



# Masculinity and Afrocentric Worldview: Assessing Risk and Protective Factors of Self-Reliance and Ubuntu on Young Black Men's Suicide Ideation

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## Abstract

**Objective** Over the past three decades, there has been a disproportionate increase in premature deaths among young Black Males (YMBs) in the US. This devastating trend has been largely driven by suicide in YBMs. Ecological and interpersonal psychological theories can be leveraged to understand the etiology of premature death in YBMs through both risk and protective factors. This cross-sectional study assessed the influence of depression, self-reliance, Ubuntu (a commonly noted feature of the Afrocentric worldview), and attitudes toward mental health help-seeking behaviors on suicidal ideation among YBMs.

**Method** Participants (n = 422) who were identified as male, Black American, or African American and aged 18–29 years old completed an online survey between June and July 2022. Ordinal logistic regression correctly classified 76.5% of cases and found a statistically significant difference between observed and expected values.

**Results** The odds of reporting suicidal ideation were higher among those with more symptoms of depression and self-reliance and lower among participants who reported more compassion compared to the reference group.

**Conclusion** These findings suggest that compassion, an important aspect of Ubuntu, may have a protective effect against suicidal ideation, whereas high levels of depression and self-reliance may be linked to a greater vulnerability to suicidal ideation. As such, the current study recommends that interventions should reduce suicidal ideation and increase mental well-being among YBMs.

**Keywords** Masculinity · Afrocentric worldview · Ubuntu · Depression · Suicide ideation

## Introduction

Over the past three decades, there has been growing concern about the disproportionately high mortality rates among young Black males (YBMs) in the US (higher than any other race/ethnicity or sex), which have been largely attributable to disparate suicides [1–7]. While this public health crisis has

been gaining attention since the Surgeon General flagged it as an imminent health threat in 1999, analyses have revealed that this suicide trend was well underway before the turn of the century [3, 8–11]. The years between 1970 and 2000 were characterized by rapid and disproportionate increases in suicide among YBMs (15–24 years old) [8, 9]. During this period, the suicide rate of YBMs increased by 14%, while that of young white males (YWMs) decreased by 4.9% [3]. Similarly, from 1991 to 2017, black high school-aged boys experienced increases in both suicide attempts and injuries by attempt [4] and from 2013 to 2019, there was a 47% increase in the suicide rate among Black youth (15–24 years old) [5]. More specifically, from 2003 to 2017, Black youth aged 15–17 years experienced the greatest annual per cent increase [6]. Although Black youth suicide rates have dropped below the national average, there is an alarming peak in suicide-related deaths among Black youth compared to the general population [12]. These trends persist

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in Black college-aged students as they have greater odds of attempting suicide [12] and most recently, the CDC reported a 36.6% increase in suicide rates among non-Hispanic Black individuals aged 10–24 years from 2018 to 2021 [7].

Although the YBM sub-population has typically been defined as males between 15–24 years [13], the minimum age of suicide-related deaths has been consistently decreasing in the pre-teen years, with notable increases in children as young as five years of age [1, 2, 14]. These nuanced differences in suicide rates may be easily overlooked, yet it is important to understand that these disparities persist. Today, the second and third leading cause of death among Black children aged 10–14 and 15–19 years, respectively, is suicide [1], a trend that has been largely mediated by the use of firearms [15, 16]. The present study focused on gaining further insight into the risks of and potential protective factors against suicide among YBMs.

## Afrocentric Worldview and Black Suicidal Behavior

Multiple theories can be used to better describe and understand the mechanisms contributing to premature death in YBMs. The ecological theory enables a holistic approach, gathering cultural and historical factors related to the individual, family, and culture/society to describe the pathological processes underlying premature death [17]. Similarly, the interpersonal-psychological theory of suicide examines low belongingness and high perceived burdensomeness as contributing factors to the acquired capability for suicide [12, 18]. Finally, the Western Individualistic theory, which tends to be overutilized in suicide research, may pose competing values in the context of Black communities, given that Black Americans place appreciable emphasis on family, community, and faith components [17].

From an ecological standpoint, the etiology of premature death in YBMs can be understood in terms of risk and protective factors. There is copious literature describing risk factors (e.g., depression, hopelessness, and lack of social support), but the protective factors are not thoroughly understood. Of the limited findings, the Afrocentric worldview, defined often through collectivism, spirituality, sensitivity to affect, and positive self-evaluations [17], represents one specific cultural factor that may protect against suicidogenic behaviors and depression [17, 19, 20] among African descent populations. Related to this notion is the role of Ubuntu, a centuries-old worldview, ethical outlook, and way of knowing that originates from the Bantu-linguistic family of languages spoken throughout multiple regions in sub-Saharan Africa, which is the focus of the present investigation [21].

Ubuntu is embodied in the classic expression *Umuntu ngumuntu ngabantu*, which translates to “A person is a person through other persons,” or “I am because we are,” and posits that personhood is derived from inter-relations with others as well as individual lived experiences [22]. Nobles argues that Ubuntu is in fact the root of Afrocentric or African philosophical and therefore central to Black psychology [23]. While there have been extensive debates over the true meaning of Ubuntu, the core of this philosophy resides in a collectivist cultural disposition (a worldview that starkly contrasts the individualist ethos that has a dominating presence in Western cultures), which has been associated with positive mental health [24, 25]. Indeed, Mutsonziwa [26] posits that Ubuntu may be operationalized into three nascent components: humanness, which is the innate characteristic of being human and being aware of oneself and others; interconnectedness, the belief that all people are bound together by shared humanity; and compassion, which involves treating others with concern due to common humanity. However, how these domains may provide protective benefits against suicide-related risk is not known.

Contrary to Ubuntu as a potential cultural protective factor, one particularly significant risk factor for YBMs is how socialized gendered roles and norms inform masculinity, self-reliance, and low help-seeking behaviors among individuals who align themselves with a masculine identity [27]. Typically, higher adherence to masculine norms or culturally situated expectations of men’s roles is directly related to traits of self-reliance and inversely related to help-seeking behaviors, as these activities are often interpreted as activities of frailty and inadequacy [27, 28]. Men are much less likely to seek mental health services than women [29–33]. In addition to the potentially deleterious effects of masculine norms on help-seeking behaviors among YBMs, cultural attitudes toward mental healthcare (such as concerns about trust, confidentiality, helplessness, institutionalization, and cost) and stigma may serve as significant barriers [34].

The propensity of YBMs to not seek help during periods of suicidal ideation can be traced to the under/misdiagnosis of depression by mental health professionals as a result of evaluation methods that are insensitive to diverse genders and cultural experiences [31, 35]. The limited yet important findings on unique expressions of depression in Black men have revealed that mental health challenges related to social pressures (e.g., peer-to-peer competition, gender norms of success, and power) are not evaluated in any common depression scales [36]. Similarly, a recent report highlighted that questions about “effort” on the Center for Epidemiologic Studies Depression (CES-D) scale may produce conflicting results, as self-perceived effort may be a particularly multifaceted and dynamic construct among Black males [37].

## Current Study

This study assessed the potential influence of depression, self-reliance, Ubuntu, and attitudes toward mental help-seeking behaviors on suicidal ideation among YBMs. Altogether, such cultural insights are critical, particularly in the context of mental health, to heighten competence in an increasingly diverse world and connect individuals to care that is appropriate for their identities and lived experiences. The aims of this study were twofold. First, a combination of separately identified relevant predictive factors (self-reliance, Ubuntu, and help-seeking behaviors) for suicidal ideation was studied. We hypothesized that symptoms of depression and self-reliance would be associated with a heightened risk of suicidal ideation (HY1), while positive attitudes toward mental health help-seeking would be associated with a lower risk of suicidal ideation (HY2). Additionally, we advanced the current literature by highlighting the potential role of Ubuntu. We hypothesized that Ubuntu would be associated with a lower risk of suicidal ideation (HY3). The second aim was to gain insight into how current, widely used methods of assessing depression may not adequately capture YBMs' need for help associated with suicidal ideation. Here, we posited that the depression criteria employed in the current widely used methods may only successfully identify suicidal ideation in a part of the at-risk YBM population (HY4). For a complete understanding of the factors contributing to, or protecting against, suicidal ideation, these two aims were further integrated by identifying differences between YBMs' status of suicidal ideation and depression criteria in the context of self-reliance, help-seeking attitudes, and Ubuntu.

## Method

### Participants

Participants were 422 Black men aged 18–29 years (average age, 23.60 (SD = 3.21)). The majority of participants were either in high school (9.2%) or had obtained an educational degree (87%; 38.4% of the sample had a high school degree; 2.8% had trade school certification, 22.7% attended college but did not (yet) have a college degree; 10.2% had an associate degree; 4.0%, a master's degree; and 1.4%, a doctorate). Only 3.8% indicated that they had not finished high school. Most participants worked (81%) either part-time (24.6%) or full-time (56.4%). Most patients were single individuals (70.6%). Household income ranged from less than \$10,000 to \$150,000 or more; the most common household income was below \$60,000, reported by 76.8%.

## Procedure

Data for this study were collected using Qualtrics Panels, a platform for online research. This study was part of a larger research project that focused on the psychological functioning of YBM. To be eligible, participants had to self-identify as male, Black American, or African American, and between 18 and 29 years old. If the participants consented, they completed a survey that included general demographics and several questionnaires that they were able to complete within approximately half an hour, including the specific questionnaires used for the current study. Data were collected from June to July 2022. While 428 people initiated the survey, six (1.4%) dropped out early and their data were deleted from the file.

## Measures

### Depression and Suicide Ideation

Depression and suicidal ideation were measured using the Patient Health Questionnaire-9. Participants were asked to indicate if they were bothered by each symptom: 0 = not at all, 1 = several days, 2 = more than half of the days, or 3 = nearly every day. Item 9 assesses suicide ideation, using the phrasing: "Thoughts that you would be better off dead, or of hurting yourself." In the present study, this item was used as a single-item measure for suicide ideation. While this item includes self-harm, previous research has shown that this item has a sensitivity of 70% and a specificity of 96% when compared to suicidal ideation [38].

For the current study, two different scoring methods were used for depression. First, following the custom of using a sum score of the PHQ items as a severity measure [39, 40], we used the statistical equivalent of an average score of all items except for the suicidal ideation item (to avoid invalid comparison to sum-scores in studies that included this item). Second, we used a categorization based on the first two steps of Kroenke et al. [39] to screen for tentative diagnosis, and if positive, the clinical purposes would be followed up by the assessment of interference with daily life. The first step was to verify if people report "little interest or pleasure in doing things" and/or "feeling down, depressed, or hopeless" more than half of the days or nearly every day (i.e., scores > 2 on these items). The second step (only taken if the first step is confirmed) was to verify whether five or more symptoms are present, as revealed by scores of at least two, except for item 9, which is scored as a symptom for all values that are not zero.

## Self-Reliance

Self-reliance was measured with the self-reliance scale of the Conformity to Masculine Norms Inventory [41]. The scale consists of five items, with an example being “I hate asking for help.” Mahalik et al. [41] found support for the validity of the scale by demonstrating positive correlations with other masculinity norms and a good internal consistency of 0.85. While the scale originally used a four-point scale, later researchers changed it to a more precise six-point Likert scale [42], which was also used in the present study. The scale was anchored as follows: 1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = agree, or 6 = strongly agree.

## Ubuntu

Ubuntu was measured using the Ubuntu scale developed by Mutsonziwa [26] based on the African humanist philosophy. The scale consists of three subscales that measure humanness (six items, e.g., “You treat other people with dignity”), interdependence (five items, e.g., “When you are connected to other people, you feel a sense of harmony”), and compassion (six items, e.g., “You are concerned about the well-being of other people”). The participants were asked to score the items on a six-point Likert scale, 1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = agree, 6 = strongly agree. Validity has been supported by showing that the scales can be discriminated from, yet show positive associations with collectivism and predict charitable and altruistic behaviors, and internal consistencies are above 0.80.

## Attitudes Toward Mental Help Seeking

The Value and Need scale of the Attitudes Toward Seeking Professional Psychological Help Short Form (ATSPPH-SF) was used to evaluate the value and necessity of seeking professional help [43]. The scale contains five items (e.g., “The thought of talking about problems with a psychologist strikes me as a terrible technique to get rid of emotional tensions”). The questions were answered on a six-point Likert scale with the same anchors as the self-reliance and *Ubuntu* scales (from 1 = *strongly disagree* to 6 = *strongly agree*). However, the scores were later recoded so that higher ratings represented greater value and need. Positive correlations between intentions to seek future therapy and current treatment provided evidence that the ATSPPH-SF is valid and the internal consistency is good, with  $\alpha \geq 0.80$ .

## Data Analysis

All statistical analyses were performed using SPSS version 28.01. First, we assessed the prevalence of suicidal ideation. Since the reporting of suicidal ideation was highly skewed in our study sample and a score greater than zero is seen as clinical risk for suicide, regardless of whether people report suicidal ideation every day or “just” several days [38–40], we treated this outcome as a dichotomous variable. To control for the effects of household income and age, these variables were compared between ideators and non-ideators. As household income was measured using cut-offs for lower and higher incomes, the Mann–Whitney U test was used to compare this ordinal variable. Age was compared using an independent sample t-test. Internal consistency and descriptive analyses were conducted to assess predictor variables. A correlation table was then calculated. We continued with unadjusted and adjusted logistic regression to assess whether suicidal ideation was predicted by the Ubuntu scales, value and need for mental health help, self-reliance, and depression. We assessed the percentage of variance explained by the logistic models using Nagelkerke’s R<sup>2</sup> parameter and the odds ratio as a measure of the effect size of the individual predictors. Groups were created using tentative screening for depression, as explained in the Measures section, and the presence or absence of suicidal ideation. These four groups (i.e., not depressed, no suicide ideation; depressed, no suicide ideation; depressed, suicide ideation; and not-depressed, suicide ideation) were subsequently compared on the Ubuntu scales, value and need, and self-reliance using analysis of variance and post-hoc pairwise comparisons. Partial eta-squared was used as a measure of effect size, where 0.01 is considered a small effect, 0.06 a medium, and 0.14 a large effect (see <https://imaging.mrc-cbu.cam.ac.uk/statswiki/FAQ/effectSize>). Statistical significance was set at a two-tailed  $p$ -value  $< 0.05$ .

## Results

### Descriptive Statistics and Preliminary Analysis

Regarding the item that measured suicidal ideation, most participants reported no ideation (60.2%,  $n = 254$ ) and a smaller percentage reported suicidal ideation (39.8%,  $n = 168$ ). An independent sample Mann–Whitney U test revealed that household income was not significantly associated with suicidal ideation ( $p = 0.471$ ; for comparison, the parametric t-test was also insignificant,  $t(420) = -0.76$ ,  $p = 0.448$ ). An independent samples t-test further showed that there was no age difference between those who did ( $M = 23.48$ ,  $SD = 3.16$ ) or did not ( $M = 23.69$ ,  $SD = 3.25$ ) present with suicidal ideation,  $t(420) = -0.64$ ,  $p = 0.526$ .

Table 1 shows the descriptive statistics of the predictor variables, as well as the correlations between the predictors and suicidal ideation, where the latter correlations represent point serial correlations as suicidal ideation and were dummy coded with 0 = no suicidal ideation and 1 = any suicidal ideation. The scales showed adequate to excellent internal consistency. The *Ubuntu* scales of humanness and compassion were negatively associated with suicidal ideation. However, interdependence showed no such association. Furthermore, the value and need for mental health help were negatively associated with suicidal ideation, and self-reliance showed a stronger, positive association. Finally, as expected, depression was strongly and positively associated with suicidal ideation.

### Logistic Regression Findings

The binary logistic regression model showed a correct classification of 76.5%,  $R^2 = 0.45$ ,  $\chi^2(5) = 69.82$ ,  $p < 0.001$ . The results are summarized in Table 2. The chance of reporting suicidal ideation was higher among participants who reported more symptoms of depression (OR = 5.48,  $p < 0.001$ ) and among participants who reported more self-reliance (OR = 1.28,  $p = 0.042$ ), while it was lower among participants who reported more compassionate behavior (OR = 0.61,  $p = 0.025$ ). The effects of value and need for mental health help and humanness were not significant once other predictors in the model were controlled.

### Group Comparisons

The group categorization resulted in the identification of the largest group of participants who did not meet the first two steps of signaling depression and reported suicidal ideation ( $n = 225$ ), a relatively small group who met the first steps yet did not report suicidal ideation ( $n = 29$ ), a larger group who met the first two steps and reported suicidal ideation ( $n = 100$ ), and a relatively large group who did not meet the first two steps but reported suicidal ideation ( $n = 68$ ). Whereas a clinical diagnosis cannot be made in the present study, for the sake of simplicity, we used “depression” and “no depression” when labeling the groups, which should be read as tentative for a possible depression diagnosis, or not. The groups showed a large significant effect on symptoms of depression,  $F(3, 418) = 227.01$ ,  $p < 0.001$ ,  $\eta_p^2 = 0.67$ , but as shown in Fig. 1, there was no significant difference between the participants who met the first two steps and did ( $M = 2.09$ ,  $SD = 0.46$ ) or did not ( $M = 1.99$ ,  $SD = 0.43$ ) report suicide ideation,  $p = 0.346$ . The depression scores of the asymptomatic group ( $M = 0.55$ ,  $SD = 0.51$ ) were significantly lower than those of the other groups,  $p < 0.001$  for all comparisons. However, the depression scores of the ideation-only group ( $M = 1.05$ ,  $SD = 0.82$ ) were significantly

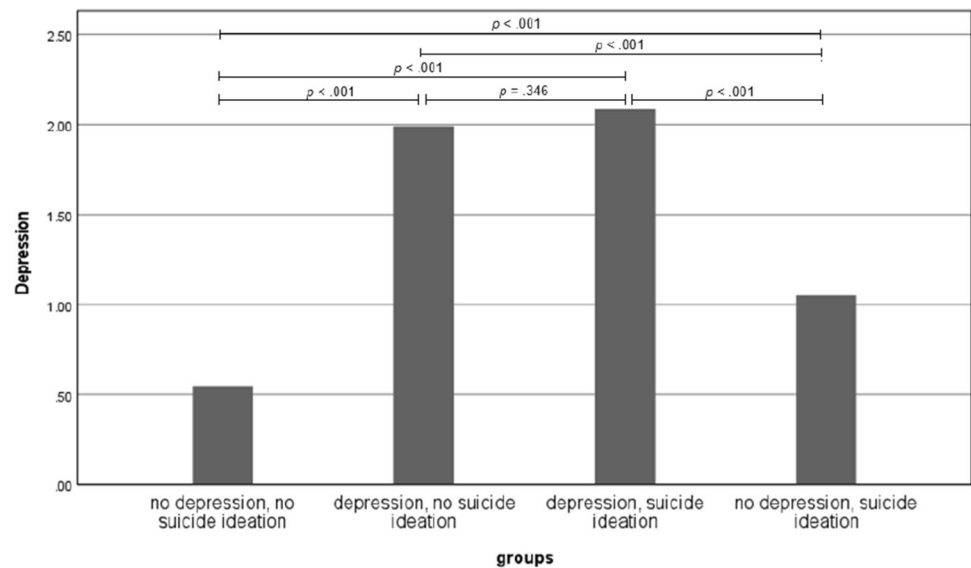
**Table 1** Descriptive statistics and correlations between the variables

	Cronbach's $\alpha$	Min	Max	M	SD	Suicide ideation	Humanness	Interdependence	Compassion	Value & need	Self-reliance
Humanness	.85	1.00	6.00	5.15	0.79	-.17**					
Interdependence	.78	1.00	5.80	4.25	0.95	-.07	.45**				
Compassion	.88	1.50	6.00	5.02	0.81	-.18**	.67**	.55**			
Value & need	.73	1.00	6.00	3.03	1.00	-.17**	-.09	-.19**	-.16**		
Self-reliance	.82	1.00	6.00	3.57	1.26	.35**	-.20**	-.16**	-.16**	-.31**	
Depression	.90	0	3.00	1.09	0.82	.57**	-.11**	-.12*	-.13**	-.23**	.46**

\* $p < .05$ . \*\* $p < .01$

**Table 2** Binary regression analysis with suicide ideation (0=no ideation, 1 = ideation) as the dependent variable

Predictor variable	<i>B</i>	<i>SE</i>	Wald chi square test	<i>p</i>	Odds ratio	95% Confidence interval of odds ratio	
Depression	1.70**	0.20	75.85	<.001	5.48	3.74	8.04
Humanness	-0.18	0.21	0.73	.392	0.83	0.55	1.26
Interdependence	0.27	0.17	2.49	.115	1.31	0.94	1.83
Compassion	-0.50*	0.22	5.04	.025	0.61	0.39	0.94
Value & need	-0.11	0.15	0.55	.458	0.90	0.67	1.20
Self-reliance	0.24*	0.12	4.15	.042	1.28	1.01	1.62
Constant	-0.71	1.34	0.28	.599	0.49		

**Fig. 1** Mean Depression Scores of the Groups. *Note.* The groups present the participant breakdown based on a tentative depression screening and reported suicidal ideation. Depression: reporting "little interest or pleasure in doing things" and/or "feeling down, depressed, or hopeless" for more than half or nearly all days & having five or more symptoms present. Suicide ideation: non-zero scores on "Thoughts that you would be better off dead, or of hurting yourself"

lower than those of the two depression-present groups ( $p < 0.001$ ) for both comparisons.

Table 3 shows the means and standard deviations of the groups on the *Ubuntu* scales, values, the need for mental health help, and self-reliance. A MANOVA showed that the groups had a significant effect on *Ubuntu*,  $F(9, 1012.59) = 2.22$ ,  $p = 0.019$ ,  $\eta_p^2 = 0.02$ . There were significant group effects on humanness and compassion, with  $F(3, 418) = 4.19$ ,  $p = 0.006$ ,  $\eta_p^2 = 0.03$ , and  $F(3, 418) = 5.24$ ,  $p = 0.001$ ,  $\eta_p^2 = 0.04$ , respectively. There was no significant group effect on interdependence,  $F(3, 418) = 0.63$ ,  $p = 0.596$ ,  $\eta_p^2 < 0.01$ . Post hoc pairwise comparisons revealed that the “depression, suicide ideation” as well as the “no depression, suicide ideation” group reported less humanness compared to the “no depression, no suicide ideation” group,  $p = 0.005$  for both comparisons. The “depression, no suicide ideation” group did not significantly differ from the other groups on this variable. On compassion, the “depression, suicide ideation” group scored significantly lower compared to the “no depression, no suicide ideation” group,  $p = 0.008$ ; as well as compared

to those in the “depression, no suicide ideation” group,  $p = 0.043$ . Similarly, participants in the “no depression, suicide ideation” group also reported less compassion compared to those without depression or suicide ideation,  $p = 0.001$ ; as well as compared to those in the “depression, no suicide ideation” group,  $p = 0.013$ . There was no significant difference in compassion between the two groups without suicide ideation ( $p = 0.579$ ) or between the two groups with suicide ideation ( $p = 0.427$ ). In other words, regardless of depression, it was found that participants with suicide ideation reported less compassion compared to participants without suicide ideation.

Analysis of variance further showed a significant group effect on the value and need for mental health help,  $F(3, 418) = 8.53$ ,  $p < 0.001$ ,  $\eta_p^2 = 0.06$ . As can also be seen from Table 3, it was particularly the “no depression, no suicide ideation” group that scored higher than the other groups on this variable, with  $p = 0.001$  for the comparison with the “depression, no suicide ideation” group,  $p < 0.001$  for the comparison with the “depression, suicide ideation” group, and  $p = 0.028$  for the comparison with the “no depression,

**Table 3** Means and standard deviations of the groups on humanness, interdependency, compassion, value and need, and self-reliance

Variable	No depression, no suicide ideation ( <i>n</i> = 225)		Depression, no suicide ideation ( <i>n</i> = 29)		Depression, suicide ideation ( <i>n</i> = 100)		No depression, suicide ideation ( <i>n</i> = 68)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Humanness <i>F</i> (3,418) = 4.19, <i>p</i> = 0.006, $\eta_p^2 = 0.03$ (small effect)	5.27 <sub>a</sub>	0.70	5.18 <sub>ab</sub>	1.01	5.00 <sub>b</sub>	0.82	4.96 <sub>b</sub>	0.86
Interdependence <i>F</i> (3,418) = 0.63, <i>p</i> = 0.596, $\eta_p^2 < 0.01$ (no effect)	4.30 <sub>a</sub>	0.88	4.31 <sub>a</sub>	0.98	4.17 <sub>a</sub>	1.07	4.18 <sub>a</sub>	1.00
Compassion <i>F</i> (3,418) = 5.24, <i>p</i> = 0.001, $\eta_p^2 = 0.04$ (small effect)	5.13 <sub>a</sub>	0.74	5.22 <sub>a</sub>	0.76	4.88 <sub>b</sub>	0.83	4.78 <sub>b</sub>	0.93
Value and need mental health help <i>F</i> (3,418) = 8.53, <i>p</i> < .001, $\eta_p^2 = 0.06$ (medium effect)	3.25 <sub>a</sub>	1.03	2.61 <sub>b</sub>	1.17	2.74 <sub>b</sub>	0.85	2.95 <sub>b</sub>	0.88
Self-reliance <i>F</i> (3,418) = 25.28, <i>p</i> < .001, $\eta_p^2 = 0.15$ (large effect)	3.13 <sub>a</sub>	1.24	3.89 <sub>bc</sub>	1.26	4.28 <sub>c</sub>	1.02	3.84 <sub>b</sub>	1.03

Within a row, means without a common subscript differ at  $p < .05$ . The groups present the participant breakdown based on a tentative depression screening and reported suicidal ideation. Depression: reporting "little interest or pleasure in doing things" and/or "feeling down, depressed, or hopeless" for more than half or nearly all days & having five or more symptoms present. Suicide ideation: non-zero scores on "Thoughts that you would be better off dead, or of hurting yourself." [55, 56]

suicide ideation group". There were no significant differences between the other groups on this variable.

The final analysis of variance also revealed a group effect on self-reliance,  $F(3,418) = 25.28$ ,  $p < 0.001$ ,  $\eta_p^2 = 0.15$ . Participants without depression or suicide ideation reported less self-reliance compared to all other groups, with  $p < 0.001$  for all comparisons. The highest level of self-reliance was reported by the participants in the "depression, suicide ideation" group, where their scores were significantly higher compared to the "no depression, suicide ideation group",  $p = 0.017$ , but the difference with the depression, no suicide ideation group did not reach significance,  $p = 0.112$ .

## Discussion

Our study provides valuable insights into the cultural factors associated with suicidal ideation among Black men. While the majority of participants reported no suicidal ideation, close to 40% of Black men in our study reported experiencing ideation ranging from several days to nearly every day. Although scholars have demonstrated that socioeconomic status and age are consistently associated with suicide rates [44, 45], our findings contradict the previous evidence. Household income and age were not significantly associated with suicide ideation. This finding suggests that these demographic factors may not have a major influence on suicidal ideation among Black men. One possible rationale for our results is that the relationship between these key demographics and suicide may be more applicable to other parts of the ideation-to-action framework, such as planning or attempts. Future research should clarify these relationships across the

suicide continuum to identify the unique factors that drive suicide risk.

Our study also found that Black men who scored higher on measures of humanness and compassion, two aspects of the *Ubuntu* Scale, were less likely to experience suicidal thoughts. Compassionate and empathetic individuals, as measured using the *Ubuntu* scale, are more likely to have strong social connections that protect against suicidal ideation [46, 47]. These constructs may also provide avenues through which emotional disclosure and mental health help-seeking are less stigmatized. Incorporating technology-based prevention strategies, such as computer-based cognitive therapy (CBCT), into suicide prevention efforts may be one such strategy to enhance the protective aspects of *Ubuntu* among Black young adult men at a high risk of suicide. Research has shown that CBCT's focus on self-compassion and mindfulness can lead to improved psychological functioning and a reduction in depressive symptoms and suicidal ideation [48, 49]. Currently, the use of smartphone-based and mobile health approaches for suicide prevention among Black men is in its infancy. However, recent advancements in ecological momentary assessment and passive data sensing may provide additional opportunities for Black men to quickly access crisis support and enhance protective factors in real-time [50].

Additional preventive approaches to address suicide prevention among Black men should incorporate a lifecourse perspective, deploying interventions in settings tailored to critical periods of suicide risk, such as adolescence (through school-based approaches), early adulthood (through community-based efforts), and parenthood (through family-based interventions). For instance, school-based programs that focus on mental health education and peer support have been

shown to effectively reduce suicidal ideation among adolescents [51]. Community-based and family-based interventions [52–54], such as peer mentoring and support groups, that encourage open communication and emotional support have potential to enhance connectedness associated with *Ubuntu* principles and reduce the risk of suicide among parents. Integrating similar empathy- and compassion-focused approaches into suicide prevention initiatives not only holds promise for strengthening the protective aspects of *Ubuntu* but also underscores the importance of empathy and self-compassion in fostering resilience and well-being among Black young adult men.

Unlike humanness and compassion, the interdependence domain of the *Ubuntu* scale showed no significant association with suicidal ideation. We offer several rationales for this finding. First, we examine only one outcome related to suicide—ideation—which may not be as connected to interdependence as other outcomes along the ideation-to-action framework, such as suicide planning, access to lethal means, acquired capability for suicide, or suicide attempts. Recent evidence has shown that the ideation-to-action framework emphasizes the need to consider the risk for ideation separately from behavioral risk. Moreover, interdependence is a complex construct that may have varying impacts on suicide risk depending on the context [55]. While it generally promotes social support, in some cases, this construct might also involve obligations and expectations that can contribute to stress or interpersonal conflict, potentially offsetting its protective benefits [56]. Protective factors such as access to mental health services [57, 58], strong social support networks [59, 60], coping skills [61], and individual resilience [62, 63] may play a more significant role in mitigating suicidal ideation, as evidenced in the literature. In some cases, these factors may outweigh the influence of interdependence. Moreover, considering the specific age range of our study participants (18–29 years old), the significance of interdependence as a protective factor for the mental health of Black men may not be as pressing, given their developmental stage and the increasing independence typically associated with young adulthood. Researchers interested in developing a programmatic focus on suicide prevention using *Ubuntu* principles may need to treat certain domains with caution to build comprehensive evidence for future research.

Participants with higher levels of self-reliance were more likely to report suicidal ideation. Interestingly, participants without depression or suicidal ideation scored higher on the value and need for mental health help than those with depression and suicidal ideation. This finding indicates that individuals who recognize the importance of mental health help may be more likely to seek support, even if they do not meet the diagnostic criteria for depression. It also emphasizes the significance of fostering a positive attitude toward

mental health services and encouraging help-seeking behaviors among individuals who experience suicidal ideation. These findings suggest that individuals who rely heavily on themselves and have difficulty seeking support are more vulnerable to suicidal ideation. These interventions focused on enhancing the value of seeking mental health help and reducing psychosocial help-seeking.

## Limitations and Future Directions

This study had several limitations that should be considered when interpreting its findings. First, we conducted a cross-sectional online survey, which limited the insights into associations and did not investigate causal relationships. Additionally, we collected data using an online Qualtrics panel, which may have introduced a selection bias and limited the generalizability of the results. Furthermore, our primary outcome variable was based on a single question from the Patient Health Questionnaire-9 (PHQ-9), which has limitations. While previous research has shown promise for this item (sensitivity of 70%, specificity of 96%) [38], it is important to acknowledge its limitations. Item 9 is a screening tool, not a definitive measure of suicide ideation. It is a single-item question that combines thoughts of death with thoughts of self-harm, potentially capturing non-suicidal self-injury as well. Additionally, it focuses on the frequency of these thoughts, not the intensity or planfulness, which are crucial aspects of suicide risk. Future research could benefit from employing a more comprehensive measure of suicide ideation, such as the Ask Suicide-Screening Questions [64], to capture a broader spectrum of suicidal thoughts and assess suicide risk with greater accuracy. Indeed, the majority of those who endorse suicidal ideation do not die by suicide [65]. This discrepancy demonstrates the importance of identifying and addressing the various factors that influence the progression from suicidal thoughts to suicidal actions. Despite these limitations, this study is the first to investigate the association between Afrocentric principles and suicidal ideation among young adult Black men. Future research should address the alarming rise in suicide among young adult Black men by expanding our understanding of *Ubuntu* principles beyond ideation to behavioral risk factors for suicide. Doing so may include but is not limited to explorations of how *Ubuntu* among other Afrocentric constructs in context to regard, salience, and centrality may influence relationships as found in previous works in the study of Black Racial Identity.

## Conclusion

Overall, our study represents a critical next step in the investigation of psychosocial and cultural factors associated with suicidal ideation in young Black men's daily lives. The



results shed light on the substantial role that factors such as empathy, compassion, personal values, and self-reliance may play in considering suicide as an acceptable outcome of psychological distress. These insights also highlight the need for future research to further examine these findings, the interplay of these constructs, and the implications for suicide prevention strategies tailored to the unique needs of Black men. Additionally, the researchers call for action to develop and implement targeted interventions to reduce suicidal ideation and foster overall mental well-being across one's lifespan. Building on these findings, future research can contribute significantly to the advancement of mental health support and suicide prevention efforts among Black men.

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All authors contributed to writing versions of the manuscript. All authors read and approved the final manuscript.

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**Data Availability** The data included in this report are available on request.

## Declarations

**Ethics Approval** This study was approved by the Institutional Review Board at Washington University in St. Louis (07/29/2022; IRB# 202110177).

**Consent to Participate** Informed consent was obtained from all individual participants included in the study.

**Consent to Publish** All participants signed a statement of informed consent that included a statement about the dissemination of deidentified data.

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