was repulsed by the minister's behavior, her primary concern was her membership. It

became evident that Deborah's integration into her church had not only been meeting her social needs but it modulated her depressive symptoms as well.

Also consistent with Durkheim's hypothesis, Deborah's integration into her church and subsequently her religion played a significant role in discouraging her from committing suicide by establishing a system of morals and values which helped to regulate how she managed her depression as well as her suicidal thoughts. Unlike Durkheim's research proposing that Protestants were unable to accept faith without question, Deborah was a very devoted follower of her faith. She also was very faithful to the Biblical teachings of the pastor of her church whom she described as having a conservative stance on various faith topics. When it came to her beliefs around suicide, Deborah expressed various reasons why she felt it would be wrong for her to take her own life although she acknowledged that she had considered it on more than one occasion. She believed that suicide was a sin against God. She also believed she was obligated to make every effort to persevere through her trials because of God's sacrifice of his life for the sins of his children. Deborah felt that hardship was a normal part of life and her ability not to give up would be a testament of her faith as well as an acknowledgement of the strength and perseverance possessed by her ancestors. Deborah prayed and studied her Bible regularly, asking God for help and utilizing Biblical passages to encourage her to hold on to hope when her depression felt significantly damaging to her mental and emotional stability. Until her efforts to seek professional mental health treatment, Deborah stated that she was able to manage her symptoms on her own. However, through prayer and fasting, she gathered the courage to step out of using faith alone and ask for help, as she knew that she was slowly losing the battle with her depression and did not want to return to a state in which she would seriously contemplate suicide.

Lastly, Deborah's integration into her church community fostered a new identity and a sense of purpose through the social relationships and exchanges she experienced. As a retired service member, a mother of an adult child, and a sibling with distant family bonds, she was no longer able to fully identify with the multiple roles that defined her for so many years. Each had come with a set of personal responsibilities that gave her a direction and provided an outlet to channel her influence in a meaningful way. The loss of those relationships over time created feelings of disconnection and loneliness that eroded her sense of importance and ultimately her mental health. Those voids resonated even more by the fact that her personal supports were unavailable or limited due to distance. Deborah's church membership and participation became extremely important to her because they began fill those vacant spaces in her life. Being a member of the congregation allowed her to be a part of larger community that shared her cultural and spiritual beliefs. Her involvement helped to secure a reliable support system as Deborah developed friendships with other churchgoers. Although she was hesitant to accept, those who were aware of her financial concerns extended their time and resources to help relieve her stress. Deborah expressed that it made her feel cared for and loved. Her positions within the church also helped her to become even more embedded into its fabric and made her feel like she was a valued contributor to its success. Deborah took ownership of her responsibilities in the choir and Sunday school, which cultivated a renewed sense of purpose. Her desire not to disappoint those who relied on her and to show herself competent proved to be positive motivators for her to remain connected and engaged in a supportive environment. However, Deborah saw her work as holding an even greater importance. Not only was her participation in support of the church, it was also an expression of her faith and her Christian duty to draw others closer to God. Deborah believed that her independent and collective actions as a member in this sphere could encourage

or hinder others' growth in their faith. This responsibility she embraced as a part of her Christian identity and used it as a psychological anchor when her mental health issues became difficult to manage. Deborah's identity encouraged her perseverance because it deterred her from committing an act that would call into question the strength of her faith in God to help those who believe overcome various trials and tribulations in their lives. As suicide continues to be a subject of taboo, particularly in the Black Church, Deborah knew that her actions would be misunderstood and not acknowledged as a reflection of her mental health. She did not want that to be her legacy.

Religious Coping Perspective

Chapter V explored the theory of religious coping established by Kenneth Pargament. This framework does not speak directly to suicide but addresses the psychological underpinnings of one's faith that determines the way in which an individual can interpret and cope with adverse events throughout life. It speaks to a subjective understanding of one's connection to one's Divine Being and to individuals' capacity to shape the conflict resolution process. Religious coping offers a complementary perspective to assess Deborah's faith as a suicide buffer because it highlights her psychospiritual experience, which exists in concert with, and directly influences, her mental health.

Deborah's case study exhibits a strong representation of positive religious coping efforts employed during a time of crisis. Her primary strength rested in her perception of God's role in her life. From our sessions, I inferred that Deborah believed God to be a loving and merciful entity. She never spoke of Him as committing wrathful and persecutory acts against her, although she expressed a reverence in regards to his omnipotence and capacity to allow and protect individuals from the evil forces of this world. Deborah occasionally would refer to God

as her “Father” which implied that she valued their relationship as one that was nurturing, safe, and reassuring, especially during periods of unrest. Similar to a traditional parental/child relationship, Deborah frequently sought a connection with God through intimate means such as prayer and Bible study and more public avenues such as church attendance and participation. When experiencing doubt, she would “take it to the Lord in prayer” and wait for “a word” or sign that could direct her next steps. Answers could be delivered in various forms such as personal reflection, church sermons, or song. Deborah’s visit by spirits was also a way that she received comfort, which reinforced her belief of God’s omnipresence, and the spiritual protection that existed over her life.

This spiritual alliance also helped to reframe the way that Deborah perceived her mental health diagnosis, her financial circumstances, and her situation as a target of harassment. Because Deborah believed God to be a spiritual ally, she also perceived her struggles to be a necessary part of her spiritual growth and development. As addressed in various Bible passages, Deborah embraced the idea that hardship and suffering were a normal part life and to be expected. She identified this time in her life as one of those periods and saw it as a test of her faith in God’s power and her willingness to believe that he would intercede at the appropriate moment. She believed that if she remained steadfast in her faith, God would not allow this period of misfortune to completely cripple her. Although it did not preclude her from the doubts, fears, and worries that often exist in moments of distress, Deborah’s faith allowed for her to evaluate this period in her life as one that has the potential to strengthen her spirituality and promote self-empowerment.

Lastly, using a collaborative problem solving approach, Deborah believed although she may be limited in her own efforts, God had instilled in her the tools necessary to influence her

circumstances significantly. She believed that it was her responsibility to utilize those resources to the best of her capabilities and only after that would God assist in closing the distance between her current position and her desired outcome. Exploring Deborah's part in her situation became the focus of our therapeutic interaction because, although she was of strong faith, she admitted that she had not been proactive in asserting herself and setting healthy boundaries with others. As she began to implement the strategies agreed upon in therapy, Deborah began to see positive changes in her life. She attributed a series of changes in her life to her initial efforts to seek mental health treatment. Very apprehensive about disclosing personal information to a stranger as well as its overall effectiveness, Deborah later expressed that she viewed our relationship as an answered prayer and validation that her God would meet her needs if she simply stepped out on faith. In addition, Deborah also saw resolution in areas of uncertainty such as when she was allowed an extension on her rent when she was unable to pay. Deborah viewed this as an acknowledgement from God that she was exercising the proper strategies to improve her life. She began setting boundaries with her son and informed him of her financial predicament. Fearful that he would take offense, Deborah was surprised when he apologized and extended an offer for her to visit him in Colorado. She accepted and was overjoyed because she desperately wanted an opportunity to bond with her grandson. These incidents motivated Deborah to become more proactive in her self-care and instilled hope that God would fulfill his promise and see her through this time. This emotional improvement slowly minimized Deborah's negative mental health symptoms and by default distanced her from thoughts of suicide as she began to embrace life.

Synthesis of Social Integration and Religious Coping

The theoretical frameworks of social integration (Chapter IV) and religious coping (Chapter V) are complementary contexts that address the social and psychological features of the African American faith experience. Individually, each theory recognizes important aspects that contribute to this community's ability to ward off suicide vulnerabilities. However, I propose that a synthesis of these ideas will construct a culture-specific, comprehensive understanding of Black religion and spirituality that is more effective in explaining its protective aspects against suicide. This combination may be referred to as African American socially integrated spiritual coping. Although proposed for this current thesis which focuses on suicide, this basic premise of this framework can be applied to a host of Black mental and physical health situations as empirical evidence has shown the social benefits of religion along with spiritual coping have proven effective in moderating numerous conditions.

What makes this model unique is that it speaks to the essence of what has defined Black American sustainability. As a result of slavery and subsequent racial oppression, Blacks were forced to create self-sustaining societies separate from the dominant culture in order to have their needs met. Because they were often denied access to the American Dream, African Americans instead defined their value and self-worth by the one aspect of their experience which they have always controlled, their faith. This adaptation has produced an ethnocentric perspective that helps them to survive under chronic distress because it does not rely exclusively on outside forces for hope, validation, and acceptance. Constantine and associates pointed out that "Many African Americans are raised with an internalized sense of connectedness to religious values, which provide a sense of purpose, power, and self-identity" (as cited in Mengesha & Ward, 2012, p. 24). Socially integrated spiritual coping not only focuses on these features but it

advances the concept by emphasizing an individual's subjective connection with that person's creator and that individual's ability to influence the outcome of various life obstacles. Because suicide is often manifested out of feelings to include depression, hopelessness, and a loss of purpose, many African Americans are able to combat negative emotions by the strengthening of their spiritual relationship.

Socially integrated spiritual coping is also unique in that it operates on the premise that Black religion and spirituality are interrelating concepts but are also distinct and should be recognized as such. Within the Black community, religion and spirituality have evolved into heterogeneous concepts that incorporate a wide range of philosophies and practices. This is true not only in the Protestant community but in the faith community as a whole. With that understanding, socially integrated spiritual coping acknowledges that religious and spiritual dedication and perception exist on a spectrum and that it is not required that a person embrace both religion and spirituality simultaneously. This means that one can be religious without being spiritual or one can be spiritual without being religious. It also means that one can be both spiritual and religious and yet exist within various stages of health. This theory does not ignore the possibility that an individual may be protected from suicide with only a fraction of the elements presented in this current thesis. However, it is argued that that the more one's life is in alignment with these ideas, the better shielded one may be against self-destruction.

Although research overwhelmingly supports African American religion and spirituality as protective mechanisms, socially integrated spiritual coping recognizes the potential for one to have negative faith experiences, both socially and psychologically. As discussed in Chapter IV, Durkheim coined the concept of altruistic suicides, which occur as a result of excessive group incorporation. This process leads to a loss of personal self-value as it is overshadowed by the

larger group identity and its needs. Those who fall within in this integration category no longer are able to advocate for themselves and can succumb to suicide as a result of external forces that may require such an act as a form of sacrifice (Durkheim, 1951, Chap 4, "I," para. 8). In Chapter V, it is noted that Pargament acknowledged negative religious coping takes place when a person has an insecure relationship with the Divine -- creating a pessimistic view of the world and of religious experience (as cited in Aflakseir & Coleman, 2011, p. 45). Perceptions of a vengeful and abandoning God can promote negative religious coping. In addition, self-directed and passive/deferred problem solving techniques have been identified as being harmful to the coping process. Research has shown that negative coping behaviors are associated with anger, depression, and alcohol use (Raiya, Pargament, Mahoney, & Stein, 2008), which also have a correlation to suicidal behaviors.

Thesis Strengths and Weaknesses

This theoretical examination possesses both strengths and weaknesses. One of its greatest strengths is that it proposes a socially and psychologically in-depth perspective that is absent from the vast majority of existing research. It moves beyond the superficial assessment of the buffering aspects of Black religion and spirituality via global measurements into a discourse designed to gain a better understanding of the subjective faith experience as it pertains to suicide and potentially other health concerns. Using established theories, this analysis explores how the psychosocial processes around religion and spirituality influence one's ability to ward off suicidal behaviors. However, it is also comprehensive enough to consider the possibility of negative religious experiences and increased suicide probability. An additional strength of this review is that it contextualizes religiosity and suicide within the African American community not only as it is understood today but also how it has evolved over time. This historical

positioning provides more insight into the understanding of the Black survival in the face of chronic persecution.

The primary weakness of this exploration is that it addresses religion and spirituality from a predominately Protestant Christian perspective. Although the vast majority of Blacks are Protestant, there are many that are not and do not relate to their Higher Power in the same way. In addition, there is much diversity within the Protestant religion. Therefore, it is highly unlikely that the spiritual relationship described in this current thesis is an accurate representation of all denominations. Because of this, it is also possible that there are other, undiscovered theories that may provide a more accurate explanation of the religion-suicide association. Secondly, Black populations are a representation of a multitude of different ethnicities and subcultures. In presenting this theory as one that can be used to understand the Black spiritual journey at large, a host of other subgroups may be marginalized, as they may not utilize these techniques to cope with adversity or tackle issues of suicide. The same is true among African Americans of different genders and age groups. Statistically, the rates of suicide are not the same among Black men, women, and children. This means that although this concept has proved itself effective in the case illustration of an Black woman, it does not guarantee the same would be validated among men or youth. Further research would be required to determine what, if any, adjustments to the theory would need to be made in order to address the specific needs of each subgroup with the overall African-American community. Furthermore, numerous empirical studies would need to be conducted in order to validate this concept as accurate with any level of certainty.

Implications for Social Work Practice

African Americans and the underutilization of mental health services. The greatest challenge that providers face in addressing suicide and other mental health issues among African Americans is that there is a noticeable resistance to seeking professional services. According to the U.S. Human Health Services Office of Minority Health, Black adults are 20 percent more likely to report psychological distress than Whites. However, in 2007-2008 only 8.7 percent of Blacks received treatment for mental health concerns – much less than the number for Whites (Mental Health America [MHA], n.d.). This aversion exists for numerous reasons both within and outside of the community. Socioeconomic oppression and racism has resulted in the exacerbation of mental health issues among African Americans. Due to a lack of resources such as health insurance, Black mental health needs often go unaddressed. In addition, a history of the mismanagement of African Americans in the health care system and a pattern of misdiagnosis has fostered feelings of distrust and a resistance to seeking treatment (Office of Surgeon General, 2001). Within the Black culture, a lack of knowledge and stigma surrounding mental health issues often discourages the use of professional treatment. Diagnoses such as depression are seen as a sign of weakness similar to acts of suicide. In order to be able to provide effective treatment around Black faith and suicide, a vast improvement in the overall clinical experience for African Americans must commence, beginning with the cultivation of a culturally sensitive therapeutic environment.

Cultural competence in psychotherapy. Moy and Bartman (1995) and Komaromy and associates (1996) reported that Black providers are more likely to treat African Americans in therapy. African American treatment preferences are clearly for African American providers (U.S. Public Health Service, 2001). However, according to the U.S. Department of Health and Human Services (DHHS), only 4% of psychiatrists, 2% of psychologists, and 6% of social workers in the U.S. are Black (DHHS 2012, p. 158). These statistics result in a shortage of preferred providers for some seeking treatment and an increase in the early termination of care due to issues of cultural misunderstanding and insensitivity. In order to build Black confidence in clinical treatment, mental health professionals, particularly those of other races and ethnic backgrounds, need to develop and exercise a satisfactory level of cultural competence in regards to issues of race and ethnicity and culture. Clinicians should be sensitive to the beliefs that have hindered some from acknowledging mental health issues and seeking treatment. These include African American valuing of mental strength, resistance to disclosure of sensitive information to a non-family member, and the expectation of suffering. Therapists also need to possess a level of self-awareness in regards to their cultural inexperience, as some Blacks have voiced concerns that most therapists lacked knowledge about their challenges and with that were more likely to mislabel and misdiagnose African Americans in treatment (Sanders, Bazile, & Akbar, 2004). Because the African American experience is extremely diverse, clinicians should be comfortable exercising various degrees of flexibility in discussions around sensitive topics such as racism and discrimination and be willing to initiate conversations if necessary. They should conduct sessions with the necessary level of transparency in order to dismantle any resistance and build the therapeutic relationship to effectively treat their clients.

Religion, spirituality, and suicide in clinical practice. Most licensed clinicians are comfortable performing suicide assessments and treating suicidal patients as a part of their practice. However, with limited resources pertaining to religion and spirituality in treatment and even less in regards to African Americans, discussing suicide as a spiritual concept can prove to be an intimidating feat. Within the realm of cultural competence, clinicians have historically been hesitant to approach issues of religion and spirituality in practice. It is imperative that providers receive the proper training to aid in their ability to effectively engage in discourse pertaining to religion and spirituality. As it is an integral part of the lives of many, Blacks often possess spiritual ideas around most important topics -- to include suicide. They hold a wide range of views regarding their faith, and a well-trained therapist will need to be able to explore those understandings without imposing personal generalizations and biases. Mary Thomas Burke and colleagues developed a list of competencies for integrating religion and spirituality into psychotherapy at the 1995 Summit on Spirituality. Their recommendations included the following: (1) explain the similarities and differences between religion and spirituality, (2) describe culture-specific religious and spiritual beliefs and practices, (3) allow for self-exploration of the client's spiritual and religious beliefs in order to gain a better understanding, (4) describe one's belief system and explain various models of development across the lifespan, (5) demonstrate sensitivity and acceptance of the client's religious and spiritual expressions, (6) identify personal limits in understanding and exercise the appropriate referral sources when appropriate, (7) assess the relevance of spiritual domains in the client's therapeutic issues, (8) exercise sensitivity and respect for the spiritual themes expressed in the therapeutic setting, (9) use clients' spiritual beliefs in pursuit of their therapeutic goals if preferred by the clients (Mengesha & Ward, 2012, p. 28). Psychotherapists should also develop partnerships with local

Black religious leaders for consultation purposes as well as for a client referral source. This will prohibit providers from counseling outside their purview yet allow them to meet their clients' needs. They can also work with church leaders to bring mental health education and resources to the African American community to aid in reducing stigma and promoting the use of professional mental health systems.

Conclusion

This current thesis has illuminated a vital, yet overlooked aspect of the African American experience. Based on a review of the phenomena and an analysis of social integration and religious coping theories, a new understanding of suicide from a religious and spiritual framework has been presented that is more comprehensive than previous models. Unfortunately, empirical studies examining faith and suicide are practically nonexistent beyond the recognition of a few global measures. With that, no solid research or practice guidelines exist that examine the effectiveness of spiritually integrated psychotherapy among African Americans with suicidal behaviors. Given research that validates the frequent use of religious and spiritual coping techniques to address a number of mental health issues, it is imperative that psychotherapists are able to work effectively in this community. In addition, the Black community has experienced some increase in suicides in recent years and the challenge now faced by mental health professionals concerns the access and retention issues surrounding African Americans in treatment. The successful incorporation of Blacks into the mental health system will require that clinicians continue to grow in their cultural competency around issues of race and faith. Through training and self-awareness, clinicians can create therapeutic environments that are culturally and spiritually sensitive to the African American way of life.

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