

Cultural nuances of thwarted belongingness and perceived burdensomeness linked to Asian  
American suicidality

by

Hye Jin Lee

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College of Health and Human Sciences

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Approved by:

Major Professor  
Joyce Baptist

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## **Abstract**

Asian Americans and Pacific Islanders (AAs) represent one of the fastest-growing ethnic groups in the United States, with an 88% increase from 2000 to 2019. The rate of suicide among AAs has also risen alongside this population growth. Unique cultural factors distinguish AA experiences from those of the dominant American culture, such as cultural identity, conflict due to parental expectations, depression, and discrimination. This study aims to broaden the understanding of suicidality among 195 second-generation AAs by examining how distinctive AA cultural factors are captured by the Interpersonal Theory of Suicide (ITS). The path analysis results found belongingness and burdensomeness, two main concepts from ITS, mediated cultural factors and suicidality. First, increased integration within both the Asian and American cultures increased belongingness, which in turn reduced suicidal ideation. Next, conflict due to parental expectation and depression increased burdensomeness which, in turn, increased suicidal ideation, plan and attempt. Last, although discrimination was linked to thwarted belongingness and suicidality, thwarted belongingness did not mediate the relationship between discrimination and suicidality. The clinical and research implications of the findings are discussed.

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## Chapter 1 - Introduction

Asian Americans and Pacific Islanders —hereafter referred to as AAs— represent the fastest-growing ethnic group in the U.S., with an increase of 88% to 22.4 million from 2000 to 2019 (Budiman & Ruiz, 2021). As the AA population has grown, so has its rate of suicide. Notably, recent data indicates that from 2013 to 2019, the suicide rate among AAs aged 15 to 24 years old increased by 40% (Lee et al., 2023). Studies have examined factors that contribute to the trend of high suicide rates in this population and found the impact of conflict with the family, perceived discrimination, ethnic identity, psychiatric disorders, chronic conditions, and sociodemographics as contributors to suicidal ideation in AAs (Cheng et al., 2010). The increased discrimination experienced by AAs since the onset of the COVID-19 pandemic (McGarity-Palmer et al., 2023) is a crucial factor that needs to be considered. Few studies have examined the unique cultural factors that contribute to higher suicidal desire among AAs.

Unlike Western culture, Asian cultures are known to be influenced by collectivism, where people tend to be more focused on being interdependent and embedded in their social groups (Lui & Rollock, 2018). Previous studies have examined how collectivism, or the group-oriented values inherent in Asian culture, are related to increased social stigma of mental disorders, poor health outcomes, and reluctance to seek professional help. A national survey found that Asians are 60 percent less likely to have received mental health treatment as compared to non-Hispanic whites in 2018 (Center for Behavioral Health Statistics and Quality, 2020). The stigma of mental health deters AA from seeking treatment, especially for those who adhere to Asian cultural values (Miville & Constantine, 2007). The sevenfold growth in depression among AAs from 2019 (pre-COVID-19) to 2020 (during the COVID-19) pandemic not only reflected the impact of increased racial discrimination and isolation but also the



underutilization of mental health care (Woo & Jun, 2020) that may exacerbate the risk of suicidality. The lack of research on suicidality among AAs means that theories on suicide have yet to conceptualize the risk factors for suicide among AAs fully.

The Interpersonal Theory of Suicide (ITS) proposed by Joiner (2005) is a widely accepted framework identifying thwarted belongingness and perceived burdensomeness as two main factors that contribute to suicidal ideation. Accordingly, when both factors are present, the desire for suicide may be evoked (Joiner et al., 2009). Limited studies have explored thwarted belongingness and perceived burdensomeness within the context of AA and cultural values. A mixed-method study that included 293 AA college students who were primarily East AAs sought to address the relationship between perceived burdensomeness, thwarted belongingness, self-construal (how individuals perceive themselves in relation to others), and suicidal ideation (Wong et al., 2011). The results indicated that unlike perceived burdensomeness, which was positively linked to suicidal ideation, thwarted belongingness was significantly related to suicidal ideation when independent self-construal was involved. This same study elicited reasons for suicidal ideation, which included unfulfilled intrapersonal/ interpersonal expectations from family, relationships with other people, cultural differences, and racism.

Another recent study examined how anti-Asian racism after COVID-19 was related to thwarted belongingness and perceived burdensomeness among AA emerging adults (Keum & Wong, 2023). The results showed that heightened COVID-19 anti-Asian racism was linked with more perceived burdensomeness, which in turn was linked with a higher risk of suicidal ideation among AAs. Studies have yet to examine the role of biculturalism among second-generation AAs and suicide risk. This study focused on emerging adult second-generation AAs because of

the high rates of suicide among this group and how family culture influences the development of their identity.

The present study will expand the existing literature on AA and suicidality by examining the relationship between unique cultural indicators and thwarted belongingness and perceived burdensomeness. The following cultural factors will be examined: bicultural identity integration, discrimination, conflict due to parental expectation and control, and depression. This study aimed to identify the extent to which cultural factors identified above were related to thwarted belongingness and perceived burdensomeness that may subsequently be linked to suicidality for AA young adults. Further, this study can serve as a guiding framework for future projects and offer valuable insights into cultural nuances linked to suicidality among AAs.

## **Chapter 2 - Literature Review**

### **Interpersonal Theory of Suicide**

The Interpersonal Theory of Suicide (ITS) is one of the most widely recognized frameworks for understanding the factors that contribute to suicide desire and suicide attempts (Van Orden et al., 2010). According to the ITS, the two most crucial interpersonal factors that contribute to suicidal desire are thwarted belongingness and perceived burdensomeness. Both thwarted belongingness and perceived burdensomeness are posited to be dynamic cognitive-affective states influenced by interpersonal and intrapersonal factors. When this desire is combined with the actual ability to engage in behaviors to end their life, individuals have a higher possibility of dying by suicide (Van Orden et al., 2010). Thwarted belongingness refers to a psychologically distressing mental state that arises when the fundamental need for connectedness remains unfulfilled. Perceived burdensomeness refers to a person's self-assessment that they are an undue burden on others and that others would be better off if this person were dead. The sense of burdensomeness and lack of belonging increases the risk of suicidality (Van Orden et al., 2012). Factors such as mental disorders, social isolation, and stressful life events are said to increase the risk of suicide through thwarted belongingness and perceived burdensomeness. This study examined thwarted belongingness and perceived burdensomeness because both these impact suicide desires, the focus of this study.

A study on shame among college-aged AAs found an association between thwarted belongingness and perceived burdensomeness with a heightened sense of interpersonal shame, which in turn influenced the development of depression with suicidal ideation (Carrera & Wei, 2017). Although ITS is widely used, studies have yet to focus on how Asian cultural factors contribute to thwarted belongingness and perceived burdensomeness.

## **Thwarted Belongingness: Bicultural Identity Integration and Discrimination**

Second-generation bicultural AAs have difficulty developing a sense of belongingness because they straddle two cultures—their ethnic culture and the larger American culture (Harris & Chen, 2022; Kim et al., 2023). Integrating cultures and developing a bicultural identity, known as bicultural identity integration, can contribute to increased belongingness.

In a recent series of studies, bicultural identity integration was an essential element for how people develop genuine connections with their culture. The studies explored the notion of authenticity in cultural identity when conforming to the American culture, which places high value on stable, independent personalities. In contrast, the Asian culture often emphasizes adaptability to suit different contexts (Mok, 2022). The participants were assessed to determine if their sense of authenticity during cultural conformity correlated with bicultural identity integration. The results demonstrated that AA with lower bicultural identity integration tended to feel less authentic during cultural conformity. Another study explored whether the participants with lower bicultural identity integration felt inauthentic during cultural conformity due to the perceived necessity of undermining their cultural identity. The results showed that concerns about identity exclusion influenced bicultural identity integration and authentic experiences. AA with higher bicultural identity integration maintained their sense of felt authenticity as they effectively integrated their cultural identities, even in situations that required cultural conformity (Mok, 2022). These studies suggest that higher bicultural identity integration is related to higher belongingness, whereas lower bicultural identity integration is related to more thwarted belongingness.

Another influential factor contributing to one's sense of belongingness is the degree of feeling included and validated by others. Incidents of discrimination experienced by minority

groups are indicative of the challenges faced in gaining a genuine sense of belonging in society. AAs have often been hidden in the shadow of the prevailing image of the “model minority,” which characterizes them as highly successful in American culture. However, recent studies have highlighted how AAs experience prejudice and discrimination behind the myth of the model minority (Sue et al., 2007). Racial microaggression threatens the mental and physical well-being of AAs. One study revealed that 78% of their AA participants reported experiencing racial microaggression within two weeks. This study indicated that constant exposure to daily microaggressions could have a detrimental effect on participants’ emotional well-being, leading to adverse impacts on mental health and somatic symptoms that compromise overall health (Ong et al., 2013).

In addition to the persistent issue of microaggression, there has been an increase in hate crimes against AAs, a surge that coincided with the onset of the COVID-19 pandemic (Tessler et al., 2020). These incidents have taken various forms, including attacks with acid and objects thrown at them and the use of deadly weapons. These acts of physical violence occurred on public transportation, outside private residences, at grocery stores, local businesses, and other public places.

The increase in hate crimes has created higher anxiety among AAs, leading to elevated mental distress in the population. Such fear caused AAs to be cautious about coughing and concerned about being a target of aggression (Tessler et al., 2020). This could lead to the possibility of avoidance and social distancing from others. According to the Interpersonal Theory of Suicide, social isolation contributes to suicidal ideation, attempts, and lethal suicidal behavior across the lifespan. Thwarted belongingness occurs when social connectedness is at its lowest or when social forces are dysregulated. So, generally, when individuals experience thwarted

belongingness, there is a corresponding lack of reciprocally caring relationships – either providing or receiving support (Van Orden, 2010).

### **Perceived Burdensomeness: Conflict Due to Parental Expectations and Depression**

Discord with one's family is a strong risk factor linked to perceived burdensomeness that can lead to suicidal ideation (Van Orden et al., 2010). Such conflict is particularly significant because it elevates the likelihood of feeling like a burden to their family. Notably, for AAs, conflict that disrupts family cohesion, a solid integral cultural value, has been identified as a contributor to mental disorders (Cheng et al., 2010). Issues about conforming to family norms, respecting elders, and education/career choices created conflict between AA parents and their children (Tsai-Chae & Nagata, 2008). Studies have indicated that conflicts arising from unmatched values threaten family cohesion and intensify mental disorders, such as depression. This discord often arises from the desire of first-generation AAs to maintain family cohesion and protect family time that is not always valued by their second-generation children (Leu et al., 2012). Parents may appear demanding and controlling as they set expectations and exert power.

Conflict can further arise from having failed to meet parental expectations. Expectations from success-driven parents have been found to cause shame, embarrassment, and depression among younger AAs who failed to meet their parents' idea of success (Warikoo et al., 2020). AA parents tended to have higher expectations of their youth in academic areas, hoping their youth would succeed in obtaining prestigious jobs that could provide the family with more opportunities in the future. This expectation, in return, may elevate the level of pressure and emotional distress in AA youths, which could elevate perceived burdensomeness (Cherng & Liu, 2017). Conflict due to parental expectation in this study was measured as the difference in parental offspring expectations and the control exerted onto their young adult children.

Interestingly, intergenerational conflict within the family and loss of face were found to be significant contributors to depression across both AA and European Americans (Kalibatseva et al., 2017). This study noted that adolescents' natural tendency to desire individualism, as they form an independent identity, may be the catalyst for conflict with parents. Consistent with previous research, Kalibatseva et al.'s (2017) results showed how intergenerational conflict within the family contributes to heightened levels of depression among AA college students. Accordingly, depression can be another indicator of burdensomeness on one's family. In a meta-analysis, AAs with persistent depression were less likely to seek treatment and care compared to non-Hispanic Whites (Kim et al., 2015). This reluctance to seek mental health treatment might be from possible shame and guilt around feeling depression that, in turn, could exacerbate feeling like a burden to one's family. In this regard, understanding how conflict due to parental expectations and depression/mental health could impact AAs' perceived burdensomeness and suicide ideation is essential.

### **Suicidality**

Suicide cognition/ideation, plan, and attempt are related to the desire and actions of wanting to end one's life. Suicide ideation encompasses any self-reported thoughts of engaging in suicide-related behavior, plans include preparations for ending one's life, and attempts encompass efforts that may or may not lead to non-fatal injuries, poisoning, or suffocation (Bryan & Rudd, 2006). In this study, suicide cognition/ideation, plan, and attempt were assessed to reflect participants' suicidality.

### **Purpose of this Study**

This study aims to broaden the understanding of suicidality among AAs by applying the concepts of perceived burdensomeness and thwarted belongingness from the ITS (Joiner, 2005).

Few studies have examined how AAs' cultural factors contribute to suicidal constructs and subsequent suicidality. The study will address the following four hypotheses:

H1: Bicultural identity integration will be negatively related to suicidal cognition, plan, and attempt through Thwarted Belongingness.

H2: Discrimination will be positively related to suicidal cognition, plan, and attempt through Thwarted Belongingness.

H3: Conflict due to parental expectations will be positively related to suicidal cognition, plan, and attempt through Perceived Burdensomeness.

H4: Depression will be positively related to suicidal cognition, plan, and attempt through Perceived Burdensomeness.

These hypotheses were tested while controlling for several factors known to be associated with suicidality, including age, gender, and sexual orientation. A national representation survey found suicide rates varied across age (5.15 per 100,000 for 15 to 24 years old and 19.48 per 100,000 for 25- to 34-year-olds) and gender, with men being 3.90 times more likely to die by suicide than women (American Foundation for Suicide Prevention, 2024). Further, suicide varied based on sexuality. According to the U.S. National Survey on mental health, 41% of LGBTQ young people seriously considered suicide in 2023 compared to 30% of their non-LGBTQ peers (The Trevor Project, 2023). Further, young people who are transgender, nonbinary, and/or people of color reported higher rates than their peers.



## Chapter 3 - Method

### Participants

To ensure homogeneity in family values, all 195 participants were East Asians (51 Korean, 68 Chinese/Hong Kong, 50 Japanese, and 26 Taiwanese Americans) who share a similar Confucian culture. Participants were second-generation AAs aged 18-27 ( $M = 23.70$ ,  $SD = 2.33$ ) residing in the United States. Most of the participants identified as female ( $N = 117$ , 60%), while less than half identified as male ( $N = 70$ , 35.9%) and fewer as non-binary ( $N = 8$ , 4.1%). Three-fourths of participants identified as heterosexual ( $N = 147$ , 75.4%), and the rest identified as non-heterosexual. More than half of the participants reported being in a romantic relationship ( $N = 118$ , 60.5%), almost half were employed full-time ( $N = 96$ , 49.2%), and two-thirds had at least a bachelor's degree ( $N = 130$ , 66.7%). Detailed demographics are presented in Table 1.

### Data Collection

This cross-sectional study collected data using Prolific, an online data collection platform that recruits participants on behalf of the investigator. Prolific was found to be one of two data collection platforms that provided the highest quality data for the lowest price (Douglas et al., 2023). Further, participants on Prolific are more likely to pass various attention checks, provide meaningful answers, follow instructions, remember previously presented information, have a unique IP address and geolocation, and work slowly enough to be able to read all the items. Recruitment was supported by using screening filters that are self-reported by participants, thus only sending the invitation to participate in the study to those who fit the inclusion criteria: fluent in English, second-generation AAs with at least one parent from East Asia (Korea, China, Japan, Hong Kong, and Taiwan), and aged between 18 and 27.

An Informed Consent and Qualtrics survey with the study questions was uploaded onto the Prolific website and distributed by Prolific to potential participants. Recruitment after the required number of participants was reached. Participation in this study was voluntary, and participants were reimbursed for their time by Prolific. The cost for the investigator to recruit 200 participants for a 15-minute survey was \$980, paid to Prolific, who then reimbursed participants directly. The Kansas State University Graduate School funded this study.

## **Measurements**

### ***Suicidality***

***Brief Suicide Cognition Scale (B-SCS).*** The B-SCS (Rudd & Bryan, 2021) is a six-item scale that measures suicide risk. The scale assesses core beliefs about the self as unlovable, the emotional experience of being unbearable, and life problems that result in higher vulnerability and heightened triggers of suicidal risk. This scale is a self-report 5-point Likert scale (1 = *strongly disagree*, 5 = *strongly agree*) with higher scores indicating heightened suicidality. Among the six items, two measure unlovability, unbearable, and unsolvability. Sample items include, “I am completely unworthy of love” (unlovability), “I can’t cope with my problems any longer” (unbearability), and “Nothing can help me solve my problems” (unsolvability). Cronbach’s alpha was .92 for this study, indicating high reliability.

***Suicide Plan and Attempt.*** One question on suicide plan (“Have you ever made a plan to kill yourself?”) and another on suicide attempt (“Have you ever attempted to kill yourself?”) were drawn from the Self-Injurious Thoughts and Behaviors Interview (SITBI; Millner et al., 2015). Participants responded using a 4-point Likert scale (1 = *never*; 2 = *yes, but never really wanted to die*; 3 = *yes, but was uncertain about dying*; 4 = *yes, and at least once really wanted to*

*die*) for both questions. Higher scores indicate having planned or attempted suicide with the intent to die.

### ***Interpersonal Needs Questionnaire (INQ)***

The revised INQ (Van Orden et al., 2012) is a 15-item self-report instrument that measures the two main concepts of the ITS: Thwarted Belongingness and Perceived Burdensomeness. The construct validity of the original INQ was reconstructed to assemble this 15-item scale that produced a higher Cronbach's alpha than the original 25-item scale (Joiner et al., 2009). These 15 items consist of nine items of thwarted belongingness and six items of perceived burdensomeness. A sample thwarted belongingness item included, "These days, I feel like I belong," and a sample perceived burdensomeness item included, "These days, I think I am a burden on society." This revised version was more reliable and better fit the constructs of interest. Participants will be asked to respond to each item using a 7-point Likert scale (1 = *not true at all*, 7 = *very true for me*), with higher scores indicating more thwarted belongingness or perceived burdensomeness. Cronbach's alpha for this study was .92 for thwarted belongingness and .95 for perceived burdensomeness.

### ***Bicultural Identity Integration Scale – Version 2 (BIIS- 2)***

The BIIS-2 is a 17-item scale that measures cultural blendedness and harmony for individuals (Huynh et al., 2018). This scale comprises seven items related to cultural blendedness versus compartmentalization and ten related to cultural harmony versus conflict. BIIS-2 uses a 5-point Likert-type scale (1 = *strongly disagree*, 5 = *strongly agree*) where high scores indicate cultural harmony and blendedness. Sample items include "I find it easy to harmonize (culture of origin) and American culture" (cultural harmony) and "I feel part of a combined culture"

(cultural blendedness). The total Cronbach's alpha was .84 for this study, indicating high reliability.

### ***Everyday Discrimination Scale***

The modified Everyday Discrimination Scale (EDS) measures discrimination (Trail et al., 2011). This scale consists of six items and is measured by reporting how often discrimination happened based on participants' race and ethnicity. Examples of discrimination for this scale include being treated as inferior, being treated with less respect than others, being called names or insulted, people acting as if they are afraid of you, people acting as if you are dishonest, and being threatened or harassed. EDS used a 4-point Likert scale to measure the frequency of discrimination (1 = *never*, 4 = *often*). The Cronbach's alpha for this study was .88, indicating high reliability.

### ***Patient Health Questionnaire (PHQ-9)***

The PHQ-9 is a self-administered measurement that has nine items to assess depression (Kroenke et al., 2001). This scale is widely used to measure clinical depression. This scale uses a 4-point scale (from 0 – *not at all* to 3 – *nearly every day*) to measure how many problems have occurred over the last two weeks. Sample items include “little interest or pleasure in doing things” and “thoughts that you would be better off dead or of hurting yourself in some way.” An additional question, “How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?” was added for participants who checked off any problems on the questionnaire. Cronbach's alpha was .90 for this study, indicating high reliability.

### ***Conflict due to Parental Expectations***

The Asian American Family Conflict Scale (FCS) – likelihood is a 10-item scale used to assess the likelihood of conflict about parental expectations and control (Lee et al., 2000). Sample items for this 5-point scale (1 = *almost never*, 5 = *almost always*) included, “Your parents tell you what to do with your life, but you want to make your own decision” and “Your parents tell you that a social life is not important at this age, but you think that it is.” Cronbach’s alpha was .92 for this study, indicating high reliability.

## **Data Analysis**

### ***Preliminary Analysis***

Descriptive analyses of the variables and participants’ demographics were examined using SPSS Version 29.0. Only two missing data about participants’ ages were detected. A mean age score was used to replace these missing data. All dependent variables were normally distributed with a Kurtosis of less than 1.3. Next, group differences across sexual orientation and relationship status were examined using *t*-tests. For this, sexual orientation was recoded to 1 for heterosexual and 2 for non-heterosexual (lesbian, gay, bisexual, and other), and relationship status was recoded to 1 for single and 2 for in a relationship (married, cohabitating, and dating but not cohabitating).

Using ANOVAs, differences across ethnicity (Korean, Japanese, Chinese/Hong Kong, and Taiwanese American) and gender (male, female, and non-binary) were examined. These results will determine whether gender, sexual orientation, relationship status, and ethnicity should be included as control variables in the main analysis. Last, bivariate correlations between study variables will be examined.

### ***Main Analysis***

A path analysis with maximum likelihood as the estimator was applied using Mplus 8.4 (Muthén & Muthén, 1998-2019) to estimate the hypothesized model in Figure 1. Path models assess several relationships simultaneously and allow the specification of directionality in relationships between variables (Renshaw et al., 2003). Bias-corrected bootstrap confidence intervals with 5,000 bootstrapped iterations were used for calculating indirect effects. In the tested model, suicidal cognition and planning an attempt were the three dependent variables, bicultural identity integration, discrimination, conflict due to parental expectations, and depression were the four independent variables, and thwarted belongingness and perceived burdensomeness were the two mediator variables. Age, sexual orientation, and gender were included as control variables. The Comparative Fit Index ( $CFI > .95$ ), Tucker-Lewis Index ( $TLI > .95$ ), Root Mean Square Error of Approximation ( $< .05$ ), and Standard Root Mean Residual ( $< .05$ ) are reported as evidence of model fit (Hu & Bentler, 1999).

## Chapter 4 - Results

### Preliminary Results

Descriptive statistics and correlations are presented in Tables 1 and 2, respectively. Bivariate correlation results were as expected. The results indicate that when discrimination, depression, and conflict due to parental expectations increased, so did thwarted belongingness, perceived burdensomeness, and suicidality. However, when bicultural identity integration increased, thwarted belongingness and perceived burdensomeness also reduced. Further, when thwarted belongingness increased, so did suicidal cognition and plan, and when perceived burdensomeness increased, so did suicidal cognition, plan, and attempt.

### Group Comparisons

Analysis of group differences using *t*-tests indicated that compared to heterosexual participants, non-heterosexual participants reported significantly more *suicidal cognition*,  $t(193) = -2.96, p = .03, M = 10.30$  (heterosexual) and  $12.79$  (non-heterosexual), *suicidal attempt*,  $t(193) = -5.34, p < .001, M = 1.19$  (heterosexual) and  $1.83$  (non-heterosexual), *suicidal plan*,  $t(193) = -5.68, p < .001, M = 1.33$  (heterosexual) and  $2.10$  (non-heterosexual), and *perceived burdensomeness*,  $t(193) = -2.19, p = .04, M = 12.01$  (heterosexual) and  $14.77$  (non-heterosexual). *T*-test results indicated no significant difference between participants in a romantic relationship and those who were single across all variables.

ANOVA results found group differences in *suicidal plans across ethnicities*. Because the test for homogeneity of variance for ethnicity ( $p = .008$ ) and gender ( $p < .001$ ) was violated, the Kruskal-Wallis, a nonparametric test equivalent to ANOVA, was used for group comparisons. The Kruskal-Wallis test indicated significant differences across ethnicity for suicide plans,  $\chi^2(3) = 10.23, p = .02$ . The Mann-Whitney post-hoc test further showed that Korean Americans

reported more frequent suicidal plans compared to Taiwanese Americans ( $Z = -2.74, p = .006.$ , Mean rank of 43.27 vs. 30.62), and Chinese Americans ( $Z = -2.45, p = .01$ , Mean rank 67.54 vs. 54.35).

The Kruskal-Wallis test indicated significant gender differences for suicide thought and plan, thwarted belongingness, perceived burdensomeness, discrimination, and depression. Details are provided in Table 3. To account for the differences across groups, gender and sexual orientation were included as control variables in the path model in addition to age.

### **Path Analysis**

The hypothesized mediation path model with age, gender, education, and sexual orientation was a good fit for the data,  $\chi^2 (9) = 13.12, p = ns, CFI = .99, TLI = .96, RMSEA = .05, SRMR = .03$ . Of the control variables, gender did not contribute significantly to the model. Removing gender improved the model fit,  $\chi^2 (6) = 9.04, p = ns, CFI = 0.99, TLI = 0.97, RMSEA = .05, SRMR = .02$ . These new results are presented in Table 4 (direct paths) and 5 (indirect paths) were used to examine the study hypotheses.

*H1: Bicultural identity integration will be negatively related to suicidal cognition, plan, and attempt through Thwarted Belongingness.* Only one indirect path related to H1 was significant. Thwarted belongingness mediated the relationship between bicultural identity integration and suicidal cognition. Bicultural identity integration was negatively related to thwarted belongingness, which was positively linked with suicidal cognition. When participants reported higher levels of bicultural identity integration, they also reported lower levels of thwarted belongingness, which were, in turn, related to reduced thoughts of suicide. Feeling more integrated in both the Asian and American cultures served as a barrier to suicidal ideation by increasing belongingness.



*H2: Discrimination will be positively related to suicidal cognition, plan, and attempt through Thwarted Belongingness.* H2 was not supported. Contrary to expectations, thwarted belongingness did not mediate the relationship between discrimination and suicidal cognition, plan, or attempt. Experiencing discrimination did not significantly change participants' sense of belongingness. For these participants, experiencing discrimination was not an indicator of acceptance by their community.

*H3: Conflict due to parental expectations will be positively related to suicidal cognition, plan, and attempt through Perceived Burdensomeness.* H3 was fully supported. Perceived burdensomeness mediated the relationship between conflict due to parental expectations and suicidal ideation, plan, and attempt. Conflict due to parental expectations was significantly related to perceived burdensomeness, which was positively related to suicidality. When participants experienced higher levels of conflict due to parental expectations, the sense of feeling like a burden increased, which, in turn, exacerbated participants' suicidal thoughts, plans, and attempts.

*H4: Depression will be positively related to suicidal cognition, plan, and attempt through Perceived Burdensomeness.* H4 was fully supported. Perceived burdensomeness mediated the relationship between depression and suicidal ideation, plan, and attempt. As depression levels increased, so did perceived burdensomeness, which, in turn, exacerbated participants' suicidal thoughts, plans, and attempts.

## Chapter 5 - Discussion

This study aimed to examine how the cultural factors of AAs influence thwarted belongingness and perceived burdensomeness, as outlined by the Interpersonal Theory of Suicide (ITS, Joiner, 2005), ultimately leading to heightened levels of suicidality. The findings indicate that second-generation AAs' experience of bicultural identity integration is linked to reduced suicidality, while discrimination, conflict due to parental expectations, and depression are linked to increased suicidality. More specifically, bicultural identity integration was a significant determinant of suicidal cognition through its impact on thwarted belongingness. The results show that when participants felt more integrated with both their cultural backgrounds, their sense of thwarted belongingness diminished, thus reducing suicidal ideation. Therefore, it appears that integration with both the Asian and American cultures can serve as a buffer to suicidality for second-generation AAs. Prior studies have highlighted that AAs who effectively integrate their cultural identities are better equipped to maintain their sense of felt authenticity, even in situations that necessitate cultural conformity (Mok, 2022). This study extends current literature by suggesting that AAs' ability to harmonize and embrace their culture of origin and the American culture directly affects their sense of belongingness.

The results of discrimination were contrary to expectations. While there was a positive relationship between discrimination reported by participants and suicidality and thwarted belongingness, the latter did not serve as a mediator for discrimination and suicidality. Previous literature noted a connection between discrimination, microaggression, and heightened anxiety with isolation (Tessler et al., 2020; Ong et al., 2013) that, according to the Interpersonal Theory of Suicide, contributes to suicidality. The response to race-based discrimination appears similar to collective trauma. Experiencing collective trauma, which is when an entire group is inflicted

with the same stress, such as genocide, may bring the affected community together. This togetherness strengthens ties and insulates to preserve and protect the community from outside threats (Watson et al., 2020), thus having the opposite effect on suicide. This type of trauma may increase the sense of belonging to one's ethnic group while separating from the perpetrator, which, in this case, is the larger American society. Cleaving with one's ethnic/cultural group may serve as a protection and prevention against suicidality. This implies that second-generation AAs may feel more belonged to their ethnic/cultural group compared to the American culture, a topic that should be further investigated.

The findings regarding conflict due to parental expectations were consistent with the existing literature. According to the Interpersonal Theory of Suicide, discord within the family is a major risk factor for perceived burdensomeness (Van Orden et al., 2010). The results suggest that conflict due to parental expectations contributes to perceptions of burdensomeness, implying that AA young adults are distressed when they disagree with their parent's plans for them. Expectations from success-driven parents who want their children to succeed in life and adhere to family cultural norms or values may not align with their young adult children's desire for autonomy (Tsai-Chae & Nagata, 2008; Cherng & Liu, 2017; Warikoo et al., 2020) that in turn creates an emotional burden that may lead to suicidality. The results indicated that when conflict due to parental expectations is elevated, perceived burdensomeness acts as a mediator that can exacerbate suicidal ideation, plan, and attempt.

Depression was also a significant contributor to suicidality through perceived burdensomeness. The results suggest that depression may create a heightened sense of being a burden to society and family. This association may be reflected by the tendency among AAs not to seek mental health treatment, which may be driven by fear of judgment and shame of how

they would be perceived (Kim et al., 2015). Prior studies have noted that the reluctance to seek formal mental health services might be from language barriers, the stigma around depression and mental health, and the shame seeking help brings to one's family (Ting & Hwang, 2009; Lee et al., 2021). Consistent with the previous literature, elevated levels of depression can intensify the burden that, in turn, heightens suicidality. The lack of energy from being depressed may be the catalyst for feeling like a burden to others.

The differences in suicidality across sexual orientations and genders support previous literature (Chang et al., 2023). Non-heterosexual and non-binary participants report higher suicidality and perceived burdensomeness compared to their counterparts. In addition, non-binary individuals report more thwarted belongingness, discrimination, and depression. The high stigma of sexual/gender minority identities in the AA culture interferes with family obligations, thus delaying individuals from accepting their minority identities (Ching et al., 2018). The need to uphold the values of one's family while not receiving any support can be burdensome. These young adults risk ruining their family's reputation, deviating from masculine/feminine norms and roles, and "losing face," thereby stigmatizing their parents within their ethnic community (Ching et al., 2018). Non-binary individuals are at a higher risk of discrimination and depression (McGarity-Palmer et al., 2022; Woo & Jun, 2020), and not having familial support can thwart one's sense of belongingness. The results support (Chang et al., 2023) that for AA sexual minority young adults, systems of racism and heterosexism may work in tandem to increase the risk for suicide. The impact of LGBTQ stigma in the AA community and suicidality needs to be further researched.

The results further suggest a relatively high homogeneity across the East Asian ethnic groups in this study. The only significant difference was that Korean Americans reported higher

levels of suicide plans compared to Chinese and Taiwanese Americans. The implications of these differences need to be further explored in future research.

### ***Limitation***

Several limitations exist that need to be considered when interpreting the results. First, including only East Asians negates the ability to generalize these results to the larger AA diaspora in the United States. Second, the reliance on anonymous surveys to collect sensitive information related to suicide can lead to response bias whereby participants may have downgraded their level of distress. Hence, the data may not fully capture participants' degree of distress. Third, a cross-sectional design was used to test burdensomeness and belongingness that change over time as participants grow in their acculturation.

### ***Clinical implication***

The findings of this study have implications for clinicians. First, it would be important to consider the influence of culture on depression, suicidal ideation, planning, and attempts when working with second-generation AAs. Second, clinicians are advised to explore the extent to which second-generation AAs are integrated into their culture of origin and the larger American culture and how this might influence their relationship with their caregivers/parents. Confusion about identity could contribute to their sense of belongingness and acceptance and, in turn, suicidal ideation. Depression and conflict due to parental expectations can lead to a heightened sense of burdensomeness that can contribute to increased suicidal ideation, planning, and attempts. With this in mind, clinicians who are working with this population should also be informed on how the stigma of depression and mental health influences the therapeutic process and explore and treat internalized stigma.

Clinicians who are working with AA families or emerging adults should conceptualize suicidality using a systemic lens that incorporates dynamics with family-of-origin that have implications for cultural expectations, mental health stigma, and harmonization with dual cultural values. Integrating models such as the sociocultural attunement model (McDowell et al., 2023) with Bowen (Nicholas & Davis, 2016) and Satir's experiential therapy (Satir et al., 1991) can provide a blueprint to explore concepts such as the developmentally appropriate need for autonomy/individualism, the importance of familism, and the need to belong to family and community. Clinicians can effectively utilize the three therapeutic approaches to guide clients in understanding their congruent selves as they integrate dual cultures into their identities. This approach can help AA clients develop a more authentic self while navigating the complexity of familial and social expectations.

### ***Future Research***

Several considerations exist regarding what future studies could examine. Future research incorporating longitudinal study designs is needed to understand and validate causal relationships among variables. The model accounted for only 14% of thwarted belongingness, 32% of suicide plans, and 23% of suicide attempts, suggesting that other variables need to be considered in future models. For instance, the role of other Asian values beyond East Asian culture of filial piety, obedience to authority, and benevolence (Badanta et al., 2022) and existing stress levels and mental health issues should be examined. The relationship between discrimination and belongingness should be further researched. Because discrimination may have the effect of intra-community bonding while simultaneously distancing from perpetrating communities, measuring belongingness as two separate cultural-related constructs can clarify the

role of belongingness in suicidality. Perhaps other theories of suicide may better explain the link between discrimination and suicidality for AAs.

The relationship between LGBTQ-related stigma in AAs and suicidality should be further explored with a larger sample size. The small number of non-binary participants in this study renders the results inconclusive. Last, the role of thwarted belongingness in suicide planning and attempts should be further investigated. The current study suggests that thwarted belongingness mediates the relationship between depression and suicidal cognition but not suicidal plan or attempt.

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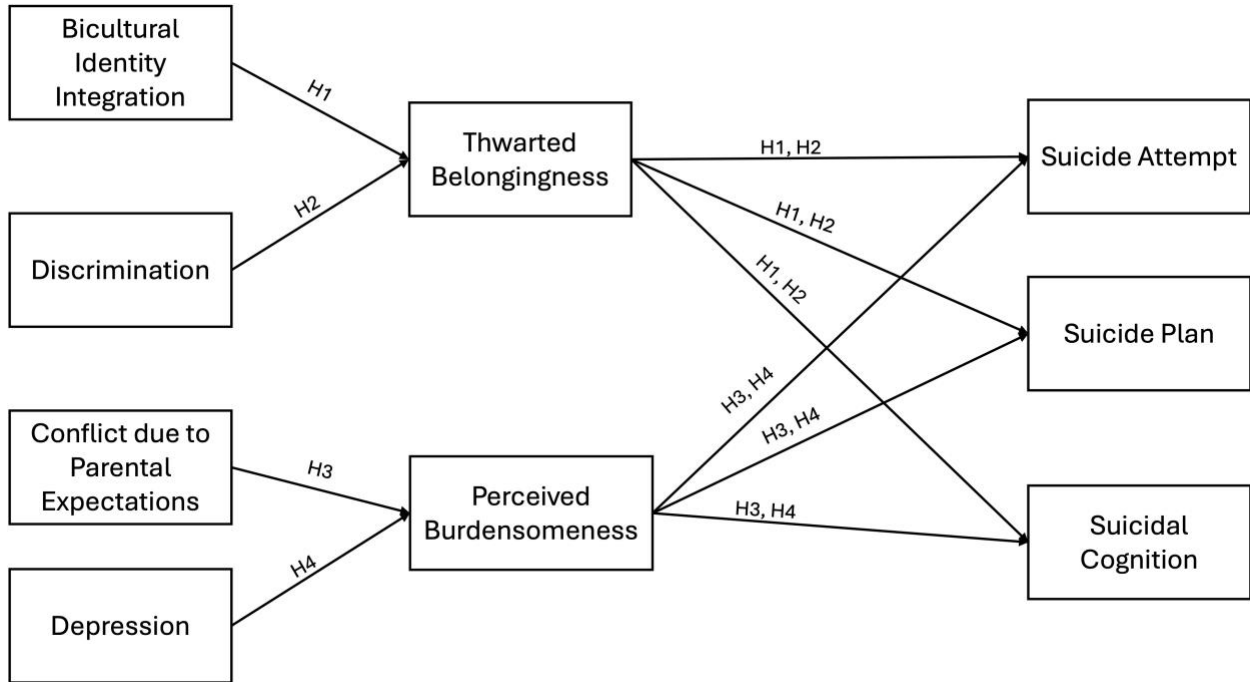
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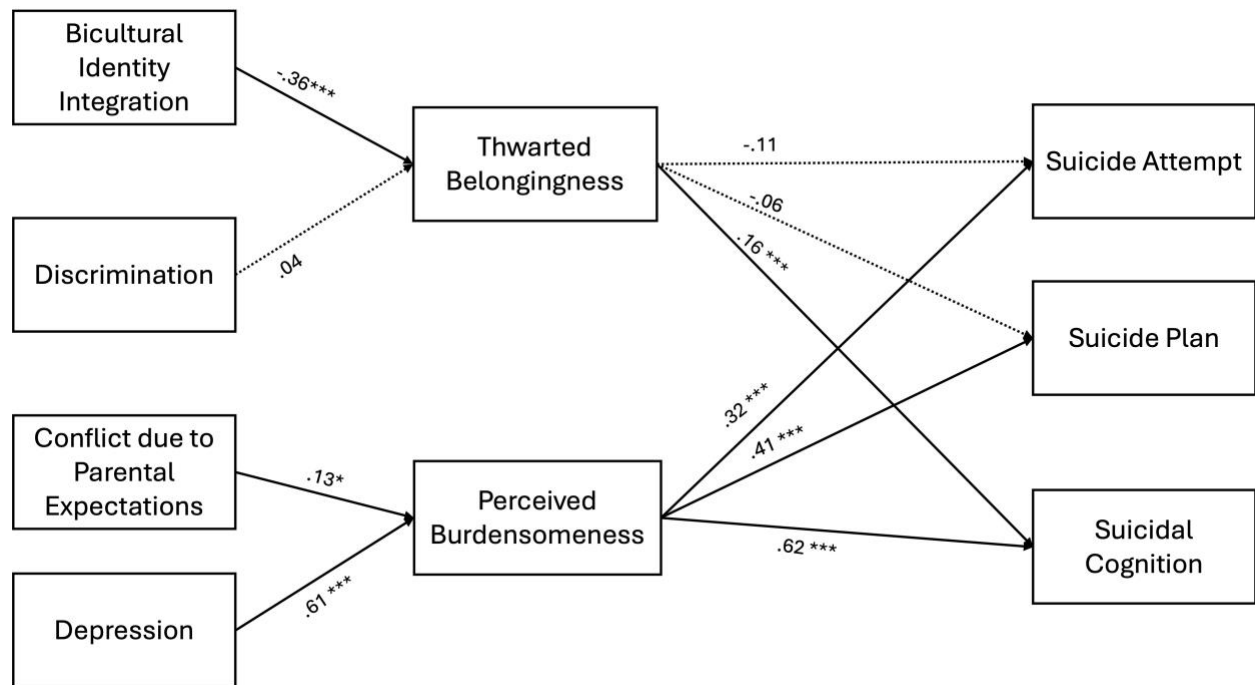
## Appendix A - Figures

**Figure 1.** Hypothetical mediation model of cultural factors on suicidality through thwarted belongingness and perceived burdensomeness.





**Figure 2.** Standardized Estimates for Hypothesized Paths.



*Note.* Parameter estimates for the full model are included in Table 3.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

## Appendix B - Tables

**Table 1.** Demographics of Participants ( $N = 195$ ).

Variables	Mean or $N$	%	$SD$
<b>Age</b> (Range = 18 – 27)	23.70		2.33
<b>Ethnicity</b>			
Chinese American	68	34.9	
Korean American	51	26.2	
Japanese American	50	25.6	
Taiwanese American	26	13.3	
<b>Gender:</b>			
Male	70	35.9	
Female	117	60.0	
Non-binary	8	4.1	
<b>Sexual Orientation:</b>			
Heterosexual	147	75.4	
Non-heterosexual:	48	24.6	
Lesbian/Gay	8	4.1	
Bisexual	31	15.9	
Other	9	4.6	
<b>Relationship Status:</b>			
Single	118	60.5	
In a relationship:	77	39.5	
Married	4	2.1	
Cohabiting	23	11.8	
Dating but not cohabiting	50	25.6	
<b>Education Level:</b>			
No high school	1	0.5	
Some high school	1	0.5	
Completed high school/GED	15	7.7	
Some college	45	23.1	
Associate's degree	3	1.5	
Completed bachelor's degree	116	59.5	
Post-graduate degree	14	7.2	
<b>Employment Status:</b>			
Employed full-time	96	49.2	
Employed part-time	42	21.5	
Not employed outside the home	30	15.4	
Other: Student	27	13.8	

**Table 2.** Means, Standard Deviation, and Summary of Intercorrelation of Study Variables.

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Suicide Attempt	-										
2. Suicide Plan	.55***	-									
3. Suicidal Cognition	.39***	.44**	-								
4. Perceived Burdensomeness	.34***	.47**	.82**	-							
5. Thwarted Belongingness	.14	.25**	.63**	.57**	-						
6. Bicultural Identity	-.20**	-.13	-.32**	-.26**	-.39**	-					
7. Discrimination	.19**	.21**	.30**	.31**	.19**	-.36**	-				
8. Depression	.26***	.39**	.68**	.65**	.60**	-.29**	.40**	-			
9. Conflict	.23***	.20**	.25**	.32**	.22**	-.26**	.38**	.32**	-		
10. Age	-.003	-.10	-.13	-.15*	.06	-.09	.15*	.01	.15*	-	
11. Gender	.16*	.29***	.19**	.15*	.12	-.11	.15*	.24***	.07	-.17*	-
12. Sexual Orientation	.36***	.38***	.21**	.16*	.14*	-.12	.14	.24***	.26***	-.13	.38***
<i>M</i>	1.35	1.52	10.91	12.69	29.88	57.76	11.80	17.18	25.69		
<i>SD</i>	.77	.89	5.17	7.65	11.46	9.28	3.71	6.01	10.04		
Range	1-4	1-4	6-30	6-42	9-63	29-81	6-24	9-36	10-50		

*Note.* Conflict = Conflict due to parental expectations. \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

**Table 3.** Results of Group Comparisons across gender.

Variables	Kruskal-Wallis ( $\chi^2$ )	Mann-Whitney (Z)	Mean rank
Suicidal cognition	9.82**	Non-binary > Male: -3.07***	62.38 vs. 36.89
		Non-binary > Female: -2.78**	97.13 vs. 60.67
Suicidal plan	16.34***	Non-binary > Males: -3.90***	62.19 vs. 36.91
		Non-binary > Female: -2.96**	94.75 vs. 60.83
		Female > Male: -2.26*	99.54 vs. 84.74
Thwarted Belongingness	15.77***	Non-binary > Female: -3.82***	110.31 vs. 59.76
		Non-binary > Male: -3.79***	68.25 vs. 26.21
Perceived Burdensomeness	6.71*	Non-binary > Female: -2.39*	92.19 vs. 61.00
		Non-binary > Male: -2.67**	59.50 vs. 37.21
Discrimination	10.32**	Female > Male: -3.01**	103.19 vs. 78.64
Depression	11.71**	Female > Male: -2.23*	100.81 vs. 82.62
		Non-binary > Female: -2.17*	89.88 vs. 61.16
		Non-binary > Males: -3.12**	63.13 vs. 36.80

Note. \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

**Table 4.** Standardized and Unstandardized Results of Direct Effects of Path Model.

<b>Paths</b>	<i>b</i>	S.E.	$\beta$	95% CI	<i>R</i> <sup>2</sup>
<b>Paths to Suicide Attempt:</b>					<b>.23***</b>
<b>Perceived burdensomeness</b>	<b>.03</b>	<b>.01</b>	<b>.32***</b>	<b>.14, .50</b>	
Thwarted Belongingness	-.01	.01	-.16 <sup>+</sup>	-.31, -.02	
Bicultural Identity Integration	-.01	.01	-.12	-.25, .01	
Discrimination	.003	.02	.01	-.12, .14	
Conflict due to Parental Expectations	.003	.01	.04	-.08, .16	
Depression	.003	.01	.02	-.15, .19	
<b>Sexual Orientation</b>	<b>.54</b>	<b>.16</b>	<b>.30***</b>	<b>.16, .44</b>	
<b>Paths to Suicide Plan:</b>					<b>.32***</b>
<b>Perceived Burdensomeness</b>	<b>.05</b>	<b>.01</b>	<b>.41***</b>	<b>.27, .55</b>	
Thwarted Belongingness	-.01	.01	-.08	-.23, .07	
Bicultural Identity Integration	.002	.01	.02	-.11, .15	
Discrimination	.01	.02	.04	-.08, .17	
Conflict due to Parental Expectations	-.004	.01	-.04	-.16, .08	
Depression	.01	.01	.09	-.05, .23	
<b>Sexual Orientation</b>	<b>.64</b>	<b>.16</b>	<b>.31***</b>	<b>.19, .43</b>	
<b>Paths to Suicidal Cognition:</b>					<b>.74***</b>
<b>Perceived burdensomeness</b>	<b>.42</b>	<b>.04</b>	<b>.62***</b>	<b>.51, .73</b>	
<b>Thwarted Belongingness</b>	<b>.07</b>	<b>.03</b>	<b>.16***</b>	<b>.06, .27</b>	
Bicultural Identity Integration	-.03	.03	-.06	-.13, .02	
Discrimination	.01	.06	.01	-.06, .08	
<b>Conflict due to Parental Expectations</b>	<b>-.04</b>	<b>.02</b>	<b>-.07*</b>	<b>-.16, -.01</b>	
<b>Depression</b>	<b>.14</b>	<b>.06</b>	<b>.16**</b>	<b>.04, .28</b>	
Sexual Orientation	.72	.58	.06	-.02, .14	
<b>Paths to Perceived Burdensomeness:</b>					<b>.46***</b>
<b>Conflict due to Parental Expectations</b>	<b>.10</b>	<b>.04</b>	<b>.13*</b>	<b>.03, .23</b>	
<b>Depression</b>	<b>.78</b>	<b>.09</b>	<b>.61***</b>	<b>.52, .71</b>	
<b>Age</b>	<b>-.58</b>	<b>.18</b>	<b>-.18***</b>	<b>-.27, -.09</b>	
<b>Paths to Thwarted Belongingness:</b>					<b>.14**</b>
<b>Bicultural Identity Integration</b>	<b>-.44</b>	<b>.10</b>	<b>-.36***</b>	<b>-.48, -.23</b>	
Discrimination	.14	.25	.04	-.09, .18	
Age	.08	.36	.02	-.10, .14	

Note. Sexual orientation: 1 = Heterosexual, 2 = Non-heterosexual.

\**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

**Table 5.** Standardized Results of Indirect Effects of Thwarted Belongingness and Perceived Burdensomeness.

Model Pathways	$\beta$	S.E.	95% CI
Conflict → Perceived Burdensomeness → Suicide Attempt	.04*	.02	.004, .08
Conflict → Perceived Burdensomeness → Suicide Plan	.05*	.03	.01, .10
Conflict → Perceived Burdensomeness → Suicidal Cognition	.08*	.04	.02, .14
Depression → Perceived Burdensomeness → Suicide Attempt	.20***	.07	.08, .32
Depression → Perceived Burdensomeness → Suicide Plan	.25***	.06	.16, .35
Depression → Perceived Burdensomeness → Suicidal Cognition	.38***	.06	.29, .48
Bicultural Identity → Thwarted Belongingness → Suicidal Cognition	-.06**	.03	-.10, -.01

*Note.* Only significant paths are shown. Conflict = Conflict due to parental expectations.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

## **Appendix C - Survey Items**

### **Interpersonal Needs Questionnaire**

(1 – Not true at all 3 – Somewhat true for me 7- Very true for me)

1. These days, the people in my life would be better off if I were gone.
2. These days, the people in my life would be happier without me.
3. These days, I think I am a burden on society.
4. These days, I think my death would be a relief to the people in my life.
5. These days, I think the people in my life wish they could get rid of me.
6. These days, I think I make things worse for the people in my life.
7. These days, other people care about me.
8. These days, I feel like I belong.
9. These days, I rarely interact with people who care about me.
10. These days, I am fortunate to have many caring and supportive friends.
11. These days I feel disconnected from other people.
12. These days, I often feel like an outsider in social gatherings.
13. These days, I feel that there are people I can turn in times of need.
14. These days, I am close to other people.
15. These days, I have at least one satisfying interaction every day

Notes: Items 7, 8, 10, 13, 14, and 15 are reverse coded.

### **Brief Suicide Cognitions Scale**

(1 - Strongly disagree 2 – Disagree 3 - Neutral 4 - Agree 5 – Strongly agree)

1. I am completely unworthy of love.
2. Nothing can help solve my problems.
3. I can't cope with my problems any longer.
4. I can't imagine anyone being able to withstand this kind of pain.
5. There is nothing redeeming about me.
6. Suicide is the only way to end this pain.

### **Bicultural Identity Integration Scale – Version 2 (BIIS – 2)**

(1- Strongly disagree 2 – Disagree 3 – Neutral 4- Agree 5 –Strongly disagree)

1. I find it easy to harmonize (culture of origin) and American cultures.
2. I rarely feel conflicted about being bicultural.
3. I find it easy to balance both (culture of origin) and American cultures.
4. I do not feel trapped between the (culture of origin) and American cultures.
5. I feel torn between (culture of origin) and American cultures.
6. Being bicultural means having two cultural forces pulling on me at the same time
7. I feel that my (culture of origin) and American cultures are incompatible.
8. I feel conflicted between the American and (culture of origin) ways of doing things.
9. I feel like someone moving between the two cultures.
10. I feel caught between the (culture of origin) American cultures.
11. I cannot ignore the (culture of origin) or American side of me.
12. I feel (culture of origin) and American at the same time.
13. I relate better to a combined (culture of origin) - American culture than to (culture of origin) or American culture alone.
14. I feel (culture of origin) - American.
15. I feel part of a combined culture.
16. I do not blend my (culture of origin) and American cultures.
17. I keep (culture of origin) and American cultures separate.

Notes: Items 5,6,7,8,9,10,16, and 17 are reverse-coded.

### **Modified Everyday Discrimination Scale**

(1 - Never 2 - Rarely 3 - Sometimes 4 – Often)

1. How often have you experienced being insulted or received name calling based on your race and/or ethnicity?
2. How often have you experienced being threatened or harassed based on your race and/or ethnicity?
3. How often have you experienced being treated as inferior based on your race and/or ethnicity?
4. How often have you experienced being treated with less respect than others based on your race and/or ethnicity?



5. How often have you experienced people acting fearful of you based on your race and/or ethnicity?
6. How often have you experienced people treating you as if you have been dishonest based on your race and/or ethnicity?

**Patient Health Questionnaire (PHQ-9)**

Over the last two weeks, how often have you been bothered by any of the following problems?

(0 – Not at all 1 – Several days 2 – More than half the days 3 – Nearly every day)

1. Little interest or pleasure in doing things.
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep or sleeping too much.
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.
7. Trouble concentrating on things, such as reading the newspaper or watching television.
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.
9. Thoughts that you would be better off dead or of hurting yourself in some way.

**Asian American Family Conflict Scale – Likelihood (FCS – Likelihood)**

(1 - Almost never 2 – Once in a while 3 – Sometimes 4 – Often or frequently 5 –Almost always)

1. Your parents tell you what to do with your life, but you want to make your own decisions.
2. Your parents tell you that a social life is not important at this age, but you think that it is.
3. You have done well in school, but your parents' academic expectations always exceed your performance.
4. Your parents want you to sacrifice personal interests for the sake of the family, but you feel this is unfair.
5. Your parents always compare you to others, but you want them to accept you for being yourself.
6. Your parents argue that they show you love by housing, feeding, and educating you, but you wish they would show more physical and verbal signs of affection.

7. Your parents don't want you to bring shame upon the family, but you feel that your parents are too concerned with saving face.
8. Your parents expect you to behave like a proper Asian male or female, but you feel your parents are being too traditional.
9. You want to state your opinion, but your parents consider it to be disrespectful to talk back.
10. Your parents demand that you always show respect for elders, but you believe in showing respect only if they deserve it.

### **Suicide Plan and Attempt**

(1 - Never, 2 – Yes, but never really wanted to die, 3 – Yes, but was uncertain about dying, 4 – Yes, and at least once really wanted to die)

1. Suicide Plan: Have you ever made a plan to kill yourself?
2. Suicide Attempt: Have you ever attempted to kill yourself?