

SOCIO - PSYCHOLOGICAL FACTORS IN ATTEMPTED
SUICIDE AMONG URBAN BLACK MALES

Dissertation for the Degree of Ph. D.

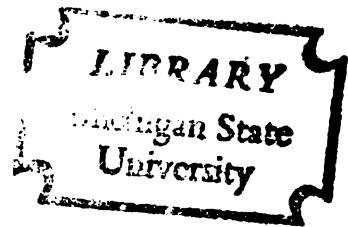
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ABSTRACT

SOCIO-PSYCHOLOGICAL FACTORS IN ATTEMPTED SUICIDE AMONG URBAN BLACK MALES

by

Alton Ray Kirk

The present study was undertaken to investigate the role of socio-psychological factors as potential precursors to suicidal behavior among urban black males. A self administered personal opinion questionnaire was used for this purpose in a cross-sectional design. The population for the present research consisted of 40 black males, between the ages of 20-35, who resided in the city of Detroit, Michigan.

The concerns which inspired this study evolved initially from an awareness that most explanations concerning black suicide have been generalized from theories deduced from studies of a population which is predominantly white. Moreover, that so few previous studies have addressed themselves specifically to the suicide of blacks and that those few which have focused in this area have been based primarily on the examination of demographic variables. Finally, that those few studies on black

suicide have been conducted principally by white investigators and more often than not in an institutional environment. The present study addresses itself, in part, to the above concerns. It is a unique contribution to the study of black suicide because it was conducted by a black investigator working with black subjects in their home environment.

The study takes the position that suicide is a function not only of the imbalance of internal psychological forces, i.e., retroflexed rage, but is also a social event in that it is a direct outgrowth of an individual's personal identity as it relates to social ties. In testing this position it was hypothesized that suicide attempters would show not only a lesser ability for overt expression of feelings of anger and hostility, but also a lesser degree of black consciousness, a lesser degree of group cohesiveness, and a greater degree of anomie than would the non-attempters (control) group.

Twenty black males who had attempted suicide within a six month period prior to contact, and twenty black males who had not attempted suicide, were compared with regard to the responses which they gave on the personal opinion questionnaire. The instrument contained scales to measure (a) degree of black consciousness, (b) degree of group cohesiveness (with subscales of powerlessness, normlessness, and social isolation), and

(c) anomie. Two scales, the Depression scale of the Minnesota Multiphasic Personality Inventory and the Depression scale of the Multiple Affect Adjective Check List were used to measure the degree of depression.

Results showed that, on the black consciousness scale, the suicide-attempt subjects exhibited a lesser degree of black consciousness than the controls confirming predictions. On the group cohesiveness scale there were no significant differences, even though the means on the total scale and subscale scores on powerlessness, normlessness, and social isolation showed lesser cohesiveness for the suicide-attempt subjects than for the controls. Significant differences in the predicted direction were found on the anomie measure. It was concluded that further examination of both the black consciousness and the cohesiveness hypotheses is warranted with black subjects.

The Depression scale of the MMPI showed a significant difference between the two groups, with the suicide-attempt group exhibiting a greater degree of depression. While the responses to this measure supported predictions, the responses to the Depression scale of the MAACL were not significant, nor did this measure show any significant effects on its other subscales of anxiety and hostility. These findings were explained in terms of differences in the state vs. trait experience of depression.

Alton Ray Kirk

The discussion refuted the validity of Hendin's simplistic theory of the black self-hatred as the basic cause of suicidal behavior among blacks, and proposed rather at least a two-factor theory of suicide focusing on depression and black consciousness. Discussion also focused upon issues and difficulties of research in the ghetto. Some suggestions for further research on the topic of attempted suicide among blacks also were made.

SOCIO-PSYCHOLOGICAL FACTORS IN
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By

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Still Here

I've been scarred and battered.
My hopes the wind done scattered.
Snow has friz me, sun has baked me.
 Looks like between 'em
 They done tried to make me
Stop laughin', stop lovin', stop livin' --
But I don't care!
I'm still here!

Langston Hughes

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CHAPTER I

INTRODUCTION

Today in our society, suicide is a major mental health problem.

It is an affliction that robs us of some of the most productive members of our community. It is a form of mental illness that is most disturbing to contemplate, a mental illness in which the anguish and terror of the victim lead him to prefer death to suffering (Farberow and Shneidman, 1961).

For many years it was believed that suicide was an almost exclusive white phenomenon. However, recent research indicates that this is not true (Breed, 1970; Hendin, 1969). In fact, research shows that in recent years the suicide rate of 15 to 19-year old nonwhite females has exceeded the toll for their white female age peers. At ages 20-24, the suicide rate of nonwhite males has approximated and at times surpassed that of their white male age cohorts (Seiden, 1972). Is the phenomenon of black suicide new? Not according to Hendin (1969) who reported in his work Black Suicide that the suicide rates for New York City blacks of both sexes between the ages of 20 and 35 exceed the white suicide rates in that age category. This is not a recent

occurrence. Rather, the records kept in New York City for over fifty years document that the youthful nonwhite suicide rate is the higher, and has been for the length of time such records have been kept in that city.

There have been few studies which focus directly on black suicide, almost all of which have been conducted by white investigators concerned primarily with demographic data. The present research is unique in that it is a study on black suicide conducted by a black investigator. In addition to the examination of demographic variables, this study is augmented by the use of questionnaires designed to measure black consciousness, anomie, group cohesiveness, and the clinically related variables of depression, hostility, and anxiety. These measures will be used in an attempt to understand the relationship of black consciousness, cohesiveness of group membership as it relates to personal identity, and the importance of inwardly directed anger in producing suicide attempts among urban black males.

Review of Related Literature

General Literature on Suicide

The purpose of a review of related literature is to survey investigations upon which the present research is based. One limitation associated with a study of

this kind, black suicide, is the paucity of relevant available literature on the subject.

In 1969 the National Institute of Mental Health published a bibliography on suicide. This largest collection of references to studies on suicide to date is divided into two major periods. The first from 1897-1957 contains approximately 2,100 items. The second period from 1958-1967 contains about 1,200 items. This bibliography covers 71 years and only a few of its more than 3,000 entries focuses on the subject of black suicide in the United States of America.

The year 1897 was selected as the starting point for the original bibliography because this was the date of publication of the monumental work Le Suicide: Etude de Sociologie by the French sociologist, Emil Durkheim. It was a critical year in suicide research because this study marked the application of scientific procedures to socio-psychological phenomena and set an example for similar investigations for many years to follow. Le Suicide was the first epidemiological study of suicide and the first exploration of the persistent variations of suicide in relation to sociologic variables.

Durkheim was concerned with the societal forces which affect the individual. He related suicide to social integration and social status. His conclusions

were that the greater the social integration of the person through such institutions as marriage and the church, the less frequent the occurrences of suicide; however, the higher the person's status, the greater the danger of loss of status and the more likely subsequent suicide.

Sociological Theories of Suicide

Durkheim was the first to systematically study suicide. His contributions have had a major influence on sociological and psychological theories of suicide and its investigation. He distinguishes four types of suicide. The three types which he fully described are: (1) egoistic suicide in which the individual is not sufficiently integrated into his society; (2) altruistic suicide in which there is such an overintegration of the individual with society that he sacrifices himself, as in the case of a soldier on the battlefield; (3) anomic suicide in which the individual's adjustment to society is suddenly disrupted, as through great economic depressions or by sudden wealth; and (4) fatalistic suicide which was defined as the opposite of anomic suicide and "derived from excessive regulation." He found it among "persons with futures pitilessly blocked and passions violently choked by oppressive discipline"

(p. 276). He made only passing reference to fatalistic suicide because he felt it had "so little contemporary importance" (p. 276) and provided too few examples. However, he acknowledged its possible historical antecedents in terms of slave suicides and "all suicides attributable to excessive physical or moral despotism" (p. 276).

One weakness with Durkheim's work arises from his concept of race as an "extra-social" rather than a significant social variable. While these observations may have been true for the European countries Durkheim described, they are not wholly adequate for the United States where race is such a significant social variable.

Among those influenced by Durkheim's work on suicide are Henry and Short (1954). Their theory rests on three postulates: (1) the suicide rate of a population varies inversely with the strength of the relational systems of the members; (2) the strength of the relational systems of the members of a population varies directly with the external restraints placed on their behavior; and (3) the external restraints placed on the behavior of individuals vary inversely with their status.

Based on Henry and Short's assumptions one might be inclined to postulate that in terms of status in the United States, whites would exceed blacks, males would exceed females, high income groups would exceed low income groups, and the young and the middle-aged would exceed those past the age of 65 in suicides. As it will be pointed out later, suicides do not follow such a uniform trend.

In their work, Gibbs and Martin (1964) conclude that Durkheim's concept of "social integration" would be best operationalized as the stability and durability of social relationships within a population. Because they believe that evidence is lacking on the stability and durability of social relationships, they propose the use of observable conditions that presumably reflect these characteristics. In short, in their reformulation of Durkheim's theory, Gibbs and Martin related the suicide rate to the stability of social relations and correlate instability with suicide.

By relating suicide to disruption in social relations, Gibbs and Martin attempt to explain both variations in suicide rates and individual suicide. Douglas (1967) lauds Gibbs and Martin for, unlike many other researchers on the subject of suicide, clearly recognizing the ambiguities in Durkheim's treatment of

"social integration" and attempting to operationalize the concept. Hendin (1969), however, criticizes Gibbs and Martin's approach. He states that:

By the time one reaches a formulation as general as 'disruption in social relations' one has formulation vague enough to cover many situations but so general as to be meaningless. Even so, the formulation is contradicted by the Negro experience, for if disruption in social relations were the central factor in suicide, the black population of all ages would have a suicide rate ten times that of the white population (p. 134).

Psychological Theories of Suicide

Freud provided the framework for the psychoanalytic theory of suicide. This theory, in brief, is essentially one which posits the turning of sadism against the self. As Freud (1923) said, "It [ego] sees itself deserted by all supporting forces and lets itself die" (p. 48).

Most of the psychoanalytic theories of suicide stem from Freud's (1917) theory of depression and his postulation of a death instinct, Thanatos, to accompany his life instinct, Eros. One of the best known protagonists of Freud's theory of depression and postulation of a death instinct (Menninger, 1938) visualizes suicide as the winning out of destructive tendencies over the constructive tendencies. He analyzes suicide in terms of "(1) impulses derived from the primary aggressiveness

crystallized as a wish to kill, (2) impulses derived from a modification of the primitive aggressiveness, the conscience, crystallized as a wish to be killed . . ." (p. 82). Menninger also posits a third possibility where the original primary self-directed aggressiveness of the wish to die combines with more sophisticated motives, thereby adding to the "total vectorial force" which impels one toward suicidal self-destruction.

Another view of suicide within the psychoanalytic framework is that expressed by Karon (1964) in which he states:

It appears that suicide may best be understood as an aggressive retaliatory act toward significant figures in the patient's present life or toward fantasies of significant figures in his past. The primary motivating fantasy includes the wish to hurt someone else and the belief that suicide will accomplish this end. The patient has an image of how sorry or guilty people will be if he dies (p. 207).

This observation has been made previously by others (e.g., Adler, 1961).

There are many theories of suicide. What has been attempted here is the presentation of those theories which are considered to be of historical significance, e.g., Durkheim and Freud, in addition to more modern theories from the fields of sociology and psychology that are most relevant to the study of black suicide.

Among those suicidologists, psychologists, and sociologists who have been attempting to accommodate and

revise Durkheim's theories and to apply them to the American situation are: Hendin (1969), Maris (1969), Breed (1970), Kirk (1971), and Seiden (1972).

One of the more significant contemporary studies in the field of suicidology which addresses itself primarily to the phenomenon of black suicide in the United States is that by Hendin (1969). His subjects were 25 black patients, 13 women and 12 men, who had been admitted to hospitals following suicide attempts. The degree of their self-inflicted injuries varied widely, but all required hospitalization. The major portion of Hendin's study consists of background information about his subjects obtained from personal interviews. Test data is also provided for some of the subjects.

Hendin's conclusions are based primarily on psychoanalytic techniques which emphasize free association, dreams and fantasies. He attempts to buttress his assumptions with "a battery of psychological tests [which] were administered to almost all of the subjects." These tests included: Weschsler Adult Intelligence Scale (WAIS), Rorschach Test, Thematic Apperception Test (TAT), Forer Sentence Completion Test (SCT), Draw-A-Person Test, and Buss-Durkee Hostility Inventory.

Hendin's cursory reference to the methods used for testing the subjects raises considerable question about his conclusions. He does not explain how long the

subjects had been hospitalized before the tests were administered, nor does he define the settings in which the interviewing and testing took place. However, Hendin asserts that subjects were seen as often as necessary to obtain an adequate psychodynamic picture of them. Usually seven or eight visits were sufficient, although in one case 15 visits proved necessary. Further, although Professor A. C. Carr is identified as having summarized the test results, Hendin does not make it clear whether the same subjects were tested consistently by Carr, or, to what extent the other four psychologists to which he refers were involved in the gathering of information.

All of these variables in the administration of the tests could have significant effects on the test results. The questions of rapport and cross-race communication must also be raised since the tests administered to the subjects, who were black, were done so by white examiners. Indeed Carr acknowledges, albeit briefly, that patients might have had problems in dealing with their feelings in the presence of white psychologists.

In conclusion Hendin attributes the high rate of suicide among blacks between the ages of 20 and 35 to the rage, frustration, and violence that characterizes their lives. The murderous rage and self-hatred which he found to typify the suicide attempters in his study are

purported to be an integral part of the burden of being born black in America.

Hendin explains that feelings of parental rejection are compounded by feelings of rejection by society. This is said to make it difficult for young blacks to confront how society has insidiously shaped and directed their parents' lives and, consequently, treatment of them. The confounding impact of such forces serves to limit the capacity of black youths for expansive feelings of love, tenderness, and friendship, and predisposes a self-destructive anger oriented toward drug abuse, crime, homicide, and suicide. "They see living itself as an act of violence and regard death as the only way to control their rage" (p. 139).

Hendin notes that recurrent self-images of black bugs and rats, ". . . often dreamed of as symbols linking sexuality, destructiveness, and blackness . . ." (p. 138), were symbols originating from having lived in the despicably living tenements of Harlem. From his observations and interpretations of these images Hendin concludes that "The Negro usually needs to repress an awareness that he has so blanketed his entire race with his own self-hatred that he loathes all the characteristics of blackness" (p. 138).

Serious question may be raised of the conclusions Hendin draws from his research. Importantly, he does not

use a control group so he reports no data on blacks who may have been reared by similar parents in similar types of environments with similar types of experiences who have not attempted suicide. Moreover, the lack of a control group makes questionable Hendin's conclusion that self-hatred and the hatred of blackness in general are the basic causes of suicide among blacks. In fact, it seems that much of the data acquired are unrelated to the conclusions drawn. This is to say that he extrapolates extra-socially related conclusions from measures largely aimed at tapping intrapsychic levels of functioning. In addition, not all tests were administered to all subjects (see Hendin's Appendix II and pp. 165-167), nor was testing done at a uniform time following hospital admission. Significantly, throughout the work references to psychological testing are selectively presented for subjects "where relevant," with "where relevant" being used to mean when test data seems to support his assumptions (See Hendin footnote, p. 11).

Even though a "full battery of tests" was used in Hendin's study statistical data are reported only on the Wechsler Adult Intelligence Scale and Buss-Durkee Hostility Inventory. Additionally, there seems to be no consideration of the possibility that the suicide attempt itself would release a flood of hostile and aggressive impulses. Testing at a later point following the suicide

attempt might very well have provided a more reliable psychological picture.

A second relevant study is one by Maris (1969) who, importantly, acknowledges the need to distinguish race as a significant social variable. This work is of interest because 184 of the 2,153 subjects, who committed suicide during the years 1959 to 1963 from the county of Cook in Illinois, were black. The study is limited, however, because conclusions are based primarily on information obtained from the Cook County coroner's file. These records may be questioned because of the relatively little concern about the investigation and reporting by authorities in cases of black deaths (Breed, 1970; Wylie, 1970).

Using data from the coroner's files on suicides, Maris makes assumptions similar to those made by Henry and Short about the causes of black suicide. Maris explains that the black suicide rate is lower than that of whites because blacks experience greater status deprivation, but a higher degree of relational involvement than do the majority of whites. Further, stressing the assumption that suicide rates vary inversely with the strength of the relational system, he deduces that blacks ". . . by virtue either of subordinate status or intense involvement in social relationships with other persons . . ." (p. 104), are more likely to project

frustration. He concludes, therefore, that blacks are more inclined to commit homicidal rather than suicidal acts.

At another level, he describes the causes of black suicide as being the result of neurotic or mental illness rather than physical illness, which he explains in terms of the relative youth of the black suicides; the malfunctioning of social interaction supposedly related to the high premium placed on gregariousness by blacks; what Edwin Shneidman calls the "cry for help"; and, finally, despair precipitated by acute crises related to transient domestic problems (as opposed to the more chronic character of circumstances which were found to be typical of white suicides).

Again, Maris' work is important, though limited, as a contribution to the study of black suicide. Unlike Durkheim and others, he considers race as a significant social variable in the etiology of black suicide. Considering the oppression that blacks have endured race would certainly seem a significant variable with which to be reckoned in the study of the suicidal behavior of blacks in the United States.

In a study by Breed (1970), the focus is "the social sources of stress preceeding the suicide" (p. 156). Breed emphasized that inquiries into social factors should always accompany psychological studies of suicide. His

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work, using case materials rather than rates, is an attempt to apply Durkheim's seldom acknowledged theory of fatalistic suicide to 42 subjects. All of the 42 black males in the study were between the ages of 18 and 60, and had committed suicide in New Orleans during the years 1954 through 1963. Thus, the situation to which Breed addresses himself has a strong southern orientation.

Breed attempts to compare what he believes to be the differential influence of stress, authority factors, and fatalistic attitudes in black and white male suicides. He does acknowledge, however, the limited generalizability of his results in that female suicides were not included and he fails to obtain data on criterion variables for black and white males whose living conditions were similar, but who had not attempted suicide. Moreover, the study is based on data obtained primarily by white interviewers from relatives, friends, neighbors, co-workers and employers of the suicides. This raises the problem of cross-race communication and questions the validity of responses. In addition ". . . the quality of coroner and police data for Negro suicides was inferior to that available for white suicides" (p. 156). He notes that a higher proportion of the white than black suicides were suffering occupational problems and had a far higher rate of downward mobility. Breed concludes that "job

failure" is less often "a crucial stress factor" for Negro suicides than for whites, but acknowledges that this contrast might be questioned since a far higher proportion of blacks come from lower occupation levels (only ten percent occupied the manager-entrepreneur level).

Breed found that there were "few substantial differences distinguishing the two racial groups of suicides in the following areas: (1) domestic situation, i.e., family composition, size of household, living with mate at time of death, and number of children; (2) individual difficulties, e.g., mental disturbance, physical health, alcoholism, drug addiction and gambling.

Those differences characterizing the black subjects which he found to be significant include: (1) their greater integration with their peers; (2) their higher church attendance; (3) their greater informal sociability with friends and neighbors; and finally, what appears to be a significant factor in their rate (4) the higher occurrence of serious bodily injury due to accidents, usually associated with work. Breed acknowledges that limitations are inevitable when a team of "mostly white interviewers" works with black subjects. More specifically, he states that none of the black subjects was reported as belonging to any civil rights groups, although some reportedly had resented white supremacy. His point

is that it was not possible to measure the importance of prejudice and discrimination to blacks in general and, consequently, its relationship to black suicide. Thus, he sees his task as that of essentially dealing with facts and figures, namely those of his subjects who were involved with authorities.

The source of immediate stress in several cases involved authorities other than the police, although usually with police intervention. Here he finds a marked contrast between the racial groups: only ten percent of the white group was involved with police and law courts while over 70 percent of the blacks had problems of varying degrees, the most frequent of these (50 percent) were with the police. Breed reports that the interviews of respondents were replete with comments about their fears of the police. The interviews also revealed how little information blacks generally had about community resources and potential help. Breed hypothesizes that the negative attitudes of blacks toward police discrimination would trend to extend to other persons in positions of authority.

Breed's data demonstrates that the "authority" factor was far more prevalent in black male suicides than in white male suicides. His explanation for this, in part, is that black males bear a double burden of social regulation in that they are subject to the imperatives of two communities. With reference to this point he states

that ". . . the Negro male is estranged from authority in the home and on the job, as well as facing the seemingly intractable authority vested in white community officials" (p. 159). Breed answers in the affirmative his question of whether what he termed authority suicide is to be considered the same as what Durkheim termed fatalistic suicide. He justifies this on the basis of Durkheim's notion that ". . . fatalistic suicide is characterized by the absence of freedom from unjust and arbitrary authorities" (p. 160). Thus, Breed's study seems to support powerlessness as an underlying dynamic in the suicidal behavior of black males. Significantly, he found this to be a prime differentiating factor between the black and white males observed in his study.

A work by Kirk (1971) utilizing Michigan health statistics, supports the findings of Hendin (1969) and Seiden (1972) that blacks in the age range 20 through 35 do indeed have a suicide rate higher than whites in that same age category. Too often blacks have fallen into the trap of finding false consolation in the fact that numerically there are still fewer suicides among blacks than among whites. This faith in general statistics may be deluding because it fails to reveal that the highest proportion of black suicides occurs in the age range of 15 to 35 whereas, a significantly high proportion of white suicides occurs after the age of 65. Thus, while

those white suicides are numerically higher their productivity and contributions are relatively low. In marked contrast, however, virtually all of the young black suicide victims might have been able to make substantial contributions had they lived.

Black suicide is a critical problem in that the future progress of the race rests with its youth, those between the ages of 20 and 35 where there is the highest rate of suicide. Ironically, this is the same age category where black homicide is extremely high. The problem of black suicide is too great and the losses too severe for social scientists to continue to treat them as lightly as they have in the past.

The last relevant work reviewed for this study is that of Seiden (1972). In a timely article, he reviews suicide rates, acknowledging the high rate of suicide among young non-whites, aged 15 to 23. For example, "40 percent of all black suicides occur within the youthful 20-39 age group" (p. 4). Seiden attempts to answer the question of why suicides of young blacks are increasing. Some of the etiological explanations he discusses are (1) fatalistic suicide based on Breed's study, (2) urban stresses, and (3) status integration.

In discussing stresses associated with urbanization, he noted that 69 percent of the non-white population now lives in Standard Metropolitan Statistical Areas

whereas, only 63 percent of the white population lives in such areas. Therefore, since there is a comparatively higher percentage of blacks living in urban areas, and the experience of urban living for blacks is different than that for whites, one would expect a higher number of black suicides to occur in these urban areas.

Some of the variables Seiden describes as being possible contributors to the stress of living in urban areas for blacks are exposure to new and unfamiliar stresses by virtue of their migration to large cities, unemployment and underemployment, paternal absence, crowded living conditions, filth, and hunger. Seiden concurs with Gibbs and Martin that status integration ". . . hinges partly upon the bittersweet realization that constructive social changes may in some ways have destructive consequences" (p. 5). Seiden purports that "as racial discrimination decreases the stability of shared social relationships, the sense of community based upon discrimination by a common enemy, is likewise decreased" (p. 5). Certainly, the decreased discrimination that has occurred within the past decade or two would not account for the young black suicides Hendin reports as far back as 50 years ago. Nevertheless, these etiological factors are certainly feasible, and ones that can and should be subjected to further research, as suggested by Seiden. Among his recommendations, Seiden

suggests that investigation of these problems would be better facilitated by black behavioral scientists and suicidologists.

Among the research of the last three years there is evidence of some small attempt to accomplish this goal. A study Amatore and Loya (1973) of the suicide rates of blacks, chicanos, and whites in Denver for the years 1960 through 1970 revealed that from 1965 to 1969 black and chicano suicides increased 45 percent; white suicides increased nine percent. The rates for those under 40 were: blacks 72 percent, chicanos 66 percent, and whites 30 percent. Another study by Nancy Allen (1973) of black and white suicide in California for the same period showed that the rates increased from 4.4 to 10.4 per 100,000 for blacks, a 130 percent increase; from 16.6 to 19.9 per 100,000 for whites, a 20 percent increase. This study revealed that in 1970 the rates for those under 44 were: blacks 80 percent, whites 45 percent.

These studies support the findings of Hendin (1969), and Seiden (1972). They also reinforce the position of this investigator that suicide among American blacks aged 20-35 is a very serious problem and one which warrants continued serious study.

One of the major problems in the study of black suicide is still that too few black social scientists have

turned their attention to the study of black suicide. One who has (Swan, 1975) merely reviews contributions of others such as Durkheim (1951), Hendin (1969), Seiden (1969, 1970, 1971), and Breed (1970). He speculates about possible etiological factors regarding black suicide but offers no empirical data to support them, and has failed to provide any further insight into black suicide which might be expected of a concerned black scholar. The present study by a black clinical psychologist is therefore an innovative contribution to the study of black suicide.

Statement of the Problem

The present study, psychosocial in orientation, was predicated on the assumption that suicide is a function not only of the imbalance of internal psychological forces, i.e., retroflexed rage, but is also a social event in that it is a direct outgrowth of an individual's personal identity as it relates to social ties. This research, undertaken by a black psychologist, is concerned with the suicidal behavior of urban black males. It is unique because so few previous studies have been concerned with the suicide of blacks, and those few which have focused in this area have been based primarily on the examination of official suicide records, i.e., death certificates, police and coroner's reports.

A more varied approach to research concerning those blacks who resort to suicidal acts is proposed. Thus, in addition to demographic data, questionnaires to assess the degree of anomie, group cohesiveness, i.e., feelings of powerlessness, normlessness, and social isolation as well as the degree of black consciousness will be self-administered. In accordance with theories that propose that suicide is the result of internalized anger, depression, hostility, and anxiety, indices will also be obtained to provide a more reliable composite of precipitate forces in the suicide attempts of black males. It is hoped that such an undertaking will not only serve to provide an increasing understanding of the complex interplay of factors involved in the suicidal behavior of black males, but provoke thought about possible intervention and preventive measures as well.

Some additional comment might be made at this point about the use of the term "black consciousness" in this study. Black people have always occupied a unique position in this country, having been introduced to it as slaves and having striven for equality as full participating citizens since that time. Historically, blacks have, until very recently, been second class citizens not only politically but psychologically as well.

The positive move toward psychological equality has come about as a result of emphasis on black consciousness and the unique qualities of blackness itself. This investigator defines Black Consciousness not as an end-state, but rather as an internal process leading toward self-actualization. The emergence of these new feelings of pride in blackness and the distinctive characteristics of the black culture have caused blacks to shift from the middle-class white stereotypes to black role models, which in turn contributes to a more positive self-concept for blacks.

The movement will have to go through many stages of development. It is presently in an infantile stage and struggling for self-survival which it must do in order to reach maturity. Therefore, this investigator sees the use of such terms as black is beautiful, it is beautiful to be black, and black power as being essential if the black consciousness process is to survive, and in turn feed back to and enrich the individual's psychological sense of black identity. To paraphrase Malcolm X, the black person who feels that he cannot influence the direction of his own life as an individual, can never influence the destiny of black Americans as a group.

In addition to the sense of black consciousness as a psychological process, there is a corollary social process, the Black Consciousness Movement.

Hypotheses and Rationale for Hypotheses

Hypothesis I

Subjects who attempt suicide will be characterized by a lesser degree of black consciousness than the control subjects, i.e., they will display greater uncertainty or confusion about their identity as it relates to their being black, i.e., as measured by the black consciousness scale.

Rationale for Hypothesis I

This hypothesis is an alternative to Hendin's (1969) position that black suicide attempters loathed all characteristics of their blackness. It must be clarified, however, that the concept of "black consciousness" is not used to assert the existence of an all-encompassing black personality. Rather, it is used to acknowledge the significance of the Black Movement of the sixties which popularized a more positive concept of blackness, and made more readily available an until then more latent positive identity.

Hypothesis II

Subjects who attempt suicide will be characterized by a lesser degree of cohesiveness of group membership as it relates to personal identity than will the control subjects, that is, as measured by anomie, powerlessness, normlessness, and social isolation scales, attempters will have higher scores than controls.

Rationale for Hypothesis II

This hypothesis emphasizes the individual's general sense of group membership, as distinguished from his more specific sense of race consciousness (Hypothesis I). It follows from the work of Henry and Short (1954) who assert that "the probability of suicide varies inversely with the strength of the relational system because persons with strong relational systems are subjected to greater restraints than persons with weak relational systems" (p. 75).

Hypothesis III

Subjects who attempt suicide will be characterized by a lesser ability for overt expression of feelings of anger and hostility than the control subjects, i.e., suicide attempters will score higher on the depression scales than control subjects.

Rationale for Hypothesis III

Angry and hostile behavior is both a matter of degree and of direction of expression. Baron (1956) has noted that "Broadly speaking, hostility may be turned either inward, against the self, or outward, against objects; in an effective person, theory would hold," it turned inward, in the service of the superego, to just the extent necessary for easy socialization; and outward, in the service of the ego, to just the extent necessary for the vigorous prosecution of one's own interests in

gaining goods and prospering in life" (p. 583). Therefore, adequate control implies healthy and appropriate expression of these emotions when justified without undue guilt and personal recrimination. It is believed that the experimental subjects of this study will not have adequate control of these emotions and will displace them onto themselves.

This hypothesis is based on the psychoanalytic concept of suicide of Adler, 1961; Fenichel, 1945; Freud, 1927; Karon, 1964; Menninger, 1938. "The suicide of the depressed patient is, if examined from the standpoint of the superego, a turning of sadism against the person himself, and the thesis that nobody kills himself who had not intended to kill somebody else" (Fenichel, 1945, p. 400). Vogel (1967) tested essentially the same hypothesis using hospitalized white male subjects.

CHAPTER II

METHODS AND PROCEDURES

Subjects

Suicidal-Attempters

The 20 subjects of the experimental group, that is, those who had attempted suicide, were black males between the age of 20-35, from the city of Detroit, Michigan, who attempted suicide there during the months of November-December, 1974 and January-July, 1975. This time-frame insures that subjects will have attempted suicide within a six-month period prior to the time the research data were collected. All subjects had been treated, as a result of their suicide attempts, at one of the hospitals in the city of Detroit or by the Detroit Emergency Medical Service.

Control Group

The control group consisted of 20 black males who live in the same general neighborhood as the attempted subjects, but who had not used hospital facilities nor attempted suicide during the past year. In order to achieve a true random selection the investigator began no closer than two blocks away from the

suicide attempter's house to inquire at every other house whether there was a black male between the ages of 20-35 residing there. If such a person was present and willing to talk with the investigator he was asked to cooperate by completing a Personal Opinion Questionnaire. These subjects were comparable to the experimental subjects in terms of age, marital status and level of education. No subjects were included if they reported having attempted suicide in the past, or having had serious thoughts about committing suicide.

Instrumentation

The instruments used to collect data in this study consisted of a Personal Opinion Questionnaire and the Multiple Affect Adjective Check List (Zuckerman and Lubin, 1965). The Personal Opinion Questionnaire is divided into three parts: Background Information; Personal Opinion Questionnaire Part I - Measures of Black Consciousness, Anomie, and Group Cohesiveness; and Personal Opinion Questionnaire Part II - Measures of Depression (retroflexed rage). (See Appendix I for the complete set of instruments, except for the MAACL which is easily available.) The following section describes these instruments and their development.

Personal Opinion Questionnaire

Background Information

This study takes the position that suicide is not only a function of imbalance of internal psychological forces, i.e., retroflexed rage, but is also a social event. Therefore, a questionnaire has been devised to provide pertinent social data such as the subjects' age, marital status, place of birth, education, occupation, religion, separations, and divorce. Results obtained on this questionnaire will provide data regarding the social characteristics of family background of the subjects selected for the present study. This demographic information is deemed necessary to provide a normative framework within which the data may be more efficaciously viewed.

Measures of Black Consciousness

This part of the questionnaire contained 40 items measuring the degree of Black Consciousness. These 40 items have been derived from Banks' Black Consciousness Inventory (1970). Banks' original inventory is an 80-item four-point Likert-type questionnaire. It attempts to operationalize the definition of "black consciousness" postulated by Nathan Hare (1968):

The state of being conscious of one's blackness vis-a-vis white racism. Awareness of, or awake to membership in the black race and its struggle,

including the state of being void of dreams of one day waking up white. The state of being "together" on matters concerning the black man (sic) (p. 44).

This inventory has parallel forms to which subjects were asked to respond on a four-point continuum of "strongly agree," "agree," "disagree," and "strongly disagree." The present researcher added a fifth response of "uncertain" for those who felt unable to respond in one of the four other categories.

Banks weighted responses on the inventory in the following manner:

On those items where the correct response was to strongly agree, a strongly agree was scored four (4) points, an agree three (3) points, a disagree two (2) points, and a strongly disagree one (1) point. The items requiring a strongly disagree were scored in a similar manner. Namely, a strongly disagree four (4) points, a disagree three (3) points, an agree two (2) points, and a strongly agree one (1) point (p. 45).

Banks' subjects were eighty-six black students in two California counties ranging in age from fourteen to fifty-three years. He found a split-half reliability of .84 on the instrument.

Intermixed with the black consciousness items were nine items designed to measure Anomie and 24 items designed to measure Group Cohesiveness. Group Cohesiveness, or rather its inverse, was differentiated by scales measuring Powerlessness (nine items), Normlessness (six items) and Social Isolation (nine items) (Robinson and

Shaver, 1970). See Appendix B for specific items and scoring directions of each subscale of the questionnaire.

Measure of Anomie

An Anomie scale (McClosky and Schaar, 1965) was used to measure the differences of anomie between the two groups in this study.

Anomie is defined as normlessness. The traditional sociological model (e.g., Durkheim)--assuming that social conditions give rise to specified feelings (anomie) which in turn result in certain behaviors--is revised to give equal weight to psychological variables as a cause of anomie (Robinson and Shaver, 1969), p. 168).

Through preliminary screening and pre-testing, a large pool of items was reduced and given to a sample of 273 Minnesota adults. Their responses were examined for internal consistency, subjected to the Guttman reproducibility procedure, and finally reduced to nine items (see Appendix B for this scale).

The scale was evaluated by several groups of graduate students in political science and psychology, and by 40 Fellows at the Center for Advance Study in the Behavioral Sciences at Stanford. There were two samples. One was a cross-section of the population of Minnesota, designed by the Minnesota Poll in 1955, with an N of 1082. The other was a national sample drawn and administered by Gallup Poll in 1958 with an N of 1484. The correct split-half reliability coefficient for the scale was .76

As a measure of unidimensionality, the reproducibility coefficient for the national sample was .80.

This scale was selected because it examined those dimensions of personality which are likely to result in an individual's feelings of anomie. Anomie has historically been viewed, in the context of the systematic study of suicide, as a significant variable in the study of suicide. It is regarded likewise in this research.

Measures of Group Cohesiveness

One way of examining the degree or extent of group cohesiveness is to look at the lack of it. Therefore, to measure the degree of group cohesiveness of subjects in the present study, the researcher used Dean's Alienation Scale (1961). In this scale alienation is defined and measured through three separate components: powerlessness, normlessness, and social isolation. Seven expert judges (sociologists) were requested to evaluate each of 139 items to determine if it specifically and exclusively referred to each of the three sub-scale concepts. In order for an item to be retained at least five of the seven judges had to agree on that item. The result was nine items in the final scale for powerlessness, six for normlessness, and nine for social isolation.

Dean's subjects were 384 persons who gave usable replies to the self-administered questionnaire he sent out. Data were collected in Columbus, Ohio, from four of

the nineteen wards of the city, selected by criteria related to voting incidence and socio-economic variables. Precincts and individuals were selected by random sampling. Dean found a split-half reliability of the subscales as follows: Powerlessness .78, Normlessness .73, Social Isolation .84, and the total Alienation scale with items rotated to minimize a possible halo effect, had a reliability of .78.

Dean used a five-point Likert format from four (4) (strongly agree) to zero (0) (strongly disagree); five of the social isolation items were worded in the reverse direction (see Appendix B). The present researcher used similar scoring weights, but with weights ranging from 5 (strongly agree) to 1 (strongly disagree).

Measures of (Depression) Retroflexed Rage

Two measures were used to investigate the variable retroflexed rage; this is viewed as an inability to express one's hostile and aggressive feelings overtly. Since unexpressed anger is often considered to be characteristic of depression, the depression scale (D) of the Minnesota Multiphasic Personality Inventory (MMPI) was chosen as one of the instruments to be used to examine depression. The 60 items of the depression scale of the MMPI intermixed with 20 "buffer" items constitute Part II of the Personal Opinion Questionnaire.

The scale was selected for use in the present study because of its wide and varied use. Even though it is said to distinguish depressives from normals and, consequently, depression as a trait, it is also considered to be a sensitive reflector of an individual's mood state. Moreover, in accordance with the stated rationale about retroflexed rage, the items dealing with apathy, general lack of interests, rejection of base impulses, and denial of happiness or personal worth, were felt to support the investigator's notion about the population investigated. The measure has been standardized on both normals and on psychiatric patients. Dahlstrom and Welsh (1960) report that test-retest correlations of the depression scale have ranged from .14 with high school students to .85 with nursing students. (See Appendix K of Dahlstrom and Welsh, 1960.)

The MMPI depression scale

. . . was established empirically to measure the degree or depth of the clinical symptom pattern of depression. This mood state is characterized generally by pessimism of outlook on life and the future, feelings of hopelessness or worthlessness, slowing of thought and action, and frequently by preoccupation with death and suicide (Dahlstrom, Welsh, and Dahlstrom, 1973, p. 184).

Scale items cluster around the major symptoms of subjective depression, psychomotor retardation, complaints about physical malfunctioning, mental dullness, and brooding.

The second measure used to assess depression was the Depression Scale of the Multiple Affect Adjective Check List (MAACL). This instrument also provides measures of Anxiety and Hostility. A more specific description of the MAACL is given below.

Multiple Affect Adjective
Check List

The MAACL was designed to fill the need for a self-administered test which would provide valid measures of three of the clinically relevant negative affects: anxiety, depression, and hostility. It consists of a list of 132 adjectives of which 89 are scorable while the remaining 43 are used as "buffers." The subject is asked to check those adjectives which he feels are generally descriptive of him. The adjectives which describe "different kinds of moods and feelings" are alphabetically arranged, but group into the three subscales of Depression, Hostility and Anxiety (Zuckerman and Lubin, 1965). There is no overlapping of adjectives between subscales although reported intercorrelations among the subscale are high (Bloom and Brody, 1968).

The instrument was standardized on college students, job applicants, and psychiatric patients. There are two forms of the MAACL: a "General" form and a "Today" form. The "General" form is the one used for the present research. Both use the same set of items. One

study (Zuckerman, et al., 1964) found the correlations between the Anxiety and Drpersion, Anxiety, and Hostility, and Depression and Hostility scales on the first baseline day to be .75, .72, and .72, respectively.

It was selected for use in the present study for several reasons: (1) because of the short time necessary to administer it; (2) because all the words used on the list are reported to be at or below the eighth grade level; and (3) because the MAACL seems appropriate for the present research since the constructs it measures, i.e., depression, hostility, and anxiety, have been found to be important underlying affects in those who resort to suicide as a way of dealing with problems.

Procedure

Identification of the black males, in the age category 20-35, who attempted suicide in the city of Detroit during the months of November-December, 1974 and January-July, 1975 was obtained through the Detroit Department of Health. Having obtained this list, efforts were made to contact potential subjects at their homes in order to solicit their cooperation by completing the questionnaire. This procedure was followed until 20 such subjects had cooperated, although 30 people were contacted, producing a cooperation rate of 66 percent. Reasons for refusal included distrust of the investigator himself, suspicion that he might be an unwitting pawn of

the "white establishment," and fear that such information might be used to hurt them individually or to hurt blacks in general.

Each subject was contacted at his home by the investigator, who presented an identification card from the Detroit Department of Health identifying himself as a researcher. The investigator introduced himself to the subjects and asked them to complete a general questionnaire related to their use of Detroit Hospitals in the last year (see Appendix A for complete instructions). Control subjects were contacted in an identical manner. Here acceptance rates were 80 percent.

Each subject was asked to complete the self-administered questionnaire (see Appendix A) in the following order: Background Information, Personal Opinion Questionnaire Part I, Personal Opinion Questionnaire Part II, and the Multiple Affect Adjective Check List. In instances where the subjects had difficulty reading, the investigator read the items and checked the subject's responses.

It should be noted parenthetically that some of the data collected here are not relevant to the thesis' problem. For the sake of completeness these data are tabulated in Appendix E. A fuller treatment of their relevancy to the prediction of black suicide is to be taken up in another paper.

CHAPTER III

RESULTS

To test the hypotheses mean differences are examined for the two groups (attempters and controls) and differences tested by use of t-tests (all two-tailed) on the following variables: black consciousness, anomie group cohesiveness, i.e., powerlessness, normlessness, and social isolation. Retroflexed rage (depression) as measured by the depression scale of the MMPI, the depression scale of the Multiple Affect Adjective Check List (MAACL), and the indices of anxiety and hostility, additional scales of the MAACL, were also measured and compared.

Before proceeding to the hypotheses, let us look at some comparisons of demographic factors on attempters and controls (\bar{X} and SD) and t-tests to see if the groups are in fact matched. These demographic factors are presented in Tables 1A and 1B below.

Hypothesis I stated that subjects who attempted suicide (Group I) would be characterized by a lesser degree of black consciousness than those subjects who had not attempted suicide (Group II). Table 2 presents

TABLE 1A

Means, Standard Deviations and T-tests of Some
Demographic Factors of Attempters and Controls

	Attempters		Controls		
	Mean	SD	Mean	SD	t
Age	25.65	2.89	25.88	4.20	-.20
Occupation (achieved) ^a	5.20	12.59	4.50	9.82	.20

^aBased on Hollingshead and Redlich's (1958)
classification of occupational statuses.

TABLE 1B

Religious Characteristics of Attempters
and Controls (Percentages)

Denomination	Attempters	Controls
Protestant	60 (12) ^a	65 (13)
Fundamentalist Protestant	20 (4)	20 (4)
Catholic	10 (2)	15 (3)
Black Muslim	10 (2)	0 (0)

^aFigures in parentheses are number of subjects.

the results of this analysis. It shows that the
attempters had a lower sense of black consciousness than
those in the control group ($P < .05$). Thus, Hypothesis I
is supported by the findings.

TABLE 2

Means and Standard Deviations of Suicide Attempters (N=20) and Controls (N=20) on Measures of Black Consciousness, Anomie and Group Cohesiveness

	Attempters		Controls		
	Mean	SD	Mean	SD	<u>t</u>
Black Consciousness	137.45	16.90	148.75	14.09	2.24*
Anomie	28.75	4.78	24.85	4.63	2.67*
Group Cohesiveness (total)	78.25	11.33	75.30	10.26	.86
Powerlessness	29.55	4.97	27.50	5.20	1.31
Normlessness	18.60	18.56	18.25	4.21	.22
Social Isolation	30.10	3.80	29.55	3.32	.49

* p < .05

** p < .01

Hypothesis II stated that subjects who attempted suicide (Group I) would be characterized by a lesser degree of cohesiveness of group membership as it related to personal identity than those subjects who had not attempted suicide (Group II). Two measures were used to test this hypothesis: (1) an Anomie Scale, and (2) a Group Cohesiveness Scale with sub-scales of powerlessness, normlessness and social isolation. Table 2 presents the results of this analysis. It shows that the control group exhibited a lesser degree of anomie than those in

the attempter group ($P < .05$). Although the means for each of the subscales, of the group cohesiveness scale (i.e., powerlessness, normlessness, and social isolation) were less for Group I than for Group II, differences were not found to be statistically significant. Therefore, Hypothesis II is supported by the findings on the Anomie Scale. The findings on the Group Cohesiveness Scale are not contradictory to this result, but do not significantly support the hypothesis.

Hypothesis III stated that subjects who attempted suicide would be characterized by a lesser ability for overt expression of feelings of anger and hostility than those subjects who had not attempted suicide; this was tested using the two depression scales. One of the scales was the Depression Scale--Scale (2) of the Minnesota Multiphasic Personality Inventory (MMPI). The second scale was the Depression Scale of the Multiple Affect Adjective Check List (MAACL).

When tested for the difference between the means for the two groups, Hypothesis III was confirmed by the depression scale (raw scores) on the MMPI (5 percent level). The subjects in Group I (suicide attempters) were found to exhibit a greater degree of depression than the subjects in Group II (non-suicide attempters). However, the MAACL results, while in the predicted direction, were not significant. Attempters tended to have higher

depression scores (more inwardly turned anger) and lower hostility scores, suggesting a lower outward expression of anger. Thus, while the findings support Hypothesis III as measured by the Depression Scale of the MMPI, Hypothesis III was not supported as measured by the Depression Scale of the MAACL. Results are shown in Table 3.

TABLE 3

Means, Standard Deviations and T-tests of Suicide Attempters (N=20) and Controls (N=20) on Measures of Depression (MMPI and MAACL) and of other Psychological Disturbance (MAACL)

	Attempters		Controls		
	Mean	SD	Mean	SD	<u>t</u>
Depression (MMPI)	23.40	4.6	18.65	4.12	3.47**
Depression (MAACL)	9.75	5.44	8.10	6.02	1.28
Anxiety	5.25	3.60	5.05	2.78	.20
Hostility	6.35	2.98	7.65	4.90	1.02

** p < .01

CHAPTER IV

GENERAL DISCUSSION

The present investigation was undertaken to examine the role of socio-psychological factors in attempted suicide among urban black males. The amount of research on suicide since the late 1950's has been voluminous, however, only a small amount of this research addresses itself to the study of black suicide. And, virtually none of it was conducted by black investigators. Unfortunately, suicide is still viewed by many, as a problem only for whites. Although the overall death rate for suicide among whites exceeds the rate of blacks, there are exceptions to this general rule. One exception is that the total (male and female) suicide rate for blacks between the ages of 15 and 35 exceeds that of whites in the same age category.

Because of this higher rate of black suicide in the 15 to 35 year old age category, this investigator chose as the sample for this study black males between the ages of 20 to 35 residing within a standard metropolitan statistical area. An urban population was chosen because the majority of blacks now live in such areas. It was felt that this population would be more

representative and thus make for greater generalizability than such populations as college students or hospitalized patients.

In general, findings were found to confirm predictions. These results and their implications are reviewed and discussed in the light of theoretical issues. Also some suggestions follow on doing research in the ghetto, as well as more general suggestions for further research on the topic of attempted suicide among blacks.

The Results and Their Implications

Hypothesis I was confirmed; it predicted that suicide attempters would show a lesser degree of black consciousness than those who had not attempted suicide. Although Hendin (1969) did not formulate any hypothesis regarding black consciousness his work still abounds with negativisms regarding blackness. He reports the murderous rage and self-hatred of blacks as being basic causes of suicidal behavior among them. His work thus raises two important questions. if it is true that blacks have more rage, more self-hatred and experience more rejection than do whites then why do not more blacks commit suicide? And why is the overall suicide rate for whites so much greater than that of blacks? Hendin's simplistic theory does not account for this nor does it

account for the higher rate of suicide among black males only in the 20-35 year old age range in New York City.

He fails to see that these suicidal behaviors are symptomatic of more general societal problems and that the rage, hatred, and frustrations which he sees are not only toward the persons themselves and certainly not because of their blackness alone. Had he used a control group he might well have found that blacks with similar backgrounds, similar living conditions, and similar views of themselves have found ways other than attempting suicide to deal with such experiences. He used a group of people who apparently made inadequate adjustments in many areas of their lives and whose blackness seems an arbitrary factor.

Suicide may be related not only to what one has--i.e., rage, self-hatred and frustration--but may also be related to what one does not have--i.e., a sense of group membership, positive identity and black consciousness. Evidence of the present study supports at least a two-factor theory of suicide, which contradicts Hendin's single theory. It was found that suicide attempters were more depressed than nonsuicide attempters and that suicide attempters showed a lesser degree of black consciousness than the nonattempters.

Hendin's simplistic theory of one's blackness is further brought to question by the black movement of the

establishing rapport in order that they be trusting and cooperative. Frequently, the discovery of a mutual Southern background achieved this. At other times extended casual conversation, e.g., about sports, achieved this. Sometimes rapport was established and cooperation was obtained, at other times it was not and the prospective subjects were absolutely uncooperative. Although in most instances the investigator was verbally ordered to leave, sometimes he was physically threatened with a dog and even with a gun. The underlying issue seemed to be one of establishing whether the investigator was O.K. or not. If he was, an interview relationship could be established. Under some circumstances, the conclusion was one of suspicion, and nothing could be done to turn this around. In some neighborhoods the investigator was viewed as an intruder and in one instance threats were made on his life.

Another major problem was the lack of residential stability of subjects. Often when the investigator attempted to contact suicide attempters, he found that the family or the subject himself had changed residence. There was great reluctance on the part of the family members or neighbors to inform the investigator of forwarding addresses. In some instances there was a direct refusal to furnish this information while in others they would be more evasive, asking for the investigator's

phone number so that the subject could contact him. Sometimes the information that was offered proved only to lead on a false trail. In other instances when the prospective subject was located, it was not uncommon for him or for members of his family to resent discussing his attempted suicide, and to present it as though it had been merely an accident, even though, in some instances a suicide note had been discovered.

Some subjects had difficulties in understanding questions on the questionnaire which required the investigator to read the items for them and/or explain the meaning of various words.

It is apparent that problems such as those mentioned above make data collection in the ghetto (field research) extremely difficult. Though a population such as that selected for the present study is more varied and potentially allows greater generalizability, the considerable frustration involved makes such a study an arduous task. However, if the present study adds significantly to the study of suicide in general and black suicide in particular, then the problems and frustrations encountered in carrying out this research will have been worth it.

Comments on Instrumentation in This Setting

Another reason why the MAACL results may have been weaker comes from the characteristics of use of this

instrument with our special population. The MAACL was chosen, in part, because it was reported that ten minutes was required to administer it, and because the adjectives used were reported to be at the eighth grade level. However, all three subscales of the check list proved to be most inappropriate for the population of this study: subjects found the words too difficult and required explanation from the investigator. Therefore, it required an average of 40 minutes for them to complete it. This was not a problem with the MMPI Depression scale. The Black Consciousness scale also proved to be an adequate one in measuring the degree of black consciousness between the two groups. No administration problems were encountered here either.

Suggestions for Further Research

The investigation of socio-psychological factors in attempted suicide among urban black males is an area pregnant with possibilities for further research. Any further research should include subjects from a broader set of age categories. Since this would provide more information about suicidal behaviors among blacks beyond the 20 to 35 year old category, it could possibly provide both explanations for the occurrence of the highest rate among black males in the 20 to 35 year old age range, and greater insight into the phenomenon of all black suicide.

There is evidence that the highest rate of suicide among black males occurs significantly earlier--20 to 35 than the highest rate among white males--over 60 years of age. Further investigation is needed into the theory that this phenomenon reflects that black males recognize the futility of their lives at a far younger age than do most white males. Similarly investigation is necessary into the differences between the age ranges in which the highest rates for black males and black females occur.

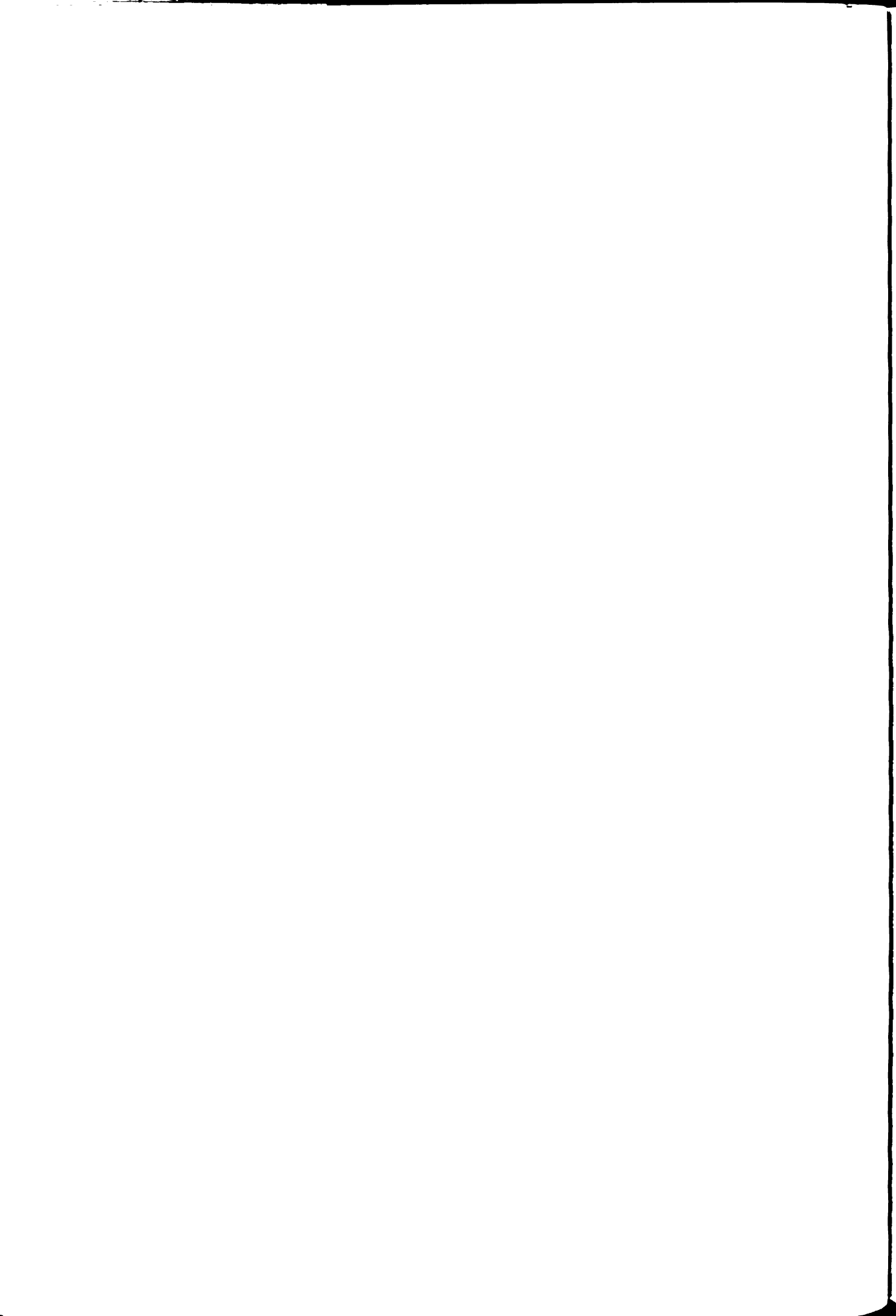
Of particular importance is the finding that in the age category of 20 to 35, Black Consciousness, Anomie, and Depression were found to be significant as contributing factors to suicidal behavior. One speculation for the cause of the highest rate of suicide among black males occurring in this age category is that at this age they have recognized the futility of whatever aspirations they may have had in the past. Therefore, measuring these same factors among black males in other age categories and among black females in all age categories should provide insight into the relative role that Black Consciousness, Anomie, and Depression play as possible precursors to suicidal behavior among all blacks.

Another major concern of particular importance to the researcher is the role of depression and retroflexed rage in suicidal behavior. While depression itself seems clearly a major factor in suicidal behavior, it does not

completely account for such behavior. Two major characteristics of depression, e.g., anger and hostility, when turned upon oneself are termed retroflexed rage (Rado, 1928), or "sadism turned upon the self" (Freud, 1917). The theoretical question raised here is the adequacy of the depression scales as instruments to measure this phenomenon: to what extent are the depression findings the outward manifestations of retroflexed rage, and to what extent are they measures of "pure" depression--i.e., brooding, psychomotor retardation, mental dullness, physical symptomatology, reduced energy level, preoccupation with death, etc. If indeed retroflexed rage is a significant factor in depression which leads to suicidal behavior then we must find a measure that will show this.

Although depression scales are good clinical tools for measuring depression as a state of being, such characteristics as anger and hostility may not be tapped as underlying factors of the overall depression. These factors may not get expressed with an instrument where one responds by marking "yes" or "no," "true" or "false," etc. Therefore, the use of projective pictures with controlled stimulus values and ambiguity may provide a more specific measure of anger and hostility and consequently may be a more adequate method of measuring retroflexed rage. The use of such a projective measure in conjunction

with the Black Consciousness scale should furnish some interesting and vital results.



CHAPTER V

SUMMARY

The present study was undertaken to investigate the role of socio-psychological factors as potential precursors to suicidal behavior among urban black males. A self administered personal opinion questionnaire was used for this purpose in a cross-sectional design. The population for the present research consisted of 40 black males, between the ages of 20-35, who resided in the city of Detroit, Michigan.

The concerns which inspired this study evolved initially from an awareness that most explanations concerning black suicide have been generalized from theories deduced from studies of a population which is predominantly white. Moreover, that so few previous studies have addressed themselves specifically to the suicide of blacks and that those few which have focused in this area have been based primarily on the examination of demographic variables. Finally, that those few studies on black suicide have been conducted principally by white investigators and more often than not in an institutional environment. The present study addresses itself, in part, to the above concerns. It is a unique contribution to

the study of black suicide because it was conducted by a black investigator working with black subjects in their home environment.

The study takes the position that suicide is a function not only of the imbalance of internal psychological forces, i.e., retroflexed rage, but is also a social event in that it is a direct outgrowth of an individual's personal identity as it relates to social ties. In testing this position it was hypothesized that suicide attempters would show not only a lesser ability for overt expression of feelings of anger and hostility, but also a lesser degree of black consciousness, a lesser degree of group cohesiveness, and a greater degree of anomie than would the non-attempters (control) group.

Twenty black males who had attempted suicide within a six month period prior to contact, and twenty black males who had not attempted suicide, were compared with regard to the responses which they gave on the personal opinion questionnaire. The instrument contained scales to measure (a) degree of black consciousness, (b) degree of group cohesiveness (with subscales of powerlessness, normlessness, and social isolation), and (c) anomie. Two scales, the Depression scale of the Minnesota Multiphasic Personality Inventory and the Depression scale of the Multiple Affect Adjective Check List were used to measure the degree of depression.

Results showed that, on the black consciousness scale, the suicide-attempt subjects exhibited a lesser degree of black consciousness than the controls confirming predictions. On the group cohesiveness scale there were no significant differences, even though the mean on the total scale and subscale scores on powerlessness, normlessness, and social isolation showed lesser cohesiveness for the suicide-attempt subjects than for the controls. Significant differences in the predicted direction were found on the anomie measure. It was concluded that further examination of both the black consciousness and the cohesiveness hypotheses is warranted with black subjects.

The depression scale of the MMPI showed a significant difference between the two groups, with the suicide-attempt group exhibiting a greater degree of depression. While the responses to this measure supported predictions, the responses to the depression scale of the MAACL were not significant, nor did this measure show any significant effects on its other subscales of anxiety and hostility. These findings were explained in terms of differences in the state vs. trait experience of depression.

The discussion refuted the validity of Hendin's simplistic theory of the black self-hatred as the basic cause of suicidal behavior among blacks, and proposed rather at least a two-factor theory of suicide focusing

on depression and black consciousness. Discussion also focused upon issues and difficulties of research in the ghetto. Some suggestions for further research on the topic of attempted suicide among blacks also were made.

APPENDICES

APPENDIX A

PERSONAL OPINION QUESTIONNAIRE

PERSONAL OPINION QUESTIONNAIRE

Background Information

- | | | |
|---|--|--|
| 1. Sex | 1. Female | 2. Male |
| 2. Age | 1. 20-22
3. 26-28
5. 32-35 | 2. 23-25
4. 29-31
6. Over 35 |
| 3. Approximate population of the community in which you grew up (Hometown). | 1. 25,000 or less
2. 25,000 - 50,000
3. 50,000 - 100,000
4. 100,000 - 500,000
5. 500,000 - 1,000,000 or more | |
| 4. Geographical location of hometown. | 1. Northeast (Me, Vt., NH, RI, Mass., NY, Pa., NJ, Ct.)
2. South (Va., W.Va., Del., Md., NC, SC, Tn., Ky., Ga., Fla., Ala., Miss., La., Ark., Tex., Oka., Wash.D.C.)
3. North Central (N.Dak., S.Dak., Minn., Ia., Ind., Ohio, Wis., Mi., Neb., Kan., Mo., Ill.)
4. West (N.Mex., Az., Colo., Utah, Cal., Ore., Wash., Wyo., Ida., Mont., Nev.)
5. Other | |
| 5. Number of brothers and sisters | 1. None
4. Three | 2. One
5. Four or more
3. Two |
| 6. Number of sisters | 1. None
4. Three | 2. One
5. Four or more
3. Two |
| 7. Number of brothers | 1. None
4. Three | 2. One
5. Four or more
3. Two |
| 8a. Your birth position | 1. First
4. Fourth | 2. Second
5. Fifth or later
3. Third |
| 8b. Are you a last born child? | 1. Yes | 2. No |
| 9. Had your father lived away from your household before you were 15 years old? | 1. Yes | 2. No |

- | | |
|--|---|
| 10. If yes, approximately how long a period of time was he absent? (Omit if father was never absent). | 1. One year or less
2. Two years
3. Three years
4. Four years or more
5. Never present |
| 11. Main reason for absence of father | 1. Work 2. Deceased
3. Divorce-Separation
4. Illness 5. Other |
| 12. Had your mother lived away from your household before you were 15 years old? | 1. Yes 2. No |
| 13. If yes, approximately how long a period of time was she absent? (Omit if mother was never absent). | 1. One year or less
2. Two years
3. Three years
4. Four years or more
5. Never present |
| 14. Main reason for absence of mother | 1. Work 2. Deceased
3. Divorced-Separation
4. Illness 5. Other |
| 15. Had you lived away from your parents before you were 15 years old? | 1. Yes 2. No |
| 16. If yes, approximately how long a period of time were you away? | 1. One year or less
2. Two years
3. Three years
4. Four years or more
5. Never lived with parents |
| 17. Geographical location of father's hometown (See question #4) | 1. Northeast 2. South
3. North Central
4. West 5. Other |
| 18. Geographical location of mother's hometown (See question #4) | 1. Northeast 2. South
3. North Central
4. West 5. Other |
| 19. Father's level of education. | 1. Grade School
2. High School: Started but did not complete
3. High School: Completed
4. College: Started but did not complete
5. College: Completed |

- | | |
|--|---|
| 20. Mother's level of education. | 1. Grade School
2. High School: Started but did not complete
3. High School: Completed
4. College: Started but did not complete
5. College: Completed |
| 21. Occupation of father | 1. Professional - Managerial
2. Clerical - Sales
3. Skilled trades
4. Semi-skilled 5. Unskilled
6. Proprietor of small business |
| 22. Occupation of mother (if mother is full-time housewife, then omit this question). | 1. Professional - Managerial
2. Clerical - Sales
3. Skilled trades
4. Semi-skilled 5. Unskilled
6. Proprietor of small business |
| 23. If mother was not full-time housewife, what was her work schedule? | 1. Full-time
2. Part-time |
| 24. What was the approximate family income when you lived with your parents? (Income in terms of today's dollars.) | 1. \$4,000 or less
2. \$4,000 - 7,000
3. \$7,000 - 10,000
4. \$10,000 - 15,000
5. \$15,000 - and over |
| 25. What is your marital status? | 1. Single 2. Married
3. Separated 4. Divorced
5. Widowed |
| 26. (If applicable) How many years have you been married? | 1. One or less
2. One - Three
3. Four - Six
4. Seven - Eight
5. Nine and over |
| 27. How many children do you have? | 1. None 2. One
3. Two 4. Three
5. Four or more |
| 28. Number of daughters | 1. None 2. One
3. Two 4. Three
5. Four or more |

29. Number of sons
1. None
 2. One
 3. Two
 4. Three
 5. Four or more
30. Your level of education.
1. Grade School
 2. High School: Started but did not complete.
 3. High School: Completed
 4. College: Started but did not complete.
 5. College: Completed
31. Your wife's level of education.
1. Grade School
 2. High School: Started but did not complete.
 3. High School: Completed
 4. College: Started but did not complete
 5. College: Completed
32. What was your approximate family income in 1974?
1. \$4,000 or less
 2. \$4,000 - 7,000
 3. \$7,000 - 10,000
 4. \$10,000 - 15,000
 5. \$15,000 - and over
33. What is your occupation?
1. Professional - Managerial
 2. Clerical - Sales
 3. Skilled trades
 4. Semi-skilled
 5. Unskilled
 6. Proprietor of small business
34. How many years have you lived in Detroit?
1. Less than one year
 2. One - Three
 3. Four - Six
 4. Seven - Eight
 5. Nine - and over
35. Your religious preference (If you have no religious preference omit this question).
1. Protestant
 2. Catholic
 3. Jewish
 4. Black Muslim
 5. Other
36. How often do you attend religious services?
1. Once a week or more
 2. Once to twice a month
 3. Two to three times a year
 4. Rarely
 5. Never

PERSONAL OPINION QUESTIONNAIRE - PART I

Below are some statements ragerding personal opinion issues, with which some people agree and others disagree. Please give your opinion about these items, that is, whether you agree or disagree with the items as they are stated.

Please check in the appropriate blank, as follows:

- ☐ A (Strongly Agree)
- ☐ a (Agree)
- ☐ U (Uncertain)
- ☐ d (Disagree)
- ☐ D (Strongly Disagree)

1. If I were (sic) sitting at a table with some members of my race and some white people entered the room, I would be proud because I was sitting with members of my race.
2. I don't get invited out by friends as often as I'd really like.
3. Call me Black, instead of Negro.
4. Sometimes I feel all alone in the world.
5. In the United States, freedom for my race can only be achieved through integration.
6. People were better off in the old days when everyone knew just how he was expected to act.
7. Whites try to divide our community by saying some of us are middle class.
8. I am tired of hearing about Black Power.
9. Through education my race will be accepted into the mainstream of American Society.
10. It is frightening to be responsible for the development of a little child.
11. The "natural" hairstyle is dignified.
12. Sometimes I have the feeling that other people are using me.
13. The very light members of my race should identify with the race and not "pass" for white.

14. Real friends are as easy as ever to find.
15. I have less in common with members of the white race than with members of my race.
16. People's ideas change so much that I wonder if we'll ever have anything to depend on.
17. The only thing one can be sure of today is that he can be sure of nothing.
18. Most people today seldom feel lonely.
19. White people do not like Muhammad Ali because they did not like the idea of a member of my race saying he was the greatest and proving it.
20. I often wonder what the meaning of life really is.
21. When assigned to "riot" duty in the so-called Negro ghettos, soldiers of my race should fight the police and the other white soldiers.
22. We are just so many cogs in the machinery of life.
23. Thin lips and narrow noses look better than thick lips and wide noses.
24. I don't get to visit friends as often as I'd really like.
25. Colored, Black, and Negro terms have the same meaning.
26. It seems to me that other people find it easier to decide what is right than I do.
27. White people are smarter than people of my race.
28. With so many religions abroad, one doesn't really know which to believe.
29. More Civil Rights laws will help the situation in this country.
30. The trouble with the world today is that most people really don't believe in anything.
31. White people will give us our rights, when they see we are good Americans because we have jobs and behave ourselves.
32. The world in which we live is basically a friendly place.
33. We should not feel close to Africans.

34. A dark-skinned person should marry someone lighter than himself (herself) so their children will be lighter.
35. I often feel awkward and out of place.
36. We're so regimented today that there's not much room for choice even in personal matters.
37. European Culture is better than African Culture.
38. I often feel that many things our parents stood for are just going to ruin before our very eyes.
39. I would not like to live in a state where only members of my race lived.
40. With everything in such a state of disorder, it's hard for a person to know where he stands from one day to the next.
41. The police are the white man's tool for keeping down my race.
42. My race should spread out when in public because gathering is like segregating selves.
43. Everything changes so quickly these days that I often have trouble deciding which are the right rules to follow.
44. There is a pattern being used by the police department to wipe out the leadership of the Black Panther Party.
45. What is lacking in the world today is the old kind of friendship that lasted for a lifetime.
46. Members of my race should date whites.
47. Members of my race need to buy weapons.
48. I put my country (America) before my race.
49. There are so many decisions that have to be made today that sometimes I could just "blow up."
50. We should organize in an effort to free ourselves from American Society.
51. In the North my race got along pretty well with whites until members of my race came from the South.
52. The Black Muslims and the Black Panthers are working for the same things.

53. The future looks very dismal.
54. I worry about the future facing today's children.
55. Everything is relative, and there just aren't any definite rules to live by.
56. There is little change for promotion on the job unless a man gets a break.
57. What my race has to do is to gain individual acceptance into American Society.
58. There are few dependable ties between people any more.
59. Capitalism is not an enemy of my race.
60. With everything so uncertain these days, it almost seems as though anything could happen.
61. White racism is as widespread as black militants claim it is.
62. There is little or nothing I can do towards preventing a major "Shooting War."
63. For my race, equality and integration are not the same thing.
64. When I am talking about racial problems with members of my race and a white person comes near, I do not change the subject.
65. Schools in our community should be controlled by the school board.
66. People are just naturally friendly and helpful.
67. You do not try to avoid racial issues when talking to whites.
68. Dark skin color has nothing to do with meanness.
69. The end often justifies the means.
70. We should fight for freedom by any means necessary.
71. The color black stands for good and pure things in the language of white America.
72. My race would starve without the white man.
73. One can always find friends if he shows himself friendly.

PERSONAL OPINION QUESTIONNAIRE - PART II

Below are some other statements regarding personal opinion issues with which some people agree and others disagree. Please indicate your agreement by circling (T) for true and your disagreement by circling (F) for false. Please express your opinion on all of the statements.

- | | | |
|--|---|---|
| 1. I am easily awakened by noise. | T | F |
| 2. Sometimes, when embarrassed, I break out in a sweat which annoys me greatly. | T | F |
| 3. I don't seem to care what happens to me. | T | F |
| 4. I have never vomited blood or coughed up blood. | T | F |
| 5. My hands and feet are usually warm enough. | T | F |
| 6. I have difficulty in starting to do things. | T | F |
| 7. I cannot understand what I read as well as I used to. | T | F |
| 8. My neck spots with red often. | T | F |
| 9. I feel hungry almost all the time. | T | F |
| 10. Once in a while I laugh at a dirty joke. | T | F |
| 11. I sometimes tease animals. | T | F |
| 12. Sometimes without any reasons or even when things are going wrong I feel excitedly happy, "on top of the world." | T | F |
| 13. I am very seldom troubled by constipation. | T | F |
| 14. At times it has been impossible for me to keep from stealing or shoplifting something. | T | F |
| 15. I find it hard to keep my mind on a task or job. | T | F |
| 16. I sweat very easily even on cool days. | T | F |
| 17. I am not usually self-conscious. | T | F |
| 18. I usually feel that life is worthwhile. | T | F |
| 19. I have reason for feeling jealous of one or more members of my family. | T | F |

- | | | |
|--|---|---|
| 20. My daily life is full of things that keep me interested. | T | F |
| 21. I do not worry about catching diseases. | T | F |
| 22. At times I feel like smashing things. | T | F |
| 23. I am happy most of the time. | T | F |
| 24. I see things or animals or people around me that others do not see. | T | F |
| 25. People often disappoint me. | T | F |
| 26. I have a good appetite. | T | F |
| 27. I wish I could be as happy as others seem to be. | T | F |
| 28. I prefer to pass by school friends, or people I know but have not seen for a long time, unless they speak to me first. | T | F |
| 29. I seem to be about as capable and smart as most others around me. | T | F |
| 30. Everything is turning out just like the prophets of the Bible said it would. | T | F |
| 31. I worry quite a bit over possible misfortunes. | T | F |
| 32. Criticism or scolding hurts me terribly. | T | F |
| 33. I certainly feel useless at times. | T | F |
| 34. When I leave home I do not worry about whether the door is locked and the windows closed. | T | F |
| 35. I believe I am no more nervous than most others. | T | F |
| 36. My sleep is fitful and disturbed. | T | F |
| 37. I have been afraid of things or people that I knew could not hurt me. | T | F |
| 38. I cry easily. | T | F |
| 39. It takes a lot of argument to convince most people of the truth. | T | F |
| 40. My memory seems to be all right. | T | F |

- | | | |
|--|---|---|
| 41. I have periods in which I feel unusually cheerful without any special reason. | T | F |
| 42. I dream frequently about things that are best kept to myself. | T | F |
| 43. At times I feel like swearing. | T | F |
| 44. My soul sometimes leaves my body. | T | F |
| 45. I have at times stood in the way of people who were trying to do something, not because it amounted to much but because of the principle of the thing. | T | F |
| 46. I am troubled by attacks of nausea and vomiting. | T | F |
| 47. I am afraid of losing my mind. | T | F |
| 48. My parents and family find more fault with me than they should. | T | F |
| 49. During the past few years I have been well most of the time. | T | F |
| 50. I find it hard to keep my mind on anything. | T | F |
| 51. My judgment is better than it ever was. | T | F |
| 52. I go to church almost every week. | T | F |
| 53. I loved my father. | T | F |
| 54. Most nights I go to sleep without thoughts or ideas bothering me. | T | F |
| 55. I have never felt better in my life than I do now. | T | F |
| 56. I sometimes keep on at a thing until others lose their patience with me. | T | F |
| 57. I do not have spells of hay fever or asthma. | T | F |
| 58. I like to flirt. | T | F |
| 59. I am not afraid to handle money. | T | F |
| 60. I do not blame a person for taking advantage of someone who lays himself open to it. | T | F |
| 61. I believe in the second coming of Christ. | T | F |
| 62. I am happy most of the time. | T | F |

- | | | |
|--|---|---|
| 63. I work under a great deal of tension. | T | F |
| 64. At times I am all full of energy. | T | F |
| 65. I have periods of days, weeks, or months when I couldn't take care of things because I couldn't "get going." | T | F |
| 66. I shrink from facing a crisis or difficulty. | T | F |
| 67. I feel weak all over much of the time. | T | F |
| 68. I seldom worry about something or someone almost all the time. | T | F |
| 69. I am in just as good physical health as most of my friends. | T | F |
| 70. I brood a great deal. | T | F |
| 71. Sometimes I feel as if I must injure either myself or someone else. | T | F |
| 72. I am a good mixer. | T | F |
| 73. I am certainly lacking in self-confidence. | T | F |
| 74. I am neither gaining nor losing weight. | T | F |
| 75. I have never had a fit or convulsion. | T | F |
| 76. I enjoy many different kinds of play and recreation. | T | F |
| 77. Someone has been trying to rob me. | T | F |
| 78. I am about as able to work as I ever was. | T | F |
| 79. At times I feel like picking a fist fight with someone. | T | F |

BLACK CONSCIOUSNESS SCALE

(40 items)

- *1. If I was (sic) sitting at a table with some members of my race and some white people entered the room, I would be proud because I was sitting with members of my race.
- 3. Call me Black, instead of Negro.
- 5. In the United States, freedom for my race can only be achieved through integration.
- 7. Whites try to divide our community by saying some of us are middle class.
- 8. I am tired of hearing about Black Power.
- 9. Through education my race will be accepted into the mainstream of American Society.
- 11. The "natural" hairstyle is dignified.
- 13. The very light members of my race should identify with the race and not "pass" for white.
- 15. I have less in common with members of the white race than with members of my race.
- 19. White people do not like Muhammad Ali because they did not like the idea of a member of my race saying he was the greatest and proving it.
- 21. When assigned to "riot" duty in the so-called Negro ghettos, soldiers of my race should fight the police and the other white soldiers.
- 23. Thin lips and narrow noses look better than thick lips and wide noses.
- 25. Colored, Black, and Negro terms have the same meaning.
- 27. White people are smarter than people of my race.
- 29. More Civil Rights laws will help the situation in this country.

* Refers to item number on the Personal Opinion Questionnaire.

31. White people will give us our rights, when they see we are good Americans because we have jobs and behave ourselves.
33. We should not feel close to Africans.
34. A dark-skinned person should marry someone lighter than himself (herself) so their children will be lighter.
37. European Culture is better than African Culture.
39. I would not like to live in a state where only members of my race lived.
41. The police are the white man's tool for keeping down my race.
42. My race should spread out when in public because gathering is like segregating ourselves.
44. There is a pattern being used by the police department to wipe out the leadership of the Black Panther Party.
46. Members of my race should date whites.
47. Members of my race need to buy weapons.
48. I put my country (America) before my race.
50. We should organize in an effort to free ourselves from American Society.
51. In the North my race got along pretty well with whites until members of my race came from the South.
52. The Black Muslims and the Black Panthers are working for the same things.
57. What my race has to do is to gain individual acceptance into American Society.
59. Capitalism is not an enemy of my race.
61. White racism is as widespread as black militants claim it is.
63. For my race, equality and integration are not the same thing.
64. When I am talking about racial problems with members of my race and a white person comes near, I do not change the subject.
65. Schools in our community should be controlled by the school board.

- 67. You do not try to avoid racial issues when talking to whites.
- 68. Dark skin color has nothing to do with meanness.
- 70. We should fight for freedom by any means necessary.
- 71. The color black stands for good and pure things in the language.
- 72. My race would starve without the white man.

APPENDIX B

SUB-SCALES OF THE PERSONAL

OPINION QUESTIONNAIRE

ANOMIE SCALE (nine items)

- *6. People were better off in the old days when everyone knew just how he was expected to act.
- 26. It seems to me that other people find it easier to decide what is right than I do.
- 30. The trouble with the world today is that most people really don't believe in anything.
- 35. I often feel awkward and out of place.
- 38. I often feel that many things our parents stood for are just going to ruin before our very eyes.
- 40. With everything in such a state of disorder, it's hard for a person to know where he stands from one day to the next.
- 43. Everything changes so quickly these days that I often have trouble deciding which are the right rules to follow.
- 45. What is lacking in the world today is the old kind of friendship that lasted for a lifetime.
- 60. With everything so uncertain these days, it almost seems as though anything could happen.

* Refers to item number on the Personal Opinion Questionnaire.

POWERLESSNESS SCALE (nine items)

- *10. It is frightening to be responsible for the development of a little child.
- 12. Sometimes I have the feeling that other people are using me.
- 22. We are just so many cogs in the machinery of life.
- 36. We're so regimented today that there's not much room for choice even in personal matters.
- 49. There are so many decisions that have to be made today that sometimes I could just "blow up."
- 54. I worry about the future facing today's children.
- 53. The future looks very dismal.
- 56. There is little chance for promotion on the job unless a man gets a break.
- 62. There is little or nothing I can do towards preventing a major "shooting."

* Refers to item number of Personal Opinion Questionnaire.

NORMLESSNESS SCALE (six items)

- 16. People's ideas change so much that I wonder if we'll ever have anything to depend on.
- *17. The only thing one can be sure of today is that he can be sure of nothing.
- 20. I often wonder what the meaning of life really is.
- 28. With so many religions abroad, one doesn't really know which to believe.
- 55. Everything is relative, and there just aren't any definite rules to live by.

* Refers to item number on the Personal Opinion Questionnaire.

SOCIAL ISOLATION SCALE (nine items)

*2. I don't get invited out by friends as often as I'd really like.

4. Sometimes I feel all alone in the world.

**14. Real friends are as easy as ever to find.

**18. Most people today seldom feel lonely.

24. I don't get to visit friends as often as I'd really like.

**32. The world in which we live is basically a friendly place.

58. There are few dependable ties between people any more

66. People are just naturally friendly and helpful.

**73. One can always find friends if he shows himself friendly.

* Refers to item number on the Personal Opinion Questionnaire.

** Denotes reversed scoring items.

PERSONAL OPINION QUESTIONNAIRE - PART II

Below are some other statements regarding personal opinion issues, with which some people agree and others disagree. Please indicate your agreement by circling (T) for true and your disagreement by circling (F) for false. Please express your opinion on all of the statements.

1. (5)** I am easily awakened by noise.
2. (191) Sometimes, when embarrassed, I break out in a sweat which annoys me greatly.
3. (104) I don't seem to care what happens to me.
4. (130) I have never vomited blood or coughed up blood.
- *5. My hands and feet are usually warm enough.
6. (259) I have difficulty in starting to do things.
7. (159) I cannot understand what I read as well as I used to.
- *8. My neck spots with red often.
- *9. I feel hungry almost all the time.
10. (285) Once in a while I laugh at a dirty joke.
11. (80) I sometimes tease animals.
12. (248) Sometimes without any reasons or even when things are going wrong I feel excitedly happy, "on top of the world."
13. (18) I am very seldom troubled by constipation.
- *14. At times it has been impossible for me to keep from stealing or shoplifting something.
15. (32) I find it hard to keep my mind on a task or job.
16. (263) I sweat very easily even on cool days.
- *17. I am not usually self-conscious.
18. (88) I usually feel that life is worthwhile.

- *19. I have reason for feeling jealous of one or more members of my family.
- 20. (8) My daily life is full of things that keep me interested.
- 21. (131) I do not worry about catching diseases.
- 22. (39) At times I feel like smashing things.
- 23. (107) I am happy most of the time.
- *24. I see things or animals or people around me that others do not see.
- *25. People often disappoint me.
- 26. (2) I have a good appetite.
- 27. (67) I wish I could be as happy as others seem to be.
- 28. (52) I prefer to pass by school friends, or people I know but have not seen for a long time, unless they speak to me first.
- 29. (122) I seem to be about as capable and smart as most others around me.
- 30. (58) Everything is turning out just like the prophets of the Bible said it would.
- *31. I worry quite a bit over possible misfortunes.
- 32. (138) Criticism or scolding hurts me terribly.
- 33. (142) I certainly feel useless at times.
- 34. (270) When I leave home I do not worry about whether the door is locked and the windows closed.
- 35. (242) I believe I am no more nervous than most others.
- 36. (43) My sleep is fitful and disturbed.
- *37. I have been afraid of things or people that I knew could not hurt me.
- 38. (158) I cry easily.
- 39. (89) It takes a lot of argument to convince most people of the truth.
- 40. (178) My memory seems to be all right.

41. (296) I have periods in which I feel unusually cheerful without any special reason.
42. (241) I dream frequently about things that are best kept to myself.
43. (30) At times I feel like swearing.
- *44. My soul sometimes leaves my body.
45. (233) I have at times stood in the way of people who were trying to do something, not because it amounted to much but because of the principle of the thing.
46. (23) I am troubled by attacks of nausea and vomiting.
47. (182) I am afraid of losing my mind.
- *48. My parents and family find more fault with me than they should.
49. (153) During the past few years I have been well most of the time.
- *50. I find it hard to keep my mind on anything.
51. (46) My judgment is better than it ever was.
52. (95) I go to church almost every week.
- *53. I loved my father.
54. (152) Most nights I go to sleep without thoughts or ideas bothering me.
55. (160) I have never felt better in my life than I do now.
56. (64) I sometimes keep on at a thing until others lose their patience with me.
57. (193) I do not have spells of hay fever or asthma.
58. (208) I like to flirt.
- *59. I am not afraid to handle money.
60. (271) I do not blame a person for taking advantage of someone who lays himself open to it.
61. (98) I believe in the second coming of Christ.

- *62. I am happy most of the time.
- 63. (13) I work under a great deal of tension.
- 64. (272) At times I am all full of energy.
- 65. (41) I have had periods of days, weeks, or months when I couldn't take care of things because I couldn't "get going."
- *66. I shrink from facing a crisis or difficulty.
- 67. (189) I feel weak all over much of the time.
- 68. (36) I seldom worry about my health.
- *69. I feel anxiety about something or someone almost all the time.
- 70. (51) I am in just as good physical health as most of my friends.
- 71. (236) I brood a great deal.
- *72. Sometimes I feel as if I must injure either myself or someone else.
- 73. (57) I am a good mixer.
- 74. (86) I am certainly lacking in self-confidence.
- 75. (155) I am neither gaining nor losing weight.
- 76. (154) I have never had a fit or convulsion.
- 77. (207) I enjoy many different kinds of play and recreation.
- *78. Someone has been trying to rob me.
- 79. (9) I am about as able to work as I ever was.
- 80. (145) At times I feel like picking a fist fight with someone.

* Nonscored "buffer" items.

** Refers to number of actual items on the MMPI.

APPENDIX C

STATEMENT OF INTRODUCTION

STATEMENT OF INTRODUCTION

Hello, Mr. _____

I am working with the Detroit Health Department. My name is Alton Kirk and I'm conducting a survey of people who used hospitals in the city of Detroit during the past year. I have a questionnaire here which I'd like for you to complete. A part of it consists of general information about you and your family background. Other parts ask your opinion about certain other subjects.

APPENDIX D

INTERCORRELATION MATRIX OF

ALL STUDY VARIABLES

INTERCORRELATION MATRIX OF ALL STUDY VARIABLES ($N = 40$)

	Black Consensus	Anomie	Power- lessness	Norm- lessness	Social Isolation	MMPI D	MMACL D	Anxiety	Hostility
Black Consensus	(.78)								
Anomie	-.60**	(.55)							
Powerlessness	-.12	.19	(.43)						
Normlessness	-.45**	.30	.50**	(.61)					
Social Isolation	-.42**	.42**	.19	.45**	(.40)				
MMPI D	.26	-.04	-.15	-.28	-.10	(.58)			
MAACL D	.11	-.12	-.25	-.23	.10	.19	(.88)		
Anxiety	.09	.00	-.17	-.10	.14	.10	.86**	(.84)	
Hostility	.06	.05	-.18	-.06	.16	.18	.87**	.90**	(.88)

Note: Figures in diagonal are HOYT reliability estimates.

** $p < .01$

APPENDIX E

**DISTRIBUTION OF OTHER SOCIAL FACTORS
FOR THE SUICIDE-ATTEMPT GROUP (I),
AND THE CONTROL GROUP (II)**

DISTRIBUTION OF OTHER SOCIAL FACTORS FOR THE
SUICIDE-ATTEMPT GROUP (I), AND THE
CONTROL GROUP (II)

Social Factor	Group I (N=20)	Group II (N=20)
Age:		
20-22	3	5
23-25	4	8
26-28	5	2
29-31	2	2
32-35	6	3
Geographical location of birthplace:		
Northeast	1	2
South	8	8
North Central	11	9
West	0	1
Number of siblings:		
None	1	3
One	3	1
Two	0	3
Three	0	1
Four or more	16	2
Birth position:		
First	4	7
Second	6	3
Third	4	2
Fourth	2	3
Fifth or later	4	5
Last born child:		
Yes	4	4
No	16	16
Father lived away from household before subject was 15 years old:		
Yes	13	9
No	7	11
Mother lived away from household before subject was 15 years old:		
Yes	2	1
No	18	19

Social Factor	Group I (N=20)	Group II (N=20)
Subject lives away from parents before 15 years old:		
Yes	3	6
No	17	14
Father's level of education:		
Grade School	13	2
High School: started but did not complete	2	4
High School: completed	2	7
College: started but did not complete	3	1
College: completed	2	6
Mother's level of education:		
Grade School	6	0
High School: started but did not complete	8	5
High School: completed	2	9
College: started but did not complete	3	4
College: completed	1	2
Subject's level of education:		
Grade School	3	0
High School: started but did not complete	8	1
High School: completed	1	5
College: started but did not complete	5	10
College: completed	3	4
Occupation of father:		
Professional - managerial	2	1
Clerical - sales	1	3
Skilled trades	5	4
Semi-skilled	4	11
Unskilled	8	0
Proprietor of small business	0	1

Social Factor	Group I (N=20)	Group II (N=20)
Occupation of mother:		
Professional - managerial	1	5
Clerical - sales	1	4
Skilled trades	3	1
Semi-skilled	1	4
Unskilled	12	6
Proprietor of small business	2	
Subject's occupation:		
Professional - managerial	4	4
Clerical - sales	0	1
Skilled trades	4	7
Semi-skilled	9	2
Unskilled	3	4
Proprietor of small business	0	2
Approximate family income when subjects lived with parents: (income in terms of today's dollars)		
\$4,000 or less	9	0
\$4,000-4,000	3	5
\$7,000-10,000	4	6
\$10,000-15,000	4	3
\$15,000 and over	0	6
Subject's approximate family income in 1974?		
\$4,000 or less	7	4
\$4,000-7,000	5	4
\$7,000-10,000	3	3
\$10,000-15,000	2	2
\$15,000 and over	3	7
Current marital status:		
Single	8	9
Married	3	8
Separated	7	3
Divorced	1	0
Widowed	1	0

Social Factor	Group I (N=20)	Group II (N=20)
Wife's level of education		
Grade School	0	0
High School: started but did not complete	4	0
High School: completed	5	2
College: started but did not complete	3	3
College: completed	1	4
Years of marriage:		
One or less	0	0
One-three	5	8
Four-six	3	0
Seven-eight	0	0
Nine and over	3	3
Number of children (all marriages)		
None	5	10
One	3	5
Two	4	2
Three	4	1
Four or more	4	2
Years lived in Detroit:		
Less than one year	1	0
One-three	2	0
Four-six	1	2
Seven-eight	2	0
Nine and over	14	18
Subject's religious preference:		
Protestant	16	17
Catholic	2	3
Jewish	0	0
Black Muslim	2	0
Other	0	0
Attendance at religious services:		
Once a week or more	2	2
Once to twice a month	5	2
Two to three times a year	2	4
Rarely	10	11
Never	1	1

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