

## Chapter 2

# What Drove Her to Do It? Theories of Depression and Suicide

Like many versions of *La Llorona*, there are different explanations for what leads a young woman to choose to end her life. It is for this reason that we turn now to theoretical perspectives on depression and suicide in order to consider the primary factors that may contribute to Latina adolescents' high rates of depression and suicide attempts. We will focus on those psychosocial theories that seem to provide the most promise for understanding and treating young Latinas. Much of suicide research focuses on the epidemiological level of interactions between risk factors and outcome variables (e.g., identifying the statistical associations between substance use and suicidal ideation). These studies are useful in helping identify possible red flags for those who are suicidal; however, they often utilize self-report surveys or psychological autopsies, and they rarely examine *why* someone attempts suicide. The theories explained in this chapter include theories that focus on depression (Cognitive Behavioral Therapy and Acculturative Stress Models), as well as theories that are specific to suicidal behavior, including the interpersonal theory of suicide, and Zayas's ecodevelopmental model for Latina adolescents.

## Depression and Suicide

Depression is one of the leading risk indicators for suicide. Over the life course, people with untreated depression have a nearly 20 % risk of suicide (Gotlib and Hammen 2002); about two-thirds (2/3) of people who commit suicide are believed to be depressed at the time of their deaths (American Association of Suicidology 2012). Unsurprisingly, depression was the most robust predictor of suicidality in a sample of urban Latino and Black adolescents (O'Donnell et al. 2004). Adolescent Latinas have among the highest rates of depressive symptoms and suicidal ideation and attempts compared to other ethnic and gender groups, a persistent disparity that has been documented since the 1960s (Rasmussen et al. 1997; Roberts and Chen 1995; Roberts et al. 1997; Trautman 1961). New information regarding biological influences on

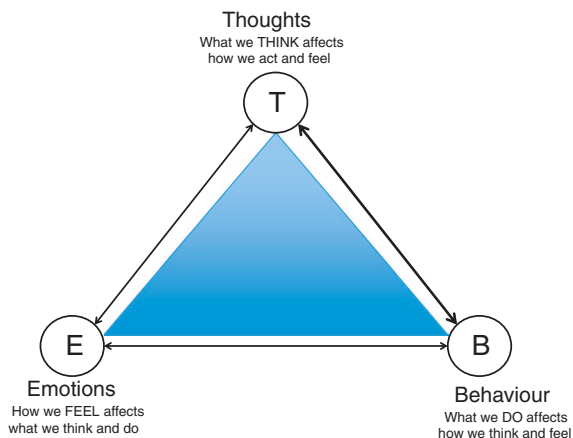


**Fig. 2.1** Cognitive Behavioral Theory

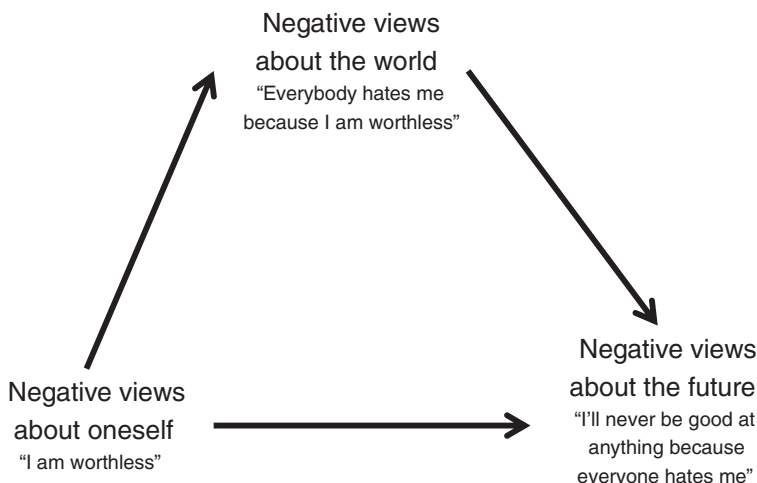


**Fig. 2.2** Cognitive Behavioral Theory Negative Thoughts Triad

depression is emerging. Among these are genetic markers that suggest a genetic component to suicidal behaviors (Brent and Mann 2005). As Beck and Alford (2009) noted, although much has been learned about the biological factors in depression, the lines of inquiry have focused on identifying involved brain systems, understanding how the brain responds to various medications, and identifying genetic markers that might suggest more targeted pharmacological interventions. Although we will not spend time discussing genetic factors in this book, it is important to remember that individuals in all groups vary in their predisposition to develop depressive disorders.

Any theory that increases our understanding of suicidal thoughts and behaviors among Latina adolescents should take into account depression as a precursor (Duarté-Vélez and Bernal 2007). In one longitudinal study, Latino adolescents who were depressed at the start of the study were also more likely to be depressed in the fifth year compared to other ethnic/gender groups (Dawson et al. 2012). Similarly, Latina youth who reported experiencing depression in the previous year were 5.1 times more likely to consider suicide than those who were not depressed (Romero et al. 2012). Clearly, depression as a risk factor is indicated among Latina adolescents and is a critical variable to consider in developing prevention and intervention programs.

## Cognitive Behavioral Theory

A well-known theory of depression is the cognitive behavioral theory (CBT) which underlies the therapy also known as CBT. CBT draws from a variety of sources, most notably the work of Aaron Beck and Albert Ellis. This theory is based on the premise that thoughts are primary in depression, and those (maladaptive or irrational) thoughts are the cause of depressive feelings and behaviors (Fig. 2.1). It is assumed that as cognitive distortions are identified and modified, the depressive feelings will be ameliorated. A behavioral component of this approach was added to the original cognitive schema. Because thoughts are inextricably linked to behaviors, this theory includes the notion that changing behavior will also have a positive effect on both feelings and thoughts. For example, depressed adolescents may lose interest in previously enjoyable activities and lack motivation to pursue those or new activities. When they can understand the importance of engaging in positive behaviors (e.g., exercise, music, volunteering), they are advised to push themselves to take steps to include more uplifting activities. The notion of the *cognitive triad* as a critical symptom of depression is also a central feature of this framework. There are three beliefs that comprise the triad: (1) I am worthless, a failure, hopelessly inadequate; (2) the world is a terrible, cruel, inhospitable place; and (3) the future is likely to be worse (Fig. 2.2). While the CBT is helpful to explain the effect of depression in general, there is limited research with Latino populations. The majority of research with Latinos and depression has focused on the cultural context. Because this theory and treatment approach has been so successful with a variety of populations, it should be tested with Latinas, with culturally appropriate adaptations as needed.

## Acculturative Stress Model

Acculturation helps researchers begin to conceptualize the complexity of the cultural context of mental health. According to a recent definition, “acculturation is proposed as a multi-dimensional process consisting of the confluence among

heritage-cultural and receiving-cultural practices, values, and identifications” (Schwartz et al. 2010, p. 237). As such, the concept of acculturation has played a central role in understanding within-group differences among Latinos as well as factors that may influence assessment and treatment of Latinos (Cuéllar et al. 1995; Cuéllar 2000), including the areas of depression and suicidality. A significant amount of research in this area has focused on the linkage between acculturation and depression among Latinos, proposing that depression may be attributed to stress that results from cultural changes when different cultures interact (Redfield et al. 1936). It was originally assumed that the acculturative process was stressful and that assimilation to the U.S. dominant culture would result in better mental health; however, empirical findings did not fully support that traditional culture was associated with more mental illness or that assimilation leads to better mental health (Cervantes and Castro 1985; Rogler et al. 1991).

Theories of stress and coping improved the understanding of the impact of cultural change on mental health, by including measures with individual-level subjective perception of stress within experiences of intercultural interaction and individual-level cultural changes (Aldwin 2007; Lazarus 1997). *Acculturative stress* is stress that results from the acculturation process as individuals come into contact with different cultures and the resultant changes that they may experience in their own attitudes, behaviors, or cognitions. *Bicultural stress* is everyday stress that may result from pressure both to adopt the majority culture’s values and to preserve one’s original culture (Romero and Roberts 2003a). Acculturative and bicultural stress include not only major life events’ stressors (immigration), but also daily hassles (prejudice) that may accumulate over time to lead to chronic high stress with negative physical and mental health outcomes, such as depression (Lazarus 1997; Lewis et al. 2009). The loss of home, nation, language, friends, and family through experiences of immigration and acculturation may be perceived as stressful and challenging at any age and thus may negatively impact stress levels and mental health. Among Latino adolescents, bicultural stress has been linked to more depressive symptoms and more substance use, as well as lower optimism among Latina girls and lower self-esteem for Latino adolescents (Romero and Roberts 2003a, b; Romero et al. 2007a, b). Although being bicultural and having a bicultural identity have been associated with better mental well-being for Latino youth, there can also be stress within bicultural contexts for some adolescents. For example, Latino youth may feel pressure from the school environment to adopt U.S. values; at the same time, their Latino peers may pressure them to maintain their Latino identity (Romero and Roberts 2003a).

Another example of bicultural stress is experienced within the family, such that adolescents may experience conflict with family members who are adapting at a different rate to the U.S. culture in terms of language and/or values. Different rates of acculturation within families may lead to acculturation gaps between parents and children that may contribute to family conflict and stress (Baptiste 1993; Arnett 1999; Szapocznik et al. 1978). Peña et al. (2011) describe a theory of *segmented acculturation* which may be quite relevant to Latino family dynamics. This theory proposes that there are three acculturation patterns: selective, dissonant,

and consonant. In *selective acculturation*, children retain the values of their culture of origin, but incorporate selected aspects of the dominant culture in a slow-paced manner. *Dissonant acculturation* occurs when the youth discard the cultural values of their cultural of origin and acculturate rapidly to the dominant culture at a pace that is much faster than that of their parents. *Consonant acculturation* is a pattern exhibited by families in which both parents and children acculturate quickly to the dominant culture.

Several national and regional studies have found that U.S.-born Hispanics have higher rates of suicide than first-generation Hispanics (Peña 2008). These findings have been interpreted as perhaps due to acculturative stress within families due to an acculturation gap (American Association of Suicidology 2012b). It has also been found that acculturation gaps between parents, their children, and their children's peers heighten peer–parent conflicts, which may create additional stressors for Latina girls (Baptiste 1993; Coatsworth et al. 2000; Duarté-Vélez and Bernal 2007). Research in this area argues that tension arises when traditional family values of strong parental authority, with concomitant restrictions on the Latina adolescent's autonomy, contrast with the dominant cultural norms that encourage adolescent autonomy and exploration. Zayas and colleagues (2008, 2011, 2012) have demonstrated in multiple studies that internal family stress is a precursor to Latina adolescent suicide.

## Interpersonal Theory of Suicide

While cognitive behavioral therapy and acculturative stress models help to understand the processes of depression and the unique cultural context of depression among Latinos, they do not fully explain what leads some individuals to take a more serious step toward ending their life. Clinical depression is described in Joiner's theory as a mental disorder (i.e., an illness), which means it is not due to some deficit in the individual that must be corrected (Klerman et al. 1984). This perspective views symptoms as markers of the disorder and adds that the symptom presentation can create difficulties in relationships, which then increase the symptoms. The most important aspect of depression is social and interpersonal relationships. The assumption is that when more satisfying relationships are attained, the depressive symptoms will diminish. This theory proposes that the primary problem area will be one of four general themes: (1) grief, (2) interpersonal disputes, (3) role transitions (such as changes in the family, recent life events such as changes in school), or (4) interpersonal deficits (the lack of lasting close relationships) (Klerman et al. 1984; Rosselló and Bernal 1999). Future research may consider how immigration, acculturation, and gender may also factor into these general themes. This certainly appears consistent with research findings on suicidal Latina adolescents (Zayas 2011). Thus, the focus of treatment is on the person's closest social relationships—within the family, in romantic relationships, and in friendships (Fig. 2.3).

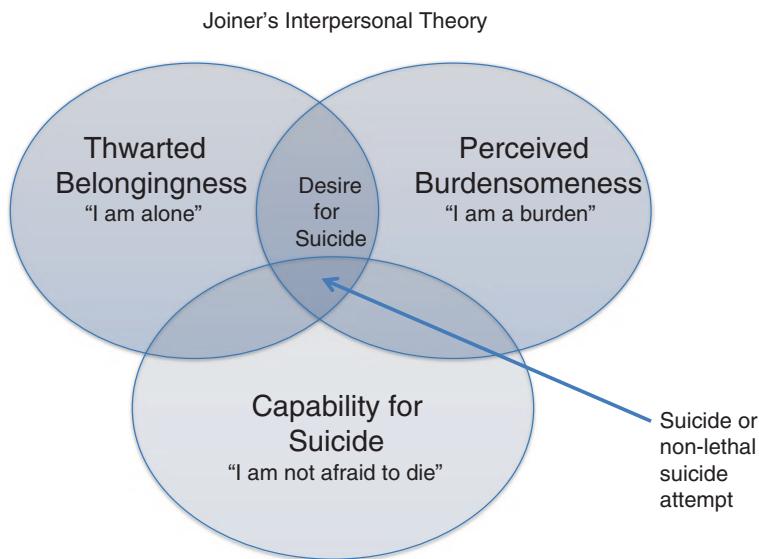


**Fig. 2.3** Joiner's Interpersonal Theory of Suicide (Van Orden et al. 2010)

Joiner's interpersonal theory of suicide (Joiner 2005; Van Orden et al. 2010) posits that serious suicide attempts result when a person feels both suicidal ideation and also has the capacity to carry out an attempt. The interpersonal theory of suicide posits that there are three conditions that promote suicidal thoughts and behaviors: *thwarted belongingness*, *perceived burdensomeness*, and *capability for suicide* (Joiner 2005; Van Orden et al. 2010). Thwarted belongingness and perceived burdensomeness must be accompanied by an acquired capability to commit suicide (often acquired through progressively more lethal attempts, engaging in self-harm, or doing and surviving high-risk behaviors) in order to lead to suicidality. Thwarted belongingness refers to the idea that the individual feels that they do not belong to any particular group or maybe even society in general. Perceived burdensomeness refers to feelings of being a burden on those around them and can lead to ideas about how the world might be "better off" without the individual in it. Collectivistic cultures place high priority on the family unit, often to a degree that it comes before individual well-being; future studies may consider how strong collectivistic values and gender values of self-sacrifice for family (such as *marianismo*) may contribute to perceived burdensomeness among Latina adolescents (Castillo et al. 2010; Gaines et al. 1997).

Thwarted belongingness is consistent with the observation that the suicide attempts by Latina adolescents were often preceded by conflicts with either parents, a boyfriend, or parents about a boyfriend (Zayas et al. 2005). Damage to the most valued and central relationships of belonging in a Latina's young life may result in powerful negative emotions. It is plausible that the Latina who is in protracted conflict with family and/or has serious conflicts with other significant people in her

life may not only feel that she does not belong, but she may also feel that she is a burden to her family (or friends, or boyfriend) (Zayas 2011). Van Orden and her colleagues (2010) observed that social isolation is one of the most robust predictors of suicidality. Given recent research on bullying, peer discrimination, and school discrimination, it is also likely that these factors may also contribute to a sense of thwarted belongingness (Cammarota 2007; Romero et al. 2013).

Joiner's theory was created with a focus on adult populations, and there is relatively little research with adolescent populations or with Latinos. One qualitative study evaluated the utility of the interpersonal theory of suicide with 33 adolescent females who are described as "mostly Puerto Rican" (p. 101) and who were in the hospital due to suicidal behavior. They were compared with similar-aged females who were also hospitalized, but were not suicidal (Razin et al. 1991). In the group who had attempted suicide, some patterns were notably more prevalent, including recent conflicts with a mother or a boyfriend, poor school performance, sexual activity, suicidal history in the family, and poor self-esteem. These patterns are consistent with the primacy of interpersonal disputes in Joiner's theory.

## **Zayas's Ecodevelopmental Model of Latina Suicide**

There is one model that is very specific to the epidemic of Latina adolescent suicide and is based on several years of clinical research with suicidal Latina teens. Zayas et al. (2000) proposed a model for understanding suicide that we include here because it links the risk factors in a meaningful way that reflects the cultural context. This model makes it clear that a single risk factor is unlikely to lead directly to suicide (although there may be a precipitating event), but the combined influence of multiple factors is what creates the conditions that lead to suicidal behaviors (see Fig. 2.4). The reader may note that many of the factors in the model would be found in other groups of adolescents; however, Zayas argues that it is the unique prioritization of family conflict that makes the model specific to Latinas.

Zayas and colleagues (2005) further revised their conceptual model to guide research on Latina suicide rates that moves beyond documentation of ethnic disparities and leads to a richer understanding of the complexity of Latina adolescents' mental health context (Fig. 2.5). Zayas and colleagues' (2005) conceptual model is based on ecodevelopmental theory (Szapocznik and Coatsworth 1999), which argues that social interactions between family, society, and individuals are critical ecological factors to consider for the healthy development of children and adolescents. The young person's developmental context is described as the center of concentric circles that are comprised of microsystem (e.g., family, school, peers, individual cultural values), mesosystem (e.g., parent-school, parent-peer), and macrosystem (e.g., culture, politics) elements based on the social ecology of human development (Bronfenbrenner 1979, 1986). Given the importance of the family context among Latinos (Gloria et al. 2004), Zayas and colleague's (2005) model emphasizes the central nature of familial context for Latina adolescent

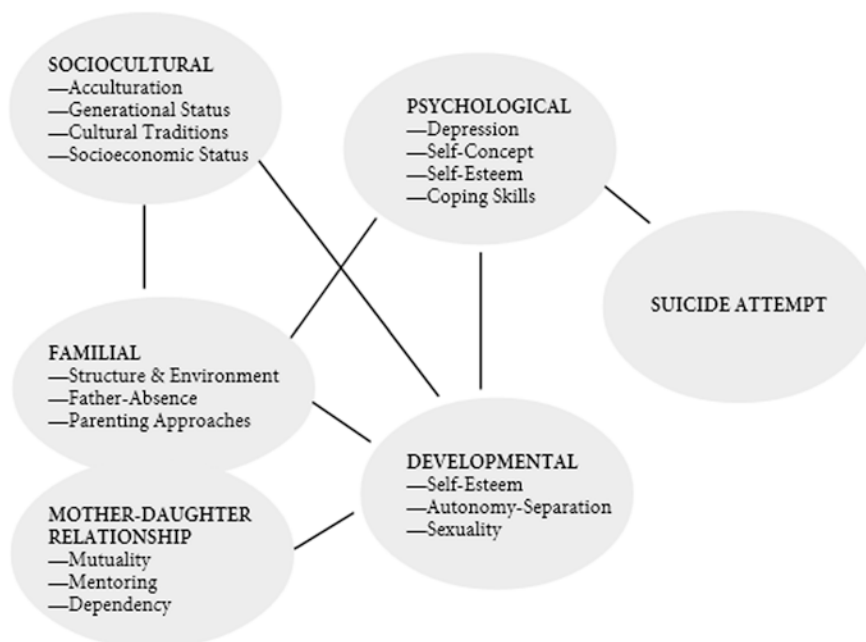


**Fig. 2.4** Zayas et al. (2000) Integrative model of suicide attempts by adolescent Hispanic females

development in terms of cultural values, socialization, family functioning, and interactions with family members. The revised model specifically identifies the interactions between family functioning, adolescent development, and cultural traditions that may lead to emotional vulnerability and psychosocial functioning of young women. They argue that the suicide attempt then is influenced by this combination of factors and is mediated by the adolescent's subjective experience of adolescent-family crisis. This model is an important step forward in understanding the nuances of family and adolescent mutual influence during development and the impact on mental health. Certainly, this model goes far more in depth to explain the central role of family for Latina adolescents, which may be more unique than other ethnic/gender groups during the teen years. Additionally, Zayas's (2000, 2005) research explains the distinctive mother-daughter relationship that plays a central role in the daughter's behavior. Given the bulk of previous research on mother-daughter connection and relationship, it is not surprising that there is a focus on this dyadic relationship within the family system; however, future research will need to also make more efforts to include fathers. Recent research has further uncovered the important role that Latino fathers may play within the family and specifically on the development of their daughters that can be positive (Ojeda et al., in press). This version of this model does not fully explain the role of the ecodevelopmental context, because it does not include the influence of peers, school, and United States/Mexico society. Furthermore, lack of clear inclusion

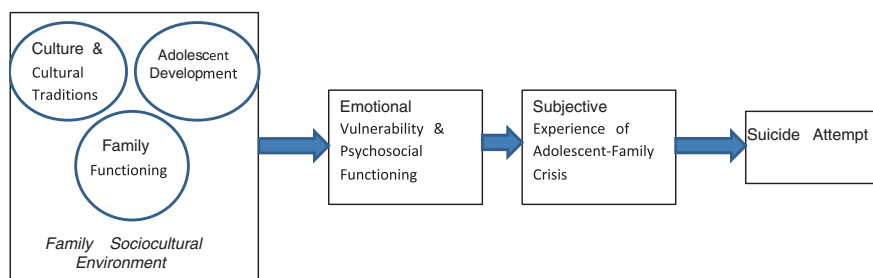


**Fig. 2.5** Zaya's et al. (2005) Conceptual model of Latina suicide attempts

of cultural strengths and protective factors may lead individuals unfamiliar with Latino culture to assume that culture may only be a risk factor for adolescent girls. In the next chapter, we describe the multiracial feminist framework that may help advance our understanding of resilience among Latina adolescents from a feminist perspective that can also help identify key modifiable factors to consider in prevention efforts (Fig. 2.5).

Although adolescence is typically portrayed as a period during which peers have increasing importance for development of values and behaviors, research with Latinos demonstrates that family continues to play a significant role even during this developmental period (Zayas et al. 2005). Empirical research with Latina middle school-aged adolescents in Florida based on an ecodevelopmental framework found that the dual aspects of support and conflict within families accounted for the majority of differences in internalizing and externalizing behaviors (Coatsworth et al. 2000). Given the importance of the family context among Latinos (Gloria et al. 2004), Zayas and colleague's (2005) model emphasizes the central nature of familial context for Latina adolescent development in terms of cultural values, socialization, family functioning, and interactions with family members.

## In Summary

The intention of this chapter was to provide a basic background about the theories that help explain factors that lead to suicidal behavior and depression among all populations, among Latinos, and specifically among Latina adolescents. This background may lead to greater understanding by mental health researchers and service providers of their realistic ecological contexts and resilience. CBT explains how depressive symptomatology may lead to cognitive distortion of repeated negative thoughts that may lead to negative behaviors. Acculturative stress models extend the research on depression to incorporate the cultural context of Latinos in the United States that may lead to major life event stress and daily chronic stressors that are also linked not only to depressive symptoms, but also lower self-esteem and lower optimism.

Specific theories of suicidality improve our understanding of the specific factors that may lead to up to suicidal thoughts, plans, and attempts. Joiner's interpersonal theory of suicide juxtaposes thwarted belongingness along with perceived burdensomeness that can become exacerbated into suicidal behavior when the individual also has acquired the capacity for self-injury (through behaviors such as a cutting or other sources of non-lethal self-injury or repeated suicide attempts). Although Joiner's theory was not developed specifically based on Latina adolescent research and there is limited empirical work with this population, we feel that the basic concepts have significant relevance for understanding the impact of social relationships on suicidal behavior of Latinas. Lastly, we described the conceptual models of Zayas and colleagues based on their clinical work with Latina suicide attempters. Zayas argues that the root cause for most attempters lies in the subjective experience of adolescent-family crisis and is influenced by the teen's psychological functioning and the combined interaction of their preexisting family functioning, cultural traditions, and their own development. Latina adolescent health disparities cannot be properly understood without considering the risk and protective factors in their environment (Szapocznik and Coatsworth 1999).

What is missing all in of these theories is a feminist gender-rooted approach to understanding the experience of young Latina women. As such, we hope to contribute to the future prevention efforts with Latina adolescents by integrating a cultural strength approach that is firmly centered in a balanced view of the Latino culture that not only acknowledges, but also celebrates sources of resilience and strength within the cultural and gendered lives of Latina girls and portrays a view of their lives and experiences as positive and agentic despite the challenges and adversity that some Latina youth encounter in the United States.

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Latinas

Resilience Research and Theory

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2014, VI, 75 p. 12 illus., Softcover

ISBN: 978-3-319-01380-0