



Title: Suicide and Black American Males: Interview with Sean Joe, Ph.D., LMSW

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Jonathan Singer: Today's *Social Work Podcast* is on Suicide and Black American Males. Why suicide and Black Americans? Well, there is a belief among most Americans, and particularly among African American adults, that Black Americans do not kill themselves (Joe, 2006). When we think of violent death among Black Americans we think of homicide. Suicide is thought of as a "White" problem. While it is true that suicide was not a leading cause of death for African Americans 40 years ago, today it is the third leading cause of deaths among African Americans 15 – 24 years of age. So why Black American Males specifically? Well, among all racial and ethnic groups, the suicide rate is lowest among Black American females. Given that Black American males, particularly youth, are over-represented in social services, social workers need to be aware of the risk for suicide, and prepared to provide potentially life-saving services. One thing that makes social workers professionals is that we are trained to see things that others do not. Most of us have not been trained to see suicide as an important issue in the Black American community. It is my hope that after hearing today's guest, Dr. Sean Joe from the University of Michigan, you will be more likely to see suicide among Black American males as an important clinical and programmatic issue.

Dr. Joe holds a joint position as associate professor in the School of Social Work and the Department of Psychiatry at the University of Michigan's School of Medicine. He is also a faculty associate with the Program for Research on Black Americans at the Institute for Social Research, University of Michigan. Dr. Joe is a nationally recognized authority on suicidal behavior among African Americans. He is the 2009 recipient of the Edwin Shneidman Award from the American Association of Suicidology for outstanding contributions in research to the field of suicide studies and the 2008 recipient of the Early Career Achievement Award from the Society for Social Work and Research. He serves on the board of the Suicide Prevention Action Network (SPAN USA), the scientific advisory board of the National Organization of People of Color Against Suicide, and the editorial board of *Advancing Suicide Prevention*, a policy magazine. He is co-chair of the Emerging Scholars Interdisciplinary Network (ESIN) Research Study Group on African American Suicide, a national interdisciplinary group of researchers committed to advancing research in this area. He has published extensively in the areas of suicide, violence, and firearm-related violence.

In today's podcast, Sean talks why it is important to look at the suicide rate among Black American males, specifically adolescent males. He talks about how recent research has started to put together a profile for Black American Males most at risk for suicide, and the factors that seem to protect against suicide. He talks about some of the social and historical factors associated with the increase in suicide rates among Black Americans. Sean gives an example of how he talks with Black Americans about suicide and stigma. We talked about recommendations for social workers who are working with Black American males who might be suicidal, including talking about faith, valuing that child, having a vision of that child as an adult,

and healthy masculinity. Sean discussed some resources for social workers interested in learning more about this topic. We ended the interview with Sean extending an invitation to social work clinicians and researchers to join him to better understand suicide and suicidal behaviors in Black Americans.

One quick word about today's podcast: I recorded today's podcast using a **Zoom H2** recorder on location at the **Society for Social Work Research (SSWR)** annual conference. If you listen closely you can hear the sounds of San Francisco in the background: a clock chiming, busses loading and unloading passengers, and even some pigeons congregating outside of the interview room. They don't detract from the interview, but I wanted to give fair warning in case you were listening to this podcast anywhere where those sounds might be cause for alarm.

So, without further ado, on to episode 56 of the social work podcast, Suicide and Black American Males: An Interview with Sean Joe, Ph.D., LMSW.

Interview

Jonathan Singer: Sean, thanks so much for being with us here today on the podcast to talk about Black American males and suicide. And my first question for you is, how do you define "Black American males?"

Sean Joe: Most of my work focuses on the positive development of Black youth. While I do that, one of the things that's important to understand, as I've said, is diversity among Blacks. So, African Americans are the largest Black ethnic group, the second largest are Caribbean Blacks, based on different cultural practices, norms and differences, you have to take that into account. So, when we're talking about Black males, we're spanning the Diaspora of Blacks in the United States.

Jonathan Singer: When we talk about Black American males and suicide, why is this a significant issue? Why is this something that we want to talk about today on the podcast?

Sean Joe: Well, I think it's for a variety of reasons. One, Black males disproportionately carry the burden in terms of how many of them disproportionately have different sort of health and illness, higher rates of joblessness, higher rates of criminal victimization, and incarceration. But one of the things that are unique, when we look back, say about forty years, is that Blacks did not commit suicide at levels that were comparable to Whites. And I got involved in looking at homicide among Blacks, which is the leading cause of death for Black males 15 to 44. That got me involved in suicide. So my interest in understanding suicidal behavior, because in the field, people talked about suicide as the opposite side of homicide and I don't think that's totally true, but, anyway, I got interested because I wanted to know whether or not this was another issue we needed to look at. And, given Blacks' traditional lower rates of suicide, the fact that between 1984 and 1999 the greatest increase in rates of suicide among young people was among Black males 15 to 19. So that really suggests that, one, we should understand that though Blacks have experienced really difficult hardships and continue to experience those hardships in the United States and have all the stressors that should make them be at high risk for suicide, they weren't but now a group of the population is beginning to exhibit higher rates

of suicide, that's when we should look at, what has changed for that population, learn from that, and then see whether or not we can – are those things are modifiable, and if they are, we might apply, not just to Blacks but to other groups who have not experienced the level of stress Blacks have experienced but similar, and then we might be able to do some prevention around suicide for a larger population.

Jonathan Singer: What have you found, or what do you know to be, some factors that are associated with this increased risk for suicide among Black American males?

Sean Joe: Well, the great thing is that more people are beginning to work around the area, including myself. One, we are learning now about the patterns, we didn't even know about the patterns up until about 15 years ago and when we began to see that one, black rates were increasing, they're still lower than whites, so, although Black male rates of suicide are lower than Whites, it varies. For example, we're learning that Blacks are more likely to use firearms, though firearm's the primary method used in the United States, their suicides are disproportionately higher in terms of those that involved firearms than their White peers, so we know that. We're learning that with the little data that we do have on the type of firearms, we learn that Blacks are more likely to use handguns, white youth are more likely to use shotguns. Again, that makes an important distinction in terms of how we can consider, you know, what sort of prevention we need to do. We're learning, of course, that there are gender differences among Blacks that, particularly with adults, for example, we're learning that it's Caribbean Black males who report the highest suicide attempt rates more than African American males, more than African American females, then the lowest group is Caribbean Black females. So, these are things we're beginning to learn in the last five to ten years. We're also beginning to learn that psychiatric disorder does have an impact of suicide risk among Blacks. So we know that depression matters, we know that all the substance abuse matters. But then there are some differences we're learning too. So, for suicide attempts, we're learning that anxiety matters more. So anxiety disorders are stronger psychiatric predictors than mood disorders. So we're learning that. So we're beginning to have a good sense of the risk profile of Blacks. We know that if Blacks are on, or have any welfare use in the family that that does not impact their risk for suicide. We know that Blacks' risk for suicide does not vary by income, it varies by education, as indicated with SES, but not income. So we're getting a little more detailed because initially others were positive that it was the middle class and upper middle class Blacks who might be at risk, but we're finding that income does not differentiate risk for Blacks, it does for other groups, but not Blacks, but education does. So we're beginning to learn different things that we can begin to use when considering our prevention strategy in terms of who's most at risk and that's what we're learning now. Research has done, including myself, and what I'm doing my lab on race and on destructive behaviors, we're beginning to understand risk processes and we're also beginning to focus much more on protective factors. Because understanding risk is important but we're trying to figure out what we can do to prevent suicides. So we're learning that things that we thought, these punitive things that we thought were important, like religion and family and social networks and closeness, I think these things do matter, so we're not trying to verify that empirically and how and when they matter, what aspect of religiosity matters? What do I mean by that? Is it religious participation? Is it religious

support? Is it this concept of spirituality which is different from participation? Is it organized participation, meaning that you could go to church, or is it that you could pray, watch religious programs on TV? We're studying this and trying to figure out what matters.

Jonathan Singer: And you're doing that because, if you find those out, then you'll be able to say, this is what we can do to reduce the risks, strengthen those protective factors, and ultimately reduce deaths by suicide.

Sean Joe: And that's our goal. And again, the things that might work for Blacks I think it might be very applicable to a broader swath of Americans because, again, this is a group for whom slavery, Jim Crow, and serious oppression did not lead to high levels of suicide. So we have to understand that what's happening with this population we must consider. For example, one of the things that I've been doing, and we found some good findings for this, is that Blacks' attitudes toward suicide changed. So between the sixties and the beginning of the 21st century, Blacks' attitudes toward suicide changed with younger Blacks were more accepting of suicide as a response to life struggles which were different from older Blacks, so we're beginning to learn that. Because younger Blacks' rates are similar or parallel to younger whites, now, it's suggested that what was going on with younger Whites is that they have similar accepting attitudes toward suicide. And we found that out in the national studies that younger Blacks, younger Asians, younger Hispanics and the national representative sample did not vary statistically in terms of their attitudes towards suicide. They had similar attitudes towards suicide and thus are more vulnerable to suicidal forces. So we're beginning to learn things that we can use.

Now, in behavioral change, one of the things we try to focus on is if you try to change people's attitude towards a behavior, it's something that you can use clinically. So we try to change people's attitude towards smoking, towards drinking, right? And we want to change their attitudes and give them information and knowledge that changes their attitude. It's not going to stop someone from being suicidal by just changing their norms, but it can be helpful. If they don't think this is something they should do because they understand that it's a long term solution to a short term problem. Though, I want to acknowledge that people do feel pain and that's real, it's not real to us, but it's real to them and that's what we've got to focus on. But our goal is to change attitudes because I do think this is an instance where suicide stigma could be used and the question is, how do you use it? So studying Blacks and their suicidal rates and related to that, is unearthing these sort of concepts and ideas that, well, sometimes stigma's good and sometimes stigma's bad, and how do we know when to push it in which way and which direction and how do we do it in such a way that it doesn't alienate or isolate suicidal adolescents? So it makes us have to think about that. It doesn't isolate families whose child is experiencing suicide or whose husband is experiencing suicidal thoughts. So we have to figure out how to use stigma in very unique ways. At the same time we just don't want to do universal strategies that make suicide a normalized behavior. So, again, studying Blacks and ethnic minorities really gets these sort of issues to come about for us to talk about them because otherwise we don't really think about them and it hasn't been represented in the literature until we started some of these conversations.

Jonathan Singer: So you just mentioned using the stigma that surrounds suicide. I was wondering if you could talk as if you were talking to Black American males about suicide and stigma. What sort of things would you say? And of course I'm thinking about this because folks are listening to the podcast and they're like, oh, so the process and this and that, but I've got to go see a client right now and what am I going to say to him or what should I be thinking in the back of my mind?

Sean Joe: Well, it depends on what we're trying to say. If you're trying to communicate that their child might be at risk for suicide, I think you just need to say that. If you're trying to introduce to a child who is suicidal, I think what you can begin to talk about, to help with the stigma, I think, what I try to focus on is self destructive behaviors. Where we define self destructive behaviors, I'm not talking just risky behaviors, I'm talking behaviors for which, if you engage in that behavior, there will be some physical harm to your body. And it can go from, smoking can be included in that, to actually suicide. So I use that to kind of de-stigmatize the conversation, and I would encourage people to do that. Why smoking? Because people engage in smoking behaviors. They know every time they consume or inhale, it affects their lungs. Things are dying that are not going to come back. They know that. So that is self destructive but it's not necessarily suicidal but, in the long term, death is a possible outcome from what they're doing. And they accept that. So I can begin conversations about self destructive behaviors. But my conversation often focuses on concepts of hope and primarily faith, and not fully from a religious point of view. Once I help people to understand the behaviors we're concerned about in the spectrum, you know, of self destructive behaviors, I think you can talk with people about faith to help them to and promote the idea simply, and this is the way I would go forward with doing it, life is hard, life is painful, I want to talk about that. But the one thing we understand about life is that things can get better and I need you to hold onto that. And there's going to be a lot of evidence to suggest that things are never going to get better, I guarantee you there is a day that things are going to get better. And I don't say that because I just want to say it to you, it will get better. And I try to find those examples in their life and in my life that I'll say, at that time when you thought whatever you were experiencing that it wasn't going to get better or the pain won't stop, or you stuck your finger, you know, or you got a splinter, you thought this is never going to end, did it not get better? But you had this moment that you couldn't tell you that it wasn't going to get better. It's the same way life is and it does get better. And how do we start to build that and focus on agency and help them to understand that.

So those are some of the things I would begin to say that you could begin to talk with families, one, about the behavior that you're concerned about and talk about it specifically, put it in a context of broad self destructive behaviors. Because people do begin to forget that people make choices and they weigh, you know, the pros and cons of behavior, and people start to have this rational choice framework like, well, if they knew it was harmful they wouldn't do it. No, we don't always function like that. We do things that we know are harmful and we accept them and we live with them. So don't put a gap between you and the person because you think they should be smarter than that. You know, we make these choices and we live with them. You do it, I do it, adults do it, children do it, let's put it in that context. And then focus on the thing I think that matters, beyond just getting mental health services and dealing with, you know, how to process and changing people's attitudes and cognitive orientation. The idea of

talking about faith and agency, not just hope because hope takes a long time to build, faith is the fuel for hope.

Jonathan Singer: So, Sean, I'm really interested to know, at the risk of, you know, generalizing or talking in stereotypes, I'm wondering if you have any recommendations for social workers or clinicians in general who are working with Black American adolescents who might be suicidal.

Sean Joe: Well, one, I think it's important to screen broadly and just don't look for adolescents who might have the language to present the symptoms that clinicians are used to hearing. To look beyond just the clinical setting, to think about those playgrounds, think about those rec centers. And whatever our studies on Black adolescents, we see that at least fifty percent of those adolescents who have attempted a suicide did not meet criteria at the time for DSM-IV disorders. So you have to think broadly about what you're looking for. And they might be exhibiting their depression in different ways or their anxieties in different ways in terms of they might be exhibiting it behaviorally, in terms of how they act, not necessarily what they communicate. So you have to think broadly about the symptoms and the indicators that these young people might be in trouble.

One of the other things I think you must consider as you think of working with Black adolescents, particularly with males is that you have to have, one, you have to value that child despite what behavior they're exhibiting. And they'll know whether or not you value them and if you're authenticity is not there by that value, it will come true and it's kind of hard for you to help someone you don't value. It's just kind of hard. And if you don't have a vision that this young person could also grow up and transition to be a young adult who is working and could be healthy and could be contributing to society, then you have a very difficult time leading them anywhere because you don't have a vision for where you need them. So you must have a positive youth development framework as you are working with them as well. The other thing I want to say is that while in the context of being able to work with them, just understand that this idea, and, you know, Martin Luther King said this in 1967, he raised a quote, I think the guy was Victor Hugo or one of these, you know King used to quote these wonderful people, and King's quote was really interesting and it's about valuing people again. In the darkness - you know, so let's say the way we create society in such a way creates a darkness for people and people coming out of the darkness, whether it's the depression, and you know we talk about it in that way, is that - you just can't be concerned and want to blame the sinner for the sins that are created in the darkness. You have to think about, the true moral sin are those who created the darkness. So, again, you've got to take a very very positive orientation towards who you are working with and that would apply.

The last thing I would say you must have an understanding of masculinity when you're working with males and I think that's an important concept. And particularly when you want to focus on healthy masculinity, that's what my conversation is right now with clinicians and people nationally about suicide prevention, it's that male masculinity, particularly as it relates to help seeking, particularly as it relates to behavioral choices are going to be an important thing. So we must have concept of healthy masculinity to be able to talk about that. What do I mean? To encourage that vulnerability, seeking help, finding places to discuss your thoughts and emotions in a way that is going to be appropriate and it depends on the Black males that

you're dealing with. You've got to figure out whether or not they have outlets to express their concerns and their pain in a way that they don't feel victimized for doing that. But suggest to them that it takes much more strength to talk about your problems than to conceal your problems. I think that you've got to encourage that and the concept of discussion about masculinity and the type of man that they're going to be and what that sort of strength it takes to be vulnerable versus concealing. You have to talk about healthy masculinity in terms of, masculinity is not being able to say other people are weaker or to demonstrate that, to be focused on power denomination. You're going to have to help them with that. So these sort of conversations I think are helpful as you are beginning to work with Black males.

Jonathan Singer: So, Sean, my last question for you is a question that might be on the minds of some of the folks who have been listening which is, ok, so let's say I've got a Black American male, an adolescent, maybe an adult who is suicidal, what resources are out there that I can access to help me be a better service provider, so I can do a better job of working with that client population?

Sean Joe: Well I was trying to say before, the literature is now being developed, the scientific basis for developing interventions and resources. If you're just interested in understanding suicidal behavior, not just particularly Black suicidal behavior, I think you can go to American Foundation for Suicide Prevention (<http://www.afsp.org>), you can go to American Association of Suicidology (<http://www.suicidology.org>) and they're going to have some basic resources about screening and identifying people, or to Yellow Ribbon, one of these other programs, I think the same sort of concepts still apply. We don't know if they're effective for Blacks because it hasn't been tested. There are no known interventions developed just for Black adolescents that has been tested, so that work hasn't been done yet. That's one of the things that I originally started out wanting to do but we didn't even have the basic information even for me to do that, that's why I've been spending a great deal of time trying to understand risk profiles and risk factors and protective factors. Other things that one can do, can go to National Organization of People of Color Against Suicide (<http://www.nopcas.com>) and they're beginning to pull together different literature whether it's around grief and grieving, different literature around depression or different psychiatric disorders and how to begin to work with Blacks around that. Then try to get a good read or a book on experiences of Blacks. There's no national book on the Blacks' suicidal experience, if you want to call it that. So though you've got Carla Fine's *No Time to Say Goodbye*, I think that's a good resource to try to understand and cope with the loss of someone, so I think you would want to look at that. To understand Black male experience, particularly with the adult male, I think John Head's book *Standing in the (Darkness [sic]) Shadows* is a good book which is one of the few book to talk about Black depression and his thoughts about suicide, even potential attempt as a professional male. And he takes you from his childhood forward and how he dealt with his mental health and his mental illness. So I think that's a possible resource for them to look at. What was the other part of your question? I'm sorry.

Jonathan Singer: It's okay. So I asked about resources for folks who are wanting to provide better services and, you know, I think you addressed that. The other thing that I'm hearing from what you are saying is that there's a real need to do this research.

Sean Joe: We have to do a lot more and one of the things I'm trying to do is to identify young scholars who are interested in working on suicide research with Blacks both in terms of trying to understand the epidemiology and risk but more those who are trying to understand how to develop intervention and services for this population. For example, what services are available to help families who are grieving with a suicide? What's the protocol? We don't really have those sort of materials. We don't know how to work with grieving Black families and survivors. We don't have that sort of material so we need to develop that. So it's a rich opportunity for young scientists and clinicians who are interested in doing science to come and join us and get involved in developing this content. It's sorely needed and it's a great opportunity to contribute meaningful science, meaningful information. And it's going to be utilized because, again, everything that we turn out it is the first and I get really good feedback that we should continue to do what we're doing at Michigan around these issues. If I can be helpful, let me know.

Jonathan Singer: Ok, so that's a really exciting invite. I suspect there's probably a social worker who's listening to this podcast right now saying, wow, so I could actually contribute to the first understanding of an intervention or the first understanding of...

Sean Joe: Well, for example, one of the things, I'm collaborating with the dentists and, you know, with the big idea that we might be able to develop tools that, and it's a buyer market study where you could use human saliva to begin to help identify or screen people for risk for suicidal behavior, and we're working on that. We're two years into it now and, again, it's exciting things that we're trying to come up with. And I focus on that because as social workers we have to be able to screen or refer and even assess, I think that's our primary role in suicide prevention. Though some might be doing treatment and services, but I think our primary goal is how can you screen. So we're trying to figure out how to use saliva as a diagnostic tool for identifying suicidal behavior. So this is a wonderful time to get involved intellectually and it's meaningful work.

Jonathan Singer: Well that's great. Sean, thank you so much for taking the time to talk with us today.

Sean Joe: Glad to be here. Thank you for the invitation.

Jonathan Singer: Absolutely. And we'll put links up on the website for some of the resources that you've mentioned and it sounds like if folks are listening to this podcast and they have questions that they can contact you and we'll put your contact information on.

Sean Joe: I'll be glad to. Thank you again.

Jonathan Singer: Alright, thanks so much.

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- University of Michigan School of Social Work: www.ssw.umich.edu/
- Emerging Scholars Interdisciplinary Network (ESIN): www.emergingscholars.net/
- Research on Survivors of Suicide: www.nimh.nih.gov/scientificmeetings/survivors.cfm
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- In Harm's Way: Suicide in America: A brief overview of suicide statistics and prevention: www.nimh.nih.gov/publicat/harmaway.cfm
- NIMH Suicide Research Consortium: www.nimh.nih.gov/suicideresearch/consortium.cfm

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