



Asian American Suicide and Depression: Voices of Women Survivors

Eliza Noh, Ph.D.
California State University, Fullerton

Asian American Center on Disparities Research
University of California, Davis
October 30, 2008

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton

Presented October 30, 2008 at the AACDR Speaker Series

Suicide Statistics: Leading Cause of Death

- Suicide is the 8th leading cause of death among Asian Americans overall (compared to 10th among whites) and the 2nd leading cause of death among Asian Americans, ages 15-34 years.
- Suicide is the second leading cause of death among Asian American women, ages 15-24 years, and among Asian American men, ages 15-34 years.
- Suicide remains one of the top 10 leading causes of death for a longer period (up to age 64 years) among Asian Americans than among other racial groups (comparable only to white males).

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton

Suicide Statistics: Proportion of Deaths

- Suicide accounts for more deaths among Asian Americans (1.9%) than among whites (1.4%), and Asian Americans, ages 25-34 years, have the highest proportion of suicide deaths (16.8%) across race for the same age group.
- Asian American women, ages 15-44 years, have the highest proportion of female suicide deaths across race for the same age group (with the exception of American Indian women, ages 15-19 years).
- Asian American men, ages 25-34 years, have the highest proportion of suicide deaths (17.6%) across race and gender for the same age group. Asian American men of all ages have the second highest proportion of suicide deaths (2.5%) across race and gender (second to American Indian males).

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton

Suicide Statistics: Rates

- The suicide rates among Asian American men, ages 45 and over (11.1 for 45-64 yrs., 15.1 for 65 and over), are higher than that of the total population (10.9).
- The suicide rate among Asian American women increases with age (4.1 to 4.6 per 100,000 persons from age 25-64 years).
- Asian American women, ages 15-24 years, have had the second highest female suicide rate across race for the same age group from 1990-2003.
- Asian American adolescent girls (G5-12) have the highest rate of depression across race and gender.

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton

Methodology

- Interviewed 42 Asian American women in four major geographical areas of the US where Asian Americans are concentrated—San Francisco/Bay Area, Houston, New York, and LA/OC.
- Narrative analyses of interview materials and discourse analyses of racial and gender ideologies.
- Objective: To examine processes of suicide subjectification among Asian American women within contexts of racism and sexism.
- Thesis: Asian American women's suicides can be understood within processes of "mental colonization," in which racial and gender subjection operate as key social processes that influence suicidality.

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton

Study Findings

- Most of the women explicitly cited pressures associated with the model minority myth as being influential in their suicidality.
- Violence and silence are passed on transgenerationally. This is especially true in the relationships between the suicide survivors and their respective mothers.
- Many of the women I interviewed raised the problem of responding to and representing trauma, and perhaps the impossibility of recovery itself.
- Asian American women suicide survivors developed diverse healing strategies that challenge liberal approaches to recovery, such as narrative and creative expression, cultural “homecoming,” spirituality, social activism, and alternative medicine, as well as traditional counseling and medication.

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton



Voices of Suicide & Depression

Asian American Women's Suicide Narratives

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton

Presented October 30, 2008 at the AACDR Speaker Series

“The Healthy Model Minority”

“[My therapist] saw my distrust of people as pathological. Now I don’t see my distrust of people as pathological, I see it as reality. ...I think a lot of how they saw pathology in me had to do with the whole model minority syndrome. The fact that I veered from what they felt was a norm, I think, really made it easy for them to see pathology in me. I think certainly the psychiatrist I was with was more than willing to see pathology. He gave me all the drugs for manic depressive illness.” — “P.W.” (50-something, Chinese American)

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton

Transgenerational Trauma

“Both my parents were in a depression by the time I was a teenager....I think a lot of it was because it was *difficult* for them to see their children grow up and it was difficult for them to deal with us as young adults and as adolescents....Their own lives were so *limited*.

Chinatown was like a *camp*, like a concentration camp and they *couldn't go anywhere*, they didn't *drive*. I think it was very difficult for them to live in America and just to live in an urban setting. I don't know what it was like, but at least in China everybody was *Chinese* and here in America everybody was *confined to the community*.” —
“P.W.”

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton

Problem of Response-ability

“It was like a visible reminder to me, and maybe half-wanting people to see it as well. I think it helped me to feel some of the things that I wasn’t allowed to feel. Or things I couldn’t talk about. So it just kind of made my angst real for me, since I could say, ‘It *hurts*.’” — “*Gabrielle*” (20-something, Korean American)

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton

Healing

- “[My journal] was *extremely helpful*. It gave me a form of self-expression. It gave me a space that was all my own. ...Just to actually *voice* what I was going through, even if it was to myself, made a huge difference.” — “Jill” (30-something, Japanese American)
- “Empowerment was *key*. When I look back on my experience as an Asian American woman, ...it’s hard enough to be empowered as an Asian American woman. But to be an Asian American woman who’s *depressed*, I felt I had no power whatsoever, no control.” — “Jill”

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton

Conclusion

- Asian American women suicide survivors develop healing strategies that challenge liberal approaches to recovery through personal and community agency.
- Simply focusing on ways of getting more Asian American women to use under-utilized mental health services still does not resolve the reasons *why* most Asian Americans do not seek clinical care.
- The suicide survivors convey the need for a dynamic praxis of healing relevant to the specific psychic, social, and cultural needs of Asian American women. This implies moving beyond a narrow, top-down clinical model and incorporating a grass-roots approach to healing, in which the first step is seriously listening to what Asian American women suicides have to say.

Copyright, Eliza Noh, Ph.D.
California State University, Fullerton