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Sibling Suicide in Indo-American Families: Acculturation, Acculturative Stress, and Family Relationships

Suresh Unni
Loyola University Chicago

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SIBLING SUICIDE IN INDO-AMERICAN FAMILIES: ACCULTURATION,

ACCULTURATIVE STRESS, AND FAMILY RELATIONSHIPS

A DISSERTATION SUBMITTED TO

THE FACULTY OF THE GRADUATE SCHOOL

IN CANDIDACY FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

PROGRAM IN SOCIAL WORK

BY

SURESH UNNI

CHICAGO, IL

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For my brother Santosh "Dosh" Unni

When you are joyous, look deep into your heart and you shall find it is only that which has given you sorrow that is giving you joy. When you are sorrowful look again in your heart, and you shall see that in truth you are weeping for that which has been your delight.

-**Khalil Gibran**

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ABSTRACT

This study investigated suicide in Indo-American families. Relationships between acculturation, acculturative stress, and family relationships in completed suicides of Indo-American youth were examined. Snowball sampling procedures were used to find six adult sibling survivors of suicide as participants. Semi-structured, in-depth interviews were conducted by the researcher. Grounded theory strategies were used to analyze data and generate theory. Analysis of results yielded both protective and risk factors for suicide. Acculturation risk factors resulted from homogeneous populations lacking in diversity while protective factors were progressive and integrated neighborhood and schools. Integration was the preferred mode of acculturation by participants and suicide victims. Acculturative stress was associated with experiences of racism/discrimination, non-verbalized parental expectations, and family communication problems. Risk factors of family relationships were strongest in areas of parental expectations, family communication, and family conflict. Protective factors in areas of family support were characterized by an intimate communication with at least one parent and/or sibling, financial support provided by parents, and independence to pursue academic/career path. Future implications, strengths and limitations of the study, and suggestions for future research are also discussed.

CHAPTER ONE

PROBLEM STATEMENT

Investigating suicide is a crucial area of study due to the intense level of trauma this tragic experience imposes on family and loved ones. Social scientists need to gain a broader understanding of this epidemic to help prevent future suicides. Although much research has been dedicated to investigating internal components of suicide, such as substance abuse and mental illness, external, socio-cultural components, have largely been overlooked. It is equally important to examine these contexts as well to get a more comprehensive framework leading to more effective interventions. In addition, exploring contextual factors that may increase the risk of suicide not only provides valuable information to researchers and health care practitioners, but it can also help families and loved ones gain insight into what may have led to their loved one's suicide.

The importance of the present study is further underscored by the growing population of Indian immigrants living in the United States. The United States Census Bureau (2000) estimates that approximately 1.7 million Asian Indians live in the United States. Although there is an absence of data identifying the number, percentage, and/or proportion of Indo-American suicide rates, research by Kisch, Leino, and Silverman (2005) recently found that Asian American college students were more likely to attempt suicide than European Americans. Furthermore, from 2002 to 2005 suicide ranked as the third leading

cause of death for Asian Americans 15 to 24 years old (Suicide Prevention Action

Network, 2007). This requires that adequate interventions and public health needs are

made available to the Indo-American population to combat social ailments, such as

suicide. Focused suicide research on family and culture in the Indo-American

population will help provide indispensable cultural knowledge and create a more

socially-conscious society, central to the tenets of the Social Work field.

Purpose of the Study

Due to the scarcity of published research about suicide in the Indo-American

youth population, the goal of the current study is to build upon the limited theory base in

this area of investigation. In the present study, associations between acculturation,

acculturative stress, family relationships, and the suicide of an Indo-American youth will

be investigated. Experiences of acculturation, acculturative stress, and family

relationships vary amongst individuals and families within the Indo-American

population. Therefore, examining cultural and family contexts in completed suicides can

shed light on very important areas that have largely been overlooked when researching

suicide in this community.

Research Questions

The problem statement and research questions for this study emerge from three

broad areas of the literature review. These areas touch upon the experiences of all

ethnic/racial groups but are here targeted to Indo Americans. Findings from responses to

these questions possess the potential to assist in theory development and practice

implications

1)   What acculturation attitudes were predominant with parents and children in Indo-
        American families?

2)   Did acculturative stress contribute to suicides of the Indo-American youths?

3)   What were specific characteristics of family relationships (family communication,
        family conflict, family support, and parental expectations) where the suicide
        occurred?

CHAPTER TWO

LITERATURE REVIEW

As noted, the scarcity of published research about Indo-American youth suicide

made it even more important to explore some specific areas of focus in this study. This

chapter identifies the following key elements included in the current study: (a) cultural

research and suicide, (b) psychological autopsy and suicide, (c) stigma and suicide (d)

mental health research in Asia and the United States, (e) four attitudes of acculturation:

assimilation, separation, integration, and marginalization, (f) acculturative stress (g)

family relationships and suicide: family communication, family conflict, family support,

and parental expectations, (h) summary and (i) theoretical basis for research: social

constructivist theory and grounded theory.

Cultural Research and Suicide

Conducting research that examines relationships between culture and suicide

requires understanding of the various components that define culture. According to

Singh, McKay, & Singh (1998) culture is broadly defined as:

> the shared values, traditions, arts, history, folklore, and institutions of a group of
> people that are unified by race, ethnicity, nationality, language, religious beliefs,
> spirituality, socioeconomic status, social class, sexual orientation, politics, gender,
> age, disability, or any other cohesive group variable" (p. 403).

Schooler (1996) defines culture as "a historically determined set of denotative (what is),

normative (what should be), and stylistic (how done) beliefs, shared by a group of

individuals who have undergone a common historical experience and participate in an interrelated set of social structures" (p. 327). When conducting cultural research it is necessary to obtain data-rich information that explores intricacies of specific ethnicities under study.

Although research is attempting to find cross-cultural commonalities about suicidal behavior, more research needs to be geared towards ethnic cultures that vary in cultural norms and values. Mishara (2006) argues for the importance of viewing suicide with a cultural lens. He discusses commonalities as well as differences between risk and protective factors of suicide. Major questions he addresses are: What is the best way to research suicide between cultures? Do individual differences of those at risk for suicide differ across cultures? Or are there some commonalities in psychic structures and risk/protective factors regardless of environment and culture?

> Suicides exist in every country and there has been no historic era where suicide has not been present. Nevertheless it may be hard to conceive of how the phenomenon of suicide can be similar in very different cultural milieus. For example, one may ask how the problems of a middle-class teenage girl in New York City can be similar to the problems of a poverty-stricken girl the same age in rural Sri Lanka, who is married and struggling on a farm. How can we talk about a general phenomenon if life is so varied around the world? (p. 2)

The current study contends that culture and family play significant roles in suicidal behavior requiring increased investigation and knowledge to open the lines of communication between research professionals from various cultures. Information-sharing across cultures will allow health care practitioners to perform culturally competent interventions with suicidal individuals from different cultural backgrounds.

In his classic work, *Suicide*, Durkheim (1897) hypothesized that suicide rates are related to levels of social integration (the degree to which the people are bound together in social networks) and levels of social regulation (the degree to which people's desires and emotions are regulated by societal norms and customs). He separated these types of suicide into four categories: egoistic, altruistic, anomic, and fatalistic. Egoistic suicide is characterized by low social integration and excessive individuality weakening social bonds. Furthermore, altruistic and fatalistic suicides are characterized by too much social integration and social regulation where one is completely engulfed in society losing any sense of individuality. The last type of suicide, anomic suicide, is prevalent in environments where there is low societal regulation and either very high or very low social integration.

Anomic suicides most closely mirror the socio-cultural framework of acculturation in Indo-American families. Durkheim states anomic suicides are likely higher in environments where societal regulations are low because individuals are not given grounded social structures that help them attain their goals and direct their behavior. Furthermore, according to Durkheim, abnormally high or low levels of social integration may result in increased suicide rates; low levels have this effect because low social integration results in individual states of isolation and societal states of disorganization. This results in people turning to suicide as a last resort. Conversely, Durkheim proposes that high levels of social integration cause people to kill themselves to avoid becoming increased burdens on society.

Most recently, in his book *Why People Died by Suicide,* Joiner (2005) posits a three-part explanation of suicide which focuses on individual ability and desire. Those who commit suicide must meet these pre-conditions or have these motivations before they are going to follow-through with their final act. They are: (1) a sense of being a burden on others, (2) a profound sense of loneliness and isolation, and (3) a fearlessness of death. Therefore, these pre-conditions not only encompass a desire for death but also the capability to follow-through on the suicidal act as well.

In his writing, Joiner (2005) refutes the myth that suicide is an act of anger towards oneself. Instead, he states that suicidal individuals often have a distorted view of thinking convincing themselves they are engaging in an altruistic behavior by eliminating the burden they are on others. Furthermore, suicidal individuals often find relief from their isolation and loneliness with the distorted view that their suicide will contribute to feelings of belongingness and significance. Additionally, Joiner (2005) contends suicidal individuals often gain a sense of fearlessness by either repeatedly engaging in self-destructive acts such as self-injury, substance abuse, and/or eating disorders or by being continuously exposed to repetitive pain and suffering of others. The fearlessness developed from these factors is often what increases the capability of one to commit suicide. Although both Durkheim (1897) and Joiner (2005) construct important presumptions about suicide, there are no specific references to Indo-Americans.

Psychological Autopsy and Suicide

The availability of psychological autopsies is lacking in suicide research largely due to absent data points. Psychological autopsy is a reconstruction of an individual's

psychological, emotional, and social life manifested during the weeks preceding suicide, to gain a better understanding of the psychological circumstances contributing to death (Gavin & Rogers, 2006). Psychological autopsies provide a wider perspective on the internal world of the suicide victim prior to their final act. Gavin & Rogers (2006) contend that because motives for suicide are very ambiguous and complex, it is impossible for any single theory to explain it. Vijayakumar (2005) concurs with Gavin & Rogers (2006) stating "population-based psychological autopsies have the ability to provide a more comprehensive overview of the variety of people who die by suicide. Unfortunately, there are only very few studies from Asia" (p. 110). Consequently, the lack of psychological autopsies that aim to gain a thorough understanding of the suicide victim's experience detracts from the knowledge-base needed to comprehensively intervene with suicidal individuals. Stigma associated with suicide in Eastern societies is largely responsible for this gap of knowledge.

Stigma and Suicide

Socio-cultural stigma makes researching mental illness and obtaining accurate data about suicide more difficult. Thompson & Bhugra's (2000) investigation about rates of self-harm in Asians discusses problems obtaining accurate data about suicide in Asian countries. Their research highlights stigma about suicide functions to protect families from having to cope with distress of social judgment. Therefore, other reasons are often given for the type of death (Thompson & Bhugra, 2000). As a result, family members carry the burden of coping with emotional/mental duress alone to avoid bringing shame to the family.

Weiss, Jadhav, Raguram, Vounatsou, & Littlewood (2001) conducted research measuring the impact of stigma on mental illness in India. Consistent with Thompson and Bhugra's (2000) findings, Indian youth were very concerned about how disclosure of mental/emotional problems would impact their social standing. Furthermore, O'Donnell, Stueve, Wardlaw, & O'Donnell (2003) point to cultural stigma as a major impediment in help-seeking behavior as they state, "It is also possible, however, that family and cultural prescriptions about suicide may be problematic for youth who are in distress but concerned that the disclosure of suicidal thoughts will be censured (p. 635)." Cultural stigma about mental/emotional health issues is a direct result of lack of awareness and education. This problem needs to be addressed in any type of suicide prevention program that aims to educate families about suicide risk. The impact stigma has on mental health problems in the Indo-American community permeates the socio-cultural environment and is a risk factor for suicide.

Mental Health Research in Asia and the United States

When investigating suicide in Asian American populations, it is helpful to understand how suicide is researched in Asian culture. In Asia, the rates of suicide are so startling that it is now viewed as a major health epidemic. Research by Vijayakumar (2005) investigated suicide and mental health issues in Asia comparing research focus and findings between Asia and Western countries. In her study, she outlines data of mental disorders in Asia and the increased risk these disorders have on death by suicide. "According to World Health Organization (WHO) estimates, approximately 814,000 persons died by suicide in the year 2000 (WHO, 2001). In Asia, around 500,000 people

die by suicide every year and 61% of the suicides in the world occur in Asia" (p. 109).

Problems in data collection skew findings about death rates by suicide in Asian countries.

These problems include unreliable population counts, civil registration systems, and non-reporting of death by suicide due to legal and social consequences (Vijayakumar, 2005).

A major purpose of the current study is to underscore the mental health needs of Indo-Americans that are not yet well understood by most mental health care practitioners in the United States. Cultural competency in the treatment of mental health issues can only be obtained if knowledge about critical aspects of the specific culture is disseminated to as wide an audience as possible. Despite their growing numbers, Asian Americans are underrepresented in mental health literature (Lee, Juon, Martinez, Hsu, Robinson, Baswa, & Ma, 2009). If nothing is done to address this vacuum of knowledge then nothing will change for future improvements in mental health treatment for this population. Although neglect of suicide research and cultural stigma need to be addressed, it is equally important to obtain deeper understandings of the acculturation process for successful suicide intervention to take place.

Four Attitudes of Acculturation

"Acculturation involves the process by which individuals change, both by being influenced by contact with another culture and by being participants in the general acculturation changes under way in their own culture" (Chang, Tracey, & Moore, 2005, p. 25). Berry's (1989) bi-dimensional model of acculturation will be used as the framework of acculturation in the current study. The four distinct attitudes of acculturation are: assimilation, separation, integration, and marginalization (see Table 1).

Assimilation emphasizes assuming values and norms of the dominant culture; separation emphasizes assuming values and norms of the ethnic culture; integration focuses on assuming values and norms of both the ethnic culture and the dominant culture; marginalization is characterized by rejection of both ethnic and dominant cultural values and norms. Jha (2001) examined levels of acculturative stress in Asian Indian gifted students and found individuals who emphasized separation and marginalization attitudes were most likely to suffer from depression and suicidal ideation. Significant aspects of acculturation are an individual's attitude about identity change, how this affects behavior, and how it impacts an individual's ability to maintain cultural identity.

The term "melting pot" has been used to describe American society for good reason. The influx of immigrants in recent decades has created a multicultural society where new ethnic languages, religions, and customs have all introduced themselves to American society. The process of acculturation, therefore, has received increased attention in cultural research literature (Chang et al., 2005, Cho & Haslam, 2010, Le, 2010). During the acculturation process, ethnic immigrants are forced to redefine individual and collective identities in relation to their new environment. The rate and development of acculturation differs not only for each cultural group, but also according to each individual and family within the ethnic group. Furthermore, an in-depth look into acculturation requires an understanding of the intra-psychic and emotional dynamics of change individuals, families, and cultures undergo during this developmental phase of life (Berry, 2006). These are all essential aspects of mental health.

Previous research by Chang et al. (2005) investigated the structure of acculturation by examining which of three categories Asian Americans identified with: those who were more Asian identified, those were more American identified, and those who were jointly Asian and American identified. A two-dimensional structure was used to measure levels of acculturation with the first dimension consisting of language and cultural domains and the second dimension consisting of cultural identity and values domains. Their findings indicate the American identified group associated being "American" to speaking the English language, valuing American cultural behavior, and celebrating American holidays. The Asian identified group, however, associated being "Asian" as valuing Asian cultural values and not American identity or values. Participants who were jointly Asian and American identified valued language, cultural behaviors, cultural identity, and cultural values of both Asian and American cultures. The research highlights the acculturation process by introducing both internal and external characteristics to similar Asian groups that valued different aspects of culture when acculturating into dominant society.

Shim & Schwartz's (2008) examination of psychological distress among Korean immigrants supports the significance of examining influences of cultural values. Rationale for conducting their research included the lack of available findings that focus on acculturation's impact on values orientation instead of more researched behavioral components of acculturation. Findings of their research revealed that less acculturation, stronger adherence to Asian values, and fewer years of living or being educated in the dominant culture predicted increased psychological distress. Another critique of

acculturation and mental health research by Shim & Schwartz (2008) is that although all

Asian subcultures have distinct characteristics, they are often grouped together

adulterating findings relevant to each subculture. Increased research similar to this will

assist identifying what retained Asian Indian values, if any, predict psychological distress

during the acculturation process of Indo-Americans.

Table 1: Berry's (1989) Bi-dimensional Model of Acculturation

	YES Maintenance of Ethnic Culture	NO Maintenance of Ethnic Culture
YES Maintenance of Dominant culture	Integration	Assimilation
NO Maintenance of Dominant culture	Separation	Marginalization

Assimilation

The process of assimilation conceptualizes the abandonment of ethnic culture and

adoption of dominant culture. The desire to blend into society often propels individuals

to cast aside their ethnic identities and adopt identities consistent with values of the

dominant culture. Therefore, assimilation can have detrimental effects on psychological

well-being of Indo-Americans. Harker's (2001) investigation of risk and protective

factors of assimilation posits that assimilating without proper support and guidance often

leads to psychological distress. Open communication, parent-child communication, and social support were shown to be protective factors in her study.

Mirroring Harker's research (2001), Kwak & Berry (2001) explored intergenerational conflicts of acculturation in Canada. They compared acculturation attitudes between Vietnamese, Korean, and East-Indian groups and the dominant Anglo-Celtic group in Canada. Their research also argues the three different Asian groups need to be studied independently due to a wide range of differences in the findings. In addition, they found differences in assimilation attitudes about family relationships between parents and children of the Asian groups. Children maintained attitudes valuing assimilation (adopting dominant cultural values) whereas parents' maintained attitudes valuing separation (retention of ethnic cultural values) in regards to family relations. It can be seen how assimilation attitudes by 2nd generation Asian youth will often conflict with parental emphasis on retention of ethnic attitudes leading to environments where acculturative stress is commonplace.

Separation

Understanding how ethnic immigrants separate (retain ethnic culture) and create meaning in this process is crucial when investigating acculturation processes. The importance stems from providing mental health providers knowledge to understand what impact rejecting dominant cultural characteristics may have on the development of immigrant youth. Ramisetty-Mikler (1993) characterizes the Asian Indian nuclear family functioning as a security blanket for Indo-American youth who sometimes seek guidance and support from parents when confronted with any emotional/mental problems.

However, when Indo-American youth confront cultural conflicts trying to assimilate, Asian Indian parents who emphasize separation are not perceived as supportive by their children because they reject attitudes of meeting standards of American society.

Aycan & Kanungo (1998) explored acculturation, socialization, and behavior, among Indo-Canadians also using Berry's (1989) model as the framework for acculturation. They state that children often choose the same manner of acculturation as their parents. However, their findings also indicate that children, whose parents choose separation, often experience marginalization.

> There were also mixed relationships between parents and their children's acculturation attitudes. For example, parents who preferred separation had children who chose marginalization. It is possible that parents who favour separation express a lack of interest in interacting with individuals outside the ethnic community. This may create apathy in children towards the host society (p. 463).

Apathy that reaches the level of loss of interest in one's life is symptomatic of clinical depression.

Further highlighting parental influence on children's acculturation, Barry, Bernard, & Beitel (2009) examined traditional child-rearing attitudes and their impact on acculturation, participant demographics, and guarded self-disclosure factors. Participants were 170 East Asian immigrants. Findings identified that children chose separation in families where parents had traditional child-rearing attitudes. In addition, traditional child-rearing attitudes were highly associated with guarded self-disclosure and interdependent self-construal. "Self-construal refers to two types of self-concepts—independent and interdependent—which appear to be linked to the degree to which one's culture makes a distinction between the individual and the group (Markus & Kitayama,

1991, p.344)". These findings indicate significant influences child-rearing has on ethnic

identity development and acculturation attitudes of 2nd generation ethnic immigrants.

Integration

Nesdale & Mak's (2000) research examined acculturation attitudes of New

Zealand immigrants' acculturating into Australian society. Their research emphasizes the

significance for dominant cultures to be aware of the importance ethnic immigrants place

on preserving ethnic norms, values, and traditions. Furthermore, their findings indicate

that ethnic and dominant cultural similarity plays a role in assimilation and separation

processes. Specifically, ethnic immigrants from societies similar to dominant culture

valued assimilation and integration more than ethnic immigrants from societies very

different from dominant culture. Ethnic immigrants from societies very different from

dominant culture valued separation more than ethnic immigrants from societies very

similar to dominant culture.

Because Asian Indian culture is very different from American culture, one would

assume that integration would not be the chosen mode of acculturation by Asian Indian

immigrants. However, research by Krishnan & Berry (1992), found integration to be the

overwhelming preferential mode of acculturation by Asian Indian families in the United

States. Furthermore, their findings also suggest separation and marginalization attitudes

lead to greater acculturative stress and integration attitudes lead to less stress. As a

result, an Indo-American youth whose parents emphasize separation in the family will

feel a sense of "otherness" in the dominant culture. Additionally, he/she will also feel

marginalized from peers in his own ethnic culture if his/her parents emphasize

integration.

Marginalization

Kim, Gonzalez, Stroh, & Wang (2006) investigated cultural marginalization and

its association to depressive symptoms in Asian American families. Their study focused

on the relationship between marginality scores of parents comparing and contrasting

them with marginality scores of their adolescent children. Their study expands on

Berry's model by taking into account a third dimension, Asian American marginalization.

Berry's model mutually excludes ethnic immigrants from dominant culture whereas Kim

et al's. (2006) research attempts to account for individuals with both an ethnic and

dominant cultural identity. Marginalization was distributed between Asian

marginalization, Anglo marginalization, and Asian American marginalization. The study

hypothesized that adolescents' Asian marginalization would be a source of cultural

distance from parents' ethnic culture at home and parents' Anglo marginalization would

be a source of cultural distance from adolescents' environment in society. Results of the

study supported their hypothesis that adolescents with both high Asian and Asian

American marginalization scores were related to more extreme scores of depressive

symptoms. Also, parents' experiences of Anglo-marginalization and Asian American

marginalization were related to scores of depressive symptoms as well (Kim et al., 2006).

Further exemplifying the influence marginalization attitudes have on

emotional/mental distress, Berry, Kim, Power, & Bujaki (1989) outlined a framework in

which acculturation and adaptation attitudes could be investigated on both individual and

group levels. At an individual level, he contends ethnic immigrants would more easily

adjust if they were aware of protective benefits of acculturation, in general. Each attitude

of acculturation; assimilation, separation, integration, and marginalization has its own

positive benefits. Positive examples of assimilation, separation and/or integration would

be maintenance of ethnic culture and importance of social support. Even an attitude of

marginalization, if accompanied with a strong ego, could allow an individual to defining

his/her own identity without the need for external acceptance. Also, at the group level, he

suggests prevalent ethno-cultural community interaction and opportunities for ethnic

immigrant participation in dominant cultural institutions could counter marginalization

effects of acculturation. Experiences of marginalization, including

racism/discrimination, have the potential to lead to acculturative stress and/or depression.

Because previous research indicates increased levels of marginalization are a risk factor

for suicide, it is important to gain deeper insights about how these experiences create

meaning in immigrants' psyches. Experiences of marginalization are further magnified

when accompanied by increased acculturative stress resulting from cultural conflicts.

Acculturative Stress

Mental health problems resulting from acculturative stress occur when individuals

have difficulties coping with conflicts between his/her ethnic culture and demands of

dominant culture. Burdens from these conflicts are difficult to understand and verbalize

for individuals if there are not support mechanisms in place to help ease the strain of

these experiences. Support mechanisms include social programs, health care

practitioners, and family/friends. However, stigma of mental illness and distrust of

societal interventions often prevent individuals from seeking help and so they suffer in silence.

Thomas & Choi (2006) examined acculturative stress and its relationship with social support among Korean and Indo-American adolescents. Their research maintains the argument that these ethnic populations have been neglected in research as they write, "Although various aspects of acculturative stress and social support have been studied, the relationship between social support and acculturative stress among Korean and Indo-American adolescents has not been adequately explored" (p. 127). In their study of eighty-two Korean adolescents and eighty-three Indo-American adolescents, they found that both Korean and Indo-American adolescents, who have less family and social support, are likely to experience higher levels of acculturative stress.

Research by Rahman & Rollock (2004) investigated relationships between acculturation, competence, and mental health among South Asian students in the United States. Additionally, their study noted prejudice as a variable related to the above three factors. In their study, instruments and research questions aimed to gain a better understanding of individual perception of acculturative competence and its prediction of depressive symptoms. Results showed the acculturation measure significantly predicted levels of depressive symptoms. Participants who scored lower on the acculturative competence measure were found to have a higher prevalence of depressive symptoms when compared to those who scored higher on the measure. Furthermore, their study supported previous research finding acculturating individuals' concern about prejudice predictive of symptoms for acculturative stress and depression.

It is the author's observation that a major cultural conflict experienced by Indo-

Americans exacerbating acculturative stress is collectivistic characteristics of Asian

Indian culture versus individualistic characteristics of dominant culture. In Asian Indian

culture, collectivism often manifests in choices of residence, career, and marital partner.

Consequently, reconciling collectivist ethnic values at home versus individualistic

dominant values in society often confuses identity-formation in developmental years of

late-adolescence and young adulthood.

Scott, Ciarrochi, & Deane (2004) researched negative impacts individualistic

cultures have on mental health and the ability to cope with emotional competence and

stress. In relation to suicidal ideation they found individualism was related to

hopelessness and suicidal ideation. Also, increased self-centeredness was associated with

smaller and less satisfying social supports and lower intentions in help-seeking behaviors

from family and friends for personal and suicidal problems. Supporting this finding,

Mckenzie, Serfaty, & Crawford (2003) researched suicide in ethnic minorities and found

similar difficulties in individualistic behavior in ethnic minority communities.

> The institutional deconstruction, decreased collectivism, increased normlessness
> and helplessness and increased personal risk that characterize a post-modern
> society may increase the risk of depression in the whole population. This could
> interact with the particular situation of an ethnic minority group to lead to an
> increased risk of suicide (p. 101).

Mehta (1998) examined the relationship between acculturation and mental health

for Asian Indian immigrants living in the United States. Three aspects of acculturation;

perception of acceptance, cultural orientation, and language usage, were all compared to

their effects on mental health. One of her hypotheses was that better mental health would

be associated with a greater perception of acceptance, being oriented toward U.S. culture, and greater English usage. "Not only was this hypothesis supported, but also the relationship with mental health was independent of variables that would be expected to affect and perhaps confound this relationship" (p. 67). A dynamic that complicates this process for Indo-American individuals is attempting to assimilate into American culture without abandoning important ethnic norms and traditions.

A central socio-cultural issue leading to acculturative stress is racism/discrimination. The impact events of this nature have on ethnic identity formation and self-worth issues cannot be understated. Internalizing discriminatory/racist experiences creates conditions where minority groups can magnify individual differences from dominant society and interpret these differences as being defective. Social exclusion and stigmatization are common results of these experiences. Brondolo, Brady, ver Halen, Beatty, & Contrada (2009) further define characteristics of racism:

> Social exclusion includes a variety of different interactions in which individuals are excluded from social interactions, rejected, or ignored because of their ethnicity or race. Stigmatization can include both verbal and non-verbal behavior directed at the targeted individual that communicates a message that demeans the targeted person (e.g., communicates the idea that the targeted individual must be lazy or stupid because he or she belongs to a particular racial or ethnic group) (p. 65).

Interpreting societal messages about race/culture is a complex process often leading to acculturative stress if perceived and/or actual racist experiences are encountered. Adequate guidance and support provided to immigrant youth can serve as a protective factor from acculturative stress leading to marginalization and suicide risk.

Family Relationships and Suicide

Researching family relationships and suicide in the Indo-American population is a central aspect of the present study. Family serves as a foundation for structure, security, and guidance in the Asian Indian culture. Cultural values and traditions are instilled by parents and it is expected children will retain these values and practices throughout their lives. However, conflicts abound when children gain independence as they grow older and become influenced by peers and norms in dominant society. These conflicts are often exacerbated in Indo-American families, where allegiance to family is expected to take precedence over individual autonomy. Understanding these issues is important when investigating suicide because of possible risk and protective factors they may serve. Specifically, interactions between family communication, family conflict, family support, and parental expectations are important to understand when investigating suicide in the Indo-American family.

Family Communication

Gehlot & Nathawat (1983) examined suicide, family communication, and family constellation in India by exploring the history of suicide in India and the significance of family influences on suicidal behavior. Specifically, their article contends that how a family communicates about suicide can normalize it as a valid option to end one's life. "Clinical experience reveals that suicidal behavior is more common in patients who have been brought up in families where suicidal threats are frequently made" (p. 275).

The role of family communication is also highlighted in Carrigan's (1994) qualitative study on patients who attempted suicide by overdosing. In her study,

psychosocial needs of patients were explored by using interviews and content analysis procedures. Data collected represented key psychosocial variables such as stressful life events and family relationships. Often, family relationships were associated with communication difficulties with close family members. Most difficulties were related to the inability of patients to express emotions and get feedback from close family members (Carrigan, 1994).

Shearman & Dumlao (2008) investigated family communication focusing on conformity communication and conversation orientation in Japanese and American young adults. High conformity is associated with rigid communication boundaries whereas low conformity allows for a broader range of communication. Furthermore, high conversation orientation equals increased communication whereas low conversation orientation is associated with absence of open communication. Their research found that across cultures, families with a high-conversation orientation was preferential for young adults to engage in conflict-resolution with parents. Furthermore, high conformity conversation was viewed as less satisfying by young adults and associated with avoidance of conflict.

Research by Miller & Day (2002) focused on communication patterns found in generally well-functioning families to assess the relationship of family communication and suicidality. Their study examined differential effects of family communication and parental expectations hypothesizing that children who rated their parents high in conformity communication may be more likely to have engaged in suicidal ideation or behavior. In hypothesizing, they are not blaming parents directly. Although specific

findings were inconclusive, the study did highlight the significant role parents play in their children's lives. In terms of suicide ideation, this study suggests that parental relationships might exert a direct role on suicidal ideation behavior. This finding extends the work of other suicidologists who have assessed direct parent effects in clinical populations.

O'Donnell et al. (2003) surveyed 879 adolescents about suicidal ideation, intent, and behavior as well as help-seeking behavior patterns. Their results showed that only half of those who reported a suicide attempt had spoken with an adult about their distress and that suicide attempters were more likely than non-attempters to report they would not go to family members in the future. Implications of their research point to the need for improving communication among youth, families, and service providers as a focus for suicide prevention planning.

Family Conflict

Drawing on observations from this author's clinical experience working with families, parent-child relationships are most important during adolescent and young adult years. Children often gain a greater sense of independence, grapple with academic/career choices, and engage in identity-formation behaviors during this time. Parental interactions with children that fulfill duties of guidance, security, and emotional support are of great value and help children navigate through rapid mental, emotional, social, and physical changes associated with this developmental period. Adolescents and young adults without adequate support structures are forced to tackle developmental issues on their own which can lead to increased emotional and mental distress as a result.

When adolescents and young adults are not able to cope with developmental stress and do not feel they have guiding structures in their lives, tragic consequences sometimes result.

When exploring previous research about influence of parent-parent conflict and suicide, there were no published research findings about this specific topic. Instead, associations between parent-child conflict, general family conflict, domestic violence and suicide are listed. Although domestic violence is often defined very broadly, it is an aspect of family conflict requiring increased research. A definition of domestic violence is found below:

> the physical, emotional, psychological, sexual or mental violence, terrorizing, threats, taunts, continual criticism, isolation, oppressive financial control, harassment, and abuse that may take place in a close relationship. This may happen occasionally or on a regular basis (Edwards, 2005, p. 26).

Because domestic violence and/or parental conflict increases family stress, it is a very crucial area of investigation. "The strongest evidence for prediction of mental health problems in children and adolescents across culture is generally family stress" (Walker, 2005, pp. 53-54). Expanding the scope from personal and interpersonal pathologies to family systems exposes underlying patterns that pervade family interactions and can influence self-harming behaviors.

Research conducted by Lau, Zane, & Myers, (2002) investigated the correlates of suicidal behaviors among Asian American outpatient youths. Their sample consisted of individuals from the following Asian groups: Chinese, Taiwanese, Vietnamese, Korean, Japanese, Laotian, Cambodian, and Thai. Their findings in relation to parent-child interactions as a central factor in predicting suicidal behavior were consistent with

previous literature which found that parent-child conflict significantly increases suicide risk.

Johnson, Cohen, Gould, Karen, Brown, & Brook (2002) explored suicide risk in late adolescence and early adulthood. Community-based longitudinal data was used to investigate associations between childhood adversities, interpersonal difficulties during adolescence, and suicide attempts in late adolescence and early adulthood. A major finding was that maladaptive parenting and childhood maltreatment were associated with an elevated risk for suicide attempts in late adolescence or early adulthood.

Smyth & Maclachlan (2004) extend the attempt to gain a better understanding of precursors that lead to youth suicide by proposing a new context-based measure on circumstantial justifications of suicide. Their research attempts to take contextual considerations, such as cultural environments, into account when investigating youth suicide. In their study reasons for suicide fell into one of four categories: (a) interpersonal difficulty, (b) illness, (c) familial disruption and (d) loss. Participants were undergraduate students. Research findings pointing to family conflict and/or support as risk and/or protective factors for suicide emphasize the need to more fully explore these crucial areas.

Chen, Wu, & Bond (2009) explored associations between external pathways such as family and social support and internal responses such as beliefs about oneself and the world. Various measurements were administered to 220 undergraduate students from the Chinese University in Hong Kong. Results point to lack of harmony in family

relationships as being predictive of depressive symptoms among both American and

Chinese students.

> Regardless of culture, the family as a system affected the pathological responses
> of its family members. As indicated in the present research, families with severe
> problems, such as ineffective communication and poor problem-solving skills, are
> less likely to model adaptive responses to stress, increasing the risk for
> maladaptive coping mechanisms by its members (p. 141).

Mental health interventions emphasizing family cohesion and support can mitigate

increased levels of stress that often trigger depressive and/or suicidal episodes.

Further research by Gair & Camilleri (2003) used case studies of nine Australian

youths aged 16-24 years who had attempted suicide. Data gathered indicated suicide

attempters sought some sort of help from friends, professionals, and family members.

Among risk factors outlined in the results, in addition to the loss of a loved one or peer to

suicide, family discord and fragmentation was also a potential risk factor. "Under the

umbrella of family discord there were the characteristics of extremes in parental

expectations, the frustration of high dependency and unrealized autonomy, feelings of

rejection and powerlessness, and feeling like a failure and a burden on others (p. 85)".

These characteristics give indications as to what prevalent themes may likely be found in

families where an at-risk youth is contemplating suicide providing invaluable information

to families, friends, and mental health practitioners who may have a chance to intervene

when needed.

Family Support

Suicide risk is a predominant topic in published research literature. However, the

significance of protective factors cannot be overlooked when investigating suicide.

Suicide risk is a predominant topic in published research literature. Sharaf, Thompson, & Walsh (2009) point out balance is needed in considering risk and protective factors. Family support structures serving as protective factors for suicide in ethnic families is underscored in Sharaf et al's. (2009) research that investigated levels of family support and self-esteem and their influence on suicide risk among adolescents. Findings suggest that both self-esteem and family support do play vital roles in influencing suicide risk. Specifically, family support appeared to mitigate feelings of isolation and loneliness which are precursors to suicide risk.

Protective factors that differentiated the non-suicide group from the suicide group were perceptions of support for school, having someone available to help with feelings of depression and thoughts of suicide, as well as perceived parental involvement. Randell, Wang, Herting, & Eggert's (2006) research further highlights protective factors of family support on suicide. Their research investigated at-risk adolescents who fell into categories of high suicide risk, moderate suicide risk, low suicide risk, and non-suicide risk. Responses showed significant differences among groups in regards to risk and protective factors. Protective factors that differentiated the non-suicide group from the suicide group were perceptions of support for school, having someone available to help with feelings of depression and thoughts of suicide, as well as perceived parental involvement.

Rutter & Estrada (2006) explored potential differences in risk and protective factors within an urban college sample. Data from the 253 young adults assessed in the study suggested significant differences in risk and protective factors across ethnicity,

college grade, sexual orientation, and religious affiliation. Of particular importance to this study, the sample of Asian/Pacific Islander students scored markedly higher on the Beck Hopelessness Scale (BHS) compared to the other students in the study. "This result signals a pessimistic outlook and may relate to participants' lower scores on external protective factors such as social support and future orientation" (p. 95). Research findings indicated supportive parenting and family cohesion increased quality of parent/child relationships and family interactions. These variables need to be analyzed and understood to gain insight into how these protective factors function in meaning-making processes of a suicidal Indo-American youth.

Parental Expectations

A pervasive theme and fundamental value in Indo-American families is the importance placed on academic and career success. Indo-Americans have often been categorized as the "model minority" due to high-levels of success in academic and career arenas. However, expectations of success also increase stress, scrutiny, and pressure if these standards are not met. These pressures often place an enormous burden on an individual who sees it as his/her obligation to fulfill the family's desire for high societal competence and standing (Ramisetty-Mikler, 1993).

Gehlot & Nathawat (1983) explored how issues of parental expectations and family shame lead to severe emotional/mental crises states. They identify "performance" suicides as being prevalent in Asian Indian culture. These types of suicides stem from shame/guilt children experience for not meeting parental expectations. Conflicts in Indo-

American families are also shown to increase stress and decrease the ability to cope with painful feelings leading to suicidal behavior.

> The extraordinary importance placed on academic degrees creates great tension at examination time and the heightened expectations of the family make it a life challenge. Suicides by academic failures are but another manifestation of the loss of self-esteem, loss of race, and generating of guilt by our society (p. 273).

Although high expectations are not a negative trait, if an individual internalizes the expectation of perfection, he/she is at greater risk of developing shame, guilt, and hopelessness, traits that are commonly associated with suicide risk.

In Chang's (1998) investigation into the relationships between cultural influence, perfectionism, social problem solving, and suicidal risk, he examined social problem solving between Asian Americans and Caucasian Americans to determine if suicidal risk was associated with high levels of perfectionism and if there were any cultural differences between the two groups. Results of his findings showed ethnic status as a significant predictor of both hopelessness and suicide potential. "Specifically, Asian Americans have more concerns about making mistakes, parental expectations, parental criticism, and doubts about their actions than Caucasian Americans" (p.245). Furthermore, the study found that perfectionism is a trait that is strongly associated with suicidal risk and also underscored the importance of increasing research on ethnic minority groups when investigating perfectionism and suicide risk. "However, given that studies on perfectionism and suicide risk have been based almost entirely on Caucasians, the present findings provide an important extension to the literature by having examined the relations between these constructs in a non-Caucasian group (p. 250).

The negative influence of parental pressures on individuals' psyches in the Asian Indian culture is also illustrated in van Bergen, Smit, Kerkhof, & Sawitri's (2006) study of young Hindustani immigrant women in the Netherlands. The article examined the gender and cultural patterns of suicidal behavior in this population. Family and community environments were identified as risk or protective factors for suicidal behavior. "Psychological research reveals that particularly the combination of low levels of emotional affection in the family environment combined with high levels of parental control or overprotection constitutes a risk for suicidal behavior" (p. 184).

A major difficulty of Asian American immigrants is coping with cultural conflicts of individualism versus collectivism. Parental control resulting from pressures of high-expectations is a collectivistic trait of Asian Indian culture and often is the stem of family conflict. A major challenge for Asian Indian parents is to balance protecting their children without being seen as affectionless authority figures. One way this can be done, and can avert many family conflicts at the same time, is by parents communicating their concerns openly and giving their children an opportunity to do so as well.

Theoretical Basis for Research: Social Constructivist Theory and Grounded Theory

Researching suicide in the Indo-American population requires a theoretical lens that sufficiently captures both cultural context and social environment. Qualitative research allows social scientists to examine behavior and environment in the contexts in which they occur. This differs from traditional quantitative research that attempts to strip context and produce general laws (Mishler, 1979). However, when there is a scarcity of

research, creating universal, general laws becomes problematic due to lack of available

data.

> Our ideal in theoretical work is the formulation of general laws, laws that we hope
> are universal. The essential feature of such laws is that they be context
> independent, free of the specific constraints of any particular context and
> therefore applicable to all. If I am correct in assuming that we share an
> understanding of meaning as context dependent, then it will be evident why the
> search for general laws has proven so difficult (p. 2).

In the present study, the goal of the research is to create theoretical reasoning within a

context and environment where dissemination of knowledge is dependent upon increased

research findings. Although there are many qualitative schools of thought that can aid in

producing scientific information in this paradigm, the social constructivist approach of

examining social phenomenon in cultural context best suits this endeavor. Furthermore,

grounded theory is the type of data collection and analysis that will be used to inductively

create theory.

Social Constructivist Theory

Social constructivist theory is a qualitative approach that shares its intellectual

and historical development with Social Psychology. Both of these theoretical models

were among the first to address the nature of the relationship between the individual and

society (Jost & Kruglanski, 2002).   Specifically, social constructions posit some

foundational underpinnings at the core of its establishment. Namely, there is no single

truth in reality and context-bound constructions are all part of a larger universe of stories

(Crabtree & Miller, 1992). Therefore, educational knowledge about suicide in the Indo-

American culture is obtained historically from the experience of characters that provide

information through the storytelling of their experience. Consequently, the researcher

creates meaning from the stories told by the participant which becomes the main source of knowledge.

Unlike the logical positivist philosophy (foundation of quantitative research) which argues that knowledge is only scientific if it is context-free and produces universal laws, constructivist approach encourages context-dependent observation in creating social scientific knowledge. Furthermore, the social constructivist view also recognizes that scientists need to reach a consensus about the criteria being used to test theories (Green, 1986) (Tyson, 1995). Further support for the constructivist paradigm is its emphasis on human interaction to create meaning in social spheres.

A researcher's ability to understand experience is based on the ability to gain a clear picture of internal perspectives of the subject as well as how these perspectives interplay with one's social environment. "It therefore follows that constructivist researchers believe that social reality exists as individuals experience it and assign meaning to it" (Appleton & King, 2002, p. 643). Simply understanding brain chemistry does not encompass changes that brain chemistry undergoes when influenced by different contexts. Because contextual factors are also points of scientific observation, social constructivism captures all applicable components of investigating suicide in the Indo-American culture. As noted below, other theoretical schools that were examined but found to be incongruent with the theoretical foundation of the present study were phenomenology, ethnography, and sociolinguistics.

The theoretical school of phenomenology is rooted in the work of Edmund Husserl. The focus of Husserlian phenomenology is similar to social constructivism due

to phenomenology's use of subjective experience in data collection (Noe, 1995).

However, where phenomenology and social constructivism differ is phenomenology's

intention of attempting to grasp a phenomenon more clearly by suspending judgment and

bracketing out particular beliefs the researcher has about the phenomenon as a way to

achieve a more objective view (Noe, 1995). Social constructionists, on the other hand,

argue that although certain realities may exist at certain times, these realities are under a

continuous cycle of change and previous knowledge about the phenomenon can assist in

future research. Social constructionist's skeptical stance on "known" universal realities is

where its major division lies with phenomenology. Suspending judgment and bracketing

out particular beliefs about a phenomenon is discouraged by constructivists because it

takes away from co-constructed meanings that take place in stories of participants.

> Although a phenomenological study emphasizes the meaning of an experience for
> a number of individuals, the intent of a grounded theory study is to generate or
> discover a theory, an abstract analytical schema of a phenomenon that relates to a
> particular situation (Creswell, 1998, p. 56).

As a theoretical school of qualitative analysis, ethnography shares many same

valuable traits as both constructivist and phenomenological research (Williamson, 2006).

Context and investigator interpretations of meaning are at the forefront of analysis.

However, ethnographic research relies heavily on making direct observations in

contextual settings. Because the present research will be a snapshot in time of the

participant's recollection of his/her sibling's suicide, ethnography's reliance on field

observation to collect information is not in alliance with the present research's design.

Rooted in its name, sociolinguistics analyzes meaning through the use of

language. In sociolinguistic research, investigation on the syntax participants use to

describe their experience becomes the focal point of study (Mishler, 1979). Although

data collection will be gathered using language of participant interviews, a sociolinguistic

study is problematic because the focus is on language use and not socio-cultural contexts

of suicide. The present study is being conducted to further illustrate contexts of suicide

in the Indo-American community and help build a foundation where future researchers

can use theories, such as sociolinguistics, to more accurately capture experiences of Indo-

Americans.

Grounded Theory

Complementing the philosophical approach of social constructivism, grounded

theory technique was the main method used for data collection and analysis. This

qualitative approach moves between inductive and deductive reasoning to produce theory

about social phenomenon (Strauss & Corbin, 1998). Induction occurs through

interviewing and observation, developing concepts, assigning categories, and finally

producing a theory. In this procedure, assumptions are made according to previous

experience, discussions, and literature review by the researcher conducting the

investigation. However, deductive reasoning also takes place through interpreting the

data that are derived from data collection. In short, collecting and making meaning out of

data is inductive, whereas interpreting data is deductive (Strauss & Corbin, 1998).

A more in-depth analysis of grounded theory research shows reasoning behind the

development of this model is to create theory which is most suited for its anticipated use

(Wimpenny & Gas, 2000). Unlike deductive approaches to science where theories are

validated dependent upon data that are produced, grounded theory starts from the lowest

measurement of data and moves upwards towards theory. In the present study, basic

units of measurement are descriptions Indo-American survivors of suicide have about

what roles acculturation, acculturative stress, and family relationships played in the

suicide of his/her sibling. The grounded theory approach terms this conceptual ordering

of data. "Description also is basic to what we call conceptual ordering. This refers to the

organization of data into discrete categories (and sometimes ratings) according to their

properties and dimensions and then using description to elucidate those categories

(Strauss & Corbin, 1998, p. 19)". The examination of acculturation, acculturative stress,

and family relationships will undoubtedly produce various dimensions about individual,

family, and societal associations. The multi-faceted nature of the variables requires

intense scrutiny of data for accurate meaning to be captured. Techniques for doing this

are encompassed in grounded theory methodology.

Data collection in grounded theory methods can be done in a variety of ways. A

popular procedure incorporated in this study is semi-structured interviewing. This form

of interviewing helps obtain specific information required to incorporate grounded theory

methodology. This is especially true when it comes to cross-cultural issues. Structured

interviews are used more when attempting to elicit information for quantitative

approaches. Semi-structured interviews are geared towards qualitative research that aims

to make meaning from a two-way interaction between researcher and participant (Shah,

2003). Grounded theory understands research using words to recall events and life crises

have levels of subjectivity that cannot be separated from data collection and analysis.

However, instead of casting aside this information as unscientific, grounded theory

emphasizes the need for the researcher to be aware of those subjectivities and use them to enhance creative aspects of analysis and not drive analysis (Strauss & Corbin, 1998).

The congruence of the theoretical frameworks of social constructivism and grounded theory is what drives data collection and analysis in the present study. Constructivist philosophies take into account that experiences of 2nd generation Indo-Americans will change over time. Therefore, knowledge derived in the present will be understood based on the historical time when it was discovered. Using more grounded theory methods that focus on meaning-making structures in cultural contexts can generate more theory about historically understudied phenomena in ethnic minority populations.

Summary

Comprehensively understanding suicide necessitates looking beyond the tragic action itself. Suicides occur in all cultures all over the world. Each culture has specific traits unique to itself. Although some traits of suicide are common across all cultures, other aspects such as acculturation, acculturative stress, and family relationships require more detailed exploration and have largely been neglected in research literature. This is especially true in the Indo-American population where suicide protective/risk factors are relatively unclear. Exploring socio-cultural aspects of suicide has capabilities to expand scopes of knowledge to be used for adequate suicide research and awareness. Finally, theoretical constructs consistent with qualitative research, such as Social Constructivist Theory and Grounded Theory, are required to analyze descriptions of socio-cultural contexts.

Operational Definitions of Terminology

Key variables in the study are operationally defined and conceptualized to gain a specific frame of the population and variables being examined. These variables are: Indo-American family, Indo-American suicide victim, Indo-American sibling survivor of suicide, suicide, acculturation, assimilation, separation, integration, marginalization, acculturative stress, family relationships, family communication, family conflict, family support, and parental expectations.

Indo-American family refers to families consisting of two parents who immigrated to the United States from India and had two or more children who were born in the United States.

Indo-American suicide victim is defined as a 2nd generation Indo-American adult, aged 18-40 years, who died by suicide.

Indo-American sibling survivor of suicide refers to a 2nd generation Indo-American adult (18 and older) sibling of the suicide victim.

Suicide is operationally defined here as self-inflicted death.

Acculturation is operationally defined as the process of change in values, identities, attitudes, perceptions, and behaviors individuals/families of ethnic minority cultures and dominant cultures undergo when these two cultures merge with one another. In the current study, Berry's (1989) bi-dimensional model (Table 1) of acculturation will be used as the framework for the acculturation process.

Assimilation: emphasis is on only assuming values and norms of the dominant culture

Separation: emphasis is on only assuming values and norms of the ethnic culture

Integration: emphasis is on assuming values and norms of both dominant and ethnic cultures

 Marginalization: emphasis is on assuming neither values nor norms of the dominant culture and neither values nor norms of the ethnic culture

Acculturative Stress is defined here as stress experienced by the ethnic minority culture resulting from the cultural demands of the majority dominant society including acquisition of language, values, customs, and other related norms.

Family Relationships are defined here as being comprised of the following sub-categories: Family Communication, Family Conflict, Family Support, and Parental Expectations.

Family Communication: the quality of communication within families characterized by open/closed communication channels and encouragement or avoidance of the exchange of thoughts and ideas.

Family Conflict: verbal or physical altercations between parents, between siblings, and/or between parents and children.

 Family Support: the absence or presence of emotional/mental support provided by parents and siblings.

Parental Expectations: pressures experienced by Indo-American youths in meeting academic/career/cultural standards of their parents

Additional Variables: Due to the paucity of research for this study's population, additional variables may surface as relevant and will be appropriately cited. As the literature review shows, these may include but are not limited to: mental illness,

substance abuse, gender, parental marital status, family socioeconomic status, birth order

of siblings, and religiosity/spirituality.

CHAPTER THREE

METHODOLOGY

Overview

The purpose of this research study was to gain a deeper understanding of

relationships between acculturation, acculturative stress, family relationships, and youth

suicide in the Indo-American community. Therefore, a qualitative, exploratory research

design was employed. Semi-structured interviews were conducted with adult sibling

survivors of suicide to gain more insight into the roles acculturation, acculturative stress,

and family relationships played in the suicide of their sibling. After interview data were

collected and analyzed using the NVIVO 5 qualitative software program, the information

was used to highlight thematic elements and generate theory.

By means of the qualitative NVIVO 5 program, the researcher coded each

interview using **free nodes**, **tree nodes**, and **annotations** to organize and analyze the

data. **Free nodes** represent the following major categories: Acculturation, Acculturative

Stress, and Family relationships. **Tree nodes** represent the following sub-categories:

Assimilation, Separation, Integration, Marginalization, Family Communication, Family

Conflict, Family Support, and Parental Expectations. Responses of interviewees were

analyzed and placed into one or more above nodes. **Annotations** reflect content for each

specific response and are combined at the end of analysis to elicit major underlying themes emerging within each free node and tree node.

Design

Qualitative Research

The main strength of qualitative research is its ability to acquire deep understandings of human experience. Interviews are able to gain insight into individuals' behaviors and meaning-making structures in a cultural context which is the main goal of the present study. The exploratory aspect of qualitative research helps elicit the various dimensions of acculturation, acculturative stress, and family relationships as well as how they functioned in the suicide victim's life. The only way of inventing theories that aim to represent the world in a cross-cultural setting is by direct observation and subjective experience within contextual settings (Dilley, 2004). The personal interactions with the sibling survivor of suicide gave this researcher a lens to see the issues, conflicts, and suffering that might have contributed to the suicide.

A pilot study was used with the initial participant to investigate the effectiveness of the current methodology. Pilot studies are useful to employ when scarcity of research methodology exists in a particular area. Because the interview questions were structured by the researcher, a pilot study would provide the researcher with information to determine if the research or interview questions need adjustment. "As Borg and Gall (1989) describe, pilot testing allows for testing the efficacy of a proposed concept or concepts and allows for modification prior to full-scale adoption" (Lanphear, 2001, p. 33).

Because of the exploratory nature of the design, threats to internal validity exist. Most internal validity threats occur due to the personal exchange of information that would take place in interviews. Participants were asked to share personal information with someone they do not know. Participants' willingness to share this information in an open manner may be compromised for this reason. Further researcher reactivity may occur if participants want to be viewed in a well-adjusted light by the researcher. These internal validity factors are very difficult to control or minimize. Subjective interpretation of data is another major threat to internal validity. One way to minimize this threat is to employ grounded theory techniques of searching for disconfirming evidence and/or using peer reviewer(s) or auditor(s) for data interpretation, which this study employs.

External validity threats are also a necessary concern in qualitative, exploratory research. A vital task is to elicit deep constructed meanings contained in responses of participants. Critics of qualitative research have pointed to the lack of reliability for this type of data to be generalized to larger populations. Therefore, it is necessary to give precise, step-by-step descriptions of how data was analyzed adding rigor to the research process.

The ideal method of establishing validity and reliability for an exploratory study would be using mixed-methods that would lead to triangulation of the data. However, because of the small sample size and lack of available data on the study topic, this was not realistic and would add minimal reliability. This research's major goal was to establish a portion of the foundational database to build on for future research.

Measurement

The measurement tool for the current study is interview questions that aim to extract information about acculturation, acculturative stress, family relationships and their associations with suicide. Based on previous literature, semi-structured, in-depth interviews are most useful in grounded theory when the researcher is attempting to breed theory from the recounting of participant narratives (Wimpenny & Gass, 2000). Because the researcher constructed interview questions, validity and reliability of the interview questions have not been established and are only grounded by previous literature. Another procedure that would assist the interview process was the use of laddered questioning.

As described in Price's (2002) literature on research interviews, laddered questions are most useful when researching personal stories that are sensitive in nature. The process of laddered questioning occurs when researchers adjust interview questions based on the type of responses received from participants. The researcher adopted this strategy. If a question elicited a response characterized by defensiveness and intrusion, the researcher remained aware of this and guided the interview accordingly. Field notes taken during the interviews were used to adjust interview questions and add to the reliability and validity of the instrument. All interviews were conducted by the researcher and bias was further mediated by using clarifying questions to capture dimensions of variables.

Sampling Technique

Participants were found using a purposive, snowball sampling methodology. The purposive sampling methodology, also referred to as judgment/focal sampling, was necessary due to specific criteria of participant population required in the current investigation. The snowball sampling methodology is best suited when sampling hard to reach populations. "Thus, in attempting to study hidden populations for whom adequate lists and consequently sampling frames are not readily available, snowball sampling methodologies may be the only feasible methods available" (Faugier & Sargeant, 1997, p. 792).

Because participants are Indo-American adult sibling survivors of suicide, all qualifying characteristics (Appendix B) needed to be met to specifically focus on the topic under investigation. If even one of these criteria was not met, the whole range of the experience would be altered and findings would be skewed. Therefore, a sample of 6 to10 participants was set for the goal of the investigation.

Sample Recruitment

The following access points were used to identify participants. Initially, potential respondents were recruited through the Asian American Suicide Prevention Initiative (AASPI) located in Chicago, IL. AASPI is a grassroots organization whose mission is to research, create awareness, and educate communities about suicide in Asian American communities. A few times a year, AASPI sponsors outreach events for survivors of suicide and mental health professionals.

At these local meetings a two-fold structure occurred. First, there was an introductory meeting pertaining to general information about AASPI, suicide survivor stories, and research data. Then the group broke out into two groups: a group for survivors of suicide and a group for all other attendees. Recruitment flyers (see Appendix A) were distributed by the researcher at the survivors' breakout group indicating main goals and procedures. Participants completed four, brief eligibility questions while at the meeting. A sealed box with an opening was made available for survivors to drop-off flyers indicating whether they were interested in participating in the research. If survivors were interested in participating, the researcher either initiated contact or asked to be contacted by the survivors as indicated on the flyers. However, this access point was not successful in recruiting participants mainly due to unmet criteria.

Because the first access point effort was unsuccessful, the researcher used two more access points to obtain study participants. The second access point used was word-of-mouth recruitment relayed from AASPI members and others aware of the study to potential participants. Finally, the third access point was recruitment flyers and emails that were distributed through 13 list serves of different universities and Asian American organizations. As a result, 6 Asian American adult sibling survivors of suicide emerged and were willing to share their story.

Data Collection

Each participant who met the inclusion criteria was contacted via phone to participate in the research. Confidentiality was established by using a pseudonym chosen

by the participant. Geographical location was not mentioned. The researcher met

participants at locations of their choosing and after formal consent forms (see Appendix

C) were discussed and signed, 45-60 minute semi-structured interviews were conducted.

An interview guide (Appendix D) was used to assist data collection.

All interviews were audio-taped and field notes were taken to investigate if

interview questions were able to capture dimensions of variables. Interviews were

transcribed by the researcher. The research began each interview by asking general

questions about family constellation, childhood development, and adolescent/young adult

experiences of the suicide victim. Interview questions were then geared towards

acculturation processes and any resulting acculturative stress. The same procedure took

place with questions focusing on family relationships and its tree node sub-categories.

These questions centered on experiences of the suicide victim and his/her sibling

focusing on home and environmental contexts.   Clarifying questions were asked

throughout interviews to gain insight into each variable and its subcategories.

Data Analysis

Data collected from interviews were analyzed using open, axial, and selective

coding processes congruent with grounded theory strategies. As mentioned earlier,

because this research is purely qualitative and exploratory, it is necessary to specifically

detail stages of data analysis for increased reliability. Open coding procedures began

after interviews were transcribed. A line-by-line examination took place with each

separate interview response. Sentences were broken down into discrete parts and

examined for similarities and differences. Contextual interactions and behaviors were

named into abstract categories based on similar properties. This process was necessary to gain in-depth descriptions of participant responses. The researcher's previous experience and knowledge are the tools used to recognize properties and emerging concepts. Self-awareness and sensitization are especially crucial during this coding process (Strauss & Corbin, 1998).

The continued process of open coding following the line-by-line analysis occurs in the conceptualization stage. During this stage, separate concepts of the abstract categories already developed, are compared and combined based on shared defining characteristics. Annotations were created by identifying basic concepts contained in participant responses in each free node category and tree node sub-category. Annotations were then compared and combined based on shared defining characteristics. Emerging concepts were contextualized and identified in participant responses. This is an example of axial coding which builds on categories developed in open coding by establishing relationships between dimensions and properties of concepts (Strauss & Corbin, 1998).

Selective coding, the final stage of data analysis, is the process of theory integration and refinement. Once subcategories of suicide survivor responses were established, integration of categories was organized around an explanatory concept. Explanatory statements were written to explain the relation of categories with each other arriving at a generated theory.

Before data analysis can conclude, emerging theory has to be refined. Categories that stand alone and do not relate to the other categories are discarded. Final categories are revisited at this time to make connections with raw data from participant responses.

This was done by using specific statements from responses relating them to categories. This process repeated until theoretical saturation occurred.

As mentioned earlier, 6 to 10 participants were selected for the study. Ideally, theoretical saturation can only occur after there are not emerging concepts, categories, or subcategories found in participant responses. However, Strauss & Corbin (1998) mention that feasibility and practicality are important considerations when choosing the number of interviews to conduct before saturation occurs.

Ethical Considerations

Ethical considerations are of major importance when researching phenomena that are sensitive in nature such as suicide. Stigma attached to suicide is an issue that was acknowledged and respected by the researcher. For this reason, there is no link between individuals and their interviews. If at any time during the interview, respondents felt distressed or did not want to further explore the suicide, the interview would have ended, however, this did not occur. A debriefing period was made available after each interview to address any questions, concerns, or reactions the respondent may have experienced. All participants were given a list of self-help groups for survivors of suicide in their respective geographical location (Appendix E).

CHAPTER FOUR

ANALYSIS OF FINDINGS

Table 2: Demographics of Participant and Sibling Suicide Victim

Participant/ Educational Level	Participant Age/ Participant Age at time of Sibling's Suicide	Participant Gender	Suicide Victim's Age at Time of Suicide/ Number of Siblings Suicide Victim Had at Time of Suicide	Suicide Victim's Gender
Arjun/Graduate Degree	38/19	Male	28/1	Female
Chaya/Graduate Degree	35/25	Female	19/1	Male
Kapil/Graduate Degree	49/37	Male	25/3	Male
Meena/Graduate Degree	37/31	Female	33/2	Female
Shaila/Graduate Degree	31/29	Female	33/2	Female
Taraka/Graduate Degree	31/21	Female	19/1	Male

Table 2 specifies participant and sibling suicide victim demographics. Included

are participant's current age, participant's level of education, participant's age at time of

sibling's suicide, participant's gender, sibling suicide victim's age at time of his/her

death, number of siblings the suicide victim had at time of his/her death, and suicide

victim's gender.

Reflected in table 2 are factors that could play a role in variations of participant

recollections. For example, the time lapse between suicide and interview could color the

recall of secondary sources when describing relational and cultural variables under investigation. Furthermore, the number of siblings the suicide victim had at the time of his/her death can impact the level of family support. These variations are noted as they are variables that were not controlled for or included in this investigation.

Using the research design identified in chapter three, participant responses were analyzed using the qualitative NVIVO 5 program. The model emergent from the responses for understanding the responses discussed throughout the chapter is shown below.

Table 3: Illustration of Final Research Findings

Free Node/Category 1 **Acculturation**	Free Node/Category 2 **Acculturative stress**	Free Node/Category 3 **Family Relationships**
Tree Nodes/Sub-categories: Assimilation Separation Integration Marginalization		**Tree Nodes/Sub-categories:** Family Communication Family Conflict Family Support Parental Expectations
Themes: A) Environmental Context and Ethnic Identity Formation	**Themes:** A) Low Conversation Orientation and Unmet Parental Expectations B) Racism/Discrimination	**Themes:** Sub-category: Family Communication A) Conversation Orientation and Non-verbalized Parental Expectations

		B) Father speak (FS) C) Suicide Ideation Verbalizations <u>Sub-category: Family Conflict</u> A) Parental Conflict B) Sibling Conflict C) Conflict-Resolution <u>Sub-category: Family Support</u> A) Parental Support B) Sibling Support <u>Sub-category: Parental Expectations</u> A) Unmet and Non-verbalized Parental Expectations and child shame and guilt

Annotations emergent from the data are descriptive of content within each quote. An example of an annotation might be: **Taraka** describes difficulties she and her siblings experienced assimilating into dominant culture …. Quotes were edited for grammatical clarity and pseudonyms have been employed.

This chapter captures responses of the research participants' main themes contained in free node categories and tree node sub-categories. Some free node categories and tree node sub-categories overlap requiring the need to compare and contrast these elements by using direct quotations. Additionally, emerging themes of suicide risk/protective factors will also be highlighted.

The following theme emerged from the four acculturation sub-categories: (1) Environmental Context and Ethnic Identity Formation. The following nine themes emerged from the four family relationship sub-categories: (1) Conversation Orientation, (2) Father Speak (FS), (3) Suicide Ideation Verbalization, (4) Parental Conflict (5) Sibling Conflict, (6) Conflict Resolution, (7) Parental Support, (8) Sibling Support, (9) Unmet Parental Expectations and Non-verbalized Parental Expectations and Child Shame/Guilt.

Acculturation

Figure 1: Four Sub-categories of Acculturation
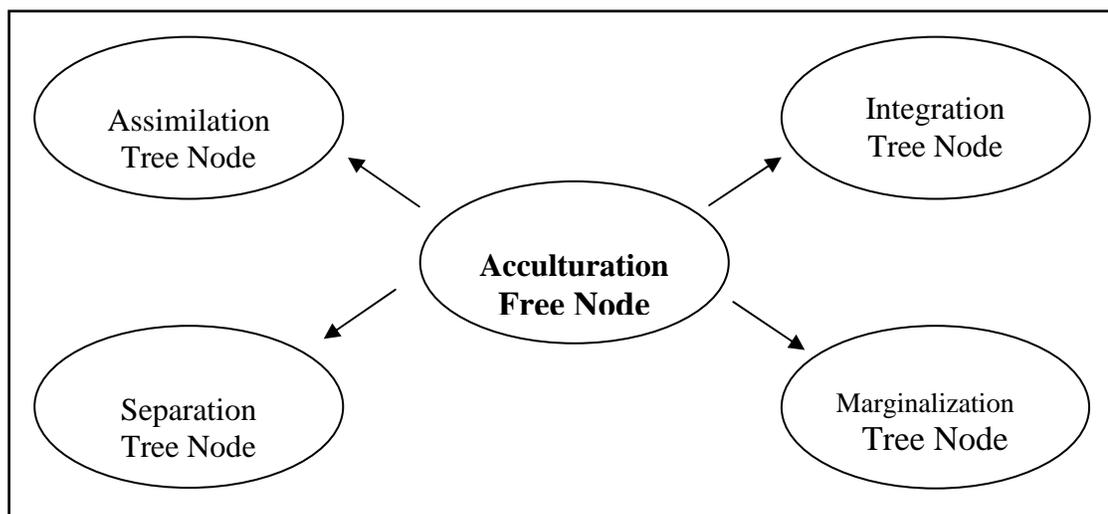
Assimilation

Participant descriptions of assimilation exemplify experiences reflecting influential roles parents played in this stage of ethnic identity formation. **Taraka** describes difficulties she and her siblings experienced assimilating into dominant culture as she states:

> I mean all of us wanted to conform because that's how we kind of we grew up, we conformed. Conform, just, you know, stick out because of your accomplishments because that's who you are. Don't stick about because you're brown in a white environment; try to blend in as much as you can (assimilation). And it was funny because being in the household it was like, "be Indian", but outside of the household it was conform, conform, and conform (ethnic identity formation).

However, assimilation attempts often resulted in family conflict due to parental perceptions of children's disrespect of ethnic culture. **Taraka** illustrates this in the following passage:

I feel the emphasis was that we were too American (assimilation). They complained about it, they would blame themselves, "we didn't do this enough, we didn't do that enough" … It was just that we were being disobedient children, that we were being bad and that we wanted to hurt our parents (family conflict) or embarrass our parents by being who we were (ethnic identity formation).

Meena described family conflict that resulted from her sister's rebellious assimilation technique which was characterized by rejection of her ethnic culture as she states:

… the big group of Indian-kind of thing, she was never big on (rejection of ethnic culture). She would purposely wear stuff that she shouldn't have been wearing to an Indian party and my parents would be like "you can't wear tight jeans, go take them off!" things that she wouldn't have normally done.

When parents did not demand retention of Asian Indian culture by their children, ideal conditions to assimilate were created and conflicts were averted. **Shaila** highlights this in her following response:

We went to a Catholic school and there weren't any non-white people at all, so we didn't really have access to any Indian culture….They never forced us to socialize with Indian kids … in fact, they were at times accused of not doing that enough, like that's a bad thing that they didn't force us to do that kind of stuff but we really didn't have any interest in it either (assimilation).

Shaila's parents gave their children autonomy to decide how much Asian Indian culture they wanted to retain. However, a concern from having too much autonomy, especially when navigating through the complex acculturation process, is not having enough guidance or understanding to develop a bi-cultural identity and manage cultural conflicts adequately.

Separation

Another aspect of acculturation was found in **Kapil's** description of his parents' attempts to separate and how this was understood by the children:

I think culturally what I got was more attitudes than specifics. To this day I have a lot of respect for my elders, a lot of respect for my teachers, I think those are the things that I got a lot from my parents and I think that's a cultural thing (separation). A lot of respect for education, I think my brother had those too.

As previously stated, **Kapil** did not believe his brother experienced difficulties with acculturation and perhaps one reason why is because he was able to retain a sense of ethnic identity by adhering to his ethnic cultural values, however, this requires further investigation.

Chaya identified her experience of the separation process as learning from her parents what cultural norms and values were most important to model:

Study hard, excel*,* and to me, that was our culture….We were Indian because we were really being conservative in the way we spoke (separation)… but the culture really meant excelling and being stellar students (cultural value). That is ultimately how I saw our culture and being Indian.

Similar practices of separation were found in many other descriptions of parents' attempted to instill cultural norms and values in their children. **Taraka** describes radical changes of environment in dominant society versus being raised in a traditional ethnic home.

So being at school we were very typical western children, aside from our skin color and our weird names. We were actually quite white-American. But going home and being in our household … it was very much a typical Indian lifestyle (separation)….we grew up in this version of India stuck in the 1970s throughout our childhood, which is a pretty conservative India.

Additionally, **Taraka** recounts challenges separating in an environment where ethnic cultures were not represented in society:

Obviously with my parents being new immigrants, embracing our Indian culture and Hindu religion was important (separation). Sometimes the aunties would get together and do a little something, like a ceremony or a get-together because you

know I grew up in a place that wasn't very diverse (homogeneous environment) which is a whole other story.

Taraka's description of separation contains retention of religious values and social gatherings that were utilized by parents to help retain their culture. However, **Taraka** also alludes to complications that were present when attempting to retain Asian Indian culture in a homogeneous environment.

Integration

As previously stated, an unexpected finding, based on previous research, was the ability for suicide victims to successfully integrate and make connections with peers in their community. When examined more closely, a common thread present in descriptions of successful integration were diverse, societal contexts. However, individual characteristics also played a role as well. Both of these factors are present in **Kapil's** description of his brother:

> He - - (sibling who died by suicide) - - was pretty talkative (individual trait) depending on the situation. I think with his friends he was more talkative. He always had friends. He always had close buddies. He seemed to have a pretty happy and active social life in school.

The individual characteristics of being talkative and expressive with peers played a role in **Kapil's** brother's ability to have an active social life. The environmental role is characterized below:

> We were pretty lucky. From talking to cousins of mine, part of it is that my father insisted that we grow up in an integrated neighborhood (environmental trait) in the city and we never really felt much racism at all. I've talked to cousins who grew up in the suburbs where it's all white, and they did experience racism.

Again, environmental context and parental encouragement to live in a progressive

neighborhood was a protective factor against racism and created conditions for healthy

integration to occur.

Arjun's description of his sister's level of integration exemplifies her ability to

incorporate both ethnic and dominant cultures into her identity.

> She was a completely accepted and cool as hell American chick but also smarter
> than most Indian girls in the Hindu religion, mysticism, and mythology
> (individual trait).

However, **Arjun** also describes his community as being very diverse and accepting of

other cultures.

> Most people didn't really tease us about being Indian where we grew up….My
> friends would often come over to my house, they all loved my mom very much,
> and I'm talking about kids who were white, black, Hispanic, or whoever came
> over (environmental trait).

Not only did progressive environments facilitate healthy integration experienced by

Arjun and his sister, but it appears that **Arjun's** home environment was also conducive

to his peers feeling accepted and valued regardless of their ethnicity.

Taraka states her sibling was able to integrate and flourish during college

because of a diverse and open environment:

> He had jock friends and it was a great and fantastic environment (integration). I
> wish he would've stayed because it was such a nurturing, liberal school
> (environmental trait) in that they really nurture the natural gifts of individuals,
> like he kind of did more art there and it was just great.

Taraka's brother flourished in a liberal environment where he felt free to express his

personality and created a diverse group of peers in the process. Descriptions of the

suicide victims' process of integration contain characteristics that are summarized in the

research of Berry, Piney, Sam, &Vader (2006). Their findings reflect that ethnic youth

who live in ethnically mixed communities were mostly found in the integration profile of

their study.

Marginalization

As specified in the literature review, previous research indicates individuals in the

marginalization category pose a greater risk for depression and suicide than those in the

other acculturation categories. Throughout interviews, participants depicted their siblings

as mostly being able to integrate during specific stages of their lives. However, some

participant responses also reflect difficulties their siblings experienced finding a sense of

belonging in their ethnic community and dominant society-at-large.

Taraka's following recollection of the challenge growing up bi-culturally

exhibits a common difficulty confronted by many Indo-American individuals and

families.

> I always felt growing-up, and I think a lot of immigrants and children know this,
> you kind of feel torn between the two worlds of western lifestyle (individualistic)
> and the eastern kind of structure, culture, and family values (collectivistic) which
> are there too, and which is great. But when they don't fuse well it becomes a lot
> of stress on the entire family, parents and children when growing up
> (Acculturative Stress).

Taraka's reference to being "torn between two worlds" refers to challenges reconciling

the individualistic characteristic of dominant culture versus the collectivistic

characteristic of Asian Indian culture. If one is not able to fully reconcile this conflict

then being caught in-between both cultures often leads to feelings of alienation and

isolation.

Arjun points to the struggle his sister experienced in the Indo-American

community due to her mental illness:

> I think in the Indian community in the U.S. you would be outcast (social
> rejection) even more quickly - - (if you had a mental illness) - -, but on the other
> hand, some people said that if she lived in India she would have been treated with
> a lot more respect and people would have been much kinder to her and loving to
> her because they would have known she was sick, that's the other thing.

Arjun is alluding to the compounding challenge his sister faced being part of both an

ethnic and dominant culture where stigmatization of mental illness contributed to feeling

marginalized on both fronts as a result.

Furthermore, **Taraka's** brother also experienced marginalization living in the

United States:

> … I think he (suicide victim) just hated being different (self-rejection). Even if he
> was white he would've still been considered an outsider. If my sister and I were
> white, we'd probably blend in really easily, he just could not (Marginalization). I
> mean just this whole idea of not being able to blend in and conform and please
> people and please his father and please what people wanted from him made him
> crazy.

Chaya's description of the type of environment she and her siblings were raised in

specifies the challenges they had in blending in to both cultures:

> I think there was a conflict with us trying to be kids and trying to assimilate and
> feeling confident about ourselves, especially being different number one, in a
> school with all whites, all church-going (rejection of dominant culture). I mean
> we were different. Our appreciation of things that were Indian is not at the level it
> is now as it was back then (rejection of ethnic culture).

Chaya and her siblings' experience of being on the margin of both cultures contributed to

personal confrontations each had in reconciling their ethnic identities. In the end,

Chaya's brother appeared to have more difficulties finding acceptance in the dominant

culture as well:

> … they decided that they wanted to kick him out (rejection by dominant culture)…. So these were people who didn't pick him so I don't think they really cared for him and when they rejected him that was it and unfortunately because of his medication - - (epilepsy) - - and the fact that he was living by himself he had very easy means to just decide to do it and end it.

Elements of isolation, confusion, rejection of self, and rejection of society are present in stories of suicide victims who experienced marginalization. Furthermore, these are also common descriptions of those who experience suicidal ideations.

Theme A: Environmental Context and Ethnic Identity Formation

Progressive environments that embraced diversity were found in every story where healthy integration took place. Conversely, environments where uniformity and homogeneity were most prevalent created problematic acculturation conditions leading to cultural conflicts as an expression of acculturative stress. **Taraka** describes this problem as she states:

> There were some Hispanics and African-Americans, but really it was a pretty white community (homogeneity). Hinduism was not even something that anybody understood, let alone India, so it was very confusing growing up (acculturative stress).

The environmental context where **Taraka's** family lived influenced acculturation because ethnic identity formation was negatively impacted by the absence of diverse ethnic cultures within the dominant culture.

Another example of the role environment plays in acculturation and ethnic identity formation processes of Indo-Americans is illustrated when **Meena** stated:

> It wasn't as terrible as I could've thought it was because I think part of it was that they were smaller towns (homogeneity) and everyone knew my father as the physician, so even though I was Indian, I was also the doctor's daughter so there's that. But there was always that sense of otherness. We assimilated okay but I'm sure it had its effects on us (ethnic identity formation).

Lack of cultural diversity where **Meena** and her siblings were raised increased self-consciousness of being an ethnic minority creating a sense of distance from others.

However, some suicide victims were able to integrate into dominant culture because of diverse and progressive environments where they lived. Following is **Kapil's** response to a question focusing on the difficulties finding cultural acceptance in dominant society and how this may have played a role in his brother's suicide:

> I really don't think that - - (acculturative stress leading to depression) - - was his experience and again, having gone through an integrated neighborhood and an integrated and progressive school (environmental characteristic) I don't think he felt a lot of that.

An additional example of successful acculturation and ethnic identity formation experienced by the suicide victim is found in **Arjun's** description of his sister:

> She could talk to anyone and I learned so much just about being a really true school Indian person from my sister because she would never compromise that, and she was always proud of that, and she didn't feel like she needed to flex that. She had properly studied Hinduism and our language. So culturally in the community she never had any trouble (ethnic identity formation).

Arjun's family lived in an area that was represented by many different cultures and ethnicities which he attributed to the formation of a healthy ethnic identity and valuable social acceptance.

Acculturative Stress

Family Communication

Theme A: Low Conversation Orientation and Unmet Parental Expectations

Consistent with previous literature about acculturative stress, respondents indicated that reconciling ethnic and dominant cultural norms, without parental and

family support at home, increased incidences of acculturative stress. Furthermore, experiences of racism/discrimination were exacerbated when there was a lack of family communication leading to increased levels of acculturative stress. Acculturative stress was also prevalent when participants and/or their siblings did not know how to integrate and accept their bicultural identity.

An example of acculturative stress resulting from low conversation orientation and unmet parental expectations are found in **Kapil's** family as he recalls:

> The biggest conflict was between my father and the sons. He had expectations that were unrealistic. He was living in a country that was 10,000 miles from where he grew up and he had the unrealistic expectations that we would grow up doing what he told us to do (low conversation orientation).

Kapil's father attempted to create their home environment in likeness of Asian Indian society giving birth to expectations his children would retain Asian Indian culture and implement it in their lives. However, because open lines of communication were not established unmet expectations led to conflict. Further responses by **Kapil** support these ideas as he states:

> but yeah I guess when you get down to it he - - (father) - - expected us to believe (Hinduism) and also you know down the road he expected, very unrealistically, that we get an arranged marriage when we were old enough and we wouldn't be old enough until after we got our MDs and PhDs, and stuff (unmet parental expectations).

This passage represents the lack of awareness **Kapil's** father had about the internal worlds of his children. Also, the model his father provided and his non-verbalized expectations further confused the acculturation process for him and his siblings as he stated:

He (father) wanted us to be more Indian (unmet parental expectation) in a way but he himself tended not to follow all the rules. He was kind of stubborn and bull-headed and he did what he wanted and he kind of expected us to do what he wanted too (unmet parental expectation*)* but it didn't work out that way always.

Illustrated here is a contradiction that was present in modeling how to acculturate. On one hand, **Kapil's** father exhibited individuality by foregoing some ethnic norms to assimilate into the dominant culture however, his expectation for his children was to observe and conform to the ethnic norm of collectivism over individualism.

Taraka describes the damage parental expectations about retaining culture had on herself and her siblings as she states:

And as children you don't understand because it was different from my American friends. My parents would be like, "well we're your parents and we tell you what to do and you need to follow and be obedient." (unmet parental expectations)

This passage exemplifies low conversation orientation being maintained in Taraka's family by expectations of obedience silencing any voices of dissent or curiosity by children.

Theme B: Racism/Discrimination

Instances of racism/discrimination were experienced mostly in rural environments where acculturation was already challenging. **Taraka** reports that although racism wasn't always out in the open, it often took a much more subtle form:

I experienced a lot of racism. It's not overt it's a very covert kind of racism where there's a comment that's made. For example, I was kind of trying to find my look and I think went to school with a Salwar (Indian dress) on and I ended up getting teased relentlessly…because people started to realize that I was different from them. It's like if I dressed the same they would just ignore the fact that I was brown, but all of a sudden because I was dressing differently I stuck out and I was making myself known to be different and that bothered people.

However, because there was a lack of communication in the family, **Taraka** and her

siblings had to grapple and cope with these occurrences alone.

> You know, it was funny because we never talked about it (low conversation
> orientation). It just was a fact of life, and it wasn't until I wrote that article - -
> (school newspaper article on racism) - - my senior year that my parents were like
> "why did you write the article?" I was like "because it's true." So that was the
> only time we really even talked about it and we didn't really talk about racism…it
> was just part of what you had to deal with when you lived in that environment.

An interesting phenomenon that requires more research is did levels of communication in

the family about emotionally-sensitive subjects, such as racism, influence the suicide?

Kapil recounted confrontations with racism when he was a child as well as when

he was applying to medical school. Although he indicates in the interview that his

brother did not experience any racism, Kapil's experience reflects a challenge of

acculturating when confronted by these types of experiences.

> I had some vocabulary when I started school but the teacher warned my mom that
> she should not speak anything but English to me because I was getting an accent
> (racism/discrimination), and in 1964-65 my mom was pretty intimidated by that
> and so she didn't much to her later regret and mine, so we didn't have the
> language.

Racist and discriminatory experiences were central triggers of acculturative stress and

were experienced as direct assaults on ethnic identity.

Family acculturation attitudes had significant influences on ethnic identity

development of children in the study. It is also apparent that low conversation

orientation, unmet parental expectations and racism/discrimination had direct impacts on

acculturative stress experienced by children. More in-depth exploration of relationships

between these variables (see figure 2) is necessary to gain more insight into how/if they

exacerbate mental/emotional distress of suicidal Indo-American youth.

Figure 2: Acculturation and Acculturative Stress: Sub-categories and Themes
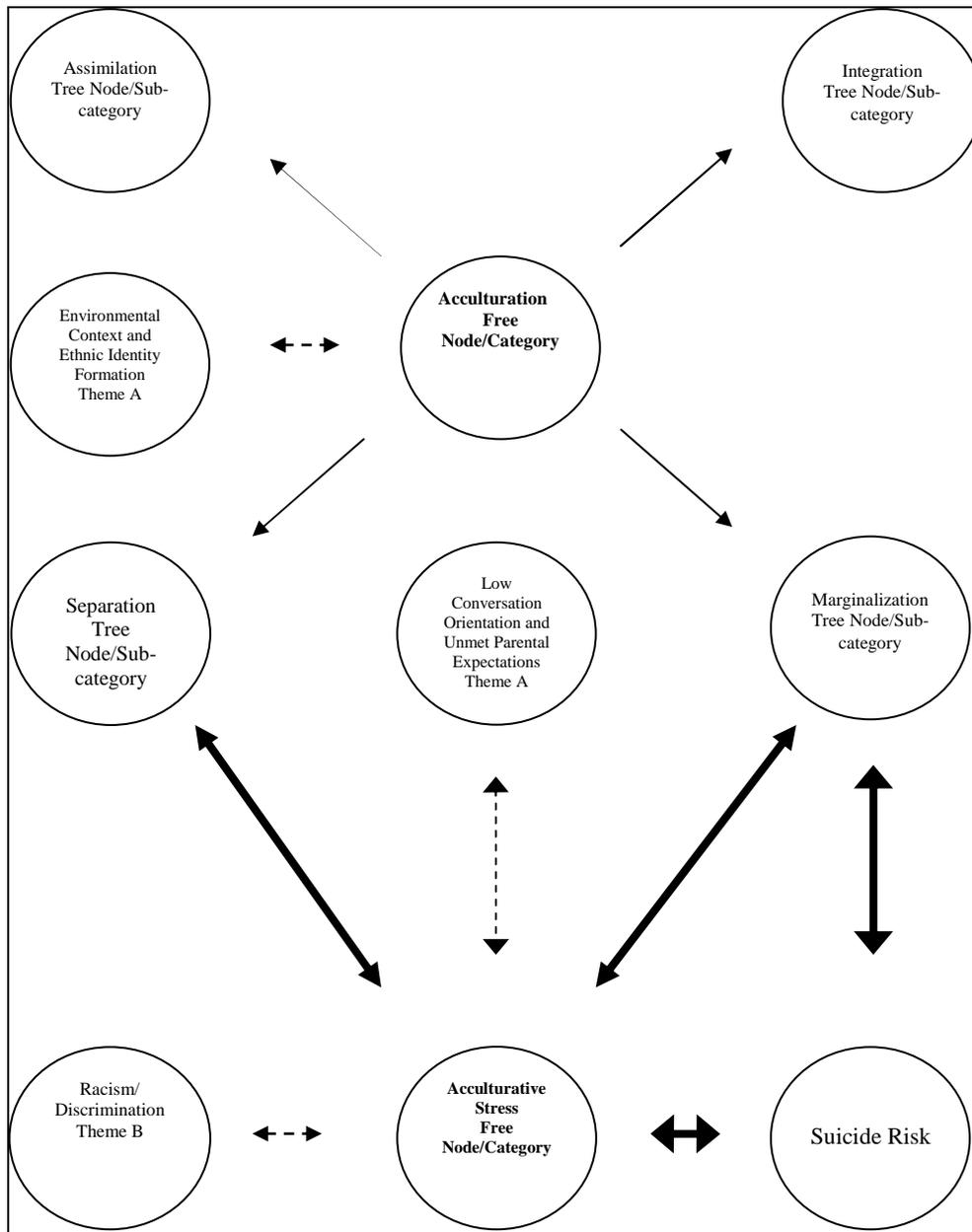
Figure 2 illustrates relationships between acculturation attitudes, acculturative stress, and suicide risk. Environmental context and ethnic identity formation were associated with the four acculturation attitudes: assimilation, integration, separation, and marginalization. Furthermore, as previously referenced, separation and marginalization attitudes were central triggers for acculturative stress. Descriptions of acculturative stress also produced themes of racism/discrimination and low conversation orientation/unmet parental expectations. Finally, based on previous research, figure 2 illustrates the significant influences acculturative stress and marginalization has on suicide risk.

Family Relationships

A central finding of the research is the significant influence family relationships had in the lives of the suicide victims. Family communication and parental expectation findings are discussed independently and also present throughout sub-categories and themes in the following order:

1) Family Communication: Conversation Orientation, Father Speak (FS), and Suicide Ideation Verbalization.

2) Family Conflict: Parental Conflict, Sibling Conflict, and Conflict-Resolution

3) Family Support: Parental Support and Sibling Support

4) Parental Expectations: Unmet and Non-verbalized Parental Expectations and Child Shame/Guilt

Figure 3: Family Relationship Sub-Categories
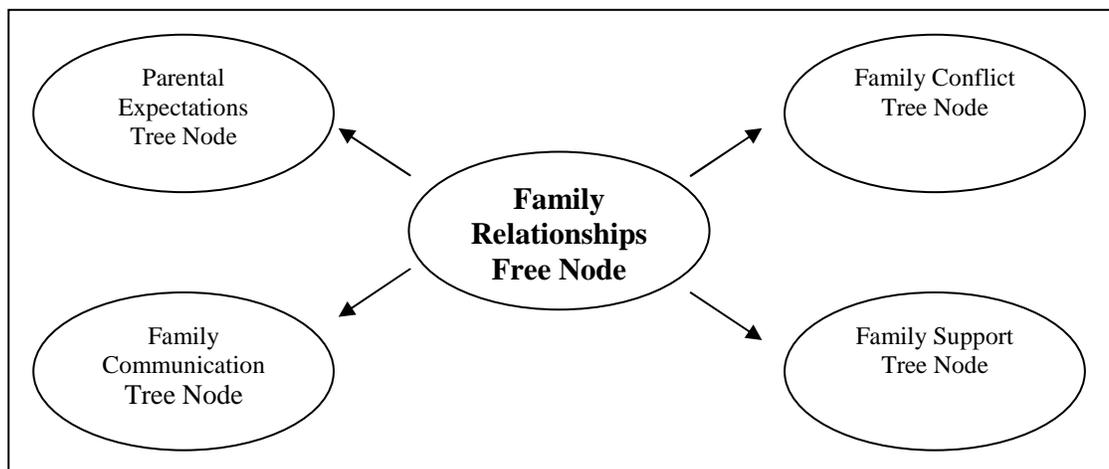
Family Communication

Participants illustrated various patterns of communication that existed in their families. Communication patterns fluctuated from high to low conversation orientation and passive/aggressive manners of communication. Furthermore, conversational topics between parents and children largely focused on academic/career issues and avoidance of personal issues. Finally, participants shared how their sibling had attempted to communicate about the painful thoughts and feelings he/she was experiencing before committing suicide.

In a few instances, it became clear that the father of the household had the most difficulty verbalizing feelings of closeness and largely resorted to communication based on criticism and discipline. This concept is termed Father Speak (FS). FS indicates difficulties fathers had verbalizing thoughts/feelings as well as aggressive styles of communication as a predominant form of communication.

Theme A: Conversation Orientation

Difficulties parents had discussing personal emotional/mental issues with their children was characteristic of some families. Most parent-sibling discussions were about academic/career issues and were often limited to only those subjects. **Shaila** exemplifies how her parents were very involved in certain areas of their children's lives, such as academics and career, but were very dismissive about socialization and management of emotional and mental health problems.

> She (mother) was deeply involved and was the reason I applied to go to college early and stuff like that, so I can credit her with that. But there wasn't a lot of involvement in the other aspects of life (low conversation orientation)…They're very uncomfortable with that (emotional/mental health issues).

Of further interest is **Shaila's** explanation when asked why she believes her parents avoided these types of issues.

> I don't know, probably because they're not used to it. They were never taught how to do it. They were never taught that was part of their job (low conversation orientation). You know, they thought if you provide all this stuff, the kid grows up. And, they're not particularly in touch with their own emotions and their own stuff, so how could they help somebody else with that?

> Similar communication challenges were experienced in **Taraka's** family.

However, low conversation orientation in her family was characterized by a one-sided channel of communication:

> You know it's funny because it's (family communication) something that we still struggle with today. I don't think our dialogue ever really progressed that much and unfortunately the dialogue was always pretty one-sided (low conversation orientation). And as children you don't understand because it was different from my American friends. My parents would be like, "well were you're parents and we tell you what to do and you need to follow and be obedient."

In this passage, **Taraka** describes communication within family as being challenging and characterized as having one channel of communication which was from parents to children.

> **Meena's** perspective in how her family communicated further depicts the avoidance of discussing personal issues:

> …they just didn't invite communication (low conversation orientation), meaning they didn't say hey, how was your day? Or how are things at school? Or how are you guys doing? Like they didn't initiate it, so I never really tried to.

The example **Meena** provides is consistent with challenges many Indo-American parents have in knowing how to address any emotional or social problems their children may be facing and this also may partially due to not understanding the cultural context that are often at the root of these problems.

> However, **Arjun's** family exhibited high levels of communication orientation and parental/family support as he states:

> She loved my parents very much and she was very close to both of them and had a very deep and special relationship with both of them that neither myself nor my older brother could ever come close to. She knew them intimately because she was so perceptive and because she asked hard questions of them and they felt inclined to answer (high conversation orientation).

Arjun's sister's suicide was primarily influenced by her mental illness and had an effect on her functioning in different socio-cultural environments.

Theme B: Father Speak (FS)

Another characteristic of family communication that shaped the home environment was the passive/aggressive manner that parents and a few suicide victims expressed themselves. FS, which again is characterized by both passive/aggressive

communication and absence of communication, was evident in **Kapil's** description of

family communication as he states:

> My father definitely was not a talker. He was pretty closed mouthed and kind of
> old-fashioned. He was kind of, um, traditional in a lot of ways. He never talked
> about his feelings (FS) really and we kind of always knew what the expectations
> were without really having to talk about them a lot. My mom was much more the
> talker but even she wasn't a big talker in terms of emotions, but she would be the
> one in tune with what's going on, "how are you feeling? What do you need?"

This passage illustrates **Kapil's** father's lack of communication about expectations which

his father believes should have been inherently understood by his children. Shown here

is an example of how passive communication creates emotional distance and weakens

family bonds. In addition, **Kapil's** father's style of discipline was also rooted in passive

communication.

> My dad wasn't much of a yeller, he was more of a freeze-out, he wouldn't talk to
> ya, you just knew he wasn't approving. And he'd tell my mom and she would tell
> us (passive communication). So that's how the communication went.

Aggressive communication was also characteristic of families in the study and resulted in

increased tension in the household. An example of aggressive communication is found in

Taraka's description of her brother's reaction to their father's continual disapproval of

his career choice:

> There was a lot of screaming, like a lot of his (suicide victim) feelings came out in
> these fights where we would be screaming, and "you don't understand what I
> like" and "you should do…" it was a lot. I mean we were very much a yelling
> family which I hate, and I don't like this whole yelling thing but we were a very
> vocal family to a point where it's very upsetting.

This passage illustrates the anger **Taraka's** brother had towards his father when his

father was not supportive of his interests and pursuits.

Passive and verbal aggression was both an expression of anger and a way to create distance between suicide victim and family. **Shaila** provides an example of this here:

> My sister fought with them a lot (aggressive communication), about what I'm not totally sure…But even my earliest memories of her is that she was not easy to be around, she was angry a lot, she was easily upset, she was sullen, she would avoid all of us by staying in her room (passive communication).

The exchange of emotional expression **Meena** had with parents during these volatile exchanges created more distance between them and did not build intimacy.

Theme C: Suicide Ideation Verbalizations

Participants indicated their sibling had communicated thoughts/feelings of suicide prior to their final attempt. Previous research findings state that suicide victims often communicate their intentions to end their life (Beck & Lester 1976). However, participants also share how their siblings masked their pain towards the end of their lives by avoiding communication about themselves.

Shaila's response when asked about if her sister communicated her suicidal ideation/feelings towards the end of her life is stated here:

> **Did she ever talk about suicide with you?**
> She did, you know, but she never did anything. She would call and want to get into these really long conversations. So a couple of times she would start the conversation by saying she was going to kill herself….I would be on the phone with her for 6 or 7 hours, just listening and asking questions and it was really going nowhere.

Meena further recounts times in childhood when her sister would talk about suicide provoking fear inside **Meena**:

> I mean she would say something dramatic things, not like signs necessarily, because it was when we were younger when she would say things like "I'm going

to try to kill myself"and things like that. I would get all scared and worried and she would say "you better not tell mom or dad" like that kind of thing. So she would tell me these things and then like swear that I wouldn't tell my parents and stuff like that.

Kapil's brother verbalized feeling of being a burden on his mother which exacerbated his

guilt towards the end of his life.

Then he started saying things to her, not to anybody else, but to her "I'm just a burden on you now, I don't want to be that." So she wouldn't leave him alone at all because she was afraid he would do something.

Chaya recalls times when her brother did communicate, although infrequent, about his

suicidal ideation. Although some communication was present, suicide victim had strong

beliefs of low self-esteem and self-worth internalized already.

I think he talked about it a little bit with my sister. He mentioned like especially before he committed… he mentioned some things to me and even right before his suicide.

An example of how **Chaya's** brother's communication masked his intention to kill

himself through avoidance is described in the following quote:

I think he masked a lot of how he was feeling and how he was dealing with things. Ultimately I don't think he was very honest about a lot of things, like how he was coping, how things affected him, how his meds affected him…. In the end, I don't think he communicated well. At a time when even my dad would be very open to him, very honest, we were trying to get that level of honesty from him so we could help him but he sort of did the masking thing right up until he died.

Taraka echoes her brother's denial and masking of his internal struggle as she states:

At 23 years old you can fake a lot of stuff. You can lie really, really well at that point. So my parents only had inkling, I mean they only had a small idea. But when I visited, I went back and told my mom, "I don't like his environment. I don't think it's good." I'm a big tattletale, you know, I was just like "I don't like it." And at that point we were like "why don't you move out why don't you go back to the dorms; we can get you another apartment." He was like "no, I want to stay close to these guys." Three months later he was dead.

Taraka further states that although there was communication that occurred between her

brother and the family, her brother became very skilled at masking his feelings of pain

and confusion.

Figure 4: Family Communication Sub-Category and Themes
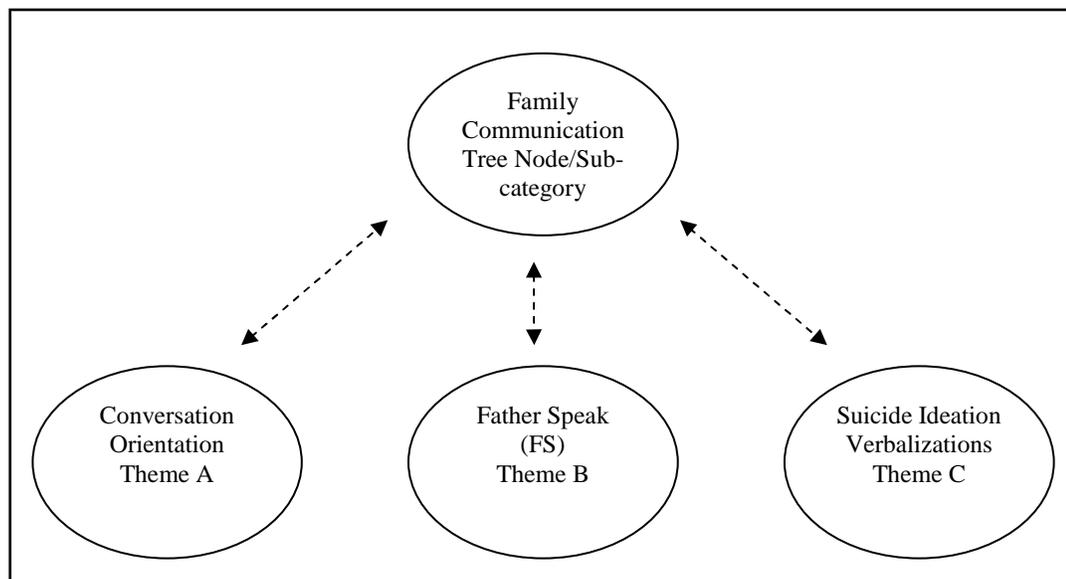
Family Conflict

Theme A: Parental Conflict

Previous findings specific to parental conflict and youth suicide are very scarce.

Most research uses terms such as "family dysfunction" and encompasses parental conflict

within that category. In the current study, parental conflict was found in some home

environments. **Shaila** recollects her parents did not hide their verbal aggressions towards

each other:

> Communication was not good I would say um, when I was young like my earliest
> memories there was a lot of fighting, my parents fought a lot, they fight now
> although I think they got so old I think they're tired of it, but when I was young
> they fought a lot

Kapil exemplifies parental conflict due to traditional role and child-rearing conflict in the

following passage:

> Overall it was good, but there were definitely strains in it - - (parents'
> relationship) - -. One of them was us. My mom always had to be the mediator and
> my father would be like "why aren't the kids behaving like they're supposed to"
> and my mom would be like "you have to understand that kids in this society are
> different than what you're used to" (child-rearing conflict)….he was very
> traditional in that he was going to make all the decisions about everything
> important…. My mom didn't always like that so there were strains about
> traditional roles of a wife that she didn't want to do all the time (traditional role
> conflict).

Taraka reinforces these conflicts in her family has well:

> So there was a lot of fighting between my parents, what my father expected his
> children to be. It was my mom's responsibility to produce children like that, not
> physically produce children like that but actually rear children like that (child-
> rearing conflict).

Meena discusses the impact her parents' conflicts had specifically on her sister:

> Their fights were very intense. My mother and father would sometimes fight
> about my older sister too because my father would always come in defense of the
> kids and my mother would resent that (child-rearing conflict).

Conflicts at home created an environment where suicide victim played the role of

scapegoat and her father was the nurturer who often tried to shield suicide victim from

her mother.

Theme B: Sibling Conflict

Examples of sibling conflict that contributed to overall family conflict are

interspersed in the interviews as well. In **Shaila's** family's case, her sister was often very

hostile towards her siblings and herself:

> She was living with this guy, and I went to stay there, and they got into a fight and
> he hit her in front of me. So I told my parents and she had to move out and soon
> after that she got really angry with me. A couple of times in college, she would

vacillate between really wanting to talk to me. She would call me and talk for hours and hours, or calling me to tell me how much she hated me.

Meena also describes her sister's relationships within the family as very strained and volatile as she states:

> She was never as mean to other people as she was to us. I can say this stuff bluntly now, it's been six years. She was not nice to me. I don't have memories of her doing nice things for me or with me. It was always a kind of an adversarial, tense relationship.

Children often lean on each other when they have conflicts with their parents. However, when sibling conflict is also prevalent, it makes it much more difficult to find solace at home.

Theme C: Conflict-Resolution

An important finding that needs to be further investigated is how conflicts were managed within families. Understanding the nature of these conflicts and interactional roles family members played could serve to be useful for mental health providers.

Chaya recalls a conflict that occurred between her brother and father that escalated to her brother and mother moving out. Contained in the description are previous themes of Father Speak and child-rearing conflicts.

> A fight broke out where my dad was getting on my brother's case and my mom was really defending him. She was like "if this is how it's going to be then I'm going to go". My mom got into one of the cars and my brother was like "if you're going I'm going with you." My dad was trying to block the driveway so they couldn't leave…. They actually went to a hotel and stayed for three days (conflict-resolution) and she wouldn't come back home until we all sat down and talked about it.

Chaya's mother saw her role in the family as being protector of her son which caused conflict with **Chaya's** father who was always verbalizing his rejection of children due to their not meeting his expectations.

Shaila's description of a family argument occurred after her sister attempted to

overdose when her parents were trying to give her care as she states:

> She got crazy angry with them (parents) and started this huge fight…. So there
> was this big fight and everybody was fighting with her so I asked her to leave,
> which nobody would ever do. Everyone would just keep fighting with her and go
> on and on (conflict-resolution)….So everybody was fighting and I said "I think
> you should leave" and I actually walked to the door and I was like "I think you
> should go" and I told her husband "I think you should get her out of here," and
> she left.

It is obvious conflicts like these can powerfully exacerbate the feelings of sadness and

hostility that are commonplace with a suicidal individual. For health care providers to

effectively intervene, further research needs to be done to more fully understand the

impact of family conflict conflicts have on the psyche of a suicidal individual.

Figure 5: Family Conflict Sub-category and Themes
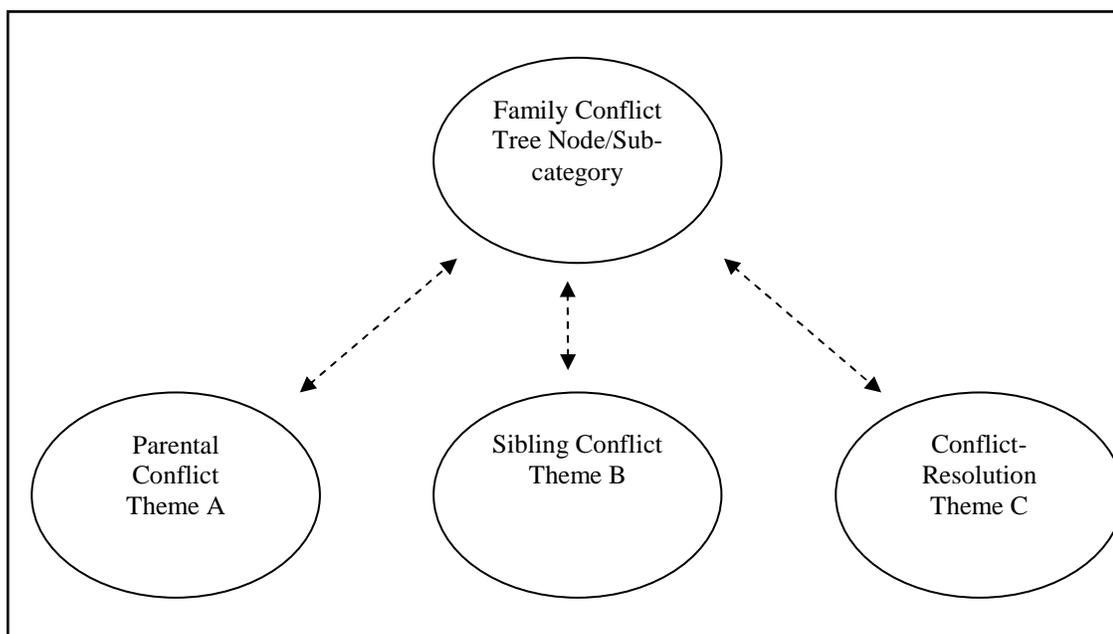
Family Support

Family support has shown to be an important protective factor for suicide (Leong, Leach, Yeh, & Chou, 2007). Participants recounted experiences that informed types of relationships suicide victims had with parents. Interviewees recalled significant connections both they and their parents had with their sibling who died by suicide. Therefore, it is possible to have an environment where family support is present, but not visible or accessible to the suicidal individual because of his/her internal processes. This reinforces the need to look at suicidality from a multitude of viewpoints.

Theme A) Parental Support

An example of significant parental support is found in **Taraka's** description of her mother's relationship with her brother:

> Yeah all of us were closer to our mom than our father just because she was there. But of all of the 3 children he was mom's favorite. I mean even growing up, even when he started to have some issues, we knew mom's attention would be on him and we were ok with that because he required that.

Arjun portrays high levels of parental support in his family pointing to protective factors that were present for his sister:

> My parents just wanted us to be really happy and really good at what we did and that's universally Indian. The parents really want their children to achieve and they have ambitions for their children and stuff, but my parents were really understanding and loving (parental support) about that and they didn't push too hard because we all had a natural inclination to wanting to do well.

Because parental support is discussed as a protective factor in previous research, understanding what led to **Arjun's** sister's suicide requires more in-depth analysis.

Another aspect of parental support that was present was the financial support that **Meena's** parents provided for the children:

And they were pretty supportive with the financial thing too, although my father was the one who was kind of …after paying for a pretty expensive private school for my older sister, he was like "don't go to an expensive school". So he was a little more intense about school costs, but my mother never was.

As previously stated, because most support revolved around a few subjects deemed important by parents, such as career/academics, support in other areas, such as personal issues, were often overlooked.

Theme B: Sibling Support

Participants recalled their own relationships with suicide victims portraying strong connections they had with suicide victims. **Kapil** states he played a parental-role for his brother as he poignantly states:

I guess being the oldest I did a lot of caretaking. I put him to bed and sometimes I would be the one who woke up in the middle of the night and feed him. I was somewhere between a parent and an older brother.

Arjun also points out the close relationship he had with his sister as he states:

My sister was one of my best friends and we were deeply communicative. She read to me, and I was really, really lucky for many years. She got me started creating and acting. She actually taught me how to be tough and showed me how to ride a bike. Every single thing that my mother and father might have done when they were younger, she took care of. She was one of my best, best friends.

Arjun's relationship with his sister mirrored the parental relationship his parents had which was also exemplified by open-communication and close family support. **Shaila** recounts a period in her life when she and her sister had a close connection:

There were periods when she talked to me when I got a little older. When I was in high school she kind of befriended me for a little while. At that time I didn't know what they (parents and sister) were really fighting about and I felt so alone myself that I was really happy to be included.

Although **Shaila's** sister's relationship with her became a bit closer as they aged, it was

often time-limited and levels of intimacy did not progress past a certain point. This

speaks to difficulties suicide victim had in developing close relationships with family

members.

Figure 6: Family Support Sub-category and Themes
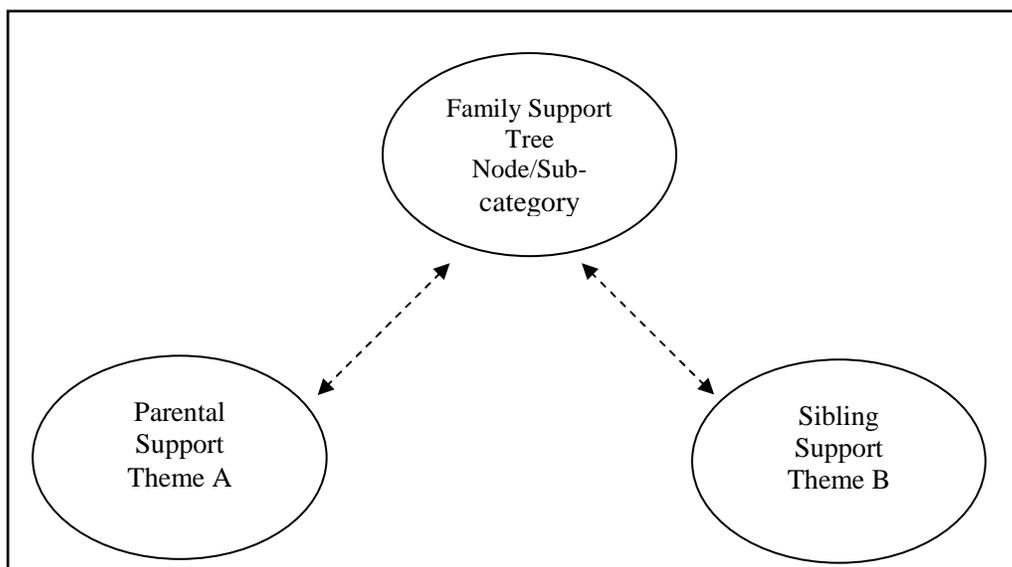
Parental Expectations

Along with family communication, parental expectations were a very large part of

the family relationship variable present in many stories. Unmet and non-verbalized

parental expectations appeared to be most problematic in lives of the suicide victims due

to the guilt/shame internalized for not meeting these expectations.

Theme A: Unmet and Non-verbalized Parental Expectations and Child Shame/Guilt

Chaya encompasses how unmet parental expectations produced internalizations

of child shame/guilt in the following passage:

> My dad made us feel ashamed (child shame/guilt) for the way we were and holding us to standards that I don't think were true standards (unmet parental expectations). When he held us up against kids who got these trophies, it was not a really good standard of measurement.

This passage accurately describes the internalization of shame and guilt for not meeting their father's expectations who was seen as the head of the household and idealized as a standard of perfection by suicide victim. **Taraka's** dad focused on the children of his peers as a way to gauge the standards he should have for his children; this approach contributed to Taraka's brother's difficulties.

> My dad is a person who is more influenced by his friends than anybody else. So if his friends' children were exceeding in tennis or sports he really wanted us to and that was his gauge (unmet parental expectations). It wasn't really what he wanted or what his past was, it was the gauge of his social environment. So for him to see his friends' children excel in sports became a lot of pressure on us (child shame/guilt).

Taraka describes the impact non-verbalized parental expectations had on her brother who died by suicide as she states:

> It's just the way it was and my brother was influenced by what he thought my father wanted (non-verbalized parental expectations). So all of his activities past 14 were kind of catered to what my father kind of wanted. So if my dad's friends' kids were going to boarding school then he wanted my brother to go to boarding school, which he did because he wanted to cater to my father.

The above passages indicate the difficulties the children had in living up to standards of perfection in all areas of life, most notably, academics and athletics. Understanding and intervening in areas of meaning-making and internalization process can help prevent the onset of depression and/or suicidal ideations. The following model (Figure 5) illustrates associations between family support and parental expectation sub-categories and themes under the family relationship category.

Figure 7: Parental Expectations Sub-category and Themes
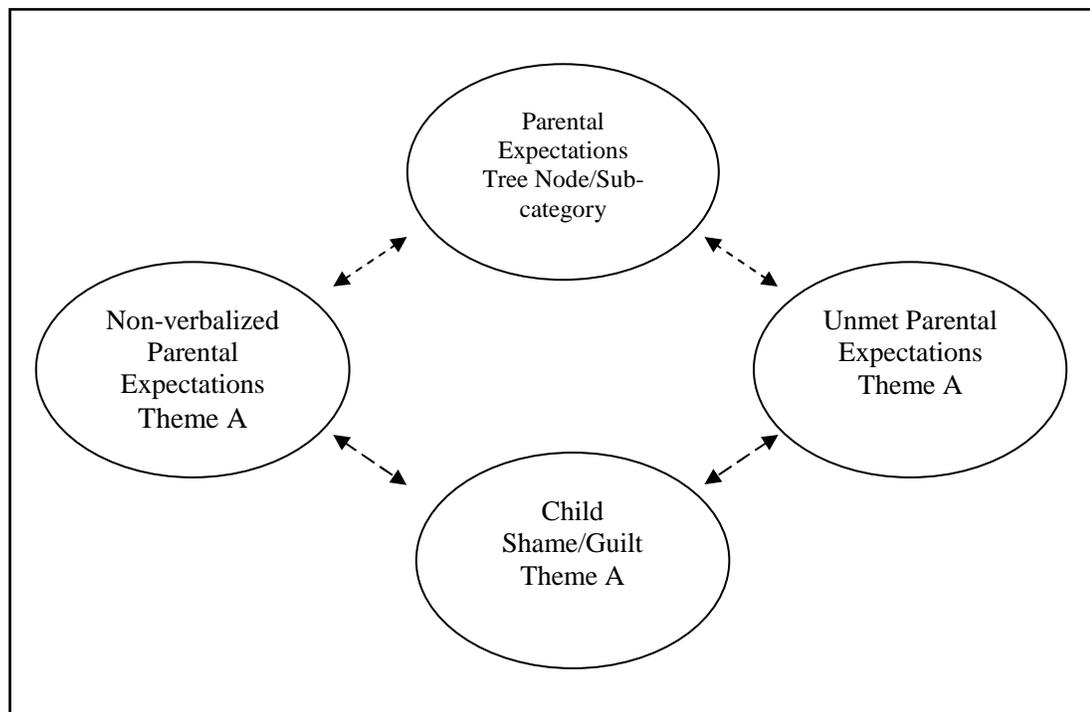
Summary of Findings

The analysis of research questions yielded twelve new concepts derived from three free nodes/categories and eight tree nodes/sub-categories of the study. Themes were organized as appropriate and depicted smaller nuances of information within the sub-categories. The findings provide useful indicators for further research – as noted in chapter Five.

CHAPTER FIVE

DISCUSSION AND RECOMMENDATIONS

The purpose of this chapter is to interpret findings and discuss how they relate to previous research. I will interpret participant responses highlighting significance of the results by comparing them to previous research findings. Then, implications for Social Work practice will be outlined. Discussion of strengths and limitations of the study and suggestions for future research will follow.

Acculturation

Assimilation, Separation, Integration, and Marginalization

Comprehensive findings reflect acculturation attitudes: assimilation, separation, integration, and marginalization fluctuated in families under investigation. Integration was the preferred way of acculturating by children although parental influences had implications on acculturation processes as well. Separation was maintained by parents who practiced Asian Indian customs at home such as observation of auspicious holidays and eating Asian Indian food. However, participants reported their understandings of "being Indian" meant retaining cultural values. Examples given were respecting elders and excelling in academics/careers; values which were also retained by their brother/sister who died by suicide.

Generational differences in acculturation may also exist because parents and children adapt at different rates and emphasize different cultural elements to reconcile

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with dominant culture (Kwak & Berry, 2001). Resolving acculturation conflicts would require a collaborative process between parents and children that is uncommon in traditional Asian Indian families. However, if parents are aware of potential suicide risk factors of acculturative stress, they may be more willing to initiate dialogue about cultural conflicts. Exploring experiences that (a) lead to feelings of marginalization and (b) seeks to understand how these experiences created meaning, suggests an interesting research direction.

Theme A: Environmental Context and Ethnic Identity Formation

Findings suggest acculturation was influenced by personal, family, and environmental traits. Each context was a major factor in development of ethnic identity as well. Cultural traditions, values, and beliefs, were primarily instilled in 2nd generation Indo-Americans by parental modeling. These ethnic traits were difficult to express in homogeneous communities that are void of diverse cultural symbols or institutions. Conversely, representations of ethnic diversity in dominant cultural environments created non-threatening conditions conducive to acculturation and healthy ethnic identity development. Accordingly, Berry et al's. (2006) research found successful acculturation appeared to be a process where individual and environmental factors positively influenced the ability to form social bonds and find acceptance.

This knowledge can assist suicide prevention in a number of ways. For example, when exploring factors contributing to an increase of Indo-American suicides in a specific geographical location, it would be useful for public health officials and social scientists to investigate how/if cultural diversity is represented in the community.

Addressing any significant acculturation obstacles will contribute to ethnic-friendly

environments providing safe conditions for Indo-Americans to acculturate.

Acculturative Stress

Family Communication

Acculturative stress findings further indicate family communication, parental

expectations, and racism/discrimination were central influences in children's experiences.

Family conflicts ensued when there was a lack of communication between children and

parents about acculturation processes. Specifically, when children were unaware of

parental expectations and when parents and children did not communicate about

acculturation, acculturative stress resulted. Mixed messages about assimilation (which

dominant norms were okay to adopt) and separation (which ethnic norms were expected

to be retained) created confusion for children. Experiences of racism/discrimination

produced acculturative stress that was exacerbated by avoidant communication about

these topics in families.

Theme A: Low Conversation Orientation and Unmet Parental Expectations

Low conversation orientation and unmet parental expectations were characteristic

in descriptions of acculturative stress. Acculturative stress multiplied when children felt

ostracized in dominant community for not assimilating enough and ostracized at home for

not separating enough. Connections were most visible when: 1) parents did not

communicate expectations to children about how much ethnic culture to retain ignoring

dominant cultural norms their children had already adopted and 2) parents expressed self-

blame and guilt in front of children for not doing a good enough job instilling Asian Indian culture in them triggering guilt/shame in the children.

Furthermore, children also experienced acculturative stress when family conflicts resulted from parents not understanding the difficulties their children had acculturating. Children are likely to experience increased levels of acculturative stress in families that do not communicate about cultural conflicts. Shearman & Dumlao (2008) discuss this in their research concluding that families with low conversation orientations would prefer an avoidant stance as a way to manage conflict.

Durkheim's (1897) perspective on anomic suicides explains some cultural dynamics present in the Indo-American family environments described in the study. In most cases, the Asian Indian parents were from conservative backgrounds that are traditional in collectivistic Indian society. However, after immigrating to the United States they confronted a more individualistic American society that had less social regulation. This dynamic became magnified when parenting their 2nd generation, Indo-American children who were highly influenced by dominant culture. Therefore, a conservative background combined with a distortion of cultural values Asian Indian parents experienced in relaying values and norms to their children induced a breakdown of social structures that are associated with Durkheim's perspective on anomic suicide. Consequently, Indo-American youth who have difficulties integrating into the American culture due to the conflict between collectivistic and individualistic values may be more likely to engage in self-destructive acts such as suicide.

Theme B: Racism/Discrimination

Experiences of racism/discrimination triggered acculturative stress and were experienced as assaults on cultural identity. Family communication was sorely lacking in stories that reflected these experiences but is crucial when discussing racism and/or discrimination so parents can assists their children heal from these experiences. Ethnic immigrants who experience racism/discrimination require finding ways to cope with substance factors (interpersonal conflict, social exclusion) and consequences (anxiety, sadness, anger) (Brondolo et al., 2009). Increased knowledge about effective coping skills would add to public health interventions aiming to assist minorities who have experienced racism/discrimination in their communities.

Family Relationships

Family communication and parental expectation variables significantly influenced family conflict and child shame/guilt. Specifically, unmet and non-verbalized parental expectations and low conversation orientations were characteristics of parental expectations and family communication variables, respectively. Although protective factors of family support were present, individual characteristics of exacerbated self-obsession, low self-acceptance, and self-isolation appear to have prevented suicide victims from utilizing these supports at the end of their lives.

Family Communication

Theme A: Conversation Orientation

Consistent with previous research findings, family communication played a central role in family structure and served as a risk factor for suicide (Carrigan, 1994,

Gehlot & Nathawat, 1983, O'Donnell et al., 2003). In the current study, family

communication was characterized by low conversation orientation and FS. These

constructs were found to be influential in narratives of suicide victims.

Conversation orientation refers to the range and content of conversational topics

that children perceived as being acceptable subject matter to communicate about with

parents. Participants recounted one-sided channels of communication from parents to

children as well as parents avoidance of discussing issues related to mental/emotional

health. Furthermore, low conversation orientation led to personal distance children felt

from parents resulting in avoidance of help-seeking when confronting personal issues. In

most participant narratives and consistent with previous research (Miller & Day, 2002,

O'Donnell et al., 2003, Shearman & Dumlao, 2008), high-conformity orientation (rigid

boundaries of conversation), low conversation orientation, and difficulties seeking help

for personal issues contributed to perceived lack of parental support by children.

Theme B: Father Speak (FS)

Major difficulties stemming from FS were inabilities or minimizations fathers

displayed relating to experiences of their children on emotional, social, and cultural

levels. Communication was often aggressive and critical due to unmet expectations in

areas of academic and career success. Thus, "learned helplessness" is operating if Indo-

Americans' at-risk for suicide model this FS way of communicating and coping with

painful feelings. Unclear messages about acceptable manners of communication can

make it difficult to learn how to identify and articulate feelings associated with suicide.

Family Conflict

Theme A: Parental Conflict

Participants reported parental conflicts increased anxiety and tension at home resulting in elevated stress children experienced. A detrimental aspect of parental conflict was poor judgment parents exhibited when arguing in front of their children. Problematic boundaries and emotionally volatile communication ensued. Furthermore, when mothers were blamed by fathers in some instances for children's lack of obedience it was attributed to incompetent child-rearing practices

Research by Patel, Power, & Bhavnagbi (1996) examined socialization values and practices of Asian Indian immigrant parents. Specifically, variables of modernity, acculturation, and time in the United States were investigated as predictors of socialization values and practices. Indicative of child-rearing conflicts described above, a consistent finding was Asian Indian mothers were more open to children adopting American cultural characteristics than Asian Indian fathers who increased pressure on children to retain traditional ethnic norms.

Theme B: Sibling Conflict

Sibling conflict was present in households where parental conflict was also the norm. Conflicts between siblings resulted from difficulties establishing healthy boundaries and emotional-regulation challenges. High-levels of volatility at home contribute to emotional/mental strain of all family members and increased family stress. Also, if one child was responsible for instigating most family conflicts, siblings would be

forced to cope with less attention and an unstable home environment. It is clear to see how these factors would contribute to contentious sibling relationships.

An important question resulting from descriptions of sibling conflict are do sibling-parent conflicts increase suicide risk more than sibling-sibling conflict? Previous research on family conflict and suicide risk rarely focused specifically on either parental or sibling conflict. Usually, family conflict is a vast umbrella which these dynamics fall under. Increased identification of suicide risk factors in specific family relationships (e.g., father-son, mother-daughter, brother-sister) will add to richness of data for future theory formulation.

Theme C: Conflict-Resolution

Conflict-resolution is significant to understand illustrating another facet of family conflict where more research needs to take place. A shared characteristic of conflict-resolution were different roles each parent played during conflicts. One parent was the nurturer and one parent was the antagonist. A major emphasis in healthy parenting is both parents having to be united in child-rearing (O'Leary, 1995). Furthermore, Boll, Ferring, & Fillip's (2005) research on differential parental treatment informs us that differential treatment of siblings can have detrimental impacts on qualities of parent-child relationships. Children perceiving sibling favoritism would likely experience deterioration of positive relationships with parents. In the cases interviewed, it is not difficult to see how this may have contributed to weakening of mental/emotional stability in an at-risk Indo American.

Family Support

Theme A: Parent and Sibling Support

Parental and sibling support appeared to be influential in suicide victims' personal development. In all cases, suicide victims both received, and at times, provided some form of family support. Parental support manifested itself in forms of academic/career and financial areas. Parents who gave freedom to their children to pursue academic and career paths exemplified parental support. Furthermore, suicide victims experienced family support when parents inquired about mental/emotional health issues.

Narrative accounts by participants reflect suicide victims may have perceived an absence of parental support during adolescence and young adulthood years. This is consistent with previous research that found high levels of suicidal ideation and behavior associated with low family support when researching at-risk adolescents (Randell et al., 2006, Sharaf et al., 2009). Suicide risk increased when adolescent children experienced a lack of connection with their family during these crucial developmental years. In some cases a lack of connection occurred due to not meeting parental expectations regarding acculturation or academics and in other cases a strong, supportive connection was never established between parents and children.

Sibling support presented itself in all cases as well. Suicide victims had strong connections to their siblings in most instances. Connections were characterized by shared communication channels about emotional/mental health issues as well as common experiences siblings shared together growing-up. Suicide victims may have experienced increased bonding with their siblings due to shared challenges coping with acculturation

issues as well as managing relationships with parents. Increased research about family support as a protective factor for suicide can highlight significant ways at-risk Indo-American children perceive support from their parents and siblings.

Parental Expectations

Theme A: Unmet and Non-verbalized Parental Expectations and Child Shame/Guilt

Previous accounts of detrimental consequences resulting from parental expectations and FS were illustrated in chapter four. However, what needs to be mentioned is that in their very nature, parental expectations are not damaging in any way. High expectations often lead to high results. However, when parental expectations are communicated without perceived unconditional parental support, high expectations can become destructive forces in children's lives (Chang, 1998, Dundes, Cho, Kwak, 2009, Shigehiro & Helen, 2005).

Parental expectation of child obedience is a very strong ethnic characteristic in Asian Indian families. Incongruent values between parents and children regarding child obedience led to family conflict. As already discussed, family conflict resulted from parents not verbalizing expectations to children about what ethnic cultural norms to retain. Children often acted independently disregarding these expectations. Parents dealt with this rebellion by further criticizing children negatively impacting their self-esteem.

Indo-American children who fall short of parental expectations often experience shame/guilt. The energy it takes to carry this shame/guilt compromises optimal performance. In some of the interviews, it is clear to see how shame/guilt lowered self-esteem and led to at-risk Indo-American youths to pull-away from a vital support

network that he/she was striving to please. Understanding and intervening in areas of meaning-making and internalization processes can help prevent the onset of depression and/or suicidal ideations.

Definitions and views of accomplishment varied widely between parents and children. Communication problems between parents and siblings resulted in conflict due to lack of awareness children had about parents' expectations. Furthermore, it can be understood that non-verbalized child expectations that parents support their extra-curricular interests contributed to family conflicts. In other words, because children expected parents to know their unfulfilled needs, lack of communication led to faulty assumptions weakening family bonds in the process. Therefore, clinicians working with Indo-American families need to be aware of faulty assumptions made by both parents and children for healthy family communication to flourish.

Joiner's (2005) premise that both desire and capability are necessary for people to kill themselves was reflected in cases of Indo-American suicide. As already stated, unmet and non-verbalized parental expectations led to child shame/guilt in many cases of Indo-American suicide. Therefore, in conjunction with Joiner's (2005) hypothesis, it is possible that the desire to commit suicide was rooted in the suicide victim's feeling isolated with painful feelings of shame/guilt as well as his/her distorted view of being a burden to his/her parents. Further, a breakdown in family communication would prevent faulty assumptions by the suicide victim to be effectively addressed and invalidated. Although Joiner's (2005) pre-condition of developing a fearlessness of death was not found in participant descriptions, investigating suicide habituation resulting from

previous suicide attempts is a future area of research that would further support this theory.

Research Implications

Indo-American suicide in the United States encompasses numerous underlying layers, many of which are unknown. The dearth of research findings has already been emphasized and has resulted in limited practice and research effectiveness. Clinical social workers intervening with Indo-American clients at-risk for suicide have a shortage of information about cultural and family influences to inform their practice. Given the significance family and culture have in identity formation, it is likely these issues will surface in therapy.

A specific practice implication is the increased understandings clinicians will have about detriments in family functioning that may be exacerbating emotional/mental distress of a suicidal Indo-American client. For example, family therapists working with an Indo-American family experiencing parent-child conflicts will have descriptive data illustrating family communication traits, such as low conversation orientation, that may be a potential factor for conflict. Furthermore, clinicians working with Indo-American youth experiencing academic problems will further understand potential risks and conflicts caused at home by this situation.

In addition, factors leading to cultural marginalization, such as family/social rejection and parental acculturation attitudes can further be understood by clinicians leading to increased empathy. An Indo-American youth will likely feel a stronger connection to a clinician, regardless of ethnicity, if he/she portrays an understanding of

family, social, and environmental pressures of growing-up bi-culturally. Clinicians that are able to help suicidal Indo-Americans access and understand internalized negative belief systems, have a greater chance intervening and helping their client regain control of spiraling thought patterns indicative of suicidal psyches.

The current research will also have implications for Social Work education. Foundational courses such as Human Behavior in the Social Environment (HBSE) and Ethnicity, Race, and Culture can be strengthened by knowledge from this research. Within HBSE, various theoretical models are taught and this research suggests its theoretical components can be useful in understanding cultural variables and suicidal ideation/behavior. Furthermore, social work students in Ethnicity, Race, and Culture classes would need to learn about each race and culture, including the Asian Indian culture. This research contributes, in a modest way, to Social Work education.

Finally, a significant implication for Social Work professionals is found in areas of community development and policy. Advocacy for increased resources concentrated towards diversity programs and multicultural policies in largely homogeneous environments with ethnic communities can contribute to safe acculturation environments. Also, educational policies can be more inclusive of ethnic minorities by expanding curriculum that increases awareness of multicultural populations in American society. Because this research's findings indicate racism/discrimination leads to acculturative stress, a risk factor for suicide, schools can incorporate zero tolerance policies and/or School Social Workers could be more aware of the impact racism/discrimination has on an ethnic minority individual's psyche.

Strengths and Limitations of the Study

Strengths of the study are congruence between research topic, data collection, and data analysis. Because the research is an exploratory investigation of an understudied phenomenon, semi-structured interviews elicited rich data. Nuances of socio-cultural environments were accessed through researcher-constructed interview questions. Furthermore, qualitative studies utilize inductive reasoning whereby units of measurement provide foundational bases to arrive at theoretical formulation consistent with the goal of this research.

Grounded theory strategies further strengthened methodological aspects by providing a framework of analysis for abstract and vague concepts. Theory is produced during data collection stages and refined throughout the research. Flexibility between theory and data interactions allow for critical analysis. Differentiations between variables allow researchers to compare and contrast categories and themes as they surface during analysis (Neuman, 2000). Finally, grounded theory encourages rigorous data analysis to mitigate researcher bias, especially important in the current study.

At first glance, the most noticeable limitation of the current study appears to be the small, non-random sample. Data gathered from six participants study cannot be generalized weakening reliability of findings. However, generalization of data was not the goal of this research. The goal of this research was to explore and elicit descriptive data adding to a limited theoretical base, not generalize findings.

More applicable limitations of this research are confounding variables, lack of previous literature findings, and reliability issues in psychological autopsies.

Confounding variables include birth order, age differentiations between suicide victim and interviewee, gender, time between suicide and interview, and mental illness/substance abuse issues. Although all of these factors have potentials to skew data, mental illness/substance abuse is most confounding due to influences and presence of each affliction in suicide victims' lives. However, because this research focused on socio-cultural aspects which are not as abundant in research findings these factors were not focal points of the study.

Second, a shortage of published findings about research variables and Indo-American suicide required the researcher to draw on studies in foreign countries where more research of this type has been conducted. More published research findings in the United States would have improved refinement of information allowing the researcher to compare present findings with evolving theory. This is necessary to understand influences of specific socio-cultural contexts on complex behaviors, such as suicide.

Psychological autopsies have inherent characteristics that can cloud research data. Poulio & De Leo (2006) point to emotional/mental reactions of participants recounting experiences that were likely traumatic for them as a potential bias. Follow-up inquiries with participants, which this research did not employ, would add to triangulation of data. Finally, personal characteristics of the researcher are also likely to influence participant responses and are very difficult to control.

Internal validity is further challenged because construction of the interview guide was done by the researcher and based on previous literature findings about family and cultural associations to suicide. The instrument itself has not undergone rigorous testing

ensuring its accuracy in eliciting applicable information. However, the pilot study which resulted in appropriate interview guide modification mitigated against significant confounding.

Recommendations for Future Research

Increased sample sizes are will guide future research in areas of family, culture, and suicide. Before that can happen, however, similar research findings, as highlighted in this study, need to be articulated. Disseminating more data-rich descriptions of socio-cultural contexts of Indo-American suicide are likely to extract additional themes. An increase in themes will deliver concepts that have not previously been discovered to be utilized for theoretical constructions.

Recruiting other family members and friends is another area where future research can produce valuable information. Grandparents, parents, and friends can provide supplemental retrospective insights to cases of suicide. Consequently, descriptions can be tied to interview questions further strengthening internal validity. Researchers can also distinguish and differentiate perspectives of family members for triangulation of data.

Increased regional studies about Indo-American suicide would provide insight into similarities and differences in socio-cultural contexts. Common characteristics of suicide in different regions will strengthen theoretical reasoning and contribute to more effective interventions. Furthermore, national studies with large sample sizes will provide findings that can be generalized to larger populations. Increased resources can then be focused towards areas of research that are understudied.

Finally, future research needs to continue to explore interactions between internal and external components of suicide. As indicated in the current study, although risk factors were present in every case, so were protective factors. Contradictory findings require increased examination. Associations between internal components such as mental illness, substance abuse, gender, physical activity, as well as prior suicide attempts and external components, such as wider socio-cultural environmental contexts need to be studied to garner even more specific and effective interventions for Indo-American suicide. As is the case with any rigorous investigations, qualitative or quantitative, consistent research will add to literature findings, strengthen methodology, and refine data analysis and interpretation.

Conclusion

With suicide, the factors leading to the suicide are not mutually exclusive from each other. In other words, in families where there were painful, difficult, and challenging acculturation and family relationship issues, there were also elements of concern, care, and support alongside the things that were not too supportive. Therefore, an aspect of this study the researcher attempted to handle very sensitively was avoiding portrayals of blame on family members and/or suicide victims. Blaming the suicide victim for having personal characteristics or engaging in behaviors that may have exacerbated their suicidal risk is not intentional and certainly not suggested. Again, because research of this type cannot prove causality, investigations simply explored characteristics and were not meant to assign blame. What presents itself in data and

research findings alike is that suicides were influenced by individual, socio-cultural, and environmental characteristics.

Family communication problems, family conflict, and parental expectations are common in many families. Therefore, it is too simplistic to explain suicidal behavior by socio-cultural contexts alone. Previous research findings report mental illness in 88-95% of suicide cases (Poulio & De Leo 2006). Substance abuse and experiences of traumatic events have also been linked to suicidal behavior (Spence, Bergmans, Strike, Links, Ball, Rhodes, Watson, Eynan, & Rufo, 2008). Also, as indicated in this chapter, social rejection experiences are risk factors as well. Therefore, confluences of interpersonal relationships, cultural, family, and social factors necessitate further study. Primary motivations of these studies should be to increase effectiveness of interventions with at-risk Indo-American youth and help families/friends avoid losing their loved ones to suicide.

APPENDIX A

RECRUITMENT FLYER

RESEARCH STUDY ON SUICIDE IN THE INDO-AMERICAN YOUTH POPULATION

Purpose of the Research Study

Adults, whose sibling died by suicide while between the ages of 18-25 years, are invited to participate in an important research study that may lead to a better understanding of the nature and factors leading to the suicide of an Indo-American youth. The research aims to gain a better understanding of the role that family relationships and acculturative stress play by investigating the completed suicide of Indo-Americans aged 18-25 years.

Who is Eligible To Participate in the Study?

Adults who have lost a sibling to suicide may be eligible for the study.

Participants may be eligible if they…
1. **Have lost a sibling to suicide who was between the ages of 18 – 25 at the time of death**
2. **Are of Asian Indian origin**
3. **Have lived in the United States for at least 10 years**
4. **Must be adults aged 18 years or older**

Please check which of the following applies to you:

      A. _____I am eligible, **would like to participate**, and request that the researcher to contact me:

_____
[Name; please PRINT]

_____   _____
[Telephone Number]   [email address]

      B. _____I am eligible, **would like to participate**, and will contact the researcher within two days:

312-560-2454 [cell]   seshu98@hotmail.com.

      C. _____I am **not** eligible

What is involved?

1. Participants who meet eligibility requirements will be asked to participate in **semi-structured interviews** at the place of their convenience.
2. The interviews will last **45-60 minutes** with questions focusing on family relationships and acculturative stress in relation to suicide.
3. Results of all interviews are **confidential** and participants have the **right to withdraw at any time.**
4. Participants will be asked to sign a **consent form.**
5. There is no cost to participate.

Please drop this flyer in the box at the registration table as you are leaving the meeting.

APPENDIX B

BACKUP SCREENING CRITERIA

If, from the Recruitment flyer, a potential participant has inadvertently identified

his/herself as eligible and upon contact it is discovered that he/she does not qualify, the

following actions will be provided:

I will thank the individual for his/her time and interest in taking part in the study and

indicate exactly which criterion/ia he/she did not meet. For example,

> "Thank you for allowing me to contact you to further discuss this research project.
>
> Because you have been in the US for 8 years, we are unable to include anyone
>
> who has not been here for at least 10 years. Thank you again for your time and
>
> interest."

I will also ask the individual if they know of any other individuals who may be eligible to

take part in the study. For example,

> "Are you aware of any other family/ies that have lost a young adult age 18 – 35 to
>
> suicide who might be willing to hear about this study?"
>
> If so, would you please give them this flyer? Thank you very much."

Should the person indicate that they wanted to participate because they need help, I will

also provide a list of the self-help groups available in their geographical location.

APPENDIX C

CONSENT TO PARTICIPATE IN RESEARCH

Project Title: Sibling suicide in Indo-American families: Acculturation, Acculturative stress, and Family relationships
Researcher: Suresh Unni/LCSW
Faculty Sponsor: Brenda K.J.Crawley, PhD, Loyola University Chicago School of Social Work.
Introduction:
You are being asked to take part in a research study being conducted by Suresh Unni/LCSW for a dissertation under the supervision of Brenda K. J. Crawley, PhD, in the Department of Social Work at Loyola University of Chicago.
You are being asked to participate because you are an Indo-American who has lost a sibling to suicide.
Purpose:
The goal of this research study is to gain insight into relationships between family relationships, acculturative stress, and suicide. This interview will assist helping professionals to learn about suicide in the Indo-American youth population as well as intervene to help survivors-of-suicide.
Procedures:
If you agree to be in the study, you will be asked to:
Participate in an interview that will take approximately 45 to 60 minutes. During the interview you will first be asked general questions about home environment, cultural issues, and your brother/sister's suicide. Specific questions will be focused on the nature of family communication, parenting style, and pressures of parental expectations. Also, you will be asked questions about any cultural conflicts in the family and, if there were any conflicts, how they were handled by your sibling who died by suicide. This interview will be audio-taped with the researcher taking notes. All notes and audio-tapes will be kept in a locked file cabinet to which the researcher will have the only key. The results of your interview will be used to highlight any themes that emerge and, if published, to inform health practitioners and other researchers about this phenomenon for future suicide prevention interventions.
Risks/Benefits:
Recounting the suicide of your brother/sister may bring up uncomfortable feelings, however, by sharing your experience you will increase knowledge that health care practitioners and researchers can use to effectively intervene with a suicidal individual and/or survivor from the Indo-American population. A list of Illinois survivors- of-suicide support groups will be given to you at the end of the interview.
Confidentiality:
All of the information contained in this research will be kept confidential. The only limits to confidentiality, as required by the state of Illinois because I am a mandated reporter, will be is if you are an imminent threat to yourself or others, or if there is any evidence of child or elder abuse. Only information pertaining to these circumstances will be provided to authorities if needed.

There will be no connection between your name and your interview in any documents, audio-tapes, or notes. Your interview will be identified in the research by a coding system. Pseudonyms of your choosing will be used with the file containing your responses. There will be no mention of geographical location. The audiotape and the field notes taken during the interview will be kept in a locked file cabinet to which the researcher has the only key. All data will be retained for 3 years post-dissertation for use in future publications and then be destroyed.

Voluntary Participation:

Your participation in this interview is voluntary. Even if you decide to participate, you may withdraw from the interview without penalty at any point during the interview. You may also choose not to answer specific questions or discuss certain subjects during the interview or to ask that portions of our discussion or your responses not be recorded on tape.

Contacts and Questions:

If you have any questions about this research project or interview, feel free to contact Suresh Unni, LCSW at cell #312-560-2454 or the faculty sponsor, Brenda K.J. Crawley, PhD, at 312-915-7008.

If you have questions about your rights as a research participant, please feel free to contact the Compliance Manager in Loyola's Office of Research Services at 773-508-2689.

Statement of Consent

Your signature below indicates that you have read and understand the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.

_____   _____

Participant's Signature   Date

_____   _____

Researcher's Signature   Date

Audio/Visual Aid Consent
I consent to have this interview audio-taped.

_____   _____

Participant's Signature   Date

_____   _____

Researcher's Signature   Date

APPENDIX D

INTERVIEW GUIDE

Family Relationships

How would you describe the communication between your parents?

Did they regularly exchange thoughts and/or feelings with each other?

Were you and your brother/sister (suicide victim) able to share thoughts and/or feelings with your parents about personal issues? (relationships with boyfriends/girlfriends, friendships, mental/emotional difficulties, cultural issues etc…)

If so, how did your brother/sister share his/her personal thoughts and feelings with your parents? (relationships with boyfriends/girlfriends, friendships, mental/emotional difficulties, cultural differences, etc…)

If not, to whom did he express his personal thoughts and feelings to in the family?

Do you think your parents were too involved or not involved enough in their children's lives?

Did your parents place a high-level of importance to high academic scores or career advancement?

How important was it for your brother/sister to meet your parent's expectations regarding academic or career success?

How did your parents react if these standards were not met by the children?

How did your brother/sister react if he/she did not meet the standards set by your parents?

Did your brother/sister experience any shame or guilt when expected parental standards were not met?

How much conflict was there generally in your family?

What issues raised the most conflict in your family?

How were these conflicts usually resolved?

How has your relationship changed with your parents after the suicide?

Acculturation and Acculturative Stress

How important was it to preserve the Asian Indian culture in your family?

What morals and values did your parents most adhere to in the Asian Indian culture?

How did they attempt to instill them in the children?

Were there any conflicts between Asian Indian values and American values in your family?

If so, what were these conflicts and how were they resolved in your family?

How would you describe the cultural identity of your brother/sister?

Was he/she more American? More Asian Indian? Or both?

What were some examples of your brother/sister's cultural identity based on his/her values, interests, moral s, etc…?

Was it important to your parents that their children become more American?

Or did they try to combine the Asian Indian culture with the American culture? How was this done?

Did your brother or sister experience any mental/emotional health issues from managing any cultural conflicts?

APPENDIX E

PERSONAL REFLECTION

On the day of December 2, 1996 the life of a young, Indo-American adult full of potential and promise came to a tragic end when my brother, Santosh "Dosh" Unni, committed suicide. Experiencing the emotional and mental anguish of this type of loss along with the lack of understanding about suicide in the Indo-American community were my primary motivations for conducting this research study. Dosh's life, from beginning to end, was filled with love and support from his family and friends. From an outsider's perspective, there was no indication that someone with Dosh's personality and support system would ever make the fateful decision to take their own life. The lack of awareness and knowledge about suicide risk factors prevented us from seeing the pain Dosh was living with internally.

In the fifteen years since Dosh's death, there have been many trying times going through the grief process. Initially, waves of sadness became our daily reality. However, the model my parents provided through their faith and love, along with the community support we received, became pillars of strength to hang onto. These same supports, along with our growing family since Dosh's death, continue to help us remember and celebrate Dosh's memory.

In my journey doing this dissertation, I met other survivors of suicide who, as a result of their profound loss, used their experiences to find additional meaning and purpose in their lives. In the process of exploring what risk factors may lead someone to take their own lives, I also witnessed the deep levels of resiliency human beings have living through tragedy.

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VITA

Suresh Unni was born in Maywood, Illinois and raised in Crown Point, IN. Suresh attended Loyola University Chicago receiving his Bachelor's Degree in 1997. Suresh worked for 2 years in the mental health field before continuing his educational pursuits at Loyola University Chicago where he received his Master's in Social Work.

After receiving his Master's Degree, Suresh worked in the private sector as a guidance consultant at an employee assistance program and afterwards held a position as an outpatient clinical therapist at Resurrection Healthcare/ProCare located in Melrose Park, IL. Suresh also became involved in the suicide prevention field during this time serving as a board member for the American Foundation for Suicide Prevention and co-founding the Asian American Suicide Prevention Initiative, where he currently serves as a board member.

In 2004, Suresh enrolled in Loyola University Chicago's doctoral program in Social Work. His dissertation researched sibling suicide in the Indo-American population for which he received a vote of distinction. Suresh currently has his own private practice in Chicago, IL and is pursuing a teaching career in the social work field.