
Understanding Suicide Attempts by Adolescent Hispanic Females

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This article presents integrative model to aid clinicians in understanding suicide attempts by adolescent Hispanic females. On the basis of knowledge accumulated through clinical and research experience, the model describes a convergence of sociocultural, familial, developmental, and psychological factors that include considerations of family and parental functioning; adolescent female development; and the relationships of fathers, mothers, and daughters.

Key words: *adolescents; females; Hispanic; suicide attempts*

Mental health clinicians in inner-city mental health centers serving high concentrations of Hispanic residents have observed that many of the adolescent Hispanic females are referred after suicide attempts. Some confirmation of this phenomenon has come from a recent report from the Centers for Disease Control and Prevention (CDC, 1996) that shows that adolescent Hispanic females have a 21 percent prevalence of suicide attempts, whereas African American and non-Hispanic white females have rates of 10.8 percent and 10.4 percent, respectively. Furthermore, adolescent Hispanic females are also twice as likely as African American and non-Hispanic white adolescent females to have made suicide attempts requiring medical attention (CDC, 1996). Adolescent males overall have lower rates of suicide attempts (CDC, 1996). A small body of literature describing suicide attempts by adolescent Hispanic females has emerged gradually, but the careful empirical scrutiny that these attempts deserve has not occurred.

To provide conceptual direction to clinical and research efforts, this article presents a

model for understanding the suicide attempts of adolescent Hispanic females in U.S. urban centers. The model integrates knowledge gleaned from theoretical formulations, clinical experience, and research reports on suicidal behavior by Hispanic and non-Hispanic adolescents and proposes that some factors cut across ethnic and racial groups, whereas other factors appear to have a distinct effect on adolescent Hispanic females. That we focus on suicide attempts by adolescent Hispanic females should not be read as implying that all Hispanic females (or males, for that matter) are prone to suicidal behavior, just as no small group with homogeneous medical or psychiatric problems represents the larger population. If we extrapolate from the CDC (1996) report, we see that the vast majority (80 percent) of adolescent Hispanic females do not attempt suicide.

The model presented here is intended to deepen understanding of the phenomenon of adolescent Hispanic female suicide attempts and to better inform clinical practice. In fact, conceptual models for understanding ethnic and racial minority groups frequently neglect

the ecological circumstances underlying social and mental health problems and instead point to individual and family sources of problems. The difficulty in understanding disenfranchised racial and ethnic minority populations comes about when social workers rely on experiences of the dominant mainstream population and fail to highlight the unique experiences, strengths, and resilience, as well as the dynamic forces that underlie the specific problems of ethnic minority groups. The social work profession has a unique interest in understanding suicide attempts for at least two reasons. First, it has a firm commitment to serve oppressed groups through direct practice, program development, and policy initiatives. Second, the ecological approach of social work naturally encourages attention to both external and internal environments, as well as their dynamic interaction. Prevention and intervention efforts deriving from this understanding would include attention to resilience and protective factors, not just problematic ones (Norman, Turner, & Zunz, 1994).

Suicide Attempts by Adolescent Hispanic Females

During recent years, research has shown that more than 50 percent of 13- to 19-year-olds report intermittent suicidal thoughts and that 12 to 15 percent have come close to attempting suicide (Grosz, Zimmerman, & Asnis, 1995). Overall, more adolescent females than adolescent males attempt suicide (Andrews & Lewisoohn, 1992; Friedman, Asnis, Boeck, & Difiore, 1987; Grossman, Milligan, & Deyo, 1991; Kovacs, Goldstein, & Gatsonis, 1993; Peterson, Zhang, Santa Lucia, & King, 1996; Shaffer, 1988; Wagner, Cole, & Schwarzman, 1995; Weissman, 1986). Those that report attempting suicide often report multiple attempts and are from six (Pfeffer, Kierman, Hurt, & Kakuma, 1993) to eight times (Lewisoohn, Rohde, & Seeley, 1994) more likely to reattempt than adolescents who never have attempted. A

suicide attempt often is followed by another, increasing the possibility of a completed suicide and making this a serious mental health issue.

During the late 1950s, Trautman (1961a, 1961b) identified the so-called "suicidal fit" among Puerto Rican people in the South Bronx, many of whom were young females. The suicidal fit was often an impulsive act of ingesting pills or a household cleanser during a stressful situation related to disturbances in family relations, typically with a spouse or mother. Most of the individuals had no thought of death, were often unaware of their thoughts, and did not manifest psychotic symptoms. Trautman hypothesized that relocation to a new geographic and cultural context was related to the suicide attempt.

Razin et al. (1991) reported that at a municipal hospital in New York City serving an ethnically and racially diverse low socioeconomic population, adolescent Hispanic females "represent[ed] more than 25 percent of all patients admitted to the hospital for suicidal behavior" (p. 46). Rob-

les (1995) also reported that in Dade County, Florida, Hispanic females were 22 percent of public school students but 35 percent of the student suicide attempts. Although the term suicidal fit has been discarded, the phenomenon, which seemed at first to be a phenomenon among the Puerto Rican population, has been reported among adolescent females of diverse Hispanic backgrounds, such as Cuban, Dominican, Mexican, and Nicaraguan (Berne, 1983; Ng, 1996; Razin et al., 1991; Robles, 1995; Trautman, Rotheram-Borus, Dopkins, & Lewin, 1991). The changing demographics of the Hispanic population in the United States may help account for this diversity. Between 1990 and 1994 the number of Hispanic people in the United States grew from about 21 million to 27 million, a 28 percent growth rate compared with a 6 percent growth rate for the total U.S. population during the same period (U.S. Bureau of the Census, 1995). This growth has been accompanied by an increase in Hispanic

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national-origin diversity. In 1980 people of Puerto Rican ethnic origin in New York City made up more than 61 percent of the Hispanic population, and people of Dominican ethnic origin were only 9 percent (Hispanic Research Center, 1995). In 1990 people of Puerto Rican ethnic origin were 50 percent of the Hispanic population (although the number of people remained nearly the same), and the proportion of people of Dominican ethnic origin rose to nearly 20 percent. The remaining 30 percent of the Hispanic population was made up of people of Colombian, Ecuadoran, Mexican, and other Central and South American ethnic groups (Hispanic Research Center, 1995). Although substance abuse is correlated highly with suicide attempts among adolescents in general

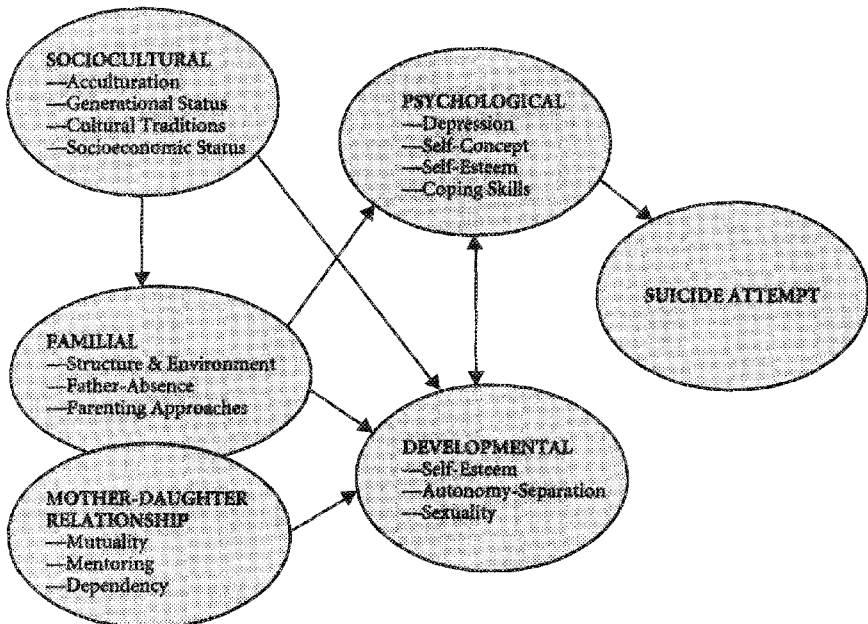
(Berman & Jobs, 1991), similar findings have not been reported for adolescent Hispanic females who attempted suicide (Berne, 1983; Ng, 1996; Razin et al., 1991; Trautman, 1961a, 1961b).

An Integrative Model for Understanding the Suicide Attempts

As researchers and clinicians, we integrated the salient factors that in our experience appear to cluster into sociocultural, familial, developmental, and psychological domains of suicide attempts. We have provided an integrative model of these factors (Figure 1). For exposition, each domain is discussed separately, although they act together. To address the issues associated with the effect of family structure,

Figure 1

An Integrative Model of Suicide Attempts by Adolescent Hispanic Females



especially the absence of fathers, on the relations between parents and daughters, we have emphasized the mother-daughter relationship as a subdomain contiguous with the familial domain.

The model assumes that the factors do not exclude the possible influence of other factors (for example, biological factors) but that they represent the most salient ones and that the intensity of the interaction of the factors depends on the specific adolescent or family context for the suicide attempt. The suicide attempt typically occurs within the context of a progressive intensification in conflicts between the adolescent and her parents. An acute situation, usually an intense argument with parents regarding issues associated with autonomy or sexuality, embodied in the adolescent's involvement with a boyfriend, often triggers the suicide attempt.

Sociocultural Domain

Acculturation, generational status, and Hispanic cultural factors are crucial elements in understanding Hispanic adolescent females' suicide attempts (Sorenson & Golding, 1988; Swanson, Linsky, Quintero-Salinas, Pumariega, & Holzer, 1992; Vega, Gil, Warheit, Apospori, & Zimmerman, 1993). Empirical support for the influence of acculturation and generational factors on suicide attempts by people of Hispanic ethnic origin comes from reports showing that suicide rates are higher among Hispanic people in the United States than in their countries of origin (Group for the Advancement of Psychiatry, 1989; Swanson et al., 1992) and that in multiethnic U.S. samples Hispanic people report higher levels of suicidal thoughts and attempts than other groups (for example, Lester & Anderson, 1992; Vega et al., 1993). Disparities between adolescents' acculturation and parents' acculturation often are evident in suicidal Hispanic females. Zayas (1987, 1989) proposed that the interaction of socioeconomic disadvantage, traditional gender-role socialization, acculturation, cultural identity, generational status, and intergenerational (adolescents-parents) conflict converge interactively and additively to influence the suicidal behavior of adolescent Hispanic females, especially ethnic Puerto Rican females. Both Razin et al. (1991) and Ng (1996)

reported that the modal subject in their studies was a 15- or 16-year-old acculturated daughter of foreign-born ethnic Hispanic immigrants. Hispanic cultural and family traditions may influence how the adolescent female and her parents respond to the psychosocial stresses (Zayas, 1987). The model considers that acculturation and generational status act as background variables in the suicide attempt but recognizes that these factors alone do not sufficiently explain why some Hispanic females attempt suicide, whereas others do not.

Socioeconomic conditions (for example, parental education and occupation) also are major influences. Fewer incidents of suicide attempts are reported among middle-class adolescent Hispanic females than among girls of lower socioeconomic status (SES) (Ng, 1996; Razin et al., 1991; Zimmerman, 1991). This difference may be explained by the effects of parental education and acculturation on child-rearing beliefs and practices. As both education and acculturation rise, parents' interaction with their adolescent children becomes characterized by more democratic and less authoritarian parenting behaviors. As less disparity exists among parents and daughters, they may be more in tune with each others' values and agree on some values (for example, hold similar views about child-rearing and differ on career and courtship choices; Canino, 1982). Also, more education and acculturation may lead parents to avail themselves of both formal (for example, teachers and counselors) and informal (for example, coworkers and ministers) supports and information to help them and their daughters cope with the tasks of adolescence. Although low self-esteem may be associated with the phenomenon of suicide attempts, its effect should not be viewed in isolation from other factors, such as those associated with family organization and functioning and developmental coping strategies. Many low SES families demonstrate developmentally sensitive and responsive parenting and strong parent-daughter relations.

Family Domain

For suicidal adolescents of both Hispanic and non-Hispanic ethnic origin, dysfunctional family environments (low cohesiveness, familial

and marital conflict and violence, low parental support and warmth, parent-adolescent conflict) and impaired parental psychological functioning attenuate the families' capacity to aid distressed adolescents (Fremouw, Callahan, & Kashden, 1993; King, Raskin, Gdowski, Butkus, & Opiari, 1990; Wagner & Cohen, 1994). Interestingly, Razin et al. (1991) noted that the suicide attempt often results in some improved family functioning.

The link shown between sociocultural and familial domains may be related to the degree of traditionalism observed in the families of those that attempt suicide. Traditionally structured (that is, patriarchal and male-dominated) Hispanic families tend to emphasize restrictive, authoritarian parenting, especially with regard to girls. This traditionalism may affect a family's capacity to respond flexibly to a daughter during a developmental move toward autonomy and individualism, even when the father is absent. Some research bears out this hypothesis, because adolescents of Hispanic origin tend to report more authoritarian parenting than white adolescents, and adolescents with authoritarian parents, although they are more obedient and conforming, tend to have poorer concepts of self (Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987).

Interpersonal stress associated with the break-up with a boyfriend, parental opposition to the boyfriend, parental discovery of the adolescent's sexual involvement, and recurrent conflicts with parents, especially the mother, appear to influence the suicide attempts by adolescent Hispanic females more than other peer-related stresses (Berne, 1983; Ng, 1996; Razin et al., 1991; Zayas & Dyché, 1995). Seventy-five percent of Berne's (1983) Hispanic respondents, for example, attributed the suicide attempt to conflicts with mothers or boyfriends.

Canino's (1982) findings on transactional family patterns in parent-daughter relationships of ethnic Puerto Ricans support our conceptual framework and may be extrapolated to other families of Hispanic origin. Canino found that well-functioning Puerto Rican families living in the United States allowed daughters to express ideas different from their parents, to have friends outside the home, and to have a

modicum of privacy, all highly valued by adolescents. Despite the fact that traditional sex roles existed, flexible accommodation characterized the parents' interaction with each other, their daughters, and their environments. The integrative model hypothesizes that inflexibility in families causes a high degree of conflict; that authoritarian parenting is characteristic of family environments in which Hispanic females may attempt suicide, relative to families in which suicide is not attempted; and that rigid or maladaptive family environments correlate highly with adolescent depression, low self-esteem, and poor coping capacity.

Absence of Fathers. The integrative model highlights the mother-daughter relationship as a subdomain of the family domain that interacts with adolescent female developmental processes. However, it is essential to proceed with a caveat. The literature has described a more pronounced effect of the mother-daughter relationship than of the father-daughter relationship on suicide attempts. What appears to account for this is the absence of fathers and preponderance of mothers in the samples. Mothers are overrepresented because mothers, after divorce or separation, typically retain custody of their children and are most likely to accompany the adolescent to the doctor or clinic. The result is that the focus of attention is placed unfairly on mothers. Ng (1996), Razin et al. (1991), and Zayas and Dyché (1995) found that adolescent Hispanic females who attempt suicide had lived fewer years with their fathers than those who did not attempt suicide. It is also possible that the adolescent may feel blame for her father's absence and may experience a sense of loss. Little is known about this link with the father, and investigating it will enhance understanding of suicide attempts by Hispanic adolescent females.

In the integrative model, fathers are an important element in the family structure. Their interaction with adolescent daughters and mothers has vital effects on creating the conditions for a suicide attempt. Fathers' absence, lack of support for families, or overstrict adherence to traditional gender roles seem to influence the mother-daughter relationship and the mother's interaction with the daughter. Furthermore, it

appears that mothers, mostly foreign born, have not been socialized to go outside their marriages and families for friendships and support. This normal developmental socialization that was adaptive in the original culture where extended families abound may not be functional in the host culture. Because of the erosion of extended family supports resulting from immigration and the absence of a spouse to balance the family system, mothers of those who attempt suicide may seek their daughters' companionship. Rather than create an impression that mothers have the primary effect on their daughters' suicide attempts, the integrative model underscores that father absence and limited extended family support create imbalances in the family system.

Mother-Daughter Subdomain. Based on the literature, the model proposes that mother-daughter relations become characterized by diffused generational boundaries, low tolerance for differentiation, overinvolvement of the mother with the child, and social isolation (Canino, 1982; Razin et al., 1991; Zayas & Dyche, 1995). Mothers of adolescent Hispanic females who have attempted suicide often display ambivalence about their daughters' developmental and acculturative strivings and become overdependent on their daughters, creating a situation in which the adolescent feels she must parent her mother, be a confidant and nurturer to her mother, and protect or care for her mother (Razin et al., 1991). Also, maternal social isolation, lack of social support from other adults, and mistrust of friends and extended family members are elements detected in symptomatic Hispanic females (Razin et al., 1991). Suicidal behavior may be modeled also within the family, through the mother's own suicidal or other acting-out behavior during her own adolescence. The literature indicates that mothers of suicidal Hispanic females report histories of adolescent or early adulthood suicide attempts or other maladaptive behaviors themselves, such as sexual acting out, adolescent pregnancies, and running away (Razin et al., 1991; Zimmerman, 1991). Often the mother's conflicts in adolescence were related to her relationship with her own mother, reflecting a possible intergenerational dynamic encompassing

grandmothers, mothers, and adolescent daughters. However, this maternal transgenerational process is speculation and should be investigated further.

The integrative model also proposes that mother-daughter mutuality and the mother's limited capacity to mentor and support her daughter are linked to the suicide attempts of adolescent females. Mutuality in this model refers to the empathy, engagement, authenticity, diversity, empowerment, and zest (that is, energy-releasing quality of the relationship) that take place between mothers and daughters (Genero, Miller, Surrey, & Baldwin, 1992). Mutual interchanges in intimate relations have been shown to foster self-disclosure, emotional resilience, coping strategies, and social support and to diminish social isolation (Genero et al.). Research and clinical case reports (King et al., 1990; Razin et al., 1991; Zimmerman, 1991; Zimmerman & Zayas, 1995) pointed to interruptions in mutuality between suicidal adolescents and their mothers.

Because of the demands placed on the daughter in acculturating to a dominant culture that presents definitions of women's roles different from those familiar to the immigrant Hispanic mother, the mother's capacity to mentor her daughter also may be strained. Daughters are bereft of an experienced mentor who can guide them through choices in various aspects of life. The integrative model defines an *effective mentor* as an individual who conveys to the adolescent that they can be counted on, who believes in and cares deeply for the adolescent, who inspires the adolescent to do her best, and who influences the adolescent's behaviors and choices positively, without possessiveness or threat of withdrawal of affection (Rhodes, Contreras, & Mangelsdorf, 1994). Mothers of female adolescents who have attempted suicide often expect daughters to adhere to the traditional Hispanic culture sex roles and cannot adequately support or mentor their daughters in adapting to the demands of balancing traditional and acculturated roles. Feminist research has shown that adolescent girls who experience relationships characterized by dominance rather than mutuality feel a chronic sense of stress and that girls who perceive their mothers

as allies and mentors are more resilient and have better coping skills (Debold, Wilson, & Malavé, 1993; Werner & Smith, 1992).

Developmental Factors

As the Hispanic female adolescent struggles to have her mother or mother surrogate see her for who she is and not for what her mother assumes she is, conflicts emerge. The mother-daughter struggle between self-affirmation and acquiescence and between original culture and new culture, and connection (Zimmerman, 1991) create a relational breach. This dilemma rests on the mother's ambivalence (that is, daughter's desire for autonomy threatens cultural and family ties and reminds mother of her own situation) and daughter's ambivalence and distress (that is, connection to mother means a loss of her own "voice," but to disconnect means a loss of the mutuality that is buttressed by the powerful cultural emphasis on familism). The suicide attempt is an act of despair and an attempt to connect (Zimmerman, 1991; Zimmerman & Zayas, 1995).

Conflicts relating to boyfriends among the teenager and her parents precede most suicide attempts among adolescent Hispanic females. The conflicts embody the movement toward greater autonomy and growing sexual awareness. They are complicated further by the low self-esteem and depression that are common among adolescent females. Inadequate mentoring compounded by the effects of family dysfunction, inadequate or nonexistent fathering, poor self-esteem and self-concept related to inadequate male parenting, poor coping skills, and parental restrictions create a climate in which conflicts with parents leave adolescent Hispanic females confused, despairing, and angry.

Psychological Domain

The integrative model places emphasis on a few key factors in the psychological domain. Depression and depressive symptomatology, low self-esteem, inadequate self-concept, and poor coping skills are among the salient factors in suicide attempts by adolescents in general (Campbell, Milling, Laughlin, & Bush, 1993; Kovacs et al., 1993; Rotheram-Borus, Trautman, Dopkins, &

Shrout, 1990; Spirito, Francis, Overholser, & Frank, 1996; Spirito, Stark, Grace, & Stamoulis, 1991; Wagner & Cohen, 1994; Wagner et al., 1995). The factors in the psychological domain act in concert on the suicide attempt. Depression is a well-known correlate of suicide across gender, ethnic, racial, and age groups. People who attempt suicide frequently lack adequate cognitive and social problem-solving skills and display poor coping abilities (Rotheram-Borus et al., 1990; Spirito et al., 1991, 1996).

Among adolescents who attempt suicide, a key factor in coping is how they manage anger. Because of the cultural prohibitions on women's direct expressions of anger, the adolescent Hispanic female also may be socialized by her own more tradition-bound parents to suppress her anger. In tandem, having limited abilities to cope with anger and lacking appropriate problem-solving skills may interact to trigger the suicide attempt.

Adolescent Hispanic females who attempt suicide often perceive themselves as "bad" and to blame for family problems (Razin et al., 1991), underscoring the effect of low self-concept. The suicide attempt itself often is intended to solve an interpersonal problem or draw the attention of others who can assist the adolescent in coping. Compas and Wagner (1991) reported that adolescent females tend to report high interpersonal stress, which is positively correlated with psychological symptoms, and that family stresses are more related to psychological symptoms among low-income families. The normative intensity of friendships common in adolescence and interpersonal stresses (that is, peer and family related) reported in the literature (see Grosz et al., 1995) are similar for Hispanic teenagers. However, peer-related stress appears to be a less salient feature in the suicide attempts of adolescent Hispanic females than that of family-related stress.

Conclusion

The integrative model described here is intended to help inform clinicians' understanding of suicide attempts by adolescent Hispanic females. In developing this integrative model, we have focused on factors in four domains (socio-cultural, familial [including a mother-daughter

subdomain], developmental, and psychological) that appear to interact in the suicide attempts by adolescent Hispanic females. The current state of knowledge does not permit certainty regarding the relative weight contributed by each factor in this process or what constitutes critical interacting factors that lead to the attempt. It also does not permit us to draw conclusions about which resilience and protective factors intervene in those cases that do not result in suicide attempts. Rather, we have attempted to underscore the ways in which issues in each domain and subdomain tend to amplify those in other domains. By proposing an integrative model, this article tries to bring some order to understanding this phenomenon and to provide clinicians and researchers with a way of viewing the myriad issues that converge on suicide attempts.

The model does not exhaust all the possibilities that practitioners can explore in their work. For example, the influence of religious differences in Hispanic families essentially remains unexamined in the literature and requires that clinicians keep in mind its potential effect. Also, practitioners can explore the resilience factors that they see in nonsuicidal adolescent Hispanic females to better understand why the same protective factors are not present or active in suicidal teenagers. Through clinical reports and research, more attention can be given to the effect of the father's absence and on the daughters' relationships with their fathers. Whether fathers are involved actively with their daughters or completely absent through death, distance, or neglect, they remain psychologically and emotionally present in their daughters' experience.

For clinicians, it is evident that working with the young women's internal representational models of their fathers and the effect of desperation on suicide attempts will help them reflect more on the dynamic of the suicide attempt. Exploring the mother-daughter relationship is vital, with the adolescent first given the opportunity to vent emotions associated with the relationship with her mother. The role of anger, the cultural prohibitions against its direct expression by females, and the suicidal Hispanic female's ability to cope with angry impulses deserve additional investigation. Cogni-

tive behavioral models and techniques for stress reduction, anger management, social problem-solving skills, and verbalization of internal emotional states can go a long way toward teaching the person who has attempted suicide more adaptive approaches. For example, self-efficacy and adaptive distancing can mitigate the stress the adolescent feels.

Joint mother-daughter sessions are extremely beneficial for creating the grounds necessary for developing mutuality. The developmental need for the adolescent female to establish a connection with her mother can be explored to help the adolescent understand this factor in herself. Individual sessions with the mother can begin the process of having mother understand her reactions to her daughter, as well as aiding her in developing the mentoring skills she may need to reconnect with her daughter. In these sessions, the mother's lack of social support from extended family, her social isolation, and her dependence on her daughter can be addressed more extensively than could be done in joint sessions with the daughter or in family sessions.

The literature reviewed here implies that adolescent Hispanic females who have attempted suicide may live in nuclear families that have less contact with extended families than adolescents who do not attempt suicide. Some writers have suggested that acculturated Hispanic adolescents whose parents rely on them for assistance in coping with the new culture may not be "parentified" or "enmeshed" as might be the case in families from other cultures (Inclan & Herron, 1991; Kaplan & Muñoz, 1997). Having aunts, uncles, cousins, and others who can provide the necessary support, guidance, mentoring, and modeling the Hispanic female needs may help prevent the suicide attempt. The central role played by the mother-daughter relationship in adolescent female's development warrants closer scrutiny by clinicians and researchers. ■

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