

# Why Do So Many Latina Teens Attempt Suicide? A Conceptual Model for Research

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Rates of suicide attempts among adolescent Latinas have been reported to be higher than for their non-Hispanic counterparts. Yet researchers know very little about the attempts, their antecedents, and why the girls attempt suicide. Latina girls have been included in research on suicidal adolescents and typically show higher rates of attempts relative to similar psychopathology when compared with other young women. A few small studies have focused on Latinas, but none have explored why suicide attempt rates are higher. The authors constructed a conceptual model to provide a formulation of this phenomenon on the basis of a review of the literature on suicide attempts among Latinas and their clinical experience. This model can serve as a framework to guide research on the unique sociocultural processes present in Latina adolescent suicide attempts and may also benefit the work of clinicians.

Nationally, one in five Hispanic girls attempts suicide; this is a higher rate than for their non-Hispanic peers (Centers for Disease Control and Prevention [CDC], 2000; Substance Abuse and Mental Health Services Administration [SAMHSA], 2003). This has prompted investigators such as Canino and Roberts (2001) to ask, “What is it about living in the U.S. that may place Latinos at risk for psychological disorders and suicidal behaviors?” (p. 128). However, we know so little about the attempts, their antecedents, and why the girls attempt suicide that this question remains to be answered. Although evidence shows that Latinas who attempt suicide share similar types of psychopathology with other racial and ethnic adolescent attempters, we do not know why the suicide attempt rates differ so dramatically. What little is known comes from anecdotal descriptions, not empirical explorations of sociocultural dynamics.

To answer Canino and Roberts’s (2001) question, inductive, empirically based, intraethnic research is needed to begin to understand the influence of cultural factors on suicide attempts. Until we uncover *intraethnic* explanations of this phenomenon, we are hard put to understand *interethnic* differences. In this article, we present a conceptual model to help guide research on the phenomenon of Latina suicide attempts. In our model, we consider the subjective experiences of teenage Latinas; psychological, family, and sociocultural experiences related to the attempts; and why the attempts become the chosen response.

## A Natural History of the Empirical Literature on Latina Suicide Attempts

The history of the literature on suicide attempts among Latinas is one hobbled by neglect. Beginning with the first reports by Trautman (1961a, 1961b) on suicide attempts among Puerto Rican women in the South Bronx of New York City, there has been alarm registered in the literature and by clinicians in urban practices about the apparently high numbers of adolescent Latinas attempting suicide. Yet so little research has occurred over the past 4 decades that we have no empirical explanations about what motivates Latina girls to attempt suicide.

Efforts to understand the phenomenon have been hampered by a dearth of solid statistics. Until the late 1990s, the available facts we had came from small-scale studies with limited samples and methods. For

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Support for work on this article was provided by National Institute of Mental Health Grants R24 MH50857 and R01 MH070689.

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example, Friedman, Asnis, Boeck, and Difiore (1987) surveyed 382 high school students in the Bronx, New York, and found that a large proportion of Hispanic girls had attempted suicide. Razin et al. (1991) reported that suicide attempts by Hispanic adolescent girls ( $N = 33$ ) in a Bronx hospital represented more than 25% of all patients hospitalized for suicidal behavior, the highest of any age or ethnic group in the hospital population. From California, Ng (1996) reported that of 61 Mexican American adolescents who had been admitted to a psychiatric service for suicide attempts, 66% were female. Other reports substantiated the presence of the problem. Garofalo, Wolf, Wissow, Woods, and Goodman (1999) reported that, among 3,365 urban teens, being a Hispanic girl was a strong predictor for suicide attempts. Rew, Thomas, Horner, Resnick, and Beuhling (2001) studied 8,806 seventh-, ninth-, and eleventh-grade students in Connecticut and found that more Latinas had attempted suicide (19.3%) than non-Hispanic girls in the preceding 12 months. Tortolero and Roberts (2001) found that Mexican American girls in Las Cruces, New Mexico, and Houston, Texas, were twice as likely as other teens to have suicidal ideation. During a 7-month period in 1999, of 141 girls seen by a New York City child crisis team, 33 (23.4%) had attempted suicide, and 27 of these (i.e., 82%) were Hispanic (L. R. Torres, PhD, personal communication, June 1999). In short, although some investigators have incorporated Latina teens in their studies, the samples have been small, and the emphasis has not been on Hispanics, despite their consistently high rates of attempts.

Substantial confirmation about the prevalence of the problem came from the CDC's Youth Risk Behavior Surveillance (YRBS). The 1995 YRBS showed that a startling 21% of Hispanic girls between the ages of 14 and 17 years had attempted suicide in the previous 12 months, in comparison with 10.4% of non-Hispanic White and 10.8% of African American girls in the same age group (CDC, 1996). Subsequent YRBS data (CDC, 2000) showed little change: In 1999, adolescent Hispanic girls were significantly more likely to have (a) considered attempting suicide (26.1%) than African Americans (18.8%), (b) planned an attempt (23.3%) than African Americans (13.7%) and Whites (15.5%), and (c) attempted suicide (18.9%) than African American (7.5%) and Whites (9.0%; CDC, 2000). The 2001 YRBS (Grunbaum et al., 2002) showed that adolescent Hispanic girls continued to attempt suicide at higher rates than other ethnic groups: Of Hispanic girls, 15.9% had attempted suicide within the preced-

ing 12 months, compared with 10.3% of White girls and 9.8% of African American girls. Because YRBS respondents are in school, the survey misses dropouts, who may be at higher risk. The YRBS asks only about 12-month prevalence, possibly underestimating the overall prevalence rate.

More recently, the National Household Survey on Drug Abuse (NHSDA; SAMHSA, 2003) reported that, in 2000, about 283,000 Hispanic girls aged 12 to 17 years were at risk for suicide. U.S.-born Hispanic teenage girls were more likely to be at risk for suicide than foreign-born girls. The peak suicide attempt risk ages were 14–15 years (22.6%), followed by 16–17 years (17.2%) and by 12–13 years (13.2%). Hispanic teens in small metropolitan areas had a higher suicidal risk (22%) than those in large metropolitan or nonmetropolitan areas (17% each), but there were no differences in risk by geographic region or Hispanic subgroup.

If we take the YRBS and NHSDA numbers and compare them with general population statistics (e.g., that 9% of all teenagers attempt suicide at least once; CDC, 1995), the profile for Hispanic girls appears grim. If we go the next step and apply to Hispanic girls the finding that attempters are from six to eight times likelier to reattempt suicide than adolescents who never attempted (Lewisohn, Rohde, & Seeley, 1994), our alarm only increases. One of the key predictors of completed suicide is a previous suicide attempt (Moscicki, 1999), which places adolescent Hispanic girls in grave danger of inflicting serious injury, if not death. Indeed, Hispanic girls are twice as likely as African American and non-Hispanic White girls to make suicide attempts that require medical attention (CDC, 1996, 2000; Feldman & Wilson, 1997; Roberts & Chen, 1995).

What's more, suicide attempts do not appear to be confined to one or two Hispanic subgroups. In the years after Trautman's (1961a, 1961b) reports, it seemed that suicide attempts were a primarily Puerto Rican phenomenon (Razin et al., 1991; Zayas, 1987, 1989). However, in time, reports from other parts of the United States showed increasing numbers of adolescent female attempters of Cuban, Dominican, Mexican, Nicaraguan, and other Hispanic subgroups (Canino & Roberts, 2001; Ng, 1996; Rew et al., 2001; Roberts & Chen, 1995; Robles, 1995; Tortolero & Roberts, 2001; Vega, Gil, Zimmerman, & Warheit, 1993). It is not surprising that with the 57% growth of the Hispanic population since 1990, to become nearly 13% (32 million) of the total U.S. population—and a young group at that, with a median age of 26.6 years (15.4 million below the age

of 25 years; Therrien & Ramirez, 2000)—Hispanic research samples are more diverse.

### Conceptual Model for Studying Hispanic Girls' Suicide Attempts

Through a careful reading of the literature and our clinical experience, we have constructed a conceptual model for understanding Hispanic girls' suicide attempts. The model is intended to be a formulation for research, but it may have utility for clinicians as well. It encompasses sociocultural processes that include cultural traditions, family dynamics, and adolescent development. The model is not intended to discern underlying psychopathology that bears on suicide attempts; there is already much literature on this. Rather, the model focuses on the part played by sociocultural processes, drawing on the cognitive–developmental and developmental-systems theories of Vygotsky (1978) and Bronfenbrenner (1979) as foundations for understanding the cultural and ecological contexts of Hispanic suicide attempts (see Figure 1).

Vygotsky (1978) proposed that culture is found not simply in society as a whole but rather in the interaction of specific persons, in particular the family. In this *zone of proximal development*, culture at its most basic (e.g., behavior, beliefs, values) is transmitted from adults to children through learning and exercises that are used by families and often prescribed by cultural traditions and technology. This intimate cultural interaction is located in what Bronfenbrenner

(1979) termed the *microsystem*: the level that encompasses intimate family interactions, adolescent development, cultural values instruction, and the socialization process that Vygotsky described. Among the values that are transmitted in the zone of proximal development in Hispanic culture is the centrality of the family (discussed below as *familism*). The *mesosystem*, the next level of social and historical influences, confronts Hispanic families with broad cultural forces that influence members differentially, such as acculturation pace and stresses as well as degree of exposure to and adoption of attitudes and behaviors of the host culture.

In this framework, we locate the adolescent attempter within a social-structural environment that is influenced by the microsystem's dynamics (e.g., specific cultural traditions, socialization practices, functioning) and that competes with mesosystem forces (Coatsworth et al., 2000; Szapocznik & Coatsworth, 1999). In enforcing the primacy of familism, many Hispanic families exert authoritarian parenting supported by cultural beliefs that emphasize deference to parents, restrictions on adolescent female autonomy, and family unity. However, countervailing pressures from the broader social–cultural environment about adolescent autonomy and sexuality, for example, can create adolescent–family conflicts that test a family's adaptability to these tensions. Developmental drives toward autonomy during adolescence may meet parental injunctions for family unity and dependence. Both parents and adolescent may see family unity as

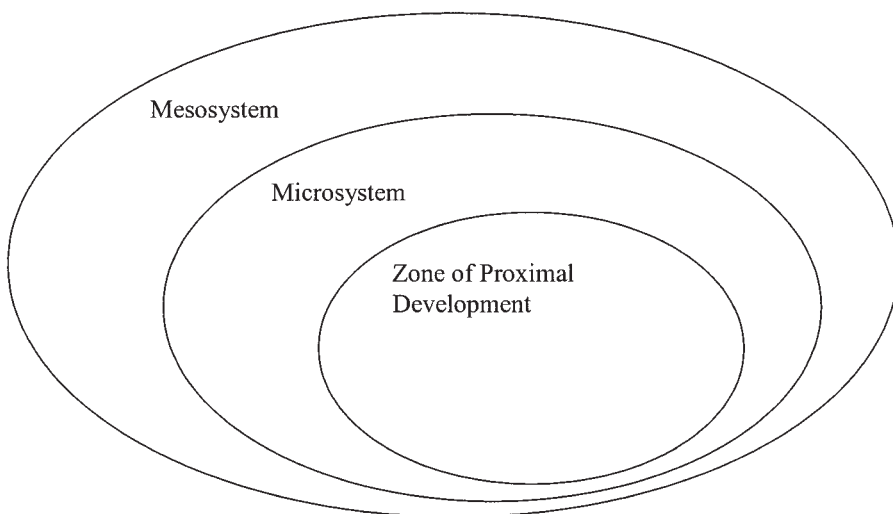


Figure 1. Family and adolescent ecodevelopmental context.

being in jeopardy. When this is complicated by poor family functioning, conflicts in parent–daughter interactions, and psychological vulnerability, the conditions for the suicide attempt may be set.

Specifying a conceptual framework focuses research, especially in making it contextually relevant. Many factors distilled from the empirical and theoretical literature are organized into distal and proximal factors, in line with the definitions used by Moscicki and Crosby (2003). Distal factors are those that give rise to and exacerbate the underlying vulnerability for suicidal behavior, located in the family sociocultural environment section of our model (i.e., culture and cultural traditions, family functioning, adolescent development within an external social context). Proximal factors are more immediate antecedents to the suicide attempt and may also be precipitants. In our model (see Figure 2), proximal factors are represented by two factors: the adolescent’s psychosocial functioning, and an adolescent–family crisis (usually a family-related interpersonal dilemma). We recognize that, even in this model, one could posit that the adolescent’s functioning represents an intermediate factor, not just a proximal one, in that it may emerge from the distal family sociocultural environment but precede a proximal event, such as the family crisis we hypothesize. Regardless of whether we assume two (distal and proximal) or three (distal, intermediate, and proximal) groups, the interaction of these factors sets the necessary and sufficient conditions for suicidal acts (Moscicki & Crosby, 2003).

The model is intended to depict flow and interaction among experiential domains rather than to specify the hierarchy or intensity of factors involved. The

latter can be viewed as an empirical question that can be adequately investigated through careful qualitative research. Therefore, we address the areas of our model in their theoretical progression. As such, individual psychopathology (what we call *psychosocial functioning*) is considered to be a proximal factor and is placed at the point where we think it has its major influence.

### *Family Sociocultural Environment*

*Culture and cultural traditions* influence emotional and behavioral problems of youth, associated symptomatology, and risk factors (Bird, 1996; Canino, Bird, & Canino, 1997; Canino & Guarnaccia, 1997). However, cultural factors associated with suicide attempts by adolescent Hispanic girls have not been studied directly. Conducting research regarding which ethnicity and culture are central requires clear definitions of cultural factors rather than a reliance on vague concepts. As we considered the unique factors involved in suicide attempts by adolescent Latinas that are evident to us, our attention converged on the cultural value of familism—that is, the cultural socialization to the family (Lugo Steidel & Contreras, 2003; Sabogal, Marín, Otero-Sabogal, VanOss Marín, & Perez-Stable, 1987; Zayas & Palleja, 1988). Hispanic familism reflects the centrality of the family in the institutional structure of Latin American societies and the governing role of the family in the individual’s life and behavior. It emphasizes maintenance of family cohesion, obligation and intense attachment to relatives, and primacy of the family in the individual’s self-identity and social world. Familism includes deference to parents’ and

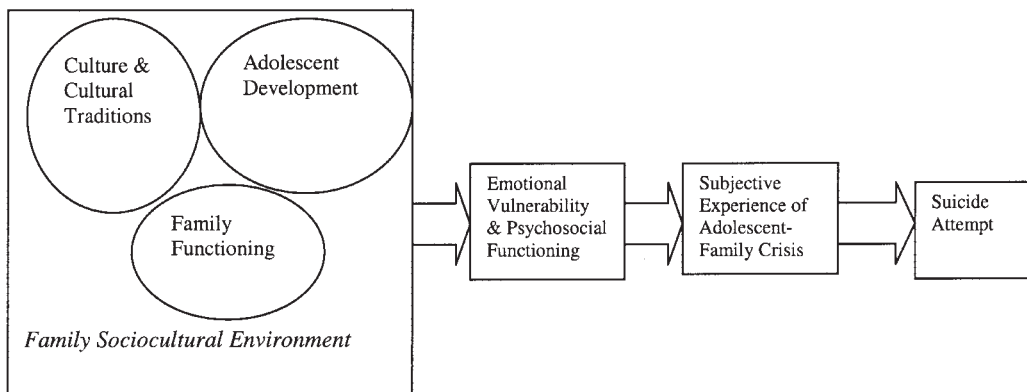


Figure 2. Proposed conceptual model for research on suicide attempts by adolescent Latinas.

the family's needs, emphasizing interdependence. Cultural family traditions socialize Hispanic women to be passive, demure, and hyperresponsible for family obligations, unity, and harmony (Gil & Vazquez, 1997). A girl's perception of causing a breach in family integrity may be a precondition for her suicide attempt.

Migration, acculturative stress, discrepant levels of acculturation, and Hispanic sociocultural factors are important elements in understanding Latina suicide attempts (Hovey & King, 1996). Zayas (1987, 1989) proposed that, in addition to acculturation, the socioeconomic disadvantage of many suicide attempters, their traditional gender role socialization, their ethnic identity, and adolescent-parental conflict seem to converge in the suicide attempt, which raises questions of whether the suicide attempts are distinguishable by generational status and the psychological and family profiles. Multiethnic studies (e.g., Lester & Anderson, 1992; Vega, Gil, Warheit, Apospori, & Zimmerman, 1993) have implicated the influence of acculturation and other sociocultural factors in the higher proportion of Hispanics' suicidal ideation and attempts. Other studies have shown that suicide rates are higher among Latinos in the United States than in their countries of origin and that acculturative stress may be related to the higher risk (Canino & Roberts, 2001). However, how acculturation and generational status influence adolescent Hispanic girls' suicide attempts remains unclear. There is confirmation from Razin et al.'s (1991) and Ng's (1996) reports that the typical attempter is a 15- or 16-year-old acculturated daughter of Hispanic immigrants who are low in acculturation. As acculturative discrepancies between teenagers and parents often exist among Hispanics, this does not explain why other adolescent Hispanic girls matched for acculturation and generational status do not attempt suicide even when dealing with similar mental health issues. One possibility is that the level of acculturative discrepancy between daughters and parents may be mediated by parents' flexibility or rigidity in their interactions with the girl.

*Family functioning* is another element of the model. As noted earlier, Hispanic family traditions (familism) may influence how the adolescent girl and her parents respond to psychosocial stress, and dysfunctional families may be considerably more challenged than well-functioning families. In traditionally structured Hispanic families, the emphasis on restrictive, authoritarian parenting, especially for girls, affects the family's capacity to respond flexibly during a crucial developmental period. Specific family cultural issues may emerge in the differences

between the traditional values, beliefs, and socialization practices of the family's original culture and those of the host culture and between the rapidly acculturating and developing adolescent girl and her less acculturated, more traditional parents. For both Hispanic and non-Hispanic adolescents, dysfunctional family environments (e.g., low cohesiveness, familial and marital conflict, low parental support and warmth, parent-adolescent conflict) attenuate the families' capacity to aid distressed adolescents, raising the potential for a suicide attempt (Fremouw, Callahan, & Kashden, 1993; Hovey & King, 1996; King, Raskin, Gdowski, Butkus, & Opiari, 1990; Wagner & Cohen, 1994). Negative parenting; a history of physical or sexual abuse; poor communication in families, such as less active and communicative father-daughter relationships; and problematic mother-daughter relationships are risk factors for suicide attempts (De Wilde, Keinhorst, Diekstra, & Wolters, 1993; King, Segal, Naylor, & Evans, 1993; Marttunen, Aro, & Lonnqvist, 1993; Rew et al., 2001; Wagner, 1997). Moscicki and Crosby (2003) cited interpersonal difficulties, such as a relationship break-up or arguments and fights with parents or boyfriend, as playing a central role in suicidal behavior, a proximal antecedent.

The early accounts of Hispanic suicide attempts (Trautman, 1961a, 1961b) identified them as "suicidal fits" among young Puerto Rican women and adolescents. Trautman's description still fits somewhat the profiles we see in clinical settings today: The suicide attempts are typically impulsive escapes from stressful situations, often manifested by the ingestion of pills, and are related to disturbances in family relations, typically with a spouse or mother. Most attempters have no thought of death, and often they are not aware of their thoughts and do not manifest psychotic symptomatology. This description is strikingly similar to the situational phenomenology of the culture-bound syndrome known as *ataques de nervios*, an idiom of distress seen among Caribbean and other Hispanic women. *Ataques* are dissociative experiences characterized by intense affect that may include fainting, crying, trembling, screaming, becoming verbally or physically aggressive, feeling a sense of loss of control, and, sometimes, suicidal gestures (Oquendo, 1994). *Ataques*, which share some overlap with panic disorders but are a more inclusive construct (Liebowitz et al., 1994), "frequently occur as a direct result of a stressful event relating to the family" (American Psychiatric Association, 1994, p. 845). Central to the experience of the *ataque*—and, it seems to us, to the

suicide attempt—is the threat to the integrity of the woman's social world, especially that of her family (Guarnaccia, 1993; Guarnaccia, Canino, Rubio-Stipec, & Bravo, 1993). Suicide attempts by young Hispanic girls also appear to be linked to a family relational disruption, a tangible threat to familism. One difference between *ataques* and suicide attempts is the age of sufferers: *Ataques* are more common among adult women, whereas suicide attempts happen more often in adolescent girls. Divorce and separation (i.e., disruption of family unity) are strongly correlated with suicidal ideation and attempts among Puerto Ricans, Mexican Americans, and Cubans, especially among younger women (Ungemack & Guarnaccia, 1998). The literature on adolescent suicidality in general and in suicide attempts by adolescent Hispanic girls in particular has linked parental or familial suicidal modeling and suicide attempts (Brent et al., 2002; Rew et al., 2001; Zayas & Dyche, 1995). Razin et al. (1991) speculated that Latina suicide attempts may reflect a transgenerational dynamic—that parents, especially mothers, may have attempted suicide in adolescence.

*Adolescent developmental* issues, specifically the tension between autonomy and relatedness, may clash with the traditional child-rearing beliefs of less acculturated parents and families, who may hold to rigid definitions of family life and adolescent behavior. However, holding to cultural tradition is not ipso facto evidence of rigidity. As Canino (1982) found, well-functioning Puerto Rican families allow their daughters to express ideas that are different from those of the parents and to have friends outside the home, and they permit a modicum of privacy. Despite holding to traditional sex roles, these families showed flexible parent–parent, parent–daughter, and family environment interactions. However, it may be in the confluence of adolescent development, cultural traditions, and family functioning (i.e., family socio-cultural environment) that the suicide attempt occurs. The core dimension of development that appears to fit in the model is that of the autonomy–relatedness dynamic noted in female adolescent development (Brown & Gilligan, 1992; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Steinberg, 1990). We conceptualize this issue as integral to the family socio-cultural environment, and it influences the adolescent's emotional vulnerability to stresses, which leads to the attempt. In autonomy and relatedness, two aspects of parent–daughter relationships—receiving mentoring and experiencing mutuality—may be linked to Hispanic suicide attempts (Zimmerman

& Zayas, 1995). Razin et al. (1991) proposed that parents' inability, individually or jointly, to be effective mentors to their daughters—to provide reliable, supportive, caring inspiration and influence toward positive behaviors and choices (Rhodes, Contreras, & Mangelsdorf, 1994)—is an intrinsic part of the parent–daughter relationship in suicide attempters. However, even the closeness that is established with parents, especially mothers, can be strained when issues of sexuality and autonomy are aroused in the adolescent. Parent–daughter mutuality (i.e., bidirectional feelings, thoughts, and activities between persons; Genero, Miller, Surrey, & Baldwin, 1992) may also be important in understanding the experiences of suicidal Latinas (Zimmerman, 1991). Turner, Kaplan, Zayas, and Ross (2002) found that attempters reported much lower perceived mutuality with their mother, seemed to have a less flexible and adaptive family, and reported more periods of father absence in their life than nonattempters. The Hispanic attempter may search for mutuality with her parents (Powell, Denton, & Mattsson, 1995) but feels that she cannot receive it.

The literature seems to fall short of providing empirical evidence of the operation of this process of mutuality. The best that the literature has been able to provide are plausible but unsubstantiated conceptual speculations. As examples, poor communication between fathers and daughters and between fathers and mothers are known factors in suicide attempts among older adolescents (Johnson et al., 2002) but not empirically shown in Hispanic families. On the basis of two limited studies that inquired about fathers' role (Razin et al., 1991; Turner et al., 2002), fathers of attempters tended to be physically or emotionally absent. However, fathers' role and their perspectives on their daughters' suicide attempts are much more obscure in the literature than mothers' role and perspectives. For example, Razin et al. (1991) reported that mothers of attempters expressed the wish to receive care from their daughters, which led attempters to perceive their mother as needy for their attention and powerless in a male-oriented family culture. Johnson et al. (2002) showed that maternal possessiveness and guilt are common factors in adolescent suicide attempts and complicate the adolescents' autonomy and psychological separation (Zimmerman, 1991; Zimmerman & Zayas, 1995). The literature is quite silent on fathers' (and even siblings') contributions to this dynamic, limiting our understanding of the complexity of family ecologies.

### *Adolescent Emotional Vulnerability and Psychosocial Functioning*

Our model posits that the girl's emotional vulnerability is a key determinant in the suicide attempt. By emotional vulnerability, we mean the propensity to experience distress or conflict as imminently threatening the integrity of the self. In other words, emotional vulnerability, or sensitivity to existential threat (perceived or real), shapes the way a girl engages with the world and is engaged by it, her perception of tensions and conflicts in her social milieu, and her response to stress and difficulty (including how she handles critical family situations). In this way, emotional vulnerability is closely related to psychosocial functioning but differs from it. Emotional vulnerability refers to the emotional tone through which a girl experiences and responds to her world (particularly the family crisis related to the suicide attempt), whereas psychosocial functioning refers more to the mastery of socially acceptable coping strategies. Both of these are clearly important. Our model tries to account for the experiential antecedents to psychosocial functioning through our notion of emotional vulnerability.

Literature abounds about problems in psychological and social functioning associated with suicide attempts, and these concepts seem to be the same as or similar to those we have seen clinically. The common risk factors include major depression and dysthymic disorders, histories of physical and sexual abuse, low self-esteem, poor coping strategies, hopelessness, impulse control problems, deficient anger management, substance abuse, personality disorders, schizophrenia, and conduct disorders (Brent et al., 1993; Campbell, Milling, Laughlin, & Bush, 1993; Corruble, Damy, & Guelfi, 1999; Donaldson, Spirito, & Farnett, 2000; Goldston et al., 2001; Kingree, Thompson, & Kaslow, 1999; Mann, Oquendo, Underwood, & Arango, 1999; Velting, Rathus, & Miller, 2000). Spirito, Francis, Overholser, and Frank (1996) and Turner et al. (2002) found that suicidal adolescents used social withdrawal, wishful thinking, and blaming others as key coping strategies, unlike adolescents in a community sample, who were more likely to use social support and cognitive restructuring. Active coping buffers the effects of family stress among urban minority girls (Gonzales, Tein, Sandler, & Friedman, 2001). The suicide attempt may be an act of withdrawal from the intense social crisis, much like the *ataque de nervios* is for older women. Even with the knowledge of psychological correlates to the attempt, we still cannot answer the core question:

Why do Hispanic girls attempt suicide more often than other girls?

### *The Girl's Subjective Experience and Adolescent-Family Crisis*

Although ruptures in the normally intense friendships of adolescence create considerable stress in teenagers and have been linked to suicide attempts among non-Hispanic adolescents, these have not been as evident to us among Hispanic adolescents or reported in the literature as salient for Hispanic girls. Instead, family-related stresses appear to have more impact on the reasons given by Hispanic girls than (nonromantic) peer-related stresses (Berne, 1983; Ng, 1996; Razin et al., 1991; Zayas, 1987). Kobus and Reyes (2000) found that Mexican American adolescents reported that family stressors are the most difficult life event for them, more so than conflicts with peers. In particular, girls listed arguments with and between parents and breaking up with someone they were dating as among the most stressful events. From our clinical experience and the literature, we find that the stresses of breaking up with a boyfriend because of parental opposition to the relationship, parental discovery of the adolescent's sexual involvement with a boyfriend, and recurrent conflicts with parents that strain the autonomy-relatedness developmental process play important roles in the suicide attempts.

However, this is not exclusively a problem of the adolescent; instead, it involves the maladaptive interactions of parents and adolescents that intensify the conflict. As noted in other samples, accumulated stress in the family is a factor in suicide attempts generally (Moscicki, 1999; Wagner, 1997). Marttunen et al. (1993) noted that precipitating events for suicide attempts typically occur in the month prior to the suicide attempt. Eighty percent of Ng's (1996) Mexican American sample had planned their attempt for less than a day, and they had largely attempted via ingestion of medications. In Berne's (1983) sample of Hispanic girls, 75% attributed their suicide attempt to conflicts with their mother or a boyfriend. The interpersonal stress of the intense, often prolonged teenager-parent conflict associated with the break-up with a boyfriend or conflicts with parents regarding the boyfriend may be the principal areas of distinction between adolescent Hispanic and non-Hispanic girls' suicide attempts, which suggests that cultural family traditions play primary roles. The sequence seems to be that girls' movement toward greater social autonomy arouses family conflict, a process involving issues of development and acculturation.

Often, the struggle for more autonomy is expressed in conflict over romantic or sexual issues, such as dating. This disruption in the family over the girl's developing sexuality and greater autonomy is expressed as a prolonged and intense family struggle, with management of the girl's body (where she goes, with whom, what she wears, etc.) at center stage. When the girl is faced with a sense of unremitting parental and familial disapproval, a struggle may ensue between her autonomous self, which is making developmental strides, and her related self, which is part of a family unit. In this situation, the emotionally vulnerable girl comes to experience the family conflict as an existential threat to herself and her family's unity. As this conflict increasingly endangers the family's wholeness, the girl comes to feel that the willful extinguishing of this struggle through a suicide attempt is the only reasonable response. Part of the attempter's subjective experience may be like that of *ataque* sufferers: an overriding sense of loss of control, a threat to her social order, emotions of sadness and anger, aggressive outbursts, and loss of consciousness (Guarnaccia, Rivera, Franco, & Neighbors, 1996).

### Summary and Future Research Directions

A family conflict around the adolescent's behavior, operating within a sociocultural context that brings into conflict different models of relatedness (familism vs. autonomy), coupled with the girl's emotional vulnerability and heightened sensitivity to threatening the family order, seems to hold the catalytic potential for the suicide attempt. Our view of the attempt is that it represents a major developmental struggle between the adolescent's need for autonomy (in identity and sexuality) and her deep regard for family unity that comes from the cultural socialization of familism. Simultaneous with the desire for independence is the common developmental need for relatedness that is strengthened by strongly family-oriented socialization. Faced with less acculturated parents and families that emphasize connection and bond over autonomy, the adolescent views the conflict as a major breach in her family's integrity. Seeing no other viable solution to the "unsolvable dilemma" (Zimmerman, 1991, p. 224), the girl seeks escape through the attempt.

Because we do not have a sufficient empirically derived understanding of suicide attempts by adolescent Latinas, future research should combine qualitative and quantitative methods that draw data from multiple informants (the adolescent and her family)

to understand the sociocultural and interpersonal context of the suicide attempts. Mixed-method, multi-informant approaches promise rich, ample data to explain this important public health problem.

To start, qualitative techniques are most suitable when the knowledge about a phenomenon is limited and when the insider's view is likely to be complex. Getting this thick or deep understanding of the phenomenon obviates the need for an emic perspective. Focused, in-depth interviews that elicit narratives of the suicide attempts can focus on the meanings, motivations, sensations, perceived causes, and internal experiences that the adolescents had prior to, during, and after the attempt, including what words were said by whom, what states of consciousness the girls describe, and what impulses they felt at the time. Questions posed to both the adolescent girl and her parents about the family sociocultural environment, cultural beliefs and traditions the family observes, family functioning, and the family crisis that triggered the attempt can help fill in the context of the attempts.

An important issue that must be taken into account is what young Latinas themselves call the phenomenon. Although it is labeled a suicide attempt by the medical community, research shows that the behaviors are seldom lethal and that death was usually not intended. Perhaps the phenomenon represents something else to the girls themselves. Therefore, asking girls what they call (i.e., name or label) the experience may help us determine whether a particular appellation exists in the Hispanic culture or within the subculture of adolescent Latinas that has not yet been uncovered. Parent interviews should inquire about the meaning the suicide attempts have to them and their perspective on what it meant to their daughter. Parent interviews can also unearth other issues that parents deem relevant to the event, including family and peer relationships. Family history of suicidal behavior is also an important indicator to explore. Carefully designed interview topic guides maximize the completeness, validity, and reliability of the data. Audio recording the interviews and reviewing the transcriptions while listening to tapes increase what Maxwell (1992) termed *descriptive validity*—that is, the factual accuracy of the accounts given by subjects.

Objective assessments of the girls' mental health should supplement the data collected through qualitative means, as is common in studies of psychiatric morbidity. Quantitative methods, then, must explore variables typically associated with adolescent suicidal behavior. Many extant instruments can be used, although some may require translation and modification to match Hispanic cultural features. Table 1

Table 1  
*Variables by Domain, Conceptual Definitions, Objective Measures, and Respondents Recommended for Future Research on Adolescent Latina Suicide Attempts*

Variable	Concept	Measure	Respondent	
			Teen	Parent
Psychosocial functioning Psychopathology	Depression, dysthymia, anxiety, conduct and oppositional disorders	Teen Screen (Shaffer et al., 2000)	X	
Anger	Anger control is problematic in attempters	Anger Expression Scale (e.g., Spielberger, 1999)	X	
Self-esteem	Negative self-image, low self-esteem, "bad girl," "bad daughter"	Rosenberg Self-Esteem Scale (Rosenberg, 1979)	X	
Life events and stresses	Conflict with parents, boyfriend; impact of interpersonal stress	Stressful Life Events Measure	X	X
Coping strategies	Suicidal adolescents exhibit poor coping abilities	Kidcope (Spirito, Stark, & Williams, 1988)	X	
Familial and developmental factors Family structure and history	Oldest daughter, "parentification," single-mother household, absent father; SES, family size; religiosity	Demographic data collection	X	X
Parent mental health	Parental mental illness; model suicidal behavior; <i>ataques de nervios</i>	Parental mental health (Lish et al., 1995; Spitzer et al., 1999)		X
Family environment	Family conflict; rigid/inflexible roles; maladaptive functioning	Adaptability and cohesiveness (e.g., Moos & Moos, 1981)	X	X
Parent-adolescent relations	Lack of mutuality in psychological development, low levels of parental mentoring (i.e., warmth, communication, support; conflicts about autonomy and relatedness)	Mutual Psychological Development Questionnaire (Genero et al., 1992); parental affection, communication, support (Wagner & Cohen, 1994)	X	X
Sociocultural factors Acculturation	Low parental/high adolescent acculturation	Bidimensional Acculturation Scale (Marin & Gamba, 1996)	X	X
Acculturative stress	Language problems, intergenerational acculturation conflicts, discrimination	Hispanic Stress Inventory (Cervantes et al., 1990)	X	X
Familism	Family closeness, obligation, reciprocity	Familism Scale (e.g., Lugo Steidel & Contreras, 2003)	X	X

Note. SES = socioeconomic status.

presents the variables encompassed by our conceptual model, the conceptual domains and definitions of each variable, the instruments we recommend for measuring each variable, and which informants should provide these critical data. We caution, though, that this is not an exhaustive list of variables, only those that our conceptual model targets. Of course, other investigators will bring to this list additional variables and their preferred measurement instruments. However, we believe that measuring these variables and then triangulating them with the qualitative data that emerge will advance our understanding of the suicide attempt phenomenon among Latina adolescents. Knowledge gathered can then lead to comparative studies with other ethnic groups and inform the development of much-needed preventive interventions and psychosocial treatments.

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Received May 22, 2003

Revision received January 30, 2004

Accepted February 13, 2004 ■