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## Suicidal Behavior in Latinas: Explanatory Cultural Factors and Implications for Intervention

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### Abstract

We posit that the high rates of suicidal behavior by teenage Hispanic females reported in large-scale surveys can be understood as a cultural phenomenon, a product of specific elements of the history, tradition, ideology, or social norms of a particular society, and that treatment interventions must take family and cultural factors into consideration. For over a decade, surveys have reported that among ethnic and racial minority youth in the United States, Latinas have the highest rates of suicidal behavior compared to African American and non-Hispanic White adolescent females. However, other research shows that the psychological profiles of suicidal Latina adolescent girls and the risk factors for Latina suicidal behavior may not be that different from non-Hispanic suicidal adolescent females. The unique situation of adolescent Latinas involves the convergence of cultural and familial factors (i.e., familism, acculturation, relatedness, autonomy, etc.) with the developmental, social, and individual factors frequently associated with suicidal behaviors. Based on this background, family-oriented interventions appear to be the most appropriate approach to the prevention and treatment of Hispanic suicidal girls. Factors implicated in Latina suicidal behavior and community-based interventions that include the adolescent and her family are suggested.

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Suicidal behavior among Hispanic youth has been reported to be higher in comparison to non-Hispanic Black and White youth (Centers for Disease Control and Prevention [CDC], 2003, 2006; Substance Abuse and Mental Health Services Administration [SAMSHA], 2003). Although data do not distinguish Latino youth by country of origin or heritage, Latino<sup>1</sup> youth of both sexes have shown consistently higher rates of suicidal ideation, plans, and behavior than their non-Hispanic counterparts, except for the category of youth designated as “Other” (which includes Native American youth). In spite of the higher than average reports of suicidal behavior among Hispanic youth, their actual rates of suicides are lower than those of non-Hispanic White and Native American adolescents, but higher than those of non-Hispanic Black youth.

Although these reports confirm observations from other epidemiological and clinical research as well as observations made by many urban mental health clinicians working with Latino populations, empirical literature explaining this dramatic difference is quite sparse. With our current state of knowledge, we are not yet able to explain, with a high degree of empirical certainty, what the reasons are that explain why the rates of suicidal ideation and attempts are higher among Latino youth. In this article, we do not purport to present explanations derived from rigorous, first-hand empirical research. Rather, we integrate knowledge from past

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<sup>1</sup>The terms *Latino* and *Hispanic* will be used interchangeably in this paper. No single term has become a universal designation for persons who trace their ancestry, birth, or heritage to the Spanish-speaking countries of the Caribbean or Central and South America.

research with clinical observations and theoretical accounts—the best knowledge available at this point in time—in order to enhance our understanding and to begin to develop preventive interventions and treatments to reduce suicidal behavior among Latina youth. Until the empirical knowledge base is sufficiently sophisticated, we must rely on our best informed ideas. Our focus is on adolescent Hispanic females because of their much higher rates of suicidal behavior as compared to females and males across ethno-cultural groups.

The struggle for the developing Latina adolescent can be best characterized as a complicated convergence of forces—developmental processes, social and peer group factors, cultural traditions and bicultural challenges, unique individual characteristics (i.e., personal experiences, emotional and psychological state, etc.), and family dynamics and relations. Together, these forces interact to test her psychological and emotional capacities either to withstand and resolve conflicts in adaptive ways, drawing on individual resiliencies and psychological strengths, or to succumb to them maladaptively, setting the stage for suicidal behavior (Moscicki & Crosby, 2003). A discussion of each of these forces in the initial sections of this paper sets the basis for considering future research and prevention and intervention programs. A conceptual model for research that incorporates the sociocultural and family environment, developmental processes, and individual psychology has been advanced by Zayas, Lester, Cabassa, and Fortuna (2005); however, the model does not discuss entry points for preventive programs or therapeutic interventions with suicidal Latina teenagers.

## ADOLESCENT DEVELOPMENT

As physical maturation progresses and cognitive abilities grow, the Latina adolescent, like other female teenagers, experiences the normative developmental processes that accompany this epoch of life. Well-known among the struggles of adolescent females are issues of self-esteem, body image, peer group relations, academic achievement, and identity formation (Feldman & Elliot, 1990; Steinberg, 1990). One line in this developmental process that appears to bear strongly on our conceptualization of suicidal behavior among Latinas is the struggle between connection and separation, or in other words, between relatedness and autonomy (Brown & Gilligan, 1992; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Steinberg, 1990).

The concept of relatedness and autonomy has, we propose, specific connotations for Hispanic females insofar as female socialization is associated with allegiance to the family. The primacy that traditional Hispanic cultures give to the family in the person's life adds a unique element to the experience of adolescent Latinas. Hispanic familism dictates that the "self-in-relation" be manifested through a strong allegiance to the family, which places family maintenance and stability at the center of what the responsible "self" must do. Hispanic familism has been known to imply a major obligation to the family, sometimes including the sacrifice of the individual's needs for those of the family. Part of the obligation is to sustain the unity and integrity of the family (Lugo Steidel, & Contreras, 2003; Zayas & Halleja, 1988).

The complication that the adolescent Latina faces is the conflict between her developmental movement toward autonomy from the family, especially parents, and her desire to also maintain the connection with them. This autonomy-relatedness dynamic creates intrapersonal tension (possibly confusion and guilt) and interpersonal strains between the adolescent and her parents. The tension is not independent of traditional cultural values associated with gender and family structure. In essence, the pull of the connection to the family and its cultural traditions and the counter-pull of the adolescent need for increased autonomy generate psychological conflict, as well as family tension.

Another divergence in the adolescent Latina's developmental process lies between the progression of her acculturation and that of her parents. *Acculturation* refers to the process by which a person adapts to a new culture and adopts the values, beliefs, and behaviors of the new

culture, while maintaining elements of the culture of origin (Cabassa, 2003). There exists a large body of literature on disparities in acculturation and how discrepant value systems of adolescents and their immigrant parents are brought about by the differential pace of parents' and youths' acculturation (Phinney, Ong, & Madden, 2000). Among the Latina daughters of immigrants (from Hispanic nations in the Caribbean and Central and South America) who are low in acculturation, the same process occurs and seems to hold some of the elements of the suicidal behaviors. The suicidal acts are believed to occur when parents and daughters cannot reconcile their acculturational differences (Zayas, 1987). It seems to us that as parents hold rigidly to traditional ways, slowing or delaying the acculturation process, their sons and daughters are acculturating rapidly. The discrepancy in acculturation (e.g., that the child wants to embrace more rapidly the ways of the new culture, which can mean greater autonomy among girls, and that her parents want her to behave in the manner that is traditional for a girl in the society or country of origin) contributes to the tension that can bring about a psychological and family crisis for the adolescent.

Within the autonomy-relatedness dynamic, parental mentoring and the girl's sense of mutuality with her parents, especially with her mother, appear to play a notable part in the conditions that trigger suicidal behavior (Zayas et al., 2005; Zimmerman & Zayas, 1995). Razin et al. (1991) and Zayas et al. (2005) propose that immigrant parents' inability to effectively mentor their daughters to negotiate the combined effects of adolescent development and acculturative stress—due in large part to the fact that the parents did not experience these challenges and therefore do not have the knowledge to impart—reduces their capacity to provide reliable support, inspiration, care, and influence toward adaptive choices (Rhodes, Contreras, & Mangelsdorf, 1994). The feelings, activities, and thoughts that are exchanged bidirectionally between parents and daughters, that have been defined as “mutuality” by Genero, Miller, Surrey, and Baldwin (1992), may thus be compromised by the tension stemming from development and acculturation.

Within this context of development and acculturation, we witness in adolescent Latinas the strains that occur when daughters and parents must deal with the dual issues of sexuality and autonomy that are part and parcel to adolescence. Turner, Kaplan, Zayas, and Ross (2002) found that suicidal girls reported much lower perceived mutuality (bidirectional exchange of feelings, activities, and thoughts) with their mothers, seemed to have less flexible and adaptive families, and told of more periods of father-absence in their lives than nonsuicidal girls. Hispanic suicidal girls in the United States may yearn for more mentoring and mutuality with their parents, but the parents may not be capable of providing these important supports, by virtue of their own slow acculturative process. The Hispanic girl may seek mutuality with her parents (Powell, Denton, & Mattsson, 1995), but feel that she does not receive it.

## FAMILY PROCESSES AND CULTURAL TRADITIONS

In our effort to distinguish Latina girls from other ethnocultural groups in regards to their experience of family and how this may have a role in suicidal behaviors, we assert the importance of focusing attention on familial processes that are dictated by cultural traditions. In Hispanic cultures, the primacy of family obligation is commonly subsumed under the concept of *familism* (Lugo Steidel & Contreras, 2003; Zayas & Palleja, 1988). Familism has traditionally been defined as a value that places the family as the primary unit, in contrast to modern American culture or Western tradition that place the individual at the core. While familism appears among many cultures and ethnic groups, it is the unique expression of familism in each ethnocultural group that distinguishes one from the other at the level of microanalysis. Among Hispanics, the family defines not simply how one behaves with parents and siblings, aunts, uncles, and grandparents; the ethos of the Hispanic family lies in its centrality in the individual's identity and how it governs the individual's behavior. The family

is larger than the individual, and the individual's obligation is to help maintain the family's unity. Child socialization practices affirm this principle in traditional Hispanic cultures. While in most cultures the socialization that occurs during adolescence focuses on the preparation for adulthood, there is a nuanced difference between traditional Hispanic cultures and contemporary American culture. In traditional Hispanic cultures, adulthood is primarily interpreted in the socialization process as readying a person for *parenthood*, which reinforces the obligation to family. In the United States and most Western countries, the socialization toward adulthood is more often defined in terms of *occupational roles*, in which the individual's achievement is considered more critical. It is in such basic levels of analysis that we observe how familism operates and is passed from one generation to the next of Hispanic families.

The evidence for understanding Hispanic women's suicidal behaviors from a sociocultural and familial perspective appears even in the earliest accounts about the frequency and nature of suicidal behaviors by Hispanics. The writings of Trautman (1961a, 1961b) made clear that suicidal behaviors are often impulsive, sudden means of escaping a stressful situation. These intense situations were more often than not related to arguments and conflicts with family members, especially with mothers or spouses.

When asked about their suicidal behavior, Latinas have been known to report that they were neither thinking of death nor aware of their thoughts. In what appears to be a moment of dissociation, the suicidal behavior occurs, often through ingesting pills or cutting (although there have been reports of other forms of attempts). We theorize that cultural traditions that socialize women to maintain closeness and obligation to family, while limiting the manner in which anger can be expressed, may have a causal relation to the suicidal behavior.

In this context, the suicidal behavior can be seen as a culture-bound syndrome that gives young women a way to ventilate accumulated anger and frustration, much as an *ataque de nervios* provides relief from tension to older Hispanic women (Canetto, 1997; Canetto & Lester, 1998; Corin, 1996; Oquendo, 1994). *Ataques de nervios* are dissociative experiences in which intense effects occur that are exhibited by fainting, crying, trembling, screaming, becoming verbally or physically aggressive, feeling a loss of control, and sometimes, suicidal acts (Oquendo, 1994). *Ataques* "frequently occur as a direct result of a stressful event relating to the family" (American Psychiatric Association [APA], 1994, p. 845). (Guarnaccia, Canino, Rubio-Stipec, & Bravo, 1993) concluded that the *ataque*, like the suicidal behavior, is a psychocultural response to a perceived threat to the stability of the woman's social world, and of her family in particular. Suicidal ideation and behavior among many Hispanics, especially among women, are correlated to issues of family disruption and threats to family unity such as divorce, separation, or sudden deaths or losses of family members (Ungemack & Guarnaccia, 1998). Some of the literature on adolescent suicidality in general, and on suicidal behaviors by adolescent Hispanic females in particular, has linked parental or familial suicidal modeling and suicidal behaviors (Brent et al., 2002; Rew, Thomas, Horner, Resnick, & Beuhring, 2001; Zayas & Dyche, 1995). Razin et al. (1991) posited that a transgenerational dynamic was operating in the suicidal behaviors of their adolescent Latina sample, in that the adolescents may have been aware of a suicidal gesture or attempt that their mothers made during their own adolescent years. More research on this subject is needed, because the manner by which such a dynamic is communicated (through modeling or unconscious communication in families) remains very speculative.

However, when family structures and processes (in Hispanic and non-Hispanic families) are dysfunctional, such as when a family is low in cohesiveness, parental support, and warmth, and high in marital and parent-adolescent conflict, the propensity for suicidal behaviors is increased (Fremouw, Callahan, & Kashden, 1993; Hovey & King, 1996; King, Raskin, Gdowski, Butkus, & Oipari, 1990; Wagner & Cohen, 1994). The literature shows that,

regardless of ethnicity or culture, adolescents who demonstrate suicidal behaviors often report negative parenting, histories of abuse, excessive parental control, and poor communication between children and parents and between parents (King, Segal, Naylor, & Evans, 1993; Marttunen, Aro, & Lonnqvist, 1993; Rew et al., 2001; Wagner, 1997).

Cultural traditions and developmental changes do not occur in isolation from family and individual psychopathology. Rather, when the conflicting developmental desires for autonomy and relatedness are met with firm cultural traditions that imply strict expectations for female behavior (often constraining the adolescent's developmental needs), and when these occur within contexts that are conflict-ridden or unsupportive and that may have left the adolescent with poor coping capacities, the distress of the adolescent is heightened to the point at which the potential for a suicidal behavior is greatly increased (Kushner & Sterk, 2005).

## **SOCIAL AND PEER GROUP FACTORS**

The social context of the suicidal behaviors of adolescent Latinas may differ from those of non-Hispanic females. Clinical experience seems to suggest that suicidal behaviors by adolescent Latinas are not as closely tied to extra-familial peer relationships as they seem to be in other ethnic groups. That is, the adolescent Latina's suicidal behavior seems to seldom be centered on problems in peer relations. The few research reports on adolescent suicidal behaviors (Razin et al., 1991; Turner et al., 2002) do not show that Latina suicidal girls connect their suicidal behavior to rejection by or other conflict with peers. More often than not, the precipitating factors were family-centered ones (Gil & Vazquez, 1997). In fact, Mexican American adolescents report that family stressors are the most difficult life event for them, more so than conflicts with peers. Girls complain that arguments with their parents and breaking up with someone they were dating generate the most stress in their lives (Kobus & Reyes, 2000).

Yet the influence of peer relations in the suicidal behavior of adolescent Latinas can be construed, at this point, as an *indirect* pressure rather than a direct one. Our clinical experience shows that the parent-daughter interaction is affected by parental reactions to the perception that the adolescent girl is being influenced by the peer group in wishing for greater levels of autonomy. Whereas the adolescent experiences developmental pushes toward autonomy that are manifested in the desire to be like her peers, parents may see the peer group as the source of the girl's insistence on greater freedom. Parents may believe that, if she were isolated from the peer pressure, their daughter would not pose challenges to their authority or cultural traditions. Another indirect peer influence may be the blossoming of a romantic relationship between the girl and a partner. The pressure on the girl in this case may not stem directly from the relationship, but rather from the parents' resistance to the autonomy that such a relationship implies. With the evidence that is available, therefore, we consider that the peer influence may not be as salient in the suicidal behavior of adolescent Latinas as it is with other females. However, we recognize that research on Hispanic females is nascent, and thus these ideas should be treated as clinical impressions with some caution.

## **COMMUNITY-BASED RESEARCH, PREVENTION AND INTERVENTION**

We are at the beginning of a community collaboration that will first examine empirically the underlying reasons for the higher-than-average rates of suicidal behaviors among adolescent Latinas, and second, will generate approaches for preventing suicidal behaviors and intervening with suicidal adolescents that have come to the attention of service providers.

On the research front, our collaboration consists of a mixed qualitative and quantitative study of the phenomenology of the suicidal behaviors. As a university-agency team, we are in agreement that there is an underlying phenomenology to the suicidal behavior, and it is that

phenomenology that we seek to understand. The theoretical and clinical speculations described earlier in this paper guide our work in understanding what leads to, happens during, and occurs after the suicidal behavior, both in the psychology of the girl and in the context of the family system. Therefore, the qualitative method, in the form of an in-depth interview, seeks to learn about the suicidal behavior from the subjective experience of the adolescent—the events, sensations, emotions, and interactions that surrounded the suicidal incident. With this kind of inductive drive, we aim to get an insider's perspective of the suicidal behavior to determine if the clinical and theoretical speculations hold up to scrutiny and if new, unanticipated aspects of the attempts are revealed. The quantitative measures allow comparison and validation of the impressions that are derived by the qualitative interview, and vice versa. While the qualitative interview provides the in-depth subjective perspective, a quantitative questionnaire comprised of a variety of measures that assess family adaptability and cohesiveness, familism, acculturation, parental affection, mentoring, and support provides additional information about the suicidal behaviors. A more detailed description of our methodology, including the quantitative component, is provided by Zayas et al. (2005). Altogether, these methods will lead to insights that might clarify the theoretical and clinical speculations that have been advanced.

Furthermore, because we conceive of suicidal behaviors by Latinas as often related to family situations, qualitative and quantitative interviews administered to the parents of suicidal Latina teens will amplify our understanding of the girls, and the interactions and parental perceptions surrounding the suicidal event. Inasmuch as our clinical and theoretical framework conceptualizes that the suicidal behavior reflects family tension and the sense of potential adolescent-family rupture, multiple informants will enrich the data that are collected and will provide more context to the events. Each parent is invited to complete a questionnaire closely resembling the one that his or her adolescent daughter is given, although the parent's responses will reflect his or her own perspective. As such, the parents' acculturation level, their perceptions of familism and of their closeness, supportiveness, and affection toward their daughter are measured. A qualitative interview similar to that which is administered to the suicidal adolescent is also conducted with the parents. In this interview, the events leading to the suicidal behavior are explored in detail. The parents' attitudes toward their daughter's acculturation, developmental strivings, and the attempt itself are closely examined. Also through this in-depth interview, we aim to understand the parents' interpretation of the suicidal behavior (i.e., what they think the attempt meant to their daughter, to themselves, and to the family) and what their daughter was trying to communicate. Working within the context of community mental health clinics that are under the umbrella of a large ethnic-specific social service agency is a logical setting for this research. Moreover, a research partnership with a multi-service agency that provides both clinical and community services reveals an opportunity to recruit nonsuicidal adolescents with similar sociodemographic characteristics for comparison purposes.

With regards to prevention and intervention, our university-agency collaboration will lead to more sophisticated and informed means of preventing suicidal behavior. Each party brings a unique perspective to the research and to our efforts in intervention and prevention, which would not be present if the collaborators were to work alone. Most community agencies are not skilled in research, and the demands of delivering services everyday conspire to reduce opportunity for this approach. However, clinicians are highly knowledgeable about the variety of ways in which suicidal behaviors occur in Hispanic families. Experienced clinicians have often worked with many such families and possess a repertoire of skills and approaches for treating them but are seldom able to test their interventions and to share this knowledge with others in the field. Therefore, countless hours of successful treatments go basically unnoticed by other clinicians who could potentially benefit from this knowledge and experience. Collaborating with university researchers who can assist in this dissemination will extend clinicians' work beyond the confines of their agency practice.

Our primary focus for treatment and prevention is on the family. Operating from the perspective that the family in Hispanic culture holds a central position in individuals' lives, our collaboration is based on the importance of treating the girl within the context of her family. In a family-oriented treatment approach, we do not eschew the importance of individual therapy. Rather, our therapeutic emphasis is on treating parents and adolescents together, adolescents alone, and, if necessary, parents alone. In their treatment of depressed Hispanic adolescents, Rosselló and Bernal (1996, 1999) point to the value of family involvement in the therapy. It is not simply an expectation of the parents, they conclude, but that Latino teens expect their families' involvement in treatment.

Prevention efforts can start in the schools, where social workers and counselors can begin to identify Latinas at risk for suicidal behaviors. Using the profile that emerges from the literature, monitoring adolescent daughters of immigrant parents who have recently emigrated from Latin American countries would be one way to identify such girls. Engaging them in support groups may offer an outlet for discussing the pressures they face. Latino parents often find that the school environment is a much less threatening place than the mental health clinic and are amenable to attending parent groups in that setting. Therefore, parent-oriented psychoeducational sessions about the developmental needs of adolescents, especially girls, and the natural tension that occurs during the acculturation process could help to prepare Hispanic parents to better understand their daughters' psychological and social needs.

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