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**In Their Own Words: A Qualitative Study of  
Asian American College Student Suicide**

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**In Their Own Words: A Qualitative Study of  
Asian American College Student Suicide**

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# **In Their Own Words: A Qualitative Study of Asian American College Student Suicide**

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Although the amount of interest and research on college student suicide has increased in recent years, there remains a paucity of knowledge focused on issues of suicide for college students from diverse racial and ethnic backgrounds. This study aimed to expand the limited knowledge of Asian American college student suicide using archival data from a larger national study titled *The Nature of Suicidal Crisis in College Students*. The survey was administered collaboratively online by the National Research Consortium of Counseling Centers in Higher Education and included 70 U.S. colleges and universities. Guided by the interpersonal-psychological theory of attempted and completed suicide and a cultural frame salient to Asian Americans, this study employed qualitative research methods to capture the lived experience of fifty-eight Asian American suicidal college students. More specifically, the present investigation explored the factors that positively and negatively influenced Asian American college students with serious suicide ideation from progressing to behaviors with higher risk of lethality, such as suicide attempts and completions. Findings from a culturally grounded phenomenological analysis of participants' narrative responses revealed protective factors

including: (a) a desire not to hurt or burden others, (b) social support, (c) fear, (d) self reliance and assistance, and (e) insight and meaning. Factors that participants found least helpful in resolving their suicidal crisis were (a) academics (b) lack of social support and (c) experiences with mental health providers. The results of this study provides information that should be of interest to mental health practitioners working with Asian American college students as well as have the potential to contribute towards the formulation of a theory for this specific ethnic minority group. Additionally, it is the intention that these findings will enable design of both culturally appropriate prevention and intervention programs.

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# CHAPTER I

## INTRODUCTION

On April 16, 2007, twenty-three year old Virginia Tech college student, Cho Seung-Hui, walked into both the West Ambler Johnston dormitory and Norris Hall, an engineering classroom building and traumatically altered the course of a number of lives. The Korean American student had murdered 32 faculty members and students and injured 17 others before ultimately turning the gun on himself. In the ensuing months, in the midst of the immense national and media attention focused on the actions of Cho Seung-Hui, Daniel Kim, a twenty-one year old Asian American senior also from Virginia Tech, committed suicide by shooting himself in the head in a retail parking lot in Christianburg, VA.

The American College Health Association (ACHA, 2007) has determined that one out of ten college students has contemplated suicide and 1.5% has made a suicide attempt. Further, according to reports by the American Association of Suicidology (AAS, 2006), one out of 12 college students has developed a suicide plan, with more than 1,000 suicides estimated to be completed on university and college campuses each year. Following accidental death and homicide, suicide is the third leading cause of death among 18-24 year olds, or the majority that constitute the college aged population (ACHA, 2007). While suicide accounts for 1.4% of all deaths in the United States each year, among the general population of 15-25 year olds, suicide accounts for 12.9% of all deaths (AAS, 2006).

The results of these reports reveal that suicide is a significant issue for adolescents and young adults as well as underscore its priority for health prevention programs and

accurate assessments in colleges and universities. Further, given that each suicide is estimated to affect at least six other individuals intimately, it is an issue that can also painfully impact survivors (Westefeld et al., 2000).

In response to the increased concern about youth suicide and suicide related events, legislation such as the Garrett Lee Smith Memorial Act was passed in 2004, which allocated \$82 million dollars over three years to support prevention and early intervention in higher education. (American Psychological Association, Public Policy Office, 2004). In addition, research focused on college student suicide has notably increased in the last twenty five years (Brenner, Hasan & Barrios, 1999; Cole, 1988; Dixon, Rumford, Heppner & Lips, 1992; Hahn & Marks, 1996; Westefeld & Furr, 1987). As the effectiveness of suicide prevention programs on college campuses will depend heavily on how well they mitigate the risk factors for suicide ideation in college students (Kraemer, Kazdin, Offord et al., 1997) increased knowledge about this topic is imperative.

In addition, greater understanding about suicide risk to create new or enhance existing student services is of particular importance to college mental health and counseling centers. In a national survey of counseling center directors, Gallagher and Zhana (2002) found that a majority (83%) were concerned about the increasing number of students presenting with severe psychological issues as well as engaging in self harming behaviors. Benton, Robertson, Tseng, Newton and Benton (2003) further determined that the number of college students that have come to counseling centers for issues related to suicide has increased recently by three times. Suicide is also a focus of college and university administrators as several institutions have been found legally responsible for the deaths of students (Lake & Tribbensee, 2002).

Suicide risk factors for college students include depression and hopelessness (Kisch, Leino & Silverman, 2005; Strang & Orlofsky, 1990), stressful life events (Dixon, Rumsford, Heppner & Lips, 1992; Konick & Guitierrez, 2005) perfectionism (Adkins & Parker, 1996; Blankstein, Lumley & Crawford, 2007), lack of social support (Clum & Febbraro, 1994; Heisel, Flett and Hewitt, 2003), low problem solving skills (Dixon, Heppner & Anderson, 1991; D’Zurilla, Chang, Nottingham & Faccini (1998), and substance abuse (Shaffer et al., 1996).

In response to a need for more effective assessment strategies and prevention programs (Westefeld et al., 2006), as well as an evolution from an individual pathogenic focus, an emerging body of research has focused on protective factors. These factors that buffer an individual from suicidality have been found to include survival and coping skills (Connell & Meyer, 1991), responsibility to friends and family (Ellis & Lamis, 2007) and coping styles and purpose in life (Wang, Lightley, Pietruszka, Uruk & Wells, 2008). While these studies are less represented in the literature, protective factors are equally essential in creating a more effective approach to assessment (Gutierrez, Osman, Kopper, Barrios & Bagge, 2000; Choi, Rogers & Werth, in press).

In addition to risk and protective factors, culture plays a significant role in understanding suicide. Highly competitive countries that are goal oriented such as the United States and Japan have higher rates of suicide than less competitive and goal focused countries such as Norway (Jilek-Aall, 1988), demonstrating that culture may interact with other variables to either increase or decrease suicidality (Leach, 2006; Westefeld et al., 2000). As Goldston et al. (2008) further explicate, “suicidal behavior and help seeking occur in the cultural context and are likely associated with different precipitating factors, different vulnerability and protective factors, differing reactions to

and interpretations of the behavior and different resources and options for help-seeking” (p. 16). As many have argued, culture impacts and influences patterns of suicide as beliefs about suicide are embedded in culture (Lester, 1997; Range et al., 1999; Shiang, 1998).

Therefore the effectiveness of suicide prevention or intervention programs in serving an increasingly diverse student composition is contingent upon understanding how culture interacts with aspects of suicide, such as risk and protective factors. However, it is important to emphasize that membership in any group is not a definitive indication about suicide risk (Westefeld et al., 2000). Rather, an individual’s identity should motivate a curiosity and exploration of its potential influence upon suicidal thoughts and behaviors.

However, there is a paucity of studies that have examined the issue of suicide among college students of diverse racial/ethnic backgrounds, particularly Asian Americans. Asians and Asian Americans are a heterogeneous population comprising of 30 different groups, with the ten most numerous ranked as Chinese, Filipino, Japanese, Indian, Korean, Vietnamese, Laotian, Cambodian, Thai and Hmong. These ethnicities are generally grouped into four categories in the literature: East Asian (e.g., Chinese, Japanese and Korean), Southeast Asian (e.g., Laotian, Vietnamese and Thai), South Asian (e.g., Indian and Pakistani) and Pacific Islander (e.g., Hawaiian, Samoan), (Baruth & Manning, 2003).

Additionally, Asian Americans are one of the fastest growing populations among all ethnic minority groups in the United States. According to the U.S. Census in 2002, 12.5 million people, or 4.4 percent of the total population, identified themselves as Asian American or Pacific Islander, representing 4.4 percent of the civilian, non-

institutionalized population. This growth is expected to continue with projected estimates of 24.3 million and 34.4 million people in the years 2030 and 2050 respectively (U.S. Census Bureau, 2005). The number of Asian American youth is expected to grow by 74% by the year 2015 (Snyder & Sickmund, 1999). Knowledge specific to this population, particularly concerning the grave issue of suicide, is essential for mental health professionals, educators, and institutions of higher education as the larger population growth is expected to be mirrored in enrollment trends. In addition, these aims are in alignment with the goals presented in the American Psychological Association's (2002) guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists.

There has been an increasing focus on Asian American psychological needs in research during the last two decades, as their use of mental health services is less than that of other Americans (Kearney, Draper & Baron, 2005; Snowden & Cheung, 1991). Additionally, due to stressors associated with being a member of a minority group, Asian Americans have been shown to experience psychological distress at a level at least equal to, if not exceeding, European Americans (Uba, 1994). Of those who do eventually seek help, Asian Americans often experience more severe mental illness symptoms when they finally enter formal mental health services than do other groups (Chen, Sullivan, Lu, & Shibusawa, 2003; Kearney, Draper & Baron, 2005). However, Asian Americans, as a group, have been and continue to be overlooked in suicide research (Shaing, 1998).

Suicide is a serious concern for Asian American youths, despite the implicit stereotype that Asian Americans are the "model minority", or a highly successful group not prone to emotional or psychological distress (Sue & Sue, 2007; Uba, 1994). As reported by the National Adolescent Health Information Center (NAHI, 2006), Asian

American female youth have the third highest suicide death rate after Native Americans and European Americans. Additionally, Kung, Pearson and Liu (2003) found that among South Asian American youth aged 15-24, suicide was ranked as the leading cause of death. However, there is dearth of knowledge about suicide specifically among Asian American college students, thus indicating a need for increased research in this area. As previously noted, culture can have a significant influence on suicide; therefore it is imperative to consider these aspects when working with ethnic minority college students. For Asian Americans, these cultural considerations include the role of Asian values, acculturation and enculturation, loss of face concerns as well as the impact of stereotypes such as the “model minority myth.”

Given the particular emphasis of collectivism, interdependence and interpersonal harmony in traditional Asian values, the interpersonal theory of attempted and completed suicide (Joiner, 2005) appears to provide an appropriate framework to conceptualize suicidality in Asian American college students. This theory of suicide proposes that for individuals to escalate from ideations to more serious suicidal behaviors, they must have both the desire to commit suicide as well as possess the ability to do so. The first component, desire to commit suicide, consists of two features, a thwarted sense of belonging and a sense of perceived burdensomeness to others (Joiner, 2005). Individuals who perceive themselves as interpersonally disconnected as well as a liability to their social group are more vulnerable to progressing to higher risk suicidal behaviors.

While an increase in quantitative studies on Asian American suicide is certainly needed, qualitative approaches can provide the “lived experience” (Van Manen, 1990) of an individual through its focus and use of their unique perspective. As suicide is a dynamic human experience that is affected by risk and protective factors that are

affective, cognitive, interpersonal and contextual, an investigation of how culture interacts with those variables can benefit from the ability for qualitative methods to delve deeply into complex processes. In addition, qualitative methods can be used to explore phenomena, such as Asian American suicidality, that currently has little or no supporting research (Morrow, 2007). This perspective on understanding how individuals make meaning of their experiences appears to be particularly relevant in the field of suicidology as Silverman (2005) articulates:

Over the past decade, there has been an increasing emphasis on the phenomenology of suicide. What do suicidal individuals feel, think and ultimately respond to when they get psychologically stuck in the state of acute crisis? How and when does suicidal thinking break down? How do people get trapped in psychological spaces where their need for escape becomes overwhelming? (p. 390)

Although qualitative inquiry requires the researcher to adopt an approach of minimal preconceptions, this should not be interpreted to mean an avoidance of prior research. Rather, a review of existing literature should be used to refine the purpose of the study, establish a context for the inquiry and provide a basis for comparison or consensus in interpreting the results (Haverkamp & Young, 2007). Given the scarcity of research specific to Asian American college student suicide, a general overview of college student suicide will be provided with the intention of establishing a context for this proposed study.

Therefore the following chapter includes an overall review of literature focused on suicide nomenclature, general college student suicide and the associated risk and protective factors of suicidality. A profile of Asian American college students, associated

risk and protective factors, as well as cultural considerations for this ethnic minority group then follows. Towards the end of the review, the interpersonal-psychological theory of attempted and completed suicide (Joiner, 2005) will be introduced as well as the relevance of conducting qualitative research in the fields of counseling psychology and suicidology.

## CHAPTER II

### REVIEW OF LITERATURE

#### *Suicide*

##### *Definition and Associated Terminology*

Suicide refers not to a singular act, but rather encompasses a range of different behaviors including suicidal thoughts, intentions, ideation, gestures, attempts and completions (Silverman, Berman, Sanddal, O'Carroll, & Joiner, 2007). Schneidman (1993) further explicates that it is a dynamic event that includes biological, cultural, sociological, interpersonal, intrapsychic, logical, conscious, unconscious and philosophical aspects. However, "its essential element is a psychological one; that is to say each suicidal drama occurs in the *mind* of a unique individual" (p. 3).

Suicide related thoughts and behavior include self-inflicted, potentially life threatening actions including verbal expression which have either clear or implied evidence that a person intends to either harm or kill themselves. Suicidal ideations are thoughts of suicide or self harm and also include any behavior which is verbal or non-verbal that can be interpreted as communicating that suicide related behavior could occur in the future. Attempted suicide is any self harming and potentially life threatening behavior with a non-fatal outcome. Finally, suicide is death from any self-harming and potentially life threatening behavior (McLaughlin, 2007).

Despite these discrete definitions, it is important to note that behaviors that assemble around taking one's life may fall at differing points on a continuum of lethality and may result in different outcomes (Schneidman, 1985). Therefore suicidality can be experienced differently by the same individual at varying times, as they can escalate or retreat from more serious and potentially lethal behaviors.

### *College Student Suicide*

According to the Department of Education (2008), there are roughly 17.5 million students enrolled in approximately 2,775 four year universities and colleges and 2,000 community and junior colleges. The overall prevalence rates of college student suicide have been estimated to range from 6.5 to 7.5 per 100,000 (Silverman, Meyer, Sloan, Raffel & Pratt, 1997), which is approximately one-half of the national suicide rate of a matched sample by age, gender and race (Joffe, 2008). According to the Suicide Prevention and Resource Center, suicide is the second leading cause of death among college students (SPRC, 2004)

The National College Health Risk Behavior Survey (NCHRBS), conducted by the Centers of Disease Control in 1995, found that among 5,000 college students, 11.4% reported having seriously considered attempting suicide in the prior 12 months and 7.9% had further made a suicide plan (CDC, 1997). Interestingly, in contrast to the rates of completed suicide, the average level of suicide ideation experienced by college students has been reported to be higher than that experienced by a matched sample in the community (Reynolds, 1991). In addition, college student reports of suicide ideation have ranged from as low as 32% to as high 70% across studies (Gutierrez, Osman, Kopper, Barrios, & Bagge, 2000; van Heeringen, 2001). These findings indicate that suicidality is a significant issue for students as well for their respective colleges and universities.

In light of the national media and public attention on recent events involving college student suicide, campuses have become subjected to increasing pressures to address this mental health issue. As colleges and universities depend on public support, either through state and federal appropriations or private donations, negative press coverage can be a problem for schools (Mowbray et al., 2006). Campuses are perceived

to be in the role of “in loco parentis”, or surrogate parents (Stephenson, Belesis & Balliet, 2005) as there are implicit expectations for the campus community to care for students beyond just academic preparation. Further, as Lake and Tribensee (2002) assert, suicide is “the most significant and salient phenomenon of the current wellness crisis on campus” (p.172) and students in counseling centers in recent times have problems of greater complexity, including the areas of depression and suicidal ideation (Benton et al., 2003)

High profile student suicide cases involving schools like New York University, Massachusetts Institute of Technology, Cornell University and Virginia Tech have raised questions about academic pressures as well as the appropriate responses from these schools (Stephenson, Belesis & Balliet, 2005). In addition, the role and institutional responsibility of campuses can also be affected by litigation (Lake & Tribensee, 2002). In 2002, Ferrum College was sued for wrongful death by the estate of Michael Frentzel, after the freshman committed suicide. In *Shin vs. MIT*, the university was sued for \$27 million dollars in damages after the death of student, Elizabeth Shin. While both universities settled out of court, these cases underscore the changing nature of the relationship between universities and students (Gray, 2007).

Despite these litigious concerns, college campuses may provide an ideal venue to address the issue of suicide (Westefeld et al., 2006) in that they often provide a broad accessibility to low cost health and mental health services (Silverman, 2005). In addition, campuses maintain a support system for students consisting of professors, staff, deans of students and administrators. One particularly important group is the residential assistants as they often times serve as the primary contact to college students (Westefeld et al., 2006). As these are individuals that interact with students on a consistent basis and are often the first person with whom students share their distressing thoughts (Grosz, 1990)

they can be engaged in raising awareness as well as provide necessary referrals to mental health services (Silverman, 2005). Outreach efforts such as publicizing risk and warning factors can raise awareness of suicide and educate the campus (Silverman 2005).

However for these “gatekeepers” to be effective in helping students in distress, they must be provided information about suicide, such as risk and protective factors from a cultural lens. This is especially salient as presentation of distress can vary from group to group (Leach, 2006).

The roles and services of counseling and mental health centers have been particularly under attention as the traditional role of counseling psychologists in campus counseling centers positions the profession to be a major contributor in addressing the issue of suicide (Flynn & Heitzmann, 2008). While the origins of counseling psychology have focused on career and life skills development, it has now evolved to one focused on delivering primary care in settings such as university counseling centers (Westefeld et al., 2000). In addition to campus wide prevention programs, mental health practitioners in university counseling centers must also be competent in effective assessment and treatments for students experiencing suicidality. Given the increasing numbers of minority student enrollment, it is also essential that this competence be culturally grounded (Choi, Rogers & Werth, in press). This has become increasingly important as the severity and complexity of college student distress has been steadily increasing (Benton et al., 2003). Further in a study of psychology trainees, Kleespies, Penk and Forsyth (1993) determined that 97% reported working with suicidal individuals, 29% had at least one client attempt suicide and 11% experienced having a client commit suicide.

In summary, suicide has become a topic of particular concern on college and university campuses in the United States. Given the complexity of psychological distress

of students, the high proportion of students that have experienced suicidal thoughts and behaviors, and the troubling statistic that suicide is the second leading cause of death among this group; suicide is an issue that must be addressed. While governmental funding such as the Garrett Lee Smith Memorial act has provided much needed financial support for intervention programs, campuses are still at risk for litigation as the nature of the relationship between institutions is changing. Therefore effectively developed and implemented prevention and intervention programs are clearly needed.

### *Factors of Suicide*

Risk factors of suicide are differentiated between proximal and distal factors. Proximal factors can act as precipitants to suicidality and are often situational. Examples of proximal factors include job loss or death of a loved one. In contrast, distal risk factors are foundational in an individual and can either increase or decrease suicidal behavior when combined with proximal risk. These risk factors include depression and problem solving deficits (Moscicki, 1995). For example, a college student who just recently lost a parent to death (proximal factor) may have increased risk for suicide if he or she has high impulsivity and a family history of suicide (distal factors). Distal factors can also include cultural beliefs and how they influence coping styles and attitudes towards suicide (Leach, 2006).

### *Suicide Risk Factors in College Students*

The literature on college student suicide has been predominantly represented by research on risk factors such as depression and hopelessness (Cole, 1998; Furr et al. 2001; Gutierrez, Rodriguez & Garcia, 2001; Kisch, Leino & Silverman, 2005; Strang & Orlofsky, 1990), stressful life events (Dixon, Rumsford, Heppner & Lips, 1992; Konick & Guitierrez, 2006) perfectionism (Adkins & Parker, 1996; Blankstein, Lumley &

Crawford, 2007, Dean, Range & Goggin, 1996), lack of social support (Clum & Febbraro, 1994; Heisel, Flett and Hewitt, 2003; Meilman, Pattis & Kraus-Zeilmann, 1994), low problem solving skills (Dixon, Heppner & Anderson, 1991; D'Zurilla, Chang, Nottingham & Faccini (1994), and substance abuse (Hawton, Haigh, Simkin, & Fagg, 1995; Shaffer et al., 1996). However, it is important to note that these factors taken alone are not meaningful, but it is the accumulation of these factors that may increase the chance of suicidal behavior (Leach, 2006).

### *Depression and hopelessness*

Within the literature, depression and hopelessness are the most widely examined risk factors for suicidal thoughts and behaviors (Beevers & Miller, 2004; Benton et al., 2003; Dixon, Rumford, Heppner & Lips, 1992, Dixon, Heppner & Rudd, 1994, Furr, Westefeld, McConnell & Jenkins, 2001; Gutierrez, Rodriguez & Garcia, 2001; Kisch, Leino & Silverman, 2005).

The National College Health Assessment (NCHA) sponsored by the American College Health Association (ACHA) measured depression, suicidal ideation and suicidal attempts among 15,977 college students distributed among 28 campuses. The results of the national study revealed that depression and hopelessness were experienced by 44.4% and 62.2% of the students respectively. Further, depression was found to be related to suicidal behaviors, with a roughly a third (33.4%) of students who reported depression also endorsing having considered suicide. Among the students that did engage in a suicide attempt, 98.4% reported experiencing acute depression. Of the students who disclosed feelings of hopelessness, 23.8% also reported seriously considering a suicide attempt (Kisch, Leino & Silverman, 2005). Similarly, at one Midwestern campus, it was found that as the number of students that reported feelings of depression doubled, the

number of students with suicidal thoughts and feelings increased tripled (Benton et al., 2003).

Depression, hopelessness and suicide were also examined in a study of 1,455 students representing four campuses located in the Midwest and Southeast regions of the United States. Among the students that disclosed experiencing suicidal ideation, 49% cited feelings of hopelessness as the prominent contributing factor and 26% endorsed the influence of depression (Furr et al., 2001). These findings align with prior studies that have determined hopelessness to be a strong predictor of suicide (Beck, Steer, Kovacs, & Garrison, 1985; Cole, 1988; Schotte & Clum, 1982; Westefeld et al., 1990).

Hopelessness has been found to significantly predict suicide ideation over depression and as suicidal behavior becomes approaches greater lethality, it accounts for greater variance in predicting suicidal behaviors (Schotte & Clum, 1982). In an alternate study, Swedo et al., (1991) identified 93% of suicide attempters based on their hopelessness and suicidal ideation scores, further suggesting that level of hopelessness, in contrast to depression, may be the best predictor of repeated attempts and lethality

### *Stressful life events*

As collegiate life is often punctuated with variety of psychological pressures, scholars have also examined the associations of student suicidal behaviors with stressful or negatively experienced life events (Clum & Febraro, 1994; Dixon, Rumsford, Heppner & Lips, 1992; Konick & Guitterez, 2006; Schotte & Clum, 1982; Wilburn & Smith, 2005). This risk factor has garnered significant attention as data from the College of William and Mary counseling center revealed that among students who attempted suicide, a majority (90%) had experienced a failure in work or school (Meilman et al., 1994).

Dixon et al., (1992) in a study involving 143 undergraduate students, found that negative life events were a significant predictor of levels of hopelessness. Additionally, less significant events, such as hassles and minor inconveniences were predictive of hopelessness. Interested in further examinations of the influence of these external life stressors, the authors conducted another study of 250 university students and further determined that negative life events and minor hassles, significantly predict suicidal ideation. Moreover, hopelessness mediates the relationship between these stressful life events and suicidal thoughts.

Stress and self-esteem were additionally found to be significant predictors of suicidal ideation (Wilburn & Smith, 2005) as the factors together explained 22% of the variation in suicidal ideation in a sample of university students. Stress resulting from negative life events was also determined to be a significant predictor of suicidal ideation, independent of the influence of self esteem.

Recently, in a study of 345 undergraduate students, Konick and Gutierrez (2006) investigated a proposed model for the risk factors of hopelessness, depression, negative life events and suicidal ideation. Through path analysis, the researchers confirmed that hopelessness, depressive symptoms and negative life events were positively related to suicidal ideation. Specifically, hopelessness and depressive symptoms were directly related to suicidal ideation and negative life events were indirectly related when the other factors were added to the model. The final model accounted for 39% of the variance in suicidal ideation.

### *Perfectionism*

Perfectionism has also been identified as a risk factor for suicidal thoughts and behaviors with college students (Adkins & Parker, 1996; Blankstein, Lumley &

Crawford, 2007, Dean, Range & Goggin, 1996; Hewitt, Flett, & Turnbull-Donovan, 1992). In their study of 205 university students, Blankstein, Lumley and Crawford (2007), found a relationship between dimensions of perfectionism and suicidal ideation. Socially prescribed perfectionism, defined as the perception of unrealistically high expectations from others, was significantly predictive of suicidal ideation and interpersonal hopelessness. Their findings support the prior work of Dean et al. (1996) who had also determined that socially prescribed perfectionism was a risk factor for suicide among college students. Similarly, the link between depression and perfectionism was further supported by Frost, Marten, Lahart, and Rosenblate (1990) who, in their study of 84 undergraduates, found significant correlations between perfectionism and types of depression among women.

Finally, Adkins and Parker (1996) assessed 129 undergraduate students for suicidal preoccupation. They found that passive perfectionists (e.g., those who procrastinate out of fear of making mistakes) are more likely to be preoccupied with suicide, in contrast to perfectionists whose strivings produce achievement. Surprisingly, the study determined that high personal standards and parental expectations do not appear related to suicidal preoccupations.

### *Social Support Risk Factors*

Research evidence has also consistently linked risk of suicidality with absent or conflicted interpersonal relationships among university students (Clum & Febarro, 1994; Furr et al., 2001; Meilman, Pattis & Kraus-Zeilmann; 1994). In a multi-campus study involving four institutions, problems with social support were found to be associated with depression and suicidal behaviors (Furr et al., 2001). The participants rated loneliness (51%), relationship problems with boyfriend/girlfriend (48%), and parental problems

(25%) as sources of depression. Further, interpersonal conflicts that included romantic relationship problems (27%) and problems with parents (20%) were endorsed as contributing towards suicidal ideation or behaviors. Similarly, in a study involving undergraduate students, Meilman et al. (1994) found that 46% of students who attempted suicide had difficulties in a romantic relationship.

In relation to college students, Clum and Febbraro (1994) additionally ascertained that social support mediated the relationship between stress and suicide, thus indicating that individuals exhibiting high stress and receiving low levels of social support were prone to more severe levels of suicide ideation. Further, social support is predictive of suicidality above and beyond the effects of age, depression and level of education (Clum et al., 1997). The findings of these scholars underscore the impact of both external stressors and support systems on suicidal behaviors.

Beliefs about one's capacity to acquire and maintain relationships may also influence suicidal behaviors. Social hopelessness is characterized by negative perceptions and beliefs about one's impending social or interpersonal relationships (Heisel, Flett & Hewitt, 2003). Socially hopeless individuals anticipate that they will be unlikely to experience positive interpersonal relationships and be comfortable in the presence of others. In their investigation of 143 college students, Heisel, Flett and Hewitt (2003) discovered that social hopelessness predicted suicidal ideation above and beyond the effects of general hopelessness, supporting the notion that for college students, perceptions of an inability to "fit in" may affect suicidal ideation.

#### *Low Problem Solving Skills*

Analogous to a lack of social support, deficits in problem solving skills have also been of interest to suicide researchers (Clum & Febbraro, 1994; D'Zurilla, Chang,

Nottingham & Faccini, 1994; McAuliffe, Corcoran, Keeley and Perry, 2003). Dixon, Heppner and Anderson (1991), conducted a pair of studies to examine the constructs of problem solving appraisal and suicidality with college students. In the first study, perceived confidence in problem solving accounted for 1.4% of the total variance in suicidal thoughts while negative life stress accounted for 10.7% of the variance above and beyond problem solving. In a second study, confidence in problem solving accounted for 15.72% of the unique variance in hopelessness. Results from the two studies indicate that college students experiencing elevated levels of high negative life stress and consider themselves as ineffective problem solvers experienced more hopelessness and suicidal ideation.

In a study of 283 undergraduate students, D’Zurilla et al. (1994) investigated the relationships between problem-solving and hopelessness, depression and suicidal risk. Low problem solving skills was most strongly related to suicidal risk followed by hopelessness and depression. After controlling for gender, problem solving deficits contributed uniquely for 30.5% of the variance in suicidal risk, in contrast to hopelessness (18.4%) and depression (7.4%).

Clum and Febbraro (1994) found that confidence in problem solving skills to be a significant predictor of suicidal ideation, accounting for 9.5% of the variation in ideation among severely suicidal college students. Additionally, perceived problem solving ability mediated the relationship between stress and level of suicidal ideation. These findings extended prior work by Dixon et al. (1991) that determined that perceptions of problem solving ability is associated with level of suicidality with a general college student sample. Together, these results support that regardless of prior suicidal

behaviors, perceptions of a lack of problem solving ability is a risk factor for college students.

Consistent with prior studies, McAuliffe et al. (2003), in a study of 328 university students, ascertained that ideators had significantly less problem solving skills in comparison to non-ideators. Interestingly, in addition to deficits in problem solving skills, the students were congruent with the attitude that suicidal behavior is normal and should not be associated with mental illness.

### *Substance Abuse*

Substance and alcohol abuse among college students has been a longstanding issue that colleges and universities struggle to address. A number of researchers have established a link between substance abuse and suicidal risk (Rogers, 1992; Shaffer et al., 1996) and alcohol use and suicidal risk (Windle, 1999).

College students who report having been depressed or who have thought about suicide are more likely to report consuming alcoholic beverages and more likely to report drinking to get intoxicated (Weitzman, 2004). Brener et al. (1999) determined a strong association between substance use and suicidal ideation among college students, even when controlling for demographic variables. Their findings are in alignment with previous studies that examined case reports of suicide attempts and determined that alcohol use immediately preceded the attempt in many cases (Hawton, Haigh, Simkin, & Fagg, 1995; Meilman, Pattis & Kraus-Zeilmann, 1994).

### *Protective Factors in College Students*

In addition to risk factors, researchers have recently begun to propose the importance of examining protective factors in conceptualizing college student suicide. (Gutierrez et al., 2000; Muehlenkamp, Gutierrez, Osman, & Barrios, 2005; Westefeld et

al., 2000). Protective factors are adaptive characteristics that may decrease suicidal behavior (Hirsch & Ellis, 1996) and include the strategies that individuals employ when coping with a stressful situation as well as factors that contribute to an individual's ability to persevere during difficult periods in life (Morrison & Downey, 2000). While research in protective factors is less represented in the suicide literature, increased knowledge about this aspect of suicidality would lead to more accurate assessment and improved therapeutic work with clients (Gutierrez et al., 2000; Westefeld et al., 2006).

#### *Protective Factors as Measured by the Reasons for Living Inventory*

The existing research on protective factors against suicide in college students has largely utilized *The Reasons for Living Inventory* (RFL; Linehan, 1983), a measure of a range of beliefs that influence reasons for not committing suicide. The underlying dimensions of the measure, or primary reasons that protect against suicide, form the following 6 subscales: survival and coping beliefs (e.g., "I believe I can find other solutions to my problems"), responsibility to family (e.g., "My family depends on me and needs me"), child-related concerns (e.g., "The effect on my children would be harmful", fear of suicide ("I am afraid of the act of killing myself"), fear of social disapproval (e.g., "Other people may think I am selfish") and moral objections (e.g., My religious beliefs forbid it"). While originally omitted, an additional subscale, responsibility to friends, can be added to create an expanded RFL.

The RFL does not require respondents to share or possess suicidal ideation, but rather endorse the reasons why they would not kill themselves *if* they were feeling suicidal. While information about what participants visualize would be protective against suicidal behaviors is valuable, capturing the lived experiences of individuals in suicidal crisis has the potential to further enhance and expand knowledge in this emerging area.

Connell and Meyer (1991) divided 205 college students into four groups: 1) never suicidal, 2) history of brief ideation, 3) history of serious ideation and 4) history of parasuicide. In their comparison of the groups, the authors revealed that non-suicidal individuals had greater survival and coping beliefs, responsibility to family and moral objections subscale scores as compared to the other three groups. Further, students who had less serious ideation (e.g., history of brief ideation) were also significantly different on the same three factors.

In a more recent study, Ellis and Lamis (2007) found that in addition to the greater survival and coping skills and responsibility to family reasons, non-ideators also endorsed responsibility to friends as a reason to live. These results suggest that protective factors, as measured by the RFL, may distinguish between students who are seriously considering suicide between those who are not. Additionally, the specific reasons for living that were protective against suicide were both affective and cognitive (greater survival and coping skills) as well as interpersonal (responsibility to family and friends), which is in alignment with past studies that have found that deficits in problem solving and interpersonal difficulties predictive of depression and suicidal thoughts and behaviors (Flett et al., 2003; Schotte & Clum, 1982)

Gender differences in protective factors were explored in a study of 203 undergraduate students (Hirsch & Ellis, 1996). Similar to the study by Connell and Meyer (1991), students that had higher suicidal ideation were found to endorse fewer reasons to live. It was also determined that female college students possessed more protective factors to suicidal ideation in comparison to male counterparts. These factors included responsibility to family and survival and coping beliefs. Further, the authors

determined that an individual endorsing suicidal ideation had greater levels of stress and lower levels of adaptive characteristics when compared to non-ideators.

Gutierrez et al. (2000) further supported that a combination of both risk and protective factors present a more effective approach to assessment than a singular suicide risk measure. Including the RFL, the authors examined a number of existing measures on suicidality and through an exploratory principal-axis factor analysis, determined two separate elements of suicide risk in college students: negative and protective factors. The overall negative factor was characterized by repulsion to life, hopelessness, suicidal ideation, hostility, negative self-evaluation, low survival and coping beliefs, and low attraction to life. Protective factors included fear of social disapproval, fear of suicide, and a sense of responsibility to one's family. These findings support the dynamic nature of risk factors in college students and the importance of clinicians to include both the assessment and implementation of protective factors in working with suicidal clients.

Similarly, a recent study by Wang et al. (2007) posited the coping-suicide model. This integrated model included both the risk factors of stress, coping styles (task oriented, emotion oriented and avoidance oriented), depression and hopelessness as well as the psychological well being factors of purpose in life and reasons for living. They hypothesized that successful coping would lead to increased reasons for living and purpose in life as well as less depression. In turn, increased reasons for living and purpose in life, coupled with less depression would result in less suicidal ideation. Although path analysis only partially confirmed their model, the significant overall finding was that increased purpose in life and reasons for living had an inverse relationship with depression, which in turn decreased suicidal ideation. More specifically, reasons for living were more protective as it had both an indirect effect

(mediated by depression and hopelessness) and a direct effect on suicidal ideation. In comparison, purpose in life only indirectly affected suicidal ideation. This study further reinforces the need to consider the role of protective factors.

#### *Protective Factors Not Measured By the RFL*

In addition to the RFL, two other instruments have been developed to assess protective factors of suicide and include the *Positive and Negative Suicide Ideation Inventory* (PANSI; Osman, Gutierrez, Kopper, Barrios, & Chiros, 1998) and the *Suicide Resilience Inventory-25* (SRI-25; Osman et al., 2004).

The PANSI (Osman et al., 1998) is a 14-item inventory designed to measure suicidal ideation and consists of two scales: Positive Ideation (PANSI-PI) and Negative Suicide Ideation (PANSI-NSI). Muehlenkamp et al. (2005) investigated the validity of the PANSI with a diverse sample of college students (220 European Americans, 127 African Americans, 42 Latinos/Hispanics and 39 Asian Americans) and a confirmatory factor analysis resulted in a two factor model supporting the relevance of assessing both risk and protective factors with ethnic minorities.

Protective factors also varied by race/ethnicity as determined by a significant main effect between the groups. In comparison to other the groups, Asian Americans scored lower on the positive ideation scale. On the negative ideation scale, Asian Americans scored higher in comparison to European Americans. These conflicting findings seem to indicate that the positive suicidal ideation subscale (PANSI-PI) may not be effective in assessing protective elements in Asian Americans and the authors suggest that this may be attributed to a lack of culturally sensitive items for this group. Additionally, based on the results of this study, the authors propose that separate norms

may be needed for assessment of suicidal thoughts and behaviors among ethnic minority groups (Muehlenkamp et al., 2005).

Similarly, Rutter, Freedenthal and Osman (2008) recently examined the psychometric properties of the *Suicide Resilience Inventory-25* (Osman et al. 2004) with a sample of 239 college students (147 European Americans, 9 African American, 30 Latino/Hispanic, 33 Asian American). The SRI-25 is a measure of protective factors to suicide with 3 subscales: internal protective scale (e.g., positive beliefs or feelings about oneself and satisfaction with life), external protective scale (e.g., ability to seek out perceived external resources that are helpful when faced with personal difficulties or suicidal thoughts) and emotional stability (ability to regulate suicidal thoughts and behaviors). A confirmatory factor analysis replicated the three factor structure proposed by the scale developers and seemed to suggest that the instrument demonstrated good reliability with a moderately ethnically diverse sample. It is important to note, however, that the mean scores did not significantly differ based on gender, age or any ethnicity except for Asian Americans. Asian American participants had a significantly lower SRI-25 score than all others, potentially indicating that the instrument may not be as effective in assessing protective factors for Asian Americans.

Protective factors to suicide have also been examined through qualitative methods. It has been proposed that suicidal individuals may lack the positive beliefs or adaptive abilities which would normally increase their potential to deal with stressful life events (Linehan, Goodstein, Nielsen, & Chiles, 1983) and potentially decrease risk for suicidal thoughts and behavior. In their qualitative study of previously suicidal college students, Knott and Range (1998) asked participants to respond to open ended questions about their most recent suicidal period. Respondents who confided their suicidal

thoughts and behaviors with another person were asked to share beneficial reactions. Examples of helpful statements included appeals that were interpersonal such as “people love you” as well as cognitive, “the situation is not worth dying [for]”. These statements appear to support the capability of interpersonal connection in protecting against progression towards more serious suicidal behavior.

Social support systems have been shown in quantitative studies to be an important protective factor against suicidal behavior (Bonner & Rich, 1988). Students who were members of a social fraternity or sorority were less likely than nonmembers to have considered suicide, and students living with a spouse or domestic partner were less likely than those living alone to have considered suicide (Brenner, Haslan & Barrios, 1999)

In sum, risk factors of suicide in the larger college population include the often cited feelings of depression and hopelessness. Additional risk factors are problem solving deficits, perfectionism, interpersonal conflicts and substance and alcohol abuse. In contrast, protective factors for college students as measured by the *Reasons for Living Inventory* (Linehan, 1983) were identified as responsibility to friends and family, thus implying the importance of social support structures for college students. These findings were also parallel to emergent themes in a qualitative study. Further, the level of endorsement of these reasons varied among gender. In addition to the factors defined by the RFL, coping styles and purpose in life were also found to be protective.

Through two validation studies with ethnically diverse samples, it was also found the PANSI and the SRI-25 are generally culturally valid assessment tools. Further, the validation of the PANSI revealed the importance of both risk and protective factors in assessment of both European American and ethnic minority college students. One striking exception, relevant to the present study, is the inability for both measures to tap

into protective factors for Asian Americans. This has implications in the use of either of these measures with this population and underscores the importance of further investigation of protective factors specific for Asian American college students.

### *Asian Americans*

Asian Americans live throughout the United States, with the majority (51%) in the West, 19% in the South, 12% in the Midwest, and 19% in the Northeast. The largest populations reside in the states of California, Hawaii and New York. Nearly all Asians and Pacific Islanders (95%) live in metropolitan areas, with the largest concentrations in Honolulu, New York, Los Angeles and the San Francisco Bay Area.

Asian American families are comparatively larger than non-Hispanic whites with five or more members living in a household (18% vs. 11%). Additionally, these households contain extended family members and often represent multiple generations.

In regard to educational attainment, while Asian Americans are more likely than non-Hispanic whites to have a college degree (44% vs. 27%) they are almost twice as likely to have less than a ninth grade education (7% vs. 4%). Similarly, when looking at family income, while Asian Americans are more likely than non-Hispanic whites to have incomes of \$75,000 or more (40% vs. 35%), they are also more likely to have incomes less than \$25,000 (17% vs. 15%). Census results also indicated that 1.3 million Asians (10%) live below the poverty line, a proportion exceeding that of non-Hispanic whites (8%). The polarity in both educational attainment and family income, when averaged, indicate that statistics can often paint a misleading picture about a particular group (Sue & Sue, 2007).

As previously noted, Asian Americans constitute a diverse group and this term should not be used to imply homogeneity. However, given the exclusion history of Asian

Americans from the European American majority, the term “Asian American” has served as a means for social and political identity and assembly (Noh, 2003). In addition, Okasaki (2000) asserts that the term is applicable, as all the groups that comprise Asian American have shared cultural commonalities that influence their experiences of psychological distress. Therefore, cultural elements of Asian Americans include values, attitudes and beliefs that are most traditionally predominant in Asian American communities (Uba, 1994). Further, while there is more differences within ethnic groups than between (Range et al., 1999), research that distinguishes between groups can still provide a useful broad overview of categorical (e.g., ethnic) differences (Westefeld et al. 2000).

The United States Census Bureau has traditionally grouped Asian Americans together with Pacific Islanders, which include individuals from Hawaii, Samoa and Guam. Asian Americans comprised 95% of this group, with Pacific Islanders constituting the remaining 5% (Hong & Cheng-Ham, 2001). It should be noted that these classifications by the Census Bureau have been dynamic through history. In the 1970 census, Asian Indians were classified as white, whereas smaller groups, such as the Vietnamese were counted in the general “other” race category (Gardner, Robey & Smith, 1985). This dissertation will adhere to Asian American categories as defined by the most recent United States census surveys and reports.

According to the Centers for Disease Control (CDC: 2005), between the years 1994 and 2004, the suicide rate for Asian Americans and Pacific Islanders was 5.40/100,000, representing approximately half of the U.S. rate of 10.75/100,000. This is compelling given that Asian Americans currently represent approximately 5 percent of the total U.S. population (Census, 2005). Suicide is ranked the eighth leading cause of

death among all ages in comparison to eleventh for the overall U.S. population. From 2002-2005, suicide was the third leading cause of death among Asian American youth (ages 15-24) (CDC: 2008). In addition, Asian American women report higher rates when compared to their European American, African American and Latina female peers (National Vital Statistics Report, 2003). However, among women, Asian Americans between ages 15 and 24 have shown the highest suicide rate across race and ethnicity with the exception of American Indians. In 2001, the suicide rate of Asian American women between ages 15 and 24 was 3.6/100,000 whereas the overall suicide rate of women for the same age group was 2.9/100,000 (CDC, 2005).

#### *Asian American College Students*

In 2005, approximately 1.2 million college students in the United States identified themselves as Asian American/Pacific Islander, constituting 6% of total student enrollment. Their growth rates in higher education mirror that of other populations, with the percentage of American college students who are minorities increasing (U.S. Department of Education, 2008). Contrary to the popular notion that the majority of Asian Americans major in the science, technology, education and math disciplines (STEM), a significant percentage are enrolled in the social sciences and humanities (National Commission on Asian American and Pacific Islander Research in Education, 2008). Asian international students should be delineated from Asian American college students as they experience unique differences in the process of cross cultural adjustment (Swagler & Ellis, 2003).

Suicide rates specifically on Asian American college students remain hard to determine. Based upon 2005 data from the Centers for Disease Control on Asian

Americans aged 20-24 in 2002, Choi, Rogers and Werth (in press), estimate the lower bound for the rate of colleges students to be 6.7/100,000. That rate is similar to the rate determined by the Big Ten student suicide survey (Silverman et. al, 1997). Patterns of Asian American college suicide have also been reported in campus newspapers. In 2002, the Cornell Daily Sun reported that of the 13 out of 21 suicides between the years of 1996 and 2002, 6 were Asian American males and 4 were Asian international students (Ramanujan, 2006). Additionally, Brener, Hassan and Barrios (1999) found that Asian American college students, in their analysis of the 1995 National College Health Risk Behavior Survey (NCHRBS), were more likely to have considered suicide in comparison to European American students.

#### *Suicide Risk Factors Among Asian American College Students*

The present dearth of studies examining Asian American college student suicide presents a considerable limitation to understanding of the nature of suicide for this group. However, review of the existing studies support that some risk factors identified among European American students are also relevant for Asian American students. Parallel to studies with European American students, depression and hopelessness (Chang, 1998; Chung, 2003; Yang & Clum, 1994), perfectionism, low problem solving skills, lack of social support and substance abuse were found to be risk factors in suicidal behaviors in Asian American and Asian international college students.

Chang (1998) confirmed a similar relationship between hopelessness and thoughts of suicide for Asian American college students. Moreover, Asian American college students possessed greater feelings of hopelessness in comparison to their European American counterparts. Similarly, The National College Health Assessment Survey (NCHAS) which examined depression, suicidal ideation, and suicide attempts, also

determined that Asian American students may experience significantly more hopelessness than European American students (Kisch et al., 2005). In addition, depression was also shown to mediate the relationship between hopelessness and suicidal ideation among Asian Americans (Yang & Clum, 1994).

In a qualitative clinical study, Chung (2003) examined suicidal behavior in both Asian and Asian American female college students. The eight students interviewed were evenly split between international students and those who hailed from first generation Asian families. While the participants were not presently in crisis, all of the women had previously received treatment at their college counseling center for suicidal behaviors. After analysis of all responses, the themes of depression and hopelessness emerged from the interviews of the women. Specific examples include, “I felt so powerless and painful” and “I just felt I was a tourist on this earth, I won’t stay long...I don’t know who can help me, how I can get out”.

### *Perfectionism*

Mirroring existing studies, Castro and Rice (2003) found perfectionism was a significant predictor of depression for Asian American students in a comparative study on academic achievement among three ethnic groups. Asian American students reported significant concern over making mistakes, greater parental expectations, higher parental criticism, and more doubts about their actions than the other two groups. Interestingly, in contrast, another study determined that perfectionism was not significantly related to hopelessness and suicidality among Asian American college students (Chang, 1998). These contrasting findings might imply a difference in meaning of perfectionism between Asian American and European American students.

### *Low Problem Solving Skills*

Results from studies on the relationship between problem solving skills and suicidality among Asian American college students have been mixed. Deficits in problem solving were significantly associated with suicidal risk in European Americans, but not among Asian American students. In addition, Asian American students scored significantly higher on impulsiveness, carelessness and negative attitudes toward problems than did their European American peers (Chang, 1998). Conversely, in a study of 101 Asian international students, it was found that low problem solving skills predicted suicide ideation (Yang & Clum, 1994). Further, Chung's (2003) qualitative study with Asian American female students revealed that low problem solving skills contributed towards suicidal behavior exemplified by the following statements by participants, "I cannot develop the skills to face real life" and "I did not know how to take care of myself, especially to express my true feelings". These contrasting findings suggest additional opportunities for further research in regards to this specific risk factor.

### *Social Support Risk Factors*

Relationship risk factors found in general college student studies seem to align with the results from the Chung's (2003) qualitative study with suicidal Asian American female students. In the study, a participant shared her distress towards an intimate partner, "I was always waiting for him to be with me. I just couldn't handle it, and I thought he loved me so I tried to kill myself to get him back...I just wanted to die, but at the same time I wanted him to stop me". Additionally, parent-child relational problems also emerged as risk factor for suicidal behavior as a participant revealed, "My mother will say she should raise a dog instead of me. She used to ask me to go die and not see her again."

### *Substance Abuse Risk Factors*

Alcohol use has also been found to have a relationship with suicidal thoughts and behaviors among Asian American youth. Nishimura, Goebert, Ramisetty-Mikler & Caetano (2005) in a study of Asian American and Pacific Islander adolescents in Hawaii, found that alcohol use, specifically drinking patterns were a significant predictor of suicidal ideation and behaviors.

### *Protective Factors*

However, to this author's knowledge, there currently exists no published studies focused on protective factors and Asian American college students, an observation also shared recently by Goldston et al., (2008).

The review of the limited research focused on suicidality among Asian American college students reveals that as a group, they share risk factors with the larger general college student population. These factors include hopelessness, depression and alcohol use. However, the mixed findings on the role of perfectionism and low problem solving skills suggest that further investigation is needed to determine the possible causes for these within group differences. Further, this study begins to fill the current void in research focused on protective factors salient to Asian Americans, as it provides culturally relevant information for college and university campus prevention and intervention efforts.

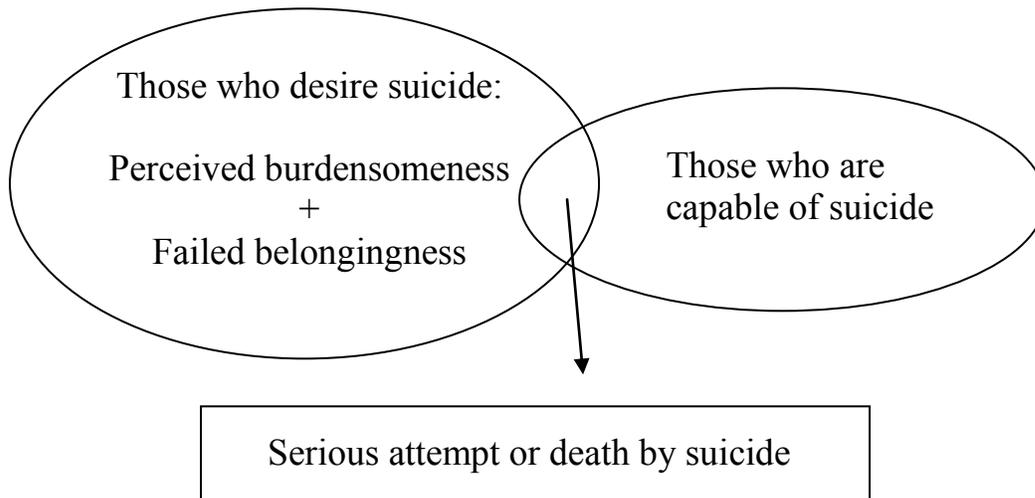
### *Interpersonal-Psychological Theory of Attempted and Completed Suicide*

Building upon the existing theories of suicide of Schneidman (1985) and Beck et al. (1985), Joiner conceptualized the interpersonal-psychological theory of attempted and completed suicide (2005). Schneidman's theory focuses on the idea of "psychache", or unendurable psychological pain that results from thwarted or psychological needs

(Schneidman, 1993), and the central aspect of Beck et al. (1985) cognitive theory is hopelessness. Joiner (2005) contends that both of these theories are well founded and supported by a breadth of research, and his model is “intended to provide an account of suicide that incorporates the strengths of major existing models, but goes beyond them to develop a framework that is at the same time conceptually more precise and epistemically broader, explaining more suicide-related facts” (p.38). While the constructs of psychache and hopelessness is important in understanding suicidality, Joiner’s theory, in essence, attempts to address *what* is painful to individuals desiring suicide as well as *what* in particular are they hopeless about? By addressing these questions, it may enable a deeper understanding of why some people move beyond suicidal ideation to more serious behaviors such as attempts and completions.

The theory proposes that “serious suicidal behavior will not occur unless an individual has both the desire to commit suicide *and* the ability to do so” (Joiner, 2005, p. 187). The desire to commit suicide is comprised of two interpersonal factors: 1) a thwarted sense of belongingness and 2) a sense of burdensomeness to others. The third precursor to serious suicide is the acquired ability to self-injure. Each of the three components does not singularly contribute towards suicide. It is the presence and interaction of all these factors that create the desire and ability to suicide in an individual. A visual interpretation of the model of this theory is as follows:

Figure 1.  
*Model of Joiner's (2005) Interpersonal theory of attempted and completed suicides*



*Note.* From “Suicidal Desire and the Capability for Suicide: Tests of the Interpersonal–Psychological Theory of Suicidal Behavior Among Adults,” by K.A. Van Orden et al., 2008, *Journal of Consulting and Clinical Psychology*, 76(1), p. 73. Copyright 2002 by the American Psychological Association.

The need to belong is a fundamental aspect to humanity and serves as a means of motivation (Baumeister & Leary, 1995; Joiner, 2005). When that need is not met, or thwarted, it can have adverse effects on the well being of an individual. Further, to attain the sense of belongingness, Van Orden, Merrill and Joiner (2005) clarifies that an individual must experience consistent, positive and authentic social interactions. In contrast, people who experience negative, erratic and impersonal interactions may have their sense of belongingness thwarted. Social isolation, a lack of connectedness and withdrawal often precedes completed suicide attempts (Trout, 1980). Further, the sense of belongingness is related to “pulling together” effects or collective experiences shared by individuals. These experiences can be both positive (e.g. concerts) or negative, (e.g. natural disasters) (Van Orden, Merrill & Joiner, 2005). Whether the collective event is positive or negative, it can increase belongingness as both types serve as a means to bring people together, thus potentially suppressing suicide rates. Joiner (2005) supports this

assertion with evidence that after the assassination of President John F. Kennedy, there were no suicides reported during November 22-30, 1963, in contrast to suicides that occurred the week before. The same pattern emerged in the weeks after the space shuttle Challenger explosion in 1986 as well as after the terrorist attacks of September 11, 2001.

The sense of belongingness and its relationship with suicidality was also explored with the positive collective experience of sporting events. Joiner, Hollar and Van Orden (2006) in a naturalistic study explored whether success of a sports team was correlated with the suicide rates of individuals living in the corresponding area in a series of 3 studies. In the first study the Ohio State Buckeyes and the University of Florida Gators college football teams were chosen as they are teams that have high representation in the corresponding communities. Correlations between suicide rates in the respective counties and the rankings of the college teams were significant, even when controlling for economics variables. When the teams were higher ranked in the national polls, the suicide rates declined between the years of 1990-2002. To obtain convergent evidence the authors also investigated the same relationship during the U.S. Olympic hockey team's surprising victory over the dominant USSR team in 1980 as well as during Super Bowl Sunday. The authors found that fewer suicides, determined by daily U.S. suicide rates obtained from the National Center for Health Statistics, occurred on the day of the "Miracle on Ice" than on any other February 22 in the 1970s and 1980s. Further, as predicted, fewer suicides occurred on Super Bowl Sundays as compared to non-Super Bowl Sundays. While the authors contend that their methods do not imply causality and there exists the possibility of a number of confounding variables, the pattern of their findings can imply the possibility that feelings of belongingness related to the "pulling together" that occurs during collective events such as sports can influence suicide rates.

The second aspect of desire for suicide is the sense of burdensomeness to others, or “the belief that the self is so incompetent as to be a liability, nuisance, or an extra load to be carried by others” (p.190, Van Orden et al., 2005). Distress emerges when in addition to the perception that they are incompetent, individuals also believe that their ineffectiveness affects others as well. Further, if it is believed that these inabilities cannot be changed or improved, an individual may feel that they must choose between being a burden to others and suicide (Joiner, 2005).

Joiner et al. (2002) investigated the links between perceived burdensomeness and suicidality through analysis of suicide notes of both individuals who attempted and completed suicide. The goal of the study was to compare perceived burdensomeness to Shneidman’s focus on emotional pain and Beck’s emphasis on hopelessness. Judges, blind to both the study’s hypotheses as well as suicidality status (attempts vs. completions) coded and rated the notes along three dimensions describing perceived beneficial outcomes of suicidal behavior. These dimensions included: perceived burdensomeness, emotional regulation and interpersonal regulation. Coders were also asked to evaluate whether the notes conveyed a general sense of pain and hopelessness. Consistent with the study’s hypothesis, it was determined that perceived burdensomeness was the only dimension that was significantly related to suicidality (attempt and completer status). These results provide support for Joiner’s assertion that perceived burdensomeness is a factor that influences serious suicidality.

Perceived burdensomeness was also indicated as a symptom for suicidal behaviors in a clinical study by Van Orden, Lynam, Hollar and Joiner (2006). The authors examined the association between perceived burdensomeness and suicide related variables in 343 adult outpatients of the Florida State University Psychology clinic.

Hierarchical regression analysis revealed that perceived burdensomeness emerged as a significant predictor of suicidality indicators (attempt status and depression) above and beyond the contribution of hopelessness. Further, the relationship between perceived burdensomeness and suicidality remained significant after controlling for age, gender, hopelessness, depressive symptoms and personality disorder.

The last precursor to serious suicidality in this theory is the ability for an individual to enact lethal self injury. An individual gains the courage and ability to overcome the fear of harm and possible death associated with suicide through repeated practice and exposure (Joiner, 2005; Van Orden, Merrill & Joiner, 2005).

In a recent series of three studies, Van Orden, Witte, Gordon, Bender and Joiner (2008) sought further empirical support for the interpersonal-psychological model of attempted and completed suicide. In the first study of 309 undergraduate students, the authors supported prior research as it was found that the interaction between burdensomeness and belongingness significantly predicted suicidal behavior, more specifically current suicidal ideation. These results were attained after controlling for age, gender and depressive symptoms. In a second study involving 228 adults in an outpatient community mental health center, the authors tested the hypothesis that past experiences with pain and provocation, such as past suicide attempts help individuals develop the ability for more suicidal behavior. The results supported their hypothesis as past suicide attempts coupled with experiences of pain was found to predict acquired capability. Finally, the third study of 153 adult clients, different from study two but also hailing from the same community mental health center, confirmed that both the desire and the acquired ability to do so must be present for suicidal behavior.

In summary, while the interpersonal-theory of attempted and completed suicide can be considered comparatively recent among the panoply of theories on suicide, its strength lies in its ability to provide a guiding framework to understand how an individual progresses from thoughts of suicide to more serious suicidal behavior.

### *Cultural Considerations for Asian Americans*

When examining a specific cultural topic such as Asian American college student suicidality, it is essential to understand values and beliefs pertinent to the cultural group as sociocultural norms can either increase or decrease suicide and suicidal behaviors (Orbach, 1997). The knowledge of cultural norms and cultural differences is imperative in understanding the phenomenon of suicide among varying ethnic groups (Range et al., 1999).

### *Model minority myth*

Asian Americans have been depicted as the “model minority”, or an ethnic group that is highly successful in the United States. Underlying this stereotype is the idea that the majority of Asian Americans do not experience psychological or emotional distress. Further, there is the belief that Asian American families and communities quietly and effectively prevent psychosocial stressors from developing into mental disorders (Uba, 1994).

This stereotype of the “model minority” has had particular focus in controversial discussions about higher education. The term was coined by the popular media over 30 years ago and its generalizations have been used to compare educational attainment in Asian Americans to other ethnic minority groups. These discussions have divisively suggested that Asian Americans should serve as a model for other ethnic minority groups to follow (Chan & Wang, 1991; Teranishi, 2002), further fueling misconceptions and

clouding a true understanding of Asian American college students. In addition studies have shown that this stereotype has negative effects on the well being of this group (Cunanan, Guerrero & Minamoto, 2007; Wing, 2007)

*Asian values*

With any individual, there is a central importance of understanding the role of cultural norms and attributes. Integral to these norms are cultural values, or “universalistic statements about what we think is desirable and attractive” (Smith & Bond, 1994). Further, cultural values are foundational to an individual’s worldview, which influences perceptions of mental health and mental health services (Dana, 1993).

Kim, Atkinson, and Umemoto (2001), identified and defined 14 major categories of Asian values. Each of these value categories are described in table 1.

Table 1.  
*Asian Value Categories*

<i>Asian Value</i>	<i>Description</i>
Ability to solve psychological problems	An individual’s ability to resolve psychological problems on their own through the use of one’s inner resources and willpower. It is best to address psychological problems through the use of moderating one’s emotions and behavior, and asking for help is a sign of weakness
Avoidance of family shame	Describes the primary social concern of family reputation as any failure of an individual reflects on the family as a whole
Collectivism	The strong attachment to a group to which they belong and the welfare of the group must be put before individual needs

Conformity to family and social norms and expectancies	The importance of not deviating from the status quo
Deference to authority figures	States that all authority figures deserve respect and one should be less verbal and listen in their presence as one should learn from them
Educational and occupational achievement	Should be an individual's top priority and hard work and perseverance are valued virtues
Filial piety	Describes the obligation that children are expected to have unquestioning obedience to their parents
Importance of family	States that individual family members must always maintain a strong sense of obligation and commitment towards maintaining whole family well-being
Maintenance of interpersonal harmony	Dictates that one should overlook differences in conflicts to maintain harmony and one should never be confrontational
Placing other's needs ahead of one's own	Ideal, as its is important to not inconvenience others
Reciprocity	Entails always repaying another person's favor and also being able to expect your favors being repaid as there is a direct relationship between how well one treats others and how one is treated
Respect for elders and ancestors	Should always be a priority as they have more wisdom and deserve more respect
Self control and restraint	Should always be observed as it is better to hold in negative feelings such as pain, anger and suffering than

to express them

Self-effacement

Requires an individual to minimize and depreciate one's own achievements as it is important to be humble, modest and never boastful.

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Although Asians and Asian Americans are a vast and heterogeneous group, these cultural values share the commonality of the constructs of Confucianism, Buddhism and Daoism, a philosophy that promotes the values of interpersonal harmony, knowledge and acceptance of one's place in society and in the family, obedience and orientation toward group (Uba, 1994). These values stand in contrast to the European American values of autonomy, individualism, independence, direct expression, competition, mastery of the environment and future orientation (Sue & Sue, 2003). These values, particularly those grounded in religiosity and spirituality can be pertinent to suicide, given that they may frame an Asian American's perceptions about death (Leach, 2006). Further, many of these values can underlie beliefs about social support, emotional regulation and problem solving, which are all known correlates to suicidality.

#### *Individualism and Collectivism*

The Asian value on interpersonal harmony places an emphasis on interdependence and interconnectedness, factors that may influence suicide in Asian Americans (Shiang et. al, 1997). Individualism, most generally associated with western culture, describes a person that is less concerned about the overall effects they may have on those in their group. Conversely, individuals who adhere to a more collectivistic orientation have a greater concern about the consequences of their actions upon their in-group. For example, these values can include a sense of obligation and duty to family over individual desires or needs. It is important to note that while all cultures value

harmonious relationships, collectivistic worldviews tend to possess and express higher levels of these values in comparison to individualistic orientations (Oyserman, Coon & Kemmelmeier, 2002; Uba, 1994).

### *Acculturation and Enculturation*

One of the more widely researched cultural factors is acculturation, or an individual's process of learning about and adopting the dominant cultural beliefs and attitudes into his/her self concept (Berry, 1980). The acculturation process can be defined by either a unidimensional model or a multidimensional strategy (Laroche, Kim, Hui, & Tomiuk, 1998). Berry and Kim (1988) proposed a model for the process of adapting that includes the following four acculturative attitudes: 1) integration, 2) assimilation, 3) separation and 4) marginalization. Integration entails when an individual becomes equally proficient in the culture of the dominant group and their indigenous culture. Assimilation describes when an individual accepts the culture of the dominant culture and abandons the indigenous culture. Separation is contrasted to assimilation, as the individual rejects the culture of the dominant group and exclusively retains the norms of their culture of origin. Finally, marginalization is the rejection of both the dominant and culture of origin.

Adherence to traditional Asian cultural values is an important aspect of *enculturation*. Enculturation refers to the process of socialization to the norms of one's indigenous culture, including the values, ideas and concepts that are specific to the culture (Berry, Poortinga, Segall & Dasen, 1992). Kim et al. (2001) further described enculturation as a process of embracing one's indigenous cultural values, behaviors, knowledge and identity. Enculturation had been traditionally subsumed under the larger construct of acculturation, or the change in beliefs, attitudes, values, social norms and

behaviors of one group as they are in direct, continuous contact with another group (Graves, 1967). Kim and Abreu (2001), however, proposed that enculturation was actually a separate continua from acculturation, rather than a polarity of acculturation on the same continuum. Therefore, it is important to consider an individual's level of enculturation in addition to their degree of acculturation.

Understanding the constructs of acculturation and enculturation are important in evaluation of suicide as they have been shown to be associated with psychological factors in Asian Americans such as mental health in Asian American college students (Chung, 2001), intergenerational conflict (Yeh, 2003) and attitudes towards mental help seeking (Kim, 2007, Kim & Omizo, 2003). Differences in the adaptation process, such as in language proficiency or traditional values endorsement between Asian American children and their parents can result in acculturative stress (Buki, Ma, Strom & Strom, 2003) and parent-child conflicts are one of the most common presenting concerns for Asian American college students in counseling (Lee, Su & Yoshida, 2005). Finally, the acculturative attitude of integration, or biculturalism, may be the healthiest mental status for Asian Americans as it demonstrates the ability to navigate between two, often times, differing cultures (LaFromboise, Hardin, Coleman & Gerton, 1993). Therefore protective factors in Asian Americans may include the ability to maintain bicultural competence.

#### *Loss of Face*

Loss of face or the experience of social shame (Zane & Mak, 2003) can serve as a precipitating factor for suicidal behavior if the loss of face experience is intolerable or if the group views suicide as an honorable way of dealing with difficulties. Conversely, if the group views suicide as dishonorable, this may be protective for the youth as they may

then feel less likely to attempt suicide as it would disrupt group harmony, even when experiencing loss of face (Goldston et. al, 2008). Greater knowledge about either the protective or risk influence of this cultural variable would improve the ability to understand the nature of Asian American suicidality.

*Attitude towards seeking professional psychological help*

Research has consistently shown that Asian Americans, like other ethnic minorities, tend to underutilize counseling services in comparison to their European American counterparts (Hong & Cheng-Ham, 2001; U.S. Department of Health and Human Services; 2001; Sue & Sue, 2003). This underutilization is consistent among a variety of Asian ethnic groups. Sue and Morishima (1982) found that Chinese Americans, Filipino Americans, Hawaiian Americans and Japanese Americans had significantly lower admission rates to a mental health facility than expected given their relative proportion of the total population. Asian Americans are underrepresented in mental health settings, tend to underutilize services, and have higher drop-out rates and shorter stays in treatment than European Americans (Akutsu, Snowden & Organista, 1996). Additionally, Sue, Nakamura, Chung and Bradbury (1994) found that Asian Americans often experience more severe mental illness than other groups at the time they enter into formal health care because of the tendency to delay help seeking after recognition of a psychological problem.

Asian Americans can also potentially be hidden ideators (Pokorny, 1992) or clients who have suicidal thoughts but conceal this information unless prompted by a therapist. Morrison and Downey (2005) found that ethnic minority clients significantly hid their suicidal thoughts more frequently in comparison to European American clients.

### *Qualitative Methods and the Study of Suicide*

The possibilities and potential for qualitative research in counseling psychology has not yet been realized (Yeh & Inman, 2007). This is surprising given the applied self reflective and multicultural aspects of the discipline. Qualitative approaches are effective in exploring constructs that are not readily identifiable as well as variables that presently have very little or no previous research, such as suicidality among Asian Americans. Further, practitioners may find the idiographic orientation of qualitative inquiry more congruent with the narrative nature of therapeutic work, thus addressing the call by managed care and evidence based practice for a bridge between science and practice (Morrow, 2007).

A special task force of the International Academy of Suicide Research (IASR) concluded the gulf between qualitative and quantitative research methods in suicidology was synonymous to the scientist-practitioner perspective of counseling and clinical psychology. However, the group asserted that both approaches are needed in the science of suicidology given the field's commitment to understanding suicide in the general and in the particular. As prominent suicidologist Antoon Lenaars (2002), in his reiteration of a quote from Gordon Allport concludes, "Only when our methods are more developed shall we be able to not only understand but to intervene in the fascinating individuality and commonality that mark the suicide of Bill and Mary." While still less represented in the literature, researchers have employed qualitative methods in the study of suicide, from the analysis of suicide notes and case studies (O'Connor, Sheehy & O'Conner, 1999) to inquiries grounded in the suicidal individual's "own views" (Michel, Valach & Waeber, 1994; Skogmen & Ojehagen, 2003).

### *Rationale for the Study*

In response to pressures to address the issue of suicide on campus, colleges and universities are tasked to implement prevention and intervention strategies. In addition, due to the increasing numbers of enrolled ethnic minority students, like Asian Americans, cultural knowledge and its impact on suicidal thoughts and behaviors is essential given the need to determine what progresses a student forward on the suicidal continuum from ideations to attempts to completions. The interpersonal theory of suicide posits that for individuals to move beyond ideations to more serious suicidal behaviors, two things must happen: 1) the individual must have the desire to commit suicide and 2) the individual must have the ability to do so. The desire to commit suicide has two features 1) thwarted sense of belongingness 2) sense of perceived burdensomeness on others. Both must exist in order for the individual to move beyond ideation. The ability to commit suicide can be acquired over time through habituation to the physical and mental pain involved in self injury. As Joiner (2005) explicates, “This need to belong is so powerful that when satisfied, it can prevent suicide even when perceived burdensomeness and the acquired ability to enact lethal self-injury are in place” (p.118).

Adherence to Asian cultural values can influence this thwarted sense of belongingness and the sense of perceived burdensomeness. They can potentially serve as protective factors given their central focus on collectivism and interpersonal harmony. Additionally, suicidal thoughts and behaviors may occur among Asian American students due to a thwarted sense of belongingness on campus, but may be potentially offset by the expression of Asian values at home such as importance of family and filial piety. A student’s level of acculturation can also influence the sense of belongingness. Depending on which acculturative attitude they endorse (e.g., integration, assimilation, separation,

marginalization), Asian American students can experience feelings of being ostracized as they navigate between the dominant and indigenous culture. The Asian traditional fear of loss of face may also protect against the shame, physical pain and fear involved in lethal self injury, as it may present an undue burden on the family.

Information about protective factors in Asian Americans is important in informing prevention efforts on campus, especially given their documented reticence to counseling. Outreach programs and training for “gatekeepers”, or other individuals on campus that come into contact with students, may be helpful in reaching to this elusive group. Further, for Asian Americans that do seek counseling, knowledge about both protective and risk factors salient for this group can enable culturally grounded assessment and interventions.

As there is no current research on protective factors in Asian American suicide, qualitative methods offer an opportunity to explore and discover this phenomenon from the lived experience of individuals, an experience relevant and encouraged in the field of suicidology.

#### *Purpose of the study*

The overarching goal of this research was to expand the limited knowledge of Asian American college student suicide. Guided by the interpersonal-psychological theory of attempted and completed suicide as well as a salient cultural perspective, this study employed qualitative research methodology with the purpose of capturing the internal experiences of Asian American college students as they were experiencing a suicidal crisis. More specifically, the present investigation explored the factors that positively and negatively influenced Asian American college students with serious suicide ideation from progressing to behaviors with higher risk of lethality, such as

suicide attempts and completions. This information should be of interest to mental health practitioners working with Asian American college students as well as have the potential to contribute towards the formulation of a theory for this specific ethnic minority group.

### *Research Questions*

Given the idiographic nature of qualitative analysis as well as the utilization of data from an existing dataset, this inquiry on Asian American college student suicide was exploratory and guided by tenets of the interpersonal-psychological theory of suicide (Joiner, 2005), existing research risk and protective factors of suicidality of college students as well as cultural variables relevant to this specific ethnic minority group. In alignment to qualitative methods, general research questions were used as opposed to hypotheses created a priori (Morrow, 2007). Further, the overall research question was bound by the use of existing data.

Research questions: What are the lived experiences of Asian American college students in suicidal crisis that do not progress towards more serious and potentially lethal suicidal behavior? This overall research question was addressed by the phenomenological analysis of the narrative responses to the following questions included in “The Nature of Suicidal Crises in College Students” study dataset.

1. Why do you believe you stopped considering a suicide attempt?
2. What did you find most helpful in resolving the suicide crisis?
3. What did you find least helpful in resolving the suicide crisis?
4. What else could have been helpful in assisting you in the resolution of the suicide crisis?

### **CHAPTER III**

#### **METHODOLOGY**

The design of this dissertation possessed the characteristics of qualitative research. First, the study was emic, or focused on characteristics that are specific to individuals, versus an etic perspective, which describes universal behaviors that apply to all humans, regardless of nationality or culture (Ponterotto, 2005). Second, the knowledge sought was idiographic as it explored the perspective of a smaller number of individuals as opposed to the nomothetic, or larger group orientation of quantitative studies (McLeod, 2001; Morrow & Smith, 2000). The study began with a research question as opposed to hypotheses and the data analysis involved the inductive process of identifying emerging themes or categories from the participant's own accounts (Morrow, 2007; Ritchie & Lewis, 2005). It was accepted that the nature of qualitative data contained subjectivity and the researcher strived for reflexivity, or the ability to be conscious and reflective about her own assumptions (Morrow, 2005) Finally, the nature of the obtained research output provided detailed descriptions representative of the “what, how and why” of the perspective of the participants in a social setting (Ritchie & Lewis, 2005). The most common qualitative designs include narrative research, case studies, grounded theory, phenomenology and participatory action research. The designs vary on characteristics that include type of problem best suited for the design, the discipline background, the unit of analysis, data collection and data analysis strategies (Creswell et. al, 2007). This study utilized the research design and analysis characteristic of psychological phenomenology (Moustakas, 1994; Van Manen, 1990).

### *Guiding Paradigm*

Essential to the determination of the most appropriate design is the identification of the researcher's foundational philosophy of science, or paradigm, as it dictates the method chosen (Haverkamp & Young, 2007; Ponterotto, 2005). Paradigms in qualitative inquiry involve the researcher's beliefs that influence their actions and can be viewed as a "net containing the researcher's ontological, epistemological, axiological and methodological assumptions" (Morrow, 2007). In general terms, ontology refers to an individual's view of the nature of reality, epistemology with how reality is known, axiology the role of the researcher's values in the scientific process and finally, methodology which describes the procedures of the research

Based upon review of the differing paradigms, it was determined that the critical-ideological paradigm was most congruent with the ontological, epistemological and axiological assumptions of the author. This paradigm assumes that multiple realities exist, but there is a central reality that has been influenced by power relations among social, political and historical factors (Haverkamp & Young, 2007; Ponterotto, 2005). Fundamental to this paradigm is a commitment to social justice and the research inquiry aims to empower minority and oppressed groups. Further, the researcher's values played an essential role in this paradigm (Havercamp & Young 2007).

### *Design*

Phenomenology strives to capture the "universal essence" of everyday experience (Creswell et. al, 2007; McLeod, 2001) by exploring how individuals make sense of their personal and social world, or their "lived world" (Smith & Osborn, 2003; Wertz, 2005). It is characterized by the search for commonalities in individuals' personal lived experience with a particular phenomenon (Moustakas, 1994; Van Manen, 1990).

Phenomenology is based upon the work of German philosopher Edmund Husserl (1939) and consists of the fundamental concepts of epoches, phenomenological psychological reduction, intentionality, imaginative variation and essences.

Epoches are “abstentions from influences that could short-circuit or bias description” (Wertz, 2005, p. 168) and is commonly known as “bracketing” by the researcher. The aim of the epoche is to enable the researcher to set aside her natural attitude, or looking at the world at face value without engaging with deeper processes and meanings. The ability to examine phenomena of interest from a multitude of perspectives is fundamental in discovering its essence. Following the bracketing of perceptions, phenomenological psychological reduction describes what is seen, not only in terms of perception, but consciousness. Further it describes the relationship between phenomena and self (Moustakas, 1994; Wertz, 2005). Intentionality refers to that nature of consciousness or “whenever we are conscious, we are conscious of something” (Langdridge, 2007, p. 21). Intentionality allows for the movement away from subjects and objects towards a focus on both what is experienced and the way that it is experienced. Imaginative variation allows for the structural description of the experience through seeking possible meanings through the use of different means such as imagination, a variety of perspectives and positions (Moustakas, 1994).

Formalization of phenomenological methodology has been attributed to Amedeo Giorgi and Duquesne University. Giorgi, along with other members of the program have worked extensively since 1970 to develop research methodology relevant to phenomenology (Wertz, 2005). In accordance to this research design, the presentation of the findings of this study will adhere to the reporting format of phenomenological

psychological studies published in both the *Journal of Phenomenological Psychology* (Bargdill, 2000) and the *Journal of Counseling Psychology* (Swagler & Ellis, 2003).

#### *Source of data*

This dissertation utilized the subset data specific to Asian Americans contained in the larger study titled “The Nature of Suicidal Crises in College Students.” Data for this larger study were collected in spring 2006 by The National Research Consortium of Counseling Centers in Higher Education. The consortium, founded in 1990, is housed at the University of Texas Counseling and Mental Health Center and conducts large scale, national research studies focused on the mental health issues of college students. The consortium is open to any institutions of higher education and membership varies across studies.

Participating colleges and universities were representative of a wide range of institutions in the United States. The student enrollment of the participating institutions ranged from 820 to 41, 289 students, with the average mean size of 17,752 students. The majority of the institutions were public (72%) with the remaining 38% classified as private. Geographic diversity of institutions was attained as 20% of the schools were located in the Northeast, 20% in the West, 30% in the Midwest and 30% in the South.

Participants from the complete data set included 26,451 students from 70 participating colleges and universities. Of the 15,010 undergraduates in this sample, 62.2% were female. Racial/ethnic composition was as follows: 78.9% European American/White; 6.0% Asian American; 4.9% Hispanic American/Latino; 3.9% African American/Black; 4.0% Multiracial; 1.9% International; and 0.4% Alaska Native/American Indian.

### *Instrumentation*

Data for this study was culled from the larger survey entitled “The Nature of Suicidal Crises in College Students”. The 89-item survey was comprised of 66 forced-choice items/sub-items, 35 Likert-type scale items/sub-items, 5 items for which multiple response options can be selected, and 32 open text response items/sub-items. Directors of each participating counseling center had the opportunity to contribute potential survey items on areas of interest. The final survey was consolidated by National Research Consortium after review and approval by membership institutions. In addition, two prominent experts in the field of college suicidality, Dr. Allan J. Schwartz of the University of Rochester and Dr. M. David Rudd of Texas Tech University, also reviewed the completed survey.

The survey employed a tiered methodology in which participants were guided through different portions of the survey based upon their responses. The first section, completed by all respondents, included demographic questions (e.g. gender, race/ethnicity, class status) as well as questions focused on lifetime experiences with suicidal ideation. Participants were then prompted to respond to questions concerning their history of mental health problems, help-seeking, and suicidal thoughts, and suicidal behaviors.

Participation in the second section of the survey was determined by question 29: “*during the past twelve months, have you seriously considered attempting suicide?*” Students that answered “no” to this question were skipped to the end of the survey. Participants who answered “yes” to this question continued to the second section of the survey and represented individuals considered to possess serious suicidal ideation. Questions that followed assessed the strength and frequency of their suicidal thoughts as

well as considered methods of lethality. Respondents were then queried in depth about whether they chose to reveal or conceal their suicidality. Students that decided to share their crisis experience were asked to identify who they told and rate the helpfulness of the responses they received in preventing suicide. For students that chose to hide their thoughts, they were asked to provide open narrative responses to the question, “why did you decide not to tell anyone about your thoughts?”

The survey continued with questions regarding the self-reported mood states and contributing factors that contributed to the respondent’s suicidal crisis. Participation in the next section was determined by item 62: “*Have you attempted suicide within the last 12 months?*” This question was a forced choice and students who answered “yes” comprised the attempted suicide group. This group was then asked a series of questions including: the number of suicide attempts in the last 12 months, the method employed in the suicide attempt, alcohol/drug use and whether injuries sustained in their attempt required medical care. The students then were asked questions similar in format to the prior section about who they told about their suicide attempt and the quality of the responses in preventing them from a second suicide attempt. At the end of these series of questions, the attempters were asked question 85: “*are you currently considering attempting suicide?*” If the student answered yes, they were skipped to a page that provided information about their campuses counseling center crisis services and other local mental health and emergency contact information.

Attempters that answered that they were not currently considering attempting suicide were grouped with the students that experienced serious suicidal crisis in the last 12 months (answered “no to question 62). This group was then asked the following open ended questions:

Q86: “Why do you believe you stopped considering a suicide attempt?”

Q87: “What did you find most helpful in resolving the suicide crisis?”

Q88: “What did you find least helpful in resolving the suicide crisis?”

Q89: “What else could have been helpful in assisting you in the resolution of the suicide crisis?”

### *Procedures*

A stratified random sampling technique was utilized across the participating institutions. The 58 larger institutions, which were characterized by having 5,000 or more undergraduates, randomly selected 1,000 students. For the 12 smaller campuses with 500 to 4,999 undergraduates, 500 students were randomly selected. Identical sampling guidelines were employed to select graduate students. This ensured a random sample at each school and resulted in 108,500 surveys being sent. The undergraduate response rate was 24% (15,010/62,000) and the graduate student response rate was proportionately similar at 25% (11,441/46,536).

The students at each institution were then sent an email solicitation from their local campus counseling center containing information about the study. While the study was being primarily conducted by the University of Texas at Austin, participants were informed that it was also being sponsored by their own college or university. The email invitation included a link to an online survey web page, as well as an incentive for participating, which consisted of the chance to be randomly selected to win one of 100 gift certificates from Amazon.com or a grand prize award of a \$1000, \$750, or \$500 gift certificate from Amazon.com. Participation in the survey was voluntary and students were able to withdraw at any time. Given the gravity of the topic, students were given

information about their counseling center and other mental health services when they either completed or exited the survey.

While qualitative data collection methods used in phenomenology have largely used interviews (Arminio, 2001; Friedman, Friedlander & Blustein, 2005) protocol writing and concrete text descriptions can also be employed to capture the lived experiences of participants (Langdrige, 2007; Van Manen, 1990). This survey was also web based to ensure the largest and most geographically represented sample. McKenna and Bargh (2000) contend that research utilizing the internet for data collection allows for the opportunity to study individuals in a naturalistic setting as it allows for greater anonymity when disclosing personal information, an issue particularly salient to suicide. Additionally, Gosling, Vazire, Srivasta and John (2004) provide empirical support that participants in internet studies are just as likely to take the study seriously and provide accurate information compared to data collected from participants through traditional means.

In a study of 450 adolescents in an American school district, Shields (2003) used a web based survey to collect qualitative data and found that the participants were more comfortable with the anonymous electronic collection format as it seemed to alleviate the differential tensions often present between interviewer-and interviewee in regards to race, gender or power. This format of data collection may be especially appropriate for Asian Americans given their self presentational concerns coupled with the very personal issue of suicide.

#### *Approval by Human Subjects Committee*

Prior to analysis of the subset of data specific to Asian Americans, review and approval by the Institutional Review Board for the Protection of Human Subjects at the

University of Texas at Austin was sought for this study. As the present study employed archival data from a larger study that had been previously approved by the committee, additional review was determined to be not required.

#### *Participants of present study*

Criteria for inclusion in the present study included: (a) identifying as Asian American, (b) answering yes to the question, “During the past 12 months, have you seriously *considered* attempting suicide and (c) answering no to the question, “Have you *attempted* suicide within the past 12 months.” These specific parameters created the subset of data representative of Asian American college students that were experiencing serious suicidal ideation but did not progress towards attempts or completions.

Participants that identified as multiethnic/multiracial or as international students were excluded given that these social identities have cultural norms, values, beliefs and rituals unique from Asian Americans (Root, 1998, Swagler & Ellis, 2003).

The resulting participant group included fifty-eight (forty women and eighteen men) Asian American college students. Participants’ ages ranged from 19 to 35 ( $M = 21.14$  years,  $SD = 3.13$ ). Forty-nine of the participants were undergraduate students and nine were graduate students. The students attended twenty-seven universities that represented a wide range of geographic regions including the West (15%), Midwest (26%), Northeast (19%) and South (40%). The top four areas of study included biological science (20.7%), social science (19%), arts and humanities (13.8%) and other fields (13.8%). Other fields include computer science, agriculture, communications, forestry, law enforcement, military and undeclared. Self reported grade point averages ranged from 2.00 to 4.00 ( $M = 3.21$ ,  $SD = .50$ ). (See Table 2 and 3 for a summary of demographic data and characteristics of participants’ social environment).

Table 2.  
*Demographic Information on 58 Asian American college students participating in study*

Gender	Women: 40 (69%) Men: 18 (31%)
Age	Range: 19 to 35 years Median: 20.00 $M = 21.14, SD = 3.13$
Class	Undergraduate: 49 (85%) Graduate: 9 (15%)
University	West: 4 institutions (19% participants) Midwest: 7 institutions (18% participants) South: 11 institutions (43% participants) Northeast: 5 institutions (24% participants)
Major field of study	Biological Science: 20.7% Social science: 19.0% Arts and Humanities: 13.8% Other fields: 13.8% Business: 8.6% Physical Science: 6.9% Engineering: 5.2% Professional: 5.2% Education: 3.4% Technical: 1.7%
GPA	Range: 2.0 to 4.0 Median: 3.23 $M = 3.21, SD = .50$
Religion	Christian: 27.6% Hindu: 17.2% Non-religious/Secular: 13.8% Other: 12.1% Agnostic: 10.3% Islamic: 8.6% Atheist: 6.9% Buddhist: 3.4%
Sexual Orientation	Heterosexual: 94.8% Bisexual: 3.4% Did not answer: 1.7%

Table 3.  
*Characteristics of Participants' Social Environment*

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Current Living Arrangement	On campus residence hall: 34.5% On campus apartment/house: 8.6% Off campus apartment/house: 55.2%
Have roommate(s)	Yes: 58.6% No: 41.4%
Live with family member	Yes: 32.8% No: 67.2%
Relationship status	Not in relationship: 48.3% In a relationship but not living with someone: 41.4% In a relationship and living with partner: 8.6%
Activity participation	Educational/departmental organizations Yes: 50% No: 50%
	Fraternity/Sorority (social) Yes: 6.1% No: 93.1%
	Ethnic/Cultural organizations Yes: 25.9% No: 74.1%
	Professional organizations: Yes: 12.1% No: 87.9%
	Religious organizations: Yes: 32.8% No: 67.2%
	Student government: Yes: 10.3% No: 89.7%
	Intramural/club sports Yes: 10.7% No: 89.7%

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### *Data Analysis*

As this phenomenological inquiry was discovery oriented and exploratory, the analysis employed the four analysis stages characteristic of phenomenological psychological research (Bargdill, 2000, Landridge, 2007; Giorgi, 1985; Giorgi & Giorgi 2003). This process involved an empathic approach as well as a willingness to join the participants' lived experience through their written descriptions (Wertz, 2005). Given the researcher's critical ideological paradigm, social, political and historical factors pertinent to the experiences to suicide of the participants were noted.

#### *Stage 1: Reading for overall meaning*

The first stage involved reading through the entire text to grasp a sense of overall meaning and involved the bracketing of the researcher's preconceptions (Langdrige, 2007). The researcher then assumed a psychological perspective and was mindful of the phenomenon being studied (Giorgi & Giorgi, 2003). In this first stage, the researcher read though the entire text for a total of 3 iterations while concurrently being aware and conscious of the potential emergence and influence of biases.

#### *Stage 2: Identifying for meaning units*

The second step involved the reduction of participants' responses into smaller units of meaning. These meaning units should be understood as constituents rather than elements of the whole. Constituents are the parts of the text that can only be understood in the context, while elements can be independently understood (Langdrige, 2007). For this study, meaning units were delineated from the total participant responses to the open ended questions.

### *Stage 3: Assessing the psychological significance of meaning units*

The researcher then transformed the implicit to the explicit in regards to psychological meaning. Meaning units were read and reread for a total of 5 iterations and reflection and imaginative variation were used to determine which units had psychological meaning versus those that did not (Landridge, 2007; Giorgi & Giorgi, 2003). Imaginative variation entailed the pursuit of possible interpretations of the meaning units by utilizing a variety of perspectives, knowledge and positions with the aim of arriving at a structural description of the experience (Moustakas, 1994).

### *Stage 4: Synthesizing meaning units and presenting a structural description*

The final stage included the creation of a structural description for the phenomena. From the individual descriptions, invariant properties, or themes formed the larger general description. Themes are an experience of focus, meaning and point and are also a form of capturing the phenomenon of interest (Van Manen, 1990). The final description was an accumulation of the prior analytical work and represented the essence of the phenomena of interest (Langdridge, 2007). The final structural description is presented with relevant excerpts from participants' responses in the following findings section.

### *Trustworthiness*

Qualitative standards of quality, or trustworthiness, have criteria that are both paradigm specific as well as at the transcendent level. While different paradigms may dictate varying elements of trustworthiness, utilization of all criteria should be considered for appropriateness for studies (Morrow, 2005). Thus, although the researcher for this proposed study situates herself in a critical-ideological paradigm, the study utilized standards of goodness criteria more typically grouped under a postpositivist paradigm.

This blending of paradigms follows Ponterrotto's (2005) meta-analysis which revealed that a significant portion of qualitative studies in counseling psychology employed a hybrid of two paradigms.

This study employed "parallel criteria" or standards of trustworthiness that loosely follow quantitative standards of rigor (Lincoln & Guba, 2000). Credibility in qualitative research corresponds to internal validity, transferability to external validity, dependability to reliability and confirmability to objectivity. However, it is important to note that these parallel associations do not imply that these criteria share the exact same goals and should not be interpreted literally (Morrow, 2005).

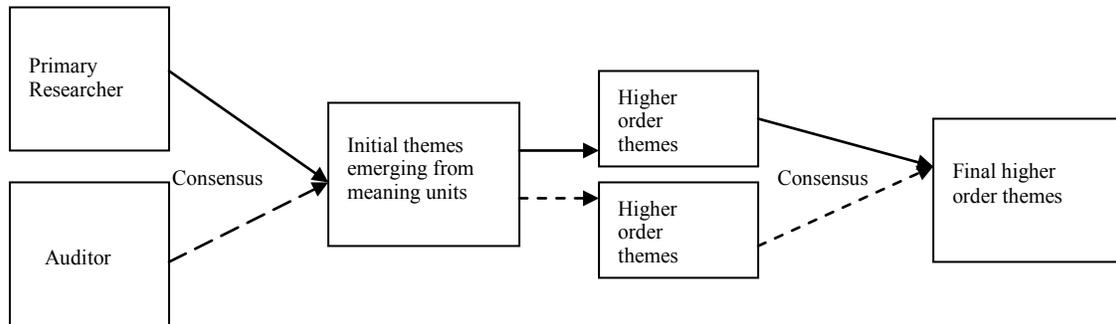
### *Credibility*

Credibility, or qualitative internal consistency, was obtained through the use of an auditor, an assistant professor in counseling psychology whose research area is focused on Asian American mental health. This auditor was provided both the source data as well as the emergent themes that were organized initially according to the original four question prompts. The assistant professor read the materials for a total of 3 iterations and noted disagreements for the initial themes. Discrepancies found by the auditor were then discussed collaboratively with the primary researcher until consensus was achieved around the preliminary themes.

Following this first stage, the primary researcher and the auditor separately constructed higher order themes that were based upon the collapse of the three survey prompt questions focused on protective factors. This process of combining responses was based upon the determination that the participant meaning units formed a consistent pattern of ideas and concepts (Van Manen, 1990) across the three questions that probed for protective factors. The single question assessing for unhelpful factors constituted a

separate set of responses. These subsequent higher order themes were then also collaboratively discussed until consensus was attained (Lincoln & Guba, 2000; Swagler & Ellis, 2003). The final emergent themes comprise the findings of this study.

Figure 2  
*Process of primary researcher and auditor in attaining credibility*



### *Transferability*

Transferability, or the extent that the findings are generally applicable, was attained in accordance with Morrow’s (2005) guidelines that require the primary researcher to provide as much information about themselves such as background, biases and experiences with topic and population of interest. The following “researcher as an instrument” statement provides the transferability for this study.

### *Researcher Background, Biases and Experiences*

The primary researcher’s biases and subjectivity specific to this study arose largely from a combination of her cultural experiences and her educational interests. The author was born and raised in the Philippines after her mother and older siblings fled war torn Vietnam. Without her Filipino-Spanish father, the family then immigrated to the United States. Tran’s experiences acculturating to life in America was defined by change and serves largely as the foundation to her worldview. Her family faced a diverse set of

challenges in language mastery, cultural adaptations and socioeconomic limitations. In addition, in response to a politically unpopular war, the author and her family faced instances of xenophobia, racism and discrimination from their new host country.

Within the Vietnamese refugee and Asian American community of Northern California, mental health issues such as anxiety, depression, post traumatic stress disorder and suicidality were experienced, even if they were not largely discussed or treated due to the barriers of cultural stigma. This motivated the author to become interested in exploring how counseling could help alleviate some of the environmental and interpersonal stressors that come from being proud of being different, but yet paradoxically wanting to fit in. Further, she was interested in cultural implications for the process and outcome of therapy as well as the larger topic of accessibility of mental health services through college counseling centers and community based organizations for racial and ethnic minorities. Throughout graduate school, her research endeavors, teaching assignments, as well as practicum experiences reflected these central interests in multicultural competency and social justice.

This reflection of the author's own lived experiences served as the guide that led her to become interested and engaged in the methods of narrative analysis characteristic of qualitative research during her graduate school training in counseling psychology. Qualitative methods offered another avenue to investigate culture while also utilizing self awareness, as "reality or truth is relative and bound to perceptual deviations whereby individuals construct and deconstruct their own interpretations based on social locations (e.g., ethnicity, race, geography, family, economic, political, educational and spiritual) and their worldview, philosophy of life or scheme" (Yeh & Inman, 2007, p. 377).

This approach also seemed to parallel with observations and perceptions of scholars and clinicians working with racial and ethnic minorities, such as Asian Americans. At national psychological conferences, the author was exposed to a number of workshops, presentations and discussions that conveyed the importance of a closer relationship between culturally grounded research and practice. More specifically, a number of mental health practitioners expressed the need for research that was representative of a client's specific culturally lived experiences as it could help shape conceptualizations, assessments and interventions.

### *Dependability*

Dependability, or the rigor regarding the process in which the findings are generated and confirmability, or the confidence that findings represent the phenomenon under study and not the biases of the researcher (Morrow, 2005), was addressed through the use of an audit trail by the researcher that included a chronology of possible influences during data analysis.

## CHAPTER IV

### FINDINGS

#### *Initial Themes*

The initial stage of the analysis of meaning units yielded thirty themes from all the participant responses across the four question prompts. Graduate student data was initially separated from undergraduate student data until analysis of respective themes for both groups did not reveal significant developmental differences. As previously explicated, initial themes were then examined by the primary researcher and an auditor for overlapping ideas and then further combined according to similar concepts and ideas (Langdrige, 2007). The final analysis resulted in five higher order themes that described protective factors and three higher order themes focused on unhelpful factors for Asian American college students experiencing suicidal crisis.

#### *Protective factors*

The five protective factors included: (a) a desire not to hurt or burden others, (b) social support, (c) fear, (d) self reliance and assistance, and (e) insight and meaning. The following sections provide descriptions and specific examples from participants' narratives of each theme.

#### *Desire not to hurt or burden others*

The first major theme involved the emphasis of avoiding hurting or burdening significant others with an attempted or completed suicide. Participants (n = 15) spoke specifically of the importance of family as well as the necessity of placing others' needs before one's own. Participants shared that although they were seriously considering ending their lives, they worried about the ensuing emotional and financial consequences as illuminated in the following excerpts:

Part of the point of suicide would also be relieving my loved ones of the burden of my mistakes and depression - but that would just replace it with the burden of suicide survivorship (P12)

Didn't want to upset family, didn't want to leave behind personal/financial responsibilities to loved ones (P49)

My life has taken a better course. I have realized that the reasons for my consideration and attempts are not worth it, and that I have great friends and family in my life who (sic) care about me. I also did not want to inflict pain on them by killing myself (P42)

Participants also expressed a sense of obligation towards others, particularly their parents. For some, this obligation seemed to supersede their feelings of despair and hopelessness, as one participant shared, “I kept thinking about my mother and how upset she would be, which is the last thing I would ever want to do” (P17).. Given that 32.8% of the respondents were living with a family member, frequent contact may have reinforced this filial piety. Further this sense of responsibility included being accountable for reparations for past mistakes or failures.

I feel obligated to care for my mother. I do not think she could handle it if I were to pass away (P22)

My parents would be devastated (P41)

Obligations to others, like my family, as well as to myself. If I die then I won't be able to redeem all the mistakes I have made (P34)

### *Social support*

A majority of participants (n = 39) endorsed the positive influence of social support in assisting them through their suicidal crisis and protecting them from

progression to an attempt or completion. This included family, friends, romantic partners and mentors.

I've finally got a pretty good support system in place right now. People to talk to. (sic) I now have a pretty good understanding of where the suicidal thoughts come from and a system built to prevent it from getting out of hand. (P12)

Family also played a central role in the social support resources of suicidal Asian American college students. Participants (n = 30) shared that love from their families aided in the resolution of their suicidal crisis and buffered against self-injury.

My family and their love (P55)

I was eventually able to overcome depression through the support of family (P10)

My mom is awesome. I don't tell her what exactly I'm feeling but she always knows when I'm down and will talk to me and stuff, and just in general she's always so loving and supportive (P26)

Friends and romantic partners were also acknowledged, with friends (n = 36) being the most endorsed source of social support. Interestingly, while half of the total participants (n = 29) reported being in a romantic relationship, there was disproportionately less students (n = 8) that endorsed their partner as a positive influence during their coping process. Relationships with roommates were also experienced as protective as one participant shared:

I had a new roommate and suitemates, with whom I got along very well with.

Being with them distracted me from my suicidal thoughts (P17)

Social support networks for Asian American college students also included past mentors as the environment of university life is often much larger and sometimes more

challenging to navigate in comparison to high school (Moore et al. 2008). As one participant reveals:

Visiting my high school math teacher who helped me the first time I felt this way back in my junior year of high school [helped me resolve my suicidal crisis](P28)

Participants also provided insight and suggestions for how universities and colleges can further provide institutional assistance and support for college students in suicidal crisis:

Having the law school and other academic programs be more aware of depression in students and provide support services (P5)

Outreach programs so that information on suicide/depression can be made more accessible especially to those who are unwilling but in most need of therapy.

Once I had decided I needed professional help, finding a therapist and doctor was easy. However, it took YEARS of self-destructive behavior for me to realize that it was necessary, if not okay, for me to seek help. With more awareness on these issues, (such as knowing where to seek help, or how to recognize the dangerous symptoms), people would be more likely to actively seek help for their emotional crisis (P34)

### *Fear*

Eight participants indicated that fear was instrumental in prevention of a suicide attempt. These fears included anxieties about the unknown, the physical pain of self injury and the trauma of an unsuccessful attempt resulting in disability or disfigurement. Additionally, a participant shared the unique fear that a failed suicide attempt may result in an increase in psychological distress. Following is a sampling of the responses:

Suicide would be an attempt to stop psychological pain - if I failed it may only increase and I didn't feel confident that I wouldn't fail (P12)

I worried that if I attempted it, I wouldn't die immediately, or that it would be very painful to die that way (P44)

Afraid to carry it out, afraid the attempt won't work and result in permanent stigma/physical problems (P49)

### *Self Reliance*

In contrast to social support, a large proportion of participants (n = 40) revealed that self reliance was a resource that enabled persistence during suicidal crisis.

Participant narratives (n = 11) included descriptions of willpower, self control and restraint, as well as endorsed a belief in the ability to independently solve emotional distress. As one participant explicated:

[Suicide] also hurts too many people and I don't like the idea of my friends and family losing trust in me that I can take care of myself. I want to feel independent and self sufficient. (P17)

Participants affirmed a belief in “keeping autonomy and finding inner strength” (P7) and the necessity of turning inward to cope. This self reliance included the perspective that even in the midst of an emotional crisis; an individual must be resilient and self directed above and beyond what has already been endured.

I've had a difficult time, and for the last three years have had a lot of obstacles to overcome. I just left [school] and I'm in a lot of educational debt because of it, and my family was not happy, and to top it off the year started with my father being diagnosed with metastatic lung cancer, I missed 3+ weeks of school, decided to finish the semester while working 30+ hours after the funeral and I figured if I've been through so much in my life (which I have)--why stop now . . . I have to be capable of doing more. (P47)

For some students (n = 9), self help manifested in a conscious effort to increase rational thought and minimize emotional expression, as one participant coped by “just calming myself down. I usually get the thoughts only when I’m worked up emotionally about stuff” (P6).

While students valued maintenance of emotional self control, they (n=4) also alternately processed feelings through writing. Restrained emotions were also expressed through potentially maladaptive physical actions:

I take my anger and frustration on materials. Like slam doors, scream, or flip over some furniture. But never on myself or a person even though it always comes (sic) into mind. I pretend those materials to be the very people or things I am angry towards (P29).

Respondents (n=5) also addressed psychological distress through the use of conscious avoidance as evidenced by the following statements: “I decided to ignore it and eventually it went away” (P15) and “Trying to forget what caused me to attempt suicide” (P9). For students that decided to utilize avoidance to cope with distress, it was also important to keep distress hidden as one participant espoused “Doing nothing. Just don’t say anything and it will usually work out (P9).

### *Insight/purpose for living*

This final higher order protective theme involves respondents’ (n = 21) experiences of personal insight, meaning making and a realization of a purpose for living. Intrapersonal examination seemed to reveal for the following respondents that their lives had a greater potential and meaning beyond the people or events that had initiated their suicidal thoughts:

Because I realized that I had much more of my life to live and not to let one person have such a large impact on my life, especially if they hurt me, they're not worth having my life. (P6)

I knew that I was overreacting to the situation that I was in. I realized it was a stupid thing to do and life is valuable. (P21)

My desire to do something meaningful with my life (P28)

Further, for the following two participants, there was an interest in the potential of the future as well as a desire for opportunities not yet experienced.

Suicide will only end the beginning of my life. There's still a great deal of something out there for me. I look forward to finishing school to gain a better future. (P38)

There was a small voice in the back of my head that told me I was giving up before I started. And giving up is such a pity. I felt I hadn't given back anything yet to the world, and I wanted to do that before I died. That more than anything, restrained me (P51)

Respondent narratives (n = 3) also revealed a sense of humility and gratitude for their lives, particularly in relation to others. These insights involved global comparisons of life in the United States to that of other countries, which also included cultures of origin:

I was born in a 3rd world communistic country. People who are there will give anything to have what I have. I must be grateful of the things I do have. I had a chance, even though I failed in my attempts to be the best of what I can be, and to please people. I should be grateful to have that chance to experience anything (P30)

Additionally, for the following participant, comparisons involved immediate family members and friends:

I just came back from a 3-weeks vacation in Vietnam over a month ago during Christmas break. I went with my mom and my brother, we mostly visited our extended family members and my mom's friends. I saw many people in Vietnam who were more unlucky and unhappy than me. At least, I live in U.S., that is way better than those people over there already. That is the reason how I got myself together, and be MY OWN SELF again. No more suicidal crisis!!!! (P35)

*Additional support for trustworthiness of protective themes*

Eliciting participant feedback on the results of research is an option of phenomenological analysis to increase trustworthiness of findings (Bargdill, 2000, Landridge, 2007). As previously mentioned, the anonymous web-based survey used by the present study may have reduced the possible power relationship between the researcher and participant (Shields, 2003), but did not contain any follow-up protocols. Therefore, in addition to the use of the auditor, participant ratings to the following question from the larger dataset were used to increase the trustworthiness of the themes on protective factors. Examination of these ratings occurred after the phenomenological analysis of their narrative responses to avoid the possible insertion of bias.

Table 4  
*Ratings by participants of the extent the following factors were important in prevention of suicide attempt*

Factor	<i>N</i>	<i>M</i>	<i>SD</i>
Disappointing/hurting my family	44	1.50	.90
Disappointing/hurting my friends	43	2.67	1.63
Disappointing/hurting my partner/spouse/boyfriend/girlfriend	42	3.50	1.66

Cooperative relationship with a mental health professional	41	4.46	1.03
Support of my family	43	2.86	1.69
Support of my friends	43	3.09	1.34
Support of my partner/spouse/boyfriend/girlfriend	42	3.67	1.62
Religious/moral beliefs	45	3.36	1.55
Feeling hopeful/having plans for my future	44	2.73	1.42
Wanting to finish school	44	3.18	1.65
My pet or pets	39	4.23	1.50

*Note:* One item 5-point Likert scale that asked “Please rate the extent to which the following factors were important in preventing you from attempting suicide. Scale ranged from 1 (very important) to 5 (not important)

On average, participants rated the following top factors as being the most important (e.g. means less than the scale midpoint of 3.0) in prevention of suicide attempts following a psychological crisis: (a) disappointing/hurting family ( $M=1.50$ ,  $SD=.90$ ), (b) disappointing/hurting friends ( $M=2.67$ ,  $SD= 1.63$ ), (c) feeling hopeful/having plans for the future ( $M=2.73$ ,  $SD= 1.42$ ) and (d) support of family ( $M=2.86$ ,  $SD= 1.69$ ). These results seem to reinforce the trustworthiness of the themes of social support and insight/purpose for living as being protective against suicidal attempts among Asian American college students in this sample.

#### *Unhelpful factors*

In addition to an examination of beneficial factors, participant narratives revealed factors that proved to be unhelpful during a suicidal crisis or buffering against a suicide attempt. These factors organized into the three following major themes: (a) academics (b) lack of social support and (c) experiences with mental health providers.

#### *Academics*

Academic pressures were determined to be aversive in suicidal crisis resolution among respondents ( $n=5$ ). In addition to current academic demands, students worried about future pressures such as graduate school. In the words of one participant:

I think school and work both were very integral in making me feel helpless, trapped and out of control. School stress because I need to do well if I want to do graduate school or even if I want to go back to medicine. (P47)

### *Lack of social support*

As a large proportion of participants indicated that social support was protective during suicidal crisis, the converse finding (n=13) that lack of social support as a hindrance is not surprising. Deficits in support were described as dismissive attitudes from others, social isolation and challenging parental attitudes.

Five participants shared disappointment of not being taken seriously during a suicidal crisis. One participant disclosed the discouragement of having “friends that say the everyday thing...oh you’ll be OK, because it’s so half hearted that I really makes things worse than better” (P20). In another instance, a participant shared her frustrations with “the idea that since I think about it so much but don’t ever do it that I’m just trying to get attention and that I shouldn’t be taken seriously” (P12). Five respondents also noted the negative effects of social isolation or “being alone too often to think about my problems” (P16).

Parental attitudes also featured in the negative experiences of eight students. Participants revealed that their suicidal crisis would have been more aptly assisted if “my parents would have been more open-minded” (P4) and they were provided “more understanding from parents” (P52). One student explained that she concealed her distress because “it wasn’t something I could tell my parents. They would get more hysterical than whatever I was feeling and there would be no support” (P51). Lack of support also varied between parents as one student disclosed:

I wish my dad could change a little bit. My brother and I could not talk to him like the way we talk to our mom. Our mom is a very caring and fun person to be around with. Unlike my mom, my dad is the same person since my brother and I were just toddlers. I think my dad doesn't even understand himself (P36)

### *Experiences with mental health services*

While nine respondents admitted that seeking mental health services was worth considering during a suicidal crisis: “counseling is something I’ve always thought of, but never actively pursued” the narratives also revealed that they were “not sure how to approach the counseling office for this” (P42) and (P6).

Of the six students that did think seriously about engaging mental health services, they disclosed feelings of stigma and had difficulty in accessing services. Stigma not only facilitated a reticence to seeking counseling, but a hesitancy to disclose psychological distress to family member. In the words of one student:

[One thing that was unhelpful is] the stigmatism (sic) associated with mental therapy and suicide. My learned aversion towards these topics discouraged me to even admit that I needed professional help or be open to my family about my condition. (P34)

For some students, there was a challenge in “trying to get access to a therapist” (P8) and for another participant:

It was frustrating to call in and wait a long time on the college counseling line and then have (sic) someone make you explain everything in a state of mind where you didn't (sic) want to say much. All you want is a solution at the time. I prefer actual presences as opposed to voices on the phone or an e-mail (P51).

Students (n=2) that did interact with mental health professionals at the university counseling center, revealed that the clinician “did not take them seriously” (P41) or “was not helpful...largely because I did not feel an empathic connection with them” (P41). These results seem to be consistent with the participants’ average rating ( $M=4.46$ ,  $SD=1.03$ ) of a relationship with a mental health professional as not important in prevention of a suicide attempt.

## CHAPTER IV

### DISCUSSION

The present exploratory study had the overarching goal of exploring the lived experience of Asian American college students that were currently experiencing suicidal crisis but did not progress to more lethal behaviors such as an attempt or completion. More specifically, factors that were found to be protective as well as unhelpful in resolution of suicidal crisis were revealed through qualitative analysis of participants' narratives. As a number of themes that emerged seemed to be consistent with the Asian American psychological literature, the following chapter will engage in the reciprocal process of grounding the significance of the results to existing research (Bargdill, 2003; Polkinghorne, 1991; Swagler & Ellis, 2003) for the experiences of the subjects in this study may be relevant to other Asian American college students. This chapter will include a summary of the findings relevant to protective factors and unhelpful factors, clinical implications, contributions and limitations of the study and finally directions for future research.

#### *Themes related to protective factors*

##### *Desire not to hurt or burden others*

The first theme that emerged as protective for participants was the desire not to hurt or burden others with the possible consequences of their suicide. This finding appears to be in contradiction to Joiner's (2005) interpersonal-psychological theory of attempted and completed suicide. The theory posits that for an individual to progress from suicidal ideation to more serious and lethal behaviors such as attempts and completions, they must experience a perception of burdensomeness coupled with a thwarted sense of belongingness, as well as an acquired ability for self-injurious

behavior. It would seem then that a sense of burden to others would be experienced by the students in this study as a risk versus protective factor for development of more serious suicidal behavior. However, the opposite was determined by this emergent theme.

One possible explanation for this contradiction may lie in traditional Asian cultural values that may be salient to Asian American college students. While adoption of behaviors from the culture of the United States by Asian Americans may be rapid, adherence to traditional values may endure indefinitely (Sodowsky, Kwan & Pannu, 1994). Although the participants were in suicidal crisis, the possibility of hurting or burdening loved ones may have superseded feelings of distress as it would be in conflict with the Asian values of placing other's needs ahead of one's own (Kim, Atkinson & Umemoto, 2001). An attempt or completion of suicide as a means of relieving psychological pain (Schneidman, 1993) by an Asian American college student could be potentially viewed as elevating individual desires above the needs of loved ones. Participants disclosed that in addition to the emotional pain that they did not want to impart on others, a concern about financial consequences also protected against the consideration of a suicide attempt and aided in the resolution of the crisis.

A concern for the well being of others by Asian Americans is particularly relevant when considering the role of family. The cultural values of a strong importance of family, family interdependence and avoidance of family shame for Asian Americans have been established in the literature (Chao & Tseng, 2002; Fong, 2008; Sue & Sue, 2003; Uba, 1994; Zane & Mak, 2003). The respondents disclosed feeling obligation towards their family and a number of the participants spoke specifically about the concern of hurting their parents. This particular concern of causing parental anguish arises from

filial piety, or the unquestioned respect and loyalty to one's parents and elder family members (Chang, 2001) and may serve as a coping resource against suicide.

Asian American families have been found to possess a relational orientation which is a "cultural frame in which the self is defined in terms of its essential and continuing interdependence with others" (Yee, DeBaryshe, Yuen, Kim & McCubbin, 2007, p. 71). This emphasis on self as defined through an interdependent frame may instill in Asian Americans the belief that actions against the self such as suicidal behaviors not only affect family members emotionally but are inextricably connected with their social identities as well. Therefore, parental views about suicide as a negative or selfish act may have been protective for these Asian American college students as they sought to avoid a "loss of face", or social shame resulting from poor self presentation with their parents (Goldston et. al, 2008). Additionally, participants may have also been motivated to maintain "face" on the behalf of their families as suicide is most often viewed as a negative act in the United States.

### *Social support*

The second theme described the protective benefits of social support and appeared to align with the collectivistic orientation of Asian Americans. As collectivism "...pertains to societies in which people from birth onwards are integrated into strong, cohesive ingroups, which throughout people's lifetime continue to protect them in exchange for unquestioning loyalty" (Hofstede, 1991, p. 51), it may also serve as a guard against suicidal behaviors.

One of the essential features of collectivism for Asian Americans is the ability to maintain interpersonal harmony (Markus & Kitayama, 1991), which involves perspectives and behaviors such as being accommodating and not confrontational (Tung,

1985) and integrating into group norms by avoiding overly positive or negative distinguishing behaviors (Uba, 1994). Progressing from ideation to more serious suicidal behaviors may be perceived as a threat to the maintenance of interpersonal harmony as it may challenge group norms with an individual's negative behavior. Given that a large majority of participants sought and attained support from their social ingroup, one interpretation is that their unquestioning collectivistic loyalty was reciprocated by family and friends. Prior research has indicated that social relationships are integral to Asian American students' strategies in coping with distress (Solberg, Choi, Ritsma & Jolly, 1994; Yeh & Inose, 2002). Further, Yeh and Wang (2000) in a study of Asian American college students, found a preference for coping behaviors that engaged social contacts versus mental health professionals.

The social support experienced by respondents in this study was also in opposition to the thwarted sense of belongingness proposed by the interpersonal-psychological theory of attempted and completed Suicide (Joiner, 2005) as integral towards the desire to commit suicide. For the participants, their community membership seems to describe "interdependent selves who found others in an overlapping space-time continuum consisting of the product of a common environment, social or contextual experiences [that] may find comfort in being connected to this interwoven fabric of human experiences that extends toward other human experiences" (Yeh, Arora & Wu, 2006, p. 62).

In addition to the support of loved ones, participants also provided suggestions for how their university or college can improve institutional support. Similar to the proposals of scholars (Westefeld et al., 2006; Silverman, 2005), students spoke of the importance of increasing awareness of suicide among the students as well as with faculty

and staff. Outreach programs were specifically noted as a means of reaching and educating students about symptoms of emotional distress and suicide as well as promoting available mental health resources.

It is also important to reiterate that while all cultures place importance on relationships and social networks, collectivistic cultures such as Asian Americans have been determined to endorse a higher level of interdependence (Oyserman, Coon & Kemmelmeier, 2002; Uba, 1994) in comparison to individualistic ones. Therefore, a collectivistic worldview may be uniquely protective against suicide among Asian Americans as indicated by the findings in this study.

### *Fear*

The third theme of fear appeared to be aligned to the acquired ability for suicide described by the interpersonal-psychological theory of attempted and completed suicide (Joiner, 2005). Given that the acquired ability to commit suicide is dependant upon a habituation towards pain and a diminished aversion towards death, some participants in this study appeared to resolve their suicidal crisis and avoid an attempt due to their fears of the unknown, uncertainty about life after death and the physical pain and possible disfigurement of self-injury.

The first three major themes that described protective factors seemed to provide support for the theoretical framework proposed by the interpersonal-psychological theory of attempted and completed Suicide (Joiner, 2005) as they described the relational orientations of Asian American college students as well as the fear that may have inhibited the acquired ability to commit suicide. However, phenomenological analysis of the participant narratives revealed additional factors that were not included in the explanatory model and may potentially reveal characteristics that are also unique for

Asian American college students. Therefore an interpretative discussion of the additional protective themes of self reliance and insight/purpose for living follows.

### *Self Reliance*

The fourth major protective theme involves a belief in self reliance, or the view that the responsibility of addressing psychological distress belongs within the individual and appears to run counter to the suicide risk factor of low problem solving skills among college students (D’Zurilla et al., 1994; McAuliffe et al., 2003). This finding may be attributed to participants’ adherence to the traditional Asian value of the ability to independently resolve psychological problems. This value entails the belief that “psychological problems are best dealt with, and mental health best maintained, by moderating one’s emotions and behavior, controlling morbid thoughts, and seeking inner peace” (Kim, Atkinson & Umemoto, 2001).

Perseverance when faced with life difficulties is an aspect of Confucian tradition and can be expected to be endorsed by Asian Americans, particularly those from East Asian cultures (Tweed & Conway, 2006). This belief in a “utility of effort” (Heine et al., 2001) has been found as strategy used by Asian American youth to endure through hardship (Yeh & Inose, 2002) and may provide an explanation for the protective benefits of self reliance for students in this study. Even while experiencing suicidal crisis, participants endorsed a belief in persistence in the face of adversity. Further, motivation in collectivistic cultures tends to increase after failure or hardship as the individual works towards negotiating a better fit between the self and their social context (Heine et. al, 2001).

Asian cultural values also include the perspective that the individual self is more adaptable than the external environment (Chiu, Dweck, Tong & Fu, 1997) and therefore

moderation of one's emotions and behaviors in suicidal crisis would be a favored and attainable solution. In a cross-cultural study, Tweed, White and Lehman (2004) found that participants influenced by Asian cultures were more likely to endorse coping methods that relied on self control and accepting problems when compared to European Americans. For some respondents, coping with their crisis involved the increased integration of rational thought to promote emotional self control and dispel emotionally negative or morbid thinking. Students also engaged individually focused actions to process and express emotions such as writing or private emotional outbursts. Avoidance of their presenting concerns was also employed by the participants, which appears to align with Tweed, White and Lehman's (2004) finding of a heightened preference of waiting and distancing oneself from problems by Asian Americans in contrast to European Americans.

In addition to being a means to address their internal distress, participant emotional restraint, particularly in the midst of distress, may have also contributed towards the maintenance of social harmony and interrelatedness (Marsella, 1994). The finding that large proportions of participants respectively supported both social support and self reliance as protective against suicide attempts may seem incongruent given the dissimilarities in interpersonal engagement between the strategies.

One possible explanation for this contradiction may lie in the difference between dialectical and synthetically oriented cultures. In dialectically oriented thinking, such as within Asian cultures, "the nature of the world is such that masculinity and femininity, strength and weakness, and so on exist in the same object or event simultaneously" (Spencer-Rodgers, Peng, Wang & Hou, 2004, p. 134). Individuals who engage in dialectical thinking embrace ambiguities and dualities that exist in the world, including

within the self. In contrast, synthetically oriented thinking, commonly associated with Western cultures, contradicting information is not as tolerated and there is an emphasis to synthesize towards a singular conclusion (Thompson, Zanna, & Griffin, 1995).

Therefore, Asian Americans may tend more towards dialectical thinking and be able to tolerate the ambiguity of simultaneously utilizing self reliance methods while also engaging social support to resolve suicidal crisis.

#### *Insight/purpose for living*

The final theme focused on protective factors described the benefits of insight and a purpose for living for the respondents. Participants disclosed that despite the psychological pain that they were experiencing, they were able to engage in an introspective process that allowed for a connection to a sense of meaning in their lives. Further, these insights allowed for some individuals to supersede the events that initiated their suicidal crisis. The participant narratives described realizations that included visions for their future and a purpose for the continuation of living. Additionally, the students quantitatively rated “feeling hopeful/having plans for the future” as very important in preventing suicide. These findings appear to parallel prior research on protective factors for college students that determined reasons for living had a negative predictive relationship with suicidal thoughts and behaviors. In addition, purpose for living indirectly predicted suicidal behavior and thoughts through a negative effect on depression (Wang et al., 2007).

One element of this theme that is especially notable is the participants’ expression of humility, particularly in relation to the life experiences of others. Specifically, participants spoke about the positive insight they achieved when considering their hardships through the lens of a global perspective, which also included comparisons to

the lives of immediate relatives living in another country. Asian American children, as an aspect of filial piety and respect for elders, may have been instilled with an elevated sense of gratitude based upon sacrifices that their parents may have made in their upbringing (Yee et al., 2007; Uba, 1994). For example, Asian American parents may have made personal sacrifices to ensure the attainment of educational opportunity for their children (Fong, 2008) or for immigrant families, the decision to come to the United States was motivated by a desire to provide a “better life”.

Gratitude has been found in the psychological literature to be predictive of subjective well-being (Diener, Emmons, Larsen & Griffin, 1985; Emmons & McCullough, 2003) and “stems from the perception of a positive personal outcome, not necessarily deserved or earned, that is due to the actions of another person” (Emmons, 2004, p. 5). One element of gratitude that may contribute towards subjective well-being is the avoidance of upward social comparisons (Watkins, 2004) as studies on body image and income levels have shown it has a relationship with negative feelings such as depression and deprivation (Cattarin, Thompson, Thomas & Williams, 2000; Hagerty, 2000). Participants in this study revealed that in coping with their suicidal crisis, they reflected upon both their personal history of being born in a less economically developed country as well as the current living conditions of immediate family members that have remained living there. In contrast to upward social comparisons, participants spoke of a renewed feeling of gratitude that may have been gleaned from a reframing of their perceptions of the events that precipitated the suicidal crisis. Further, as grateful attitudes to negative events may adapt memories and alleviate emotional pain (Watkins, 2004), introspection by respondents may have resulted in insights that buffered against more lethal suicidal behaviors.

### *Themes related to unhelpful factors*

In addition to the themes associated with factors that protected Asian American college students experiencing serious suicidal ideation from progressing to more lethal behaviors, respondents also disclosed factors that were not helpful. While these elements were not experienced as beneficial, it is important to delineate these themes from risk factors to suicidality as they do not describe precipitants to the crisis experienced by the respondents. Rather, these themes reveal the factors that did not assist participants in the resolution of serious psychological crisis or prevention of a suicide attempt.

#### *Academics*

The first theme entails the non-helpful role of academics and academic pressure for Asian American college students. The pressure to succeed as described by some respondents may have been influenced by the traditional Asian value emphasis upon educational and occupational achievement by parents (Kim, Atkinson & Umemoto, 2001; Peng & Wright, 1994). These parental expectations have been shown to contribute to feelings of isolation, anxiety and depression in Asian American children (Lorenzo, Pakiz, Reinherz & Frost, 1995).

However, it is important to note that while some Asian American college students do not receive this familial pressure, they may be still subjected by virtue of group membership, to the “model minority” stereotype. Negative reactions to the flawed notion that all Asian American college students are high academic achievers include distrust and resentment, institutional discrimination and in extreme cases, violence from others (Hsia & Peng, 1998). Taken together, parental and institutional pressures regarding academics may have further exacerbated psychological distress and therefore would not have been perceived as helpful for some participants.

### *Lack of social support*

In tandem with the large proportion of participants that endorsed the protective role of social support, participants also disclosed a lack of social support as detrimental in the resolution of psychological distress. One of the manifestations of a lack of social support was experienced by respondents as dismissive attitudes from others in response to their distress.

These reactions of not taking respondents' distress seriously may be again related to the implicit stereotype that Asian Americans are a model minority, and therefore not prone to mental health issues (Chang, Tugade & Asakawa, 2006; Cunanan, Guerrero & Minamoto, 2007; Wing, 2007). Additionally, Asian Americans as a group have historically been portrayed as group that presents with a low risk for suicide (Shiang, 1998; McKenzie, Serfaty & Crawford, 2003) without consideration for the tendency of underreporting by ethnic minorities of suicidal ideation (Morrison & Downey, 2005).

Within the family unit, parental attitudes also appeared to hinder participant resolution of distress. Respondents described an inability to communicate with their parents about their suicidal feelings due to a lack of perceived openness and accessibility. While familial interpersonal harmony can provide the social support needed for some students to cope, the indirect communication style characteristic of Asian American families (Hsu et al., 1985; Uba, 1994) may be experienced by others as less empathic and emotionally supportive given its indirect use of gestures, body language and speech volume instead of direct affective statements. In a study of Asian American college students, Wong, Tran and Lai (2009) found that individuals that expressed a higher percentage of emotional content words reported lower levels of depression, suggesting that experiences of positive emotions may be protective of psychological distress.

However, intergenerational conflict between the Asian American children and their parents may inhibit that emotional process.

Lau, Jernewall, Zane and Myers (2002) investigated the relationship between parent-child conflict and suicide among Asian American youth. The authors found that participants that experienced higher levels of parent-child conflicts had a thirty-fold increase in risk for suicide. Additionally, preliminary results from the 2003 National Latino and Asian American study (Hylton, 2008) also indicate that that family conflict was a significant predictor of ideation and attempts beyond the effects of depression, low income and gender. Together, these findings seem to support that parent-child conflict can be a source of stress and thus would be experienced as non-beneficial in resolving suicidal crisis by the participants.

#### *Interactions with mental health services*

The final theme is comprised of the experiences that participants had with mental health services that were found to be not effective in resolving their suicidal crisis. These include the hesitancy of students in engaging clinical resources and frustrations with the process of attaining the help. Of the students that did engage mental health practitioners, there was disappointment in the efficacy of the services. The literature has long established the underutilization of mental health services by Asian Americans (Kearney, Draper & Baron; Hong & Cheng-Ham, 2001; U.S. Department of Health and Human Services; 2001; Sue & Sue, 2003) and given that participants in this study were experiencing serious suicidal ideation seems to provide support for the finding that Asian Americans in comparison to other ethnic groups, often experience a greater severity of mental health issues before they finally engage health care services (Sue, Nakamura, Chung & Bradbury, 1994).

Existing literature provides some possible explanations for the participants that considered pursuing services but did not actually utilize them. First, Asian Americans may lack knowledge about, and/or access to formal mental health services (Sue, 1994). In a study with Chinese university students, Cheung (1984) found that a lack of understanding of mental illness as well as available psychological resources inhibited their use. These findings seem to be alignment with the participants' confusion regarding the process of engaging their university counseling center.

The perception of the prohibitive cost of mental health services was also found to be a barrier to seeking mental health services by Asian Americans (Root, 1985) and students may not be aware that access to the university counseling center is available without cost. Additionally, Asian Americans may not assess physical symptoms, such as loss of appetite or sleep disturbances, as indicative of mental illness. Asian Americans often seek medical attention for physical issues when they were in actuality experiencing psychological distress (Uba, 1994). Respondents also revealed experiencing feelings of stigma in regards to suicide and mental health services. Sue and Morishima (1982) found that influencers of help-seeking are the cultural factors of stigma and shame. Asian Americans may choose to seek help for emotional problems within the family system rather than experience the social stigma associated with mental health facilities (Atkinson & Gim, 1989; Narikiyo & Kameoka, 1991).

Of the few students that did eventually receive services, their negative experiences could possibly be attributed to a worldview difference between the practitioner and the client. These differences can involve practitioners utilizing perspectives and practices of mental health derived largely from Western

conceptualizations (Sue & Sue, 2007) that place emphasis on individuality and autonomy (Ivey, D'Andrea, Ivey & Simek-Morgan, 2002).

### *Clinical Implications*

As previously noted, the experience of suicide is specific to each individual (Silverman, 2005) but the current findings suggest that there are also commonalities that can provide culturally relevant knowledge for faculty, staff and mental health clinicians working with Asian American college students. Information regarding the beneficial and non-beneficial factors in guarding Asian American college students experiencing suicidal crisis from progressing to more lethal suicidality has the potential to assist in more culturally informed prevention, assessment and intervention strategies.

As Asian Americans have been shown to underutilize mental health services (Hong & Cheng-Ham, 2001; Loo, Tong & True, 1988), counseling college centers may not be perceived or utilized as a resource for students experiencing psychological crisis and suicidal behaviors. Therefore, prevention and outreach programs to increase awareness about suicide and available mental health resources may be particularly imperative for this group of students. Prevention efforts can encourage development of protective health processes as they involve early wellness interventions as opposed to the reactive process of risk assessment and disorder identification (Cowen, 1980).

As psychotherapy remains unfamiliar to many Asian Americans, (Hong & Cheng-Ham, 2001; Pedersen, Draguns, Lonner & Trimble, 2007) initial informational campaigns should provide a clear description of the nature of counseling, the role of the client and the practitioner and the possible outcomes of therapy (Sue & Sue, 2007). Given the importance of family for Asian American, extending educational outreach materials to family may be worth consideration.

The efficacy of these activities can be further enhanced through increased integration of cultural sensitivity and knowledge. Educational programs and materials can communicate information about suicide and the benefits of mental health services within a framework of traditional Asian values. For example, outreach efforts could honor the Asian dialectical thinking orientation and encourage a balance between the traditional value of emotional restraint and the emotional expression endorsed in psychotherapy. Similarly, the protective value of self reliance can be matched with seeking professional psychological help. Benefits of counseling, such as communications skill building could be highlighted as it is congruent with the values of interpersonal harmony.

As social support was revealed to be protective of suicide attempts, university personnel such as staff, faculty, teaching assistants, advisors, residence hall employees could be trained in understanding traditional Asian values and how they may influence Asian American suicidality and their respective help-seeking attitudes and behaviors. Further, these “gatekeepers” can provide support for students concerned about an Asian American friend or roommate. This underscores the assertion that present mental health providers and systems need to increase their cultural sensitivity and competence relevant to Asian Americans (American Psychological Association, 2002; Sue & Sue, 2007).

The findings of this study also revealed that Asian American college students experiencing serious suicidal crisis largely did not participate in activities such as fraternities/sororities, cultural, religious or professional organizations or student government. The single exception was educational or departmental organizations. Therefore, implementation of suicide and mental health training to academic departments should be considered, a sentiment mirrored in the narratives of participants.

Within the counseling session, as many Asian American clients expect the clinician to be an expert or teacher to solve their problems (Sue & Sue, 2007; Uba, 1994), the Asian value of deference to authority figures may facilitate a means for practitioners to address a potentially painful experience such as suicidal thoughts and behaviors. Mental health providers are encouraged to assure the Asian American client that they possess expertise and experience in addressing personal distress such as suicidal thoughts and behaviors. This may help the Asian American client to feel less concerned about burdening others and more confident to disclose their distress for the purpose of “solving the issue with an expert”.

Additionally, clinicians are encouraged to understand that the possible dialectical orientation of Asian American clients may be experienced as contradictory. As demonstrated by the findings of this study, Asian American college students in active suicidal crisis may cope through a belief in self reliance but also concurrently rely on social support networks. Alternately, group interventions may seem to appeal to the traditional Asian value of collectivism but client progress may be inhibited by deference of authority for facilitators.

Preserving “face” is central to maintaining one’s social roles and personal integrity among Asians. Avoiding loss of face is an especially important interpersonal dynamic when the relationship involves acknowledging and seeking help for potentially shameful personal concerns (Zane & Yeh, 2002) such as suicide. Given this integral value for Asian Americans, clinicians are also advised to consistently reinforce confidentiality rights and practices to their clients in every session to minimize stigma associated with suicide and seeking mental health services.

### *Limitations and Directions for Future Research*

This study also has a number of limitations as well as presents a number of opportunities for future research. First, while the national sample acquired through a web-based survey provided a wide breadth of respondents, this data collection method may have sacrificed depth in individual participant responses. Future studies could employ one-on-one interviews which allow for follow-up questions to participant responses (Suzuki, Ahluwalia, Kwong Arora & Mattis, 2007).

As this study was exploratory in nature, the open ended and less structured questions allowed for the capture of the essence of respondents' lived experiences (Langdrige, 2007). Qualitative replications of this current study could further employ question prompts that assess specifically for cultural aspects that emerged in this study such as Asian values and the "model minority myth" and their influence on protective factors of suicide. Additional cultural factors such as acculturation and racial or ethnic identity and their potential relationship with suicidal thoughts and behaviors can also be explored and included in either personal interview or web-based survey questions. Social support and interpersonal harmony could also be investigated through the use of focus groups with suicidal Asian American college students as this methodology affords an opportunity to observe collaborative construction of meanings that develop through the interactions of the members (Wilkinson, 2003).

Quantitative research methods could also be conducted using existing instruments to measure constructs that may be relevant to suicide and potentially provide empirical support for the findings of this study. The *Asian American Values Scale-Multidimensional* (AAVS-M: Kim, Ng & Li, 2005) could be employed to assess adherence to traditional values and the *Social Provisions Scale* (SPS: Russell & Cutrona,

1984) measures the perceived benefits of individuals' social relationships. The theme of self-reliance could be addressed through the use of Sherer and Adams' *Self-Efficacy Scale* (SES: 1983) which is designed to capture generalized self efficacy in initiating and completing behaviors as well as persistence in the face of adversity. Alternately an opportunity exists for creation of a scale specific to Asian Americans designed to measure experiential (e.g. protective and unhelpful) factors for college students in suicidal crisis.

Surprisingly, the findings of the present study did not provide additional understanding about the potential role of gender as Asian American women between the ages of 15-24 have the highest rates of suicide among that specific age group (U.S. Department of Health and Human Services, 2008). Additionally, in a rare study of suicidal Asian American women, Noh (2007) determined that as a result of sexism and racism, survivors may be silenced about their emotional distress or alternately address the pain through self-destructive means. Despite the large proportion of women (69%) that participated in this study, their narrative responses did not reveal content or themes related to gender that were either protective or unhelpful in suicidal crisis resolutions. This could possibly be attributed to the general tendency of women to participate in surveys (Kisch, Leino & Silverman, 2005) or alternately this outcome may be due to the lack of gender specific questions.

Finally, the data was cross sectional and only represented the internal experiences of participants at a specific time. Given that suicidal thoughts and behaviors exist on a continuum (Schneidman, 1985) and can vary in intensity over time (Silverman et al., 2007), future studies could employ longitudinal research designs to track the progression of suicidal Asian Americans.

### *Contributions of Study*

In light of an increased focus by universities and the government, (Lake & Tribbensee, 2002; Westefeld et al., 2006), this study is significant in its contribution towards a greater understanding of suicide among college students, particularly among ethnic and racial minorities. More specifically, this study revealed both the beneficial and unhelpful factors in protecting Asian American students experiencing serious suicidal crisis from progressing to attempts and completions. The present study addressed the current scarcity of literature focused on suicidality among Asian Americans (Leong, Leach & Gupta, 2008), challenged possible misconceptions that this ethnic minority group does not experience suicidal crisis (Goldston et al., 2008) and further supported that additional research in this area is imperative (Leach, 2006).

Another contribution of the study is the use of qualitative method of analysis which allowed for exploration of the lived experience of Asian Americans in active suicidal crisis. While protective factors are an emerging area of inquiry in the field of suicidality, prior studies have largely employed the Reasons for Living Inventory (Linehan, 1983), or variations such as the College Student Reasons for Living Inventory (CSRFL: Westefeld et al., 1992), in which participants are asked to provide responses to visualizations of suicidal ideation. As the participants in this study were authentically experiencing crisis, their narrative responses contributes a richer experiential understanding of factors that hinder or encourage progression towards higher lethality suicidal actions.

Additionally, the RFL and CFL, along with other measures such as the Positive and Negative Suicide Ideation Inventory (Osman et al., 1998) and the Suicide Resilience Inventory-25 (Osman et al., 2004) have been found to not assess cultural factors that may

be salient for Asian Americans (Muehlenkamp et al., 2005; Rutter, Freedenthal & Osman, 2008). Further, the fields of suicidology (O'Connor, Sheehy & O'Conner, 1999), counseling psychology (Yeh & Inman, 2007) and Asian American psychology (Chun, Morera, Andal & Skewes, 2007) have all concurrently begun to endorse the value of qualitative research for investigation of largely unexplored phenomena.

The protective themes identified in this study such as the desire not to burden others, social support and fear appears to also provide further support for Joiner's (2005) interpersonal-psychological theory of attempted and completed suicide. An understanding of the role of interpersonal relationships and suicide may be of particular importance to college students given that universities often have more opportunities for peer and mentor support in comparison to the larger community (Silverman, 2005). Additionally, the findings in this study add to the existing research on Asian values and worldview orientations by revealing cultural implications for suicidal thoughts and behaviors. Further, the emergent theme of the protective influence of insight/purpose for living, specifically the influence of a sense of humility and gratitude arising from global or culture of origin comparisons, may also be unique for recent immigrant groups such as Asian Americans.

Finally, this investigation was able to utilize a wide geographical representation of Asian American college students given the use of a national dataset. Asian Americans most often constitute a very small sample within studies on suicide and cultural mistrust as well as a lack of knowledge about research has been found to inhibit participation (Sue & Sue, 2003).

# Appendices

## Appendix A

### Informed Consent to Participate in Research

University of Texas at Austin  
Counseling and Mental Health Center

Contact number: 512-471-3515

**SUICIDAL THOUGHTS RESEARCH STUDY**

Welcome to the Suicidal Thoughts Research Study.

Thank you for your willingness to consider participating in this important study. Your responses and opinions will help inform important counseling center policies and practices in dealing with the important issue of college suicide. This study is supported by the Counseling and Mental Health Center. Please [click here](#) to see information about the Counseling and Mental Health Center and other local mental health resources.

This anonymous questionnaire takes 5 to 20 minutes to complete, depending on your responses. Please review the consent information below. Then, if you wish to participate, click on the "I consent to participate in this study" link at the bottom of the page.

Participating in this national study will qualify you for a drawing for one of the following prizes:

- A \$1,000 Amazon.com gift certificate
- A \$750 Amazon.com gift certificate
- A \$500 Amazon.com gift certificate
- One of 100 \$25 Amazon.com gift certificates

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**Informed Consent to Participate in Research**  
The University of Texas at Austin

**Title of Research Study:**  
Suicidal Thoughts and Behavior among Undergraduate and Graduate Students in the United States

**Principal Investigators:**  
Chris Brownson, Ph.D., Counseling & Mental Health Center  
The University of Texas at Austin, (512) 475-6939

Shanna Smith, Ph.D., Research Consulting  
The University of Texas at Austin, (512) 475-9425

**Funding Source:**  
contributions from participating colleges and universities

You are being asked to participate in a research study. This form provides you with information about the study. Please read the information below. If you have any questions, please contact Chris Brownson, Ph.D. at the Counseling and Mental Health Center at 512-471-3515 or [cbrownson@mail.utexas.edu](mailto:cbrownson@mail.utexas.edu) before deciding whether or not to take part. You can also contact the National Director of this research project, Chris Brownson, Ph.D., at 512-475-6939. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

[print this consent form](#)

University of Texas at Austin: Counseling and Mental Health Center

[questions and comments](#) | [survey problems](#)

# Appendix B

## Question Prompts for Narrative Responses

University of Texas at Austin  
Counseling and Mental Health Center

Contact number: 512-471-3515

SUICIDAL THOUGHTS RESEARCH STUDY			
<a href="#">« previous</a>	90% complete <input type="text"/>	approx. 2 min left	<a href="#">continue »</a>
Please think back to your suicidal experiences over the past year when answering these last four questions.			
Why do you believe you stopped considering a suicide attempt?			
<input type="text"/>			
What did you find most helpful in resolving the suicidal crisis?			
<input type="text"/>			
What did you find least helpful in resolving the suicidal crisis?			
<input type="text"/>			
What else could have been helpful in assisting you in the resolution of the suicidal crisis?			
<input type="text"/>			
<a href="#">continue</a>		<a href="#">pause or withdraw</a>	

University of Texas at Austin: Counseling and Mental Health Center

[questions and comments](#) | [survey problems](#)

## Appendix C

### Higher Order Theme Architecture

#### **Protective Factors**

- 1. Desire not to hurt others**
  - Importance of family
  - Placing other's needs before one's own
  - Desire not to impact others
  
- 2. Self Reliance**
  - Ability to independently resolve psychological problems
  - Avoidance
  - Keeping busy
  - Improvement in health maintenance
  - Positive change in outlook/future thinking
  - Change in cognitions
  - Emotional processing
  - Maladaptive coping/At-risk
  - Ability to independently resolve psychological problems
  - Change in emotions
  - Increased attention to help
  - Self-talk/coping
  - Ability to resolve psychological problems
  - Academics
  
- 3. Social support**
  - Institutional and community support
  - Change in family attitude
  
- 4. Fear**
  
- 5. Insight/purpose for living**
  - Aspirations for future/realization of purpose of living
  - Humility/Comparison to the Hardship of Others
  - Religion/Spirituality

## **Unhelpful factors**

### **1. Academics**

### **2. Lack of social support**

- Dismissive attitudes from others
- Social isolation
- Emotional control and restraint
- Loss of social support
- Lack of institutional support

### **3. Interactions with mental health providers**

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## **Vita**

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