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DIFFERENCES IN THE ROLE OF ACCULTURATION ON THE CORRELATES OF
SUICIDAL IDEATION AMONG ASIAN SUBGROUPS

by

KHADIJAH AHMAD

A master's thesis submitted to the Graduate Faculty in Liberal Studies in partial fulfillment of
the requirements for the degree of Master of Arts, The City University of New York

2018

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This manuscript has been read and accepted for the Graduate Faculty in Liberal
Studies in satisfaction of the thesis requirement for the degree of Master of Arts.

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ABSTRACT

Differences in the Role of Acculturation on the Correlates of Suicidal Ideation among Asian Subgroups

by

Khadijah Ahmad

Advisor: Regina Miranda

Ethnic and racial differences have been acknowledged in the relationship between culture and psychopathology, and acculturation has been associated with risk for suicidal ideation. The present paper examined the relation between acculturation and the correlates of suicide (i.e., hopelessness, depression) among Asian subgroups. Because an emphasis on Asians as a homogenous group obfuscates important ethnic differences that may influence risk for suicide, the present paper sought to highlight differences in risk for suicide among different Asian subgroups. This paper is divided into seven sections that address the role of acculturation and cultural values, norms, and beliefs on the correlates of suicide. The history of Asian immigration to the United States is examined to understand the impact of the acculturation process on suicide trends among Asian subgroups. Next, the paper examines how cultural values among the Asian community impact acculturation as well as the need to increase mental health attention and assistance in this group. Lastly, the paper examines the role of acculturation on correlates of suicide (i.e., depression, hopelessness) to understand a culturally relevant factor that has largely been understudied among Asian subgroups. The influence of racial and ethnic differences on cultural beliefs and values should be reflected in suicide prevention and treatment programs among Asian American young adults.

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I. INTRODUCTION

Suicide is the second leading cause of death among Asian American emerging adults, ages 15-34 (CDC, 2015). The National College Health Assessment Survey found that Asian American college students had 1.6 times higher odds of seriously thinking about attempting suicide compared to White college students (Kisch, Leino, & Silverman, 2005). Increasing research suggests that cultural values and norms may impact suicide risk (Chu et al., 2010; Leong et al., 2013), but few studies have examined the role of culture in suicidal thoughts and behaviors among Asian Americans (Cheng et al., 2010). As one of the fastest growing racial and ethnic groups in the United States, the Asian population is expected to grow from 18 million in 2010 to 34 million in 2050 (U.S. Census Bureau, 2012). There have been substantial increases in population sizes for certain Asian subgroups since 2000, ranging from a 20 percent increase for Koreans to a 50 percent increase for Asian Indians (U.S. Census Bureau, 2011). Thus, there is a growing need to examine cultural differences within subgroups to prevent risk for suicide among Asian American emerging adults.

Acculturation -- defined as the cognitive and behavioral changes that occur as a result of close contact between different cultures (Gupta et al., 2013) -- impacts the health outcomes of various racial and ethnic groups (Rhee, Chang, & Rhee, 2003). Although it is generally assumed that Asian Americans share many cultural values (Ng, 1999), Asian subgroups differ in terms of adherence to specific cultural values of the dominant society (Kim et al., 2001). For instance, 81 percent of South Koreans and 70 percent of Japanese individuals endorsed emphasis on the autonomy and independence of the individual, whereas only 40 percent of Chinese individuals did so (Kim et al., 2001). The cultural theory and model of suicide suggests that cultural norms and values may influence suicide risk through cultural meanings ascribed to stressors, the expression of psychological distress, and responses elicited to alleviate distress (Chu et al., 2010). Thus, cultural

values and beliefs may impact how individuals view suicide and experience distress. Overall, minimal information exists about within group differences in acculturation and suicide risk in regards to Asian Americans as a heterogeneous group. The aggregation of Asian Americans as a homogenous group masks the cultural differences, norms, and values present among subgroups and prevents understanding of within- and between-group differences in suicide risk.

This paper examines how the role of acculturation differentially impacts correlates of suicide (i.e., depression, hopelessness) among Asian American subgroups, compared to White emerging adults, to provide suggestions for prevention and intervention programs to reduce suicide risk among Asian Americans. Limited studies have compared risk for suicide across Asian subgroups and White individuals. For example, among a sample of adolescents in the United States, Supple and colleagues (2013) found that Southeast Asians were more likely to report suicidal ideation than South and East Asian individuals in comparison with White individuals, suggesting that there may be cultural differences that increase risk for certain subgroups. An overview of Asian immigration to the U.S., importance of examining suicide among Asian Americans, and role of acculturation in impacting depression and hopelessness is provided in this paper. The literature review begins by describing the history of Asian American immigration to the United States to better understand the impact of acculturation on suicidal thoughts and behaviors. Next, the importance of examining suicide among Asian American youth is explained to highlight the increased need to provide mental health attention and treatment in this group. Lastly, the role of acculturation on the correlates of suicide (i.e., depression, hopelessness) among Asians is explained to understand a culturally relevant factor that has been largely understudied.

II. History, Demography, and Culture

To understand the impact of acculturation on suicide trends among Asian subgroups, it is first important to understand the history of Asian immigration to the U.S. In particular, an understanding

of the events that influenced Asian immigration creates a clear depiction of the struggles that Asians faced in their homeland. Asian immigration to the U.S. increased significantly over the past century, mainly as low-skilled male laborers who mined, farmed, and built railroads immigrated in the hopes of securing better financial stability. However, the Chinese Exclusion Act of 1882, the Immigration Act of 1917, and the National Origins Act of 1924 restricted immigration and ultimately resulted in an immigration ban being extended to all of Asia (Pew Research Center, 2013). Thus, as individuals of Asian descent sought to escape dire economic situations in their homeland and search for financial opportunities in the U.S., federal immigration regulations placed against this particular racial/ethnic group shows the racial discrimination that they faced before immigrating to the U.S.

Asian migration to the U.S. increased in the late 20th century with the passage of the Immigration and Nationality Act of 1965, which removed previous immigration regulations established against Asian countries in the early 20th century. As a result, the number of Asian immigrants in the U.S. increased by 2,597 percent, with immigrants primarily from India, China, the Philippines, Vietnam, and Korea (Zong & Batalova, 2016). Asia is becoming the second-largest region of birth of U.S. immigrants, following Latin America, and Asian immigrants are expected to become the largest foreign-born group in the U.S. by 2055 (Pew Research Center, 2013). Thus, there is a need to investigate the effects of acculturative stress and mental health among this group.

The cultural values of Asian communities are also important to consider, and the role of culture on optimal functioning and well-being should be examined (Constantine & Sue, 2006). Because a majority of the Asian American population has been residing in the U.S. for two or fewer generations (Kim, Ng, & Ahn, 2005), cultural beliefs, values, and norms impact how individuals deal with problems they face, including acculturative stress. Asian cultural values and norms identify with beliefs of collectivism that include conformity and hierarchical relationships (Iwamoto & Liu, 2010). There are significant differences in goals related to child-rearing among

European and Asian Americans families. Because the United States is identified as an individualistic culture, European American parents raise their children to be independent, autonomous, and assertive (Jambunathan, 2000). Thus, children in individualistic cultures are taught to explore their environments and pursue goals that represent their interests. In contrast, beginning at a young age, children who belong to collectivist cultures are encouraged to depend on their caregiver for assistance to meet their needs (Jambunathan & Burts, 2003). Previous research has shown that this dependency may continue through adulthood. For example, in a study comparing mother-daughter relationships between Asian Indian women and European American women, Asian Indian women were more likely to exhibit behaviors that established a closer connection with their mothers such as seeking advice, support, and encouragement (Rastogi & Wampler, 1999). Thus, differences in caregiver dependence in individualistic and collectivist cultures throughout the life stages suggest that parental involvement is an important factor that influences decision-making and lifestyle.

However, while a majority of research suggests that the Asian population shares common cultural beliefs and values, there are significant within group differences that influence risk for suicide. Most of the research on suicide risk among Asian Americans has focused on East Asian populations, such as individuals who are ethnically from China and Japan, because of their longer history of immigration in the U.S. (Leong et al., 2013). Additionally, most studies also examined rates of completed suicides in comparison to examining suicide ideation (Kennedy, Parhar, Samra, & Gorzalka, 2005). Research has shown both Japanese and Chinese American groups have higher rates of completed suicide in comparison with African Americans, but lower than American Indian and European American groups (Leong et al., 2013). Differences in attempted and completed suicides can be attributed to cultural factors that can influence rates (Leong et al., 2013). For example, Leong et al., (2007) has cited Yamamoto's (1976) hypothesis that rates of suicide among

Japanese Americans are higher than other Asian groups because it is widely believed in Japan that suicide is an honorable solution of dying in the presence of unbearable life stressors. Thus, examining culture is important to understand within and between group differences that can trigger the pathway to suicidal ideation and eventual suicide. However, research findings tend to be generalized to Asians as a homogenous group. While there is evidence suggesting within-group differences in suicide risk, ideation, and attempts across Asian groups (Supple et al., 2013; Lane, Cheref & Miranda, 2016), few studies have focused on racial and ethnic differences within Asian subgroups. Factors such as population rates in the U.S., culture, and religion influence thoughts and views on suicide among Asian subgroups. Thus, these findings support the possibility that there are differences in the relation between culture and correlates of suicide among Asian subgroups.

III. Acculturation

Acculturation is a multi-dimensional process that includes the convergence of cultural values and practices between the dominant culture and culture of origin (Schwartz et al., 2010). Ethnic identity has been found to moderate the relation between acculturation – particularly adjusting to the host culture – and mental health problems in the Asian American community (Leong et al., 2013). Ethnic identity represents a shift towards values of one’s traditional culture as opposed to the dominant culture (Royisicar-Sodowky & Maestas, 2000). As a result, conflict between the acculturative and ethnic identity process can result in acculturative stress (Royisicar-Sodowky & Maestas, 2000). Acculturative stress may arise during acculturation when individuals experience social marginalization, negativity towards their traditional heritage, pressure to assimilate, and conflict between individual and familial culture expectations (Mena & Maldonado, 1987). Because 59% of the Asian American population is foreign born (Lopez, Ruiz, & Patten, 2017) adjustment to the norms and values of the new culture may be stressful and sometimes related to depression and suicide (Leong et al., 2013). Research on acculturation and Asian

American suicide has shown a relationship between identifying with the culture of origin and suicidal ideation and behavior (Davis, 1995). For example, in a study among Asian American students, Davis (1995) found that students who identified with both their ethnic origin and current country of residence reported lower levels of suicidal ideation compared with students who were less acculturated with the mainstream culture. In a similar study, Kennedy and colleagues (2005) examined the association between acculturation and suicide ideation in a sample of European, Chinese, and Asian Indian undergraduates and found that close identification with one's ethnic culture contributed to an increased risk of suicidal ideation. Thus, conflicts between adjusting to the values of the new culture and strong identification with the traditional culture may result in difficulty adapting to new cultural values while maintaining traditional cultural values.

Family conflict, particularly differences in inter-generational cultural values between parents and children, have been found to influence suicide thoughts and behaviors among Asian Americans. For example, Lau et al., (2002) investigated correlates of suicidal behavior (i.e., depression, hopelessness) among a sample of 285 outpatient Asian American adolescents and found that acculturation interacted with communication and parent-child interactions to predict suicidal behavior. Asian American adolescents are expected to value and maintain their heritage while also adapting to the dominant society in which they reside, and this may result in dual expectations between Asian immigrant parents and society. For example, immigrant Asian parents tend to emphasize collectivist values, including obedience and conformity with parental expectations, while also recognizing the importance of autonomy and self-assertion for the academic and social success of their children (Rhee, 1996). The dual expectation of the immigrant parents may significantly impact self-esteem and psychosocial adjustment (Rhee, Chang, & Rhee, 2003), which can influence correlates of suicidal ideation (i.e., depression), as individuals face confusion and frustration in their relationships with traditional parents. Studies have also focused

on the link between lack of family interrelatedness and suicidal thoughts and behaviors. For example, Cheng and colleagues (2010) found a positive correlation between family conflict, ethnic identity, and suicidal ideation. Interestingly, while family conflict may influence suicidal behavior and thoughts irrespective of ethnicity, family conflict has been found to be a major risk factor for suicidal ideation among individuals who identify with collectivist cultures. This may occur because of the collectivist values of interdependence and family cohesion and possible conflict with cultural values of the mainstream culture (Leong et al., 2008). In a study of Asian American outpatient youth, researchers found that individuals who were less acculturated to the mainstream culture were more susceptible to suicidal behaviors in circumstances that involved high parent-child conflict compared to individuals who were more acculturated to the mainstream culture (Leong et al., 2008). Such findings suggest that individuals who are less acculturated and hold collectivist values may experience more distress in regards to family conflict (Lau, Jernewall, Zane, & Myers, 2002). Thus, family conflict should be considered as a culturally relevant consideration when examining the impact of acculturation on suicidal ideation and behavior among Asian subgroups.

Theories of acculturative stress also contribute to the understanding of culture in suicidal ideation and behaviors. The Acculturative Stress Theory proposes that when individuals are exposed to two or more cultures, they must negotiate and adapt to cultural differences (e.g., language, customs, values) of the mainstream culture (Berry, Kim, & Minde, 1987). The process of adapting to the dominant culture can result in many stressors. While acculturation may reflect the process of conforming to the cultural values of the dominant culture, it does not necessarily reflect acceptance or belonging for adolescents (Wyatt et al., 2015). The bi-cultural tension that individuals face as a result of trying to maintain their ethnic identities and values, while also trying to adapt to the values and norms of the dominant culture increases the likelihood of risk factors for depression and suicidality (Wyatt et al., 2015). Furthermore, the racial triangulation theory

suggests that it is difficult for Asian Americans to integrate into U.S. society because they are viewed as outcasts (Benner & Graham, 2013). As a result, Asian Americans are considered to be racial and ethnic outcasts in U.S. society and are marginalized because of their differing identities (Wyatt et al., 2015). The racial discrimination associated with bi-cultural conflict may also contribute to acculturative stress, which makes Asian Americans further vulnerable to the correlates of suicide (i.e., depression, hopelessness).

Acculturative Family Distancing Theory suggests that distancing occurs between parents and youth as a result of parent-child communication difficulties related to traditional versus new cultural norms and values (Wyatt et al., 2015). As a result, in counseling, Asian American high school or college students often report feelings of confusion, anger, frustration that are related to relationship difficulties with traditional parents (Ho, 1992). Acculturative Family Distancing Theory also suggests that the rate of adapting to the mainstream culture in the acculturative process between ethnic minority parents and their children vary, which creates an acculturation discrepancy between the parent and child that may be associated with depressive symptoms (Hwang, 2006). One study among Southeast Asian parents and children found that parent-child disagreements in the acknowledgement of traditional values of the culture of heritage versus the dominant culture predicted depressive symptoms (Ying & Han, 2007). Because immigrant parents are found to be less acculturated than their children (Wyatt et al., 2015), who adapt to the U.S culture norms at a rapid rate, differences in the pace of acculturation may influence increasing levels of acculturative stress in the household, which may also influence suicidal behavior (Ying & Han, 2007). Ying and Han (2007) examined the intergenerational gap in acculturation and mental health consequences among Southeast Asian American adolescents. They hypothesized that perceived intergenerational discrepancy in acculturation during early adolescence would predict intergenerational conflict in late adolescence, which would ultimately increase risk for depressive symptoms in late adolescence

(Ying & Han, 2007). Researchers found that intergenerational conflict fully mediated the effect of intergenerational discrepancy in acculturation on depressive symptoms. Thus, differences in the traditional mindset of immigrant parents and the mindset of children who identify with the norms of the society at large may present the conflicts that increase risk of suicide.

Stress associated with the AFD theory and related family conflict have further been suggested to be positively related to difficulties in adjusting to the society at large among Asian American college students (Lee & Yoshida, 2005). Additionally, Cheng and colleagues (2010) found that culturally based family conflict was positively associated with suicidal thoughts and behavior among Asian Americans. Such findings highlight the importance of familial integration in Asian cultures. Because 59% of the Asian population is foreign born (Lopez, Ruiz, & Patten, 2017), differences in acculturation are related to intergenerational conflict between the parent and child (Cheng et al., 2010). Acculturative stress may create difficulties in communication between adolescents and their elders and may hinder in the adjustment to the cultural norms of the dominant society.

Cheng and colleagues (2010) also found that there are racial and ethnic differences in the self-report of suicidal ideation and behaviors among different Asian subgroups. For example, 2.5 % of Asian Americans reported a suicide attempt and 8.8 % reported suicidal ideation (Cheng et al., 2010). Cheng and colleagues also found differing rates of suicidal ideation among Asian subgroups. For example, Chinese Americans reported greater suicidal ideation than individuals in other Asian groups (i.e., Asian Indian) than Vietnamese and Filipino (Cheng et al., 2010). Furthermore, Asian American young adults and college students have also reported greater risk for suicide on the Positive and Negative Suicide Ideation Inventory and the Suicidal Probability Scale (Chang, 1998; Muehlekamp et al., 2005). Specifically, Chinese and Korean college students have exhibited higher levels of suicidal ideation than White students (Duranceaux & Cassandra, 2009).

Additionally, heightened levels of completed suicides are greater among Asian Americans aged 15 to 24 years than White youths (Choi, Rogers, & Werth, 2009). The increase in suicidal thoughts and behaviors among Asian youth than White youth suggests that there are cultural differences in access to mental health resources and help.

Differences in the utilization of mental health resources among White and Asian American individuals are reflected through cultural stigmas and perceptions of mental health. Research on help seeking behaviors for suicide among White adults indicates that suicide is related to a perceived need for help (Chu, Hsieh, & Tokars, 2011). For example, studies conducted among White populations has shown that individuals who display suicidal thoughts and behaviors are more likely to seek help than individuals who do not display such behaviors (Mojtabai, Olfson, & Mechanic, 2002). A study found that 91% of a sample of Caucasians in a Baltimore community who reported suicidal behaviors sought access to a mental health service to address their mental health problems compared with 35% of participants without a recent history of suicide attempts (Kuo, Gallo, & Tien, 2001).

In contrast, Asian Americans are less likely to seek mental health treatment than any other racial or ethnic demographic, and it is possible that this extends to suicidal ideation and attempts as well (Chu, Hsieh, & Tokars, 2011). Additionally, the underutilization of mental health services is present in Asian Americans nationwide, regardless of factors such as education or Asian subgroup (U.S. Department of Health and Human Services, 2001). In fact, Asian Americans were three times less likely to seek mental health services compared to White Americans (Matsuoka et al., 1997). As evident from the nature of collectivist cultures, Asian Americans are more likely to work out problems on their own or seek guidance and support from family (Narikiyo & Kameoka, 1992). In a study comparing perceived need for help and help seeking behaviors among Asian Americans and Latinos living in the U.S., Asian Americans who sought help for suicidal ideation or attempts

were more likely than Latinos to use non-professionals, including on-line support groups, self-help groups, and hotlines (Chu, Hsieh, & Tokars, 2009). Additionally, even if Asian Americans make the decision to see a mental health professional, about one-third of Asian Americans drop out of treatment before their intake session or terminate treatment prematurely (Akutsu, Tsuru, & Chu, 2004). Furthermore, because of problems faced within Asian American subgroups through the acculturation process (i.e., language), English- language proficiency can play an influential role in attitudes regarding help-seeking behavior (Chu, Hsieh, & Tokars, 2011). Asian Americans who are more proficient in speaking and understanding English may be more aware of the need and importance of seeking help, more positive toward the idea of seeking help and more likely to seek help (Le Meyer, Zane, Cho, & Takeuchi, 2009).

It is important to understand the role of culture in when examining the utilization of mental health care services among Asian Americans. Asian Americans may have certain cultural notions about illness and mental health services that influence their perception of the need for help (Chu & Sue, 2011). Previous research has found that U.S. born Asian Americans were more likely than first generation immigrant Asian Americans to utilize mental health services (Abe-Kim et al., 2007). Thus, greater acculturation and familiarity with Western concepts of seeking mental health services may positively affect the understanding of the need to seek help. Another study found that Asian Americans with high enculturation beliefs (i.e., stronger beliefs in Asian values and norms) had less positive attitudes about seeking help for mental health related problems (Kim & Omizo, 2003). Additionally, the use of traditional medicine and non-professional treatments for mental health decreases as Asian Americans become more Westernized and acculturated (Yang et al., 2009). Moreover, acculturation plays an important role in the insight and awareness of mental health service utilization.

Because of differing Asian subgroups within the Asian population, researchers face

challenges in representing Asians as a homogenous group. Because of the widespread distribution of Asian Americans in the U.S., finding adequate sample sizes that represent a particular subgroup is challenging for researchers (Kalibatseva et al., 2011). Researchers thus tend to combine ethnic categories into a homogenous group in order to achieve a unified sample that represents all Asians which could possibly lead to generalizing findings towards the whole group (Sue et al., 1999). Sue and colleagues noted that the practice of combining ethnic categories into one group is common in studies of Asian Americans. Studying Asians as a single group masks the cultural and historical diversity within subgroups. Additionally, small subgroup sizes within the U.S. encourages researchers to use convenience samples when conducting research among these ethnic and racial minorities (Sue et al., 1999). These samples not only lack a representation of individuals who identify with a particular subgroup, but also restricts the generalizability of the findings towards all Asians. Using convenient samples to draw conclusions can skew the results of meta-analyses that focus on examining the cumulative effects of research in a particular domain (Kalibatseva et al., 2011). Thus, researchers focusing on the topic of suicide and the correlates of suicide among Asian Americans need to be aware that Asian Americans constitute a heterogeneous group with differing experiences and manifestations related to suicidal thoughts and behaviors. Studies examining differences in suicidal ideation between subgroups would aid in the understanding of cultural similarities and differences among these groups that produce differing levels of and risk for suicidal ideation.

Cultural variations among White and Asian Americans present unique challenges in interpreting mental health symptoms. For example, Asian Americans exhibit cultural variations in the way distress is expressed (Chu & Sue, 2011). Ethnic minorities, including Asian Americans, are likely than White Americans to express suicidal ideation on pre-intake questionnaires unless directly asked by a mental health service provider or therapist (Morrison & Downey, 2000). This behavior of

“hidden (suicidal) ideation” represents a cultural tendency to inhibit the type of disclosure that is considered to be socially appropriate when seeking mental health assistance (Chu & Sue, 2011). Additionally, a concern related to the way Asian Americans choose to express their distress is based on the language utilized on research assessments (Chu & Sue, 2011), that measure correlates of suicide including depression and hopelessness. For example, certain emotion terms often lack equivalent terms that may be used in English and Asian languages, resulting in Asian Americans having problems discriminating between terms such as “sadness” and “depression” (Yang & WonPat-Boria, 2007). As a result, Asian Americans may face difficulties in providing accurate responses in terms of their current mental health state at the time. Thus, cultural variations in language as a result of the difficulties faced through the acculturation process represent challenges in the interpretation of the research data and contribute to the underestimation and under detection of mental health symptoms among Asian Americans (Chu & Sue, 2011). Future research should incorporate awareness of these cultural factors on the diagnosis and understanding of mental health problems within Asian subgroups as these factors pose as a barrier to accurate mental health data. Overall, the heterogeneity of Asian subgroups suggests that culture factors may play an important role in understanding the within group differences that make each group unique in displaying symptoms related to suicide risk.

IV. Correlates of Suicide: Depression

Depression is a prevalent mental health issue, which affects individuals across the nation (Kim et al., 2015). Major depressive disorder impacts physical and mental health functioning and varies across racial and ethnic groups as well (Kim et al., 2015). Depression is a common and serious medical illness that negatively affects how you feel, the way you think and how you act (American Psychiatric Association, 2018). Depression causes feelings of sadness, and a loss of interest in day-to-day activities. It can also lead to a variety of emotional and physical problems

and can decrease a person's ability to function at work and at home (American Psychiatric Association, 2018). Depression is also the psychiatric diagnosis most commonly associated with suicide and individuals suffering from depression are at 25 times greater risk for suicide than the general population (American Association of Suicidology, 2014).

Emerging adulthood is the age group that presents increasing physical health and relative optimism, but also poses as a high risk for developing depression and mood disorders (Michael et al., 1997; Arnett, 2000). Emerging adults, defined as individuals who are of 18-25 years of age, represent the age group with the highest occurrence of depression (25%) (Kessler & Walters, 1998). A depressive episode during emerging adulthood can influence development and can impair social development (Hallowell, Bemporad, & Ratey, 1989). The transition of adolescence to emerging adulthood during this age period may influence depressive symptoms that can affect the cognitive, affective, and developmental processes. For example, during emerging adulthood, tasks such as identity formation, role transitions, and independence from one's parents occur (Arnett, 2000). Research suggests that this period of life marks the transition of considerable change and significance, as the foundations for future adult life are established (Hagestad et al., 1985). While adolescence has been viewed as a time of transition and emotional turmoil, emerging adulthood has been seen as the time to "settle down and conform to productive adult life" (Kuwabara, Voorhees, Gollan, & Alexander, 2007). As a result, emerging adults may feel pressured and experience stress, because they are faced with making critical decisions regarding their career and lifestyle pathways, which may make them prone to face depressive symptoms.

Emerging adults receive less structural support than older adults (i.e., lack of health insurance coverage), which is detrimental to the mental health outlook for emerging adults since they have one of the lowest rates of care-seeking (37%) and of receiving professional high quality treatment (20%) when compared with other adult age groups in the United States (Forster &

Brahler, 2003; & Druss, Hoff, & Rosenheck, 2000). Thus, future research should focus on the structural changes needed to be addressed in order to provide emerging adults with the treatment necessary to overcome depression.

Depression is a well-documented predictor of suicidal behavior (Nock et al., 2008; Miranda et al., 2008), which is also reliable among Asian American populations (Cheng et al., 2010; Lau et al., 2002; Stewart et al., 2005). Although the prevalence of Major Depressive Disorder is low among Asian Americans, high levels of depressive symptoms among Asian American adults have been described (Chung et al., 2003). Among Asian Americans, depression tends to be very persistent and lasts long periods of time (Chung et al., 2003), and Asian Americans are also less likely to seek treatment than non-Hispanic White individuals (Lee et al., 2011). In a sample of Asian American young adults in the United States, 66 percent of Asian Americans who attempted suicide reported a history of depression (Cheng et al., 2010). This may be due, in part, to within-group differences. The overall prevalence of depression among various Asian American groups is still unclear, as research has often combined Asian groups as a homogenous group or even combined Asians with other minority groups in a category of “other” (Riolo et al., 2005).

Additionally, as mentioned previously, depression may go under-recognized because of language and acculturation levels (Leng et al., 2010). Among the Asian American population, studies reporting the of the lifetime prevalence of depression may differ (Kalibatseva & Leong, 2011). For example, the Chinese American Psychiatric Epidemiological study reported that Chinese Americans have a relatively low rate of major depressive disorder (6.9%) (Takeuchi et al., 1998). While some research has found increasing rates of depression among Asian Americans in comparison with European Americans (Takeuchi et al., 1998), other research has found no racial and ethnic differences (Austin & Chorpita, 2004; Chang et al., 2005). For example, Jackson and colleagues (2011) found decreasing rates of lifetime depression among Asian Americans in

comparison with White, Black, and Hispanic individuals. They also found decreasing rates of reported depression among Filipino individuals in comparison with Chinese, Vietnamese, and other Asian individuals. Additionally, Jackson & colleagues (2011) also compared the prevalence rates of a major depressive episode among foreign born and native born participants and found that non-U.S. born participants reported lower depressive prevalence rates. For example, the prevalence rate of a depressive episode among U.S. born Chinese Americans was 21.5 % compared with 7.7% of non-U.S. born Chinese Americans (Jackson et al., 2011). Thus, future research should focus on whether differences in the reported rates of depression account for the racial and ethnic differences in suicidal ideation among Asian American and White emerging adults.

V. Acculturation and Depression

The association between acculturation and depression among Asian Americans is important to note, specifically as acculturation is measured as assimilation to the American culture (Gupta & Leong, 2013). Previous literature has suggested that Asian Americans experience mental health problems more than do other ethnic groups (Uba, 1994). For example, the lifetime prevalence of major depression is 17.9 % for non-Hispanic White Americans and 17.3 % for Asian Americans (Takeuchi et al., 2007). Young adults, including college students, report high levels of depression (Okazaki, 1997). Acculturation levels and difficulty in adjusting to the dominant culture also pose risk for developing depression. For example, refugees from Southeast Asia show a greater probability of suffering from mental health problems such as posttraumatic stress disorder related to the circumstances of their immigration (Mui, 2001). Lai (2004) also found that 23% of the elderly immigrants from China to Canada suffered from depressive symptoms. Depressive symptoms among Asian subgroups were also found (i.e., Korean, Indian, Filipino, Vietnamese, and Japanese) among whom 40% reported depression (Mui & Suk-Young, 2006; Otsuki, 2003). Thus, it is unequivocal that the occurrence of depression among Asian American subgroups is high and

the heterogeneity of subgroups should be taken into account when examining the influence of acculturation on suicide risk.

Different studies have found mixed results when examining the prevalence rates of depression within the context of acculturation (Young et al., 2010). For example, in studies of less acculturated Asian American youth, the reported depression rates were lower in comparison with White students (Carmody, 2005; Takeuchi et al., 1998). However, other studies have reported the opposing findings, where less acculturated Asian American youth reported the prevalence of higher depression rates (Hasin et al., 2005; Kuo et al., 1997). While acculturation may appear to be stressful for Asian immigrants because of difficulties in attaining language proficiency and cultural values of the mainstream culture, there are contrasting views of acculturation on emotional functioning and psychological distress related to depression (Rhee, Chang, & Rhee, 2003). For example, while some research has found that the acculturation process has a negative impact on immigrants and increases their psychological well-being (Flaskerud & Uman, 1996), other research has shown that acculturation has a negative impact on psychological distress (Roger et al., 1991; Sanchez & Fernandez, 1993). The differences in the perspective of the positive and negative impacts of acculturation on mental health are associated with changes in self-esteem and psychosocial adjustment. For instance, Phinney and colleagues (1992) found that maintaining a positive identification with both ones' culture and the mainstream culture predicted higher levels of self-esteem and low depression levels. Another study also found that the most common problem in cultural adjustment was communication difficulties and using informal social support networks (i.e., friends and family) as a means of seeking mental health treatment instead of professional counselors. Since cultural adjustment difficulties often impact depressive symptoms, future research should focus on strategies in which cultural adjustment could be made easier for assimilation into the mainstream culture for Asian immigrants. These strategies could include

language learning centers, because language poses a critical barrier of adjustment and understanding of the cultural norms and values of the mainstream culture (Xia, Do, and Xie, 2013).

Cross-cultural studies have also shown the cultural variations in the prevalence of depression across different countries. Weissman & colleagues (1996) found that the occurrence of lifetime depression was lower in Taiwan and Korea in comparison with the U.S. The low prevalence of depression in Taiwan and Korea may suggest differences in the report of depressive symptoms or the cultural differences of familial support (Kirmayer & Jarvis, 2006). Additionally, Asian countries reported the lowest rates of lifetime depression in comparison to Western countries (Andrade et al., 2003). Thus, acculturation may play an important role in the prevalence of depression rates for native and foreign Asian Americans in the United States. Overall, the rates of depression among the Asian population in the U.S. are higher than Asians who reside in Asia, which indicates that acculturative stress may impact greater depressive symptoms among Asian Americans due to factors that include language barriers and family conflict.

Culture may also play a role in the expression and manifestation of depressive symptoms (Marsella, Sartorius, Jablensky, & Fenton, 1985). The main symptom of depression in the Western countries tends to be sadness or depressed mood (Kalibatseva et al., 2011). However, individuals in Asian societies who are diagnosed with major depression do not usually express affective symptoms, but do express somatic symptoms, including headaches, insomnia, or fatigue (Kleinman, 1996). These symptoms are likely to take individuals suffering from depression to a primary care doctor, and they would be less likely to be diagnosed with a mental disorder (Kalbatseva et al., 2011). Thus, Asian Americans who suffer from depressive symptoms, have a low chance of getting their depression detected and treated, which may exacerbate symptoms of depression (Marin & Escobar, 2008). In a similar way, acculturation may also moderate the link between diagnosis and risk for suicidal behaviors (Lau et al., 2002). For example, research has

shown the tendency of Asians to report a predominance of somatic complaints and vegetative symptoms rather than the core cognitive and affective components of depression (Kleinman, 1977). However, researchers have also explored depressive symptoms among European and Canadian participants and found that the type of assessment, such as a self-report questionnaire or a structured clinical interview, influenced the category and incidence of symptoms expressed (Ryder, Yang, & Zhu, 2008). Ryder and colleagues found that Chinese participants reported greater depressive somatic symptoms while Euro-Canadians reported greater depressive affective symptoms, such as feelings of worthlessness and depressed affect, in clinical interviews. These findings indicate that research may have focused more on the Chinese somatization of depression and that Western culture over-emphasized the affective or psychological aspects of depression (Ryder et al., 2008). In line with this proposition, Yang and colleagues (2007) concluded that among those Asian Americans that suffer from depression, somatic symptoms go hand-in-hand with affective symptoms, in contrast to the previous debate that somatic complaints refute complaints of affective symptoms. Thus, the examination of somatic symptoms among Asian Americans should not go ignored, as it may be connected to affective symptoms related to depression. Clinicians should take into account somatic symptoms for effective assessment and treatment of depression.

Reporting biases, such as a tendency to underreport or over report certain mental health issues affects the reliability and accuracy of a particular measure's ability to represent the true state of mental health among Asian Americans (Sue, Saad, & Chu, 2012). The reporting of certain symptoms, whether in self-report questionnaires or interviews, may also be linked to cultural norms and values, based on what emotions or feelings are considered appropriate to express. For example a study comparing depressive symptoms among Asian and White American college students found that self-report measures of depression may represent an overestimation of depression in

comparison to interview-derived assessments (Lam, Pepper, & Ryabchenko, 2004). Asian American students had significantly higher BDI scores (21%) compared with White students (11%). Among the participants who were interviewed using the SCID, 5.1 % of Asian Americans and 7.6 % of White Americans were diagnosed with Major Depressive Disorder. Lam and colleagues (2004) suggested that the use of self-report measures such as the BDI overestimated rates of depression, particularly among Asian Americans. Thus, cultural differences are apparent in the self-report measures of depression. Mental health counselors should be aware of the report biases among Asian subgroups and should seek to understand comfort expressive emotions based on cultural norms and values.

Additionally, Chentsova-Dutton and colleagues proposed the cultural norm hypothesis, which states that depression influences the ability to react in a culturally and socially appropriate manner. Though not examined in this paper, there is evidence to suggest that culture may influence emotional reactivity (Chentsova-Dutton et al., 2007). For example, Chentsova-Dutton and colleagues (2007) observed emotional reactivity differences between depressed and non-depressed adults and found that White adults displayed decreasing levels of emotional reactivity (i.e., crying) while viewing a sad film, whereas depressed East Asian American young adults displayed increasing levels of emotional reactivity than non-depressed adults. This suggests that culture may not only impacts emotional expression, but also influences emotional reactivity. Future research should further examine within-group differences in emotion reactivity and how culture may impact the expression of emotions and contribute to risk for suicide among Asian subgroups.

One of the debates in the field of cultural psychopathology deals with the universality of normality and pathology (Camino & Alegria, 2008). Researchers have debated whether psychiatric disorders are etic (cultural-universal phenomena) or emic (culture-specific phenomena) (Kalibatseva & Leong, 2011). For example, for individuals who have depression, an etic view

would suggest that all people express depressive symptoms universally without cultural biases, whereas an emic perspective would claim that even if depressive symptoms are universal, there is cultural variability in the expression of those symptoms (Fischer Jome, & Atkinson, 1998). Overall, a cultural perspective in the assessment and diagnosis of depression is important to consider as it defines the nature of the symptoms, the progression of the disorder, and the applicable treatment (Kalibatseva & Leong, 2011).

The DSM diagnosis of psychiatric disorders represents an etic perspective of mental disorders, because it minimizes the importance of culturally relevant factors in the taxonomy of symptoms (Kalibatseva & Leong, 2011). Fabrega (1996) has suggested that the Western European method of classifying psychiatric disorders may be ethnocentric, because it defines a specific psychiatric illness due to factors, such as the convention of normality and abnormality of the behavior, in the mainstream society. Using only these categories to assess and diagnose a mental illness indicates a tendency to assume that the cause of all mental illnesses are universal. Importantly, the diagnostic categories included in the DSM do not consider the cultural characteristics such as values, norms, and ethics (Kalibitseva & Leong, 2011). Behaviors and personal characteristics are interpreted differently by individualistic and collectivist cultures. Furthermore, research has also suggested that other cultural factors may be valued more in Asian communities, through norms that identify with collectivism including interdependence and relatedness (Kitayama et al., 1991). For example, Marsella and colleagues (1980) provided an illustration regarding the differences in the experience and conception of depressive symptoms between individualistic cultures. For instance, cultures in which individuals have “objective epistemic orientation” experience affective, cognitive, and somatic symptoms of depression and an increase in feelings of loneliness and seclusion from their surroundings. In contrast, cultures in which individuals identify with “subjective epistemic orientation” mainly demonstrate somatic

symptoms and experience depression in social areas that are influenced by society. With these two ends of the spectrum, Marsella and colleagues (1980) suggested the contrasting modes of expression of depressive symptoms through the lens of Western versus Eastern cultures. For instance, Western cultures adhere to factors such as individuality and independence and individuals who identify with Western cultures display depressive symptoms that are linked with the loss of independence and control. In contrast, in certain Asian cultures (i.e, Chinese, Korean), there is an emphasis on obedience to the family and society, and in this case, factors such as independence may not influence depressive symptoms. Asian individuals may display depressive symptoms related to, for example, opposing family values and customs. Therefore, the understanding of cultural biases is necessary when assessing and diagnosing depressive disorders. The expression of symptoms as well as the display of behaviors may appear to be different between individuals who belong to collectivist and individualistic societies because of the innate cultural biases embedded in the respective cultures.

Thus, if feelings of depression and suicidal thoughts are tied to culture and are guided by the Western expression and understanding of depression, then it can also be expected that less acculturated depressed Asian American youth may be less likely to exhibit suicidal behaviors than their more highly acculturated counterparts (Lau et al., 2002). To test this hypothesis, Lau and colleagues (2002) conducted a study to examine if the risk factors for suicidality are found in the general literature for Asian American youth and if one's level of acculturation moderates the relationship between other risk factors and suicidality. Researchers found that a majority of Asian American youth appear to share some risk factors for suicidality, including age and family conflict. Because adolescents and emerging adults are more prone to suicidal thoughts and behaviors, results demonstrated that approximately three quarters of suicidal youths were adolescents of 15-to-17 years of age (Lau et al., 2002). Additionally, a depressive diagnosis was a major predictor of

suicidality where almost half of the suicidal youths in the experimental group were diagnosed with depression compared with 10% in the non-suicidal group. Most importantly, the results of the study indicated that acculturative stress associated with parent-child conflict was more indicative in the prediction of suicidality among less acculturated Asian American youth (Lau et al., 2002). Lau and colleagues argue that less acculturated youth may follow and adhere to collectivist values that including filial piety, harmony, and avoiding confrontation and conflict. Thus, inter-generational family conflict plays a major role in the indication of depressive symptoms. Following these norms, less acculturated youth may experience greater distress with their parents because they try to avoid conflict and maintain harmony and the lack of emotional expression may also result in depressive symptoms. Thus, future research should focus on differences in depressive symptoms between individuals who differ in acculturation levels.

The influence of factors related to acculturation levels such as the cultural gap between elder immigrants and their children may also influence the assessment and diagnosis of depressive symptoms. For example, one study found that 41% of Asian patients expressed depressive symptoms, but mental health counselors only identified 24% of the symptoms related to psychological distress (Chung et al., 2003). Chung and colleagues concluded that recognizing depressive symptoms among individuals who have low acculturation levels and identity with their Asian ethnicity it may be difficult for mental health professionals. While emerging adults are at high risk for depressive symptoms, acculturative stress has also been found to be positively related to higher rates of depressive symptoms among six groups of Asian immigrant elders (Chinese, Korean, Indian, Filipino, Vietnamese, and Japanese) (Mui & Kang, 2006). Mui and Kang (2006) found that acculturation stress was caused by elders' perception of a cultural gap between themselves and their adult children which led to high depression levels among the elder generation. Other factors that influenced depression included proximity of children, help received from

children, and longer residence in the U.S. A possible cultural explanation that is provided for the increase in depressive rates among older adults is that the longer the elder has lived in the U.S., the more likely he or she was to have American-born children whose acculturation and expectations, values, and norms would differ from the foreign-born elder (Mui & Kang, 2006). The perceived cultural gap influenced worries about the future and the possibility that their children would not be there to help them in times of need. Indeed, acculturation is a multidimensional process (Mills & Henretta, 2001) and while elder individuals may face depressive symptoms, previous literature has found that family conflict and the inter-generational cultural gap may cause depressive symptoms linked to suicide among the younger generation as well (Leong et al., 2007).

Thus, Mui and Kang (2006) conclude that it is important for mental health professionals to be cognizant of cultural values and norms when working with Asian American individuals because, in families with high intergeneration conflict, family counseling should work towards enabling Asian families to work through the cultural values and expectation differences. This intervention may result in reduced depression levels and acculturative stress among elderly parents, as well as among their children. This study also highlights differences between subgroups as Filipino and Korean immigrant elders reported lower levels of depression, because they seem to have adjusted well to the mainstream society, in comparison with Japanese, Vietnamese, Chinese, and Indian individuals. Overall, these within-group differences support the importance of examining the heterogeneity of subgroups when screening, assessing, and diagnosing depression, rather than grouping Asian individuals as one, unified group.

Furthermore, language is also an important factor of acculturation that is associated with the expression of depressive symptoms. Specifically, English language proficiency plays an important role in the communication and expression of depressive symptoms (Lam, Pacala, & Smith, 1997). For instance, in a study examining the relationship of English proficiency and depressive

symptoms in a sample of Chinese American adolescents, it was found that self-reported low English proficiency in middle school was related to later reporting of speaking the language with an accent in high school, which in turn related to the perception of being labeled as foreigners. Boys and girls who adopted the foreigner stereotype reported increased depressive symptoms and discrimination levels in compared to individuals who did not identify as foreigners. Interestingly, both boys and girls interpreted the foreigner stereotype differently. For instance, while girls related the perpetual foreign stereotype to perceptions of chronic daily discrimination which increased the risk for depressive symptoms, boys related the perpetual foreigner stereotype to discriminatory victimization experiences, which increased the risk for depressive symptoms (Lam, Pacala, & Smith, 1997). This suggests that Chinese American boys are more susceptible than girls in self-reporting depressive symptoms because of being stereotyped as a foreigner. Although examining gender differences in the acculturative process goes beyond the scope of this paper, future research should focus on the effects of perceived discrimination in the acculturative process on depression. Previous research on acculturation has shown that mastering the language of the dominant culture is important for the adjustment to the mainstream society and that it is one of the most salient indicators of acculturation level (Gordon, 1964; Uba, 2002; & Vega et al., 2003). For this reason, mental health professionals and educators should facilitate Asian American children's acquisition of English language skills (Lam et al., 1997), because this not only applies to children of Chinese American descent, but to other individuals of Asian American descent who find language as a barrier in day-to-day social interactions, especially as this poses as a potential risk to psychosocial adjustment.

One important factor that Kalibatseva and colleagues introduces in her paper is analyzing depression as a multi-dimensional construct. The existing assessments of analyzing depressive symptoms may have limited cultural validity, and this may reduce its clinical efficacy in non-

Western populations (Marsella et al., 1985). Thus, Marsella and colleagues (1985) measured depression through five factors that include affective, somatic, interpersonal, cognitive, and existential. As evident in previous research, Western culture tends to focus on the affective symptoms of depression (i.e., depressed mood, hopelessness), while non-Western populations tend to focus on the somatic symptoms of distress (i.e., loss of appetite, sleep problems) (Kalibatseva et al., 2011). Marsella & colleagues (1973) explored the expression of depressive symptoms among Japanese, Chinese, and European Americans and found that each group reflected different symptoms of depression. For instance, Chinese Americans were more likely to express somatic complaints that include headaches and insomnia, whereas Japanese Americans expressed increasing interpersonal symptoms, such as anti-social behavior. European Americans experienced more affective symptoms (i.e., hopelessness, depressed mood, suicidality). Thus, the findings of this study suggest that the experience and expression of depressive symptoms in different ethnic and racial groups may vary. Future research should work to embrace a multi-dimensional framework to examine the causes of different symptoms of depression among individuals from various ethnic and racial groups. It is important to understand the experiences and expression of depressive symptoms across Asian subgroups to aid in proper-tailored interventions that aid in the diagnosis and treatment of depressive symptoms.

After understanding the prevalence and expression of depressive symptoms among Asian subgroups, it is important for future research and mental health professionals to be cognizant of how to assess and diagnose depression among this burgeoning group. Kalibatseva and colleagues (2011) provide recommendations based on three domains that represent the overall understanding of depression among the Asian American population. These three areas include the heterogeneity between and within ethnic Asian groups, the multidimensionality of depression, and the intersection of factors such as acculturation and immigration among depressed Asian Americans.

Grouping Asian Americans as a homogenous group as opposed to dividing them into separate subgroups masks our ability to highlight the similarities and differences into the causes and effects of depression between ethnic groups. Likewise, looking at depression through a multi-dimensional lens that consists of various somatic symptoms, in addition to affective symptoms, is important to note as it may aid in the diagnosis and treatment of depression. Lastly, considering the role of acculturation and factors that are interrelated with acculturation such as family conflict and language affects the perceptions of the individual with his or her environment and can also aid in treatment for depression. Because the Asian American population is increasing rapidly in the United States, future research should focus on examining cultural differences in beliefs and values within subgroups to provide suitable interventions for each subgroup.

VI. Correlates of Suicide: Hopelessness

Hopelessness, which is defined as a decrease in the expectation of positive future consequences and an increase in the outlook of negative consequences (Abramson et al., 1998) is also known as a reliable risk factor for suicidal thoughts and behaviors (Nock et al., 2008; Smith, Alloy & Abramson, 2006). The hopelessness theory of suicide suggests that hopelessness is associated with risk for suicide through cognitive vulnerabilities, including suicidal ideation (Abramson, Alloy, Hogan, et al., 2000). Several studies have examined how hopelessness can help predict suicide risk. For example, Kuo and colleagues found that hopelessness predicted cognitive vulnerabilities, such suicidal thoughts and behaviors, over a 13-year period. In fact, individuals who expressed hopelessness had about 11 times higher odds of dying by suicide over the 13-year period (Kuo, Gallo, & Eaton, 2004). Researchers found that the association between hopelessness and suicidality was stronger than the association of depression and suicidality and concluded that hopelessness was an independent risk factor for suicide death, suicide attempts, and suicidal ideation. In another cross-sectional study, Forman and colleagues found that increased levels of

hopelessness distinguished individuals who attempted suicide multiple times compared to individuals who had just made one suicide attempt (Forman, Berk, Henriques, Brown, & Beck, 2004). Additionally, hopelessness was also shown to be a major predictor of suicide among psychiatric patients in a ten-year study (Beck, Brown, & Steer, 1989). Beck and colleagues found that the mean hopelessness rating for patients dying by suicide (7.1%) were significantly higher than patients who did not die by suicide, and scores on a self-report measure of hopelessness has been found to predict suicide deaths in both psychiatric outpatients and inpatients (Beck, Brown, & Steer, 1989; Brown, Beck, Steer, & Grisham, 2000). Overall, hopelessness has been found to be an important risk factor that increases our understanding of suicide risk.

There have been minimal studies that have focused on the relation between hopelessness, depression, and suicide among Asian American young adults. In one such study, Stewart and colleagues (2005) found that hopelessness was a strong predictor of depression and suicidal thoughts among Asian adolescents in Hong Kong and the U.S. This study examined the cross-sectional and longitudinal associations of depressive symptoms and suicidal ideation among Hong Kong Chinese and White American adolescents through two self-reported surveys, conducted six months apart. Researchers found that hopelessness was the most apparent cognitive variable associated with suicidal ideation in both cultures, and among boys and girls (Stewart, Kennard, Lee, Mayes, Hughes, & Emslie, 2005). Additionally, hopelessness continued to predict suicidal ideation after adjusting for depressive symptoms. They also found that adolescents in Hong Kong reported significantly increased levels of pessimism and depressive symptoms in comparison with Asian adolescents in the U.S. Thus, cultural norms and values may influence perceived depression and optimism in Asian and Western cultures.

Likewise, Choi and Rogers (2010) found that hopelessness was significantly related with an increased risk for suicidal behavior, as measured by history of suicide ideation and attempts,

among a group of Asian American college students. The primary purpose of this study was to examine the validity of the College Student Reasons for Living Inventory with Asian American College Students (Choi & Rogers, 2010). The CSRLI consists of six subscales that represent college students' reasons for living including survival and coping beliefs, responsibility to friends and family, fear of suicide, and fear of social disapproval (Linehan et al., 1983). Researchers hypothesized that reasons for living scores would be significantly, negatively related to scores on depression and hopelessness. They found that the CSRLI was supported in this study, given that Asian American college students appeared to experience increased levels suicide behavior compared to European American students, and the importance of protective factors in suicide assessment, as depicted in the subscales of the CSRLI, aided in understanding the cognitive component of suicidal thoughts and behaviors (Choi & Rogers, 2010). Interestingly, the perceived ability to deal with one's problems, through the Survival and Coping Beliefs subscale, were found to be significantly, negatively related to hopelessness and depression. In regards to examining the impact of culture on suicide, the issue of interdependency in regards to suicide is seen as social act (Shiang, Kjellander, Huang, & Bogumill, 1998), and suicide may lead a family to face disgrace and shame, through the possible explanation that the family failed in the upbringing of its children (Choi & Rogers, 2010). Thus, the desire to bring shame to the family may serve as a barrier and protective factor to suicide, to avoid bringing shame to the family (Choi & Rogers, 2010). However, because the results indicated that Asian American students experience a high level of suicidal behavior, it may be possible that their subjective experience of distress may likely be overlooked by peers (Okazaki, 2002). Thus, it is important to target Asian American students for early detection of psychopathology and easier access to mental health services (Choi, Rogers, & Werth, 2009). Overall, while culture may play as a protective factor against suicidal behavior, the increasing levels in the correlates of suicide, may indicate the need for an increase in access to

mental health treatment and counseling among Asian Americans. Thus, it is important to understand the role of culture in influencing suicidal thoughts and behaviors among Asian and European Americans.

Furthermore, previous research found racial differences in hopelessness as a mediator in the link between depression and suicidal ideation across college students who identified as White, Hispanic, and African American (Hirsch, Visser, Chang & Jeglic, 2012). This suggests that race and ethnicity may contribute to the relation between hopelessness and risk for suicidal thoughts and attempts. Hirsch and colleagues found that for White, African American, and Hispanic college students, there was a positive association between depressive symptoms and suicidal behavior, while this association was not significant for Asian college students. Hopelessness buffered the association between depression and suicide among Black and White individuals, and hope buffered the relationship between Hispanic and White individuals. From a cultural perspective, culture may influence the meaning and function of cognitive-emotional risk and protective factors (Hirsch et al., 2012). Examining the results from a cultural perspective also emphasizes on the role of acculturation, particularly because the effect of hope in Hispanics is more similar to Whites than for Blacks. Hopefulness may also be positively related to religion and family ties which have been shown to be present in Hispanic communities, and can buffer against distress (Chang et al., 2010). While not a lot of research has focused on the association of hopelessness and acculturation with psychopathology across minority racial and ethnic groups, future research should focus on examining sociocultural factors such as acculturation and religion to facilitate understanding of how to reduce suicide risk.

In one of the few studies conducted among South Asian emerging adults and suicide risk, Lane and colleagues (2016) found a strong relation between hopelessness and suicidal ideation among Indian American college students in relation to Pakistani and Bengali American college

students. Specifically, Lane and colleagues found that Bangladeshi Americans identified with lower levels of suicidal ideation than Asian Indian individuals. Additionally, Pakistani American individuals identified with low levels of suicidal ideation than Asian Indian individuals.

Interestingly, Bangladeshi and Pakistani American ethnicities interacted with hopelessness, where hopelessness was associated with lower levels of suicidal ideation than among Asian Indian individuals (Lane et al., 2016). Thus, they concluded that Asian Indian individuals were more vulnerable to suicidal ideation, while other South Asian ethnicities may buffer against suicidal ideation, in interactions with hopelessness. Indeed, cultural factors may influence suicidal thoughts and behaviors and the respective correlates of suicide. The findings from this study suggest there may be differences in the relation between emotional expression and the correlates of suicide that increase risk for suicidal thoughts and behaviors, not only among White's and Asian American's, but also within Asian subgroups. Additionally, Asian Indian individuals may be subject to cultural value conflict and interpersonal stressors that may set them apart from other South Asian ethnicities (Farver et al., 2002; Varghese & Jenkins, 2009).

Because this study did not focus on acculturation, future research should focus on how this cultural factor may impact perceived hopelessness and suicidal ideation among the South Asian community. Because collectivist factors such as family obligation and obedience to elders are common in South Asian communities, family conflict may influence adjustment into the mainstream culture. While South Asian ethnicities such as Bangladeshi and Pakistani American ethnicities have increased by 203% and 103 %, respectively, between 2000 and 2010 (Hoeffel et al., 2012), it is imperative to focus on providing mental health services to this subgroup.

Family conflict has been found to be positively associated with hopelessness among depressed individuals (Becker et al., 2009). Because there is limited understanding of factors distinguishing depressed individuals who experience hopelessness, Becker and colleagues sought

to examine predictors of hopelessness among clinically depressed adolescents. Researchers found that hopelessness was associated with greater depressive symptoms, poor social problem-solving and cognitive capabilities, and family conflict. Additionally, researchers found that view of the self, view of the world, need for social approval, and family problems contributed to the best predictors of hopelessness among this sample. Interestingly, the need for social approval has been shown as a protective factor against suicide (Choi & Rogers, 2010). Overall, cognitive and familial factors were main predictors of high levels of hopelessness among depressed youth. From a cultural perspective, collectivist values and beliefs among Asian Americans have shown how this ethnic group is more prone to develop family conflict due to intergenerational differences. Thus, while there is limited research on the effects of acculturation on hopelessness, it would be interesting to see how family conflict can influence levels of hopelessness due to difficulties in adjustment to the mainstream culture.

VII. Acculturation and Hopelessness

Prior research has examined the effects of acculturative stress and hopelessness on suicidal ideation by immigration status among college students (Lane & Miranda, 2018). Family conflict, particularly intergenerational differences between the parent and child, have been found to be positively linked with hopelessness among depressed individuals (Becker et al., 2009). There is limited literature of which we are aware on the relationship between acculturative stress and hopelessness, particularly among Asian subgroups. One study found that the association between hopelessness and risk for suicidal behavior was stronger among Black emerging adults than White emerging adults (Durrant et al., 2006). Indeed, factors such as racial discrimination and socioeconomic status may influence variation in suicidal thoughts and behaviors. Furthermore, Hovey (2000) found that hopelessness was the strongest predictor of suicidal ideation among Mexican immigrants and acculturative stress emerged as an independent predictor of suicidal

ideation. The current paper has discussed how immigration and perceived acculturative stress may increase feelings of depression which may be linked to suicidal thoughts and behaviors. Thus, it may be possible that acculturative stress may increase vulnerability to depression and suicidal ideation through increases in hopelessness (Polanco-Roman & Miranda, 2013).

The Interpersonal Theory also contributes to our understanding of hopelessness and suggests that hopelessness may develop from a perceived need to belong, and thoughts of hopelessness may increase suicidal thoughts and behaviors (Joiner, 2005). Negative social interactions that result in acculturative stress may decrease an individuals' sense of belonging, which may result in an increase in feelings of hopelessness and risk for suicidal behavior (Joiner et al., 2005). Because of the influence of acculturative stress on suicidal thoughts and behaviors, Polanco-Roman and Miranda (2013) sought to examine the role of acculturative stress, hopelessness, and suicidal ideation among emerging adults. They found that acculturative stress was a significant predictor of hopelessness and suicidal ideation and that hopelessness mediated the relationship between acculturative stress and suicidal ideation. Specifically, higher acculturative stress at baseline predicted higher levels of suicidal ideation through hopelessness after the time-span of two to three years (Polanco-Roman & Miranda, 2013). Additionally, acculturative stress had an indirect, negative relation through hopelessness among individuals low in ethnic identity. Based on these findings, it is evident that acculturative stress increases vulnerability to hopelessness and suicidal ideation. Interestingly, the study also found that a higher ethnic identity was associated with lower levels of hopelessness and few depressive symptoms. Thus, ethnic identity may serve as an indirect buffer against acculturative stress, depressive symptoms, and suicidal ideation through hopelessness (Polanco-Roman and Miranda, 2013). Future research should address these relationships among Asian American subgroups. Furthermore, because acculturative stress has been found to be associated with increased risk for suicidal ideation,

addressing culturally related stressors such as ethnic identity, may result in better understanding of risk and treatment. Clinicians should also examine ethnic identity development, as a strong identification with one's ethnicity may garner adaptive coping responses, which can help in decreasing the negative effects of acculturative stress (Polanco-Roman & Miranda, 2013). Overall, initiative in taking these steps would aid in addressing racial disparities in risk factors for suicidal thoughts and behaviors.

VIII. Conclusion

Acculturation has a profound impact on suicidal ideation as well as the correlates of suicide among Asian subgroups. Cultural norms and values define and divide one culture from another, and these factors highlight differences in the manifestation and treatment of mental disorders. Treating the Asian population as a homogenous group masks the cultural boundaries that identify each subgroup. Indeed, these cultural markers influence the mindset and behaviors of individuals differently from one subgroup to another, and it is important for clinicians to understand these differences to provide well-tailored interventions. Because acculturation has been largely understudied in the Asian American population, future research should examine how this cultural factor may influence suicidal thoughts and behaviors, particularly as the acculturative process impacts difficulties in adjustment to the mainstream culture. Examining the historical aspect of Asian immigration provided a background to the events that encouraged many immigrants from different parts of Asia to immigrate to the United States. As many escaped dire circumstances from their homeland (i.e., financial instabilities), many immigrants saw the United States as a safe haven to protect and support their families. However, difficulties in adjusting to the mainstream culture of the United States, through factors such as language proficiency and inter-generational conflict, was shown to impact the mental health of the parent and child through differences in perceived cultural norms and values of the Asian culture versus Western culture. Thus, interventions and treatment should also take into consideration factors such as inter-generational cultural differences between the parent and child when assessing individuals who identify as Asian.

As examined in this paper, the well-known correlates of suicide (i.e., depressive symptoms, hopelessness), impact each subgroup differently through differences in cultural values and beliefs. Future research should also seek to examine the relationship between acculturation and the correlates of suicide among Asian subgroups, as suicidal thoughts and behaviors vary by race and

ethnicity. Thus, suicide prevention programs and interventions should address differences in cultural beliefs and values among Asian subgroups to understand the various pathways in risk for suicide that may make one subgroup more prone to suicidal thoughts and behaviors than another subgroup. Because of the increasing Asian population in the United States, more research and literature should focus on cultural aspects of assessing and diagnosing mental disorders, to provide better interventions and treatments to each subgroup.

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