An Empirical Investigation of Acculturative Stress and Ethnic Identity as Moderators for Depression and Suicidal Ideation in College Students

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The purpose of this study was to explore the relationships of acculturative stress and ethnic identity to depressive symptomatology and suicidal ideation in college students. The SAFE Acculturative Stress Scale, Multi-Group Ethnic Identity Measure, Beck Depression Inventory, and Beck Suicide Inventory were administered to 452 college students. The authors found that acculturative stress and ethnic identity moderated the depression-suicidal ideation relationship for African American but not European American college students. Given that vulnerability toward suicidal thoughts is increased for African American college students who report symptoms of depression accompanied by either high-acculturative stress or poor group identity, these culturally relevant factors should be included in protocol for suicide risk assessment.

Keywords: acculturative stress, ethnic identity, depression, suicidal ideation

Though experts agree that suicide is characterized by a strong cultural element (Institute of Medicine of the National Academies, 2002; Maris, Berman, & Silverman, 2000), few studies have examined culturally relevant phenomena in delineating suicide risk for diverse ethnic groups in the United States. Some studies have found evidence for increased suicide risk and depression in acculturated Central American and Mexican adult immigrants (Hovey, 2000a, 2000b) and youth (Hovey, 1998). Other studies have examined religiosity as a culturally relevant factor in buffering suicide vulnerability in African Americans (Stack, 1998; Walker & Bishop, 2005). However, only one study to our knowledge (see Kaslow et al., 2004) has examined African American ethnic identity in predicting suicidal behavior. One other study (Joiner & Walker, 2002) considered acculturative stress as a factor in suicidal ideation in African Americans. Neither study examined the moderating capacities of either acculturative stress or ethnic identity in understanding the relation of depression to suicidal thoughts in African Americans. Though there has been an increase in the African American suicide literature (e.g., Castle, Duberstein, Meldrum, Conner, & Convell, 2004; Harris & Molock, 2000; Ialongo, Kaslow McCrea, & Pearson, 2002; Marion & Range, 2003; Palmer, 2001; Roy, 2003; Willis, Coombs, & Dreventa, 2003) much more definitive work in this area is needed.

African American suicide remains poorly understood. Risk factors that have been identified for suicide deaths in European American youth and adults do not hold up for African Americans (as an example, see Garlow, Purselle, & Heninger, 2007). Abe, Mertz, Powell, and Hanzlick (2004) compared medical examiner reports for 784 White and 348 Black suicide deaths and found that Blacks were younger, less likely to have a history of depression, and less likely to have financial problems, suicide gestures, chronic disease, and substance abuse relative to Whites who died by suicide. Given a narrow understanding (i.e., exclusion of culturally relevant variables) of causal factors in suicide risk assessment, fatal suicide attempts for African Americans are inherently less predictable than those of European Americans. As an example, alcohol or cocaine use, highly cited factors in suicide attempts (in primarily European American populations) were detected for less than 18% of African American youth suicide deaths compared with more than 40% of European American youth suicide deaths (see Garlow, et al., 2007). Though studies cite protective features of African American culture that mitigate suicide risk (see Early & Akers, 1993; Gibbs, 1997), investigations of culturally relevant phenomena have been limited primarily to studies of religiosity, spirituality, or social factors (see Compton, Thompson, & Kaslow, 2005; Kaslow et al., 2004; Marion & Range, 2003). Broader investigations to contextual factors such as acculturation and acculturation stress, which have been identified for some underrepresented groups in the U.S., may provide a better understanding of African American suicide risk. We will explore the cross-cultural relationships of acculturative stress and ethnic identity to suicide ideation in a sample of African Americans and European American college students.

Among college students, suicide is a leading cause of death (Center for Disease Control and Prevention [CDC], 1997). Risk factors are said to include depression (Lester, 1999) and also hopelessness (Heisel, Flett, & Hewett, 2003). However, studies
very rarely explore suicidality and cultural milieu beyond those of American Indian (Middlebrook, LeMaster, Beals, Novins, & Manson, 2001), Asian American (Range et al., 1999), Latino (Hovey & King, 1997), and African American (Walker & Bishop, 2005) youth and young adults in the U.S. Interestingly, European American, and African American college students did not differ significantly on religiosity associated with suicidal ideation (Walker & Bishop, 2005). To our knowledge, broad cultural studies of belief systems, behavioral acceptability, and sociocultural experiences have not been widely explored for European American college students. Nevertheless, such investigations contribute to a more comprehensive understanding of suicide risk.

Suicide risk assessment for African Americans remains a complex task as emerging data reveals that African Americans’ pattern of suicide risk diverges significantly from previously identified patterns for delineating risk. Garlow, Purselle, and Henninger (2005) reported marked ethnic group differences in suicide mortality such that the mean age for Black suicide death in Fulton County, Georgia was 32 years compared with 44 years for White suicide deaths. This shift in age-risk may have implications for distinctive risk factors. Other studies suggest geographical (Willis et al., 2003) and familial differences (Roy, 2003) in suicide death among African Americans such that African Americans are more likely than Whites to have died in urban areas and less likely to have a family history of suicide death. Unexplained ethnic group differences in suicide behavior and mortality merit broader, cultural, and ethnic levels of analyses.

African American college students are said to disclose suicidality less readily than their White counterparts (Morrison & Downey, 2000) even when suicide acts are imminent (Molock, Kimbrough, & Lacy, 1994). African American youth in transition to university settings may be faced with unique contextual experiences (e.g., increased perceived discrimination) that are predictive of suicide risk levels. Though suicidality was not explored in available studies of discrimination experiences, discrimination was implicated in 35% of stressful life experiences for Black college students. Swim (2003) found that students reported weekly experiences of racism on average. These environmental antagonists and other contextual experiences are rarely explored in suicide research.

Acculturation

Acculturation is a complex, psychosocial phenomenon that involves individual and group-level changes in cultural patterns for ethnic minorities as a consequence of contact with the ethnic majority (see Chun, Organista, & Marin, 2003). Acculturative stress is the stress that is associated with cultural adaptation, which may occur at the risk of certain psychological consequences. Acculturative stress has been linked to symptoms of suicide and depression in Latino populations (Hovey, 1998, 2000a, 2000b), depression in African, Asian, and Latin American international college students (Constantine, Okazaki, & Utsey, 2004) and bicultural symptoms in African American and Hispanic college students (Perez, Voelz, Pettit, & Joiner, 2002).

Though studies have explored the significance of acculturative stress for African Americans both conceptually (Anderson, 1991) and empirically (Joiner & Walker, 2002), exploratory investigations of the psychological and emotional impact of acculturation and acculturative stress rarely include African Americans. Pope-Davis, Liu, Ledesma-Jones, and Nevitt (2000) linked acculturative stress to racial identity defined as “a measure of the importance that members of an ethnic group place on their cultural heritage” (p. 197). They remarked that conceptual ambiguities have hindered the development of studies that investigate racial and ethnic identity because theories typically fail to explain the process by which identification (with one’s cultural group) occurs. Nevertheless, Pope-Davis and colleagues asserted that, when studied together, acculturative stress and ethnic identity may create a more complete picture of African American psychosocial development.

The Group for the Advancement of Psychiatry (GAP, 1989) and others (Davis, 1980; Gibbs, 1984, 1997; Gibbs & Hines, 1989; Walker, Utsey, Bolden, & Williams, 2005) posited that cultural changes may be related to African American suicide deaths. These changes have potentially occurred via acculturation that likely brings about an erosion of religious, spiritual, and social protective factors as well as cultural beliefs (e.g., suicide as unacceptable). Many studies in African American suicide have focused on the religiosity-spirituality spectrum as a protective factor in African American suicide deaths, citing religious well-being and spirituality as cultural buffers (Marion & Range, 2003), coping resources (Kaslow et al., 2002), or deterrents (Early & Akers, 1993). Other studies have emphasized the importance of social support as a protective factor in suicidal ideation (Compton, Thompson, & Kaslow, 2005; Nisbet, 1996). Though religiosity, spirituality, and social support have revealed important buffering conditions, the effects of other sociocultural variables have remained gravely understudied.

Ethnic Identity

The U.S. Public Health Service (2001) report cited ethnic identity and acculturation along with other factors in understanding the severity of mental health challenges for ethnically diverse groups. According to Phinney (1992), ethnic identity is a reliable construct for understanding adherence to values and beliefs that are reflected by a cultural group. In college student populations, identity resolution may be particularly salient as students separate from families of origin and venture independently into a new stage of life. Though both European American and African American youth experience group esteem, ethnic identity has been observed more saliently for African American adolescents (French, Seidman, Allen, & Aber, 2006).

Studies have found that ethnic identity buffers potentially negative mental health outcomes. Ethnic identification has been linked to positive self-esteem in Black college students (Phelps, Taylor, & Gerard, 2001) and is suggested for incorporation in drug prevention programs for young African American adults (Brook, Balka, Brook, Win, & Gursen, 1998). Ethnic identity or other sociocultural factors may, at least in part, account for differences in depressed students who may or may not be suicidal.

To our knowledge, cross-cultural investigations in suicide and identity are nonexistent though challenges with identity resolution are potentially suicidogenic across cultural groups. With one exception, investigations of African American adult suicide have largely ignored the potential relationship of identity and suicide risk. Kaslow et al. (2004) found that African American suicide attempters scored lower on the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) than nonattempters. Thus, adult
suicide attempters reported lower rates of belongingness and group orientation. Studies that include predominantly European American samples frequently cite sexual identity crises as precipitants to suicidal behavior (see Kulkkin, Chauvin, & Percle, 2000, for review).

Current Study

The purpose of the present paper was to explore ethnic group differences in the relationship between suicide and depression, one of the most common risk factors for suicide ideation and attempts (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). Importantly, we evaluated the depression-suicide relationship in the context of third variables, ethnic identity, and acculturative stress. Given that factors in African American suicide have differed unexpectedly from those of European Americans, we speculated that acculturative stress and ethnic identity, important sociocultural variables might distinguish certain subgroups of individuals who are at risk. Though Perez et al. reported evidence of acculturative stress in a sample of European American college students, we posited that acculturative stress might affect African American and European American depression and suicide differently. Additionally, ethnic identity is a cross-cultural construct in which a comparative study is advantageous in parceling out potentially unique factors across ethnic groups. The cross-cultural emphasis proposes a precise, model of the depression-suicide relationship that is expected to better predict suicide ideation for African Americans than European Americans and expand existing models of suicide, a complex phenomenon. Such precision broadens the spectrum of variables that are considered in suicide assessment and scientific inquiry (see Triandis & Brislin, 1984).

The explicit hypotheses for the current study were: (a) depressive symptomatology is positively correlated with suicidal ideation for both African Americans and European Americans; (b) acculturative stress moderates the relationship between depressive symptomatology and suicidal ideation for African Americans but not European Americans such that the relationship between self-reported depressive symptomatology on suicide ideation is increased for acculturately stressed individuals and; (c) ethnic identity moderates the relationship between depression and suicidal ideation for African Americans but not European Americans such that the relation for suicide and depression is strengthened in the absence of a strong ethnic identity.

Method

Participants

The participants were 459 university students who participated in this study to partially fulfill a requirement for an introductory psychology class or to gain some other academic credit. Mean age for the total sample was 20.88 years (SD = 3.08 years). The ethnic composition of the sample was 64.5% African American (n = 296) and 35.5% European American (n = 163). Female participants represented the majority of European American (60%; n = 168) and African American (70%; n = 114) participants. There were 248 (248; n = 54%) students enrolled in a predominantly White public university in the southeastern U.S. There were 163 (163; n = 36%) students were enrolled in a historically Black public university in the southeastern U.S. The institution-type was not reported for 10% (n = 48) of students.

Measures

Societal, Attitudinal, Familial, and Environmental (SAFE) Acculturative Stress Scale. Levels of acculturative stress were measured by a modified, short version of the original 60-item SAFE scale used in previous studies (Fuertes & Westbrook, 1996; Mena, Padilla, & Maldonado, 1987). The short version of the SAFE scale measured acculturative stress in social, attitudinal, familial, and environmental contexts, along with perceived discrimination toward immigrant populations (Mena, Padilla, & Maldonado, 1987). Example items include, “In looking for a job, I sometimes feel my ethnicity is a limitation,” and “It is hard to express to my friends how I really feel.” According to Mena and colleagues, scores on the SAFE scale correlated negatively with both “ethnic loyalty” (r = −.35, p < .001) and “loyalty to parents” (r = −.25, p < .001). Participants were required to rate each SAFE item that applied to them on a Likert Scale, ranging from 1-not stressful to 5-extremely stressful. In this study, items that were “not applicable” were skipped and scored “0.” Consequently, the individual total scores were prorated to reflect possible skipped items. The possible scores for the SAFE ranged from 0 to 120. Joiner and Walker (2002) previously detailed evidence for convergent and discriminant validity for African Americans. The SAFE has also been shown to be reliable for Asian Americans and international students (α = .89; Mena et al., 1987), a heterogeneous group of Hispanic Americans (α = .89; Fuertes & Westbrook, 1996), and Black college students (α = .87, Joiner & Walker, 2002; α = .87 (Perez, Voelz, Pettit & Joiner, 2002). Similar alpha was obtained in this sample (α = .89; n = 459).

Multigroup Ethnic Identity Measure (MEIM). The MEIM (Phinney, 1992) is a measure of ethnic identification based on the elements of ethnic identity that are said to be common across ethnic groups (Phinney, 1992). Some evidence indicates that the MEIM is a useful global measure of ethnic identity (see Roberts et al., 1999). Phinney (1998) asserted that ethnic identity can be considered a component of acculturation that focuses on the individual’s attachment and relation to his or her own (sub)group of the larger society. Anderson (1991) further explained that racial pride equips Black people to cope with acculturative “threats.” The MEIM consists of 14 items that assess three aspects of ethnic identification (i.e., positive ethnic attitudes and sense of belonging; ethnic identity achievement; and ethnic behaviors/practices). In this study, participants were required to rate each item on a Likert Scale, ranging from 1-strongly disagree to 4-strongly agree. The items were summed for a total score; higher scores represented more positive ethnic group identity. The MEIM has been shown to be valid and reliable for Asian American, Black, Mexican American, and White students (see Phinney, 1992 for a review; see also Sellers et al., 1998). The MEIM was also found to be reliable in the current sample (α = .87; n = 449).

Beck Suicide Scale (BSS). Suicidal ideation was measured by the BSS (Beck & Steer, 1993), a 21-item self-report inventory. Each item consists of groups of statements that represent increasing levels of severity on a scale ranging from 0 to 2. As an example, one “0” statement is “I have no wish to die.” The “2” statement in that group is “I have a moderate to strong wish to die.”
Items 1 through 19 contributed to a possible total score that ranged from 0 to 38. Items 20 and 21 referred to past suicide attempts and were optional. The BSSs reliability and validity have been well supported (see Beck & Steer, 1993; see also Beck, Steer, & Ranieri, 1988). In the current study, $\alpha = .91; n = 431$.

Beck Depression Inventory (BDI). Levels of depressive symptoms were assessed by the BDI, a 21-item self-report inventory. Each item was rated on a scale ranging from 0 to 3. Thus, possible inventory scores ranged from 0 to 63 in which higher scores represented increased severity. Although the BDI is not indicative of the full clinical syndrome of depression, it is a reliable and well-validated measure of depressive symptomatology (see Beck, Steer, & Garbin, 1988 for a review; see also Kendall, Hollon, Beck, Hammen, & Ingram, 1987). In the current study, $\alpha = .84; n = 432$.

Procedure

The present study was granted full institutional review board approval. Participants were solicited from undergraduate and graduate courses in two southeastern university psychology departments. Each participant was informed that she or he would be administered a questionnaire packet that included questions about their behavior, views, and feelings with regard to depression, cultural identity, and suicidal thoughts. Each participant was also given a consent form that stated that consent for participation in the study was assumed upon completion of the anonymous questionnaire packet. The primary investigator, a licensed clinical psychologist and suicidologist, was immediately available in the event that any study participant was at risk for imminent danger. Students were informed that participation in the study could cease at any time and referral to the university counseling center or psychology clinic for free services would be available if needed. None of the participants discontinued participation, requested a referral for psychological services, or demonstrated imminent risk for danger. Approximately 25 minutes were required to complete the questionnaires.

Results

Means, standard deviations, and intercorrelations for all measures are presented for African American and European American college students in Table 1. All values were within expected limits. As Table 1 shows, self-reported depressive symptoms were similarly correlated with suicidal ideation for both African American ($r = .54, p < .01$) and European American ($r = .54, p < .01$) college students such that the more depressive symptomatology that was reported, the more suicidal thoughts reported. As expected, both acculturative stress and ethnic identity were associated with suicidal thoughts for African American college students such that higher acculturative stress ($r = .29, p < .01$) and lower ethnic identity ($r = -.23, p < .01$) correlated with increased suicidal thoughts. Acculturative stress was also associated with suicidal thoughts in European American college students ($r = .19, p < .05$). This is consistent with Perez, Voelz, Pettit, and Joiner’s (2002) findings and may reflect culture-related stress as a function of being immersed in a novel setting (i.e., college setting).

Table 1
Summary of Intercorrelations, Means and Standard Deviations
for Scores on the BSS, BDI, MEIM, and SAFE as a Function of Race

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BSS</td>
<td>—</td>
<td>.54*</td>
<td>—</td>
<td>—</td>
<td>1.31</td>
<td>4.32</td>
</tr>
<tr>
<td>2. BDI</td>
<td>.54*</td>
<td>—</td>
<td>.34*</td>
<td>—</td>
<td>8.33</td>
<td>7.76</td>
</tr>
<tr>
<td>3. SAFE</td>
<td>.19*</td>
<td>.30*</td>
<td>—</td>
<td>—</td>
<td>47.18</td>
<td>13.24</td>
</tr>
<tr>
<td>4. MEIM</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>47.19</td>
<td>6.26</td>
</tr>
</tbody>
</table>

Note. Intercorrelations for African American participants ($n = 296$) are presented above the diagonal, and intercorrelations for European American participants ($n = 163$) are presented below the diagonal. Means and standard deviations for African American students are in the vertical columns, and means and standard deviations for European Americans are in the horizontal rows. For all scales, higher scores are indicative of more-extreme responding in the direction of the construct assessed. BSS = Beck Suicide Scale; BDI = Beck Depression Inventory; SAFE = Societal Attitudinal Familial Environmental Acculturative Stress; MEIM = Multi-group Ethnic Identity Measure.

Hierarchical Multiple Regression

Hierarchical multiple regression was used to identify the presence and nature of moderating effects (Aiken & West, 1991; Cohen & Cohen, 1983). As recommended, scale scores were centered to reduce multicollinearity between the main effect and interaction terms (Cohen & Cohen, 1983). Further, West, Aiken, and Krull (1996) noted that centering continuous variables ensures the interpretation of effects would occur at a meaningful value (i.e., the mean, which has a value of 0 with centered variables).

Acculturative Stress as a Moderator for Depressive Symptoms and Suicide Ideation in African Americans

To test a main hypothesis that acculturative stress moderates the relationship between depressive symptoms and suicide ideation for African Americans, a hierarchical regression equation was constructed with BSS scores as the dependent variable and BDI scores as the predictor variable. SAFE scores were added in the second step. In the third step, the interaction of BDI and SAFE scores was entered into the regression equation as a predictor. A significant overall effect was found for the regression equation ($r = .61; F(3, 295) = 57.50, p < .001$). Thus, together, depressive symptoms, acculturative stress, and the depressive symptoms x acculturative stress interaction accounted for 37.2% of the variance in predicting suicide ideation. The main effects for depressive symptoms and acculturative stress were significant in predicting BSS scores (see Table 2). The depressive symptoms x acculturative stress interaction was also significant ($partial correlation = .30, t(294) = 5.45, p < .001$).

Holmbeck (1997) suggested evaluating high and low scores of the moderator variable to interpret the interaction. Accordingly, we examined the relation between BDI scores and BSS scores among two subgroups of participants: those who reported low and those who reported high levels of acculturative stress (i.e., those who scored one standard deviation above the SAFE mean, and those...
who scored one standard deviation below the SAFE mean). The regression equation predicted BSS scores for those high in acculturative stress and those who reported lower levels of acculturative stress. This pattern of results indicates that the nature of the relationship between depression and suicide differed for individuals who reported high levels of acculturative stress and those who reported lower levels of acculturative stress.

Ethnic Identification as a Moderator for Depressive Symptoms and Suicide Ideation in African Americans

To test a main hypothesis that ethnic identity moderates the relationship between depressive symptoms and suicide for African Americans, a hierarchical regression equation was constructed with BSS scores as the dependent variable and BDI and SAFE scores entered as the predictor in Step 1 of the regression equation. In Step 2, SAFE scores were entered in the equation. In the third step, the interaction of BDI and SAFE scores was entered into the regression equation as a predictor. A significant overall effect was found for the regression equation ($r = .55; F(3, 162) = 22.78, p < .001$). Thus, together, depressive symptoms, acculturative stress, and the depressive symptoms x acculturative stress interaction accounted for 30.3% of the variance in predicting suicide ideation in European Americans. The main effect for depressive symptoms but not acculturative stress was significant in predicting BSS scores (see Table 2). The depressive symptoms x acculturative stress interaction was also not significant ($partial correlation = .10, t(161) = 1.23, p = .221$).

Acculturative Stress as a Moderator for Depressive Symptoms and Suicide Ideation in European Americans

To test a main hypothesis that acculturative stress moderates the relationship between depressive symptoms and suicide for European Americans, a hierarchical regression equation was constructed with BSS scores as the dependent variable and BDI scores entered as the predictor in the regression equation. MEIM scores were entered in Step 2. In Step 3, the interaction of MEIM and BDI scores was entered into the regression equation as a predictor. A significant overall effect was found for the regression equation ($r = .55; F(3, 162) = 23.21, p < .001$). Thus, together, depressive symptoms, ethnic identity, and the depressive symptoms x ethnic identity interaction accounted for 30.3% of the variance in predicting suicide ideation. The main effect for depressive symptoms but not ethnic identity was significant in predicting BSS scores (see Table 2). The depressive symptoms x acculturative stress interaction was also not significant ($partial correlation = -.12, t(161) = -1.49, p = .138$).

Discussion

The overall aim of the current paper was to investigate the relationship of acculturative stress and ethnic identity to self-reported depressive symptoms and suicidal ideation in a cross-cultural sample. As expected, we found that depressive symptomatology was correlated with suicidal ideation in both African American and European American college students. Our finding that the strength of the depression-suicide ideation correlation was similar for European American and African American college students is noteworthy as some studies have indicated that African American college students are noteworthy as some studies have indicated that African American college students
Americans who die by suicide are less likely than European Americans to demonstrate symptoms of depression. It may be that African American college students are as likely to consider suicide when depressed, but this does not confer increased risk for a fatal suicide attempt. Because studies report high rates of suicide attempts for both African American males (Centers for Disease Control, 2004) and females (Nisbet, 1996) that mimic and/or exceed those of European Americans, additional studies of moderating and mediating effects of cultural phenomena in suicide fatalities are warranted.

We found that acculturative stress was related to suicidal ideation in both African American and European American students. However, ethnic identity was only associated with suicide ideation in African Americans. Further, the depression-suicide relationship strengthened for a subgroup of African Americans. That is, we found that acculturative stress moderated the effect of depression on suicidal ideation for African Americans such that suicidal ideation was increased for African American college students who were depressed and also acculturatively stressed. Depression was not moderated for European American college students or for African American students who were not acculturatively stressed. This finding sheds light on subgroups of depressed African Americans who may consider suicide. That is, the experience of acculturative stress, not low or high levels of acculturation per se, kindles suicide ideation. Though acculturation level was not included as a variable in this study, other studies have measured psychological effects of acculturation level with mixed results (see Neff & Hoppe, 1993; Rogler, Cortes, & Malgady, 1991, for review). Contradictory conclusions have emerged such that acculturation is said to be positively adaptive for some while others argue that adopting the mainstream culture is psychologically toxic. In a study of acculturation level and suicide attempts and ideation, Walker, Utsey, Bolden, and Williams (2005) found that self-reported suicidal thoughts and attempts decreased as a function of a higher acculturative status. Since this finding was contrary to prediction, Walker and colleagues speculated that “unacculturated persons [may] specifically experience more acculturative stress as a pressure to assimilate to mainstream society” (p. 213). Future studies should likely explore the relationships of both acculturation level and acculturative stress along with ethnic identity in predicting suicidal ideation.

We hypothesized that ethnic identity would moderate the relationship between depression and suicide ideation such that the relation for suicide ideation and depression is strengthened in the absence of positive ethnic identity. Similar to the pattern of findings for acculturative stress, African American (but not European American) college students who were less attached to their ethnic group reported a stronger relationship of depression to suicidal ideation than those who endorsed a stronger attachment to their group. This is consistent with Kaslow et al.’s finding that African Americans who reported lower ethnic group identification were more likely to have attempted suicide than other African Americans who were seeking medical care (i.e., not in psychiatric crisis).

To our knowledge, this is the first study to investigate the moderating effects of acculturative stress and ethnic identification in relation to depression and suicide ideation. We found convincing evidence that certain subgroups of African American college students who report symptoms of depression are more likely to consider suicide given poor group identity or high levels of acculturative stress. European American college students, while stressed by the process of adjusting to a new environment, were not similarly at risk. Though the proposed model is not exhaustive toward discriminating cross-cultural determinants of suicide ideation, the findings offer important insight to how third variables might be informative in minimizing assessment errors (e.g., false positives).

Overall, the current study highlights the relevance of cultural factors in the provision of mental health services, and therefore has implications for the evaluation, intervention, and treatment of African American college students in particular. As an example, the interactive risk of depressive symptomatology and acculturative stress (or ethnic identification) should be included in suicide risk assessment protocol. Though negative life events and stressful circumstances are known to trigger suicidal ideation and crises, stressors associated with the acculturative process amplify risk for African American college students. Future studies may also consider the compound effects of discrimination, perceived racism and other race-related stressors in addition to culturally relevant factors.

Theoretical advances that embrace complex psychological, sociocultural, and biological models of suicide risk generate meaningful approaches to understanding and preventing suicide. In the current study, suicidal ideation increased in the presence of poor group identity and acculturative stress for African Americans. This conclusion factors into the multidimensional nature of suicide risk and the need for research that is more comprehensive, evaluation, and treatment.

Some cautions and limitations should be noted. The first limitation of the current study is related to the selection of participants. The students’ suicide history was not known, and the overall variability in BSS scores was low. Though significant effects were observed despite the low variability in suicidal ideation, future studies may focus on clinical samples where suicide history is established. These studies might also represent more diverse age groups and levels of education. Given different rates of suicide across age groups (Garlow, Purselle, & Heninger, 2005), data that demonstrate suicide risk should be disaggregated such that risks for college age African Americans are not compared with those of older African Americans. Older African Americans may respond differently to acculturative stress. Group identity may be even more resolved, given time and enduring effects of segregation. The range of education and perhaps, the range of socioeconomic status (SES) in the current study were restricted. Though the college sample used in the present study was consistent with those used in past suicide research (which presupposed that “advantaged” individuals, higher in SES and education, demonstrate higher levels of suicidality; see Selkin, 1983), the study’s generalizability beyond college samples is limited.

The use of the single-informant, self-report, cross-sectional methodology added to the study’s limitations. Questionnaire items may have elicited minimization or exaggeration of psychological symptoms and cultural variables. Future studies would benefit from an outside, independent observation of the participants’ emotional and psychological status. In addition, the cross-sectional nature of the study only provided a snap-shot in time, and therefore, the data were not sufficient for causal assumptions. Future studies incorporating longitudinal analyses could potentially provide evidence that increases or decreases in acculturative stress,
ethnic identification, and depressive symptomatology affect changes in level of suicidal ideation.

Overall, this study makes a timely contribution to the suicide literature. As the U.S. population continues to increase in cultural diversity, a more “inclusive” understanding of suicide risk is needed. The outcome of this study provided empirical evidence for the negative impact of acculturative phenomena and low ethnic identification differentially for African American and European American college students. Moreover, the data indicated that vulnerability toward suicidal ideation was associated with acculturation-related distress and insufficient group identity. Both quantitative and qualitative investigations should fully explore culturally relevant phenomena in suicide risk. Because African Americans’ patterns of suicide defy conventional models of suicide risk, investigations of culturally relevant factors are fundamental to studies of African American suicidal behavior.

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