THE MODERATING EFFECTS OF RACE-BASED

REJECTION SENSITIVITY ON DEFEAT AND

ENTRAPMENT IN BLACK WOMEN: THE

INTEGRATED MOTIVATIONAL VOLITIONAL

MODEL OF SUICIDE

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Abstract: Black women are often looked at as the backbone of society, with little to no acknowledgement of the impact of this pressure on their mental health. African American women's mental health and emotional wellness are regularly understudied, particularly in the field of suicidology due to their low rates of suicide. Black women face increased risk for the development of depressive symptomatology and suicide ideation due to factors such as racial/ethnic discrimination and poverty. The Motivational phase of the Integrated Motivational Volitional Model (IMV) may be a beneficial model to examine suicide ideation for Black women, as Black women may feel defeated and entrapped by racial rejection, societal pressures, and a lack of equity. Racial/ethnic marginalized people experience a distinct form of rejection sensitivity that forms via anxious expectations of social rejection in interracial settings or being discriminated against based upon their race (racial rejection sensitivity). Black women may experience racial rejection sensitivity due to the intersectionality of their identity. The aim of the proposed study was to examine the IMV model among a national sample of Black women. It was hypothesized that entrapment would mediate the relationship between defeat and suicide ideation, and that racial rejection sensitivity would moderate the relationship between defeat and entrapment. Results of a moderated mediation supported the hypothesis of entrapment mediating the relationship between defeat and suicide ideation. However, racial rejection sensitivity did not significantly moderate the relationship between defeat and entrapment. These results imply that the Motivational Phase may be a useful model to examining suicide risk for Black women, however further research is needed to identify the mechanisms that underlie this model.

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THE MODERATING EFFECTS OF RACE-BASED REJECTION SENSITIVITY ON DEFEAT

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Introduction

The "suicide paradox" is often used to explain that African Americans, especially African American women, have increased risk factors for suicide compared to Non-Hispanic whites, however, are dying by suicide at far less rates. While traditionally African American suicides have been lower than Whites, suicide is still the 3rd leading cause of death for African American youth ages 15-24, and the 4th leading cause of death for African Americans ages 25-34 (CDC, 2017). African American women's mental health and emotional wellness are regularly understudied, particularly in the field of suicidology due to their low rates of suicide. Recent studies have shown that African American women are more likely to attempt suicide than women of other racial groups (American Association of Suicidology, 2016). Despite racial/ethnic disparities, there continues to be limited research examining the factors that contribute to the rates of suicide among African American women. Furthermore, research shows an increase in the number of African American female youth that are attempting suicide and have thoughts of suicide (Kann et al., 2018).

It is essential to consider racism and racial discrimination when discussing the socio-environmental variables that contribute to poor mental health among African Americans. African Americans have experienced an ongoing history of racial discrimination, economic and social oppression. Oppression and discrimination have put African Americans at risk for various physical and mental health difficulties such as hypertension, diabetes, depression, and anxiety (Williams & Mohammed, 2008). Although some, few studies have examined the impact of racial discrimination and racism on the psychopathology of African Americans. This research is still lacking in terms of examining the extent in which these factors play a role in the development of suicide ideation in African Americans. This issue exacerbated for African American women. African American women are plagued with poverty, racial and gender discrimination, and the societal pressures of remaining strong in the face of adversity. Previous researchers have attempted to explain the strength of African American women through the Strong Black Women schema (Watson & Hunter, 2016). If African American women do not uphold to these standards, they may face rejection from within their own community and from the dominant culture. Further research is needed in examining the impact of perceived racial rejection on the development of mental health disparities (e.g., suicide) in African American women.

The concept of rejection sensitivity has been developed to explain individuals who are highly concerned or highly anxious about perceived rejection from others that may compromise their relationships with others (Downey & Feldman, 1996). Rejection sensitivity has been studied in the dominant culture and has been associated with depression and suicide attempts, especially within females (Ehnvall et al., 2007). Research has also been conducted examining rejection sensitivity in ethnic/racial minority groups. The concept of race-based rejection sensitivity/racial rejection sensitivity was developed in order to provide a framework for racial/ethnic marginalized individuals who may be experiencing heightened feelings of rejection due to their racial identity (Mendoza-Denton et al., 2002). Ethnic/racial marginalized college

students who report higher levels of race-based rejection sensitivity have also shown to report higher rates of depression. African American college students who attended a predominantly white university and who are high in race-based rejection sensitivity have also reported experiencing higher levels of distrust, difficulty transition in college, a decline in course grades, and a higher risk for mental health difficulties (Mendoza-Denton et al., 2002). Similarly, when rejection sensitivity was applied to gender, women higher in rejection sensitivity were less likely to express themselves, in response to negative gender related events and experienced feelings of anger and alienation (London, Downey et al., 2012). The concept of race–based rejection sensitivity can be applied to Black women due to the stigmatizing, stereotyping, and discrimination that Black women face daily and chronically.

When examining the development of racial rejection sensitivity in Black women, it is important to consider the concept of intersectionality. In the early 1990's and in the advancement of Critical Race Theory, Kimberlé Crenshaw introduced the idea of intersectionality to explain the various conditions in which Black women are marginalized within the criminal justice system (Crenshaw, 1993; Crenshaw, 1994; Cho, Crenshaw, & McCall, 2013). Crenshaw explained that Black women may experience "double discrimination" or "double jeopardy", meaning they may experience discrimination due to their race but also due to their gender (Crenshaw, 1993; Crenshaw, 1994). As research has continued on the term, especially within the field of psychology, it has been used to understand the experiences of individuals who hold multiple disadvantaged or minority statuses (ex. being a woman of a racial/ethnic status; Cole, 2009; Cho, Crenshaw, & McCall, 2013; Warner & Shields, 2018). It is important for researchers and clinicians to understand how the intersections of an individual's minority status may interact and impact their daily experiences and challenges, but also their psychopathology.

Despite developments within clinical and research approaches for suicide assessment, there has been no incorporations of cultural variations into classic suicide models (e.g.,

Interpersonal theory of suicide (IPTS); Joiner, 2005). Many theoretical models of suicide lack incorporation of cultural influences. However, it has been demonstrated in previous research studies that culture does play a significant role in the development and maintenance of suicide ideation and behavior in minority status groups (Chu et al., 2010; Chu et al., 2013). While it is important to examine suicide in minorities in the context of cultural models, it is also important to examine suicide in minorities in existing models.

Existing models of suicide have not extensively been examined in minority-status individuals (Chu et al. 2010, 2013). It is important that models widely used throughout the field of suicidology are applicable to minorities and not just the dominant population. In 2011, The Integrated Motivational Volitional model (see model in Figure 2) was created to "synthesize and extend our knowledge of the complex nature of suicide" (O'Connor, 2011b, p. 295). The IMV model is composed of three phases (Pre-motivational, Motivational, and Volitional) that aim to explain the development of suicide ideation into suicide behavior. The Pre-motivational phase, the first phase of the model incorporates the triad of diathesis-life-environment stressors that may contribute to the development of an individual's suicide ideation and influences the motivational and volitional phases (O'Connor, 2011a). The Motivational phase, the second phase of the model, is the core phase and posits that the concepts of defeat and entrapment are the driving forces of suicide ideation into suicide behavior. The phase also includes two moderators (Threat-to- Self and Motivational moderators) that aid the development of suicide behavior. The final phase of the model, the Volitional phase describes factors that may increase suicide behavior from suicide ideation within the Motivational phase. (O'Connor, 2011a).

This proposed study will focus on the Motivational Phase, more specifically on concepts of defeat and entrapment. The first concept of the motivational phase, defeat, is defined as a "feeling of failed struggle concerning the loss or disruption of some valued status or internal hierarchical aim" (Taylor, Gooding, Wood, & Tarrier, 2011). Feelings of defeat develop when an

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individual is motivated to overcome their struggles but are unable to reach a solution. Defeat is simplified into three main events that increase feelings of defeat; failure to attain resources, social rejection (put downs), and internal sources of attack (Taylor et al., 2011). This may be particularly relevant to ethnic/racial minorities, as defeat may happen in a variety of domains (social, occupational, and academically). Unfortunately to the researcher's knowledge, there are no previous studies that measure the general concept of defeat in minority populations. However, there is a significant amount of literature that examines the role of social defeat, specifically in ethnic/racial minorities, and in the development of schizophrenia in African Americans (Luhrmann, 2007). According to Luhrmann, social defeat can be defined as "an actual encounter in which one person physically or symbolically loses to another one" (Luhrmann, 2007, p. 151). Other studies that have examined social defeat have defined it as having perceived "outsider" or "inferior" status (Selten & Cantor-Graae, 2005, 2007). An individual can experience social defeat after feeling physically or symbolically demeaned, humiliated, and denigrated, despite attempts to contest resulting in a sense of loss (Luhrmann, 2007; Oh, Cogburn, Anglin, Lukens, & Devylder, 2016). The social defeat hypothesis posits that the chronic experiences of social defeat may increase risk factors of schizophrenia in ethnic/racial minorities (Veling, Hoek, & Mackenbach, 2008; Veling, 2013). Racial discrimination is a form of social disadvantage that contributes to a sense of social defeat (Selten & Cantor-Graae, 2005, 2007). Previous research has found that experiences of perceived discrimination, as social defeat, increased risk for the development of schizophrenia in a sample of ethnic minorities (Veling et al., 2008) and increased risk for psychotic experiences in African Americans (Oh et al., 2016). Additionally, for African Americans social defeat may become more salient sensitive and increase hypervigilance of the inequality and oppression encompassing society (Harrell et al., 2011; 2011, Oh et al., 2016). Due to experiences of disproportional rates of poverty, perceived experiences of racial discrimination, and untreated mental health difficulties, African American women may experience increased

feelings of defeat. More research is needed to examine the concept of defeat in minority populations.

Entrapment is the second core component of the Integrated Motivational Volitional model (O'Connor, Smyth, Ferguson, Ryan, & Williams, 2013). Feelings of entrapment are defined as having high motivation to escape high stress circumstances, however, being blocked or prevented by environmental and personal stimuli (Taylor et al, 2011). There has been extensive literature examining the impact of role entrapment in minority populations (Gabel, Blood, Tellis, & Althouse, 2004; Smart, 2001; Crocker et al., 1998; Holleran & Lopez, 1984; Lifff 7 Ward, 2001; Lupaschuk & Yewchuck,1998). In 2001, Julie Smart described the concept of role entrapment, where a dominant group defines the role that a minority group can fulfill. Roles may be either occupational or social. Within the field of social psychology, research has found that African Americans and other racial minority groups have reported higher experiences of negative impacts from role entrapment such as fewer career opportunities (Crocker et al, 1998; Smart, 2001). Research has also found that women may face significant consequences (e.g., increased occupational stress) due to role entrapment (Holder & Vaux, 1998; Kanter, 1977). In a study, examining distorted views of the glass ceiling, it was found that women experienced occupational discrimination due to the implementation of the "traditional" (cooking, cleaning, household responsibilities) roles of women. These concepts of entrapment may be applied to Black women, as they are consistently confined to societal stereotypes of their race and gender, which may lead to increases in feelings of entrapment.

CHAPTER II

REVIEW OF THE LITERATURE

Suicide in African Americans

In 2017, Suicide was the 4th leading cause of death for African American male youth aged 10-14, and the 3rd leading cause of death for African American men aged 15-34. For African American female youth, suicide was still the 4th leading cause of death and for African American women ages 15-24, suicide was the 3rd leading cause of death (CDC, 2017). However, for African American women aged 25-34, suicide was the 6th leading cause of death. African American women have lower rates of death by suicide across all ages, with the age-adjusted rate for African American females in 2017 being 2.8/100,000 (CDC, 2017). When examining the suicide rates among African Americans, it is important to consider the stigma that exist surrounding mental health in the African American community. While research remains limited, it has been found that mental health stigma is associated with less help-seeking behaviors among African Americans (Mishra, Lucksted, Gioia, Barnet, & Baquet, 2009 ; Thompson, Bazile, & Akbar, 2004).Previous research has proposed that ethnic minority groups, especially African Americans may experience multiple levels of stigma in relation to receiving healthcare services (Gary, 2005).

Ethnic minorities may experience "Double Stigma", referring to the idea that they may not seek out health services if they feel that their provider is prejudice and/or if they feel that discriminatory practices are taking place. Additionally ethnic minorities may not seek health services if the provider is engaging in discriminatory or prejudice practices (Gary, 2005). Furthermore, previous research has claimed the low suicide rates of African Americans to be related to the cultural values and beliefs within African American culture. For example, religiosity has been examined as a major resiliency factor or buffer to suicide for African Americans (Walker, Lester, & Joe, 2006; Molock, Kimbrough, Lacy, Mcclure, & Williams, 1994). As religiosity increases, stigma and attitudes related to suicide become less favorable (Anglin, Gabriel, Kaslow, 2005). Cultural factors such as stigma or religiosity have a significant impact on the development of suicide ideation in African Americans.

Suicide in African American Women

African American women face personal and collective challenges such as unequal pay in the workforce contributing to poverty, neglect and mistreatment within the healthcare system, and stereotyping and generalizations of Black women's attitudes and characteristics (Spates, 2011). However, their rate for suicide occurrence is still significantly lower than the rate of African American males and their white counterparts. African American women's suicide rates have remained virtually non-existent. Since initially collecting national data in the 1950's, the rate of African American females suicide rates has slowly increased, starting at an age-adjusted rate of 1.8/100,000 to more recently being at 2.8/100,000 (CDC, 2017). Black women have learned how to cope with high levels of stress, poverty, and discrimination by forming strong social networks, being flexible in familial roles, and turning to religion in times of despair (Spates, 2011; Walker, Lester, & Joe, 2006). Black women are often looked at as the backbone of African

American households, with little to no acknowledgement of the impact of this pressure on their mental health.

Previous studies identify being an African American woman as a protective factor to suicide for African Americans (Gibbs, 1997; Spates, 2019; Nisbet, 1996). African American women historically have remained resilient and learned to cope through extreme adversity such as racial and gender discrimination, poverty, and social isolation (Gibbs, 1997; Spates, 2015). The resilience of Black women has puzzled many researchers as there are a high amount of risk factors for suicide for Black women such as high chronic stress and depression (Spates & Slatton, 2017). Previous research demonstrates that suicide rates in Black women may be low due to strong religiosity, strong social support, flexibility within familial roles (i.e. single Black mothers acting as both the patriarch and the matriarch), and sharing resources among each other (Gibbs, 1997). While suicide rates are low for African American women, suicide ideation and suicide attempts are not. Within the 2003 Youth Risk behaviors Survey, a school-base survey of behaviors related to health-risk among students, 14.7 % of African American girls in high school reported that they had seriously considered suicide in the past 12 months, which was higher than that of Black males in high school (Grunbaum et al., 2004). This was also the case when examining suicide attempts, where 9% of Black females reported as least one suicide attempt, and only 7.7% of Black males reported at least one suicide attempt (Grunbaum et al., 2004). The 2017 report of Youth Risk Behaviors reported that Black females had the second highest rates of attempted suicides across all genders and races, behind Caucasian females. Nationwide, 18.9% of Black females stated that they had made a plan to attempt suicide in the past 12 months, which was higher than that of Black males at (6.5%; Kann et al., 2018). Along with this, data suggests that while Black women are not dying by suicide as frequently as Black men, they are actively engaging in suicide ideation and the rate of suicide ideation for Black female youth is steadily

increasing over the years (Arshanapally, Werner, Sartor, & Bucholz, 2018; CDC, 2017; Spates, 2017).

African American women face increased risk for the development of depressive symptomatology and suicide ideation due to factors such as racial/ethnic discrimination and poverty (Barbee, 1992; Molina & Kiely, 2011; Schulz et al., 2006; Spates, 2011; Spates 2017; Vinson & Oser, 2016). The concept of intersectionality can be applied to African American women when examining the complexity of issues that may contribute to mental illness within this population. Intersectionality refers to the interaction of gender, race, and sex as well as in the contexts of social, academic, and occupational discrimination based on an individual's identification (Crenshaw, 2010; Kohn & Hudson, 2002). African American women may face adversity and difficult challenges navigating discrimination against women and discrimination against African American individuals. African American women who identify as a sexual minority, may also have to navigate the difficulties of prejudice and discrimination against LGBTQIA2s individuals. Suicide research shows that people who identify as a sexual minority are more likely to engage in suicide ideation and 3x more likely to attempt suicide (Mereish, Goldbach, Burgess, & Dibello, 2017). The complexity and potential strain produced from intersectionality may be utilized to explain the development of suicide ideation and suicide behaviors in African American women. Additionally, it is important to consider the discrimination that they may experience based on their gender and their sexual identity (Kohn & Hudson, 2002).

Rejection Sensitivity

Rejection sensitivity is the disposition to anxiously expect, readily perceive, and intensely react to rejection (Ayduk, Downey, & Kim, 2001; Feldman & Downey, 1994). In response to perceived social exclusion, highly rejection sensitive people react with increased hostile feelings

toward others and are more likely to show reactive aggression than less rejection sensitive people in the same situation (Ayduk et al., 2008). Rejection sensitivity is a risk factor for self-harming dysregulated behavior of the type seen in Borderline Personality Disorder (Ayduk et al., 2008). Among college students, rejection sensitivity was associated with having considered or attempted suicide and with frequent binge eating (Downey, Bonica, & Rincón, 1999). Constant fear of rejection has also been associated with increased depression symptoms due to the distress experienced during the rejection (Kraines & Wells, 2017). When examining rejection sensitivity specifically in women, previous research has found that women that were high in rejection sensitivity are more likely to exhibit anger and hurt feelings in a hostile manner, as well as are more likely to elicit depression symptoms intensely (Ayduk, Downey, & Kim, 2001). Research has extended rejection sensitivity in women and developed the concept of gender-based rejection sensitivity (London, Downey, Romero-Canyas, Rattan, & Tyson, 2012). In this study, researchers found that women who were high in gender-based rejection sensitivity, were more likely to avoid expressing themselves and to engage in self-silencing behaviors (e.g., not speaking up for themselves; London et al., 2012). Within literature of stigma based rejection sensitivity, research suggests that rejection sensitivity may be formed in early interpersonal relationships (e.g., prejudice or exclusion by others of one's own racial group membership or identity; Mendoza-Denton et al., 2002). For individuals who have developed the tendency to anxiously expect or perceive rejection, and also engage in unhealthy coping mechanisms, this behavior develops in response to potentially threatening environments among those who have experienced rejection sensitivity within past experiences and stigma. The interaction between rejection sensitivity and structural stigma may be unique for the development of harmful health outcomes, such as suicide.

Race-Based Rejection Sensitivity

Racial/ethnic minority people experience a distinct form of rejection sensitivity that forms via anxious expectations that they will be socially rejected in interracial settings or

discriminated against based upon their race, hence the term race-based rejection sensitivity (Anglin, Greenspoon, Lighty, & Ellman, 2014; Pietrzak, Downey, & Ayduk. 2005; Mendoza-Denton et al., 2002). African Americans who score higher on the measure of race-based rejection sensitivity (RSQ-Race) are more likely to dwell on the experience of racial discrimination or being the target of racial prejudice, leading to greater psychological distress, as well as greater negative psychological reactions in these settings (Mason et al., 2017; Mendoza-Denton et al., 2002). Previous studies have also found that individuals who are high in race-based rejection sensitivity have more intense negative emotional reactions in general, such as high stress responses, whereas individuals with lower reports of race-based rejection sensitivity have been shown to be less concerned or emotionally stressed with the experiences of rejection (Henson et al., 2013). High reports of perceived discrimination have been associated with high self-reports of rejection sensitivity (Anglin et al., 2014).

Chronic experiences of perceived discrimination may cause individuals of ethnic/racial minority groups to anxiously expect or ruminate about being rejected in social, occupational, or academic contexts. Research has shown that when anticipatory threat surrounds discrimination, discrimination can be a strong predictor of the resulting negative behaviors and outcomes such as negative mental health. Downey et al. (2002), found that African American students that were high in race-based rejection sensitivity experienced more difficult college experiences and low feelings of belongingness at the college institution because of their race. In this same article, researchers discuss the idea that individuals high in race-based rejection sensitivity may face a decline in goal-oriented behavior and future thinking. This paper also promotes prior studies stating that experiences of cultural stress may increase experiences of depression. Polanco Roman & Miranda (2013) observed that perceived discrimination and cultural stress can increase depressive symptomatology and suicide behavior and thoughts for ethnic / racial minorities.

There is currently no empirical studies that examine the relationship between status based rejection sensitivity and suicide. However, this is an important relationship to examine due to the implications that it may serve, since racial rejection sensitivity is unique to racial minority communities. There have been studies that have found a positive association between rejection sensitivity and symptoms of depression such as loneliness and social withdrawal in younger adults (Watson & Nesdale, 2012). It could be argued that race based rejection sensitivity could develop into feelings of thwarted belongingness which may increase suicide ideation among ethnic/racial minorities, however, further research needs to be conducted.

The Integrated-Motivational Volitional Model

Over the last decade many prominent researchers have attempted to understand suicide ideation and suicide behavior through theoretical models and frameworks including the Interpersonal Theory of Suicide (IPTS: Joiner, 2005) and the Integrated Motivational Volitional Model (IMV; O'Connor, 2011a; O'Connor & Kirtley, 2018). The IMV model proposes that feelings of defeat and entrapment are the driving forces of suicide ideation leading to an attempt or completed suicide. The IMV model is a three-phase model that includes the pre-motivational phase, motivational phase, and the volitional phase. For the purposes of this study, only the motivational phase will only be examined.

The Pre-Motivational Phase

The pre-motivational phase is the first phase of the IMV model and includes the diathesis-environment-life events triad (O'Connor, 2011a). This phase of the model is based on the Diathesis Stress model, which posits that the interaction an individual's nature and nurture background may influence their suicide ideation. Genetic vulnerability or hereditary factors may put an individual at risk for suicide when an individual is under distress from their environment or negative life experiences. The emotional strength of African Americans has been passed down

through generations and reinforced within societal stereotypes, in addition to the societal

struggles such as discrimination and racism, and being head of the household for most African

American homes, makes this phase relevant for African American woman. Furthermore, previous

research has found that racial factors are associated with suicide outcomes (e.g., O'Keefe et al.,

2014; Walker, Salami, Carter, & Flower, 2014). African American women are predisposed to

racial and gender stressors that could increase suicide risk.

The Motivational Phase

The IMV model proposes that the motivational phase is the core phase of the model and

describes the development of suicide ideation and the transition of suicide ideation into behavior.

The core components of this phase are defeat/humiliation, and entrapment. This phase is

influenced by the Arrested Flight of Behavior theory, suggesting that when feelings of defeat and

entrapment are high and support system are low, there will be an increased risk of suicide

(Williams, 2002). Defeat is defined as feelings of a failed struggle or failure to achieve goals, as

well as loss of social status (Gilbert, 2000a; Gilbert & Allen, 1998). Feelings of defeat may

develop when an individual is struggling to overcome a personal battle or external circumstances

such as dysfunctional relationships, unemployment, and poverty (Taylor, Gooding, Wood, &

Tarrier, 2011; Williams & Pollock, 2000). The concept of defeat is the direct outcome of social

conflict or competition (Price, Sloman, Gardner, Gilbert, & Rhode, 1994; Taylor et al., 2011).

There is emphasis on the idea that in order for a person to feel defeated, they must have put forth

effort to overcome life's struggles or difficult challenges. Previous research has discussed that

repeated instances of social defeat have been associated with decreased motivation and

withdrawal from socially rewarding stimuli (Taylor et al., 2011) and the concept of defeat can be

applied to several psychopathologies including depression and suicide (Taylor et al., 2011). In

Gilbert & Allan's original studies of defeat, they divided defeat into three classes of events;

failure to attain resources of value, social attacks from others, and internal sources of attack.

These concepts could also be applied to African American women, as they have increased rates of poverty, obligations to disarm negative stereotypes of African American women, and suffer the consequences of racism and discrimination (DeNavas-Walt, Proctor, & Smith, 2014).

The concept of defeat has yet to be studied within African American women. However, defeat has been studied in the general population in predicting depression and suicide. In a study that examined patients who were admitted to a hospital for self-harm and suicide behaviors, defeat had a positive association with suicide ideation (Rasmussen et al., 2010). Additionally, patients who were parasuicidal were compared to a control group, defeat was found to be higher in individuals who were parasuicidal than the control group (O'Connor, 2003). Defeat has also been associated with individuals who have been diagnosed with PTSD and a history of trauma. Panagioti, Gooding, & Tarrier (2014) found a positive association between defeat and suicide ideation and individuals with PTSD and/or a traumatic events. This is of special concern to African American women, since historically and currently, African American women have faced higher rates of sexual abuse and physical violence (CDC, 2015; Institute for Women's Policy Research, 2018). More than four in ten African American women experience physical violence from an intimate partner during their lifetime (CDC, 2015). African American women are also more likely to experience psychological abuse and higher rates of sexual violence than other demographics of women (Institute for Women's Policy Research, 2018). In a study examining the racial/ethnic differences in exposure to traumatic events and the development of post-traumatic stress disorder, prevalence rates were the highest in non-Hispanic African American women, compared to all groups (Roberts, Gilman, Breslau, Breslau, & Koenen, 2011). African American women may have higher feelings of defeat if they have also experienced traumatic events (e.g., racial discrimination).

Entrapment is defined as not having the ability to escape stressful or discomforting situations even when one is motivated to do so (Gilbert & Allan, 1998). Gilbert and Allan state

that feelings of entrapment may be more harmful than feelings of defeat. Individuals may experience entrapment, internally or externally, both leading to thoughts of suicide and suicide behaviors. The concept of entrapment has been applied to other models/theories of suicide such as the Cry for Pain and Escape model, which the IMV model has also been developed from (O'Connor, 2013). Internal entrapment is the idea that internal thoughts and feelings may inhibit the individual's motivation to escape. Whereas, external entrapment refers to external stimuli that may inhibit the motivation to escape (Gilbert & Allan, 1998). Motivation to escape difficult circumstances may increase if the individual is unable to find a solution to escape their feelings of defeat and entrapment, which also increases suicide risk (O' Connor et al., 2013).

Previous research has found support for the relationship between entrapment and suicide. Park et al. (2012) found higher levels of suicide ideation was associated with higher levels of entrapment in a sample of adolescents. Additionally, when assessing for depression, entrapment had the greatest impact on suicide ideation in depressed individuals. Entrapment was able to increase validity of predicting suicide attempts while controlling for hopelessness, suicide ideation, and depression (O'Connor et al., 2013). Similar to feelings of defeat, entrapment has also been associated with PTSD and traumatic experiences (Panagitoi et al., 2012). Furthermore, in a sample of participants who engaged in self-harm, they reported higher levels of entrapment than the control group who engaged in no self-harm behaviors (Rasmussen et al., 2010). Results from this same study indicated that feelings of entrapment (internal and external) were positively associated with suicide ideation. Throughout the literature, defeat and entrapment have been identified as risk factors for the etiology of depression and the development of suicide ideation (Brown, 1998; Lester, 2012).

Although entrapment has not been empirically studied in African American women, there is research that may suggest that feelings of entrapment may be present in these women. African American women's lives have historically been stigmatized and marginalized, negatively

impacting their mental health. Dating back to slavery, African American women have been confined to upholding societal standards and obligations that have been placed upon them (Green, 2011). There are theories that suggest that African American women are held to a certain standard even within their own communities, or they need to be the ideal African American women (Harris, 2003). Within Black Feminist theory, the notion of respectability explains that in order for Black women to be valued as equals among Black men and White people, they must first be "polite, sexually pure, and reject stereotypes of them as immoral, childlike, and unworthy of respect and protection" (Harris, 2003; Pitcan, Marwick, & Boyd, 2018). Another theory is the Strong Black Woman (SBW) schema. The Strong Black Woman is suggested to be central to African American womanhood (Settles, Pratt-Hyatt, & Buchanan, 2008; Shorter-Gooden & Washington, 1996). This theory posits that in order to be a SBW, African American women must be psychologically durable and show no struggle (Watson & Hunter, 2016; Nelson, Cardemil, & Adeoye, 2016). In African American studies and Criminology literature, the gender entrapment theory is used to describe the experiences of battered African American women who are "forced or coerced into crime by their culturally expected gender roles, the violence in their intimate relationships, and their social position in society" (Weaver, 2011, p. 154; Richie, 1995; Richie, 1996). These theories may be related to the idea of entrapment due to the fact that African American women are motivated to escape struggles such as within group biases, discrimination, and abuse. Additionally, they may be facing internal entrapment (e.g., the thought that they are not strong enough as a Black women to escape their struggle) or external entrapment (e.g., societal constraints such as unequal pay and criminalization) inhibiting them from escaping.

Defeat and Entrapment in African Americans

When examining racial and ethnic minorities' especially African American women, feelings of defeat and entrapment may be manifested through experiences of racism and discrimination. Being the target of racism can entrap individuals in aversive situations (Gilbert et

al., 2004a). As mentioned previously, literature examining African American suicide during slavery times posits that African Americans during this time period were dying by suicide due to the fact that they had just been captured and taken away from their native home. (Lester, 1998). Research suggests that African tribes at the time believed that by dying by suicide they were returning their souls back to Africa, instead of being trapped in America (Lester, 1998). African Americans at the time of slavery may have felt a sense of defeat and entrapment. The beginnings of racism and slavery in America removed African Americans from their home country, took away any resources that they had, and left no means of escaping this situation. Previous research examining the feelings of defeat and entrapment within African Americans found that defeat was a positive predictor of suicide ideation in African Americans in a rural sample (Hollingsworth, 2017). This was the first and only study that has examined the Integrated Motivational Volitional Model in African Americans. The concepts of defeat and entrapment are understudied within diverse populations, but especially for African American women. Further research is needed in order to understand and validate the model across racial and ethnic groups.

The Volitional Phase

The Volitional phase, the final phase of the IMV model addresses how suicide ideation develops into suicide behavior. The phase also recognizes that the transition of suicide ideation to suicide behavior is a cycle. Volitional moderators that link suicide ideation and suicide behavior together such as access to means, capability, and impulsivity could either be the driving forces of suicide ideation or suicide behavior. There is currently no research that examines the volitional phase within African American samples, nor women.

The Current Study

Previous research examining feelings of defeat and entrapment within African Americans found that defeat was a positive predictor of suicide ideation in African Americans in a rural sample (Hollingsworth, 2017). This was the first and only study that has examined the Integrated Motivational Volitional Model in African Americans and further research is needed in order to understand and validate the model across racial and ethnic groups. There are few studies that test models of suicide within African American samples, but especially within African American women. Understanding the underlying mechanisms that have kept suicide rates relatively low for African American women, may increase the advancement of prevention strategies for comparable minority groups.

There is considerable literature that establishes the relationship between defeat and entrapment. Empirical research is lacking, however, in addressing how racial discrimination-related constructs including race-based rejection sensitivity may be a contributing factor to the development of suicide ideation through defeat and entrapment. The current study evaluated race-based rejection sensitivity as a predictor of defeat and entrapment in African American women, using the Integrated Motivational Volitional (IMV) model.

Hypotheses

The IMV model is still a relatively new model of suicide and it is important that the findings of the model are replicated in diverse populations. To knowledge, there is only one study that has examined the IMV model in an African American sample, however, this study did not use the model to potentially explain the rates of suicide ideation in African American women. The current study seeks to determine the role that race based rejection sensitivity plays in the IMV model of suicidal behavior for African American women. First, it is hypothesized that defeat will be indirectly related to suicide ideation through feelings of entrapment for African American

women. Race-based rejection sensitivity is hypothesized to independently serve as a threat-to-self moderator on the relationship between defeat and entrapment for African American women. Lastly, it is hypothesized that testing the moderated mediation would result in the following outcomes: feelings of defeat would have an indirect effect on suicide ideation through feelings of entrapment for African American women, and race-based rejection sensitivity would moderate (strengthen) the relationship between defeat and entrapment.

CHAPTER III

METHODOLOGY

Participants

 Participants consisted of 270 women who identified as African American/Black. The

average age of participants was 34 years (SD = 9.80). When examining gender, 97.4% of the

sample identified as female, with 6 participants identifying as non-binary, and 1 participant

identifying as transgender. For sexual orientation, 74.4% of the sample identified as heterosexual,

9.6% as bisexual, 4.8% as Queer, 4.4% as pansexual, 3.7% as homosexual (Lesbian or Gay),

1.9% as questioning/unsure, .7% as asexual, and .4% as other.

Materials

Measures

Demographics Questionnaire. A demographics questionnaire was administered to participants

in order to obtain information about their ethnicity, age, sex, sexual orientation, income, and

education.

The Defeat Scale (Gilbert & Allan, 1998) The Defeat scale is a 16-item self-report measure that assesses feelings of a failed struggle as well as a decline/loss in social rank. The scale is scored on a 5-point Likert scale with responses ranging from 0 (never) to 4 (always). Items from the scale include statements such as, "I feel that I have not made it in life", "I feel that I have lost important battles in life", and "I feel powerless". This will be the first study to use the Defeat scale in a sample of African American women. However, in a previous study examining defeat in a general African American sample, internal consistency was excellent, with an alpha level of .93 (Hollingsworth, 2017).

The Entrapment Scale (Gilbert & Allen, 1998) The Entrapment scale is a 16-item self-report measure that assesses feelings of inescapable situations. The scale measures for both feelings of internal entrapment and external entrapment. The scale is scored on a 5-point Likert scale with responses ranging from 0 (not at all like me) to 4 (extremely like me). Items from the scale include questions such as "I am in a situation I feel trapped in", "I am in a relationship I can't get out of", and "I feel trapped by other people". This will be the first study to use the Entrapment scale in a sample of African American women. However, in a previous study that examined Entrapment in a sample of African Americans, the internal consistency was excellent, with an alpha level of .97 (Hollingsworth, 2017).

Depressive Symptom Index-Suicidality Subscale (DSI-SS; Metalsky, 1991; Metalsky & Joiner, 1997). The Depressive Symptom Index-Suicidality Subscale for suicide ideation is a 4-item self-report measure that assesses for current suicide thoughts and risk within the past 2 weeks. Each item has scores ranging from zero to three, with higher numbers indicating greater suicide ideation. The DSI-SS has had good internal consistency and validity. Additionally, the scale has demonstrated high internal consistency ($r = .87$) in a sample of African American college students (Davidson et al., 2010).

Rejection-Sensitivity-Race Questionnaire (RSQ-Race; Mendoza-Denton, Downey, Davis, Purdie, & Pietrzak, 2002). The RSQ-Race questionnaire is a 12-item instrument that evaluates an individual's perceptions and concerns about rejection based on race in various situational contexts. Each item on the questionnaire contains two parts. In order to obtain a score for each item, each of the two parts of each question were multiplied by the other. The mean of all scores for each item was calculated for a total score. The questionnaire was developed for African Americans regardless of their backgrounds, but also assessed whether they had experienced rejection in regard to their race, sex, gender, or religion. The questionnaire has demonstrated high internal consistency (α= 0.90), along with strong test-retest reliability (r = 0.80; Mendoza-Denton et al., 2002).

Procedure

Participants were recruited through an online research system (i.e., SONA and utilizing snowball sampling on social media (i.e., Twitter, Facebook, and Instagram). Participants completed informed consent forms and measures on an online website (i.e., Qualtrics). After completion of measures, participants were debriefed about the aims of the study and received a referral list of psychological services. Participants who identified as Oklahoma State students received research credit for their participation. This study was approved by the University Human Research and Compliance Offices.

CHAPTER IV

FINDINGS

Statistical Analyses

First, relationships between variables were assessed using a listwise two-tailed bivariate correlation analysis. To test the study's hypotheses, a moderated mediation model with 5,000 bootstrapping samples, as outlined by Hayes (2013) was used. Bootstrapping was used as it does not assume normal distribution, uses resampling, and "may be used in samples of virtually any size" (Preacher, Rucker, & Hayes, p. 200, 2007). Specifically, defeat served as the predictor variable (X), entrapment served as the mediator (M), and suicide ideation served as the outcome variable (Y). Racial rejection sensitivity served as the moderator (W) of the relationship between defeat and entrapment (path a).

Correlations

Means, standard deviations, and bivariate correlation coefficients of study variables are presented in Table 1. Results indicated that defeat, entrapment, racial rejection sensitivity, and suicide ideation were all significantly and positively correlated with one another.

Single Mediation

A single mediation was conducted to examine whether defeat had an indirect effect on suicide ideation through entrapment (excluding racial rejection sensitivity as a possible moderator). Results demonstrated that there was a significant direct effect of defeat to entrapment ($\beta = .9088$, SE = .0456, 95% BC [.8191, .9985]), indicating that participants who felt high feelings of defeat also felt high feelings of entrapment. There was also a significant direct effect of defeat on suicide ideation ($\beta = .0308$, SE = .0107, 95% BC [.0097, .0519]). Lastly, there was a significant indirect effect of entrapment on the relationship between defeat and suicide ideation ($\beta = .0423$, SE = .0122, 95% BC [.0200, .0673]), indicating that the first hypothesis of this study was supported.

Moderated Mediation Results

As seen within the single mediation, the moderated mediation analysis showed that there was direct effect of defeat on suicide ideation through entrapment. However, there was no significant direct effect of racial rejection sensitivity on entrapment ($\beta = -.0002$, SE = .9990, 95% BC [-.3015, .3011]). See Table 2. Additionally, racial rejection sensitivity did not significantly moderate the relationship between defeat and entrapment ($\beta = .0030$, SE = .0061, 95% BC [-.0090, .0149) at any value (i.e., mean, one standard deviation above mean, one standard deviation below mean). All conditional effects were significant, indicating that the relationship of defeat and entrapment held across all levels of racial rejection sensitivity. This is evidenced by the 95% Bias Corrected Confidence Interval (95% BC) containing a value of zero at all levels of the moderator. See Table 3 and Figure 1.

CHAPTER V

CONCLUSION.

The aim of the current study was to examine the Motivational Phase of the Integrated Motivated Volitional Model of Suicide (IMV; O'Connor, 2011) in a sample of African American/Black women. The study consisted of two hypotheses. First, it was hypothesized that entrapment would have an indirect effect on the relationship between defeat and suicide ideation. Second, it was hypothesized that racial rejection sensitivity would strengthen the relationship between defeat and entrapment. The first hypothesis of this study was supported, entrapment did significantly mediate the relationship between defeat and suicide ideation, indicating that defeat may increase the susceptibility to suicide ideation through the development of feelings of being trapped by life's circumstances for African American/Black women. Additionally, there was a direct effect of defeat on suicide ideation, indicating that feelings of defeat may increase risk of suicide ideation for African American/ Black women. However, the second hypothesis of this study was not supported. Racial rejection sensitivity did not significantly moderate the relationship of defeat and entrapment, indicating that feelings of rejection due to race do not increase the strength of the relationship between feelings of defeat and entrapment, and therefore do not increase suicide ideation for Black women.

This is the first study to investigate the relationship between racial rejection sensitivity, defeat, entrapment, and suicide ideation through the lens of the integrated motivational volitional model of suicidal behavior (O'Connor, 2011). Results of the current study support the hypothesis of the Motivational Phase of the IMV, as feelings of entrapment did mediate the defeat-suicide ideation relationship. The results indicate that Black women are significantly feeling trapped by life's circumstances and subsequently defeated. The intersectionality of Black women's experiences may contribute to feelings of defeat and entrapment. Black women are constantly working to rise in social status while constantly being denied equity. This is evidenced by sociopolitical factors such as unequal pay and racial and gender discrimination within the workforce and education. Black women are the most educated demographic, however, are paid 38% less than White men and 21% less than White women, even when working the same job (Hegewisch & Barsi, 2020). The stress of racism and sexism, combined with the stress of serving as the primary caretakers of their communities, can take a toll on Black women's health, regardless of socioeconomic status. Well-educated Black women have worse birth outcomes than white women who have not finished high school. Black women are also disproportionately subject to various social determinants of health such as poor-quality environments in impoverished neighborhoods, to food deserts, to a lack of access to health care which increases the risk of contracting life-threatening diseases, like HIV and cancer (Serrant, 2020; Williams, 2002). These sociopolitical and discriminatory circumstances may also explain feelings of defeat in Black women. While breaking through these intersectional barriers, Black women may be upholding attitudes of the Strong Black Woman schema (Giscombe, 2010), which, as mentioned previously, promotes the belief that Black women are to remain psychologically durable regardless of one's struggles (i.e., losing a job, being a single mother, being denied quality healthcare). Previous research has shown that Black women who uphold the Strong Black Woman schema are more likely to engage in maladaptive perfectionism which can then lead to increased risk of depression and other poor mental health outcomes (Liao et al., 2020). Future

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research examining the IMV model in Black women, should include maladaptive perfectionism and/or the Strong Black woman Schema as a threat to self-moderator on the relationship between defeat and entrapment.

The finding that racial rejection sensitivity did not serve as a moderator of the defeat and entrapment relationship could be due to the robust relationship between defeat and entrapment. Defeat and entrapment were strongly and positively correlated with each other and the direct effect was maintained at all levels of racial rejection sensitivity. This indicates that the strength of the relationship between defeat and entrapment is maintained, regardless of the presence of racial rejection sensitivity. While racial rejection sensitivity was significantly correlated with suicide within the sample, it may not be a significant predictor of defeat and entrapment motivating suicide ideation for African American/Black women. Although previous studies have shown that rejection sensitivity is a significant predictor of suicide ideation, as mentioned previously there no studies have examined racial rejection sensitivity to be a significant predictor for suicide ideation and/or behaviors. Additionally, in a study that examined the association between rejection sensitivity and suicide ideation among a diverse racial/ethnic sample, researchers did not find rejection sensitivity to be significantly associated with suicide ideation (Chesin & Jeglic, 2016), indicating that racial/ethnic individuals highly sensitive to rejection, including due to race, may not experience suicide ideation due to experiences of rejection. It is possible that the experiences of rejection due to race do not fully capture the intersectionality of lived experiences (i.e., being rejected and/or socially isolated due to race and gender) for Black women, leading up to suicide ideation.

Limitations and Future Directions

        Though the current study has strengths, limitations should also be considered while interpreting results. The cross-sectional design in a moderated mediation analysis, does not allow for causal inferences to be made. Future studies should utilize a longitudinal design, which could allow for more causal inferences. In addition, replicating this study in a clinical sample would allow for more generalizability as participants would likely report higher rates of suicide ideation and be at a higher risk. Further, more studies should examine other risk (i.e., Strong Black Women schema, racial and gender microaggressions, intersectional discrimination) factors that could serve as threat to self and motivational moderators that increase suicide risk specifically for African American/Black women within the context of the IMV model. This is the first study to examine defeat, entrapment and suicide among African American/Black women and the relationship should continue to be investigated in the future. In addition to theoretical implications, the study also has clinical implications. As previously stated, defeat was a positive predictor of suicide ideation in the sample and could be assessed by clinicians who have African American women clients who may be at risk of suicide or endorse suicidal thoughts. Therapeutic techniques to challenge thoughts of being defeated, thoughts of being entrapped by life's circumstances, and/or feelings of maladaptive perfectionism used in cognitive therapy may be beneficial. In addition, clinicians could encourage African American/ Black women clients to engage in activities they excel in, as seen within Behavioral Activation. The increase in positive experiences and achievements could decrease feelings of defeat and entrapment, which in turn could decrease thoughts of suicide.

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APPENDICES

Table 1.

Correlations, Means, and Standard Deviations

Variable	1	2	3	4
1. RRS	-			
2. Defeat	.20**	-		
3. Entrapment	.18**	.77**	-	
4. Suicide Ideation	.17**	.53**	.57**	-
M	14.12	20.8	15.00	.72
SD	6.84	12.2	14.40	1.67

Note: **$p < 0.01$, RRS= Racial Rejection Sensitivity

Table 2.

Moderation Results of the Moderated Mediation Analysis

Outcome	Predictors	ΔR^2	Coefficient	*se*	LLCI	ULCI
Entrapment		.5997				
	Defeat		.8572	.1024	.6557	1.058
	RRS		-.0002	.1530	-.3015	.3011
	DefeatxRRS		.0030	.0061	-.0090	.0149
Suicide Ideation		.3479				
	Defeat		.0308	.0107	.0097	.0519
	Entrapment		.0465	.0091	.0286	.0645

Note. DefeatxRRS = Interaction of Defeat and Racial Rejection Sensitivity, RRS= Racial Rejection Sensitivity

Table 3.

Indirect Effect of Defeat on Suicide Ideation through Entrapment at Values of Racial Rejection Sensitivity

RRS	Effect	*se*	LLCI	ULCI
7.1000	.0408	.0113	.0191	.0633
13.7500	.0418	.0118	.0194	.0655
21.900	.0429	.0133	.0192	.0707

Note. RRS= Racial Rejection Sensitivity, LLCI= Lower Limit Confidence Interval, ULCI= Upper Limit Confidence Interval

Figure 1.
Proposed Model

Racial Rejection
Sensitivity
(W)

Entrapment
(M)

Defeat

(X)

Suicide Ideation
(Y)

-.0002 (ns)

.86**

.04**

.031*
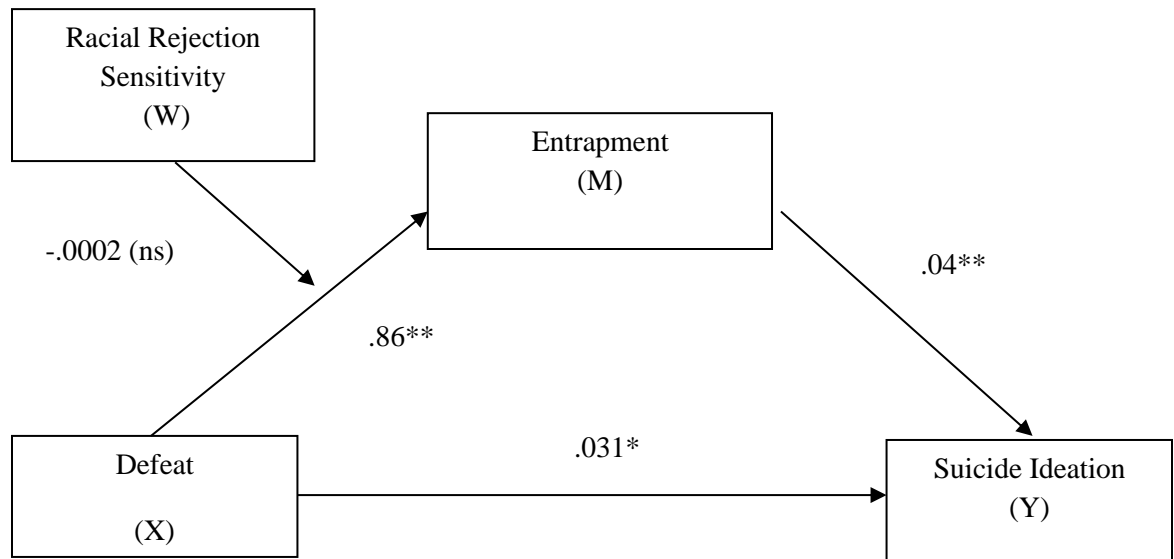
Note: *p <0.05, **p < 0.01,

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