

Suicide Prevention for Children and Adolescents Conference

**Suicide in the Minority Population
Frances L. Brisbane, Ph.D., Dean
School of Social Welfare
Stony Brook University**

There are many widely held beliefs, cultural factors, and historical circumstances to consider when interpreting the national statistics that indicate a lower suicide rate among African Americans than among the population at large. This presentation discusses the factors most likely to alter or to supply answers for the disparity. Most of all, I will make the case for suicide to become a more discussable issue in the African American Community than it is now.

Whatever the number of suicides – among African Americans – that number is too many. But until suicide is defined or accepted as a problem, African Americans will not feel the need to learn how to prevent it.

Unfortunately, the “face of homicide” is increasingly being painted “Black” in America. This happens despite the fact that suicide among all people happens twice as often as homicide.

Suicide by hanging, shooting, and cutting are used more by Whites than Blacks. Blacks tend to use more passive methods, for instance, poisoning, suffocating and drowning. For this reason, suicide is more difficult to certify with certainty.

Another reason refers to the stigma African Americans associate with suicide, coupled with knowledge that insurance companies are unlikely to make payment when suicide is the cause of death.

Relative to this, professional categorizers have limited training to assess suicide intent when it is committed in the ways most commonly done among African Americans.

Most of the research studies find that suicide among Black females seldom occurs outside of the 20 to 45 age range, and virtually none above 45 and below 20 years of age. This becomes a well known “fact” and is, perhaps, a major reason why suicide is not suspect or on professionals’ radar screen when determining the cause of death among these age groups.

This leads to other, and perhaps several, core reasons why the level of suicides are often three times lower among African Americans than Whites. Buffers against suicide for African Americans are their adherence to strong religious beliefs coupled with family and community attitudes that suicide is unacceptable regardless of how deeply etched is personal pain. This becomes a protective factor. And among the times suicide prevails as the cause of death, it brings shame and embarrassment to the family. Hence, if possible, family members aggressively “cover up” the cause and direct any discussion away from suicide as even a possibility.

Because Blacks have a high dependency on family members for support when they are depressed, mentally ill, alcohol or other drug dependent, they do not routinely seek mental health services. Therefore, they are seldom known to agencies that treat these illnesses at the time of their need or at their death. Coupled with this, again is their religious coping mechanism that often mitigates their reaction to stressful life occurrences.

In summary, I suggest that there are understandable reasons why the national statistics list African Americans as having a low rate of suicide. I further suggest that once these factors are understood, it

will become obvious why the low incidence statistics are often accurate and at other times may not reflect the facts.

Factors that Determine the Low Incidence Statistics for Suicide Among African Americans

1. Once suicide happens the family members re-name it to some type of “accidental death”;
2. Belief that anyone who commits suicide will not go to Heaven;
3. The ability to survive racism, widespread oppression, and inequalities, blurs anything else from taking prominence as a reason to take one’s own life;
4. Concern that insurance companies may not pay death benefits when someone commits suicide;
5. Shame becomes pervasive in families when a member commits suicide, thereby causing the family to lose the type and volume of sympathy and support that would be forthcoming had the death not been a suicide;
6. Belief that when a person is born and dies are not determined by the individual but is left to the will of God or the person’s Higher Power;
7. Suffering has redemptive value which is forfeited when life is ended by suicide, thus not ending suffering but an unending “hell” in after-life;

8. Belief that the Wall Street Crash of 1929 (the Great Depression) was clear evidence of both African Americans' religious views against suicide and their not having anything to lose that would cause them to commit suicide. This continues today as an example of how many Whites committed suicide in their response to their losses, and how African Americans with "nothing to lose, went on about their daily chores";
9. Committing suicide is considered one of the biggest sins, one for which the person does not have an opportunity to seek forgiveness from God or another Higher Power;
10. Anger due to the belief among survivors that the person who commits suicide is "selfish" and disregarded the burden her or his suicide would place on survivors;
11. Having close relatives and friends to believe the person did not commit suicide but someone probably poisoned or killed him or her. The funeral, which is a big event among African Americans, is not a satisfying or healing experience but a "finger pointing" event or fertile ground for rumors and gossip.

Why Suicide Must Be Discussed

The factors above do not suggest reasons for African Americans not committing suicide. Instead, they simply suggest why completed suicides are not reported as suicides and reasons African Americans use to mask suicide as a cause of death.

African Americans need to discuss suicide as a more frequent cause of death than statistics indicate. The issues cited above are indications that suicide is a "closet" cause of death. Hiding suicide is causing harm to a large segment of the United States population

because you cannot prevent a problem that you do not know or do not acknowledge its existence.

I believe the churches where a predominance of African Americans attend, should be a primary source of education. There could be sermons developed to “preach the problem” and to have after service dialogues to discuss behaviors that often lead to suicide and to share prevention strategies.

There can be recruitment and training of “natural community healers” who would be trained to help and support persons at risk for suicide. Medical personnel and first responders should be trained to think of incomplete suicide as a possibility when responding to African Americans who hurt themselves “accidentally” or otherwise. This would lead professionals and non-professionals to refer or seek appropriate help for the person rather than assuming they “saved” the person’s life, thus “all is well.”

Help parents through parenting classes understand that children – as young as 6, 7, 8, -- can become depressed and not to belittle their feelings. Also, not to take lightly a 16 year old girl’s “depression” over the loss of her boyfriend. While these children may not be concerned and worried about the things that may depress their parents, their concerns are valid nonetheless. The depressive states that grow out of young people’s problems are age related and of paramount importance to them.

Among the many so-called accidental deaths are people who knowingly “drink themselves to death.” Others take a lethal dose of legal or illegal drugs in the hopes of ending their misery. They do not know that suicidal thoughts may be “normal” for them and given time, under a given set of circumstances, that there are people who are trained to help them. Major substance abuse organizations and

programs should add educational outreach and suicide prevention to their programs.

I suggest that African Americans stop saying: Someone “lost his/her will to live” when we clearly know death was caused by a completed suicide. Even the word suicide needs to become acceptable for utterance among African Americans. Again, until it becomes defined as a problem, it will not become a factor for prevention. African Americans must face their cultural beliefs, myths, taboos, and historical barriers that keep them from accepting suicide as a possibility. Otherwise, it will not be possible to prevent this preventable death.

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