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Family Cohesion and Conflict and Suicidal Ideation and Behavior in the US Latinx Population

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Abstract

Different forms of immigration stressors, cultural characteristics, and social factors can influence family cohesion and conflict, which in turn can impact the likelihood of suicidality in the Latinx population. The aims of the present study were to (a) examine differences in rates of suicidal outcomes (i.e., suicidal ideation, plan, attempt) between four groups of Latinxs (Cuban, Puerto Rican, Mexican, and other Latinx); and (b) evaluate the association between family cohesion and conflict and suicidal outcomes. Participants were drawn from the 2004 National Latino and Asian American Study (NLAAS; Alegria et al., 2004), a probability sample of Latinxs living in the United States ($N = 2,546$). The prevalence of suicidal ideation, plan, and attempt was 2.1%, 0.5%, and 0.2%, respectively. Family cohesion was significantly and negatively associated with suicidal ideation and suicide plan whereas family conflict was significantly and positively associated with suicidal ideation and suicide plan; the prevalence of suicide attempt was too low to examine its association with family cohesion and conflict. When family conflict and family cohesion were examined in the same models, family conflict was uniquely associated with suicidal ideation and suicide plan whereas family cohesion was not. These results support continued research on the association between family functioning and mental health in Latinxs, and suggest that family interventions may be beneficial for families with a suicidal family member.
Hispanics/Latinxs make up a large portion of the United States population. The United States Census Bureau (2015) reported that in 2014, people of Hispanic/Latinx origin made up 17.4% of the United States population. Furthermore, it is speculated that by 2060, the Hispanic/Latinx population will reach 119 million, increasing the population of this ethnic group to approximately 28.6% of the United States population (United States Census Bureau, 2015). Hispanic/Latinx is the largest ethnic group in the United States, making them a very influential aspect in the United States society. Furthermore, the large population contributes to the diversity and cultural influences in the United States. Based on these statistics, it is clear that Hispanic/Latinxs make up a big part of the United States population and are very important to our society. Yet, research on many aspects of mental health specifically conducted in the Latinx/Hispanic population is limited. Because of this, it is necessary to conduct more intensive research that can help and benefit a largely overlooked population. The current study was conducted to examine the associations between family cohesion and conflict and suicidal ideation and behaviors in a large probability sample of Hispanic/Latinx adults.

Suicide Prevalence

In the United States, suicide is the 10th leading cause of death in all age groups (American Association of Suicidology, 2012; Centers for Disease Control [CDC], 2015), making it clear that suicide is a major problem today. With respect to the Hispanic/Latinx population, suicide ranks as the 11th leading cause of death (American Association of Suicidology, 2012; Centers for Disease Control [CDC], 2015). Among those between the ages of 15-24, suicide is the third leading cause of death among Hispanics/Latinxs and it is the second leading cause of
death within the general population in this age range (Hoyert & Xu, 2012). Although these statistics may seem staggering, Hispanics/Latinxs are actually less likely than whites to commit suicide. Unlike whites, who have a suicide rate of 15.17 per 100,000 individuals, Hispanics/Latinxs have a suicide rate of 5.85 per 100,000 individuals (“Suicide among Racial/Ethnic,” n.d.; “Suicide Statistics,” n.d.). Although the base rate of suicide in Hispanics/Latinxs is not as common as in whites, it is still important to identify factors that may contribute to the occurrence of suicidal ideation and behavior, especially because there is limited research on suicide within the Latinx/Hispanic community. The current study was conducted to enhance understanding of the correlates of suicidal ideation and behavior in a large probability sample of Latinx/Hispanic adults.

**Latinx Heterogeneity**

When examining rates and correlates of suicidal ideation and behavior in the Hispanic/Latinx population it is important to note that there are different Latinx/Hispanic groups, and it is important to study these groups and not just study Latinxs/Hispanics as a whole because each group has their own history and unique culture (Almeida, Molnar, Kawachi, Subramanian, 2009). For the purpose of my study, I refer to this ethnic group as Latinos or Latinx and exclude the Hispanic addition. The Hispanic label refers to all people who speak Spanish, broadening the population to those from nationalities that are not part of the Latinx subgroup. Latinx nationalities include those of Mexican, Cuban, Puerto Rican, Dominican Republic, South America, and Central America descent.

Latinxs are a very diverse and versatile population. Past research has looked at Latinx heterogeneity to get a better understanding of the ethnic difference in regard to population and
immigration patterns; all important considerations when studying suicide rates and the correlates of suicide. Mexican Americans are the largest Latinx group in the United States, accounting for 60% of the Latinx population (Guzman, 2001; Rivera et al., 2008). The proximity of Mexico to the United States, combined with the large rates of immigration, allows for strong cultural practices that serve to reinforce Mexican cultural identities (Guarnaccia & Martinez, cited in Rivera et al., 2008). Furthermore, the proximity of Mexico to the United States increases the likelihood of family separation for the purpose of finding work in the United States, which helps to explain the large Mexican population in the United States (Rivera et al., 2008). As for Cubans, they tend to have a higher socioeconomic status than their relative Latinx groups (Portes & Stepick, cited in Rivera et al., 2008). According to past research, Cubans have the highest retention of the Spanish language in their everyday lives, but by the second and third generation, English becomes the primary household language for some families (Portes & Stepick; Alba, Logan, Lutz, & Stults, cited in Rivera et al., 2008). Cubans tend to have strong family ties, as their political refugee status and the limited amount of back-and-forth migration enables strong family and cultural ties (Rivera et al., 2008). Puerto Rican migration patterns are unique compared to other Latinx groups. Unlike other Latinx groups, Puerto Ricans have United States citizenship, allowing greater freedom for back and forth travel between Puerto Rico and the United States (Rivera et al., 2008). Unfortunately, this freedom tends to create weaker cultural ties than other Latinx groups mostly due to centuries of American influences (Rivera et al., 2008). The other Latinx group, which includes citizens from Dominican Republic and Central and South America, is very heterogeneous. Individuals and families who immigrate from Central or South America to the United States tend to do so because of civil and/or military conflicts
(Guarnaccia & Martinez, cited in Rivera et al., 2008). Dominican Republicans, for example, generally have very high movement between the Dominican Republic and the United States (Duany, cited in Rivera et al., 2008).

**Family Conflict & Family Cohesion**

The immigration patterns in each of these Latinx groups tends to differ, which in turn can affect the cultural and familial ties of these groups. These ties can create different forms of family cohesion and conflict that could affect the likelihood of suicidality in these Latinx groups. Olson, Russel, & Sprenkle define family cohesion as “emotional bonding that family members have toward one another” (Olson, Russel, & Sprenkle, 1982, p. 145). Family cohesion, is closely related to familism; a term used to describe the level of centrality and importance of family (Franzini et al.; Mindel, Vega and Miranda; cited in Almeida, Molnar, Kawachi, Subramanian, 2009). According to past research, Mexican, Cuban, Puerto Rican, and other Latinx groups have differing patterns of family cohesion (Almeida, Molnar, Kawachi, Subramanian, 2009).

Mexicans living in the United States generally live in close proximity to their extended family, promoting healthy social and cultural support within this ethnic group. Cubans have more stable migration patterns and geographic mobility, which tends to foster strong intergenerational contacts and increases family unity among this community (Rivera et al., 2008). Puerto Ricans tend to experience weaker family cohesion due to poverty, unemployment, and segregation, which are factors that Puerto Ricans experience at a higher rate than the other Latinx groups (Fischer and Tienda; Rumbaut, cited in Estrada-Martínez, Padilla, Caldwell, Cleopatra, & Schulz, 2011).
Family cultural conflict is a problem that is very common within Latinx groups. According to Rivera et al. (2008), family cultural conflict refers to acculturation stress that a family member experiences. Each Latinx group has different levels of family cultural conflict, which is primarily dependent on immigration patterns and closeness to kin (Castillo, Cano, Chen, Blucker, & Olds, 2008). According to past research, family conflict may arise when parents who have not fully accumulated to the western culture expect their children to adhere to their heritage values and traditions (Lee & Liu, cited in Castillo, Cano, Chen, Blucker, & Olds, 2008). Family conflict can arise from intragroup marginalization where individuals start to distance themselves from their family’s cultural values and beliefs due to the large adherence of the characteristics of the dominant-host culture (Castillo, Cano, Chen, Blucker, & Olds, 2008; Castillo et al. 2007). This problem can arise when individuals are sanctioned by members of the dominant culture to follow the values and beliefs of the dominant culture, which in this case is Western/American culture (Castillo et al., 2008). Therefore, individuals may start having conflicts between following the values and beliefs of their family’s culture, or conforming to the values and beliefs of the Western/American culture (Castillo et al., 2008).

The stress of lower levels of family cohesion and/or higher levels of family conflict could lead to a higher risk of developing psychopathology, including suicidal ideation and behavior. According to Almeida, Molnar, Kawachi, Subramanian (2009), the level of family conflict is quite different between each Latinx group, which is dependent, in part, on their distinct immigration and cultural patterns. For Mexicans living in the United States, having women working in the country may disrupt traditional family structure and create conflict (Almeida, Molnar, Kawachi, Subramanian, 2009). Puerto Ricans have more mobility between Puerto Rico
and the United States, which may negatively impact family cohesion and buffer family conflict (Almeida, Molnar, Kawachi, Subramanian, 2009). Cubans, on the other hand, tend to have more tightly knit family structures than the other Latino groups, which may result in a higher level of family cohesion (Almeida, Molnar, Kawachi, Subramanian, 2009). Lastly, other Latinx subgroups tend to experience a high level of social instability due to poverty, transmigrational patterns, and history of political unrest. These experiences may fuel family conflict and create negative situations that may reduce family cohesion. Overall, Latinx groups tend to lack in individualism, but many Latinx households foster sociocentrism (dominant or principal focus on the community, rather than the individual) and interdependence (the state of being dependent upon one another) (“English Oxford,” n.d.; Gonzalez-Ramos, Zayas, & Cohen, cited in Williams, Ayón, Marsiglia, Kiehne, & Ayers, 2017; “Merriam-Webster” n.d.). Familism does lead to more parental warmth, the lack of individualism can lead to controlling parenting dispositions (Gonzales et al., cited in Williams, Ayón, Marsiglia, Kiehne, & Ayers, 2017). This problem can conflict with the western norm of individualism. For example, a child may want more independence but parents may hinder their desire, which may lead to family conflict.

Family functioning and transactional patterns work together to create familism and cultural conflict (Miller, Ryan, Keitner, Bishop, & Epstein, 2000). According to Miller et al. (2000), a family’s structure and organization are important factors that strongly influence the behavior of family members. Family is a system that functions through transactional patterns, more specifically, these transactions establish patterns of how, when, and with whom to relate (Fishman, n.d.). For that reason, the transactional patterns of the family strongly shapes the behavior of family members (Miller et al., 2000). Therefore, having strong family cohesion may
strongly influence the behaviors of the family members, in this case influence the probability, severity, and course of psychopathology. Transactional patterns may become dysfunctional, where common interactions between family members create impaired functioning in one or two dimensions of family functioning (Miller et al., 2000). These dysfunctions may explain family conflict, where common interactions and characteristics of family cultural values are disrupted by the western influences. These circumstances can create impaired functioning in one or more dimensions of family functioning (Miller et al., 2000).

Understanding how family functioning and transactional patterns work together to create familism and cultural conflict, we can see the underlying factors that may lead to psychopathology. Past research has examined family cohesion or conflict and its relationship to psychopathology and suicidal behavior, finding that family cohesion works as a protective factor against psychopathology and suicidal behavior (Almeida, Molnar, Kawachi, Subramanian, 2009; Kulberg, Peña, & Zayas, 2010; Oquendo et al., 2005; Rivera et al., 2008). In comparison, family conflict works as a risk factor for psychopathology and suicidal behavior. According to Castillo et al. (2008), family conflict was a significant source of acculturative stress, meaning that family conflict may put an individual at risk at developing some form of psychopathology or engage in suicidal behavior because of the accumulated stress (Castillo, Cano, Chen, Blucker, & Olds, 2008). Furthermore, another study reported that family cohesion was associated with lower levels of depression (Au, Lau, & Lee, 2009). The results from past research suggest that family conflict works as a risk factor in developing suicidality and family cohesion works as a protective factor against suicidality.
Past research has looked at family cohesion and family conflict in Latinx populations and its association to psychopathology. But few studies have looked at the ethnic community as individual groups and most have primarily focused on the community as a whole. Researchers have generally not taken into consideration the differences between Latinx subgroups, and differences between individual Latinx subgroups and other ethnic groups (Oquendo et al., 2005). Additionally, there is some prior research that has examined rates of suicidality, as well as the risk and protective factors of suicide in Latinx/Hispanic populations (Acosta, Hagan, & Joiner, 2017; Kulberg, Peña, & Zayas, 2010; Oquendo et al., 2005). But there is limited research that looks at how family cohesion and conflict are associated with suicidal ideation and behavior in Latinxs. Additionally, research on family cohesion and other indices of psychopathology suggest that these characteristics may similarly be important for suicidal outcomes. Past research has also tended to focus on suicide as a unidimensional construct, and has not examined correlates of different types of suicidal outcomes in Latinxs (Acosta, Hagan, & Joiner, 2017; Kulberg, Peña, & Zayas, 2010; Oquendo et al., 2005). For example, Oquendo et al. (2005) examined multiple variables and how they are related to suicidal attempt and intent. A logistic regression analysis showed that being Latinx and having responsibility towards the family (related to family cohesion) were not significant in predicting suicide attempt and intention. Although the researchers did look at two suicide outcomes, they didn’t look at suicide planning in great detail, which is one of the most important processes that may lead to suicidal attempt.

**Aims and Hypothesis**

The current study was conducted to build on prior research on the rates and correlates of suicidal outcomes in a large and diverse probability sample of Latinx adults in the United States.
The aims of the study were to (a) examine differences in rates of suicidal outcomes (i.e., suicidal ideation, plan, attempt) between four groups of Latinxs (Cuban, Puerto Rican, Mexican, and other Latinx); and (b) evaluate the association between family cohesion and conflict and suicidal outcomes. The study involved a reanalysis of data from The National Latino and Asian American Study (NLAAS; Alegria et al., 2004). For Aim 1, I did not have any a priori hypotheses regarding potential differences in base rates of suicidal ideation, plan, or attempt between the four groups of Latinxs; the analyses were exploratory. For Aim 2, I combined the four Latinx groups to examine the association between family cohesion/conflict and suicidal ideation, plan, and attempt. I hypothesized that family cohesion would be negatively associated with suicidal ideation, plan, and attempt whereas family conflict would be positively associated with suicidal ideation, plan, and attempt.

Method

Participants

Participants were drawn from the National Latino and Asian American Study (NLAAS; Alegria et al., 2004), one of the largest population-based surveys of Latinos and Asian Americans conducted in the United States (for more details, see Heeringa et al., 2004). The NLAAS was conducted to examine how ethnicity/race, SES, and environmental determinants influence mental health and service use determinants (Alegria et al., 2004). The NLAAS study included Latino participants from four groups of interest based on eligible adults’ ancestry or national origin: Mexican, Puerto Rican, Cuban, and Other Latinos. The final sample included 2,546 Latino respondents: 867 Mexican, 577 Cuban, 489 Puerto Rican, and 613 Other Latinos. Participants age range was between 18-97 (M = 40.6, SD = 15.65); 44.1% of the sample was
male and 55.9% was female. The eligibility criteria for the Latino sample in the NLAAS study was age (18 years or older), ethnicity (Latino, Hispanic, or Spanish origin preferably Mexican, Cuban, Puerto Rican, or Other Latino), and language (ability to speak either Spanish or English). Institutionalized individuals and those living on military bases were excluded from the study.

Participants in the NLAAS study were recruited through a multiple area probability sampling of household components. The initial NLAAS recruitment process started with an introductory letter and a study brochure mailed to the sample households. Most participants spoke Spanish, for that reason the study materials were translated into Spanish. Professional interviewers administered the interview that averaged about 2.6 hours (Rivera et al., 2008). The NLAAS was approved by the Institutional Review Boards of Cambridge Health Alliance, the University of Washington, and the University of Michigan.

Measures

**Suicidal Outcomes.** Respondents were asked if they had seriously thought about committing suicide (i.e., suicidal ideation), and if so, how old they were the first and last time and whether they had suicidal thoughts in the past 12 months. Respondents who endorsed suicidal ideation were asked if they had ever made a plan for committing suicide (i.e., suicide plan), and if so, how old they were the first and last time and whether they had made a plan in the past 12 months. Finally, respondents who endorsed a suicide plan were asked if they had ever attempted suicide (i.e., suicide attempt), and if so, how old they were the first and last time and whether they had made an attempt on the past 12 months. Respondents read statements about suicidal thoughts, suicide plan, and suicide attempt from a booklet, and interviewers asked respondents whether they had the experience; interviewers read the statements and asked about
the experiences for respondents who could not read. This study focused on 12-month prevalence of suicidal ideation, suicide plan, and suicide attempt.

**Family Cohesion.** Three questions from the Family Cohesion scale (Olson, 1986; 1988) were used to assess the level of family cohesion. The types of questions included measured whether family members like to spend time with each other, whether family members feel very close to each other, and whether familism is very important to the family (Alegria et al., 2004). Participants rated these questions on a 4-point Likert scale \((1 = \text{strongly agree} \text{ to } 4 = \text{strongly disagree})\). Item scores were averaged to create a total score, with higher scores indicating greater family cohesion \((\alpha = .93)\).

**Family Cultural Conflict.** Five questions from a subscale of the Hispanic Stress Inventory (HSI) (Cervantes, Padilla, & Snyder, 1991) were used to measure family conflict. The scale measured conflict that may manifest from tensions of following cultural family values and achieving personal goals. An example of the type of statements created to measure level of family conflict was, “Because you have different customs, you have had arguments with other members of your family”. Questions were rated on a 3-point Likert scale \((1 = \text{hardly ever} \text{, } 2 = \text{sometimes}, 3 = \text{often})\). Item scores were averaged to create a total score, with higher scores indicating greater cultural family conflict \((\alpha = .79)\).

**Ethnicity.** Latino participants in the study were divided into four groups: Mexicans, Puerto Ricans, Cubans, and Other Latinos. Participants categorized in Other Latinos included individuals who were carried wither a Caribbean, Central, and South American ethnicity.

**Analysis**
The associations between family conflict/cohesion and suicidal outcomes were evaluated using logistic regression analyses, in which each suicide outcome (0 = no, 1 = yes) was regressed on family conflict or family cohesion, adjusting for age and sex. Logistic regression analyses were conducted on weighted data using SPSS Complex Samples (SPSS Inc., Armonk, NY), which incorporates the sample design into the data analysis, thus rendering acceptable standard errors of parameter estimates. Regression coefficients were exponentiated to obtain odds ratios (OR); the 95% confidence interval (CI) was also computed for each coefficient.

**Results**

**Descriptive Information**

Fifty-four people reported suicidal ideation, 13 people reported a suicide plan, and 6 people reported suicide attempt, thus yielding a weighted prevalence of 2.1%, 0.5%, and 0.2% respectively. The rates of the suicide outcomes were too small to make meaningful comparisons between the four Latino groups. The mean level of family conflict was 1.27 (SD = 0.39) and the mean level for family cohesion was 3.62 (SD = 0.52).

**Family Conflict**

The results from the logistic regression analyses for the associations between the family conflict and suicidal ideation and suicide plan, presented in Table 1, indicated that family conflict was significantly and positively associated with suicidal ideation ($B = 1.49, p < 0.001$) and suicide plan ($B = 1.86, p < 0.001$). These results suggest that higher levels of family conflict were associated with a greater likelihood of endorsing suicidal ideation and suicide plan. The prevalence of suicide attempt was too small to conduct meaningful analyses with family conflict (or family cohesion).
Family Cohesion

The results from the logistic regression analyses for the associations between family cohesion and suicidal ideation and suicide plan, presented in Table 1, indicated that family cohesion was significantly and negatively associated with suicidal ideation ($B = -0.81, p < 0.001$) and suicide plan ($B = -1.02, p = 0.003$). These results suggest that having higher family cohesion were associated with a lower likelihood of reporting suicidal behavior such as ideation and planning.

Family Conflict vs. Family Cohesion

Family conflict was negatively associated with family cohesion, $r = -.53, p < .001$. Therefore, I ran a logistic regression analysis to test the unique association between each of the two family variables and suicidal ideation and suicide plan (see Table 1). When both family cohesion and family conflict were included in the same model (along with sex and age), suicidal ideation was uniquely associated with family conflict ($B = 1.39, p < .001$) but not with family cohesion ($B = -0.14, p = 0.57$). Similarly, suicide plan was uniquely associated with family conflict ($B = 1.73, p = .001$) but not with family cohesion ($B = -0.19, p = 0.67$).

Discussion

The aims of the current study were to (a) examine the differences in rates of suicide outcomes (i.e., suicidal ideation, plan, attempt) between four groups of Latinxs (Cuban, Puerto Rican, Mexican, and other Latinx); and (b) evaluate the association between family cohesion and conflict and suicidal outcomes. Unfortunately, the rates were too small for each suicide outcome to conduct meaningful analyses of differences in prevalence between Latinx groups. Across Latinx groups, 2.1% of people reported suicidal ideation, 0.5% reported suicide plan, and 0.2%
reported a suicide attempt during the prior 12 months. For the second aim, I hypothesized that family cohesion would be negatively associated with suicidal ideation, suicide plan, and suicide attempt whereas family conflict would be positively associated with suicidal ideation, suicide plan, and suicide attempt. Results generally supported these hypotheses, although the base rate of suicide attempt was too small to examine its association with family functioning. Family cohesion was negatively associated with suicidal ideation and suicide plan whereas family conflict was positively associated with suicidal ideation and suicide plan. In addition, these associations remained statistically significant adjusting for age and sex, suggesting the associations between family functioning and suicide outcomes is not secondary to their shared association with these two demographic variables. Additionally, results indicated that family conflict was negatively correlated with family cohesion. Therefore, the specificity of the associations between family conflict and family cohesion and both suicide outcomes was examined. Specifically, when both family functioning variables were examined in the same model, family conflict was uniquely associated with suicidal ideation and suicide plan whereas family cohesion was not.

The current findings on the association between family cohesion and conflict and suicidal outcomes were similar to another study on the moderating effects of family cohesion and social self-concept on the relation between depression and suicide ideation (Au, Lau, & Lee, 2009). That study found that family cohesion buffered the association between depression and suicide in Chinese children and adolescent. Furthermore, the study authors suggested that having a family environment with strong emotional connectedness, commitment, help and support from family members could reduce the risk of suicidal ideation. The current study expands on the Au et al.
A study by examining two family variables (cohesion and conflict) and two suicide outcomes (ideation and plan) in a large adult Latinx sample.

Additionally, familism may not always be a protective factor, an observation that contradicts our findings. Kuhlberg, Peña, and Zayas (2010) hypothesized that familism would be a cultural protective factor against internalized behaviors in adolescent Latinas (Puerto Rican, Dominican, Mexican, Columbian, and other ethnicity Latinas), yet their results showed a relationship of the opposite direction. Results indicated that familism was positively correlated with internalized behaviors, which is a risk factor for suicidal outcomes examined in this study. Based on these results, familism may have differing associations with psychopathology in women compared to men. Traditional Latinx cultural values may have different values across gender, which may have led to the unexpected results (Kulberg et al., 2010). The current study builds on the results of that study through examining the association between familism (in the current case, family cohesion) and two different outcomes: suicidal ideation and suicide plan. In addition, we were able to examine both family cohesion and family conflict in the same models, finding that family conflict was uniquely associated with suicidal outcomes whereas family cohesion was not.

Similar to the current study, Rivera et al. (2008) looked at the The National Latino and Asian American Study data and found results that complement those obtained in the current study. The researchers discovered that family cohesion and family cultural conflict were positively associated with psychological distress in the four Latinx subgroups (Cuban, Puerto Rican, Mexican, and other Latinx). The Rivera et al. (2008) study did not look at suicidal outcomes, instead studying family cohesion and family conflict and their association with
psychological distress. Additionally, the study did not look at the family variables independently of each other. The study found that both family cohesion and conflict were associated with psychological distress perhaps because family conflict interacts with family cohesion, decreasing it’s protective factor. The study did not observe the association between family cohesion or conflict and psychological distress when adjusting for either family cohesion or conflict. The researchers may have acquired different results when either family cohesion or conflict were adjusted. Based on these observations, our study expands on Rivera et al. (2009) study by looking primarily at suicide behavior and examining both family cohesion and family conflict in the same models to examine the uniqueness of the association between family cohesion versus family conflict.

Results suggest that family cohesion was correlated with a lower likelihood of suicide ideation and attempt. This may be due to positive protective factors associated with having a close relationship with one’s family members. Some protective factors associated with family cohesion in Latinx communities include moral objection to suicide, survival and coping beliefs, responsibility to family, moral beliefs associated with religious affiliation, and other cultural protective factors that aren’t fully understood (Oquendo et al., 2005). Additionally, results from our study suggest that family conflict is uniquely associated with suicide ideation and plan. It is likely that the unique association between family conflict and suicide outcomes is due to cultural conflict between Latinx traditional values and American values, which may cause distress in Latinx individuals. The tension between trying to conform to the cultural values of the Latinx families (e.g., the value that family comes first) and following American cultural values (e.g., individualism) may lead to psychological problems and greater likelihood of suicidal ideation.
and plan. Unfortunately, if family conflict is high it may lead to a decrease in family cohesion, further increasing the likelihood of suicide ideation and behavior (Rivera et al., 2008).

In interpreting the results of the study, it is important to consider several strengths and limitations. The strengths of the study included (a) two measures of family functioning; (b) two types of suicidal outcomes; and (c) a large probability sample of Latinxxs consisting of four cultural groups. By including multiple independent variables (family functioning) and dependent variables (suicide outcomes) we were able to obtain a more nuanced understanding of the associations between family functioning and suicide. Looking at past research, many of the studies previously conducted did not include different types of suicidal outcomes, which makes this study a strong addition to the well needed research on suicide and family functioning in the Latinx population (Au, Lau, & Lee, 2009; Kulberg, Peña, & Zayas, 2010). Also, by examining two indices of family functioning, we were able to evaluate the specificity of the associations between family cohesion versus family conflict. Furthermore, the use of a large probability sample of Latinxxs representing four cultural subgroups suggests that the current findings are likely highly generalizable. Finally, because both age and sex were adjusted in the current analyses, the observed associations between family functioning and suicide outcomes are not secondary to shared association that family functioning and suicide outcomes may have with these demographic characteristics.

In interpreting the results of the study, it is also important to consider the limitations of the study. First, the National Latino and Asian American Study used a hierarchical format in assessing suicide outcome (NLAAS; Alegria et al., 2004). Only if participants indicated that they had suicide ideation were they asked about suicide plan, and only if they indicated that they had
made a suicide plan were they asked about suicide attempt. Having a hierarchical format doesn’t take into consideration that suicidal behavior can sometimes be unpredictable. For example, a study by Millner, Lee, and Nock (2017) described and measured the pathways to suicide attempts. Results from their study illustrated that several people reported an absence of suicidal ideation until just prior to attempting. These findings tell us that suicidality doesn’t always follow a hierarchical order. For example, some people may impulsively attempt to kill themselves without having a plan.

A second limitation of the study concerns the numbers of participants who reported that they had experienced suicidal ideation, had a suicide plan, or made a suicide attempt in the prior 12 months. The 12-month prevalence of each suicide outcome were fairly low, resulting in relatively small samples and lower statistical power for testing differences between Latinx groups on suicide outcomes and for testing the associations between family cohesion and conflict and suicide outcomes. Furthermore, the number of participants who indicated that they had made a suicide attempt was too low to examine the association between this outcome and family cohesion and conflict. Also, the hierarchical format of the assessment of suicide may have reduced the overall number of people who reported that they had made a suicide attempt, as only people who reported both suicidal ideation and suicide plan were asked about a suicide attempt.

A third limitation was that the data were based on a cross-sectional study on the Latinx population. The design of the study limits the ability to evaluate the direction of influence between family functioning and suicide outcomes. It may be that family functioning influences the likelihood of suicide outcomes, or that suicide ideation and behavior contributes to the quality of family functioning. Also, my results could have been influenced by an unmeasured
variable other than family cohesion and conflict, such as stress, depression, substance abuse, or some other mental health complication (Carr, 2014). That is to say, some other characteristics could contribute to family cohesion and conflict as well as to suicidal ideation and suicide plan. Fourth, due to the small number of people who reported each suicide outcome within each Latinx subgroup, we were not able to evaluate differences in prevalence for each suicide outcome in Mexicans, Cuba, Puerto Rican, and other Latinxs. Therefore, we were not able to test for possible differences in suicidality between these four Latinx subgroups, nor were we able to examine whether the strength of the association between family cohesion and conflict and each suicide outcome differed by Latinx group. As such, we were not able to evaluate cultural differences between Latinxs in the prevalence and correlates of suicide outcomes.

The study of family cohesion and conflict and its relationship to suicide outcomes in the Latinx population is a relatively new area of research. Future research should evaluate these associations in a longitudinal study, which would provide information regarding potential causal associations between these variables. A longitudinal study would allow researchers to see the patterns of suicidality and family cohesion/conflict in a group of people over a period of time. Additionally, future research should measure suicidal behavior in a nonhierarchical fashion. For example, future research could use measures that ask all participants about their suicidal ideation, suicide plan, and suicide attempt. With this format, researchers may include people who may have a suicide attempt without a clear plan (i.e., people with an impulsive suicide attempt). Therefore, by changing the ways in which measures of suicide outcomes are administered to the participants, future research may provide further insight on suicidal behavior and its relationship to family conflict and cohesion.
The results of this study demonstrate that both family cohesion and family conflict are related to suicide ideation and plan. However, only family conflict was uniquely associated with suicidal ideation and planning. This pattern of results suggests that family conflict may be detrimental to mental health, especially because Latinx families tend to have a close knit family relationship. Therefore, when this close knit relationship is broken, either through culture shock or extraneous circumstances, it tends to put a lot of strain on the family members. They may feel hopeless, depressed, worthless, or anxious about the current situation, and the uncertainty about the future of their family’s relationship may contribute to mental health problems, including suicide ideation and planning. Thus, family focused therapy for suicide in the Latinx population may be most effective if it focuses on both reducing family conflict and increasing family cohesion. Additionally, family focused therapy should take into consideration the different types of cultures among Latinxs and how they may influence family conflict and cohesion and ultimately suicidal ideation and behavior. By teaching family members strategies to resolve conflict within the family, the close knit relationship may not suffer and the members of the family may be at a lower risk for suicidal ideation and planning.

Suicide is a major problem in our modern society. Although suicidal behavior is not as common in the Latinx population compared to the caucasian population, it is still one of the leading causes of death for this ethnic group. Family conflict and family cohesion have been shown to be associated with mental health outcomes in Latinxs. Results from the present study suggest that family cohesion was negatively associated with suicide ideation and plan, whereas family conflict was positively associated with suicide ideation and plan. Results further suggest that family conflict was uniquely related to suicide ideation and plan, whereas family cohesion
was not. These results may have implications for therapy and crisis center delivery for the adult Latinx population. Family focused therapy may be helpful in reducing family conflict and improving family cohesion. Moreover, crisis centers may better help the Latinx population by asking questions to get a better understanding of the individual’s family relationship. Research on the Latinx population is limited, but by understanding factors that potentially can lead to suicide behavior, the best resources and help for this diverse ethnic community can be provided.
References


Table 1

*The Association between Family Conflict, Family Cohesion, and Suicidal Ideation and Planning*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Model 1&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Model 2&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR</td>
<td>95% CI</td>
</tr>
<tr>
<td>Suicide Ideation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Conflict</td>
<td>4.42**</td>
<td>[2.75,7.10]</td>
</tr>
<tr>
<td>Family Cohesion</td>
<td>0.45**</td>
<td>[0.31,0.64]</td>
</tr>
<tr>
<td>Suicide Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Conflict</td>
<td>6.44**</td>
<td>[2.79,14.92]</td>
</tr>
<tr>
<td>Family Cohesion</td>
<td>0.36**</td>
<td>[0.19,0.70]</td>
</tr>
</tbody>
</table>

*Note.* OR = odds ratio; CI = confidence interval

<sup>a</sup>Adjusted for age and sex. <sup>b</sup>Adjusted for family variables, age, and sex.

*p < .05. **p < .01.