

Inviting Culture into Her Wellness: The Moderating Effects of African Centered Coping on Suicide Risk Factors Among Black Women

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Abstract: There is a need for greater emphasis to be placed on the lived experiences of Black women in psychological research, and more specifically, Black women’s experiences with suicide ideation. Despite having the lowest suicide rates, prior research indicates an increase in suicide ideation among Black women and girls. The current study aims to evaluate the moderating effects of Black women’s implementation of culturally specific ways of coping (i.e., Africultural coping skills) to pinpoint protective strategies against interpersonal suicide risk factors, thwarted belongingness, and perceived burdensomeness. 99 (*M* age = 23) cisgender African American/Black women were surveyed, and results indicated that spiritual centered coping both significantly and negatively moderated the relationship between perceived burdensomeness and suicide ideation ($B = -0.00$, $t = -2.29$, $p = .02$, 95% CI [-.0085, -.0006]). Additionally, ritual centered coping significantly and negatively moderated the relationship between perceived burdensomeness and suicide ideation ($B = -.009$, $t = -2.05$, $p = .04$, 95% CI [-.0179, -.0003]). Findings suggest that spiritual and ritual centered coping can be protective strategies for Black women by weakening the relationship between suicide ideation and the interpersonal suicide risk factor perceived burdensomeness.

Keywords: Africultural coping, Black women, suicide

Scholars describe Black women’s experiences with suicide as the “racial suicide paradox” since Black women have endured high levels of “physical, mental, and social disparities; yet their rates of suicide are significantly lower than all other groups” (Centers for Disease Control and Prevention [CDC], 2021; Spates, 2011, p. 337). Due to Black women’s low suicide completion rates, there is a gap in suicidology research that explicitly centers Black women in the analysis while also considering their unique cultural context (Allbaugh et al., 2017; Gaskin-Wasson et al., 2018; Hampton-Anderson et al., 2022; Morrison & Hopkins, 2019). To attend to this gap, the current paper aims to call attention to the need for researchers to deliberately include Black women in suicidology literature (Mattes, 2024). However, as researchers include this population, they must be mindful of using psychological instruments and theoretical frameworks that align with the cultural worldviews of Black women to ensure that the investigation is culturally affirming, humanizing, and relevant to their psychological experiences.

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Suicide prevention research for Black women is needed as there has been a notable increase in Black female youth suicide rates from 2013 to 2019 (Ramchand et al., 2021). Suicide rates for Black female youth aged 15 to 24 years old have increased from 2.7 to 4.3 per 100,000 individuals, which is approximately a 59% increase (Ramchand et al., 2021). Hospital visits to the emergency department have also risen due to suicide ideation or attempts by Black female youth aged 15 to 19 years old between 2008 and 2015 (Xiao et al., 2021). Additionally, research suggests an increasing trend in the prevalence of suicide ideation among Black females between 1991 and 2019 (Xiao et al., 2021), which is concerning as thoughts of suicide are a significant and preceding risk factor for engagement in suicide behaviors (Chang et al., 2016; Riera-Serra et al., 2024).

Due to the steady rise of suicide ideation and suicide-related behaviors among Black women and girls, the investigation of culturally affirming suicide protective strategies is imperative as it can provide more accessible and relevant approaches for protecting against suicide risk and maintaining Black women's overall wellness. To attend to the need for culturally affirming suicide research, the current study is deliberately grounded within an Afrocentric paradigm by seeking to understand whether Black women's engagement in African-centered coping strategies can protect against significant suicide risk factors, such as feelings of perceived burdensomeness and thwarted belongingness.

Suicide Risk Factors

Joiner (2007), a leading suicidologist, identified feelings of perceived burdensomeness and thwarted belongingness as significant suicide risk factors. He developed the Interpersonal Theory of Suicide model to assess distinct pathways that may contribute to the onset of suicide ideation. Specifically, within Joiner's (2007) model, three primary suicide risk factors were highlighted such as: (1) perceived burdensomeness, defined as perceiving oneself as ineffective or a burden towards others; (2) thwarted belongingness, characterized as feeling disconnected and socially isolated; and (3) acquired capability, described as participating in painful experiences and no longer being alarmed by harming oneself (Joiner, 2007). Joiner (2007) argues that perceived burdensomeness and thwarted belongingness are the primary risk factors contributing to suicide ideation, and passive suicide ideation transitions to active suicide ideation when individuals feel hopeless about these two psychological constructs. Therefore, previous studies have focused primarily on perceived burdensomeness and thwarted belongingness as risk factors when assessing for suicide ideation, and researchers have found that perceived burdensomeness is a more salient indicator of suicide risk (Allbaugh et al., 2017; Douglas et al., 2024; Keum, 2022; Lamis & Lester, 2012).

Prior studies have also found that the Interpersonal Theory of Suicide can aid in assessing suicide risk among Black samples (Davidson et al., 2010; Douglas et al., 2024; Hollingsworth et al., 2016; Lamis & Lester, 2012). For example, one study examined risk factors for suicide ideation among 99 African American college-aged women (18-24 years old) and found that hopelessness, depression, and perceived burdensomeness, but not thwarted belongingness, were significant predictors of suicide ideation (Lamis & Lester, 2012). Another study surveyed 179 African American women from low-income communities and found that perceived burdensomeness mediated childhood abuse and suicide resilience (Allbaugh et al., 2017). In a study that surveyed 66 African American women who experienced interpersonal violence, researchers found that thwarted belongingness, but not perceived burdensomeness, significantly mediated the relationship between spiritual well-being, suicide ideation, hopelessness, and depressive symptoms (Gaskin-Wasson et al., 2018). Although the interpersonal constructs of perceived burdensomeness and thwarted belongingness have been identified as risk factors for suicide ideation among Black women and Black samples more broadly, additional research is needed to continue understanding the underlying mechanisms

contributing to the occurrence of these interpersonal factors (Hollingsworth et al., 2016). More specifically, there is a need for research that will center on Black women's experiences with suicide ideation and contextualize their lived experiences within their unique cultural realities, while utilizing validated theoretical models to identify specific pathways that may lead to the occurrence of suicide ideation.

African Centered Coping

It is important to note that previous studies have examined culturally specific coping within distinct ethnic and minority groups (Akrim et al., 2021; Clark, 2022; Segara, 2021; Sueca et al., 2021). In alignment with previous research, the current study aimed to appropriately center Black women's cultural experiences in the analysis of suicide risk factors by examining whether Black women's engagement in African-centered coping strategies can protect against significant suicide risk factors. To measure African-centered coping, the Africultural Coping Systems Inventory (ACSI; Utsey et al., 2000) was utilized. The Africultural Coping Systems Inventory is a psychological measure developed by Utsey, Adams, and Bolden (2000) to assess the distinct culture-specific coping strategies endorsed by African Americans during stressful situations. This measure assesses four components which include: (1) cognitive emotional debriefing, defined as strategies used to appropriately react and adapt to changes in one's environment; (2) collective coping, receiving support from social connections with others; (3) spiritual-centered coping, reliance on spirituality or belief in a higher power; and (4) ritual-centered coping, use of rituals to maintain balance (Utsey, Adams, & Bolden, 2000). The four components are grounded in an African-centered conceptual framework, which includes a focus on harmony and oneness, collectivism, survival of the group, and the centering of spirituality (Kambon, 2012; Lateef et al., 2023).

Prior research has shown that the Africultural Coping Systems Inventory can aid in assessing suicide risk and other mental health-related factors among Black women (Hampton-Anderson et al., 2022; Lewis-Coles & Constantine, 2006; Morrison & Hopkins, 2019). For instance, a study surveyed 137 African American female students and assessed their cultural identity, coping strategies, and suicide ideation. Researchers found that African American women with higher levels of depression and who use less spiritual-centered coping strategies were more likely to endorse suicide ideation (Morrison & Hopkins, 2019). Another study explored the potential mediating role of Africultural Coping in the relationship between intimate partner violence and existential well-being among 213 low-income African American women with a recent suicide attempt. Researchers found that spiritual and ritual-centered coping mediated the relationship between physical intimate partner violence and existential well-being (Hampton-Anderson et al., 2022). Lewis-Coles and Constantine (2006) examined racism-related stress, Africultural Coping, and religious problem-solving among 284 African American women and men and found that African American women with higher institutional racism-related stress were more likely to use cognitive emotional debriefing, spiritual-centered coping, and collective coping. Utsey, Bolden, Lanier, & Williams (2007) examined the role of culture-specific coping in resilient outcomes among 285 African Americans from high-risk urban communities and found that spiritual and collective coping were significant predictors of quality of life. These studies highlight how the Africultural Coping Systems Inventory can help identify potential risk and protective factors; however, additional research is needed to specifically determine which components of the inventory are associated with suicide risk among Black women (Morrison & Hopkins, 2019). More specifically, there is a need for research that can highlight cultural components that serve as protective moderators against suicide risk factors such as perceived burdensomeness and thwarted belongingness.

Current Study

The literature suggests a rise in the occurrence of suicide ideation among Black women, and this rise may be impacted by Black women's adverse experiences with gendered racism, racial microaggressions, and heterosexism (Hollingsworth et al., 2016; Hughes et al., 2014; Perry et al., 2012; Xiao et al., 2021). Prior researchers have used Joiner's (2005) Interpersonal Theory of Suicide as a theoretical model to aid in identifying specific factors that can increase experiences with suicide ideation, such as perceived burdensomeness and thwarted belongingness. However, there is a need for suicide-related research to incorporate Black women's unique cultural reality. The aim of this study is to assess Black women's culturally specific ways of coping (i.e., Africultural coping) to pinpoint protective strategies against interpersonal risk factors that can increase suicide ideation. Prior research suggests that Africultural coping can serve as protective factors for Black women's mental health (Hampton-Anderson et al., 2022; Lewis-Coles & Constantine, 2006; Utsey, Bolden, Lanier, & Williams, 2007), as well as experiences with suicide ideation (Morrison & Hopkins, 2019).

To assess whether Africultural coping can protect against interpersonal risk factors, the current study investigated the moderating effects of all four Africultural coping styles on the relationships between thwarted belongingness, perceived burdensomeness, and suicide ideation. Eight individual hypotheses guided the study's design:

H₁: The first hypothesis stated that cognitive emotional debriefing would not significantly moderate the relationship between perceived burdensomeness and suicide ideation.

H₂: The second hypothesis stated that cognitive emotional debriefing would not moderate the relationship between thwarted belongingness and suicide ideation.

H₃: The third hypothesis stated that spiritual-centered coping would negatively moderate the relationship between perceived burdensomeness and suicide ideation.

H₄: The fourth hypothesis stated that spiritual-centered coping would negatively moderate the relationship between thwarted belongingness and suicide ideation.

H₅: The fifth hypothesis stated that collective-centered coping **would** negatively moderate the relationship between perceived burdensomeness and suicide ideation.

H₆: The sixth hypothesis stated that collective-centered coping will negatively moderate the relationship between thwarted belongingness and suicide ideation.

H₇: The seventh hypothesis stated that ritual-centered coping would negatively moderate the relationship between perceived burdensomeness and suicide ideation.

H₈: The eighth hypothesis stated that ritual-centered coping would negatively moderate the relationship between thwarted belongingness and suicide ideation.

Study hypotheses were developed based on prior research. For instance, it was hypothesized that cognitive emotional debriefing would not moderate the relationship between thwarted belongingness and suicide ideation or perceived burdensomeness and suicide ideation since research has yet to confirm its impact on suicide risk (Morrison & Hopkins, 2019). It was hypothesized that spiritual-centered coping and ritual coping would negatively moderate the relationship between thwarted belongingness and suicide ideation, as well as perceived burdensomeness and suicide ideation since prior research indicates spiritual-centered coping and ritual coping have either mediated or significantly predicted suicide ideation, depression, or physical intimate partner violence (Hampton-Anderson et al., 2022; Morrison & Hopkins, 2019). It was hypothesized that collective-centered coping would negatively moderate the relationship between thwarted belongingness and suicide ideation, as well as perceived burdensomeness and suicide ideation, since prior research in the field of Black psychology suggests that a collective orientation is both protective and aligned with an African centered worldview (Kambon, 2012).

Method

Participants

See Table 1 for participant demographic information. Participants consisted of 99 cisgender women who self-identified as African American/Black with a mean age of 23.32 years old ($SD = 8.15$ years). Participants were primarily recruited from a predominantly white institution in the midwestern U.S. using the SONA platform, an online recruiting system through the university. Participants were also recruited from a community-based sample by using strategies such as word of mouth and advertisements via social media platforms. Interested participants provided informed consent and completed a screening questionnaire, which included questions regarding inclusion and exclusion criteria. Inclusion criteria required participants to racially self-identify as African American or Black, self-identify as a woman, and be at least 18 years of age. Exclusion criteria consisted of self-identifying as male, being under the age of 18 years, and self-identifying as a racial or ethnic identity other than African American or Black.

Table 1
Demographic Characteristics of Study Participants

	n	%
Gender		
Female	99	100
Marital status		
Single	86	86.9
Married/partnered	9	9.1
Divorced/widowed	1	1
Cohabiting	3	3
Occupation status		
Full/part time students	82	82.8
Working professionals	13	13.1
Other	4	4
First-generation college students		
Yes	54	54.5
No	45	45.5
School affiliation		
PWI in midwestern U.S.	79	79.8
PWI in southeastern U.S.	9	9.1
Community members	10	10.1

Note. $N = 99$. PWI = predominantly white institution; participants were on average 23.32 years old ($SD = 8.15$ years).

Procedure

The current study was granted full institutional review board approval. Participants consisted of 99 cisgender women who self-identified as African American/Black. Participants were primarily recruited from a predominantly white institution in the midwestern U.S. using the SONA platform. Participants were also recruited from a community-based sample. Participants recruited from SONA were compensated by receiving academic credit to partially fulfill a requirement for an introductory psychology course. Participants recruited from the community-based sample were compensated by being entered in a drawing to receive 1 of 5 Amazon gift cards in the amount of \$25.00.

Qualtrics, a computer-based survey software, was used to collect data. Through Qualtrics, each participant completed an informed consent, screening and demographic questionnaire, and a battery of questions related to their culturally specific ways of coping and experiences with suicidal thoughts. Due to asking questions related to suicide risk, information for referrals and mental health and counseling services were provided at the end of the survey. No participants expressed concerns during or following the completion of the study. Approximately 30-45 minutes were required to complete the survey. Data were analyzed using the PROCESS macro in SPSS software, version 28.01.

Measures

Africultural Coping Systems Inventory (ACSI; Utsey, Adams, & Bolden, 2000) is a 30-item measure that assesses the unique coping strategies utilized by African Americans in stressful situations. The ACSI measures four primary components reflected in African American's coping behavior, which are: (1) cognitive emotional debriefing, (2) spiritual-centered coping, (3) collective centered coping, and (4) ritual centered coping (Utsey, Bolden, Lanier, & Williams, 2007). Example response items include, "I read a scripture from the Bible (or similar book) for comfort and/or guidance" and "I burn incense for strength or guidance in dealing with the problem." Participants are to rate each ACSI item that applies to them on a Likert Scale, ranging from 0-does not apply to 3-used a great deal. The ACSI has been shown to be reliable in African American female college students (Morrison & Hopkins, 2019), a clinical sample of African American women (Watson-Singleton et al., 2020), and African Americans from high-risk urban communities (Utsey, Bolden, Lanier, & Williams, 2007). According to Utsey, Adams, and Bolden (2000), the internal consistency reliability among the four subscales ranged from .71 to .80. In a study that examined the psychometric properties of the ACSI, researchers found an alpha reliability of .76 for cognitive emotional debriefing, .80 for collective centered coping, .81 for spiritual centered coping, and .70 for ritual centered coping (Watson-Singleton et al., 2020). In the current study, the alpha reliability for cognitive emotional debriefing was .78, collective-centered coping was .77, spiritual-centered coping was .86, and ritual-centered coping was .82.

Depressive Symptom Index- Suicidality Subscale (DSI-SS; Metalsky et al., 1991; Metalsky & Joiner, 1997) is a 4-item self-report measure that assesses suicide-related thoughts within the past two weeks. Sample items from the DSI-SS include, "I am having thoughts about suicide and am considering possible ways of doing it" and "I am having thoughts about suicide but these thoughts [are] completely under my control." Participants are required to rate their levels of suicide ideation on a Likert Scale, ranging from 0 to 3. Each item contained groups of statements that indicated differential degrees of severity, with higher numbers indicating greater levels of suicide ideation. The DSI-SS has been shown to be reliable in a sample of African American college students and has an alpha reliability of .87 (Davidson et al., 2010). In the current study, the alpha reliability for DSI-SS was .89.

Interpersonal Needs Questionnaire (INQ; Van Orden et al., 2008). The INQ is a 12-item self-report measure that assesses feelings of thwarted belongingness and perceived burdensomeness. Sample items from the INQ include, "These days the people in my life would be better off if I were gone" and "These days I think I am a burden on society." Participants were required to indicate the degree to which each item was an accurate interpretation of their current reality and items were listed on a Likert Scale ranging from 1 to 7. Higher scores on each item reflected higher levels of thwarted belongingness and perceived burdensomeness. The INQ has been shown to be reliable in a sample of African American college students and has an alpha reliability of .82 for perceived burdensomeness and .84 for thwarted belongingness (Davidson et al., 2010). In the current study, the alpha reliability for perceived burdensomeness was .89, and for thwarted belongingness was .88.

Analytic Strategy

To determine appropriate sample size for the study, Memon et al. (2020) research found that the minimum sample size required for a moderation model (effect size = 0.15, $\alpha = 0.05$, power = 0.80) is 103 participants. Initially, the study consisted of 127 self-identified African American/Black women. The data file was scanned for any potential missing data. Missing data was found due to some participants not completing the entire study survey, and 24 cases were removed due to participants completing less than 20% of the survey (Peng et al., 2006). After removing the missing cases, 103 participants remained; however, when controlling for covariates such as marital status, grade level, occupation, and age the sample size reduced to 99 participants. Covariates were controlled to reduce the potential of outside influences and provide a more accurate understanding of the relationship between the identified variables. A post hoc power analysis was then conducted to determine whether the study was underpowered, results indicated that the study was not underpowered by having 99 participants (effect size = 0.15, $\alpha = 0.05$, power = 0.96).

The procedure for handling missing data within the 99 participants included identifying the pattern of missingness and conducting a multiple imputation analysis to determine optimal values for the missing data. To identify the pattern of missingness, Little's Missing Completely at Random analysis was performed (Li, 2013). The analysis revealed a non-statically significant chi-square statistic, $\chi^2(103) = 315.35$, $p = .609$, suggesting that the assumption of missing completely at random (MCAR) was satisfied. Thereafter, a multiple imputation analysis was conducted to identify optimal values for the missing data, which prior research considers as the recommended method (Jakobsen et al., 2017; McKnight et al., 2007; Sterne et al., 2009).

After accounting for missing data, bivariate correlation analyses were performed to identify the relationships between the study variables. Eight moderation analyses were conducted to understand the impact of the four components of the Africultural Coping Systems Inventory (Utsey, Adams, & Bolden, 2000) on the relationship between thwarted belongingness and suicide ideation, as well as perceived burdensomeness and suicide ideation. The control variables within the moderations included marital status, age, grade level, and occupation. Moderation analyses used the PROCESS macro, model 1, v4.1 (Hayes, 2013) in SPSS version 28.01. When completing moderation analyses, bootstrapping procedures were used with 5,000 bootstrapped resamples at 95% confidence intervals, as recommended by Hayes (2013). The models consisted of the following:

1. Perceived burdensomeness was the predictor variable (X), cognitive emotional debriefing was the moderator (W), and suicide ideation was the outcome variable (Y).
2. Thwarted belongingness was the predictor variable (X), cognitive emotional debriefing was the moderator (W), and suicide ideation was the outcome variable (Y).
3. Perceived burdensomeness was the predictor variable (X), spiritual-centered coping was the moderator (W), and suicide ideation was the outcome variable (Y).
4. Thwarted belongingness was the predictor variable (X), spiritual-centered coping was the moderator (W), and suicide ideation was the outcome variable (Y).
5. Perceived burdensomeness was the predictor variable (X), collective-centered coping was the moderator (W), and suicide ideation was the outcome variable (Y).
6. Thwarted belongingness was the predictor variable (X), collective-centered coping was the moderator (W), and suicide ideation was the outcome variable (Y).
7. Perceived burdensomeness was the predictor variable (X), ritual-centered coping was the moderator (W), and suicide ideation was the outcome variable (Y).

8. Thwarted belongingness was the predictor variable (X), ritual-centered coping was the moderator (W), and suicide ideation was the outcome variable (Y).

Results

Descriptive statistics for the scales of all measures and bivariate correlations between study variables are displayed in Table 2. As expected, there was a significant positive relationship between suicide ideation and perceived burdensomeness ($r = .49, p < .01$), as well as suicide ideation and thwarted belongingness ($r = .19, p < .05$). There was a significant negative relationship between thwarted belongingness and spiritual-centered coping ($r = -.19, p < .05$) and a negative relationship between thwarted belongingness and collective coping ($r = -.20, p < .05$). There was also a positive relationship between thwarted belongingness and perceived burdensomeness ($r = .27, p < .01$).

Table 2

Descriptive Statistics and Bivariate Correlations of Study Variables

Variable	M	SD	1	2	3	4	5	6	7
1. Cognitive/Emotional Debriefing	27.47	6.56	–	.39**	.52**	.25**	-.15	-.14	.00
2. Spiritual Centered Coping	17.81	6.48	.39**	–	.38**	.37**	.00	-.19*	-.10
3. Collective Coping	19.25	5.25	.52**	.38**	–	.29**	.09	-.20*	.06
4. Ritual Centered Coping	3.92	1.97	.25**	.37**	.29**	–	.12	-.06	-.04
5. Perceived Burdensomeness	14.05	9.26	-.15	.00	.09	.12	–	.27**	.49**
6. Thwarted Belongingness	13.69	7.18	-.14	-.19*	-.20*	-.06	.27**	–	.19*
7. Suicide Ideation	4.78	1.53	.00	-.10	.06	-.04	.49**	.19*	–

Note. N = 103. * = $p < .05$; ** = $p < .01$.

Moderation models using bootstrapping (PROCESS; Hayes, 2013) were conducted to examine the eight hypotheses. The first hypothesis stated that cognitive emotional debriefing would not significantly moderate the relationship between perceived burdensomeness and suicide ideation. Results indicated that there was a significant main effect for perceived burdensomeness ($B = .09, t = 5.91, p < .001, 95\% \text{ CI } [.06, .12]$) but not for cognitive emotional debriefing ($B = .03, t = 1.66, p = .09, 95\% \text{ CI } [-.00, .07]$), associated with suicide ideation. These effects were qualified by a positive and significant interaction ($B = .006, t = 2.61, p = .01, 95\% \text{ CI } [.00, .01]$). The interaction term accounted for 36.91% of the variance of suicide ideation within the model. See Table 3. Collectively, these findings indicate that cognitive emotional debriefing strengthens the relationship between perceived burdensomeness and suicide ideation.

Table 3

Bootstrapped Moderation Analyses of Cognitive Emotional Debriefing on Perceived Burdensomeness and Suicide Ideation

Predictors entered in set	Suicide Ideation				
	<i>B</i>	<i>S.E.</i>	LCI	UCI	ΔR^2
Perceived Burdensomeness	.09	.01	.06	.12	
Cognitive Emotional Debriefing	.03	.02	-.00	.07	
PBXCED	.00	.00	.00	.01	.3691

Note. PB = Perceived Burdensomeness; CED = Cognitive Emotional Debriefing; LCI = lower bound estimate of 95% bias-corrected confidence interval; UCL = upper bound estimate of 95% bias corrected confidence interval; 5, 000 bootstrapped resamples.

The second hypothesis stated that cognitive emotional debriefing would not moderate the relationship between thwarted belongingness and suicide ideation. Results indicated that there was a significant main effect for thwarted belongingness ($B = .04, t = 2.28, p = .02, 95\% \text{ CI } [.00, .09]$), but not for cognitive emotional debriefing ($B = .01, t = .59, p = .55, 95\% \text{ CI } [-.03, .05]$), associated with suicide ideation. These effects were not qualified by a significant interaction ($B = -.00, t = -1.685, p = .09, 95\% \text{ CI } [-.01, .00]$). Collectively, these findings indicate that cognitive emotional debriefing did not significantly moderate the relationship between thwarted belongingness and suicide ideation.

The third hypothesis stated that spiritual-centered coping would negatively moderate the relationship between perceived burdensomeness and suicide ideation. Results indicated that there was a significant main effect for perceived burdensomeness ($B = .08, t = 5.5, p = .00, 95\% \text{ CI } [.05, .11]$), but not for spiritual centered coping ($B = -.02, t = -1.01, p = .31, 95\% \text{ CI } [-.06, .02]$), associated with suicide ideation. These effects were qualified by a negative and significant interaction ($B = -.00, t = -2.29, p = .02, 95\% \text{ CI } [-.00, -.00]$). The interaction term accounted for 35.61% of the variance of suicide ideation within the model. See Table 4. Collectively, these findings indicate that spiritual-centered coping weakens the relationship between perceived burdensomeness and suicide ideation.

Table 4

Bootstrapped Moderation Analyses of Spiritual Centered Coping on Perceived Burdensomeness and Suicide Ideation

Predictors entered in set	Suicide Ideation				
	<i>B</i>	<i>S.E.</i>	LCI	UCI	ΔR^2
Perceived Burdensomeness	.08	.01	.05	.11	
Spiritual Centered Coping	-.02	.02	-.06	.02	
PBXSC	-.00	.00	-.00	-.00	.3561

Note. PB = Perceived Burdensomeness; SC = Spiritual Centered Coping; LCI = lower bound estimate of 95% bias-corrected confidence interval; UCL = upper bound estimate of 95% bias corrected confidence interval; 5, 000 bootstrapped resamples.

The fourth hypothesis stated that spiritual-centered coping would negatively moderate the relationship between thwarted belongingness and suicide ideation. Results indicated that there was a significant main effect for thwarted belongingness ($B = .02, t = 2.24, p = .02, 95\% \text{ CI } [.00, .09]$) but not for spiritual-centered coping ($B = -.01, t = -.42, p = .66, 95\% \text{ CI } [-.06,$

.03]), associated with suicide ideation. These effects were not qualified by a significant interaction ($B = -.00, t = -.45, p = .65, 95\% \text{ CI } [-.009, .005]$). Collectively, these findings indicate that spiritual-centered coping did not significantly moderate the relationship between thwarted belongingness and suicide ideation.

The fifth hypothesis stated that collective-centered coping will negatively moderate the relationship between perceived burdensomeness and suicide ideation. Results indicated that there was a significant main effect for perceived burdensomeness ($B = .07, t = 4.89, p = .00, 95\% \text{ CI } [.04, .10]$) but not for collective-centered coping ($B = .00, t = .24, p = .80, 95\% \text{ CI } [-.04, .05]$), associated with suicide ideation. These effects were not qualified by a significant interaction ($B = -.00, t = -.43, p = .66, 95\% \text{ CI } [-.005, .003]$). Collectively, these findings indicate that collective-centered coping did not significantly moderate the relationship between perceived burdensomeness and suicide ideation.

The sixth hypothesis stated that collective-centered coping would negatively moderate the relationship between thwarted belongingness and suicide ideation. Results indicated that there was a significant main effect for thwarted belongingness ($B = .05, t = 2.58, p = .01, 95\% \text{ CI } [.01, .09]$) but not for collective-centered coping ($B = .03, t = 1.05, p = .29, 95\% \text{ CI } [-.02, .08]$), associated with suicide ideation. These effects were not qualified by a significant interaction ($B = -.002, t = -.54, p = .58, 95\% \text{ CI } [-.01, .006]$). Collectively, these findings indicate that collective-centered coping did not significantly moderate the relationship between thwarted belongingness and suicide ideation.

The seventh hypothesis stated that ritual-centered coping would negatively moderate the relationship between perceived burdensomeness and suicide ideation. Results indicated that there was a significant main effect for perceived burdensomeness ($B = .08, t = 5.60, p = .00, 95\% \text{ CI } [.05, .11]$) but not for ritual-centered coping ($B = -.04, t = -.64, p = .51, 95\% \text{ CI } [-.19, .09]$), associated with suicide ideation. These effects were qualified by a negative and significant interaction ($B = -.009, t = -2.05, p = .04, 95\% \text{ CI } [-.01, -.003]$). The interaction term accounted for 35.24% of the variance of suicide ideation within the model. See Table 5. Collectively, these findings indicate that ritual-centered coping weakens the relationship between perceived burdensomeness and suicide ideation.

Table 5

Bootstrapped Moderation Analyses of Ritual Centered Coping on Perceived Burdensomeness and Suicide Ideation

Predictors entered in set	Suicide Ideation				
	<i>B</i>	<i>S.E.</i>	LCI	UCI	ΔR^2
Perceived Burdensomeness	.08	.01	.05	.11	
Ritual Centered Coping	-.04	.07	-.19	.09	
PBXRC	-.00	.00	-.01	-.00	.3524

Note. PB = Perceived Burdensomeness; RC = Ritual Centered Coping; LCI = lower bound estimate of 95% bias-corrected confidence interval; UCL = upper bound estimate of 95% bias corrected confidence interval; 5, 000 bootstrapped resamples.

The eighth hypothesis stated that ritual-centered coping would negatively moderate the relationship between thwarted belongingness and suicide ideation. Results indicated that there was a significant main effect for thwarted belongingness ($B = .05, t = 2.40, p = .01, 95\% \text{ CI } [.00, .09]$), but not for ritual-centered coping ($B = -.00, t = -.10, p = .91, 95\% \text{ CI } [-.16, .15]$), associated with suicide ideation. These effects were not qualified by a significant interaction ($B = -.00, t = -.05, p = .95, 95\% \text{ CI } [-.02, .02]$). Collectively, these findings indicate that ritual-

centered coping did not significantly moderate the relationship between thwarted belongingness and suicide ideation.

Discussion

The current study sought to understand the moderating effects of all four Africultural coping styles on the relationships between thwarted belongingness, perceived burdensomeness, and suicide ideation. The study consisted of eight hypotheses. The results of the current study did not support the first hypothesis, which stated that cognitive emotional debriefing would not moderate the relationship between perceived burdensomeness and suicide ideation since research has yet to confirm its impact on suicide risk (Morrison & Hopkins, 2019). However, results revealed that cognitive emotional debriefing significantly and positively moderated the relationship between perceived burdensomeness and suicide ideation, suggesting that cognitive emotional debriefing strengthened the relationship between the independent and dependent variables. This finding may be due to cognitive emotional debriefing not only capturing culturally specific ways of coping, but also engagement in avoidance strategies.

For instance, sample items from cognitive emotional debriefing include: “Tried to forget about the situation, tried to convince myself that it wasn’t that bad, [and] found myself watching more comedy shows on TV” (Utsey, Bolden, Lanier, & Williams, 2007, p. 204). Prior research shows a potential link between avoidant coping strategies and mental health outcomes such as depression, self-harm, suicide ideation, and suicide attempts (O’Gorman et al., 2022; Ong & Thompson, 2019). Avoidant strategies are potentially a risk factor because they decrease opportunities for problem-solving and seeking support for managing stressors. As a result, cognitive emotional debriefing may have strengthened the relationship between perceived burdensomeness and suicide ideation because engagement in avoidant strategies may be a way to prevent oneself from seeking help due to feeling like a burden towards others.

The second hypothesis stated cognitive emotional debriefing would not moderate the relationship between thwarted belongingness and suicide ideation. Results confirmed this hypothesis, suggesting that cognitive emotional debriefing did not impact the relationship between the independent and dependent variables. This finding is consistent with prior research that has yet to confirm the impact of cognitive emotional debriefing on suicide ideation among Black women (Morrison & Hopkins, 2019), as well as prior research that finds perceived burdensomeness as a more salient risk factor for suicidal thoughts (Allbaugh et al., 2017; Keum et al., 2022; Lamis & Lester, 2012). It may be that those who endorse cognitive emotional debriefing strategies are more likely to have social support networks that can distract them from their current distress. For instance, sample items for this subscale include “[I] sought out people I thought would make me laugh, attended a social event to reduce stress caused by the situation, [and] spent more time than usual doing things with family and friends” (Utsey, Bolden, Lanier, & Williams, 2007, p. 204). Those endorsing cognitive emotional debriefing may not be experiencing feelings of disconnection or isolation (i.e., thwarted belongingness), which may explain the non-significant results.

The third hypothesis stated that spiritual-centered coping would negatively moderate the relationship between perceived burdensomeness and suicide ideation. Results confirmed this hypothesis, suggesting that spiritual-centered coping weakened the relationship between perceived burdensomeness and suicide ideation. This finding is consistent with prior research highlighting spirituality as a protective factor against suicide for Black women (Morrison et al., 2019). This finding may be due to spirituality operating as a mechanism by which Black women can freely express their vulnerabilities. The accessibility of Black women’s spirituality may also play a role in its protective nature as mental health providers and mental health services have historically been inaccessible for Black and marginalized communities (Cook et al., 2017).

Coping through the use of spirituality may weaken the relationship between perceived burdensomeness and suicide ideation because reliance on spirituality may lessen Black women's significant reliance on others, which can inadvertently reduce feelings of perceived burdensomeness.

The fourth hypothesis stated that spiritual-centered coping would negatively moderate the relationship between thwarted belongingness and suicide ideation. However, the results of the current study did not support this hypothesis as spiritual-centered coping did not significantly moderate the relationship between the independent and dependent variables. This finding is inconsistent with prior literature suggesting that spiritual-centered coping served as a protective factor against depression and suicide ideation for African American women (Morrison & Hopkins, 2019). However, this finding may suggest that engaging in spiritual-related coping could potentially prime individuals to believe they are cared for, protected, and valuable. Having faith or belief in a higher power may promote opportunities for building a spiritual relationship—a relationship with not only the one they believe in but also relationship with others who hold similar values. The inherent relationships embedded within spiritual-centered coping may protect individuals from feeling unwanted, unaccepted, and socially disconnected (i.e., thwarted belongingness), which may explain the non-significant results. Sample items for this subscale further illustrate the social aspects of spiritual-centered coping, “Went to church (or other religious meeting) to get help from the group, left matters in God's hands, asked someone to pray for me, and read a scripture from the Bible (or similar book) for comfort and/or guidance” (Utsey, Bolden, Lanier, & Williams, 2007, p. 204).

The fifth and sixth hypotheses stated that collective-centered coping would negatively moderate the relationships between perceived burdensomeness, thwarted belongingness, and suicide ideation. However, the study did not support these hypotheses as collective-centered coping did not significantly moderate the relationship between the identified independent and dependent variables. These findings are inconsistent with prior research emphasizing the protective nature of a collective orientation as it aligns with an African-centered worldview (Kambon, 2012). The findings may be due to lower levels of collective coping within the sample, as approximately 80% ($n = 83$) of the sample were recruited from a predominantly white institution (PWI). Prior research shows that Black students attending PWI's may have difficulty “finding congruence between themselves and their educational environments” (Chavous, 2000, p. 79), which could potentially impact their use of collective coping. Black women may be experiencing a cultural disconnection while attending a predominantly white institution, which would make it difficult to “ask for suggestions on how to deal with situations, share feelings, and seek emotional support” (Utsey, Bolden, Lanier, & Williams, 2007, p. 204). Black women are often required to navigate, mask, and code switch in predominantly white spaces (Logan, 2022), which is not only exhausting but can also put Black women at risk if they were to express vulnerability and seek social support in spaces they deemed unsafe. The use of collective coping as a protective measure against suicide risk should also be evaluated in predominantly Black environments and educational settings.

The seventh hypothesis stated that ritual-centered coping would negatively moderate the relationship between perceived burdensomeness and suicide ideation. Results confirmed this hypothesis, suggesting that ritual-centered coping weakened the relationship between the independent and dependent variables. This finding is consistent with prior research indicating ritual-centered coping as a protective factor as it has mediated the relationship between physical intimate partner violence and existential well-being in 213 Black women (Hampton-Anderson et al., 2022). This finding may be due to engagement in rituals potentially decreasing Black women's significant reliance on others, which can inadvertently reduce feelings of perceived burdensomeness. For example, sample items for ritual-centered coping include: “Lit a candle for strength or guidance in dealing with the problem [and] used a cross or other object for its special powers in dealing with a problem” (Utsey, Bolden, Lanier, & Williams, 2007, p. 204).

Essentially, reliance on rituals may decrease reliance on other individuals thereby making it less likely that one would feel like a burden.

The eighth hypothesis stated that ritual-centered coping would negatively moderate the relationship between thwarted belongingness and suicide ideation. The results of the current study did not support this hypothesis as ritual-centered coping did not significantly moderate the relationship between the independent and dependent variables. This finding is inconsistent with prior research suggesting the protective nature of ritual-centered coping as it previously mediated the relationship between physical intimate partner violence and existential well-being in Black women (Hampton-Anderson et al., 2022). However, similar to the rationale for spiritual-centered coping it may be that ritual-centered coping also has an embedded social aspect that may explain the non-significant result. Those who are using rituals to reverence ancestors, maintain spirituality, or seek guidance and strength may not be feeling significant disconnection and social isolation (i.e., thwarted belongingness). Sample items for this subscale further illustrate the potential social aspects, “Lit a candle for strength or guidance in dealing with the problem [and] used a cross or other object for its special powers in dealing with the problem” (Utsey, Bolden, Lanier, & Williams, 2007, p. 204).

The current study sheds light on the distinct ways Africultural coping styles impact suicide risk factors. Specifically, cognitive emotional debriefing strengthened the relationship between perceived burdensomeness and suicide ideation, potentially suggesting Black women’s engagement in avoidant strategies to refrain from seeking help and feeling like a burden towards others. Spiritual-centered coping weakened the relationship between perceived burdensomeness and suicide ideation, potentially indicating that Black women’s reliance on spirituality may lessen their significant reliance on others and inadvertently reduce feelings of perceived burdensomeness. Ritual-centered coping weakened the relationship between perceived burdensomeness and suicide ideation, suggesting that engagement in rituals may potentially decrease Black women’s significant reliance on others, which can reduce feelings of perceived burdensomeness. It is also important to note that all significant findings were related to perceived burdensomeness and suicide ideation rather than thwarted belongingness and suicide ideation. This occurrence may be due to perceived burdensomeness being a stronger predictor of suicidal thoughts than thwarted belongingness in the sample (Lamis & Lester, 2012).

Although this study provides important contributions, there are several limitations that can be addressed with future research. First, the use of a cross-sectional study design is a limitation because causal inferences cannot be made. The findings of the study should be interpreted as associations rather than causal relationships. For future studies, researchers should employ a longitudinal design to allow for causal inferences. Second, the use of convenience sampling is a limitation as the study included primarily Black female college students from a predominantly white institution in the midwestern U.S. Due to prior research suggesting college samples traditionally have lower base rates of suicidal behavior than clinical samples (Tucker et al., 2014), the results of the current study should be interpreted with caution and replicated within clinical samples. Third, including a measure of racial identity within the study may have provided a stronger rationale for the interpretation of the results. For example, dichotomizing participants with higher and lower racial identity may have provided stronger evidence to suggest that Black women with higher levels of racial identity are more likely to endorse African centered coping strategies (i.e., Africultural coping), which can protect against suicide risk factors.

Overall, the current study provides important implications about the relationships between African centered coping strategies and the suicide risk factors of perceived burdensomeness and thwarted belongingness. This study makes a timely contribution to suicide literature by including a culturally specific measure to assess potential suicide protective factors

for Black women. The outcome of this study provided empirical evidence for the positive impact of spiritual centered coping and ritual centered coping on feelings of perceived burdensomeness and suicide ideation. The study also alluded to the potential negative impacts of avoidance strategies, as evidenced by cognitive emotional debriefing strengthening the relationship between perceived burdensomeness and suicide ideation. Clinical implications can be drawn from the study and extended to both clinical work and future research.

For instance, in clinical work clinicians can administer the Africultural Coping Systems Inventory (Utsey, Bolden, Lanier, & Williams, 2007) to assess Black women's engagement in culturally specific ways of coping. A potential intervention for Black women experiencing suicide ideation may be collaboratively finding ways to incorporate healthy rituals into the client's life (i.e., lighting a candle when feeling stressed or developing a routine care plan). Clinical interventions may also include finding ways to increase spirituality or belief in something higher than self to introduce hope and alternative ways of expressing vulnerabilities. As for future research, this study highlights the importance of intentionally including culturally relevant factors when examining suicide risk among Black women. Due to Black women's suicide-related experiences frequently being described as a paradox (Spates, 2011), it is imperative to develop suicide risk models and examine protective factors that can capture Black women's unique cultural realities (Walker et al., 2008). The current study added to psychological research by focusing on culturally appropriate and strength-based coping strategies for supporting Black women who may be experiencing suicide ideation.

It is important to note that the centering of Black women's health in research is not exclusive to the field of psychology. Pioneers in Africana Studies have dedicated their careers to centering Black women's health, as seen in research conducted by Moya Bailey (2021). Bailey's (2018) work focuses on how race, gender, and sexuality simultaneously impact the representation of Black women in media and medicine. Bailey (2018) coined the term "misogynoir" to describe the ways in which "Black women are pathologized in popular culture" (p. 763). Essentially, misogynoir is a word used to highlight the disproportionate ways Black women and girls are mistreated due to society's simultaneous engagement in anti-Black racism and hatred against Black women. Taking this into consideration, future research examining suicide protective factors among Black women must consider the positionality of Black women in society and respond by deliberately utilizing culturally relevant measures to assess Black women's experiences. Ultimately, the current study is unique due to intentionally utilizing an interdisciplinary approach by integrating knowledge from Africana Studies, African/Black Psychology, and suicidology literature to capture the unique experiences of Black women. Due to the use of an interdisciplinary approach, the study simultaneously incorporated a culturally specific measure to assess suicide protective factors while utilizing a leading suicidology theory to aid in contextualizing and comparing the study findings to prior research.

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