

# **A Socio-Cultural Study of Suicide Attempters among Chinese Immigrants in New York City** Sept. 2006 – Dec. 2007

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# The Complexity of Understanding a Suicidal Act

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**A cumulative and interactive process of bio-psycho-social and cultural issues that leads an individual to act on the feeling that “life is not worth living”:**

*“At that time (of the attempt) I was feeling dizzy and could not think that much. I haven’t been happy my whole life. So many things happened to me all the time. I thought life would be better after I came to the States. But, I found out that it was all about work. I worked so hard, and my spirits were low. It was hard to get through each day. The worst was that nobody supported me and I was not able to do well at work.”*



## The Study

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○ **A pilot exploratory study with Chinese immigrants who attempted suicide since immigration to the U.S.**

*\* Suicide attempt is defined as “self-injurious behavior with some intent to end one’s life”.*

○ **Research questions: What was the nature of negative life events, availability of social support resources and the participants’ help-seeking behavior during the period that preceded the participants’ suicide attempts?**

○ **Individual interviews lasting 60 - 90 minutes were held with 31 participants who were receiving treatment in mental health clinics in the various boroughs in NYC.**



# Challenges of the Study

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## **Recruitment of participants**

- A sense of shame and failure associated with a culturally-tabooed topic.

## **The interview process**

- Asking “culturally-inappropriate” questions;
- The PI’s countertransference and intersubjective dynamics of the interview.
- Participants’ communication style.



## Findings of the Study

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- I. Participants' demographics and personal background as suicide risk factors.**
- II. The interplay of negative life events, help-seeking behavior and mental illness in the participants' social-cultural milieu as suicide risk factors.**
- III. The nature of the participants' suicide attempts.**
- IV. Significant variables in the participants' recovery process.**
- V. Implications for treatment and suicide prevention.**



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# **Demographics and Personal Background of Participants As Suicide Risk Factors**



# Demographics and Personal Background of Participants

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- **Gender:** 19 women and 12 men.
- **Age range:** 23 – 74. Women predominantly middle-aged; half of the men were under 30.
- **Immigration status:** 24 participants came as legal immigrants; 5 men and 2 women came as undocumented immigrants.
- **Place of origin:** 11 from Fuzhou province; 14 from Guangdong province; 3 from Northern China; 3 from H.K.
- **Years in the U.S.:** 4 to 40 years.
- **Education background:** Majority had some high school education; 3 females and 1 male never had any education; 1 female held a college degree.
- **Occupation background:** Majority either worked in farms or as laborers. 1 male and 5 females held white collar jobs.



# Demographics and Personal Background of Participants

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- **Traumatic experiences prior to life in the U.S.:**

  - 2 participants suffered from political persecution during the cultural revolution in China.

  - 4 participants had life-threatening smuggling experiences out of China.

- **Family history of mental illness and suicide attempt:**

  - 3 participants had family members who suffered from depression and schizophrenia. One of them committed suicide.

- **Personal history of mental illness and suicide attempt:**

  - 2 female participants sought psychiatric treatment for their depression symptoms in China. 2 female participants made non-lethal suicidal attempts in China.



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**The Interplay of Negative  
Life Events, Mental Illness,  
Help-Seeking Behavior in the  
Participants' Socio-Cultural Milieu**



# Negative Life Events and Stress Exposure

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- **The negative life events experienced by the participants need to be understood in the broad context of exposure to various types of stress:**
- ***Operant stress***: the sum total of stressors affecting an individual at any given point in time.
- ***Cumulative stress***: the combination of current stress and previous traumas that have become permanent sources of stress.
- ***Stress proliferation***: the propensity for stressors to multiply and spill over to other life domains.



# Common Acculturative Stress

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- **Language barrier**

*"What could I do even if I went out? I couldn't communicate...I couldn't read the street signs and find out how to take public transportation. Sometimes I felt so frustrated that I cried in the street."*

- **Missing support of family in the home country**

*"I lived alone during my pregnancy... There wasn't anyone I could talk to. I had to keep everything to myself...After I got home from work, I could only hide under my blanket and cried about all my frustrations."*



## Common Acculturative Stress

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- **Negative change in job options and working conditions**

*“I started working two weeks after I got off the plane... I was selling pastries at a bakery at 9. At 11 I went to sell dim sum. Then in the afternoon I worked at the garment factory...The chef could be verbally abusive when you made mistakes. On top of that, sometimes you could only take 10 minutes break after you worked nonstop for 12 hours...When I was farming in China, I was doing my own work. The most I had to work was half a month and then I could stop and rest...”*



## Common Acculturative Stress

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- **Negative change in overall quality of life:**

*"When I went out, I wanted to buy things but wouldn't dare spend any money... I only bought vegetables that were rotting and cheap. I was malnourished ... Sometimes we had to eat crackers for dinner because we couldn't afford rice... I only earned \$700 - \$800 a month - very low wages, given that I worked 13 to 14 hours a day. When I got back home, I showered and then went to bed... I went back to work to keep my health insurance after the children were older. For ten years, I dropped off my children at school in Chinatown at 8 a.m. after a long subway ride from uptown, picked them up after work, and then took them to Chinese classes on Sundays..."*



# Common Negative Life Events among the Women

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- **Sacrifices before and disappointments after immigration:**

*"My family was poor; my mother always hoped that her children could be married to people in the United States and then sponsor other family members to immigrate...The matchmaker kept saying how great the other person was...I looked at his picture; we met, and got married..."*

- **14 out of the 19 women suffered many years of rejection, neglect, emotional and physical abuse by their spouses and/or in-laws.**



## Common Negative Life Events among the Women

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*“My mother-in-law always said I was useless; she would scold me for not turning off the lights...My husband left me without a word after he complained that he couldn’t adjust to the life here ...I got sick because my husband had another woman... My husband liked to gamble. He would even take money from my wallet without telling me... My husband did not give me any money. He was afraid that I would run away if I had money... My husband became very hot-tempered, and would yell at me and hit me for no reason ...My husband had been hitting me very hard. One night he bought back a knife; I was afraid to speak and was so scared that I cried.”*



# Common Negative Life Events among the Women

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- **Serving the dual role of breadwinner and caretaker of the family:**

*"I used to work even when my health was bad.... I had to take care of two children, and I couldn't afford not to work because I needed the income..."*

- **Chronic health problems at a young age: asthma, arthritis, hypertension, thyroid problems, cancer...**

*"I suffered from so many ailments. It made me feel useless because I couldn't work...At that time when my health wasn't good and medical fee was expensive, I didn't receive any benefits..."*



# Common Negative Life Events among the Men

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- **The vicious cycle of under extreme pressure to work and failing health:**

*“I was so tired that probably people did not like the way I worked. So I kept losing my job, and then I had to keep looking for jobs. It was a lot of pressure...Not able to work; not knowing how to repay my debt; I was too slow even when there was work for me; no one wanted to hire me; and I was always coming down with the flu.... But I couldn't go home to China. I owed people so much money...The thing that I failed most is that I got very sick and I couldn't work. In China, I had endured a fair amount of sufferings and undergone hardships, but was not tormented by illness...”*



# Common Negative Life Events among the Older Adults

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- **Health problems and lack of resources leading to feelings of vulnerability and hopelessness:**

*“I kept worrying about my health problems, and couldn’t sleep for over ten nights. I felt increasingly worse mentally... I couldn’t speak English, and I didn’t know how to find a doctor ... Some doctors don’t accept Medicaid. It was very frustrating....I’m too old; no one would hire me... We have to depend on our children... If I go back to China, I would need to spend a lot of money just on the plane ticket. How could I go?... There is no medical care coverage in China. If I go back now, I would be waiting to die.”*



# Help-seeking Behavior in Relation to Negative Life Events

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- **What issues were culturally acceptable to seek help?**
- **What issues were considered to be personal obligations and responsibilities?**
- **What were the systemic responses that shaped and reinforced the help-seeking behavior?**



# Help-seeking Behavior in Relation to Negative Life Events

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- **More than half of the women who were abused or rejected by their spouses did not want their family members to know; yet a few of them were able to confide in neighbors or strangers who reached out to them.**

*" I didn't tell my family because they couldn't help. I just blame myself for being useless (with the spousal situation)... If my sister found out, she would have scolded me for not able to get over my worries (kang bu kai)... There was no point in telling them, I didn't want them to be sad."*



# Help-seeking Behavior in Relation to Negative Life Events

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- **Four female participants who did share their experience of being abused with their families did not get the support they needed:**

*“My mother told me to be patient. I really wanted to go home. But she said everyone knew you went abroad. Now you can’t even make money. It would be losing face if you come back... My mother used to counsel me and said, “ Daughter, you and I both have a hard life. Just accept it. Make him whatever he likes to eat; do as he says; be nice to him...My mother said I was responsible for my bad situation.”*



# Help-seeking Behavior in Relation to Negative Life Events

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- **Two-thirds of the men did not seek emotional support from others in regard to work and financial problems.**

*“I was afraid that they would be worried... I could not speak up and tell them...”*

- **2 men who did disclose their problems to their family did not get a positive response:**

*“My wife thought I was just lazy and refused to work. She didn’t understand that I was unable to hold a job and people were not willing to let me stay on the job...My wife used to question whether I wanted to support the family. I told her I would if I could work. I felt so irresponsible... I couldn’t go home; my mom wouldn’t let me because I haven’t paid back my debt.”*



# Help-seeking Behavior in Relation to Negative Life Events

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- **Most of the men also did not know of services until their hospitalization.**

*“At the time I did not know that the American government was so good to people who were sick... All I did was cry...After my hospitalization, I found out that there were government agencies that could help me.”*



## Nature of Mental Illness

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- **5 participants suffered from schizophrenia or schizoaffective disorders.**
- **26 of the participants suffered from Major Depressive Disorders.**
- **21 with Melancholic Features: predominant symptoms described by participants as anxiety, insomnia, dizziness, lack of energy.**
- **5 with Mood-Congruent Psychotic Features: auditory delusions that reprimanded participants for their inadequacy and/or commanding them to end their lives as punishment.**



# Help-seeking Behavior in Relation to Mental Illness

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- **What were the “meanings” attributed by the participants to their mental illness symptoms?**
- **What were the systemic responses that reinforced or modified those “meanings”?**
- **What were the obstacles that interfered with the help-seeking behavior?**



# Help-seeking Behavior in Relation to Mental Illness

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- **Two-thirds of the participants did not recognize their symptoms of mental illness until much later.**
- **One-third of them focused on their somatic symptoms and sought medical treatment. But only 3 of them received psychoeducation and psychiatric referrals.**

*“I thought it was my weak digestive system causing insomnia and poor appetite. After seeing a doctor for a year I was told that there wasn’t anything serious...I never heard of this illness in China. When I saw my family doctor, he told me to see a psychiatrist. I said I did not know how to find one, and he did not refer me to anyone... The doctor said I was affected by family problems. But for so many years, I didn’t even know that I had mental illness.”*



# Help-seeking Behavior in Relation to Mental Illness

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- **3 participants attributed their symptoms to superstitious beliefs:**

*“When I did not have any energy, I thought I was possessed. I did not think I was sick.”*

- **2 participants attributed their symptoms to neurasthenia (*shenjing shuro*):**

*“I didn’t even know I was sick... I thought I was only suffering from shenjing shuro.”*



# Help-seeking Behavior in Relation to Mental Illness

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- **Stigma and lack of community education about mental illness:**

*“I have talked to them (family) about my illness. They still don’t understand how I could have gotten sick. They just wanted me to continue working...I was afraid that they would be worried about me, and if my friends knew, they would laugh at me... My family asked why I couldn’t think more positively? They said they never thought about suicide even though they were worse off than me...”*



# Help-seeking Behavior in Relation to Mental Illness

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- **Accessibility to resources:**
- More than two-thirds of the participants claimed they were not knowledgeable of mental health services in the community until their symptoms were severe or until after their suicide attempt.
- Ten participants sought consultation from private psychiatrists but did not stay in treatment due to:
  - inability to afford the fees;
  - perception that treatment was ineffective.
- More than one-third of the participants only received medical coverage and referrals to mental health clinics after their suicidal attempt.



## Medication Noncompliance as Influenced by Help-seeking Behavior and Immigrant-specific Issue

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- **Only 3 out of the 10 participants who were receiving mental health treatment prior to their suicidal attempt reported that they were compliant with medication.**

### **Reasons cited:**

- lack of understanding and acceptance of illness

*“I didn’t think I really had mental illness. So I even threw away the medication.”*

- Side effects interfered with work

*“It (medication) made me slow, lethargic and sleepy; I couldn’t work like that... My hand trembled when I held the pen. How could I take the medicine? And my memory got worse”.*



# **The Nature of Suicide Attempts**



# First-time Suicidal Attempt

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- **Half (6) of the male participants and 4 of the female participants sustained serious injuries that required medical treatment. Method used: stabbing, cutting wrists, overdose on sleeping pills and medication.**
- **9 of the participants sustained minor injuries. Method used: cutting wrists, overdosing on sleeping pills.**
- **9 were stopped by others in their attempts. Method used: hanging, jumping off the bridge or subway tracks.**
- **3 participants attempted suicides in their senior years. The male participants sustained some injuries and required medical attention.**



## Ambivalence about Dying

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- **Only 1 participant made the attempt in a secluded place.**
- **4 participants deliberated for a long time at the location where they planned to make the attempt.**
- **2 participants mentioned their suicidal thoughts to others.**
- **5 participants told their family, neighbors or mental health providers shortly after their attempts.**
- **5 participants cited “concerns for their children” as a deterrent for them to make a serious attempt.**



## Majority of the Attempts were “low-planned”

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- **1 male and 5 females’ attempts were preceded by acute life events.**
- **Some of the participants’ attempts seemed to be driven by symptoms of their psychiatric disorders.**

- Intolerable physiological pain:

*“I could not sleep for 30 hours; my ears were ringing. How could you stand it?... During the night time I would feel feverish, sweaty and a lump in my chest. Sometimes I wanted to die. It was painful (xian ku) from morning to night.”*

- Auditory delusions:

*“Those voices made me very scared. They told me to kill myself.”*

- Altered state of consciousness:

*“Suddenly my mind was flooded with irrational and intrusive thoughts...All of a sudden, I felt I would be better off if I were dead...I was in a fog then; I woke up from my nap and somehow I started banging my head against the wall...”*



# Predominant Feelings Preceding the Attempt

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- **Sense of hopelessness and helplessness:**

*“There was no one who could help me in America. I had to rely on myself for everything...I just felt very agitated with my worries. I couldn't talk about it, and I didn't know how to find a doctor... It was really hard to resist the thought of suicide with so much pressure... I wanted to go home, but I couldn't because I did not pay back my debt... Even if I went home, I would not have been in good health to work. I felt very helpless...Life wasn't fair to me. Bad things keep happening to me...”*



# Predominant Feelings Preceding the Attempt

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- **Sense of failure and burden to others:**

*“I felt defeated and sad. I could only blame myself...I only thought that I would rather die than to live and think that I could not work. You can't live without a job in America ...I did not want to burden my daughter, and I did not want to ask the government for help.”*



## Second Suicide Attempt

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- **3 male and 4 female participants made two or more suicidal attempts.**
  - Two participants made their second attempt prior to receiving treatment.
  - Four participants made their second attempt prior to being in their current mental health clinic.
  - One participant made a second attempt shortly after enrollment in current mental health clinic.
- **No significant difference in the nature of negative life events and stressors preceding the second attempts.**
- **No significant difference between the severity of the first and second attempts.**



# **Significant Variables in the Participants' Recovery Process**



# Life Under Current Mental Health Treatment

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- **Stability of mental status:**

*“I am my old self again; I am able to be more outgoing and I can open up myself to other people...I don’t think too much now...It feels like there is something to look forward to.”*

- **Work status: a protective and risk factor**

**Majority of the participants were no longer working at the time of the interview.**

*“Now that I don’t have any pressure, I don’t think of hurting myself...I don’t do well when I can’t work...It was also boring when I couldn’t work...”*

- **Financial status**

**All of the participants, except for some of the undocumented immigrants, were able to receive benefits.**

**2 undocumented immigrants were not able to work and not eligible to receive benefits.**

- **Negative life events:**

**Previous negative life events and stressors abated somewhat for 9 of participants, but new negative life events and stressors emerged for 12 of them.**



# Life Under Current Mental Health Treatment

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- **Suicidal behavior:**

- 7 participants reported having suicidal ideations; only 1 participant made another suicide attempt.

- **Support system:**

- Most of the participants reported an increase in their support network.

- **Religion:**

- Embraced by some: *“I am able to put down my worries and am less obsessive...”*

- **Quality of life:**

- “I sing, watch TV, and visit my mom... I exercise, listen to Buddhist scriptures, do arts and crafts...I play the harmonica...”*

- **A new stressor for all of the participants:** accepting the stigma of having a mental illness and having made a suicide attempt.

- “I may be sick for the rest of my life...”*

- One-fourth of the participants still did not tell their families about their suicide attempt.



# Participants' Perception of Effective Treatment

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- *“I felt much better after coming here...”*
- **Appreciation of the worker-client relationship**

*“She helps me solve a lot of problems... She even found me a doctor... When I think about things that make me unhappy, I will talk to her, and then my mood lightens up... I would go immediately to see my worker if I feel bad... She is the only one who knows about my suicide attempt... He is very nice. He will tell me everything. Sometimes I'd buy him some pastries even though he has told me that it wasn't necessary; I was good to him, he was good to me... She is not only kind; she also has a good temper. Once I overslept and did not keep my appointment. She called me to wake me up, and didn't yell at me... My social worker reads my letters and explain them to me, unlike my son who never has time for me”.*



# Participants' Perception of Effective Treatment

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- **Acceptance of medication and treatment compliance**

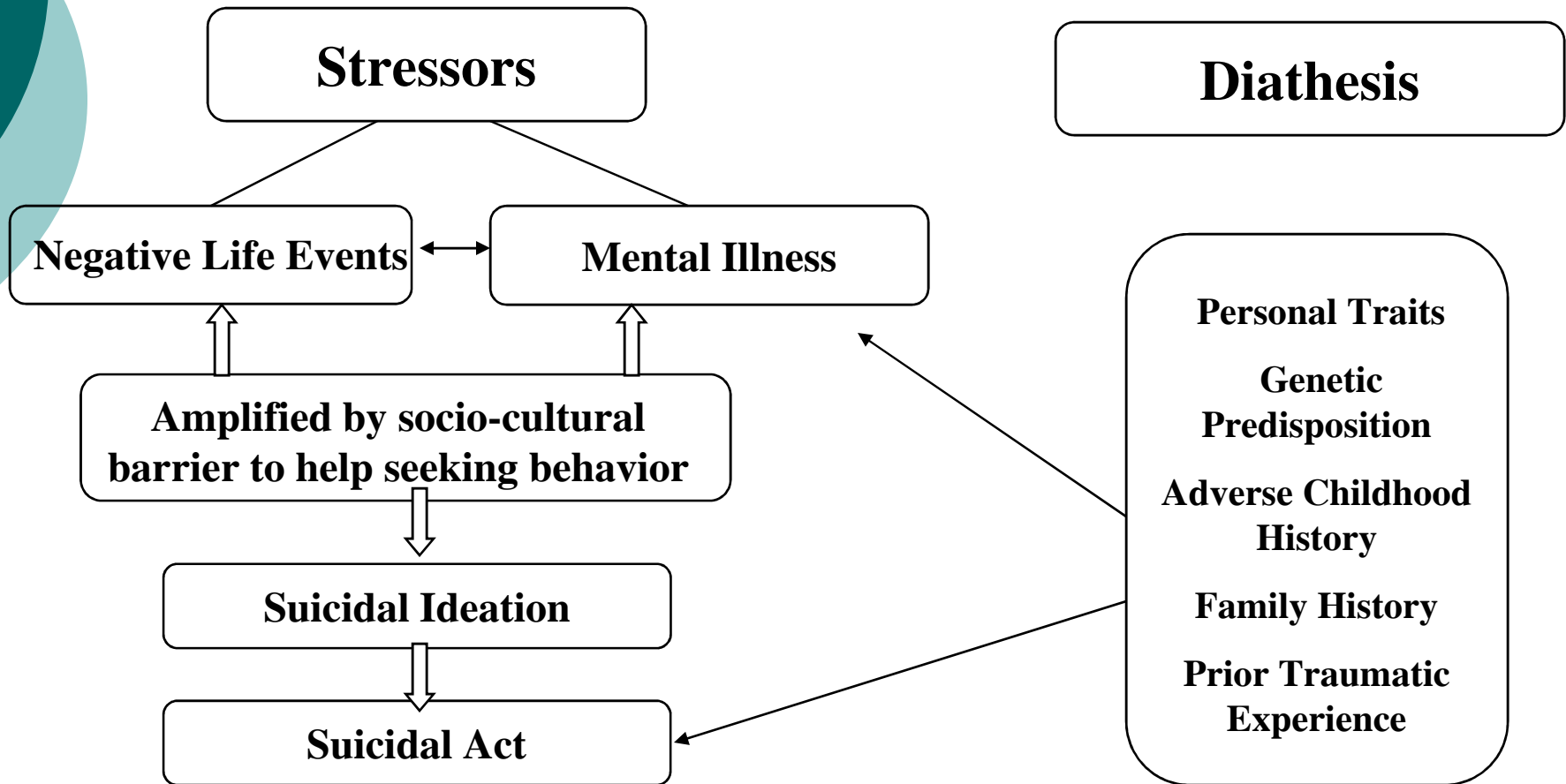
*“The medications are very important to me. I can’t help myself when I am upset...I finally realized that I couldn’t get any better without the medication... I have to take my medication even though my symptoms are not serious. The illness will come back if I don’t take my medicine...”*

- **Support from group members**

*“No matter how my mood is, there are people I can talk to in the group, and issues can be discussed. Afterwards I usually feel more relaxed...Things were different when people kept me company and talked to me... When I see that others don’t take their medications, I will try to advise them.”*

# Summation of Findings

## The Stress-Diathesis Model





# **Implications for Suicide Prevention**



# Implications for Suicide Prevention

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- **Affirmation of issues already raised in the community:**
- **Community education and de-stigmatization of mental illness.**
- **Greater accessibility to and de-stigmatization of services for battered women and their children.**
- **Support services for new immigrants.**
- **Collaboration with primary care physicians in providing psychoeducation and making psychiatric referrals.**



# Implications for Suicide Prevention

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- **Some “strengths” perspectives to consider in suicide prevention initiative:**
- - Resilience of the participants is a testimony of the strengths and not “failures” of Chinese immigrants in our community.
  - The offer of stability, hope and human connection can override the cultural barriers of help-seeking behavior toward mental health services.
  - The dedication and culture-specific practice of our community mental health workers is an invaluable asset.



## Limitations of the Study

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- **No follow-up interviews to address emerging issues and clarify information.**
- **Did not explore vulnerability issues related to personality traits and childhood adversities.**
- **Limited external validity of the findings.**
- **No reference sample of Chinese immigrants of comparable socioeconomic background and life experiences who did not attempt suicide.**