

Violating Clan and Kinship Roles as Risk Factors for Suicide and Stigma among Lao Refugees: An Application of the Cultural Model of Suicide and “What Matters Most” Frameworks

Amar Mandavia, MA,¹ Debbie Huang, MPH,² Jeffrey Wong, MA,¹ Bernalyn Ruiz, MA,¹ Francesca Crump, MA,¹ Jenny Shen, MA,¹ Monica Martinez, BA,⁴ Luba Botcheva, PhD,⁴ Eduardo Vega, MA,⁴ Joyce Chu, PhD,³ Sara Lewis, PhD,⁵ and Lawrence H. Yang, PhD^{2,6}

¹ Department Counseling and Clinical Psychology, Teachers College, Columbia University, New York, N.Y., U.S.A.

² Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, N.Y., U.S.A.

³ Department of Psychology, Palo Alto University, California, U.S.A.

⁴ Mental Health Association of San Francisco, California, U.S.A.

⁵ Department of Religion, Wellesley College, Massachusetts, U.S.A.

⁶ Department of Social and Behavioral Sciences, New York University, New York, U.S.A

ABSTRACT

Background: While Asian groups have immigrated worldwide, suicide risk models have neglected to integrate cultural components. This study incorporates how stigma associated with failure to uphold clan/kinship roles can increase suicide risk in highly-marginalized Lao-Americans.

Methods: One focus group with five Lao participants and 21 individual semi-structured interviews with community family members were conducted. Transcripts were coded via directed content analysis using the “What Matters Most” and Cultural Theory of Suicide frameworks.

Results: Violating role-expectations associated with youth, adults and older adults appears to be associated with risk for suicide. This suggests that the failure of adults to fulfill their roles might potentially threaten loss of “full personhood” and trigger stigma, thus potentially evoking greater suicide risk.

Conclusion: Interventions would benefit from cultural considerations of fulfilling role-expectations and “personhood” to combat suicide and stigma within cultural communities.

INTRODUCTION

Suicide remains a persistent problem within the United States with over 41,149 suicides reported in 2013. For Asian Americans, these problems are exacerbated due to the severely stigmatizing cultural implications of suicide (1). Suicide is the third leading cause of death among Asian Americans. Elderly Asian American women have the highest rates of suicide completion compared with other older women of different ethnicities, and adolescent Asian American age groups are at highest risk for suicide attempts (2, 3). Although information on specific Asian American subgroups, such as Lao, is lacking, Asian Americans severely underutilize resources to prevent suicide (4). Accordingly, understanding cultural conceptualizations of suicide is key to identifying those at risk for suicide and increasing initiation of culturally-responsive treatment.

Studies have identified that Asian Americans at-risk for suicide typically enter treatment last, have the highest symptom severity, and drop out of treatment prematurely compared to other ethnic groups (5, 6). Risk factors for suicide among Asian Americans include low self-esteem, female gender, family conflict, perceived discrimination, and presence of lifetime depressive or anxiety disorders (7). Yet research on Asian American suicide remains

lacking, particularly among newer immigrant subgroups such as Lao who face immigration-specific trauma and stressors (2). An examination of Lao political and cultural contexts provides a foundation for understanding the meaning and experience of suicide in these groups.

Civil war in Laos from 1960-1980s created the context for refugee migration to the United States. The Pathet Lao, a pro-Communist group, overtook Laos, causing thousands to fleeing into Thailand refugee camps (8). Consequently, two waves of immigration to the U.S. occurred between 1975 and 1989 with over 180,000 refugees. The Refugee act, passed in 1980, intended to facilitate a smooth transition into American society (9); however, lack of funding made adaptation extremely difficult, thus contributing to increased psychopathology in this group, including PTSD and depression (10).

While some segments of the Lao population have been in the U.S. for decades, core Lao cultural orientations continue to endure, in particular the value of clan culture (11). Clan culture impacts nearly every aspect of Lao society, and perpetuation of clan structure, as conceptualized by Yang and Kleinman (4), might be viewed as an aspect of “what matters most” within many Lao groups. A clan consists of a group of people who share kinship. Lao family systems are typically comprised of a nuclear unit, with extended family members playing an important role (12). Similar to other East Asian concepts of “filial piety,” older adults in Lao communities are highly respected, and lack of proper respect is regarded as a violation of clan culture (12). For Lao groups “What Matters Most” can be viewed as fulfilling clan obligations set forth by kinship, and is heavily influenced by core Theravada Buddhist beliefs. Theravada means “Teaching of the Elders,” and emphasizes self-discipline in body and relationships, such as respect for authority and elderly. In turn, it is important for individuals to accept one’s status in life and to respect kinship and community as a form of achieving greater moral goodness (13). Clan culture is intertwined with Buddhist ideals and has shaped Lao customs, which is embedded into role behaviors (11). It is especially stigmatizing when roles are violated, and we conceptualize that stigma is felt most powerfully by those who violate their role expectations set forth by Buddhist and clan ideals (14).

As part of resettlement policies, families were separated between Laos and the U.S., which disrupted the family-clan organization, affecting key cultural obligations and roles. With growing acculturation among youth, power shifted to youth who could navigate U.S. culture more

effectively, thus impacting family hierarchies. Higher level of youth acculturation is also linked to breaking traditional roles and stress in the form of intergenerational conflicts through defiance of traditions and engagement in risky behaviors (e.g., drug use or increased premarital sex) (15, 16); this clash is thus associated with a risk of suicide through increased family conflict and stress (7).

In Laos, suicide is viewed as a negative and highly sensitive issue; those who complete suicide are buried away from community members, thus becoming “wandering souls” (17). This view is influenced by Buddhist beliefs where suicide is considered to be the highest breach of morality, resulting in automatic expulsion from *Sangha* (Buddhist community) (18). Via the clan perspective, death by suicide is considered a selfish act that breaks clan cohesion and forces other clan members to assume additional obligations. An unsuccessful suicide could permanently “mark” the individual as having committed a moral wrong against him or herself and the entire clan, thus leading to “outcast” status.

Political, historical, and anthropologic literature clearly highlights the importance of generational and clan structures in understanding suicide among Lao groups. Due to the complex historical and cultural precedents that might influence suicidal behaviors in this community, a qualitative strategy is best suited to explore this issue. Yet there exists little to no qualitative investigation of suicide among these individuals.

CURRENT STUDY

Aims of the current study were to analyze the historical, cultural, and religious worldviews related to suicide and stigma among Lao communities. Suicidal behaviors among these Asian American subgroups are best understood from a cultural lens consistent with the Cultural Theory and Model of Suicide (19) which proposes cultural interpretations of the risk and protective factors and manifestations of suicide. This theory proposes that the cultural manifestation of suicide is contingent upon the types of stressors present in a community and how such stressors and suicide are viewed within a culture. Access to this cultural lens can be achieved by qualitatively examining the manifestation of these suicide constructs in everyday life (Fig 1.). The first step examines the cultural manifestation of stressful life events (box a) such as interpersonal conflict, discrimination or poverty. The cultural meaning of the event (i.e., life stressors; box b) is based on cultural norms and values and can lead to suicidal behaviors (path b1) or

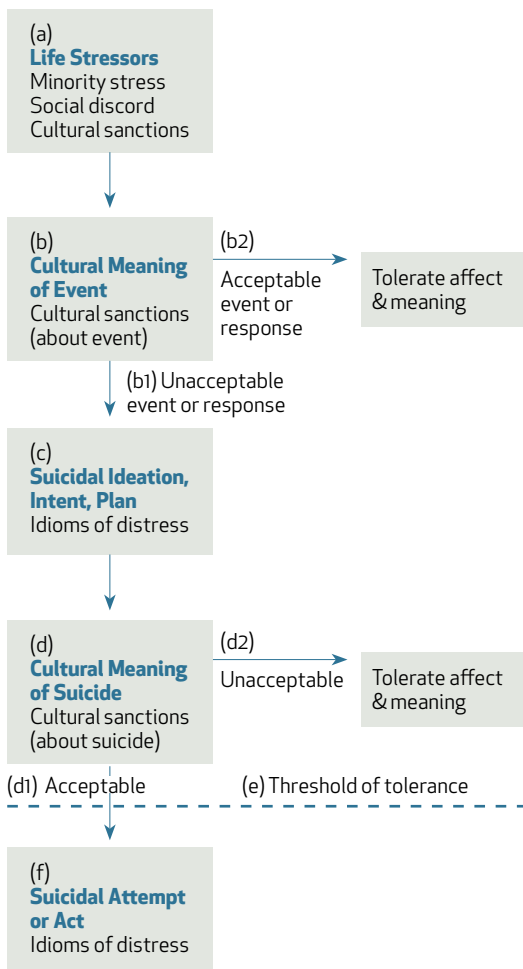
a positive coping response (path b2). The interpretation of the adverse life stressor is followed by a cultural idiom of suicidal ideation, intent or plan (box c). The meaning of such suicidal thoughts and intentions (box d) comes to be interpreted through a lens that either approves (path d1) or disapproves (path d2) with suicide, based on cultural norms and values. Suicide or attempted suicide (box f) is then only acted upon when the cultural values and norms associated with distress of the life stressor (box b) and the act of suicide (box d) surpass the threshold of tolerating (box e) suicidal behaviors. This is such that, even if suicide is an unacceptable act (path d2), the pressures and distress associated with the life stressors can lead to a suicide attempt.

In this paper we examine how steps a and b manifest within this Lao American. These steps aid in the identification of risk factors for behaviors that can lead to death by

suicidal acts. The “What Matters Most” framework – originally developed to interpret how core cultural interactions influence stigma – provides a new cultural perspective by which to understand stigma. As applied to suicide, the “What Matters Most” framework proposes that stigma (and by extension, stigma of suicide) most powerfully coalesces around those daily activities that are “most at stake” in a local community (14). This framework thus allows identification of core everyday activities that, when violated, are associated with stigma of suicidal behaviors, and might be associated with increased suicide risk itself. Conversely, if these core daily engagements are fulfilled by those individuals, those activities would enable an individual to attain full personhood and to avert stigma (and possible suicide risk), as defined by their community norms.

Given the centrality of generational structures within Lao clans, we explored if cultural risk factors and meanings

Figure 1. Cultural theory of suicide



Supplement 1.

Our research team is very interested in helping people who might be contemplating suicide. In order for us to best do that, we realize that in different cultures suicide means different things, and we have a few questions so we can understand suicide in the Lao community.

- 1) Have you seen or heard anything about SUICIDE in your community?
 - 1a) What are your thoughts around suicide in your community?
 - 2a) If YES -> what kind of situation puts them in that suicidal state or caused that situation? (Who are those most at risk?)
 - 2b) If NO -> Have you heard about suicide in other communities? Among those other communities, what is a characteristic or situation that puts someone in that suicidal state? (Who are those at risk in other communities?)
- Option:** Ask Question 3 if needed or skip if answered in question 2-YES
- 3) In general, what leads people [those at high risk in your group] to contemplate suicide? Probes: income level, immigration, religion, faith.
- 4) Is there any behavior or lifestyle that leads you to believe someone has lost hope in life? Probes: What are they? Why do they participate in them?
- 5) Are there any situations where it is considered acceptable for people within [name community] to die by suicide?
- 6) Do you see mental health challenges as being related to suicide?
 - 6a) If YES -> How so? Probe as needed.
 - 6a) If NO -> Q#7.
- 7) How are those who tried to kill themselves but lived treated afterwards? Probes: Do they receive sympathy? Are they excluded? What about how they are treated by community & what about by family?
- 8) If you worried about a person thinking of killing him or herself, what type of help, if any, would you get for that person? Probes: Why? If you don't know of any resources is it because no one told you?
- 9) Do you know of any programs or resources that address the issue of suicide in your community?
- 10) If YES -> Describe it. Probe as needed: how could it be improved?

If NO -> What would it [an effective program] look like?

[#8 note: this includes informal sources of help]

of suicide manifested themselves within interpersonal roles and structures, rather than via the more individualistic focus of existing suicide research. Specifically, based on prior literature, we explored if failure to uphold valued roles across different ages and generations might be a substantial life stressor that informs the context of suicide among Lao groups. We thus focused on the importance of interpersonal roles and expectations as they manifest via intergenerational relationships, and whether these might contribute to shame and loss of face linked with suicide.

METHODS

SAMPLE AND PROCEDURES

Participants included 26 Lao men and women with self-reported emotionally and psychologically distressing life events, independent of psychiatric diagnoses. These participants were identified by key community leaders at the Center for Lao Studies in Northern California. One focus group (with five community individuals and family members total) and then 21 interviews with separate individuals were conducted over 22 months. The researcher provided all respondents with an explanation of the purpose and methods of the study and obtained written consent. The focus group was balanced by gender with three males and two female respondents. The facilitator was a bilingual doctoral-level mental health professional. Respondents were asked to openly discuss how suicide manifested in

their community and followed the same line of inquiry (including probes) as the individual interviews (see below; for questionnaire, please see Supplementary Appendix). Individual interviews averaging 50 minutes were conducted with 11 community members and 10 family members of these community respondents (Table 1). Individuals were assessed using a semi-structured interview about stigma and cultural acceptability of suicide, and were asked to respond from their cultural group's perspective. Three masters-level and one doctoral-level clinician conducted the interviews and were trained via teleconference by a consulting medical anthropologist (S.L.). Interviews were audio-recorded if consent was given; otherwise researchers took notes by hand; in total three interviews were recorded by hand. The study was approved by the Columbia University Institution Review Board.

MEASURES

The semi-structured interview was created by the last author with input from community leaders, based on a review of the suicide literature, and designed to assess themes regarding community response towards suicide (19-21). The first half of the interview explored idioms of distress and the second half of the interview focused on suicide within the community. Example questions in the second half included: "Have you seen or heard anything about suicide in your community?", "In general, what leads people [those at high risk in your group] to contemplate suicide?", "Is there any behavior or lifestyle that leads you to believe someone has lost hope in life?", and "Do you know of any programs or resources that address the issue of suicide in your community?" Questions were asked in an open-ended manner. Respondents were encouraged to "think out loud" about the questions; probes were then utilized to follow up and elicit examples (for full list of questions refer to Supplement 1).

Table 1. Socio-demographic characteristics (N=26)

Characteristic	Total n (%)	Focus group: n (%)
Sex		
Male	14 (54)	3 (60)
Female	12 (46)	2 (40)
Age	48.4 [20.6]	
Organization affiliation		
Community Member	14 (54)	
Community member's family	12 (46)	
Completed years of education		
Less than some HS	1 (4)	
Some high school	5 (19)	
High School/GED	9 (35)	
Some college	7 (27)	
BA	3 (11)	
Graduate School	1 (4)	
Currently employed	11 (42)	
Full-time	2 (8)	
Part-time	13 (50)	
Unemployed		
Immigrated to US	21 (81)	

^aAll standard deviations are denoted by []

ANALYSIS

We analyzed the data using deductive analysis and a direct content analysis approach (14, 19, 22) based on previously-developed conceptual frameworks of "What Matters Most" (WMM) and the Cultural Theory of Suicide. Via this method, the team of researchers created a set of coding categories for analyses based on the Cultural Model of Suicide (19) focusing on the four major categories of culturally-specific risk (i.e., cultural sanctions, idioms of distress, minority stress, and social

discord as depicted in Fig. 1). To inform these codes, we examined the impact of role fulfillment of WMM for Lao culture and how violation of these clan and kinship roles might serve to heighten stress and to increase stigma of suicide, thus in turn potentially increasing suicide risk. We focused on Chu et al.'s (19) conceptions of life stressors and the cultural meaning of such events as it relates to the fulfillment or violation of roles among Laos.

Directed content analysis involves two main steps (22). Analysis begins by identifying key concepts as initial coding categories and then proceeds with specifying operational definitions for each category determined by theory. Seven Masters level researchers were initially trained by L.Y. to code and analyze transcribed semi-structured qualitative interviews. Upon completion, L.Y. and all coders conducted an in-depth review of the Lao focus group interview and developed an initial coding frame through thematic analysis. Analysis then proceeded with the second step which specified operational definitions for coding categories based on their conceptual relationships. Using the coding schema developed via analyzing the focus group, the remaining individual interviews were divided among coders. Over eight months, coding discrepancies were presented, discussed, and resolved in weekly research team meetings supervised by L.Y. When new themes emerged, changes were made to the coding framework and older interviews were recoded to match the new codebook.

Transcripts were coded independently by two coders until each met reliability criteria (interrater agreement on main codes = 80%) whereupon they coded interviews singly. Solo coders continued to present and discuss new themes in weekly team meetings.

RESULTS

Our directed content analysis identified the cultural meanings of suicide from Chu et al.'s (19) model by identifying WMM to the Lao groups via their fulfillment of roles based on clan and kinship principles. Characterization of the cultural factors that shape stigma and suicide among the Lao group is best delineated by age/generation group (youth, adults, and older adult), suggesting a linkage that violation of age-appropriate expectations first leads to stress that might comprise a suicide risk. However, the subsequent stigmatized status attached to such moral violations can further potentially magnify life stressors, and consequently, become potential suicide risks.

Results also suggested the importance of categorization by type of norm (character and clan), with fail-

ure to uphold these normative roles being linked with increased suicide risk. Preserving these roles was seen as “what was most at stake” within this Lao group, and allowed individuals to achieve full status or “full personhood” within their clan and family as an individual who actively upheld those character and clan norms. “Character norms” include the *individual roles* that individuals fulfill through their work or education as a way of maintaining their own and their family's status and prestige (23, 24). A failure to uphold character norms often manifests in the form of deviant behaviors that are specifically linked with bringing shame and loss of status upon the individual and their family, such as infidelity, substance use, or gambling. Clan/kinship norms differ from character norms as they focus on the *interpersonal roles and behaviors* that are ascribed to the individual based on their clan identification and familial standing, which incorporate family obligations to provide financial, emotional, and moral support to kin, and reverence to elders (23, 25). These processes further define WMM; failure to adhere to these principles appears to serve as a sufficiently grave violation to warrant suicidal behaviors. These suicidal behaviors in turn then initiate stigma towards suicide. Conversely, these cultural-specific norms also provide cultural avenues into treatment and prevention. We include a “treatment” section for each age group to illustrate how consideration of these norms might facilitate culturally-tailored suicide treatment.

YOUTH Clan

Among Lao youth, clan principles dictated the importance of respecting elders and putting familial obligations above self-concern. Elders are ascribed the status of carriers of ancestral wisdom for the family and clan. Youths' failure to respect elders is viewed as a disconnect between the parent and the core lived values transmitted to their children. Thus, Lao parents often pressure children to engage in culturally-appropriate behaviors, which youth may reject due to acculturation to individualistic U.S. norms. This violation is expressed via social discord between parent and child, as exemplified by a lack of communication and familial conflicts.

Young people whose parents don't understand them or who don't have good communication with their parents, sometimes their parents push them too much to do something [instead of listening to them], or sometimes they did something and get

stressed and - even if they stop from [attempting] suicide, their [the youth's] mind is already damaged. Individual Interview 01

Difficulty in expressing psychological and suicidal distress is perpetuated by elders through teaching children not to share problems. This behavior is taught as a means of maintaining family status and avoiding shame and disgrace. Transmitting clan values inter-generationally is a key aspect of “what matters most” by serving to protect the family’s honor. Expression of negative emotions is thus viewed as a shameful (and potentially stigmatizing) behavior that in turn inhibits expression of stress.

I do agree that's [not allowing children to express stress freely] what we've [parents and elders] been doing. Our elder will teach our children to keep problems to themselves rather than talk it out, rather than resolve other issues. Focus group participant 01

One Lao adult also acknowledged need for community mechanisms to facilitate access to mental health resources:

One obstacle is that in our culture we don't tend to share our own problems with others. To overcome this there needs to be some opportunity in our community to allow individuals with mental health issues to open up and share their problems and to recommend any resources to get help. Focus group participant 02

Character

Results showed that the impact of “face” influences how character norms are developed among youth. Successful attainment of social status as a student or worker indicates role fulfillment of “what matters most.” Failure to attain this status is seen by community members as a high-risk period whereby family might further act to cultivate youth; otherwise, the youth may participate in substance use and higher suicide risk. Substance use is further linked to a violation of character norms to fulfill family obligations, and can bring further shame and stigma to family via social status loss or criminal involvement.

When they [youth] make many mistakes and they [youth] just wanna give up because they can't be right, so you [get] suspended so many times in school, or you get fired from your job, and they [youth] gave up because they don't know how to [recover], they don't [know] how to lift their legs up [without guidance

from the family], and find a new path. Individual Interview 04

So these youths don't have any resources to seek help, so many end up using drugs such as meth[amphetamine] and other drugs and alcohol and get themselves in trouble with law enforcement. Focus group participant 03

A [youth] who has a good life is considered to be the one who “made it” [by succeeding academically or vocationally]. For those who did not make it, they may be considered a failure, thus losing their status in society [and not exhibiting individual character]. Individual Interview 05

An individual’s inability to view the consequences of their actions on their clan can serve as risk for suicide. Youth are expected to learn through their elders’ teachings; defying family obligations makes youths short-sighted and more likely to view suicide as a solution to stress.

Teenagers, you know, their minds aren't grown up [fully cultivated] yet...Adults are different because we know more about the world but kids, 16-17 [years old], they don't think far [take into consideration family obligations] yet. Family Member Interview 01

People who kill themselves cannot be short-sighted [not consider suicide’s impact upon the clan], there are other ways out. Interviewee Interview 08

Life stressors thus arise among youth via deficits in character and a failure to transmit family obligations that “matter-most” cross-generationally. Violation of these norms is seen as so grave that youth may turn to substance use and suicide as acceptable alternatives, which may then elicit shame and stigmatizing responses from others.

Treatment

Cultural manifestations of suicide risk also highlight ways for developing community treatment options. Since Buddhism is the predominant religion, the temple may be used for transmitting both cultural and character norms. “What matters most” thus is expressed as an intersection between fulfilling clan/kinship responsibilities and Buddhist teachings for many Lao individuals. Youth may benefit from the transmission of such values.

Temple has been the center [of the community]; the temple should serve as the center that will be

able to offer and pass down the tradition to younger generations. Focus group participant 02

In Buddhism there is also the teaching that if you take your own life you will come back again and again (550 times). If temple teaches this, it might prevent youth from suicide - thinking they [youth] will come back again and again [reborn into a continuous life of suffering]. Focus group participant 04

Buddhist beliefs of reincarnation provide insight into how the community may respond to suicide risk. The temple serves as a space where clan/kinship and character norms are simultaneously transmitted via religious practices, and may be a space to house culturally-appropriate means of treatment.

ADULTS

Clan

Adults are entrusted to fulfill their duties to younger and older kin and clan members. Cultural meanings attached to violating these duties are magnified in the community's view and may be viewed as cause for suicide. Discontinuity of teaching children intergenerational obligations manifests as a lack of communication between children and parents, thus leading to vulnerability to suicidal behaviors among youth.

Violating clan norms among adults are seen as failures to maintain reciprocal obligations between husband and wife via extramarital affairs or divorce, thus leading to a loss of social reputation and negatively impacting children.

I have a friend, her parents almost had a divorce, but then her grandma, they [the grandparents] said if you divorce, how is the daughter gonna feel? Because I think kids mostly [attempt] suicide because of family divorcing and their parents, [and their parents] not understanding how their kids feel about that. Individual Interview 01

Character

Since adults are relied upon to head the family, a failure in adults' character detrimentally impacts the family's face as well as their own. Thus, a failure in these core lived values manifests in the loss of status indicating adults' failure to provide financial resources.

Mostly it's [suicide risk] from [lack of] financial [resources], I know of someone with a family problem. The husband was gambling and they owe a lot

of money through [his gambling behaviors] so they lose the house. Individual Interview 06

Failures in character are often linked to personal deficits in the form of addictions, which then prevent adults from fulfilling personal and clan obligations. For example, gambling and substance use are viewed as a loss of control that hinder adults' ability to fulfill core familial duties.

Big problem related to suicide is drugs. Without drugs they [adults] won't have the ability of taking their own lives because when they use drugs they don't have the mental [clarity] to know right and wrong [in fulfilling obligations to their family and clan]. Individual Interview 08

Failure to fulfill character norms can spur stigmatizing responses to substance use and gambling behaviors, that then may act in tandem with life stressors to form culturally-sanctioned reasons for suicide. The adult's inability to fulfill family obligations and recover from these highly stigmatized behaviors compounds unwillingness to communicate problems to preserve face.

Failure to fulfill roles as financial providers and transmitters of intergenerational knowledge signals personal character deficits among Lao adults, and may elevate suicide risk.

Treatment

For adults, the temple might facilitate fulfillment of their roles as transmitters of cultural heritage, often engaging family members via oral traditions (e.g., storytelling). Temples bring families into a shared space where targeted services can be implemented.

I think the temple is the starting point to engage parents to talk about issues related to their youth, so that way we can try to address some of these problems at school...So it is our community problem as well. We must empower our youth to have pride in their cultural heritage through teaching them [the Lao] language. Focus group participant 05

We have a facility [at the temple] but [attending] doesn't mean they have to be Buddhist. It would be good to give out information that the temple offers several services [beyond religious ones]. Not just for consumers but also for family [members]. Focus group participant 03

By transmitting values through oral traditions, the importance of teaching youth “what matters most” intergenerationally is seen as the parents’ responsibility and can help curb youth suicide.

OLDER ADULTS

Clan

In later life, clan principles dictate that children fulfill filial obligations by returning emotional and material support to elders. Rupturing such filial obligations can have detrimental effects upon elders. Such violations of “what matters most” can manifest via lack of communication, resulting in elders losing family position, becoming socially isolated, and possibly predisposing suicidal acts when facing severe illness:

After children are grown, they may not watch over their parents. [One particular] Elder felt no one came to visit, the doctor did not allow children to see him because he had TB, he can't be in contact with people, so he jumped out the window and died. Individual Interview 09

Character

Transition out of an adult provider role to a more dependent role sometimes comes at great cost to the personal character of Lao elders. Inability to provide financial support can lead to loss of position within the familial hierarchy, thus elevating suicide risk.

Elders who have died were [committing] suicides because no one was there for them, [elders who are] losing work, and also neglected by family, they [elders] would rather just die. Family Member Interview 05

Stigma associated with loss of status is compounded by physical deficits that accompany age and illness. These additional life stressors, in the face of deteriorating health, hamper recovery and can manifest as anger towards those in the community who should traditionally provide support.

[An elder who has] bad physical health and stomachache went to a doctor, shot himself because the doctor could not determine what his problem was. [The doctor, a respected figure in the Lao community] Cannot solve the problem. If he can, he would like to kill the doctor too, that's what he put in his suicide note. Individual Interview 07

Treatment

As carriers of intergenerational wisdom, elders are in a unique position in being simultaneously at-risk for suicide and agents to prevent suicide. If they are provided positions as community spokespeople to guide others, elders may exhibit more positive outcomes and educate at-risk youth.

So youth do have the capacity to learn but they need guidance from our elders, their parents and community leaders. We all have to play a role in trying to resolve any mental health problems [including suicide] in our community. In our society we [elders] don't have a [recognized] role in terms of status...If we are provided a [recognized] role on how to interact [with other community figures], this is how we can avoid any mental health problem in our community. Focus group participant 06

So the elders would like to pass on tradition to younger generations, but they need to in a systematic way to make it easy for the youth to learn it. Right now it's being passed down through oral tradition, it is harder to do this way. Focus group participant 05

Traditional norms granting high status to elders empower them by providing opportunities to transmit intergenerational wisdom. Loss of this status signals loss of a valuable community resource to positively affect others’ mental health. Utilizing the temple provides a communal space for elders to transmit intergenerational values to youth.

DISCUSSION

We advance knowledge regarding suicide and stigma in a Lao group by using two distinct frameworks to identify cultural manifestation of risk factors and avenues for culturally-appropriate treatment (14, 19). Focusing on cultural dynamics of suicide enabled identification of the centrality of role fulfillment as both a risk and protective factor in this community. Highlighting clan and kinship roles for each generational group and identifying WMM via the fulfillment or violation of core roles elucidated the role of culture in influencing suicide risk and stigma.

Clan norms: Our analysis revealed that although each generation had specific, interlocking roles to fulfill, adults served as the link between youth and elders as both teachers and caretakers. Manifestation of suicide risk across groups can be understood via adults’ failure to transmit

and uphold roles including neglecting to teach children the importance of respecting elders' guidance, which can lead to familial conflicts and life stressors. Failure to learn clan/kinship values, paired with intergenerational conflict due to greater acculturation among youth, can lead youth to self-blame, greater distress, and higher risk for suicide (26, 27).

Simultaneously, results showed that adults' failure to uphold filial piety can lead to social isolation for elders which is linked to increased suicide among Asian elderly (28). Not sharing emotional problems to save face can thus potentially put both adults and youth at higher suicide risk. By failing to fulfill core duties to one's spouse and parents, adults who experience divorce and extramarital affairs consequently experience stress and possible suicide risk. These violations, which are particularly shameful among Lao and subject to extreme secrecy (29), can further put adults and their children at possible suicide risk due to increased stigma. The "stigmatized status" associated with adults' inability to fulfill their clan norm thus highlights how not achieving "what matters most" can lead to greater stigma and an independent risk factor that may in turn exacerbate suicidal behaviors.

Character norms: Failure by adults to instill values that "matter most" via clan/kinship roles subsequently impacts the ability of youth and elders to fulfill core duties. Failure to teach youth the importance of maintaining both personal and familial status, and to assume roles as future community leaders, hinders cultivation of "personhood" as full and contributing members of their community. Lack of cultivation can lead to substance use as a coping mechanism and being "short-sighted" about one's future, both of which are risk factors for youth suicide. Increased alcohol use has been identified as a coping mechanism for female youth to alleviate the impact of familial conflict and parental expectations, and serves to alleviate familial expectations of high academic performance for male youth (16). Adults face analogous obligations. Adults' inability to provide financially for family, accompanied by problem drinking and gambling behaviors, prevents them from fulfilling core roles and acting as providers (30). Unemployed Lao adults on welfare have shown greater risk for psychiatric conditions and hold lower status due to inability to engage in culturally-sanctioned behaviors of reciprocity and familial obligation (31).

Failure by adults to uphold normative roles and to fulfill filial roles hinders the capacity of elders to transition to providers of intergenerational knowledge. The stigma associated with the inability to transition to new roles

and loss of provider status may form an independent risk factor that places elders at an elevated risk for suicide. Maintaining good physical and mental health, strong familial and community relationships, and religious and financial stability have been identified as indicators of successful aging among Lao elders (32). Akin to adults losing ability to provide financially, stigma experienced by elders who can no longer provide for their clan might contribute to the distress of any physical ailments, thus possibly increasing isolation. These risk factors, paired with a rudimentary understanding of identifying depression and suicide, puts elders at risk for suicide-related behaviors (32, 33).

Treatment: While schools have been used as a place to implement youth mental health interventions (34, 35), future interventions might be held in the temple to engage all age groups to prevent suicide. The temple serves as an institution where WMM via clan/kinship values and Buddhist principles can be transmitted intergenerationally, thus preserving Lao culture and heritage (36, 37). By providing a space where youth can learn oral traditions that embody core values, youth might better engage in fulfilling clan/kinship and character roles (37). Adults may use this avenue to resolve family-related conflicts. This setting also provides elders a respected platform to fulfill culturally-sanctioned roles as transmitters of knowledge by teaching the Lao language and engaging in storytelling. The temple serves as a place where stigma and shame associated with sharing family problems is minimized, thus allowing preservation of face while still engaging in traditional practices that reinforce culturally-sanctioned roles.

Strengths & Limitations: Our study is the first to examine cultural factors regarding suicide using psychological and moral theoretical approaches. Results contribute to the scarce literature regarding a difficult-to-engage, marginalized, refugee population. Further study strengths include good interrater-reliability and use of multiple interview modalities which enabled triangulation of results. This study's cultural specificity also comprises a limitation. Results may not be generalizable to other Asian groups. While other Asian groups share cultural similarities (e.g., filial obligations in Chinese Confucian cultures), each group has a different language, cultural orientations, and traditions. Second, while youth were identified as a high-risk group for suicide, we utilized adult community member reports rather than directly sampling youth. Third, we did not assess for respondents' formal psychiatric diagnosis, which prevented us from

characterizing any relationship between mental illness and suicidality. Finally, due to the relatively limited number of interviews, we were unable to conduct intersectionality analysis for factors such as gender and socio-economic status, which might otherwise have played a role.

FUTURE DIRECTIONS

These findings emphasize the interpersonal, family, and community domains as central in locating suicide risk and prevention strategies among ethnically-diverse groups, thus contrasting individualistically-focused approaches to understanding suicide. One major finding was that violations of character and clan norms, in addition to forming life stressors that comprise risk factors for suicide, also constitute an independent “stigmatized status” that leads to stress as well and possible exacerbation of suicidal behaviors. Interventions that focus on empowering individuals to more effectively fulfill character and clan norms may alleviate not only life stressors, but any stigma associated with violating norms. Future researchers might examine whether, and to what extent, this finding is applicable to Asian and other cultural groups to reduce suicide risk across populations.

Acknowledgements:

We would like to thank the teams at Mental Health Association of San Francisco, California Mental Health Services Authority, and Center for Lao Studies. We would also like to thank Dan Esparza for his help throughout this process.

Funding: This research was made possible by the generous help of CalMHSA Stigma and Discrimination Reduction Program Number 3: The Promising Practices Project: Idioms Project.

References

- Drapeau C, McIntosh J. USA suicide 2013: Official final data. *Am Assoc Suicidology*, 2015.
- Leong FT, Leach MM, Yeh C, Chou E. Suicide among Asian Americans: What do we know? What do we need to know? *Death Stud* 2007;31:417-434.
- Wyatt LC, Ung T, Park R, Kwon SC, Trinh-Shevrin C. Risk factors of suicide and depression among Asian American, Native Hawaiian, and Pacific Islander youth: A systematic literature review. *J Health Care Poor U* 2015;26:191.
- Yang LH, Kleinman A. “Face” and the embodiment of stigma in China: The cases of schizophrenia and AIDS. *Soc Sci Med* 2008;67:398-408.
- Chu JP, Hsieh KY, Tokars DA. Help-seeking tendencies in Asian Americans with suicidal ideation and attempts. *Asian Am J Psychology* 2011;2:25.
- Wong J, Brownson C, Rutkowski L, Nguyen CP, Becker MS. A mediation model of professional psychological help seeking for suicide ideation among Asian American and white American college students. *Arch Suicide Res* 2014;18:259-273.
- Cheng JK, Fancher TL, Ratanasen M, Conner KR, Duberstein PR, Sue S, Takeuchi D. Lifetime suicidal ideation and suicide attempts in Asian Americans. *Asian Am J Psychology* 2010;1:18.
- Baird IG, Le Billon P. Landscapes of political memories: War legacies and land negotiations in Laos. *Polit Geogr* 2012;31:290-300.
- Yang K. Research note: The Hmong in America: Twenty-five years after the US secret war in Laos. *J Asian Am Stud* 2001;4:165-174.
- Grodin MA, Piwowarczyk L, Fulker D, Bazazi AR, Saper RB. Treating survivors of torture and refugee trauma: A preliminary case series using qigong and tai chi. *The J Altern Complem Med* 2008;14:801-806.
- Centers for Disease Control and Prevention (CDC). Promoting cultural sensitivity: A practical guide for tuberculosis programs that provide services to Hmong persons from Laos. Atlanta, Georgia: U.S. Department of Health and Human Services, 2008.
- Moua T. The Hmong culture: Kinship, marriage & family systems. Doctoral dissertation, University of Wisconsin-Stout.
- Chow N. Filial piety in Asian Chinese communities. In Sung KT, Kim BJ, editors. *Respect for the elderly: Implications for human service providers*. Lanham, Maryland: United Press of America, 2009: pp. 319-323.
- Yang LH, Kleinman A, Link BG, Phelan JC, Lee S, Good B. Culture and stigma: Adding moral experience to stigma theory. *Soc Sci Med* 2007;64:1524-1535.
- Rick K, Forward J. Acculturation and perceived intergenerational differences among Hmong youth. *J Cross Cult Psychol* 1992;23:85-94.
- Lee RM, Jung KR, Su JC, Tran AG, Bahrassa NF. The family life and adjustment of Hmong American sons and daughters. *Sex Roles* 2009;60:549-558.
- Bertrand D, Choulamany C. *Mental Health Situation Analysis in Lao People’s Democratic Republic*. Publisher not identified, 2002.
- Kawamoto K. Buddhism and suicide: Voluntary death and its philosophy. *Prajna Vihara* 2014;15.
- Chu JP, Goldblum P, Floyd R, Bongar B. The cultural theory and model of suicide. *Appl Prev Psychol* 2010;14:25-40.
- Yang B, Clum GA. Life stress, social support, and problem-solving skills predictive of depressive symptoms, hopelessness, and suicide ideation in an Asian student population: A test of a model. *Suicide Life-Threat* 1994;24:127-139.
- Bagge CL, Sher KJ. Adolescent alcohol involvement and suicide attempts: Toward the development of a conceptual framework. *Clin Psychol Rev* 2008;28:1283-1296.
- Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res* 2005;15:1277-1288.
- Owens CW. Hmong Cultural Profile. Retrieved on June 21, 2016 from: <https://ethnomed.org/culture/hmong/hmong-cultural-profile>
- Tatman AW. Hmong history, culture, and acculturation: Implications for counseling the Hmong. *J Multi Couns D* 2004;32:222.
- Foss H. The Hmong in the Twin Cities: generational and gender differences in the perception of kinship, marriage and prestige. Doctoral dissertation, University of Oslo.
- Rick K, Forward J. Acculturation and perceived intergenerational differences among Hmong youth. *J Cross Cult Psychol* 1992;23:85-94.
- Su J, Lee RM, Vang S. Intergenerational family conflict and coping among Hmong American college students. *J Couns Psychol* 2005;52:482.
- Shiang J, Blinn R, Bongar B, Stephens B, Allison D, Schatzberg A. Suicide in San Francisco, Cal.: A comparison of Caucasian and Asian groups, 1987–1994. *Suicide Life-Threat* 1997;27:80-91.
- Xiong ZB, Tuicomepee A, LaBlanc L, Rainey J. Hmong immigrants’ perceptions of family secrets and recipients of disclosure. *Fam Soc: J Contemp Soc Serv* 2006;87:231-239.
- Yang PN, Solheim CA. Financial management in Hmong immigrant families: Change and adaptation. *Hmong Stud J* 2007;8:1.
- Westermeyer J, Callies A, Neider J. Welfare status and psychosocial adjustment among 100 Hmong refugees. *J Ner Ment Dis* 1990;178:300-306.
- Nguyen AL, Seal DW. Cross-cultural comparison of successful aging definitions between Chinese and Hmong elders in the United States. *J Cross Cult Gerontol* 2014;29:153-171.
- Lee HY, Lytle K, Yang PN, Lum T. Mental health literacy in Hmong and Cambodian elderly refugees: A barrier to understanding, recognizing,

- and responding to depression. *Int J Aging Hum Dev* 2010;71:323-344.
34. Canda ER. Therapeutic use of writing and other media with Southeast Asian refugees. *J Indepen Soc Work* 1990;4:47-60.
35. Bhatti WM. *Methods in Prevention and Intervention of Mental Health Issues by School Psychologists with California's Refugee Children*. Doctoral dissertation, California State University, Sacramento.
36. Bankston III CL, Zhou M. De facto congregationalism and socioeconomic mobility in Laotian and Vietnamese immigrant communities: A study of religious institutions and economic change. *Rev Relig Res* 2000; 41:453-470.
37. Tapp N. The reformation of culture: Hmong refugees from Laos. *J Refugee Stud* 1988;1:20-37.