American Journal of Qualitative Research
2024, Vol. 8 No. 4, pp. 151-177
https://doi.org/10.29333/ajqr/15216
© 2024 AJQR. http://www.ajqr.org

AMERICAN JOURNAL OF QUALITATIVE RESEARCH
ISSN: 2576-2141

"Is It Suicide or Genocide?": Black Female Clinicians' Critical Understandings of Shame and Other Related Themes to Suicide in Black Communities

Heath H. Hightower[1]
University of Saint Joseph, West Hartford, CT, USA

ABSTRACT
Suicide is a complex, multi-factorial human experience that affects millions of people in the U.S. and disproportionately impacts Black communities every year. Historical data, critical theories, and research literature indicate that Black suicides result from interactions between macrosystemic systemic forces and individual-level meaning-making processes. To explore the complexities among systemic forces and deaths often labelled suicides in contemporary U.S. Black communities, this project centered and elevated the critical perspectives of fourteen Black female clinicians. Because of their marginalized identities, intersectional lived experiences, and clinical training, these participants were well-positioned to analyze and understand the degrees to which suicides in Black communities are associated with oppressive macrosystemic dynamics and/or individual-level psychological factors. Narrative inquiry and thematic analysis underscored the interplay among six thematic characters for critically understanding suicide in Black communities: shame, hopelessness, trauma, racism, systemic problems, and fear. Participants also noted that violence, anger, and guilt shaped their perspectives to a lesser degree. To address these themes' suicide-potentiating effects on Black communities, I discuss language, research, policy, and psychosocial assessment and intervention implications.

KEYWORDS: Critical suicide studies, intersectionality, Black suicides, critical qualitative research, Black female clinicians

When I decided to pursue a doctorate in counseling and psychology in 2018, I based that decision, in large part, on my experiences as a clinician, community college professor, and graduate social work instructor. As a clinician, I worked with marginalized people who contemplated, planned, and/or attempted suicide. These clients often discussed the multiple forms of stigma and shame they experienced because of their minoritized identities and their suicidality. Concurrently, my undergraduate and graduate students frequently reported that working with clients who experienced suicidality made them feel anxious and incompetent. As a result of these professional experiences, I entered my doctoral program intending to study some facets of suicide prevention education and human services training.

[1] Corresponding author; an assistant professor in social work and equitable community practice at the University of Saint Joseph. 1678 Asylum Avenue, West Hartford, CT 06117. E-mail; hhightower@usj.edu

In my first semester qualitative research course, I was asked to develop and implement a pilot project based on my research interests. I was encouraged to formulate a research question that incorporated the social justice content we were exploring across the program's curriculum.
One afternoon in October 2019, I listened to an NPR news report indicating that suicide deaths among Black children ages 5- to-11-years had increased 111% since 1980. Appalled by this news, I cried. I questioned *why* and *how* that finding could be true.

Later that same day, I discovered the news report details on the NPR website and found the citation for Lindsey and his co-researchers' (2017) work. I printed their article, read it, and then examined their sources. I learned that multiple Black researchers had been observing alarming increases in suicide among multiple Black community cohorts, such as Black female youth and Black male emerging adults.

This initial literature review motivated me to focus my research on suicide in Black communities. That decision inspired me to interview Black clinicians for my pilot project. I posed this research question initially: How do Black clinicians understand suicide in Black communities? I spoke with one self-identified Black cisgender man and two cisgender women. Our conversations unearthed complex and nuanced responses about the interplay among anti-Black macrosystemic forces, harmful intrapsychic experiences, and suicidality.

While all the responses were data rich, the Black female clinician narratives revealed more in-depth descriptions about suicide in Black communities and the interplay among historical, cultural, social, political, and psychological factors. These descriptions—in concert with the fact that Black women occupy multiple marginalized positionalities in the U.S.—resulted in my ultimate decision to emphasize Black women's critical understandings of suicide in Black communities.

For my doctoral dissertation research, I interviewed 14 Black female clinicians from around the U.S. The interview protocol included four interconnected topic areas: Black female clinicians' lived experiences in the U.S., their critical consciousness development, experiences with suicide in Black communities, and critical understandings of why deaths by suicide occur in Black communities (Hightower, 2022). My secondary analysis of the last topic area is the focus of this article. The participants' narratives underscored the significance of shame, hopelessness, fear, trauma, oppressive systemic forces, and suicidality interconnections.

To better contextualize and understand Black female clinician participants' critical views of suicide in Black communities, I offer an overview of the empirical data about suicide in the U.S. generally and among U.S. Black communities specifically. Then, I describe three critical frameworks that shaped my thinking throughout the research process—historical and intergenerational trauma, critical suicide studies, and intersectionality. Next, I detail the methodology for this study. This in-depth description includes an overview of narrative inquiry and thematic analysis; my positionality statement; the project's IRB information; and the sampling, data generation and analysis, trustworthiness and credibility strategies employed in this project. This article concludes by exploring the project's findings, discussing its implications and limitations, and recommending future research directions.

Suicide in the U.S.

Suicidality is a complex, multi-factorial human experience that impacts millions of people every year in the United States (U.S.) (Centers for Disease Control and Prevention [CDC], 2021a; U.S. Department of Health and Human Services [HHS], 2024). It is estimated that nearly 50,000 adults and youth have died by suicide, 1.2 million adults ages 18+ have attempted suicide, 3.2 million adults ages 18+ have made suicide plans, and 12.2 million adults ages 18+ have seriously

considered suicide in the last year (CDC, 2023; Curtin et al., 2022). Although widespread, suicide disproportionately affects many communities that face unique individual-in-contexts challenges, such as American Indian/Alaska Native populations (CDC, 2022), LGBTQIA+ youth (CDC, 2021b; Gorse, 2022), military veterans (Department of Veteran's Affairs, 2022), incarcerated individuals (Bureau of Justice Statistics, 2021), youth living in the child welfare system (Brown, 2020; Hochhauser et al., 2020), and people living in poverty (Hoffman et al., 2020). Moreover, minoritized groups with historically low suicide rates have experienced alarming increases. Stone et al. (2023) reported that age-adjusted suicide rates among Hispanic/Latino communities increased 6.8% between 2018 and 2021. As the next section describes, these same authors observed that suicide rates in Black communities during this same time frame were also significantly higher than previously recorded.

Black Suicidality in the U.S.

The overall annual suicide rates in Black populations grew by 19.2% and significantly escalated among Black people ages 10 to 24 (36.6%) between 2018 and 2021 (Stone et al., 2023). The escalating suicide rates in U.S. Black communities underscore the need to assess and address individual-in-contexts forces unique to this population (English, Oshin, Lopez, et al., 2024; Hightower, 2022; Hightower & Grant, in press). According to the CDC (2022), "Suicide and suicidal behavior are influenced by negative conditions in which people live, play, work, and learn" (para. 2). These negative conditions, like cultural, institutional, interpersonal, and intrapersonal forms of racism disproportionately harm—and have harmed—Black communities (Alvarez et al., 2022; Johns Hopkins Center for Gun Violence Solutions & Public Health, 2023; Sheftall et al., 2022). Such negative conditions and harms compound suicide risk for Black populations exposed to violence, especially gun-related violence (Akinyemi et al., 2024; Semenza et al., 2024; Zimmerman et al., 2024). These deleterious conditions and harms seem to have contributed to Black suicide mortality over the past twenty-five years. Al-Mateen and Rogers (2018) reported that deaths by suicide among Black female youth increased 182% between 2001 and 2017. During this same period, the authors described a 60% increase in Black male teen suicide rates. Moreover, Bridge et al. (2018) unearthed that, compared to White cohorts between the ages of 5 and 12, similarly-aged Black cohorts' suicide rates were nearly double. In the subsequent four years since these arresting trends were revealed, Bommersbach et al. (2022) noted that the likelihood of Black adult suicide attempts was greater in the past year than typically occurred. Furthermore, Sheftall et al. (2022) documented that Black high school adolescents experienced the largest increase in deaths by suicide compared to other racially diverse populations in similar age groups. Such findings suggest that suicidality and its related harms occur significantly across the life span of Black people.

Significantly, these deaths by suicide and harms involve varied means and transpire in myriad contexts. These contexts generally involve risk factors such as living with resource deprivation, having inadequate social support, experiencing a persistent lack of control, and feeling perpetually trapped (HHS, 2024; Jewett et al., 2023; Tanne, 2024). Additionally, deaths by suicide in Black communities also occur in the contexts of the U.S.'s cruel legacies: African enslavement, Caribbean colonization, multiple forms of institutional oppression, and the continuation of intra- and inter-generational trauma (Alexander, 2020; Henderson et al., 2021; Kendi, 2016, 2019; Longman-Mills et al., 2019; Snyder, 2015). These legacies not only shape the bio-psycho-social-spiritual experiences that frequently contribute to death by suicide in Black communities, but they further influence the meaning and internalized experiences of Black American identities (Kinkel-

Ram et al., 2023; Ramdihal, 2023; Spates, 2011, 2012, 2019; Spates et al., 2020). Such meanings and multi-layered lived experiences necessitate lenses that illuminate both Black suicidality and Black female clinicians' critical understanding of this phenomenon.

Theoretical Frameworks

As I noted earlier, suicide in Black communities happens in myriad and unjust contexts (Alvarez et al., 2022; Hightower, 2022; Hightower et al., 2023; Hightower & Grant, in press; Sheftall et al., 2022). This contextual intricacy entails histories of racialized and gendered violence and systemic oppression codified in law (Alexander, 2020; English, Oshin, Lopez, et al. 2024). Historical and intergenerational trauma lenses reveal the accumulative consequences of such harmful legacies (Coleman, 2016; Hampton-Anderson et al., 2021; Henderson et al., 2021; Sotero, 2006; Williams-Washington & Mills, 2018). Additionally, critical theories offer important analytical tools to understand the dynamics among identities, power, systems, lived experience, and suicide in Black communities. For example, critical suicide studies frames suicide as a multi-factorial experience that is analyzed best from interdisciplinary perspectives that use qualitative research methods (Hjelmeland & Knizek, 2016; Marsh, 2010, 2020; White, 2017). Moreover, intersectionality illuminates the interplay of privileging and marginalizing identities to create context-specific patterns of power and oppression (Collins, 2019; Crenshaw, 1991; Moradi & Grzanka, 2017; Murphy et al., 2009). Such models highlight the importance of critically understanding Black suicides from the perspectives of Black female clinicians. These works also provide concepts for reframing suicide in Black communities as a multi-systemic problem that requires multi-pronged solutions.

Historical and Intergenerational Trauma

The confluence of historical and intergenerational trauma affects suicidality in Black communities. Williams-Washington and Mills (2018) noted that the terms *historical* and *intergenerational traumas* describe the compounding emotional, social, and physical harms experienced within a lifetime and across generations of people that originated from horrific group experiences. Furthermore, Sotero (2006) remarked that historical trauma is the subjugation of one group by a dominant group, involving "overwhelming physical and psychological violence, segregation and/or displacement, economic deprivation, and cultural dispossession" (p. 99). Black communities have experienced and continue to experience all these conditions. Additionally, Hampton-Anderson et al. (2021) defined Black community historical trauma as "the collective spiritual, psychological, emotional, and cognitive distress perpetuated intergenerationally deriving from multiple denigrating experiences originating with slavery and continuing with pattern forms of racism and discrimination to the present day" (p. 32). Such pervasive exposure and re-exposure to multiple forms of trauma produce unique and compounding harms for Black communities (English, Oshin, Lopez, et al., 2024; Hampton-Anderson et al., 2021; Henderson et al. 2021; Jewett et al., 2024). According to these research teams, such detrimental effects often involve neurological, immune, endocrine, and metabolic dysfunction, as well as depression, anxiety, posttraumatic stress, and suicidal behavior. Hampton-Anderson et al. (2021) further noted that unlike economic protective factors in other ethno-racial groups, increases in socio-economic status among Black communities does not mitigate these harms. This reality appears to indicate that suicide prevention in Black communities requires meaningful and lasting systemic reforms. These essential reforms require practitioners and policy-makers to learn and apply perspectives that

emphasize societal and individual interconnections. Such perspectives manifested in the Black female clinicians' narratives who participated in this project.

Critical Suicide Studies

The field of critical suicide studies questions the ontological, epistemological, methodological, and praxis underpinnings of mainstream suicidology (White, 2017). Mainstream suicidology espouses a positivistic stance that frequently conceptualizes suicide as a phenomenon resulting primarily from individual psychopathology. This framing privileges psychiatric and psychological theories that often foreground explanatory methodologies, the generation of numerical data, and statistical analysis (Hjelmeland, 2016; Hjelmeland & Knizek, 2016; Marsh, 2010, 2020).

In contrast to mainstream suicidology, critical suicide studies proponents champion an alternative paradigm. First, critical suicidology asserts that suicide is a dynamic and contextual experience that cannot be depoliticized (Button, 2020; Marsh, 2020; Reynolds, 2016; White, 2017, 2020). Second, this framework acknowledges psychopathology's role in some suicide experiences, yet questions the primacy of mental health frames in suicidology (Hjelmeland & Knizek, 2017; White, 2017, 2020). Third, critical suicide studies supporters advocate for an increased interdisciplinary understanding of suicide that decenters psychological expertise and foregrounds indigenous, lived-experience, activist, direct service provider, and academic collaboration (Reynolds, 2016; White, 2017, 2020). Fourth, this focus on collaborative understanding and meaning-making requires a methodological shift from empiricism to qualitative research (Hjelmeland, 2016; Hjelmeland & Knizek, 2016, 2017). This methodology emphasizes in-depth knowledge generation that emerges out of trusting researcher-participant relationships. Finally, critical suicide studies' explicit focus on suicide-contributing historical, social, cultural, economic, and political contexts highlights its dedication to social justice. Such foci on contexts and social justice—as we will see—align well with participants' views and the tenets of intersectionality.

Intersectionality

Intersectionality examines how an individual's identities create complex, nuanced, varying, and interlocking patterns of privilege and oppression across societal domains (Crenshaw, 1991). According to Murphy et al. (2009), "an intersectional perspective examines how two or more social constructions of oppression and/or privilege intersect to shape people's social locations" (pp. 1–2). Furthermore, Collins (2019) characterized intersectionality as an analysis which argues that systems of race, social class, gender, sexuality, ethnicity, nation, and age form mutually constructing features of social organization. In practice, these socio-cultural constructs and systems of privilege and oppression manifest themselves in fluid personal, family, group, and community identities across all domains of socio-cultural organization (Moradi & Grzanka, 2017).

To understand the interlocking nature of social identities and societal structures, Collins (2019) theorized that six core constructs and corresponding premises constitute intersectionality as a paradigm, methodology, and practice. *Relationality* centrally emphasizes that systems of power are created, maintained, and perpetuated in relation to social positions and the constructed meanings of these relationships. For example, understanding Black female experiences requires an awareness of the interrelationships among race, gender, other identities, contexts, and a particular experience. Such interrelationships affect Black female positionalities and shape the meanings they construct. *Power* refers to the ability to shape intersecting social relationships that produce divisive

and reductionistic categories of experience (Collins, 2019). These discretely framed categories produce monolithic and oversimplified theories, research, and practice models. However, intersectionality reframes systems of power in terms of nuanced, mutually co-producing forces that affect people's lived experiences in social hierarchies. As a result, analyses of power are crucial for understanding marginalized experiences like those of Black females. *Social inequality* is the condition whereby people experience insufficient access to necessary resources, services, and privileges based on their minoritized and marginalized identities. In framing inequality in terms of multiple identity interactions, "intersectionality points to the workings of power relations in producing social inequalities and the social problems they engender" (Collins, 2019, p. 46). This concept provides an essential reframing of suicide in Black communities by underscoring disproportionate societal deprivation over individual pathology. Such reframing underscores the significance of context, complexity, and social justice to intersectional analysis.

Social context foregrounds the significance of understanding the environments in which intersectional experiences are defined, lived, interrogated, understood, and/or erased (Collins, 2019). For example, suicides among Black people living in the U.S. occur in the contexts of intergenerational trauma, present-day institutional racism, un/under-employment, violence, and resource-deprived neighborhoods (English, Oshin, Lopez, et al., 2024; HHS, 2024: Jewett et al., 2024). Next, *complexity* acknowledges the reality that analyzing multiple and dynamic systems of power simultaneously across contexts necessitates a suite of analytic strategies (Collins, 2019). Such strategies—often interdisciplinary in nature—enable comprehensive and nuanced analysis of multifactorial phenomenon like Black female clinicians' critical understandings of suicides in Black communities. Finally, *social justice* as an intersectional construct elevates questions about theoretical, research, and practice ethics. Importantly, intersectionality centers the interplay among truth, justice, and power by highlighting the manufactured social processes that intentionally privilege some and unjustly disadvantage others (Collins, 2019).

In concert, these six constructs constitute intersectionality's four fundamental premises (Collins, 2019). First, systems of power are interdependent and mutually co-constructed. Second, intersecting power arrangements produce multiple and interconnected social inequalities. Third, the social locations of people and communities within systems of power shape their experiences and perspectives of self, others, and the social world at large. Fourth and finally, solving problems across multiple contexts requires an intersectional examination.

A lack of intersectionality-centered research persists in mainstream suicidology. Standley (2022) noted, "the neglect of intersecting social identities and a lack of focus on the extra-individual factors contributing to suicidality has resulted in a dearth of knowledge regarding the social and ecological factors impacting suicide" (p. 1). This neglect stems from suicidology's emphasis on individual psychopathology, quantifiable methodologies, medical perspectives, and psychiatric interventions. However, some researchers have recently published scholarship that examines the intersections of anti-Black racism, sexual minority identities, and suicidality. English, Boone, Carter, et al. (2022) revealed that structural racism and anti-LGBTQI policies correlated to increased self-harm and suicide attempts among Black sexual minority males (SMM) ages 15 to 25. The authors also reported that such structural forces were not significantly associated with White SMM suicidality. Moreover, English, Oshin, Lopez, et al. (2024) found a positive association between heterosexist and racist policies and suicide-contributing interactions between police and Black LGBQ people. Such findings underscore the importance of exploring the nuanced dynamics between suicide-potentiating macrosystemic forces and individual-level suicidality. To better understand this interplay in Black communities, this project emphasizes critical analytical tools and qualitative research paradigms that highlight the complex meaning-making perspectives of 14 Black female clinicians. Their insights reinforced the importance of conceptualizing Black

suicidality as an individual-in-contexts experience that requires inter-systemic, anti-oppressive interventions.

Methodology

In this section, I describe the central research approach for this project and its design and analytical protocols. This description starts with a concise overview of narrative inquiry and thematic analysis (TA). Then, I discuss my positionality in relation to this project and the participants. Subsequently, I explain this project's design and implementation processes. This explanation includes Institutional Review Board (IRB) approval, sampling strategy, participant recruitment, data generation and analysis, and trustworthiness and credibility techniques. Lastly, I summarize the socio-demographic information about the 14 Black female clinicians who participated in this study. Such descriptions and summaries provide windows of transparency to better assess my attempt to answer the question: How do Black female clinicians critically understand suicide in Black communities?

Narrative Inquiry and Thematic Analysis

Exploring Black female clinicians' critical understandings of suicide in Black communities requires methodology that focuses on complex and layered psychological meanings. Because this complex meaning-making often emerges from *stories*, narrative inquiry provided the methodological framework for this secondary analysis project (Kim, 2016). In tandem, Clarke and Braun's (2018) approach to TA guided my design and interpretative decisions. Their TA framework highlights "researcher subjectivity as a resource (rather than a problem to be managed), the importance of reflexivity, and the situated and contextual nature of meaning" (p. 107). Furthermore, the authors' TA method privileges "organic coding or theme development" (p. 108) over positivistic coding reliability and reductive codebook models. Clarke and Braun (2018) observed,

> In our approach to TA, themes can perhaps be usefully thought of as key characters in the story we are telling about the data (rather than collection pots into in which we place everything that was said about a particular data domain). Each theme has an 'essence' or core concept that underpins and unites the observations, much like characters have their own psychological makeup and motivations. . . It highlights the ways in which themes are *active creations* of the researcher (rather than just passively 'emerging' fully formed from the data) that unite data that at first sight might appear disparate, and often capture implicit meaning beneath the data surface. (p. 108)

This emphasis on dynamic and interconnected thematic characters—in conjunction with my critical theoretical frameworks—helped me see distinct storylines within and common narrative patterns across participant interviews. This methodological process was also influenced by my positionality.

Investigator's Positionality Statement

I have primarily experienced unearned privileges across societal contexts because I self-identify as—and am generally perceived be—a White cisgender male. Additionally, I am gay and have experienced moments of interpersonal and systemic homophobia. I am also vigilant about the ongoing threats to my existence because of anti-LGBTQI+ policies in the U.S. and around the world. These co-occurring experiences of privilege and marginalization make me aware of the intersectional forces that frequently exist between dominant culture and marginalized groups. This increased awareness of such complexity, coupled with a common professional identity and commitment to social justice, enhanced the researcher-participant relationship. For example, several participants told me that I was "easy to open up to." Simultaneously, my White, gay, cisgender male identities posed *outsider* challenges. The first Black female clinician I spoke with about this project commented, "Ugh, I really want to participate in this study, but why do you have to be the one to do it." Beals et al. (2020) examined the potential conflicts and boundaries between insider and outsider statuses. The researchers resolved that qualitative investigators should consider being *edgewalkers*—people who appreciate "the complexity of culture and identity to walk the edge between multiple worlds and positions" (Beals et al., 2020, p. 597). This standpoint necessitates consistent, mindful, and candid self-reflection which I practiced through regular reflexivity journaling, conversations with my dissertation research committee, and follow-up exchanges with research participants.

IRB Approval Process

In June 2021, I completed an IRB application and provided required documents to the Lesley University review committee chair. I received committee approval in July 2021 (IRB# 20/21-055).

Sampling Strategy

My research used a *purposive sampling* strategy. According to Zhao et al. (2021), "With purposive sampling strategies, researchers handpick subjects to participate in the study based on identified issues being examined" (p. 249). This sampling technique allowed me to intentionally recruit 14 participants who met the inclusion/exclusion criteria for the initial dissertation research project (Hightower, 2022) from which this article's secondary analysis originated. Participants needed to:

1. Self-identify as Black or African American
2. Self-identify as female, transwoman, woman, and/or womyn
3. Be a fully licensed mental health clinician who is currently working as a clinician
4. Have personal or professional experience with a member of the Black community who experienced suicidal ideation, a suicide attempt, or a death by suicide
5. Live and practice in the United States

Participant Recruitment

To enroll prospective participants, I solicited doctoral program faculty and student cohorts, LinkedIn contacts, Black professional groups, National Association for Social Workers (NASW) members via discussion boards, American Association of Suicidology members via the member listserv, and clinicians listed in the Psychology Today Therapist Directory. A standardized

recruitment request appeared on each internet platform. All recruited Black female clinicians became aware of the study from either the internet or through spontaneous *snowball sampling*—enrolling participants through current participant contacts and networks (Zhao et al., 2021).

Data Generation and Analysis

I created a participant request notice that described my positionality, research question(s), and goals. Then, I used a short telephone or Zoom screening conversation to assess prospective participant eligibility for this project. The prescreening interactions further gave interested Black female clinicians a chance to ask questions and/or express concerns. Screened participants who reviewed, signed, dated, and submitted the informed consent form were given a Survey Monkey link to a socio-demographic form. The 19-item form was developed so that participants could describe their socio-demographic identities using their own language. After all the forms were submitted and reviewed, I coordinated and completed a 60- to 90-minute semi-structured interview with each participant. These discussions transpired and were recorded using the Zoom teleconferencing platform. Finally, all recorded research conversations were transcribed via the Rev.com transcription service.

To analyze interview data, I read each interview transcript several times. During my first reading, I attended to the overall plotlines of the interviews and wrote reflexivity journal entries to capture my initial emotional responses to the participants' narratives. Next, in the second transcript review, I focused on the *thematic characters*. I paid close attention to words, phrases, and/or metaphoric language used by the participants as they shared their understanding of suicide in Black communities. From this reading, I then customized a word-frequency command using Microsoft Word. I used this command to visualize the number of occurrences each thematic character appeared within and across interviews, specifically responses to the question: How do you understand suicide in Black communities (see Table 2)? After that analytical step, I re-read participants' "suicide in Black communities" responses and applied historical trauma, critical suicide studies, and intersectionality frameworks. This iterative process resulted in a conceptual metaphor, *the stream*: upstream suicide contributing forces and downstream suicidality impacts. This model allowed me to physically place different thematic characters at different points along the macrosystemic-individual narrative continuum (see Figure 1). Finally, to further amplify participants' critical perspectives and my interpretations, I examined additional research. That review shaped my discussion of this project's findings and its implications. Such efforts also supported the trustworthiness and credibility of this work.

Trustworthiness and Credibility Techniques

For this research project, my interview transcripts, recordings, journal entries, and iterative reading analysis processes supported the trustworthiness of the data and my analysis. To maximize the effects of these efforts, I kept a reflexivity journal that emphasized my insider and outsider statuses in relation to each participant. Additionally, I attempted to create comfort and genuineness between the Black female clinician participants and me. To achieve this essential goal, I did my best to communicate transparently and honestly in writing and verbally. For example, I shared my interview questions with the participants prior to our research conversations. Moreover, I attempted to communicate a sincere interest in their stories by asking non-leading and open-ended questions. Lastly, I used *member-checking* at multiple stages of the data analysis and interpretation process. This technique involved several discussions between the participants and me about my

interpretations of this project's findings (Creswell & Creswell, 2018). Although this strategy is often considered a *gold standard* for trustworthiness and credibility measurement in qualitative research, Motulsky (2021) warned that researchers should be critical and intentional about its use. Because I have a White cisgender male positionality and social justice commitments, and Black women are historically mis- or under-represented in research, I decided to use this technique. This technique enabled me to both offer post-interview support and corroborate my analysis. For example, my interview with Sonya evoked intense sadness. When I re-connected with her the following day, she described our interaction as "supportive" and "cathartic." Moreover, other participants affirmed my interpretations of their narratives: "That's right" (Faith), "Your take on our interview represents me well" (Joanna), "You get it. And you get me" (Dominique).

Participant Socio-demographic Information

For this project, fourteen self-identified heterosexual, cisgender, Black female clinicians shared their critical understandings of suicide in U.S. Black communities. Table 1 describes other relevant socio-demographic information reported by participants.

Table 1
Participants' Socio-demographic Information

Participant Self-Identifier	Prof. Lic.	Years of Prac.	Religious/Spiritual Beliefs	U.S. Region	Age	Ethno-racial Self-Identifier(s)
Nicole	LCSW	10	"Fan of all divinations"	West	39	Black/West African/European
Dominique	LCSW	6	Christian	East	30	Black/African American
Andrea	LCSW	11	Christian	South	35	Black/Black American
Paula	LCSW	7	Christian	East	38	Black/Dominican
Artistine	LISW-S	10	Baptist	M.W.	35	Black/American
Faith	LSW	11	Christian	East	58	Black/African
Brandi	LCSW	11	Christian	South	36	Black/N/A
Ciara	LCSW	7	None	M.W.	32	Black/N/A
Natasha	LCSW	7	Christian	South	35	Black/Black
Joanna	LMHC	7	Christian	N. E.	32	Black/Cape Verdean
Noelle	LMFT	9.5	Christian	M.W.	36	Black/American
Virginia	LCP	8	Christian	East	41	African American
Elizabeth	LMHC	9	Christian	N.E.	33	Black/African Liberian
Sonya	LCSW-S	10	Christian	South	38	Black or African American/non-Hispanic

Findings

Thematic characters emerged during each interview and transcript review. I kept a running list of words and phrases each participant used to describe their critical understanding of suicide in Black communities. Using a Microsoft Word macro tool, I completed a word occurrence count for all 14 interview transcripts. Word frequency, context of word use, and extant research literature shaped my interpretations of main and supporting thematic character language and groupings. Table 2 summarizes these findings (Hightower, 2022).

Table 2
Cross-Participant Word Occurrence Count

Word/Thematic Characters	Occurrences
Shame	42
Stigma	22
Hidden	7
Taboo	7
Avoid	6
Weakness	5
Whisper	2
Total	91
Hopelessness	35
Depression	15
Sadness	14
Helplessness	6
Despair	3
Total	73
Trauma	56
Historical	7
Intergenerational	3
Total	66
Racism	39
Oppression	13
Marginalization	11
Total	63
Systems	40
Systemic	12
Total	52
Fear	20
Anxiety	6
Total	26
Violence	13
Anger	5
Guilt	2

As shown in Table 2, cross-participant words and related concepts are grouped in the left-hand column with the number of occurrences in the right-hand column. These groupings comprise this project's thematic characters. Each primary and supporting thematic character is organized in terms of overall frequency, context used, and relatedness based on previous scholarship. Shame (91), hopelessness (67), trauma (66), racism (63), systems (52), fear (26) and their related themes appeared most often. Moreover, three other themes appeared at least twice in the interview transcripts that the extant research literature frequently mentioned as factors for understanding suicide: violence (Johns Hopkins Center for Gun Violence Solutions & Public Health, 2023; Jones-

Eversley et al., 2020; Jordan & McNiel, 2020), anger (Hejdenberg & Andrews, 2011; Klein, 1935/1975; Shneidman, 1985), and guilt (Shi et al., 2021; Wetterlöv et al., 2021). Furthermore, although the term *grief* was never specifically used by participants in the context of suicide, the theme could be inferred when they spoke about sadness, anger, anxiety, and despair as suicide-contributing factors (Tanne, 2024). These findings underscore the significance of shame and situate it in the context of other important themes often associated with suicide. In the subsequent section, I examine extant research literature and participant quotations to highlight interconnections among the six main thematic characters and foreground critical understandings of suicide in Black communities.

Research and Participant Quotations: Shame and Black Suicides

Shame is a formidable experience that affects human emotions and behaviors. It comprises "primarily negative, global, [and] stable evaluations of the self" (Wetterlöv et al., 2021, p. 866). It is defined as "an emotional process of internalized, negative self-concept" (Hoekstra & Katz, 2021, p. 329). Examples of shame beliefs include "I am worthless, I'm a piece of crap, and I don't deserve to live" (Madsen & Harris, 2021, p. 5). When experienced as a temporary state, shame theoretically functions as a motivator for self-appraisal, personal change, or the self-acceptance of imperfections (Taylor, 2015). Moreover, Chandler (2020) observed, "shame, more than any other emotion is the 'master emotion'" (p. 33) because it shapes human social bonds more than any other emotion. She noted that humans are social, and shame arises from threats to social bonds. To mitigate such threats and avoid experiencing the pain of shame, people may try to alter their self-concept, and/or withdraw from social relationships (Johnson, 2006; Scheff, 2000, 2003). Finally, shame's effects on individuals and groups are mainly determined by recipient interpretation and internalization processes (Bhuptani & Messman, 2021; DeCou et al., 2019; Johnson, 2020; Watts-Jones, 2002). This body of scholarship underscores shame's significant influences on human emotions and behavior, as well as on an individual's sense of self. These influences and effects were noted by participants.

Shame is critically significant for understanding suicide in Black communities. When responding to the question, "What word or words come to mind when you hear the phrase 'suicide in Black communities?'" Noelle listed, "Shame, guilt, secrets." Moreover, when I asked participants, "What would help me critically understand suicide in Black communities?" Virginia observed, "shame around having those [suicidal] thoughts." To that same question, Joanna emphatically said, "I think shame is, yeah, I think shame is big." She went on to reveal,

> I think shame is big. I think racism. I think poverty contributes to suicide. Being discriminated against, and policies that don't support people. I think all of these things create real and perceived isolation. I think that isolation gets internalized and magnified in Black communities with strong strength narratives. A lack of strength can be experienced as weakness and failure. Which can feel unbearable.

Joanna's perspective sequentially linked Black individual's experiences with shame to macrosystemic forces, like anti-Black racism and poverty. Moreover, she remarked that a compounded form of isolation emerges because many Black people live at the intersection of racism and classism. Joanna also observed that this lived experience is further complicated by the Black community and dominant culture's narratives about the need to be and appear strong. These narratives, while a source of resiliency in some contexts, may also contribute to Black deaths in other contexts because people may not be able to live up to those standards. Such contextual framing was echoed in participants' perspectives about anti-Black shame, fear, and suicide.

Research and Participant Quotations: Shame, Fear, and Black Suicides

Shame influences fear experiences in which suicide may seem like the only means of escape. Lewis (1971) noted that shame regulates both awareness and expression of fear-based emotions. Moreover, Hejdenberg and Andrews (2011) reported that emotions such as fear are frequently preceded by shame. This observation makes sense given that threats to the self commonly trigger fight-or-flight emotions (van der Kolk, 2014). Finally, Duffy et al. (2019) found that suicidal thoughts that included shame-related content predicted self-reported anxiety and suicide attempts. These findings align with participant understandings.

When responding to the question, "What word or words come to mind when you hear the phrase 'suicide in Black communities?'" Dominique replied, "Fear, shame, and abandonment." This combination of emotional states frequently impedes a person's ability to believe in a better future.

Research and Participant Quotations: Shame, Hopelessness, and Black Suicides

Shame and hopelessness often co-occur among individuals who experience suicidality or have died by suicide (Hastings et al., 2002). These investigators described that *hopelessness*—the anticipatory belief that good things will never occur and negative events will be ongoing—frequently emerges from shame or exists co-constitutively with it. This connection was highlighted by Madsen and Harris's (2021) findings that *negative self-appraisal*, i.e., "I am worthless. . .[and] don't deserve to live" (p. 5), was the strongest predictor of suicidality among 713 participants with suicide lived experience: hopelessness was the second strongest predictive factor. Their examples of negative self-appraisal reflected examples usually used to define shame (Lewis, 1971; Wetterlöv et al., 2021).

In describing her views about suicide in Black communities, Noelle's perspective linked racism, hopelessness, and shame, "You know, the theme of racism and thinking of racism as trauma. And then the associated thoughts, 'I am hopeless,' or, 'I am powerless.'" Like Joanna's narrative, Noelle's views about being hopeless and powerless connected feelings of shame with perceiving one's self to be weak. Experiences of weakness likely threaten Black strength narratives. Suicide attempts or deaths may be experienced as either an act of strength, i.e., self-determination, or a means for escaping such feelings. Noelle's insights also underscored the role of trauma.

Research and Participant Quotations: Shame, Trauma, and Black Suicides

Shame, trauma, and suicide interrelate. Herberman Mash et al. (2020) conceptualized shame as "a powerful emotional response to experiencing an unacceptable view of oneself, typically precipitated by interpersonal traumatization" (p. 40). Within the framework of trauma, oppression, and/or prolonged exposure to shame, individuals frequently internalize a significant and all-encompassing sense of self─experienced as deficient, defective, and/or undeserving of life (Madsen & Harris, 2021). Moreover, Wetterlöv et al. (2021) observed that shame intensity consistently predicted PTSD symptom severity among trauma survivors who experienced a lack of control over the harmful event. Furthermore, shame appears to mediate trauma recovery efficacy specifically among trauma survivors who blame themselves for their trauma (Ginzburg et al., 2009; Semb et al., 2011). Also, DeCou et al. (2019) noted "Our findings demonstrated the role of trauma-related shame as a mediator of the association between sexual assault severity and the desire to die

by suicide" (p. 138). This research indicates a correlation among shame, trauma, and suicide that may be amplified by racialized trauma or oppression.

During my interview with Dominique, she also described shame as an important theme for critically understanding suicide in Black communities. When I asked her the follow-up question, "Where do you think that sense of shame comes from?" she replied, "generational trauma." Additionally, Paula answered similarly, "That's a loaded question. 'Cause it's so many things. You think of trauma, and then you have generational trauma. Then there's post-traumatic slave syndrome." These participant observations about shame, trauma, and suicide revealed that intergenerational racialized traumas contribute to suicide in Black communities. They also reinforced the critical theory that upstream oppressive forces, not simply individual psychopathology, may catalyze the ideation to death by suicide processes among Black people.

Research and Participant Quotations: Anti-Black Racism, Shame, and Black Suicides

Scholarship illuminates the connections between shame and anti-Black racism. Johnson (2020) explored the interplay among racism, internalized shame, and self-esteem. The author found that racist events experienced across three different exposure time periods correlated with decreased self-esteem and increased internalized shame. Harris-Perry (2011) further observed that negative stereotypes about Black people—conveyed in interpersonal relationships, mass media, and public policies—propagate and compound feelings of shame. Moreover, Watts-Jones (2002) described the detrimental confluence of historical trauma, internalized racism, and shame: "Internalized racism involves two levels of shame: the shame associated with our African-ness, as a result of slavery and racism, and the shame of being shamed" (p. 593). The literature suggests that anti-Black shaming and identity-based shame are common experiences in Black communities. This reality suggests an interconnection among oppressive, upstream macrosystemic forces, and downstream individual experiences of shame, hopelessness, fear, trauma, racism, and suicide in Black communities.

When sharing their thoughts about suicide in Black communities, participants underscored the interplay between systemic anti-Black racism and suicide. Sonya commented "It's like bias, it's racism. It's just like lack of resources." Furthermore, Artistine postulated,

> I think specifically anti-Black racism. I think police brutality. I think dealing with just kind of the day-to-day traumas like microaggressions. I had a client and she's very educated. Like a masters in chemical engineering. And she told me, 'You know what? I almost killed myself because I go to work every day. I'm the only Black woman in this space.' And it got to the point where they touched her hair and made comments to her. A guy groped her at work.

The extant research literature, Sonya's remarks, and Artistine's observations all highlight intersectional acts of interpersonal, structural, and institutional violence that harm Black communities physically, socially, politically, and psychologically (English, Oshin, Lopez, et al., 2024; Galtung, 1969; Jewett et al., 2024). A significant harm is an anti-Black internalized shame that is produced by dominant cultural forces—like work culture norms, education, media, and laws—and transmitted across human systems (Joy, 2019).

Research and Participant Quotations: Anti-Black Systemic Forces, Shame, and Black Suicides

Shaming practices and shame experiences co-exist in complex, multifaceted interrelationships. These relationships are often known as *systems*: "a set of interconnected parts that form a whole" (Joy, 2019, p. 44). Human systems involve people who select or are ascribed role-bound thoughts, feelings, and behaviors. Through complex socialization processes, people's roles, and the rules that govern those roles can be both implicit and explicit. In systems of shaming, people with dominant roles who do the shaming occupy positions of power and explicitly codify and extend their power by establishing rules and using power-over shaming tactics. For individuals and groups being shamed, such rules and tactics can be internalized, resulting in a sense of subordination and existential crisis. Joy (2019) defined such *power-over* systems as "powerarchies," or systems "organized around the belief in a hierarchy of moral worth" (p. 47). Joy (2019) further described the destructive potential of shame on human social systems,

> Shame is arguably the foundation of human psychological dysfunction and, by extension social dysfunction. The essential need to feel worthy is so powerful, and shame so disruptive to our psychological security and well-being, that we will often do just about anything to avoid this feeling. . . suicide is considered a better alternative to having one's shame exposed. (p. 37)

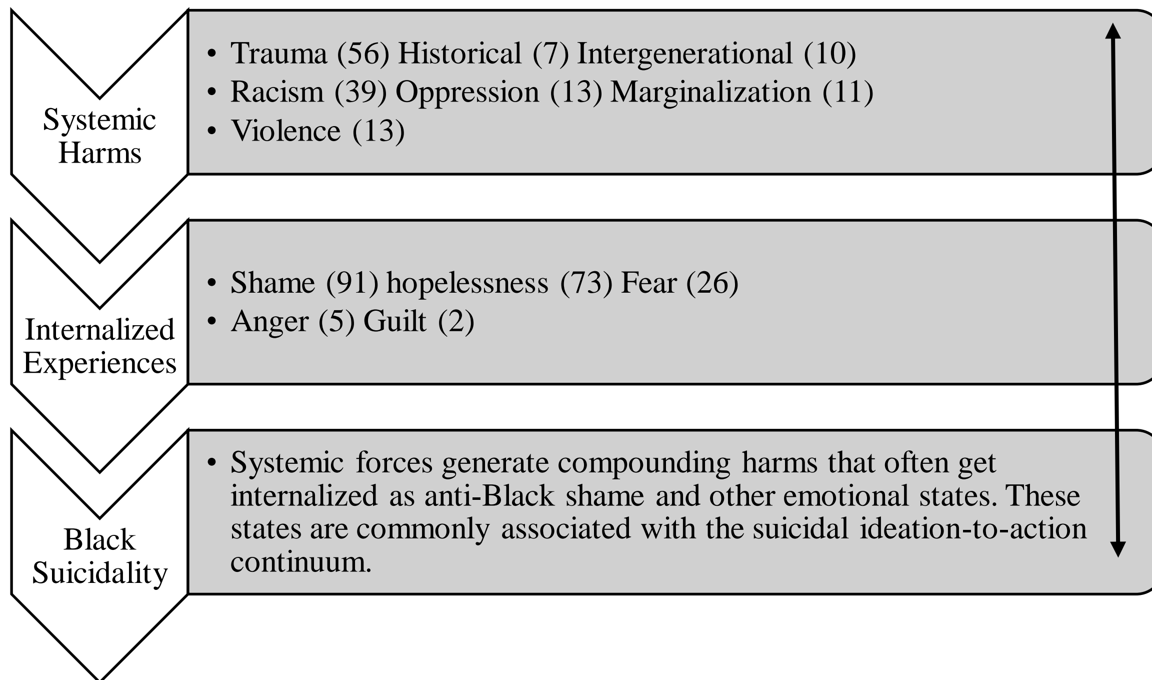
The author's observation essentialized the connections among shame, human misery, social pathology, and suicidality. These connections emphasize the deleterious effects of shame on human systems, such as Black communities. In revealing her viewpoint about suicide in Black communities, Nicole questioned and observed,

> Is it suicide or genocide? I feel like there's the actual act of 'killing oneself'. But then I think about it in terms of how the act of suicide is connected to historically and socially complex slow deaths of alcoholism, drug abuse, risky behavior, and obesity. All introduced to the Americas by Europeans, of course. And so, I think about how the presence of Whiteness on this continent resulted in a very quick genocide of Indigenous folks here [the U.S.], as well as the historical and ongoing violence against Black and Brown bodies. It almost seems like Whiteness creates the conditions for Black and Brown suffering and death.

Nicole's world-view critically centered essential questions raised throughout this project. When I asked her about her first reactions to the phrase "suicide in Black communities," she challenged, "Is it suicide or is it genocide?" Nicole's interrogation of the ways deaths are deemed *suicides* instead of *genocides* aligns with a central critique posed by critical suicide studies researchers and me. Moreover, the juxtaposition of suicide and genocide reinforced the significance of shame for me. Genocide is the intentional, humiliating murder of an entire group of people *because* of who they are. This fact seems to mirror the relationship between dominant culture's anti-Black shaming and internalized shame: to intentionally cause harm by communicating and instilling the belief that a person or community is "bad" *because* of their race. In the contexts of historical and ongoing racialized violence, trauma, and oppression, co-occurring anti-Black shaming and internalized shame processes likely compound suicide risk. This elevated risk links the multiple causes of suffering to fundamental aspects of identity, like race. These upstream-downstream dynamics—illuminated by the 14 Black female clinicians in this study—are illustrated in Figure 1.

Figure 1

Thematic Map of Macrosystemic Forces and Black Suicidality Relationships



The thematic map depicts the macrosystemic themes at the top of Figure 1 (upstream) and the microsystemic focus of this project—Black suicidality—at the bottom (downstream). The themes and subthemes are interconnected as portrayed by the double-arrowed line. The themes' visual placement reflects participants' narratives about thematic relationships, the themes' occurrences (in parentheses), scholarship about thematic interplay, and my metaphor for understanding the dynamics among the themes. Such dynamics merit further discussion in the contexts of critically understanding suicide in Black communities. This discussion outlines myriad implications for Black community-centered suicide prevention in the U.S.

Discussion

Participants' critical understandings of suicide in Black communities stressed the importance of shame, fear, hopelessness, trauma, racism, and anti-Black systemic forces. These thematic characters' significances in answering this project's central question were further affirmed by previous research. While there may be consensus about the prominence of each theme as a suicide-contributing factor, the participants' narratives consistently described the dynamic interplay between macro-systemic forces and internalized individual-level experiences. The starkest and most arresting example of this description came from Nicole. Her questioning of Black deaths as suicides or genocides raises important critiques about language. Such critiques expose potential limitations in current suicide prevention policies, training, and clinical practices related to theorizing and addressing suicide in Black communities. For example, the current language about suicide frames the experience primarily in medical terms. This framing further shapes, or perhaps misshapes, prevention, and intervention conceptualization: medical problems require medical solutions. Such framing may not accurately describe the reasons for the increases in Black suicidality (English, Oshin, Lopez, et al, 2024; Hightower, 2022; Hightower et al., 2023; Jewett et al, 2024).

History reflects that the English term *suicide*, as it is commonly understood, originated in a White, male, European, and elitist context that privileged individual personhood, agency, and

liberty for a select class of people (Marsh, 2010). Such contexts and beliefs undergirded the evolution of White identity, entitlement, and the dynamics of power over non-White people (Joy, 2019; Kendi, 2016). An examination of U.S. history underscores the cruel hypocrisy and irony of White founders' desire for freedom while depriving Black communities of their basic humanity through enslavement, internment, and massacre (Alexander, 2020; Kendi, 2016). Given this complex and violent history, one must carefully question the term *suicide*'s relevance to Black communities. The term likely blurs the ways cultural, historical, and power-over forces influence Black personhood and agency. Perhaps the word, and its broadly understood meanings, also obscure important contributing factors like systemic anti-Black shaming and the corresponding experience of internalized shame. The participants in this study consistently raised this question across interviews.

Moreover, the current state of mainstream suicide-related language poses conceptual, research, and practical challenges. Even Shneidman (1985)—a pioneering leader in modern suicidology—observed nearly forty years ago,

> Surely, "suicide" is one of those patently self-evident terms, the definition of which, it is felt, need not detain a thoughtful mind for even a moment… It is the act of taking one's life. But, in the very moment that one utters this simple formula one also appreciates that there is something more to the human drama of self-destruction than is contained in this simple view of it. And that "something more" is the periphery of satisfactory definition. (p. 6)

In problematizing suicide's definition, Shneidman concedes that suicide is more complex than an intentional individual act. Yet, contemporary psychiatry, psychology, and suicidology's responses have emphasized the proliferation of *psy-specific* language, theories, methodologies, and quantitative methods (Marsh, 2010, 2020). Far from uniting clinicians, policymakers, researchers, and people with suicide-related lived experiences, these efforts have impeded progress. Additionally, Silverman (2016) noted of suicidology, "Put simply, the absence of a universally accepted nomenclature and diagnostic criteria has limited our attempts to accurately quantify the extent of the problem, [to] identify interventions, both clinical and preventative, as well as useful markers of vulnerability" (p. 13). Such fundamental limitations create challenges to measure incidences of suicide and prevalence rates; to differentiate between suicide attempts and non-suicidal self-injuries; and to communicate among and between researchers, clinicians, clients, and stakeholders. These weaknesses also affect suicide prevention efforts; it is nearly impossible to solve a problem or fund solutions without definitional clarity. Thus, Silverman's critique underscores contemporary suicidology's inadequate approach to studying and preventing suicide—especially among minoritized and marginalized groups, like Black communities. This limited approach also influences clinical effectiveness.

The most frequently used suicide screenings and assessments used by clinicians were created to rapidly establish the presence of suicidality. Such tools typically include five to ten yes/no questions. These questions often emphasize individual-level ideation, intent, plan development, access to means, and capability to use intended means (Christensen LeCloux et al., 2022; Quinlivan et al., 2016). While such tools likely help professionals determine some people's immediate individual-level risk, they overlook contextual suicidality-contributing forces. This limitation results in consequences for suicide prevention. Bryan (2021) and Millner et al. (2017) both found that the continuum of suicidality ideation-to-action is fluid; suicide-potentiating factors often shift rapidly. The Black female clinicians in this project illuminated the reality that seemingly distal and contextual experiences—such as direct or indirect exposure to racialized

discrimination—may quickly trigger suicidality in Black communities already harmed by legacies of violence and oppression. These language, research, policy, and clinical practice realities have implications across the macrosystemic-individual continuum.

Implications

As I think about both the term *suicide* and Black female clinicians' perspectives about suicidality in Black communities, the term seems to overemphasize individual pathology and decontextualized hopelessness. Moreover, its mainstream definition and usage often overlook the role of violence, oppression, and systemic shaming. One possible reason that national suicide prevention campaigns have been less effective among Black populations is that they rely on frameworks developed from White Euro-centric paradigms (Alvarez et al., 2022; Borum, 2014; Johns Hopkins Center for Gun Violence Solutions & Public Health, 2023; Sheftall et al., 2022). As a result, language related to deaths typically labeled "suicide" ought to be expanded to describe upstream-downstream mortality connections more fully. Such language expansion has research implications.

When viewed in their totality, the Black female clinicians' perspectives offered in this project compel an interrogation of and transformation in the dominant power structures embedded in suicidology and the psychosocial helping professions. To achieve this transformation, historically erased perspectives need to be uplifted more in research to prevent ongoing epistemic violence (Teo, 2010). For instance, the meaning-making frameworks of transwomen, indigenous peoples, people living in socio-economically developing places, political asylum-seekers, and/or environmental refugees should be centered more. Elevating these intersectional perspectives exposes the complex intents and impacts of the dominant culture's language, power, and institutions through critical storytelling, testimony-giving, and witness-bearing.

Although highlighting marginalized perspectives is essential, it is not sufficient. These viewpoints must be engaged with by critical, intersectional, and mutually liberatory research praxis. Such research models center relationships, human dignity, and freedom for all people. Furthermore, critical, intersectional, and liberation-specific methodologies and methods foreground human processes of meaning-making. This focus fosters an understanding of people's interpretations of themselves, others, and the world in different contexts. These contextual interpretations are crucial for theorizing and resolving the harmful interplay among systemic shaming, internalized anti-Black shame, and deaths frequently labeled "suicides" (Chandler, 2020). For example, to prevent deaths related to systemic shaming and internalized shame, researchers, advocates, policymakers, and clinicians need to understand the dynamics between systemic anti-Black shaming forces—such as anti-Black racism—and shame internalization processes. Thus, our research paradigms, methods, and findings should be evaluated in terms of their ability to foster upstream-downstream understandings and change (Prilleltensky, 2008). Such understanding and change would likely highlight the importance of large-scale macrosystemic interventions

Centuries of dominant culture's unmerited privilege and power necessitate an intervention to address the scale of harm to Black communities—reparations. Such intervention aligns with the Black female clinicians' observations about anti-Black historical and intergenerational trauma and suicide in Black communities. Darity and Mullen (2020) articulated a three-pronged reparations program. Their model includes acknowledgement, redress, and closure. The process requires that everyone who benefits from White supremacy recognizes the historical and present-day injustices experienced by Black people. Moreover, *redress* involves restoring Black communities to "a more equitable position commensurate with the status they would have attained in the absence of the injustices" (Darity & Mullen, 2020, p. 3). This restoration would include significant financial

investment in Black institutions and payment to the descendants of enslaved Black people. Although such economic restitution addresses past and present-day harms, *closure* suggests an official end of White supremacy and conciliation between Black people and the beneficiaries of discrimination, segregation, and slavery. This process would entail confronting past harms, eliminating present-day mistreatments, and then re-envisioning a genuinely transformed and unified society—one in which all people can create a life worth living. Such a transformation would also entail shifts in psychosocial professional training and practice related to suicide prevention.

As psychosocial professionals, the Black women in this study often agreed that clinical training and practice models were too Euro-centric. Traditional psychosocial education and clinical approaches rely heavily on either individual psychological theories or population-based public health frameworks. While these models have undoubtedly saved some lives, none specifically centers or addresses the confluence of harmful historical legacies, unjust environmental realities, oppressive macro-cultural structures, and under-resourced communities that comprise the contexts in which many Black deaths unfold. Hightower (2022), Hightower and Grant (in press), and Hightower et al. (2023) advocated for the development of social justice-focused suicide prevention frameworks that emphasize socio-ecological assessment and intervention, such as the *Individual-in-Contexts Model*. Such a model may address the current limitations of clinical screening, assessment, and intervention by re-contextualizing people's lived experiences that contribute to their desire to die. Finally, psychosocial education accrediting bodies and state licensing boards should support comprehensive, universal, evidence-based, and culturally relevant suicide-specific clinical training and continuing education. These efforts would likely help address the rising suicide rates in minoritized and marginalized communities.

Limitations and Future Research

The Black female clinicians in this research project were required to have full licensure status to be included in this study, a limitation which excluded human services professionals who provide non-clinical suicide prevention and care. Such professionals are on the service delivery frontlines, and future research efforts should explore their experiences to better understand the breadth of perspectives about suicide in Black communities. Moreover, this project did not reflect the range of gender or sexual orientation identities that exist in Black communities. Subsequent projects need to include more diverse dimensions of these important identities to better understand the intersectional experiences of LGBTQI+ Black cohorts in relation to important community institutions like church and family. This intersectional dynamic can be a suicide protective and/or risk factor depending on the nature of the relationship between individuals and these institutions. Additionally, future projects ought to examine more intersectional identities to further investigate the nuances of suicide in Black communities. Finally, the qualitative methodology of this inquiry project poses generalizability challenges. However, the dialogic knowledge generated by this project provides a springboard for additional research that might focus on quantifying the relationships between systemic shaming themes, internalized anti-Black shame, and suicidality in Black communities.

Conclusion

This research project underscored the reality that suicide is a complex human experience that disproportionately affects Black communities in the U.S. I chose to interview 14 Black female clinicians because they are situated in the two most persistently oppressed cohorts in the United

States—female and Black—and have received advanced psychosocial training (Collins, 2009, 2019; Spates, 2012; Spates et al., 2020). These participants were well-positioned to analyze and understand the degrees to which suicide is shaped by macrosystemic and/or individual-level psychological factors. The Black female clinicians in this study amplified the nuanced, complex, and dynamic interplay among shame, racism, hopelessness, trauma, systemic forces, and fear. From the lived-experience vantage points of the research participants, the overarching critical thematic characters of *systemic shaming* and *internalized shame* emerged as especially significant. The shaming theme was typically presented when participants described the ways various systems engage in shaming—acts of transmitting messages that a person or group is worthless or bad *because* of who they are. Moreover, systemic shaming manifests within and transmits across multiple systems of human experience. With each shaming manifestation and transmission, shame is produced and uniquely internalized. This process likely catalyzes several appraisals about one's humanity, capacities to meet basic needs, and ability to access or mobilize resources. When systemic violent, traumatic, and identity-based shaming deprives an individual of their personhood and basic needs, the impact likely contributes to death. While these deaths matter intrinsically because life was lost and grief was experienced, Black deaths also matter because the way a person dies often reflects the conditions under which they lived or were forced to live (Reynolds, 2016). Medical autopsies generally indicate the physical cause of death. However, this decontextualized analysis only reveals part of the story. A critical and systemic analysis of Black deaths by *suicide* would likely reveal a more nuanced and complex story. These revelations, if attended to, might result in better cultures and communities of care for all. Such cultures and communities require the painful yet necessary work of acknowledging harms, redressing suffering, and engaging in authentic, mutual, and sustained solidarity efforts such as reforms in suicide-related language, research, public policy, and clinical practice. Only when these efforts emerge will *All Lives* genuinely *Matter*.

References

Akinyemi, O., Ogundare, T., Wedeslase, T., Hartmann, B., Odusanya, E., Williams, M., Hughes, K., & Cornwell Iii, E. (2024). Trends in suicides and homicides in 21st century America. *Cureus*, *16*(5), Article e61010. https://doi.org/10.7759/cureus.61010

Alexander, M. (2020). *The new Jim Crow: Mass incarceration in the age of color-blindness* (10th-anniversary ed.). The New Press.

Al-Mateen, C. S., & Rogers, K. M. (2018). Suicide among African American and other African origin youth. In A. J. Pumariega & N. Sharma (Eds.), *Suicide among diverse youth: A case-based guidebook* (pp. 31–50). Springer. https://doi.org/10.1007/978-3-319662039_3

Alvarez, K., Polanco-Roman, L., Samuel Breslow, A., & Molock, S. (2022). Structural racism and suicide prevention for ethnoracially minoritized youth: A conceptual framework and illustration across systems. *The American Journal of Psychiatry*, *179*(6), 422–433. https://doi.org/10.1176/appi.ajp.21101001

Beals, F., Kidman, J., & Funaki, H. (2020). Insider and outsider research: Negotiating self at th edge of the emic/etic divide. *Qualitative Inquiry*, *26*(6), 593–601. https://doi.org/10.1177/1077800419843950

Bhuptani, P. H., & Messman, T. L. (2021). Role of blame and rape-related shame in distress among rape victims. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(4), 557-566. https://doi.org/10.1037/tra0001132

Bommersbach, T. J., Rosenheck, R. A., & Rhee, T. G. (2022). National trends of mental health care among US adults who attempted suicide in the past 12 months. *JAMA Psychiatry*, *79*(3), 219–231. https://doi.org/10.1001/jamapsychiatry.2021.3958

Borum, V. (2014). African Americans' perceived sociocultural determinants of suicide: Afrocentric implications for public health inequalities. *Social Work in Public Health*, *29*(7), 656–670. https://doi.org/10.1080/19371918.2013.776339

Bridge, J. A., Horowitz, L. M., Fontanella, C. A., Sheftall, A. H., Greenhouse, J., Kelleher, K. J., & Campo, J. V. (2018). Age-related racial disparity in suicide rates among US youths from 2001 through 2015. *JAMA Pediatrics*, *172*(7), 697–699. https://doi.org/10.1001/jamapediatrics.2018.0399

Brown, L. A. (2020). Suicide in foster care: A high-priority safety concern. *Perspectives on Psychological Science*, *15*(3), 665–668. https://doi.org/10.1177/1745691619895076

Bridge, J. A., Horowitz, L. M., Fontanella, C. A., Sheftall, A. H., Greenhouse, J., Kelleher, K. J., & Campo, J. V. (2018). Age-related racial disparity in suicide rates among US youths from 2001 through 2015. *JAMA Pediatrics*, *172*(7), 697–699. https://doi.org/10.1001/jamapediatrics.2018.0399

Bryan, C. J. (2021). *Rethinking suicide: Why prevention fails, and how we can do better*. Oxford.

Bureau of Justice Statistics. (2021). *Suicide in local jails and state and federal prisons, 2000-2019—Statistical tables (2021).* https://nicic.gov/suicide-local-jails-and-state-andfederalprisons-2000-2019-statistical-tables-2021

Button, M. E. (2020). Suicidal regimes: Public policy and the formation of vulnerability to suicide. In M. E. Button & I. Marsh (Eds.), *Suicide and social justice: New perspectives on the politics of suicide and suicide prevention* (pp. 87–101). Routledge.

Centers for Disease Control and Prevention. (2022, May 21). *Disparities in suicide*. https://www.cdc.gov/suicide/facts/disparities-in-suicide.html#age

Centers for Disease Control and Prevention. (2023, May 4). *Preventing suicide*. https://www.cdc.gov/suicide/pdf/NCIPC-Suicide-FactSheet-508_FINAL.pdf

Centers for Disease Control and Prevention, National Center for Health Statistics. (2021a). *1999-2019 wide ranging online data for epidemiological research (WONDER), underlying cause of death files* [Data file]. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. (2021b). *1991-2019 high school youth risk behavior survey data* [Data file]. http://nccd.cdc.gov/youthonline/

Chandler, A. (2020). Shame as affective injustice. In M. E. Button & I. Marsh (Eds.), *Suicide and social justice: New perspectives on the politics of suicide and suicide prevention* (pp. 32–49). Routledge.

Christensen LeCloux, M., Aguinaldo, L. D., Lanzillo, E. C., & Horowitz, L. M. (2022). Provider opinions of the acceptability of Ask Suicide-Screening Questions (ASQ) Tool and the ASQ Brief Suicide Safety Assessment (BSSA) for universal suicide risk screening in community healthcare: Potential barriers and necessary elements for future implementation. *The Journal of Behavioral Health Services & Research*, *49*(3), 346–363. https://doi.org/10.1007/s11414-022-09787-3

Clarke, V., & Braun, V. (2018). Using thematic analysis in counselling and psychotherapy research: A critical reflection. *Counselling & Psychotherapy Research, 18*(2), 107–110. https://doi.org/10.1002/capr.12165

Coleman, J. A. (2016). Racial differences in posttraumatic stress disorder in military personnel: Intergenerational transmission of trauma as a theoretical lens. *Journal of Aggression,*

Maltreatment, and Trauma, *25*(6), 561–579. https://doi.org/10.1080/10926771.2016.1157842

Collins, P. H. (2009). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment.* Routledge.

Collins, P. H. (2019). *Intersectionality as critical social theory*. Duke University Press.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241–1299. https://doi.org/10.2307/1229039

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.

Curtin, S. C., Garnett, M. F., & Ahmad, F. B. (2022). *Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021*. Vital Statistics Rapid Release; no 16. National Center for Health Statistics. https://www.cdc.gov/nchs/data/vsrr/vsrr024.pdf

Darity, W. A., & Mullen, A. K. (2020). *From here to equality: Reparations for Black Americans in the twenty-first century*. University of Chapel Hill Press.

DeCou, C. R., Kaplan, S. P., Spencer, J., & Lynch, S. M. (2019). Trauma-related shame, sexual assault severity, thwarted belongingness, and perceived burdensomeness among female undergraduate survivors of sexual assault. *Crisis*, *40*(20), 134–140. https://doi.org/10.1027/0227-5910/a000549

Department of Veteran's Affairs. (2022, May 22). *Suicide prevention*. https://www.mentalhealth.va.gov/suicide_prevention/data.asp

Duffy, M. E., Twenge, J. M., & Joiner, T. E. (2019). Trends in mood and anxiety symptoms and suicide-related outcomes among U.S. undergraduates, 2007-2018: Evidence from two national surveys. *Journal of Adolescent Health*, 65(5), 590-598. https://doi.org/10.1016/j.jadohealth.2019.04.033

English, D., Boone, C. A., Carter, J. A., Talan, A. J., Busby, D. R., Moody, R. L., Cunningham, D. J., Bowleg, L., & Rendina, H. J. (2022). Intersecting structural oppression and suicidality among Black sexual minority male adolescents and emerging adults. *Journal of Research on Adolescence: The Official Journal of the Society for Research on Adolescence*, *32*(1), 226–243. https://doi.org/10.1111/jora.12726

English, D., Oshin, L. A., Lopez, F. G., Smith, J. C., Busby, D. R., & Anestis, M. D. (2024). Systemic White supremacy: U.S. state policy, policing, discrimination, and suicidality across race and sexual identity. *Journal of Psychopathology and Clinical Science*, *133*(4), 321–332. https://doi.org/10.1037/abn0000891

Galtung, J. (1969). Violence, peace, and peace research. *Journal of Peace Research*, *6*(3), 167–191. http://www.jstor.org/stable/422690

Ginzburg, K., Butler, L. D., Giese-Davis, J., Cavanaugh, C. E., Neri, E., Koopman, C., Classen, C. C., & Spiegel, D. (2009). Shame, guilt, and posttraumatic stress disorder in adult survivors of childhood sexual abuse at risk for human immunodeficiency virus. *The Journal of Nervous and Mental Disease*, *197*(7), 536–542. https://doi.org/10.1097/NMD.0b013e3181ab2ebd

Gorse, M. (2022). Risk and protective factors to LGBTQ+ youth suicides: A review of the literature. *Child and Adolescent Social Work Journal*, *39*, 17-28. https://doi.org/10.1007/s10560-020-00710-3

Hampton-Anderson, J. N., Carter, S., Fani, N., Gillespie, C. F., Henry, T. L., Holmes, E., Lamis, D. A., LoParo, D., Maples-Keller, J. L., Powers, A., Sonu, S., & Kaslow, N. J. (2021).

Adverse childhood experiences in African Americans: Framework, practice, and policy. *American Psychologist, 76*(2), 314–325. https://doi.org/10.1037/amp0000767

Harris-Perry, M. V. (2011). *Sister citizen: Shame, stereotypes, and Black women in America*. Yale University Press.

Hastings, M. E., Northman, L. M., & Tangney, J. P. (2002). Shame, guilt, and suicide. In T. Joiner & M. D. Rudd (Eds.), *Suicide science: Expanding the boundaries* (pp. 67–80). Kluwer Academic Publishers.

Hejdenberg, J., & Andrews, B. (2011). The relationship between shame and different types of anger: A theory-based investigation. *Personality and Individual Differences*, *50*(8), 1278–1282. https://doi.org/10. 1016/j.paid.2011.02.024

Henderson, Z. R., Stephens, T. N., Ortega-Williams, A., & Walton, Q. L. (2021). Conceptualizing healing through the African American experience of historical trauma. *American Journal of Orthopsychiatry, 91*(6), 763–775. https://doi.org/10.1037/ort0000578

Herberman Mash, H. B., Naifeh, J. A., & Gonzalez, O. I. (2020). Shame: Conceptual complexity and influence on mental health in military populations. *Psychiatry*, *83*(1), 40–46. https://doi.org/10.1080/00332747.2020.1717315

Hightower, H. H. (2022). *Black deaths matter: Critically understanding Black female clinicians' perspectives about suicide in Black communities* (Publication No. 29170536) [Doctoral dissertation, Lesley University]. ProQuest Dissertations Publishing.

Hightower, H., Almeida, J., & Anderson, J. (2023). Reimagining suicide prevention as a social justice issue: Getting back to social work's roots. *Social Work*, *68*(2), 167–169. https://doi.org/10.1093/sw/swad005

Hightower, H. H., & Grant, M. J. (in press). Proposing an Individual-in-Contexts Model for reimagining suicide screening, assessment, and intervention in Black communities. *Journal of Human Services*.

Hjelmeland, H. (2016). A critical look at current suicide research. In J. White, I. Marsh, M. J. Kral, & J. Morris (Eds.), *Critical suicidology: Transforming suicide research and prevention for the 21st century* (pp. 31–55). UBC Press.

Hjelmeland, H., & Knizek, B. L. (2016). Time to change direction in suicide research. In R. C. O'Connor & J. Pirkis (Eds.), *The International Handbook for Suicide Prevention* (2nd ed., pp. 696–709). John Wiley & Sons.

Hjelmeland, H., & Knizek, B. L. (2017). Suicide and mental illness: A discourse of power, politics, and vested interests. *Death Studies*, *41*(8), 481–492. https://doi.org/10.1080/07481187.2017.1332905

Hochhauser, S., Rao, S., England-Kennedy, E., & Roy, S. (2020). Why social justice matters: A context for suicide prevention efforts. *International Journal of Equity in Health*, *19*(76)**,** 1-8. https://doi.org/10.1186/s12939-020-01173-9

Hoekstra, K., & Katz, E. (2021). Shame in family systems with developmental trauma. *The Family Journal: Counseling and Therapy for Couples and Families*, *29*(3), 328–335. https://doi.org/10.1177/1066480720987997

Hoffman, J. A., Farrell, C. A., & Monuteaux, M. C. (2020). Association of pediatric suicide with county-level poverty in the United States, 2007-2016. *JAMA Pediatrics*, *174*(3), 287-294. https://doi.org/10.1001/jamapediatrics.2019.5678

Jewett, P. I., Taliaferro, L. A., Borowsky, I. W., Mathiason, M. A., & Areba, E. M. (2024). Structural adverse childhood experiences associated with suicidal ideation, suicide attempts, and repetitive non-suicidal self-injury among racially and ethnically minoritized

youth. *Suicide & Life-threatening Behavior*. Advance online publication. https://doi.org/10.1111/sltb.13084

Johns Hopkins Center for Gun Violence Solutions and Johns Hopkins Bloomberg School of Public Health, Department of Mental Health. (2023). *Still ringing the alarm: an enduring call to action for Black youth suicide prevention*. https://publichealth.jhu.edu/sites/default/files/2023-08/2023-august-still-ringing-alarm.pdf

Johnson, A. (2006). Healing shame. *The Humanistic Psychologist*, *34*(3), 223–242. https://doi.org/10.1207/s15473333thp3403_2

Johnson, A. J. (2020). Examining associations between racism, internalized shame, and self-esteem among African Americans. *Cogent Psychology*, *7*(1), 1–11. https://doi.org/10.1080/23311908.2020.1757857

Jones-Eversley, S. D., Rice, J., Christson Adedoyin, A., & James-Townes, L. (2020). Premature deaths of young Black males in the United States. *Journal of Black Studies*, *51*(3), 251-272. https://doi.org/10.1177/0021934719895999

Jordan, J. T., & McNiel, D. E. (2020). Characteristics of persons who die on their first suicide attempt: Results from the National Violent Death Reporting System. *Psychological Medicine*, *50*(8), 1390–1397. https://doi.org/10.1017S0033291719001375

Joy, M. (2019). *Powerarchy: Understanding the psychology of oppression for social transformation*. Berrett-Koehler.

Kendi, I. X. (2016). *Stamped from the beginning: The definitive history of racist ideas in America*. Bold Type Books.

Kendi, I. X. (2019). *How to be an anti-racist*. One World.

Kim, J.-H. (2016). *Understanding narrative inquiry*. SAGE Publications.

Kinkel-Ram, S. S., Kunstman, J., Hunger, J. M., & Smith, A. (2023). Examining the relation between discrimination and suicide among Black Americans: The role of social pain minimization and decreased bodily trust. *Stigma and Health, 8*(4), 428–436. https://doi.org/10.1037/sah0000303

Klein, M. (1975). A contribution to the pathogenesis of manic-depressive states. In R. Money-Kyrle, B. Joseph, E. O'Shaughnessy, & H. Segal (Eds.), *Love, guilt, and reparation and other works 1921–1945* (pp. 262–305). The Free Press. (Original work published 1935)

Lewis, B. (1971). Shame and guilt in neurosis. *Psychoanalytic Review*, *58*(3), 419–438. https://psycnet.apa.org/record/1972-21079-001

Lindsey, M. A., Brown, D. R., & Cunningham, M. (2017). Boys do(n't) cry: Addressing the unmet mental health needs of African American boys. *American Journal of Orthopsychiatry*, *87*(4), 377–383. https://doi.org/10.1037/ort0000198

Longman-Mills, S., Mitchell, C., & Abel, W. (2019). The psychological trauma of slavery: The Jamaican case study. *Social and Economic Studies*, *68*(3–4), 79–101. https://www.proquest.com/docview/2471026132?pq-origsite=gscholar&fromopenview=true

Madsen, J., & Harris, K. M. (2021). Negative self-appraisal: Personal reasons for dying as indicators of suicidality. *PLoS ONE*, *16*(2), Article e0246341. https://doi.org/10.1371/journal.pone.0246341

Marsh, I. (2010). *Suicide: Foucault, history, and truth*. Cambridge University Press.

Marsh, I. (2020). Suicide and social justice: Discourse, politics, and experience. In M. E. Button & I. Marsh (Eds.), *Suicide and social justice: New perspectives on the politics of suicide and suicide prevention* (pp. 15–31). Routledge.

Millner, A. J., Lee, M. D., & Nock, M. K. (2017). Describing and measuring the pathway to suicide attempts: A preliminary study. *Suicide & Life-Threatening Behavior*, *47*(3), 353–369. https://doi.org/10.1111/sltb.12284

Moradi, B., & Grzanka, P. R. (2017). Using intersectionality responsibly: Toward critical epistemology, structural analysis, and social justice activism. *Journal of Counseling Psychology*, *64*(5), 500–513. https://doi.org/10.1037/cou0000203

Motulsky, S. L. (2021). Is member-checking the gold standard of quality in qualitative research? *Qualitative Psychology*, *8*(3), 389–406. https://doi.org/10.1037/qup0000215

Murphy, Y., Hunt, V., Zajicek, A. M., Norris, A. N., & Hamilton, L. (2009). *Incorporating intersectionality in social work practice, research, policy, and education.* NASW Press.

Prilleltensky, I. (2008). The role of power in wellness, oppression, and liberation: The promise of psychopolitical validity. *Journal of Community Psychology*, *36*(2), 116–136. https://doi.org/10.1002/jcop.20225

Quinlivan, L., Cooper, J., Davies, L., Hawton, K., Gunnell, D., & Kapur, N. (2016). Which are the most useful scales for predicting repeat self-harm? A systematic review evaluating risk scales using measures of diagnostic accuracy. *BMJ Open*, *6*(2), Article e009297. https://doi.org/10.1136/bmjopen-2015-009297

Ramdihal, A. (2023). *Racial identity within the Indo-Caribbean community: A proposed model* (Publication No. 741) [Doctoral dissertation, National Louis University]. Digital Commons Dissertation Publishing.

Reynolds, V. (2016). Hate kills: A social justice response to "suicide." In J. White, I. Marsh, M. J. Kral, & J. Morris (Eds.), *Critical suicidology: Transforming suicide research and prevention for the 21st Century* (pp. 169–187). UBC Press.

Scheff, T. J. (2000). Shame and the social bonds: A sociological theory. *Sociological Theory*, *18*(1), 84–99. https://doi.org/10.1111/0735-2751.00089

Scheff, T. J. (2003). Shame in self and society. *Symbolic Interaction*, *26*(2), 239–262. https://doi.org/10.1525/si.2003.26.2.239

Semb, O., Strömsten, L. M. J., Sundbom, E., Fransson, P., & Henningsson, M. (2011). Distress after a single violent crime: How shame-proneness and event-related shame work together as risk factors for post-victimization symptoms. *Psychological Reports*, *109*(1), 3–23. https://doi.org/10.2466/02.09.15.16.pr0.109.4.3-23

Semenza, D. C., Daruwala, S., Brooks Stephens, J. R., & Anestis, M. D. (2024). Gun violence exposure and suicide among Black adults. *JAMA Network Open*, *7*(2), Article e2354953. https://doi.org/10.1001/jamanetworkopen.2023.54953

Sheftall, A. H., Vakil, F., Ruch, D. A., Boyd, R. C., Lindsey, M. A., & Bridge, J. A. (2022). Black youth suicide: Investigation of current trends and precipitating circumstances. *Journal of the American Academy of Child and Adolescent Psychiatry*, *61*(5), 662–675. https://doi.org/10.1016/j.jaac.2021.08.021

Shi, C., Ren, Z., Zhao, C., Zhang, T., & Ho-Wan Chan, S. (2021). Shame, guilt, and posttraumatic stress symptoms: A three-level meta-analysis. *Journal of Anxiety Disorders*, *82*, 1–27. https://doi.org/10.1016/j.janxdis.2021.102443

Shneidman, E. S. (1985). *Definition of suicide*. Wiley.

Silverman, M. M. (2016). Challenges to defining and classifying suicide and suicide behaviors. In R. C. O'Connor & J. Pirkis (Eds.), *The international handbook for suicide prevention* (2nd ed., pp. 11–35). John Wiley & Sons.

Snyder, T. L. (2015). *The power to die: Slavery and suicide in British North America*. University of Chicago Press.

Sotero, M. M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, *1*(1), 93–108. https://ssrn.com/abstract=1350062

Spates, K. (2011). African-American women and suicide: A review and critique of the literature. *Sociology Compass*, *5*(5), 336–350. https://doi.org/10.1111/j.17519020.2011.00372.x

Spates, K. (2012). "The missing link": The exclusion of Black women in psychological research and the implications for Black women's mental health. *SAGE Open*, *2*(3), 1–8. https://doi.org/10.1177/2158244012455179

Spates, K. (2019). "We have closed our eyes and sealed our lips": Black women's accounts of discussing suicide within the Black community. *Sociological Focus*, *52*(1), 34–49. https://doi.org/10.1080/00380237.2018.1484229

Spates, K., Evans, N., James, T. A., & Martinez, K. (2020). Gendered racism in the lives of Black women: A qualitative study. *Journal of Black Psychology*, *46*(8), 583–606. https://doi.org/10.1177/0095798420962257

Standley C. J. (2022). Expanding our paradigms: Intersectional and socioecological approachesto suicide prevention. *Death Studies*, *46*(1), 224–232. https://doi.org/10.1080/07481187.2020.1725934

Stone, D. M., Mack, K. A., & Qualters, J. (2023). Notes from the field: Recent changes in suicide rates, by race and ethnicity and age group─United States, 2021. *MMWR. Morbidity and Mortality Weekly Report*, *72*(6), 160–162. https://doi.org/10.15585/mmwr.mm7206a4

Tanne J. H. (2024). Deaths of despair are higher among Black and Native Americans, study finds. *BMJ (Clinical Research Dd.)*, *385*, Article q863. https://doi.org/10.1136/bmj.q863

Taylor, T. F. (2015). The influence of shame on posttrauma disorders: Have we failed to see the obvious? *European Journal of Psychotraumatology*, *6*(1), Article 28847. https://doi.org/10.3402/ejpt.v6.28847

Teo, T. (2010). What is epistemic violence in the empirical social sciences? *Social and Personality Psychology Compass*, *4*(5), 295-303. https://doi.org/10.1111/j.1751-9004.2010.00265.x

U.S. Department of Health and Human Services (2024). *National strategy for suicide prevention*. https://www.hhs.gov/sites/default/files/national-strategy-suicide-prevention.pdf

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Watts-Jones, D. (2002). Healing internalized racism: The role of a within-group sanctuary among people of African descent. *Family Process*, *41*(4), 591–601. https://doi.org/10.1111/j.1545-5300.2002.00591.x

Wetterlöv, J., Andersson, G., Proczkowska, M., Cederquist, E., Rahimi, M., & Nilsson, D. (2021). Shame and guilt in its relation to direct and indirect experience of trauma in adolescence, a brief report. *Journal of Family Violence*, *36*, 865–870. https://doi.org/10.1007/s10896-020-00224-7

White, J. (2017). What can critical suicidology do? *Death Studies*, *41*(8), 472–480. https://doi.org/10.1080/07481187.2017.1332901

White, J. (2020). Hello cruel world! Embracing a collective ethics for suicide prevention. In M. E. Button & I. Marsh (Eds.), *Suicide and social justice: New perspectives on the politics of suicide and suicide prevention* (pp. 197–210). Routledge.

Williams-Washington, K. N., & Mills, C. P. (2018). African American historical trauma: Creating an inclusive measure. *Journal of Multicultural Counseling and Development*, *46*(4), 246–263. https://doi.org/10.1002/jmcd.12113

Zhao, P., Ross, K., Li, P., & Dennis, B. (2021). *Making sense of social research methodology: A student- and practitioner-centered approach*. SAGE Publications.

Zimmerman, G. M., Fridel, E. E., & Trovato, D. (2024). Disproportionate burden of violence: Explaining racial and ethnic disparities in potential years of life lost among homicide victims, suicide decedents, and homicide-suicide perpetrators. *PloS One*, *19*(2), Article e0297346. https://doi.org/10.1371/journal.pone.0297346

Notes on Contributor

Heath H. Hightower is an assistant professor in social work and equitable community practice and a clinician of twenty-six years whose research and clinical work focus on the intersections of identity, harmful systemic forces, suicidality, and mental health experiences. University of Saint Joseph, Department of Social Work and Equitable Community Practice.

ORCID

Heath H. Hightower, http://orcid.org/0000-0002-3268-2718